

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

____ System Gallons per day

____ Number of New Tanks Installed

____ Number of Existing Tanks

____ Total Number of Tanks

Building Information

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

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 casting 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