

**ARNA TOWNSHIP
APPLICATION FOR CERTIFICATE OF SANITARY
SYSTEM COMPLIANCE**

NAME: _____ DATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ (include area code)

EMAIL _____ (optional)

Legal description of property, or Property I.D. number (from your tax statement):

Street address of sewage system if different than the above mailing address:

Special Instructions to find your SSTs, or about the system to be inspected:

Please allow at least 10 days for results.

SIGNATURE OF APPLICANT

Fee: \$250.00 to accompany this application

Make checks payable to: Arna Township

Return to:	Zoning Administrator	(or)	Arna Town Clerk
	47196 Witt Lane		49910 First Ave
	Markville, MN 55072		Markville, MN 55072
Phone:	(320)242-3236		(320)242-3409

A copy of our ordinance is available at: www.arnatownship.org