



DEPARTMENT OF PLANNING, ZONING, AND SOLID WASTE
 1610 Hwy 23 North • Sandstone, MN • 55072
 (320) 216-4220 • Toll Free 800-450-7463 x4220 • Fax (320) 216-4244

APPLICATION FOR SEWAGE TREATMENT SYSTEM PERMIT

Property Owner: _____ Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Email: _____
 Daytime Phone: _____

Project Address: _____
Project Parcel#: (from Tax Statement): _____

THE FOLLOWING INFORMATION IS REQUIRED.

Designer: _____ Phone No: _____ License No. _____
 Address: _____ City _____ State _____ Zip _____
Installer: _____ Phone No: _____ License No. _____
 Address: _____ City _____ State _____ Zip _____

Type of Improvement	Water Use Devices in the Structure	
	Existing	Proposed
New System <input type="checkbox"/>	Automatic Washer <input type="checkbox"/>	<input type="checkbox"/>
Replace or Alter Existing System <input type="checkbox"/>	Dishwasher <input type="checkbox"/>	<input type="checkbox"/>
Residential Use	Water Softener <input type="checkbox"/>	<input type="checkbox"/>
Seasonal Dwelling <input type="checkbox"/>	Garbage Disposal <input type="checkbox"/>	<input type="checkbox"/>
Year-around Dwelling <input type="checkbox"/>	Whirlpool (Jacuzzi) Tub <input type="checkbox"/>	<input type="checkbox"/>
Commercial Use <input type="checkbox"/>	Grinder Pump <input type="checkbox"/>	<input type="checkbox"/>
	Depth of existing well _____ feet	

Proposed Sewage Treatment System		Number of Bedrooms	
Trench System <input type="checkbox"/>	Type I System <input type="checkbox"/>	Existing	_____
Mound System <input type="checkbox"/>	Type II System <input type="checkbox"/>	Proposed	_____
Holding Tank <input type="checkbox"/>	Type III System <input type="checkbox"/>	Total	_____
Bed System <input type="checkbox"/>			
Privy <input type="checkbox"/>			
Number of Tanks _____			
Tank Size(s) _____			

Internal Use: Check # _____ Receipt # _____	Permit Application Fees:
	Complete System \$300 <input type="checkbox"/> Holding Tank or Privy \$125 <input type="checkbox"/> Replacement of Drainfield \$175 <input type="checkbox"/> Late Fee (x2 of applicable fee) \$ _____ <input type="checkbox"/> TOTAL \$ _____
Acceptable payment methods: Check, Cash Credit Card	

Sketch your Site Plan below or submit as an attachment

Indicate below or on a separate sheet the following required information:

1. Distance of proposed system from:
 - A. Lake or stream
 - B. Road right-of-way
 - C. Property lines
 - D. Structures (Existing & Proposed)
 - E. Water supply (Existing & Proposed)
 - F. Drainage or Utility Easement
 - G. Bluff or Steep Slopes
 - H. Other Prominent Site Features
2. Dimensions of lot and name of lake or stream where located.
3. Location and depth of water supply systems within 100' of sewage treatment system.
4. Attach sewer design sheets.

Site Plan to Scale

The undersigned hereby makes application for permit to construct as herein specified, agreeing to do all such work in strict accordance with the Ordinances of the County of Pine, Minnesota; Minnesota Individual Sewage Disposal Code Minimum Standards set forth by Minnesota Department of Health; Shoreland Management Standards set forth by Minnesota Department of Natural Resources, and Flood Plain Management Standards set forth by the Federal Emergency Management Authority. Applicant agrees that plot plans, sketches, specifications, documents and designs submitted herewith shall become a part of the permit and are a matter of public record. **APPLICANT FURTHER AGREES THAT NO PART OF THE SEWAGE SYSTEM SHALL BE COVERED OR OTHER PERMITTED SITE IMPROVEMENT CONSTRUCTED OR INSTALLED UNTIL IT HAS BEEN INSPECTED AND ACCEPTED.** It shall be the responsibility of the applicant for the permit to notify the Planning & Zoning Office (at least 24 hours in advance) that a Septic System or other permitted site activity is ready for all inspections. **UPON COMPLETION OF THE PROJECT, THE APPLICANT MUST CONTACT THE PLANNING & ZONING OFFICE FOR FINAL INSPECTION. CERTIFICATES OF COMPLIANCE WILL NOT BE ISSUED UNTIL SUCH TIME THAT THE FINAL INSPECTION HAS OCCURRED AND ALL PERMIT CONDITIONS AND INSPECTION REQUIREMENTS ARE SATISFIED.**

The undersigned acknowledges the above information and hereby permits Pine County Officials to enter upon the subject property during normal business hours for the purpose of such tests and inspections as may be appropriate for County Officials to process this permit application. If this permit application requires additional site visits, a fee of \$50 per additional visit will be applied.

Signature of Property Owner

Date

**Permit expire one year from issue date.

Revised 1/1/2014