



For lots with private well and septic only

2241 221st 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 I-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 _____

Signature of Owner (If owner builder): _____ 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									
Check frequently:										
Leaks: check for plumbing leaks*										
Soil treatment area check for surfacing**										
Lint filter: check, clean if needed*										
Effluent screen (if owner-maintained)***										
Alarm**										
Check annually:										
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: _____