Form 2 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



| Property Owner Name Designer, Phone # Installer, Phone # Inspector, Phone #                                   |                  | Address         License #         License #         License # |                                       |                                    |   |       |                                |
|---|------------------|---|---------------------------------------|------------------------------------|---|-------|--------------------------------|
|   |                  |   |                                       | Project Type                       | System Informa  | ntion | Soil Observation               |
|   |                  |   |                                       | New<br>Replacement                 | Number of new tanks         Tank Size (gallons)         Design Flow (GPD) |       | Soil Type (NRCS soil map unit) |
|   |                  |   |                                       | Repair<br>New Tank<br>Holding Tank |   |       | Pit<br>Boring                  |
| Pressure Bed<br>Residential   |                  |   | Periodically saturated soil at inches |                                    |   |       |                                |
| Other Establishment<br>Old system abandoned? Yes No   |                  |   | below natural grade.                  |                                    |   |       |                                |
| System Type (Alternative Local Standard with 2  | 2 ft separation) | Standard Syste  | m (3 ft separation)                   |                                    |   |       |                                |
| Chamber Trench  |                  | Chamber Trench  |                                       |                                    |   |       |                                |
| Rock Trench   |                  | Rock Trench   |                                       |                                    |   |       |                                |
| At-Grade  |                  | At-Grade  |                                       |                                    |   |       |                                |
| Mound   |                  | Mound   |                                       |                                    |   |       |                                |
| Pressure Bed  |                  | Pressure Bed  |                                       |                                    |   |       |                                |
| Other (specify)   |                  | Other (specify)   |                                       |                                    |   |       |                                |
| Is there room for at least two (2) drainfields?<br>Yes No   |                  | Water Supply<br>Public  |                                       |                                    |   |       |                                |
| Lot must have room for 2 drainfields. Only 1 trench system per<br>Must meet MN Dept. of Health well setbacks. | l acre.          | Private Well  | Depth if known                        |                                    |   |       |                                |

The following documents must be included: (signed and dated) Site Evaluation System Design\* Sketch of Site 2 Soil Verifications \*Design MUST be submitted to SWCD staff for approval BEFORE excavation!

- o Attach detailed reports, designs, and plans.
- Permit will be **denied** if required information is missing.
- Certificate of Compliance or Noncompliance must be provided to the property owner and Pennington SWCD within **15 days** of inspection.

| I hereby certify with my signature that all data on this form and attachments are true and correct to the best of my knowledge and that the |
|---|
| work will be in conformance with the Sewage and Wastewater Treatment Ordinance of Pennington County.  |
|   |

Date

Application #