Athens Township · MINNESOTA 883 261 st Ave NE Isanti, MN 55040	Septic System Permit Application Permit # Submit permit application to zoning@athenstownship.com
SITE ADDRESS:	PID:
PROPERTY OWNER: Address:	
City: State: Zip:	Email:
Contact Name:	Phone:
COPY OF SITE EVALUATION & SYSTEM DESIGN MUST BE ATTACHED	
DESIGNER:	Address:
City: State: Zip:	Phone: State License #:
Email:	Contact Name:
INSTALLER:	Address:
City: State: Zip:	Phone: State License #:
Email:	Contact Name:
SYSTEM INFORMATION	
CONSTRUCTION TYPE: NEW ALTERATION/REP REPAIR REMOVE	PLACEMENT TANK ONLY PUMP ONLY
	YPE III TYPE IV TYPE V
DRAIN FIELD: STANDARD TRENCHES	MOUND PRESSURE BED OTHER:
# of Bedrooms: GPD:	# of Tanks Installed: # of Existing Tanks:
As-Built documentation, certification and drawings shall be submitted within five (5) days of completion of any	
permitted Subsurface Sewage Treatment System.	
Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty. ALL WORK DONE IN ACCORDANCE WITH APPLICABLE PORTIONS OF MN RULES CHAPTER 7080 THROUGH 7083	
 The minimum capacity for lift stations shall be 1,000 gallons. 2. 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 besize 	ed in accordance with "Other establishments" as defined by Minn. R. Ch. 7080.
SIGNATURE OF APPLICANT:	DATE:
PRINTED NAME:	Signature of: Owner Owner's Representative
DATE ALL REQUIRED INFORMATION WAS RECEIVED:	
Approval:	
Building Official or other authorized agent:	Date: Permit Fee:
Paid: By:	

SIC PF DA Ap Bu Pa

TO BE FILLED OUT BY APPLICANT INCOMPLETE APPS MAY NOT BE PROCESSED

OFFICE USE ONLY



iIndividual Sewage Treatment System **As-Built Site Plan**

Original Permit #_____

Date Received

COMPLETE AS BUILT SITE PLAN BELOW:



Required Items to Identify on Site Plan:

- 1. Structures on property.
- Well. 2.
- Driveway. 3.
- Elevations. 4.
- Septic, holding and pump tanks, piping, and soil system configuration. 5.
- 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.
- Benchmark location and distance of tank and soil system from benchmark. 11.
- 12. Replacement site.
- 13. Abandoned system.