



ON-SITE WASTEWATER SYSTEM
CONSTRUCTION REPORT



(Please Type or Print Legibly)

PERMIT #: _____

TAX MAP #: _____

INSTALLER'S NAME: _____ LICENSE #: _____ PHONE #: _____

CONSTRUCTION START DATE: _____ AUTHORIZATION #: _____ COMPLETION DATE: _____

THIS FORM MUST BE SUBMITTED WITHIN 10 DAYS OF COMPLETION

(Please check all boxes that apply)

CF = Cap & Fill / FD = Full Depth

Type of Construction:

System Type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Replacement | <input type="checkbox"/> Low Pressure Pipe (FD) | <input type="checkbox"/> Elevated Sand Mound |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Low Pressure Pipe (CF) | <input type="checkbox"/> Wisconsin At-Grade |
| <input type="checkbox"/> Component Replacement | <input type="checkbox"/> Pressure Dose (FD) | <input type="checkbox"/> Subsurface Micro Irrigation |
| <input type="checkbox"/> Repair to Existing System | <input type="checkbox"/> Pressure Dose (CF) | <input type="checkbox"/> Peat Bio- Filter |
| | <input type="checkbox"/> Gravity (FD) | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Gravity (CF) | |

Bed or Trench Sand-lined Yes No

Gravelless Chamber Stone/Gravel Tire Chips

Existing System Malfunctioning Yes No N/A

Pre-Treatment Units

- Septic Tank
 Other _____

-AS -BUILT CONSTRUCTION CHANGES-

(Please describe any changes different from approved permit)

ANY LOCATION CHANGE MUST BE MARKED (USE RED INK) ON COPY OF ORIGINAL PERMIT (PLEASE ATTACH)

No Changes

I hereby affirm that the sewage disposal system for permit number _____ was constructed in accordance with all requirements and conditions of the permit. I further certify that if I made any changes that the copy of the original permit (with red markings) is an accurate representation of the installation.

_____ Date

_____ Contractor's Signature