

Septic Permit – Application/Certification

Clay County Planning &
Environmental Programs
Environmental Health Services
715 North 11th Street
Suite #303
Moorhead, MN 56560
Tel (218) 299-5004
claycountymn.gov

Owner	_____	Parcel # _____
Mailing Address	_____	Permit # _____
City	_____	Date Submitted _____
State, Zip	_____	
Day Phone	_____	Fee: <u>\$150.00</u>
Cell Phone	_____	
Property Address	_____	
Subdivision	_____	Twp _____ Rng _____ Section _____
Legal Description	_____	

Applicant	<input type="checkbox"/> Applicant Same as Owner	
Name	_____	
Address 1	_____	
Address 2	_____	
City	_____	
State, Zip	_____	
Day Phone	_____	Cell Phone _____

Existing Septic System Installer: _____

Years Installed: _____

In the past two years, have any of the following occurred:

Check appropriate sewer system components and indicate locations on site sketch.

Tanks:

- Septic Tank
- Aerobic Tank
- Pump Tank
- Other

Soil Treatment System:

- Rock Trench
- Gravelless Pipe Trench
- Chamber Trench
- Seepage Bed
- Mound
- At Grade
- Holding Tank
- Other

Number of Septic Tanks: _____

- Flow Meter
- Event Counter
- Water Meter
- Effluent Filter

- Backing up into the house via toilets, showers, wash tubs, drains?
- Septic tank overflowing to ground surface?
- Moist mushy ground or effluent surfacing along the Drainfield?

When was the septic tank, and/or lift station last pumped? _____

Does the homeowner, realtor, or other representative wish to be present at the time of inspection? Yes

If yes, Name: _____

Phone #: _____

(Scheduling may delay inspection)

Attachments: A map, sketch or other scale drawing of the septic system showing position, length depth, and orientation of the system to the house must be included with this request. Please attach a map showing directions to the property and any forms required by other agencies or lending institutions.

I hereby certify the above information to be correct and accurate to the best of my knowledge, and that I do not hold Clay County or its employees responsible for any damages, costs or claims resulting from any approvals, judgments, opinions, or findings issued upon completion of this inspection.

PROPERTY OWNER OR AUTHORIZED REPRESENTATIVE _____ Date _____

Description of work: _____ Comments:

Type of system: _____

Installer / MPCA License #: _____

Shoreland

All information required can be obtained from either the present owner, previous owner(s) or the system installer

Requesting Source: _____

Billing Address: _____

City, State, Zip: _____

Phone #: _____

Water Using Appliances:

Water Softener Washing Machine Dishwasher

Grinder / Sump Pump Garbage Disposal

House Information:

Year Constructed _____

Number of Bathrooms: _____

Number of Bedrooms: _____

Square Footage: _____

Well Depth: _____

Septic System:

New Remodel

Should County pick up water sample for testing? (\$8.00 pickup fee)

Agreement: The undersigned hereby applies for permit to install, alter or repair the sewage treatment system herein specified, agreeing to do all such work in strict accordance with the ordinances of Clay County and the State of Minnesota. APPLICANT FURTHER AGREES TO ATTACH RELEVANT PLANS, PLOTS, SKETCHES AND SPECIFICATIONS, AND THEY SHALL BECOME PART OF THE PERMIT AND ANY VARIATION FROM THESE PLANS WITHOUT WRITTEN PERMISSION FROM PERMITTING AUTHORITY SHALL INVALIDATE SAID PERMIT.

Policy: Issuance of permits, approval by inspection, nor any other approval and/or certification of compliance issued or requested shall be construed to represent a guarantee or warranty of a sewage treatment system's operation or effectiveness of that treatment.

ALL APPLICATIONS FOR PERMITS MUST BE ACCOMPANIED BY COMPLETE SITE EVALUATION DATA AS DEEMED RELEVANT BY PERMITTING AUTHORITY.

Installer is responsible for notification for system inspection at least 24 hours prior to system being covered.

I have read and agree to the conditions as specified above.

Signature of Applicant _____ Date _____

Note: Application must be filled out in its entirety before a permit is issued. Make checks payable to Clay County Treasurer.