

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:	<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Two Family Residences		
B. Type:	<input type="checkbox"/> New System	<input type="checkbox"/> Replacement System		
C. Components:	<input type="checkbox"/> Absorption System	<input type="checkbox"/> Septic Tank / Pump Tank		
	<input type="checkbox"/> 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

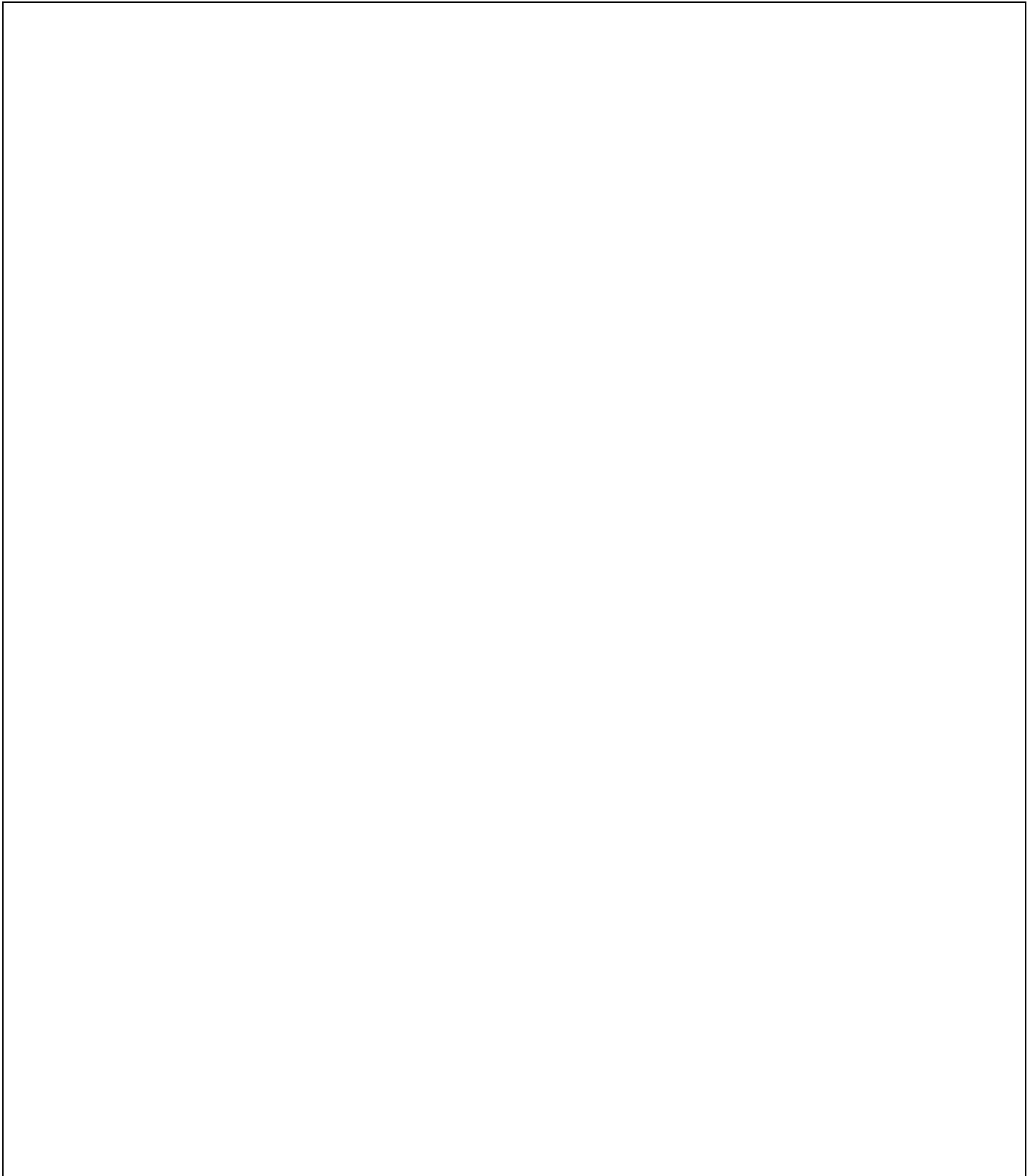
Expiration Date

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 sewage system site layout. The box occupies most of the lower half of the page.