



SEPTIC PERMIT APPLICATION

33155 Hemingway Ave
 Stacy, MN 55079
 Ph. 651-462-3009

OFFICE USE ONLY
PERMIT # _____

Site Address _____	City _____	Zip _____	PID# _____
Homeowner name _____		Address _____	
City _____	State _____	Zip _____	Phone _____
Contractor Name _____		Contractor License # _____	
Contractor Address _____		City _____	State _____ Zip _____
Contractor Phone _____		or _____	

PROPERTY USE	CLASS OF WORK	DESCRIPTION
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> AGRICULTURAL	<input type="checkbox"/> New Construction <input type="checkbox"/> Septic Tank Replacement <input type="checkbox"/> Mound Septic System <input type="checkbox"/> Rock Trenches <input type="checkbox"/> Repair Septic <input type="checkbox"/> Pressure Beds <input type="checkbox"/> At grades <input type="checkbox"/> Chamber Trenches <input type="checkbox"/> Holding Tank	<input type="checkbox"/> Size of Tank _____ <input type="checkbox"/> Size of Lift Tank _____ <input type="checkbox"/> Size of Drain field _____ <input type="checkbox"/> Number of Bedrooms _____ <input type="checkbox"/> Perc. Rates _____ <input type="checkbox"/> Depth to Mottled Soil _____ <input type="checkbox"/> Depth to Water Table _____

- These items must be submitted with your application:**
1. Completed Application
 2. Soil Test Results
 3. System Design (by a licensed designer)
 4. 2 copies of final site plan (showing house, well, boundaries and size of house.)

Checks should be made
 payable to:
LENT TOWNSHIP

OFFICE USE ONLY
SEPTIC FEE _____
SITE INSPECTION FEE _____
TOTAL DUE _____
PAID ON _____
RECEIPT # _____
APPROVED BY _____
APPROVE DATE _____

Septic Inspections: On any project, which includes installation, this inspection shall be made when all components of the system, beyond the foundation, have been installed, and before any part of the system is covered. To schedule an inspection, please call Lent Township Building Inspector Jack Kramer at 651-351-5051. Please allow 24 hour notice for inspections.

The applicant hereby acknowledges that the validity of any permit is contingent upon the compliance of all work done and materials used with the plans and specifications herewith submitted, and with the applicable ordinances of Lent Township.

Applicant Signature _____ **Date** _____



Township of
LENT

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AS-BUILT RECORD

OFFICE USE ONLY

PERMIT # _____

Site Address _____ City _____ Zip _____ PID# _____

Homeowner name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Contractor Name _____ Contractor License # _____

Contractor Address _____ City _____ State _____ Zip _____

Contractor Phone _____ or _____

SOIL

Depth to restricting layer _____ Type of restricting layer _____ Percolation rate _____ Land Slope _____ %

Construction Conditions _____

WASTEWATER FLOW

Estimated Gallons per day _____

Measured Gallons per day _____

SEPTIC TANK

Dimensions _____ Volume _____ gallons

TYPE OF SYSTEM

Standard _____ Other _____

Alternative _____

LIFT STATION

Volume _____ Gallons

Dimensions _____

Delivery Date _____ Gallons per minute

Total Head _____ feet

Discharge Pumping Event _____ Gallons

TRENCHES

Minimum depth of trenches _____ inches

Maximum depth of trenches _____ inches

Total bottom area _____ Sq ft for trenches

Width of Trenches _____ ft

Total trench length _____ ft

Having _____ inches of rock below distribution

Distribution (check one) _____ drop boxes

_____ Pressurized laterals

Number of trenches _____

Spacing of trenches _____ ft on center

PRESSURE DISTRIBUTION SYSTEM

Perforated laterals: Total number _____

Inside diameter _____ inches

Spacing _____ inches on center

Length _____ ft

Wiring and alarm complete _____ Yes _____ No

Length of Pressure Line _____ ft

Manifold Pipe: Inside Diameter _____ inches

Perforations: Total # per lateral _____

Diameter _____ inches

Spacing _____ inches on center

Electrician _____

BED

Minimum depth of bed _____ inches

Bed width _____ ft

Maximum depth of bed _____ inches

Bed Length _____ ft

MOUND

AT GRADE

Rock bed area _____ sq ft

Bed width _____ ft

Depth of mound sand under rock bed _____ inches _____ feet

Absorption width _____ ft

At minimum, include the following information:

- _____ Lot Lines
- _____ Easements
- _____ Driveway & nearest road
- _____ Location of maintenance cover
- _____ Location of distribution pipes
- _____ Location of all underground water lines

- _____ Right of ways
- _____ Housing, buildings & other improvements
- _____ Layout of sewage treatment system including tanks
- _____ Location of buried sewer pipes
- _____ Location of all wells within 100 ft of Sewage Treatment System
- _____ All setbacks



Installed by

MPCA License #

Signature

Phone #

Drawn by (if different than installer)

Date