



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

How many tanks will be **re-used** from the previous system: \_\_\_\_\_

How many **new** tanks will be used: \_\_\_\_\_

How many tanks will be **abandoned**: \_\_\_\_\_

Shoreland Overlay District:  Yes  No

Valuation of project (for commercial projects only): \_\_\_\_\_

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

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.

NEW CONSTRUCTION/REPLACEMENT SYSTEM TOTAL: \$ 301

ALTERNATIVE SYSTEM TOTAL: \$200 PLUS PLAN REVIEW FEES, MINIMUM OF \$301

REPAIR TOTAL (APPROVAL FROM BUILDING OFFICIAL NEEDED): \$ 101

SEPTIC HOLDING TANK ONLY TOTAL (NEED APPROVAL FROM PLANNING COMMISSION): \$101

COMMERCIAL: \$200 PLUS COST OF PLAN REVIEW AND INSPECTIONS WITH A \$301 MINIMUM

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									
<i>Check frequently:</i>										
Leaks: check for plumbing leaks										
Soil treatment area check for surfacing										
Lint filter: check, clean if needed										
Effluent screen: if owner-maintained										
<i>Check annually:</i>										
Water usage rate (monitor frequency ____)										
Caps: inspect, replace if needed										
Water use appliances – review use										
Other:										

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

Mitigation/corrective action plan: \_\_\_\_\_

*"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: The City of East Bethel