



For lots with private well and septic only

2241 221<sup>st</sup> Ave. NE • East Bethel, MN 55011

Phone: (763) 367-7844 • Fax: (763) 434-9578

# Septic System Permit Application

(To Be Filled Out by Septic Installer)

Job Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Septic Installer: \_\_\_\_\_ MPCA Cert.#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Construction Type: New Building  Alteration  Repair  Replace

Type of Septic System: Type I  Type II  Type III  Type IV  Type V

Type of Drainfield:  Trenches  Mound  Pressure Bed  At-Grade  Other: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Is there a sewage ejector in the basement:  Yes  No

Number of Tanks: New: \_\_\_\_\_ Re-used: \_\_\_\_\_ Abandoned: \_\_\_\_\_

Shoreland Overlay District: Yes  No

Further description of septic: \_\_\_\_\_

**NEW RESIDENTIAL CONSTRUCTION:** \$301

**REPLACEMENT SYSTEM:** \$ 301

**SYSTEM REPAIR\*:** \$ 101  
*\*Building official approval required.*

**SEPTIC HOLDING TANK ONLY\*:** \$101  
*\*Planning commission approval required.*

**ALTERNATIVE SYSTEM\*\*:** \$200 PLUS PLAN REVIEW FEE, MINIMUM OF \$301

**COMMERCIAL\*\*:** \$200 PLUS PLAN REVIEW FEE, MINIMUM OF \$301

*\*\*Permit Cost will be \$200 + review fee calculated based on Valuation of project per 1997 UBC Table 1-A. You will be contacted with total due once project has been approved.*

**Valuation of Work:** \$ \_\_\_\_\_ **Total Due:** \$ \_\_\_\_\_

This permit is granted upon the express condition that the person, partnership, firm or corporation to whom it is granted, together with the agents, employees, workers and sub-contractors agree to abide by and conform to all ordinances of the City regarding the construction, alteration or repair of sewage treatment systems within the City; and that this permit may be revoked at any time upon evidence of violations of any of the provisions of said ordinances. This permit becomes null and void if work or construction authorized is not commenced within 180 days.

Signature of Contractor or Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

Building Approval: \_\_\_\_\_ Date \_\_\_\_\_



**Maintenance Log**

Track maintenance activities here for easy reference. See list of management tasks on pages 3 and 4.

Activity	Date accomplished									
<b>Check frequently:</b>										
Leaks: check for plumbing leaks*										
Soil treatment area check for surfacing**										
Lint filter: check, clean if needed*										
Effluent screen (if owner-maintained)***										
Alarm**										
<b>Check annually:</b>										
Water usage rate (maximum gpd _____)										
Caps: inspect, replace if needed										
Water use appliances – review use										
Other:										

- \*Monthly
- \*\*Quarterly
- \*\*\*Bi-Annually

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

"As the owner of this SSTS, I understand it is my responsibility to properly operate and maintain the sewage treatment system on this property, utilizing the Management Plan. If requirements in this Management Plan are not met, I will promptly notify the permitting authority and take necessary corrective actions. If I have a new system, I agree to adequately protect the reserve area for future use as a soil treatment system."

Property Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Management Plan Prepared By: \_\_\_\_\_ Certification # \_\_\_\_\_

Permitting Authority: \_\_\_\_\_