

**APPLICATION FOR PERMIT TO INSTALL
SEWAGE TREATMENT SYSTEM
County of Sibley
Gaylord, MN 55334**

Date _____ P.I.D. No. _____ Application Fee \$ _____ Permit No. _____

LEGAL DESCRIPTION OF PROPERTY: _____

Property Address _____
Street City

Township _____ Range _____ Section _____

Zoning District: _____ Treatment System: (New) _____ (Replacement) _____ (Other) _____

Designer: _____ Reg.No. _____ Address: _____ Phone _____
Email: _____

Installer _____ Reg.No. _____ Address: _____ Phone _____

Number of Tanks _____ Email _____

Type of dwelling or structure served by treatment system: _____

Number of bedrooms: _____ Size of Septic tank: _____ gals. Size of Pump tank: _____ gals. Well to septic tank: _____ ft.

Type of treatment system: mound _____ atgrade _____ pressure bed _____ trench _____ other _____

****If pump & alarm SYSTEM IS NOT hooked up at end of installation the contractor or home owner is responsible for testing of the alarm and pumps****

****If a change of design form is needed after the permit is issued an additional fee of \$50 will be Invoiced to the Contractor****

AGREEMENT: The undersigned hereby makes application for permit to install or extend Sewage Treatment System herein specified, agreeing to do all such work in strict accordance with ordinances of the County of Sibley, Minnesota and Minnesota Individual Sewage Treatment Systems. Standards set further agrees that no part of the system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the following Inspector that the job is ready for inspection. I also understand that this permit is valid for a period of 1 year from date of issue.

All Inspections Required to Obtain a Certificate of Compliance

Receipt #

Inspections:

- 1st**
- ___ Soil Verification
- 2nd**
- ___ Tanks
- ___ Rough-up
- ___ Rock bed & Piping
- 3rd**
- ___ Pump Alarm
- ___ Pump Out Receipt
- ___ As Built
- ___ Final

Mid-MN Septic

Robert Billiet
22517 Tagus Avenue
Hutchinson, MN 55350

(320) 234-7222
or

1-888-495-6673

(Inspections need 24 hours notice)

Signature of Applicant

Property Owner

Street City State Zip

Telephone: _____

Email: _____

PERMIT FOR CONSTRUCTION

Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon the condition that the person to whom it is granted, and his agents, employees and workmen shall conform in all respects to ordinances of Sibley County, Minnesota. This permit may be revoked at any time upon violation of any said ordinance.

Date: _____ Signed: _____

Inspector