



Minnesota Department of Health  
 Well Management Section  
 P.O. Box 64975, St. Paul, MN 55164-0975  
 1-800-383-9808

### Documentation of Buried Sewer Construction and Pressure Testing

This is to certify that the buried sewer(s) described below is/are between 20-50 feet of Minnesota Unique Well and Boring Number  at the property of

\_\_\_\_\_ Property Owner

located at: \_\_\_\_\_

Street Address and City or Township/Range/Section

\_\_\_\_\_ Minnesota, on \_\_\_\_\_  
 County Date (mm/dd/yy)

has/have been constructed of cast iron or plastic piping materials meeting the standards of the Minnesota Plumbing Code, part 4715.0530 and that the subject buried sewer(s) has/have been tested in accordance with Minnesota Plumbing Code, part 4715.2820 and has/have passed an Air Test/Manometer Test (**check one**).

Air Test (5 psi constant pressure for 15 minutes).

Manometer Test (one inch water column).

Vacuum Test (ASTM C-924) for manholes.

The subject buried sewer(s) is/are constructed of the following materials:

ABS (ASTM D2751)

ABS (ASTM D2661)

ABS (ASTM F628)

PVC (ASTM D2665)

PVC (ASTM D3034)

PVC (ASTM D3033)

PVC (ASTM F789)

PVC (ASTM F891)

Cast Iron \_\_\_\_\_

Other \_\_\_\_\_

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

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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.

This testing and certification was performed by:

Name \_\_\_\_\_ Title \_\_\_\_\_

Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License/Certification Number \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_