

**WESTERN U.P. HEALTH DEPARTMENT CONSTRUCTION  
APPLICATION FOR SEWAGE TREATMENT SYSTEM**

Fees: \_\_\_\_\_ Date: \_\_\_\_\_ Permit #: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_ Rec'd by: \_\_\_\_\_ Property Tax ID: \_\_\_\_\_

Owner Name		Directions to Property					
Mailing Address							
City, State, Zip							
Phone #							
County	Township	Quarter Sections ¼	¼	¼	Section	Twp#	Range #
A. System Serves:		<input type="checkbox"/> Single Family Residence		<input type="checkbox"/> Commercial Establishment			
B. This is a :		<input type="checkbox"/> New System		<input type="checkbox"/> Replacement System			
C. This application is for a:		<input type="checkbox"/> Drainfield		<input type="checkbox"/> Septic Tank		<input type="checkbox"/> Privy	
Licensed Installer		Phone #		Proposed Construction Date			
Number of Bedrooms _____		Type of Terrain _____					
Type of Tank _____		Size of Tank _____		Garbage Disposal Proposed <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Applicants Signature**

**Date**

Not a valid permit unless signed by applicant & Health Department

**(Health Department Use Only) - Sewage System Construction Requirements & Permit Conditions**  
 (All conditions marked with a "X" are required)

- Refer to Site Evaluation Report dated \_\_\_\_\_ and attached Sewage System Layout diagram for construction specifications. Maintain isolation and specification requirements of the Superior Environmental Health Code, and Technical Manual.
- Effective 02-01-15, All new septic tanks shall have watertight inlet and outlet access ports that are 12 to 24 inches in diameter, watertight risers to the ground surface, secure watertight riser lids, and an effluent filter in addition to a baffle at the tank outlet.
- See attached approved variance. Signed variance documents attached.
- Special Design Requirements:

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- Final inspection required prior to final covering. Notify health department 24 hours prior to completion.

Depth to limiting Layer: \_\_\_\_\_ Amount of Sand Fill: \_\_\_\_\_ Septic Tank Capacity \_\_\_\_\_ Gallons

Square Feet of Absorption Area: \_\_\_\_\_ Bed \_\_\_\_\_ Trench \_\_\_\_\_ Mound \_\_\_\_\_

- Site Evaluation Attached**

\_\_\_\_\_  
 Sanitarian Issue Date Expiration Date

**PROVIDE SITE LAYOUT ON BACK**

## Sewage System Site Layout

- Include:
- a) Property lines/dimensions, building(s), well and sewage system location
  - b) Distances to sewage system, neighboring well/sewage systems, streets, roads, bodies of water.

