

Date: _____

PERMIT # _____

**APPLICATION FOR A SEPTIC PERMIT
LAC QUI PARLE COUNTY, MINNESOTA**

Legal Description: _____ Permit Fee \$ _____

Section: _____ Twp. Number: _____ Range: _____ Twp: _____

Septic System: (NEW) or (REPLACEMENT) or (REPAIR)
(BUSINESS) or (RESIDENCE): _____

Number of Bedrooms: _____ Flow Volume/Gallons per Day _____

Number of Tanks: _____ Tank Gallon Size(s): _____

Type of Septic System Proposed: _____
(Trench Rock/Trench EZ Flow/Trench Chamber/Seepage or Pressure Bed/Standard Mound/
Alternative Mound/At Grade/Tank Only/Tank Only Repair)

Approximate Cost of the Septic System: \$ _____

Designer's Name: _____	Designer's License #: _____
Installer's Name: _____	Installer's License #: _____
Inspector's Name: _____	Inspector's License #: _____

Is Property in the Flood Plain? (YES) (NO)

Applicant Name: _____ Address: _____

Property Owner: _____

I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Lac qui Parle County, MN. I further agree that any plans and specifications submitted herewith shall become a part of the permit application. I also understand that this permit is valid for a period of twelve months.

Phone: _____

Office Use Only	
Approved: _____	Denied: _____
Date: _____	
Reason Denied: _____	

Signature: _____