

Date: _____

Permit #: _____ Permit Fee: _____

APPLICATION FOR A SEPTIC PERMIT LAC QUI PARLE COUNTY, MINNESOTA

Property owner: _____

Location information

Township: _____ Section: _____ Quarter section: _____

Twp #: _____ Range: _____ Parcel ID: _____

Property Address: _____ City: _____

Floodplain: Yes No

Septic system information

1. Septic system is: New Replacement Repair
2. Septic system is for: Residence Business Other
3. Number of bedrooms: _____ 4. Flow volume (gpd): _____
5. Number of tanks: _____ 6. Tank/compartment sizes: _____

7. Type of septic system proposed: _____
(Mound, at-grade, pressure bed, trench rock, trench chambers, trench ez-flow holding tank, tank repair only)
8. Approximate cost of septic system: _____
9. Designer's name: _____ License #: _____
10. Installer's name: _____ License #: _____
11. Planned installation date: _____

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, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of the permit application. I understand that this permit is valid for a period of twelve months.

Office use only

Approved: _____ Denied: _____

Date: _____

Reason denied: _____

Applicant name: _____ Applicant signature: _____