

Pennington County Septic System Permit Application

To be Completed by a Licensed Designer

Pennington SWCD
 201 Sherwood Avenue S
 Thief River Falls, MN 56701
 Phone (218) 683-7075
 Email: peter.nelson@pennington.mnswcd.org



For Office Use
 Application # _____

Property Owner Name		Address	
Designer		License #	
Phone #			
Installer		License #	
Phone #			
Inspector		License #	
Phone #			
Project Type		System Information	Soil Observation
<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Repair <input type="checkbox"/> New Tank <input type="checkbox"/> Holding Tank <input type="checkbox"/> Pressure Bed <input type="checkbox"/> Residential <input type="checkbox"/> Other Establishment Old system abandoned? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of new tanks _____ Tank Size (gallons) _____ Design Flow (GPD) _____	Soil Type (NRCS soil map unit) _____ <input type="checkbox"/> Pit <input type="checkbox"/> Boring Periodically saturated soil at _____ inches below natural grade
System Type (Alternative Local Standard with 2 ft separation)		Standard System (3 ft separation)	
<input type="checkbox"/> Chamber Trench <input type="checkbox"/> Rock Trench <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound <input type="checkbox"/> Pressure Bed <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Chamber Trench <input type="checkbox"/> Rock Trench <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound <input type="checkbox"/> Pressure Bed <input type="checkbox"/> Other (specify)	
Is there room for at least two (2) drainfields?		Water Supply	
<input type="checkbox"/> Yes <input type="checkbox"/> No Lot must have room for 2 drainfields. Only 1 trench system per 1 acre. Must meet MN Dept. of Health well setbacks.		<input type="checkbox"/> Public <input type="checkbox"/> Private Well Depth if known _____	

The following documents must be included: (signed and dated)

Site Evaluation System Design* Sketch of Site 2 Soil Verifications

*Design MUST be submitted to SWCD staff for approval BEFORE excavation!

- Attach detailed reports, designs, and plans.
- Permit will be **denied** if required information is missing.
- Certificate of Compliance or Noncompliance must be provided to the property owner and Pennington SWCD within **15 days** of inspection.

I hereby certify with my signature that all data on this form and attachments are true and correct to the best of my knowledge and that the work will be in conformance with the Sewage and Wastewater Treatment Ordinance of Pennington County.

 Signature of Designer

 Date