Pennington County Septic System Permit Application Pennington SWCD 201 Sherwood Avenue S Thief River Falls, MN 56701 Phone (218) 683-7075 Email: peter.nelson@pennington.mnswcd.org



Applications for the grant will be scored annually based on criteria below

Property Owner Name			Address		
Phone			City, State, Zip		
Township	Section	Range	Qtr./Qtr.	Lot Size/Acres	
Structure Characteristics         # of Bathrooms         # of Bedrooms         Basement with bathroom? Yes			Licensed Sept	Licensed Septic System Inspector and License Number	
<ul> <li>Application Requirements and Scoring Criteria:</li> <li>A septic system inspection is required prior to the application ranking</li> <li>Grant funding is for homesteaded single-family homes or duplexes</li> <li>Must meet low-income guidelines approved by the SWCD Board A site visit will be conducted by the Pennington SWCD and the application ranked based on the following criteria:</li> </ul>					
<ul> <li>Income Level (Adjusted Gross Income)         <ul> <li>Low - 30</li> <li>Moderate - 20</li> <li>Grant Income Limit - 10</li> </ul> </li> <li>Septic Compliance Status</li> </ul>					
Imminent Threat to Public Health and Safety - <b>30</b> Failing to Protect Groundwater - <b>15</b> • <u>Distance to Legal Ditch or Public Water</u> 0 - 100 feet - <b>20</b>					
<ul> <li>101 - 300 feet - 10 301 - 500 feet - 5</li> <li>Is the septic system in a priority watershed (Black River)?</li> </ul>					
<ul> <li>Yes - 10 No - 0</li> <li>Does the existing septic system meet the MN Dept. of Health setbacks? Yes - 0 No - 10</li> </ul>					
<b>TOTAL POINTS</b> Note: In the event of a tie in application points, the priority goes to the system that is first a public health threat then the candidate with the lower adjusted gross income on their most recent tax return.					
I hereby apply for the Pennington SWCD Septic System Upgrade Grant, and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the Ordinance of Pennington County, Grant Program Requirements, and with all applicable State Codes; that I understand this is only an application for cost-share assistance to upgrade the septic system, and not all applications may be funded through the program; and work will be in accordance with the approved design. I also understand that by submitting this application, I am consenting to allow the Pennington SWCD to inspect and verify that all information in the application is complete and correct; and to conduct site visits before, during, and after construction for compliance with the Pennington County Sewage and Wastewater Treatment Ordinance.					
Signature of Applicant Date					

Application Approved \_\_\_\_\_ Application Received \_\_\_\_\_ Compliance Inspection \_\_\_\_\_ Copies Sent to Owner \_\_\_\_