



BUILDING PERMIT APPLICATION SEPTIC TANK/DRAINFIELD

Date _____

Permit _____

Site Address: _____ Suite/Unit _____

Tenant/Bldg Name: _____ Condominium No. _____

The Applicant is: Owner Contractor Other

Property Owner

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Contractor

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Mechanical Bond _____

System Designer

Name _____

Address _____ License # _____

City _____ State _____ Zip _____ Telephone _____

Type of Structure

- | | |
|--|---|
| <input type="checkbox"/> 01 Single Family Residential | <input type="checkbox"/> 45 Recreational, Amusement |
| <input type="checkbox"/> 02 Single Family Connected to Single Family | <input type="checkbox"/> 46 Other Non-housekeeping Shelter |
| <input type="checkbox"/> 03 Residential Garage | <input type="checkbox"/> 65 Industrial Buildings |
| <input type="checkbox"/> 30 Two Family Residential | <input type="checkbox"/> 70 Public Works and Utilities Building |
| <input type="checkbox"/> 31 Three-Four Family Residential | <input type="checkbox"/> 80 Public Schools |
| <input type="checkbox"/> 32 Multiple-Family Residential | <input type="checkbox"/> 81 Private Schools |
| <input type="checkbox"/> 40 Offices, Banks, Professional | <input type="checkbox"/> 85 Churches and Religious Buildings |
| <input type="checkbox"/> 41 Stores, Restaurants, Warehouse | <input type="checkbox"/> 88 Hospitals and Institutional Buildings |
| <input type="checkbox"/> 42 Hotels, Motels | <input type="checkbox"/> 93 Other Non-Residential Building |
| <input type="checkbox"/> 43 Parking Garage | <input type="checkbox"/> 95 Fences, Signs, Antennas |
| <input type="checkbox"/> 44 Service Stations and Repair Garage | <input type="checkbox"/> 96 Other Non-Building Structures |

Description of Work to be Done _____

Estimated Completion Date _____ / _____ / _____

Use of Principal Structure Residential Commercial

Type of System to be Installed Septic Tank

Drainfield

Garbage Disposal Yes No

Describe Location of Septic System _____

Separation Distance from Water Well _____ Feet (Required Distance, 50 feet min.)

I hereby apply for a septic tank, and drain field permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Elk River and with the Minnesota Health Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in case of all work which requires review and approval of plans.

_____/_____/_____
Applicant's Signature Date

Permit Fee \$ _____

Parcel number: _____ System status: Compliant Noncompliant
(as determined by this form)

Certificate of Abandonment

Date of observation: _____ Reason for observation: _____

Compliance questions/criteria: (Check the appropriate box)

To be in compliance, systems with no future intended use for sewage or clean water discharge must be abandoned in accordance Minn. R. 7080.2500 as determined below:

- Were all the solids and liquids removed from the system? Yes No
- Were all electrical devices and devices containing mercury removed? Yes No
- Were all underground tanks removed or tanks crushed and filled with soil or rock material? Yes No
- Were all underground cavities removed or filled with soil or rock material? Yes No

**Any "no" answers indicates the system is failing to protect ground water*

Property owner name(s): _____

Property address: _____

Property owner's address (if different): _____

County: _____ Phone: _____

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems (SSTS)**. This form does not have to be completed by a certified SSTS practitioner, but must be completed by the individual who has knowledge of how the system was abandon. Completed form must be submitted to the local unit of government within 90 days.

I hereby certify the system was abandoned in accordance with Minn. R. 7080.2500 and any local requirements.

Name: _____ Certification number: _____

Business license name and number: _____

Business address: _____

Signature: _____ Date of abandonment: _____