



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. _____ Check 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
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_____ ISTS Inspector's Signature	_____ Date
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NOTE: Section 14-635 of Columbus City Ordinances has the following tank requirements:
 D. Tank Requirements

2. The minimum capacity for lift stations shall be 1,000 gallons.
3. The Subsurface Sewage Treatment System tank capacities shall be as follows:
 - (a) 2 bedrooms or less = 1000 gallon minimum
 - (b) 3 bedrooms - 1250 gallon minimum
 - (c) 4 bedrooms - 1500 gallon minimum
 - (d) 5 and 6 bedrooms - 2000 gallon minimum
 For 7 or more bedrooms, Subsurface Sewage Treatment System tank capacities shall be sized in accordance with "Other establishments" as defined by Minn. R. Ch. 7080.



INDIVIDUAL SEWAGE TREATMENT SYSTEM AS BUILT REPORT
INCLUDE SITE DIAGRAM ON BACK SIDE
PRINT OR TYPE ONLY - TO BE FILLED OUT BY INSTALLER

Date: Permit Number
Property Owner: Pin#
Property Address: Number Street City State Zip
Installer's Name: Installation Date:
Installer's Mailing Address: Number Street City State Zip
Phone #: MPCA #:

Is the system in Shoreland, serving a MDH facility or in a Wellhead Protection area? Yes No
Number of Bedrooms/Flow Rate: #/gpd Septic Tanks, No. & Size: #/gal

SEPTIC TANK(S)

Tank Sheets Supplied? Yes No (If no, complete below)
Manufacturer: Liquid Capacity:

PUMP CHAMBER (If installed):
Manufacturer of Tank: Date of Manufacture:
Liquid Capacity:

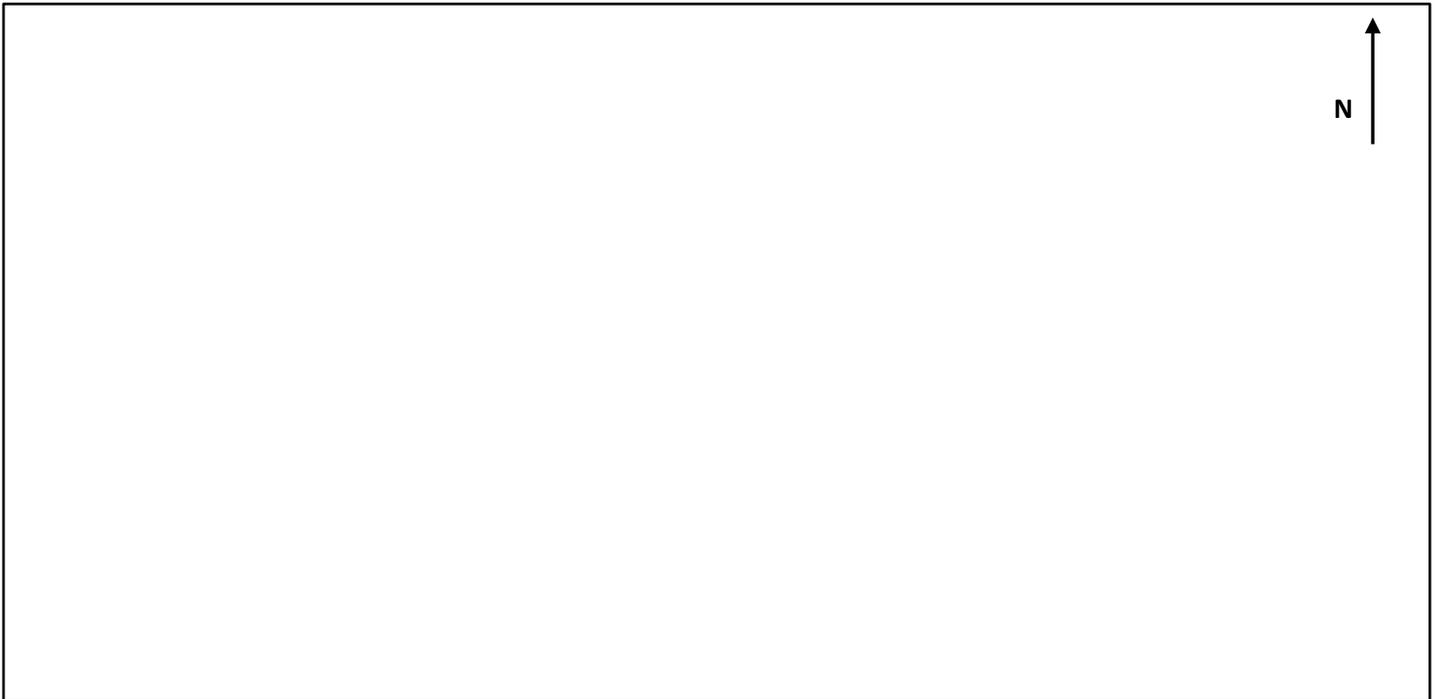
PUMP

Discharge in Gallons/Minute: at feet of Head
Horsepower of Pump: Make and Model #:
Number of Gallons Pumped per Cycle: Floats Properly Set? Yes No
Type of Warning Device: Visual or Audio (circle one)

TREATMENT AREA

Type Size: Basin Size:
Length of Drainfield: Ft. Width: 24 30 36
Method of Distribution: Pressure or Gravity (circle one)
Depth of Rock Under Distribution Pipe: 6 9 12 18 24
Area Required: Sq. Ft. Area as Built: Sq. Ft.

Complete Site Plan below:



Required Items to Identify on Site Plan:

1. Structures on property.
2. Well.
3. Driveway.
4. Elevations.
5. Septic, holding and pump tanks, piping, and soil system configuration.
6. Label bed or trench width and length, or rock bed size.
7. Label absorption width and final dimensions.
8. Indicate alarm location.
9. Show all setbacks from tank and soil system:
 - a. Property boundaries.
 - b. Buildings.
 - c. Wells.
 - d. Water bodies.
 - e. Road Right-of-Way.
10. Improvements – present and future.
11. Benchmark location and distance of tank and soil system from benchmark.
12. Replacement site.
13. Abandoned system.

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 _____