

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

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

Owner Name	Site Address:			
Mailing Address:				
City, State, Zip:	County:			
Phone #	Township	Section	Twp#	Range #
A. System Serves:	Single Family Residence	Two Family Residences		
B. Type:	New System	Replacement System		
C. Components:	Absorption System	Septic Tank / Pump Tank		
	Alternative Engineered System			
Licensed Installer	Phone #	Proposed Construction Date:		
Number of Bedrooms: _____	Garbage Disposal: <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 attached Site Evaluation Report and Site Diagram dated _____ and attached Sewage System Layout diagram for construction specifications. Sewage system shall be installed in accordance with the specification requirements of the Superior Environmental Health Code, and the Technical Manual.

____ Maintain all isolation distances: Septic tank, absorption system, and force main shall be located a minimum of 50 feet from residential water wells, 75 feet from public non-community water wells, 200 feet from community water wells, 10 feet from property lines, 25 feet from foundation footing drains, 10 feet from water lines and property lines, 20 feet from steep embankments, and 75 feet from surface water (lake, stream/river, impounded surface water wetlands).

____ 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. A secondary safety device is required if the original septic tank cover is removed.

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

____ See attached approved variance.

____ Special Design Requirements:

Depth to limiting Layer: _____ in. Minimum Sand Fill Above Grade: _____ in. OR Maximum Depth Below Grade: _____ in.

Septic Tank _____ gallons Pump Tank _____ gallons Absorption Area: _____ ft² Bed Trench Mound

Environmental Health Sanitarian

Issue Date

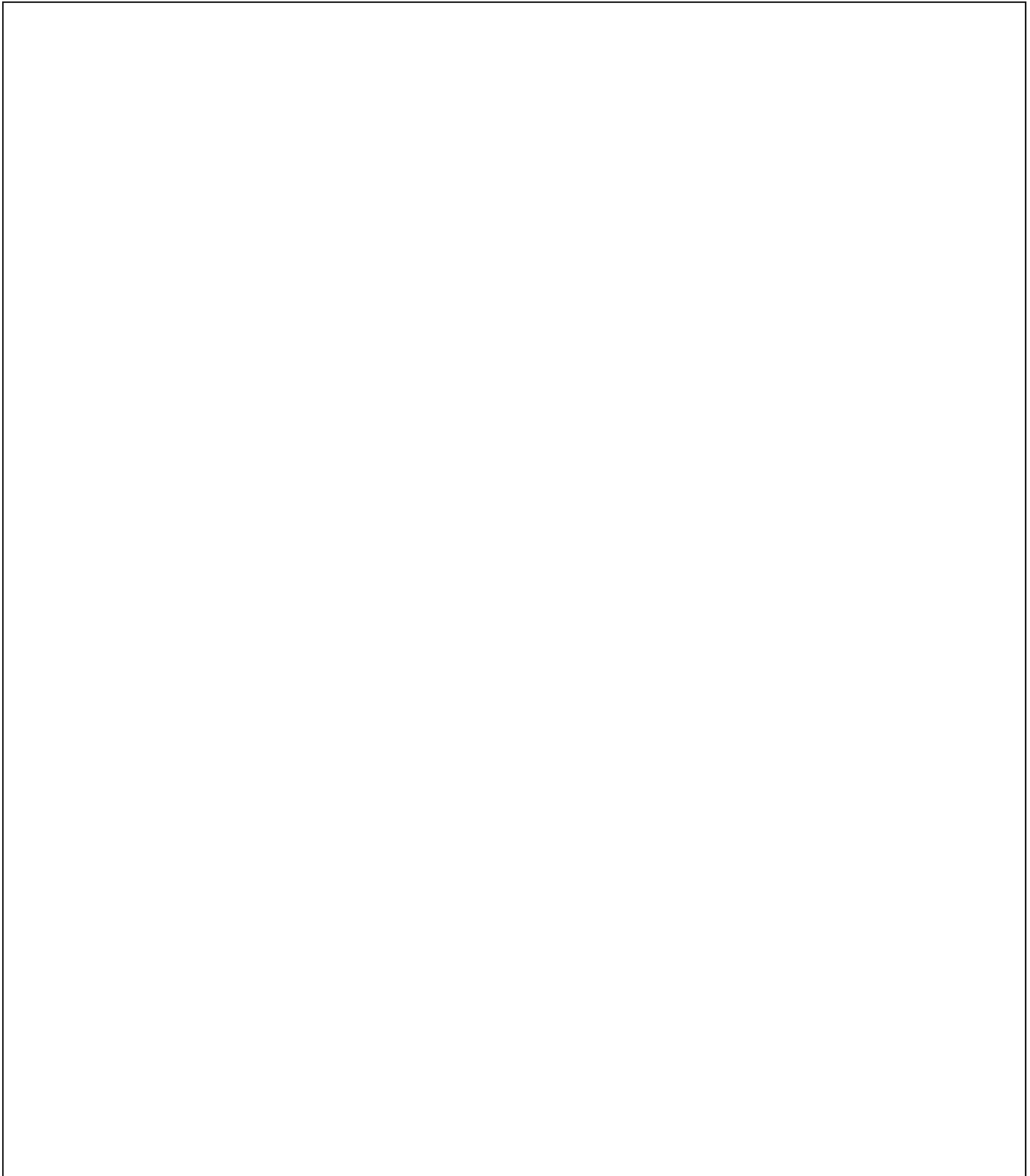
Expiration Date

Owner Name: _____

Permit No: _____

Sewage System Site Layout

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

A large, empty rectangular box with a thin black border, intended for the user to draw the site layout for the sewage system. The box occupies most of the lower half of the page.