

APPLICATION for Individual Sewer Treatment System Permit
ARTHUR TOWNSHIP PID# _____

Applicant Name _____ Property Owner _____
Address _____ Address _____
Contact Person _____ Legal Description _____
Phone # _____
Phone # _____

Circle One: NEW SYSTEM REPAIR UPGRADE

Site Evaluator/Designer _____ Lic# _____

Installer _____ Lic# _____

Check appropriate sewer system component:

<u>Tanks</u>	Tank Material	Soil Treatment System	Sewer Type
_____Septic tank	_____Fiberglass	_____rock trench	_____Type I
_____Aerobic tank	_____Plastic	_____gravel trench	_____Type II
_____Pump tank	_____Metal	_____chamber trench	_____Type III
_____Holding tank	_____Concrete	_____seepage bed	_____Type IV
	_____Other	_____mound	_____Other (explain)
		_____at-grade	

Tank Size: _____gallons

Bedrooms: _____ Occupants: _____ Oil treatment area size: _____sq. feet

Proposed construction date _____

*****Attach completed site evaluation and design worksheets*****

Owners signature

Applicants signature

Date

**PERMIT WILL NOT BE ISSUED UNTIL THIS FORM IS COMPLETED AND SUBMITTED WITH
SITE EVALUATION AND DESIGN WORKSHEETS PREPARED BY MPCA LICENSED PERSON.
ALL FEES MUST BE PAID TO ARTHUR TOWNSHIP.**