



Minnesota Department of Health  
 Well Management Section  
 P.O. Box 64975, St. Paul, Minnesota 55164-0975  
 651/201-4600 or 800/383-9808

### Certification of Buried Sewer Construction and Testing

This form must be completed and submitted to the Minnesota Department of Health (MDH) for installation of a buried sewer located 20 to 50 feet from a water-supply well, or the installation of a water-supply well located 20 to 50 feet from a buried sewer. **NOTE:** A 50-foot minimum separation must be maintained between a water-supply well and a buried collector or municipal sewer, an unapproved sewer, or a buried sewer serving a facility handling infectious or pathological waste.

Owner of Property Where Sewer is Located (please print)

Street Address, City, ZIP for Property Where Sewer is Located

County Name	Township No.	Range No.	Section No.	Fraction
				1/4      1/4      1/4

Date of Testing (mm/dd/yyyy)      Person(s) Present to Witness Testing

#### Well Information

Provide Minnesota Well and Boring Number(s) \_\_\_\_\_ or, if unavailable, provide the following information for each well located within 50 feet of the buried sewer.

Well No./Description	Well Depth	Well Diameter	Year of Construction	Well Contractor Company Name	Well Address (if different from above)

#### Variance Information

Was a variance issued by the MDH for this sewer or well installation?  Yes  No  
 If yes, please provide the variance tracking number: TN \_\_\_\_\_.

#### Sewer Materials

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ABS (ASTM D2661) | <input type="checkbox"/> ABS (ASTM D2751) | <input type="checkbox"/> ABS (ASTM F628) |
| <input type="checkbox"/> PVC (ASTM D2665) | <input type="checkbox"/> PVC (ASTM D3034) | <input type="checkbox"/> PVC (ASTM F789) |
| <input type="checkbox"/> PVC (ASTM F891)  | <input type="checkbox"/> Cast Iron _____  |  |

#### Test Methods (check one)

- Air Test (5 psi constant pressure for 15 minutes).  
 Manometer Test (1-inch water column).  
 Hydrostatic Test (for plastic pipe only).

The portion of the buried sewer system tested is described as follows (please specify each segment of sewer pipe which was tested).

\_\_\_\_\_

\_\_\_\_\_

**Please draw a diagram of the sewer system on back and note the locations of any wells and the portions of the sewer system that were pressure tested.**

### Buried Sewer Testing Diagram

Please draw a site diagram of the sewer system and all buried sewer pipes, including those buried beneath buildings (serving floor drain[s], bathroom[s], laundry room, etc.). Please note the portions of the buried sewer pipes that were pressure tested, the location of the well(s), and major landmarks on the property.

I, (name) \_\_\_\_\_, certify that the buried sewer(s) described above is/are constructed of the indicated, approved sewer material meeting the requirements of the Minnesota Plumbing Code, Minnesota Rules, part 4715.0530, and has/have been successfully tested in accordance with Minnesota Rules, part 4715.2820, by the indicated method.

In accordance with Minnesota Statutes, section 144.992, persons submitting false information to the Minnesota Department of Health are subject to administrative penalties of up to \$10,000.

Name	Title	
Firm		
Street Address		
City	State	ZIP Code
License/Certification Number	Signature	Date