



SEPTIC SYSTEM APPLICATION

| | | |
|---|-----------------------------|------------------------------|
| Job Address | | Date of Application |
| Owner | Address | City, State, Zip |
| Septic Contractor | | MPCA License Number |
| Address: | | City, State, Zip |
| Company Phone | Cell Phone | E-Mail Address |
| Soil Tester | | License # |
| Work Category: (please circle one) New System Replacement Repair | | |
| Type of System: (include size) Mound Pressure Bed _____ Septic Tank _____ | | |
| Holding Tanks _____ Trenches _____ Lift Tank _____ | | |
| Tank Replacement _____ Other _____ | | |
| Anticipated Use | | |
| Single Family GPD _____ Multi-Family GPD _____ Commercial GPD _____ # of Bedrooms _____ # of Future Bedrooms _____ | | |
| Soils Data | | |
| Soil Type _____ Percolation Rate _____ Date of Soil Test _____ Depth to Mottled Soil _____ Depth of Water Table _____ | | |
| Supporting Data/Attachments: | | |
| () Sketch Plan () Percolation Data Sheets () Tank/Drain Field Design Calculations () Soil Borings | | |
| Tanks Maker: | Sand Purchased From: | Rock Purchased From: |
| NOTICE | | |
| <ul style="list-style-type: none"> • This system shall not be covered until it has been inspected and approved for cover. • Where clay soils are predominant, no drain field excavation can proceed where it is determined that sidewall smearing will affect the performance of the system. • No changes in plans or specifications can be made to the work authorized herein unless such change is first approved in writing by the permitting authority. • The approved copy of the permit, inspection card, and design must be posted at the job site at the time of installation inspection, or no inspection will be made. As a result, a \$47.00 reinspection fee must be paid at the City of Cambridge prior to rescheduling an inspection. • The contractor shall meet the inspector on site before any construction begins on any portion of the septic system. • Contractor/Homeowner must clearly identify and mark lot lines BEFORE AND DURING septic system construction. • 24 hour notice required on all inspections. • An As built record must be submitted to the City prior to the Certificate of Occupancy issuance. • The applicant shall grant access to the site at all reasonable times, so that the permitting authority or his agent may conduct inspections to ascertain compliance with the terms and conditions of this permit. • The applicant shall install permanent and temporary erosion control measures in order to prevent erosion and maintain natural water drainage at all times. | | |
| Please Print Applicant Name _____ | | Signature of Applicant _____ |

OFFICE ONLY

Special Conditions _____

Total Amount Due: _____ **Permit Number:** _____



CAMBRIDGE
Minnesota's Opportunity CommunitySM
AS BUILT RECORD

Owner and/or Builder _____

Septic System Contractor _____

Site Address _____

City, State Zip _____

Parcel ID # _____

Legal Description _____

Permit # _____

Type of System: (MPCA classification) Standard Other Alternative Warranty

Soil

Depth to restricting layer _____ Type of restricting layer _____ Percolation Rate _____ mpi at _____ depth

Land Slope _____ % Construction Conditions _____

Wastewater Flow

Estimated _____ Gallons per day or Measured _____ Gallons per day

Septic Tank

Dimensions _____ Volume _____ Gallons _____

Manufacturer _____

Lift Station

Volume _____ Gallons Dimensions _____

Pump

Delivery Rate: _____ Gallons per minute Total Head _____ Ft Discharge/pumping event _____ Gallons

Inside diameter of pressure line from pump to treatment area _____ inches

Trenches

Maximum depth of trenches _____ inches Width of trenches _____ Ft Maximum depth of trenches _____ inches

Total trench length _____ Ft Total bottom area _____ Sq Ft for trenches Number of trenches _____

Having _____ inches of rock below distribution pipe Spacing of trenches _____ Ft on center

Distribution (check one) Drop Boxes Pressurized Laterals (Complete Pressure Distribution System Below)

Bed

Minimum depth of bed _____ inches Bed Width _____ Ft Maximum depth of bed _____ inches

Total Trench Length _____ Ft Total Bottom Area _____ Sq. Ft. Having _____ inches of rock below pipe

Mound **At Grade**

Rockbed area _____ Sq. Ft. (having 9" rock below laterals Depth of Mound Sand Under Rock Bed _____ Inches Feet

Bed Width _____ Ft. Absorption Width _____ Ft

Bed Length _____ Ft Final Dimensions _____ Ft By _____ Ft

Pressure Distribution System

Length of Pressure Line _____ Ft Perforated Laterals: Total number _____ **Manifold Pipe:** Inside Diameter _____ Inch

Inside diameter _____ inches **Performations:** Total number per lateral _____ Spacing _____ Inches on Center

Diameter _____ Inches Length _____ Ft Spacing _____ Inches on Center

Wiring & Alarm Complete Yes No **Electrician:** _____