

APPLICATION FOR SEPTIC PERMIT



Inspectron, Inc.
 15120 Chippendale Ave. Suite 202
 Rosemount, MN 55068
 Phone: 651-322-6626 or 800-322-6153
 Fax: 651-322-7580

Permit # _____

Date Received: _____

Please print all information

Property Owner Name: _____
 (Last Name, First Name)

Address: _____
 (Street or Box, City, State, Zip Code)

Site Address: _____

City or Township: _____ Property Identification Number(PIN) _____

COPY OF SITE EVALUATION AND SYSTEM DESIGN MUST BE ATTACHED

Designer: _____
 Name Address Telephone State License #

Installer: _____
 Name Address Telephone State License #

SYSTEM INFORMATION

Building Use

- Residential
- Non-Residential

Type of Improvement

- New System
- Replacement System
- Alteration or Repair of Existing System
- Abandonment
- Tank Replacement Only

System Type

- ___ Trench/Rock
- ___ Trench/Chamber
- ___ Pressure Beds
- ___ Mound
- ___ At Grade
- ___ Trench/EZ Flow

Type of System

- Type I Standard
- Type II Holding Tank
- Type III Chamber or SB2 Pipe
- Type IV Advanced
- Type V Performance

Building Information

- ___ Number of Bedrooms
- ___ Future Bedrooms
- ___ Solids Grinder/Bsmt
- ___ Garbage Disposal
- ___ Dishwasher

- ___ System Gallons per day
- ___ Number of New Tanks Installed
- ___ Number of Existing Tanks
- ___ Total Number of Tanks

REQUIRED SETBACKS – Check all that apply

- Property Lines
- Occupied Building
- Recreation Lake or Tributary Creek
- All Other Shorelands
- Buried Pressure Distribution Water Pipes
- Well (50' + of casing or 10' of impervious material)
- Well (not meeting above specifications)

Septic Tank

- 10 Feet
- 10 Feet
- 75 Feet
- 150 Feet
- 10 Feet
- 50 Feet
- 50 Feet

Drainfield

- 10 Feet
- 20 Feet
- 75 Feet
- 150 Feet
- 10 Feet
- 50 Feet
- 100 Feet