



Application for Permit to Install Septic System

Grant County Environmental Services

10 2nd St NE

Elbow Lake, MN 56531 218-685-8225

Permit No. _____

| | | | | |
|--------------------------|--------------------|-----------------------------|------------|-------------------|
| 1. Lake/River No. 26- | 2. Lake/River Name | 3. Lake/River Class | 4. Section | 5. Twp. Name |
| 6. Parcel Number(s) | | 7. Property (E-911) Address | | |
| 8. Legal Description | | | | |
| 9. Property Owner | | Mailing Address | | Daytime phone No. |
| 10. Contractor | | | | |

THIS SPACE FOR OFFICE USE ONLY

⇒ This system inspected on _____, 20__ @ _____

| | | | | |
|---|--|--|----------------------|-----------------------|
| 11. TYPE OF INSTALLATION (CHECK ONE) | | 12. SEWAGE TREATMENT SYSTEM DESIGN – AS SHOWN ON DRAWING | | |
| New System | Add-On/Replacement | | | |
| <input type="checkbox"/> Trench, Rock | <input type="checkbox"/> Tank, Septic | | | |
| <input type="checkbox"/> Trench, Graveless | <input type="checkbox"/> Tank, Lift | | | |
| <input type="checkbox"/> Trench, Chamber | <input type="checkbox"/> Trench, Rock | | | |
| <input type="checkbox"/> Bed | <input type="checkbox"/> Trench, Graveless | | | |
| <input type="checkbox"/> Mound | <input type="checkbox"/> Trench, Chamber | | | |
| <input type="checkbox"/> At Grade | <input type="checkbox"/> Bed | | | |
| Collector System | <input type="checkbox"/> Mound | | | |
| <input type="checkbox"/> Trench, Rock | <input type="checkbox"/> At Grade | | | |
| <input type="checkbox"/> Trench, Graveless | <input type="checkbox"/> Combination | | | |
| <input type="checkbox"/> Trench, Chamber | Other | | | |
| <input type="checkbox"/> Bed | <input type="checkbox"/> Tank, Holding | | | |
| <input type="checkbox"/> Mound | <input type="checkbox"/> Outhouse | | | |
| <input type="checkbox"/> At Grade | <input type="checkbox"/> Sewer Line | | | |
| | <input type="checkbox"/> Performance | | | |
| | <input type="checkbox"/> Miscellaneous | | | |
| 13. EFFLUENT DISTRIBUTION | 14. PUMPING CONTRACT | All distances are shortest distances between nearest points | | |
| <input type="checkbox"/> Gravity | <input type="checkbox"/> Yes | 15. DEPTH OF WATER WELL | 16. # BEDROOMS _____ | 17. MOUND AREA |
| <input type="checkbox"/> Pressure | <input type="checkbox"/> No | _____ Ft | GARBAGE DISP _____ | _____ Ft ² |

18. Soil Observation Data

Designer: _____ Designer Lic. #: _____ Date of Obs.: _____ Hyd. Loading Rate: _____

19. Agreement: The undersigned hereby makes application for permit to install, alter, repair or extend Sewage Treatment System herein specified, agreeing to do all such work in strict accordance with Sanitation Code of Grant County, Minnesota. Applicant agrees that the Site Data Worksheet submitted herewith and which is approved by a Land Management Official shall become a part of the permit. Applicant further agrees that no part of the system, without prior approval, shall be covered until it has been inspected and approved for use. It shall be the responsibility of the applicant for the permit to notify Land Management that the installation is ready for inspection. This permit is valid for twelve (12) months.

Permit: Permission is hereby granted to the above-named applicant to perform the work described in the above statement. This permit is granted upon express condition that the person to whom it is granted, and his agent, employees, and workmen shall conform in all respects to the Sanitation Code of Grant County, Minnesota. This permit may be revoked at any time upon violation of the Sanitation Code.

Date: _____

Signature of Property Owner / Agent for Owner

Date: _____

Land Management Official

Office use

20. PERMIT FEE \$ 100.00

21. RECEIPT NO: _____