



CITY OF COLUMBUS

16319 Kettle River Blvd. Columbus Mn.55025

651-464-3120 Phone, 651-464-5922 Fax

Building Department hours: M-F 8:00 am to 1:00 pm.

Septic System Permit Application

(To Be Filled Out by Septic Installer)

Job Address _____ Septic System Permit No. _____

Owner _____ Building Permit No. (If applicable) _____

Installer _____ Fee _____

Address _____ Date Paid _____

City, State, Zip _____ Receipt No. _____

Phone Number _____ MPCA Cert. No. _____

Legal Description _____

Description _____

Circle one: New home, Alteration, Repair or Replace

Standard Trenches _____ Mound _____ Pressure Bed _____ Other System _____

Number of Bedrooms _____

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 of Columbus regarding the construction, alteration and 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.

Septic Installer's Signature

Date

ISTS Inspector's Signature

Date



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INDIVIDUAL SEWAGE TREATMENT SYSTEM AS BUILT REPORT

PRINT OR TYPE ONLY - TO BE FILLED OUT BY INSTALLER

Date: Permit Number Pin#

Property Address: Number Street City State Zip

Installer's Name

Installer's Mailing Address: Number Street City State Zip

Phone #: MPCA #:

SEPTIC TANK

Manufacturer: Liquid Capacity:

Pump Chamber (If installed):

Manufacturer to Tank: Liquid Capacity:

Horsepower of Pump:

Pump Discharge in Gallons/Minute: at feet of Head

Type of Warning Device: Visual or Audio

Number of Gallons Pumped per Cycle:

TREATMENT AREA

Mound Size: Basil Size:

Width: 24 30 36 Length of Drainfield: Ft.

Method of Distribution: Pressure or Gravity

Depth of Rock Under Distribution Pipe: 6 12 18 24

Area Required: Sq. Ft. Area as Built: Sq. Ft.

Complete site plan on attached sheet. On site plan include location of structures, septic tank, pump chamber, line from house to tank, line from tank treatment system, distribution lines, distribution or drop boxes, well and driveway. Show all distances applicable to the sewage treatment system: distance from structure to tank, tank to treatment system, distance between distribution lines, length of distribution lines and distance between well and sewage treatment system. Indicate on the site plan north and the scale of the site plan. I hereby certify that the above described septic system was installed as per the submitted design and meets all of the requirements of MN 7080 and The City of Columbus Ordinances.

Installer's Signature Date