



## Septic (SSTS) Permit Application

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

### Location of the Project

Address  \_\_\_\_\_ City: \_\_\_\_\_ State MN Zip \_\_\_\_\_  
House # Street Name

Parcel #: \_\_\_\_\_ Township: \_\_\_\_\_ Section: \_\_\_\_\_ Twp #: \_\_\_\_\_ Range: \_\_\_\_\_

Road Type \_\_\_\_\_ Right-of-Way Width from Centerline \_\_\_\_\_ ft

### Legal Description

### Septic Information

Type: \_\_\_\_\_ Ex: Septic System, Holding Tank, Repair, Tank Replacement, Privy/Outhouse, Expansion or Added Component

New or Replacement \_\_\_\_\_

If replacement, how old is the existing septic \_\_\_\_\_

What building or land use will the septic serve?

Are you applying for a loan or grant? (ask staff whether you qualify) \_\_\_\_\_

If yes, attach loan or grant application.

### Applicant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address:  \_\_\_\_\_ City: \_\_\_\_\_ State: MN Zip: \_\_\_\_\_  
House # Street Name

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Land Owner Information: (Complete only if different from Applicant)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address  \_\_\_\_\_ City: \_\_\_\_\_ State: MN Zip: \_\_\_\_\_  
House # Street Name

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_

-- The installation of a new septic system or any modifications to an existing system shall be completed by a contractor licensed by the State of Minnesota or as allowed in Chapter 7080, Section 7080.0700, Subpart 1b. The completed system must be inspected and approved by the Redwood County Environmental Office staff.

-- PERMITS WILL NOT BE ISSUED UNTIL SEPTIC DESIGN IS APPROVED BY COUNTY STAFF

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only** \* The section below is to be filled out by the Environmental Office Staff

Date of Soil Inspection: \_\_\_\_\_ By: \_\_\_\_\_

Date of Receipt of Septic Design \_\_\_\_\_

Date of Design Approval \_\_\_\_\_ By: \_\_\_\_\_

Septic Permit Approved by: \_\_\_\_\_ Date: \_\_\_\_\_