



Subsurface Sewage Treatment Permit Application

Department of Planning, Zoning, and Solid Waste
 1610 Hwy 23 N • Sandstone, MN • 55072
 (320) 216-4220 • (800) 450-7463 Ext 4220 • Fax (320) 216-4244

About: This application is used to apply for a Subsurface Sewage Treatment System Permit. For more information, see our website at: www.co.pine.mn.us
DESIGNS AND MANAGEMENT PLANS ARE REQUIRED

PROPERTY IDENTIFICATION NUMBER (PID) *PID is found on your Property Tax Statement*

*Primary PID																					Associated PID																				
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E.g. 01-1234-123. Primary PID: Parcel where Structure/SSTS are located. Associated PID: Additional and/or adjacent property that you own or that is related to the project.

Site Address: _____

OWNER

Property Owner																Owner #															
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Mailing Address																City						State						ZIP					
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Email _____

DESIGNER

Designer																Phone #															
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Mailing Address																City						State						ZIP					
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Email _____

INSTALLER

Installer																Phone #															
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Mailing Address																City						State						ZIP					
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Email _____

Type of Improvement	Number of Bedrooms	Water Use Devices in the Structure		
		Existing	Proposed	
New System <input type="checkbox"/>	Existing _____	Automatic Washer	<input type="checkbox"/>	<input type="checkbox"/>
Replace or Alter Existing System <input type="checkbox"/>	Proposed _____	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>
Residential Use	Total _____	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		

Contractor responsible for: Seeding & Mulching _____

Electrical Hookup _____

Proposed Sewage Treatment System

Proposed Sewage Treatment System			Fees (Check, Cash, Credit Card)	
Trench System <input type="checkbox"/>	Number of Tanks _____	Type I System <input type="checkbox"/>	Complete System	\$300 <input type="checkbox"/>
Mound System <input type="checkbox"/>	Tank Size(s) _____	Type II System <input type="checkbox"/>	Holding Tank or Privy	\$125 <input type="checkbox"/>
Bed System <input type="checkbox"/>		Type III System <input type="checkbox"/>	Add or Replace Tank	\$125 <input type="checkbox"/>
Holding Tank <input type="checkbox"/>	Reusing any existing tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No		Add or Replace Drainfield	\$175 <input type="checkbox"/>
Privy <input type="checkbox"/>			Late Fee (x2 of applicable fee)	\$ _____
Add/Replace Tank <input type="checkbox"/>	If yes, what size(s)? _____		TOTAL	\$ _____

-FOR OFFICE USE ONLY-

Date Received	Permit Fee	Permit #	
	Payment Method	Associated BSP or GF Permit #	
	Receipt	Notes:	



Subsurface Sewage Treatment Permit Site Sketch

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Draw and Label on Sketch (in feet)

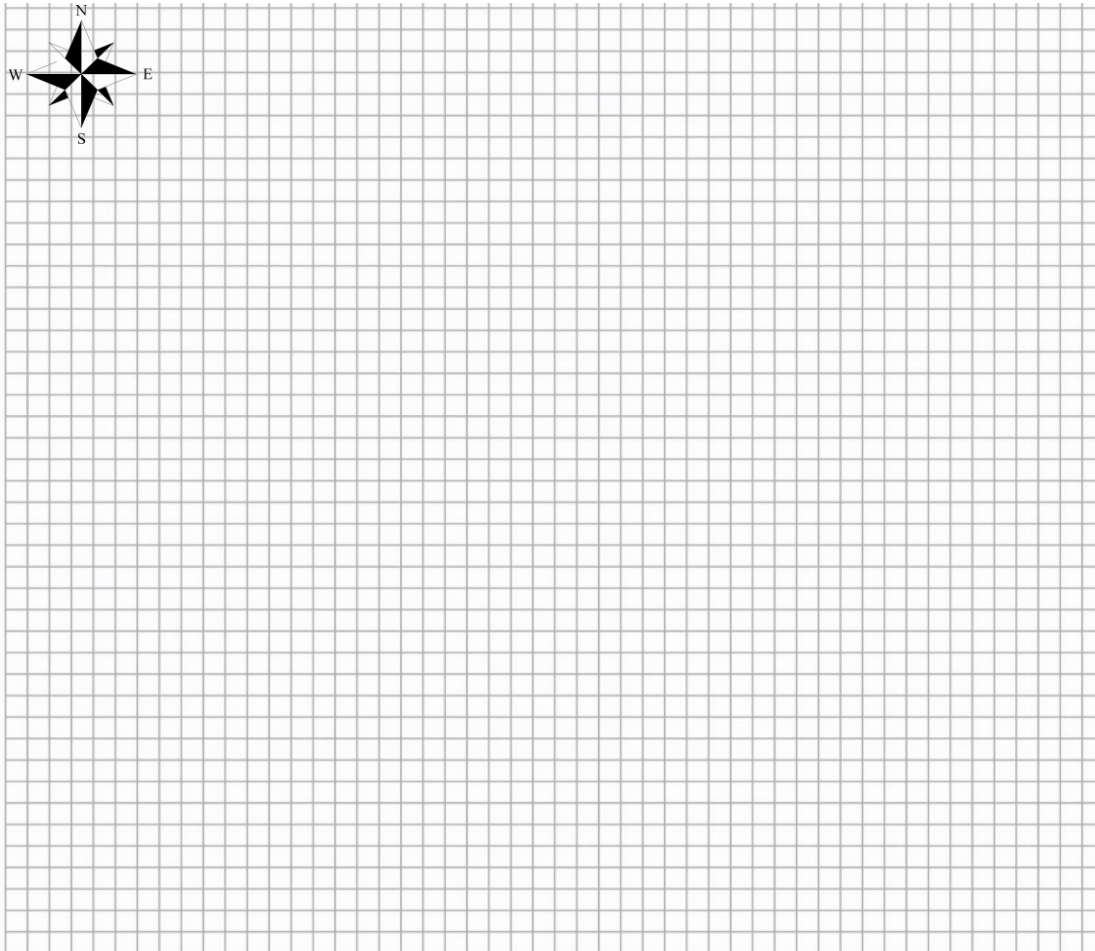
Distance of Proposed System to...

- Proposed & Existing Structures
- Proposed & Existing Water Supply
- Lakes or Streams
- Property Lines
- Road Right-of-Way
- Bluff or Steep Slopes
- Other Prominent Features

Also Include...

- Dimensions of lot
- Location and depth of water supply systems within 100' of sewage treatment system

Sewer Design Sheets MUST be attached



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.

*Applicant Name	*Applicant Signature	*Date
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