

Well Management Section  
625 North Robert Street  
P.O. Box 64975  
St. Paul, Minnesota 55164-0975  
651-201-4600 or 800-383-9808  
health.wells@state.mn.us  
www.health.state.mn.us/wells



# Buried Sewer Construction and Testing Certification

This form is to 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. A sewer is a pipe or conduit carrying sewage or into which sewage may back up, including floor drains and traps. A sewer between 20 and 50 feet from a water-supply well must be constructed of cast-iron or plastic pipe meeting the material standards and testing requirements of the Minnesota Plumbing Code.

**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.

## Property Owner and Address Where Sewer is Located

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Well Location

County \_\_\_\_\_ Township Name \_\_\_\_\_ Property I.D. No. \_\_\_\_\_

Township No. \_\_\_\_\_ Range No. \_\_\_\_\_ Section No. \_\_\_\_\_ Qtr \_\_\_\_\_ Qtr \_\_\_\_\_ Qtr \_\_\_\_\_ (Qtrs-List Smallest to Largest)

Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_ Addition Name \_\_\_\_\_

## Well Location Address

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Well Information

Well information for well(s) within 50 feet of buried sewer. **MN Unique Well No.** \_\_\_\_\_

**If Minnesota Unique Well Number is unavailable**, provide as much of the following information as possible. For additional wells located less than 50 feet from the buried sewer, please use additional form(s).

Well Description \_\_\_\_\_

Well Depth \_\_\_\_\_ Well Diameter \_\_\_\_\_ Year of Construction \_\_\_\_\_

Well Contractor/Company Name \_\_\_\_\_

## Sewer Materials

Sewer Material \_\_\_\_\_ Pipe Standard \_\_\_\_\_

Sewer Material \_\_\_\_\_ Pipe Standard \_\_\_\_\_

Building sewer and underground drain pipe materials and standards meeting the 2015 Minnesota Plumbing Code that are acceptable for the reduced 20-foot water-supply well isolation distance:

- **ABS (Schedule 40):** ASTM D1527, ASTM D2661, ASTM D2680 (building sewer only), ASTM F628
- **Cast Iron:** ASTM A74, ASTM A888, CISPI 301
- **Co-Extruded ABS (Schedule 40):** ASTM F1488
- **Co-Extruded PVC (Schedule 40):** ASTM F891, ASTM F1488
- **Polyethylene:** ASTM F714 (building sewer only)
- **PVC (Schedule 40):** ASTM D1785, ASTM D2665, ASTM F794 (building sewer only)
- **PVC:** ASTM D3034 (gravity building sewer only, if approved by the local administrative authority)

## Test Methods

(Check one)

- Air Test (5 psi constant pressure for 15 minutes)
- Manometer Test (1-inch water column)
- Hydrostatic Test (10-foot hydrostatic head for 15 minutes)

Describe the portion of the buried sewer system tested (please specify each segment of sewer pipe which was tested). Use additional sheet if necessary.

---

---

## Buried Sewer Diagram

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

## Certification

The undersigned certifies that the buried sewer(s) described above is/are constructed of the indicated, approved sewer material meeting the material standards and testing requirements of the 2015 Minnesota Plumbing Code. In accordance with Minnesota Statutes, section 144.992, persons submitting false material statements, representations, or certifications to MDH, or omitting material information are subject to administration penalties of up to \$10,000.

**Note:** Witness information is not required for a tester who is a Minnesota licensed plumber or certified pipelayer. Testing by all other testers must be witnessed by a state or local building official or MDH inspector.

## Tester Name

Test Name \_\_\_\_\_ Tester Title \_\_\_\_\_

Company Name \_\_\_\_\_ License No. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Tester Signature \_\_\_\_\_ Date \_\_\_\_\_

## Witness Name

(Is not required for a tester who is a Minnesota licensed plumber or certified pipelayer.)

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

Company Name \_\_\_\_\_ License No. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Information provided on this form is classified as public information under Minnesota Statutes, chapter 13. To obtain this information in a different format call 651-201-4600.