

Bridgewater Township Septic Permit Application

Required Attachments:
 Soil Logs Site Plan
 Design Worksheets Management
 Plan Permit Fee

Date received ___/___/___
 Fee Paid \$ _____
 Check # _____

Property _____ Phone # _____
 Owner Check if buyer

Project Address _____

Parcel # _____

Permit Reason: check all that apply
 Existing System
 New Structure
 Replace ITPH
 Property Transfer
 Building Permit
 Variance/ C.U.P.

Structure Type: Single Family House Type I II
 Other Structure
 Bedrooms GDP _____

System Type:

I Standard II Sands/Holding Tanks
 III Other IV Registered product

Garb. Disposal Yes No
 Basement Lift Pump Yes No

STS area protected Y / N Flagged Fenced
 Reserve Area? Yes No (identify on site plan)

Setbacks:

Variance application attached
 Prop. Lines _____' Structures to tank _____' & Structures to STS _____'
 Well casing depth >50 _____ Installation pending or <50' shallow
 Wells to tank _____' Wells to STS _____'
 Well to buried sewer line _____' (20-50' air test required)
 Shoreland = <1000 ft water body _____ N/A setback _____' Lake: _____
 Wetland (30ft) Classification _____ GDS (50ft) RDS _____ (75ft) NES _____ (150ft)
 Wellhead protection area Yes No Floodplain Yes No

Tanks: Approx:depth of cover _____ Ft.
 if <2 ft must insulate maximum 4ft bury new structure
 _____ gal/septic _____ gal/pump
 _____ new _____ existing _____ new _____ existing
 _____ gal/septic Tanks must be registered with MPCA
 _____ new _____ existing
 _____ Holding Tank
 Effluent Screen _____ if Yes/Alarm recommended _____ No
 Screen Mfg#/model# _____

PUMP:

_____ GPM _____ Ft
 Head _____
 Alarm: _____ audio/visual automatic
 _____ manual pop up/seasonal
PUMPLINE:
 diameter _____" length _____ ft
 Pump Stations require an event counter

Notify:

_____ Owner _____ Buyer
 _____ Installer _____ Designer
 or _____
 when permit ready for issue

Soil Treatment Area:

(table IX must be utilized)

Depth to restricting layer _____" Soil loading rate: _____ gpd/ft
 Soil color at treatment depth (@12" if mound) _____/_____/_____
 Depth of media below pipe _____" REGISTERED MEDIA TYPE _____ Rock _____ Chamber _____ EZ-Flow _____ Either
 _____ Yes _____ No were soils verified prior to design submittal sandy or coarse sand/gravel soils require soil verification prior to permitting.

TRENCHES/BED:

Proposed Depth of system _____" (12" minimum depth of backfill)

pressurized Yes No
 (if yes, flushing valves required) Sq Ft. _____ If Trenches/Lineal Ft. _____ L.F.

Mound: absorption ratio _____ per Table IX Media Bed 10' x _____ ft Sand _____" % Slope _____
 (flushing valves required)
 Lateral diameter _____" Perf. size/spacing _____" @ _____ ft.

At-Grade: absorption ratio _____ per Table IX Media Bed _____' x _____ ft Sand _____" % Slope _____
 (flushing valves required)
 Lateral diameter _____" Perf. size/spacing _____" @ _____ ft.

I hereby certify with my signature that all data and attached specification for the SSTS design plan are true and correct to the best of my knowledge. I agree to indemnify Rice County and Bridgewater Township from all losses, damages, costs, and charges that may be incurred by the Local Government Unit because of my failure to conform to and comply with the provisions of this Ordinance.

Designer: Name (please print) _____ Signature: _____
 License # _____ Daytime phone # _____ Date: _____

Owners Signature: _____ Date: _____

I hereby certify with my signature that all data on my application forms, plans, and specifications are true and correct to the best of my knowledge.