

Town of Silver Creek
 Land Use Department
 1924 Town Road
 Two Harbors, MN 55616
 (218-834-5255)

**TOWN OF SILVER CREEK INDIVIDUAL SEWAGE
 TREATMENT SYSTEM APPLICATION**

Permit # _____

PLEASE COMPLETE IN INK

A. GENERAL INFORMATION

Applicant's Name		Authorized Agent (if applicable)	
Mailing Address (Street, RFD, Box #, City, State, Zip Code)		Location address (if different from mailing address)	
Day Phone	Property ID# (located on tax statement, REQUIRED)	Installing Contractor	

B. PROPERTY DESCRIPTION

Legal Description	Qtr/Qtr	Section	Township	Range	Govt Lot#
Lake/River	Access Road	Acreage		Erosion Hazard Area <input type="checkbox"/> Yes <input type="checkbox"/> No	

C. SINGLE FAMILY RESIDENTIAL

Water Use – Classification: <input type="checkbox"/> Type I <input type="checkbox"/> Other (specify) _____ _____ # of bedrooms served by system _____ # /Type Water Using Devices _____ Garbage Disposal? <input type="checkbox"/> Yes <input type="checkbox"/> No Foundation drain separate from system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Well Information: _____ Unique Well # _____ Well Depth _____ Casing Length Building Sewer/Effluent Pipe: Where sewage and effluent pipe exceed 100 feet in length, required cleanouts will be installed. Cleanout type: _____
Septic Tank: (Sizing Calculations <u>MUST</u> be submitted) <input type="checkbox"/> New <input type="checkbox"/> Existing _____ # of tanks _____ Volume of tanks _____ #/Volume of compartments	

D. OTHER THAN SINGLE FAMILY RESIDENTIAL (COMMERCIAL)

Water Use: GPD _____ Maximum _____ Average _____ Metered GPD (attach log)	Well Information: _____ Unique Well # _____ Well Depth _____ Casing Length
Septic/Dosing Tanks/Pumps: (Sizing Calculation <u>MUST</u> be submitted) _____ # of Septic Tanks _____ Tank Volumes _____ #/Volume of compartments _____ # of inspection pipes _____ Dosing tank capacity _____ Dose Volume _____ Pump size Dual Pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ # of Spare Pumps _____ Alarm type	

COMPLETE REVERSE SIDE

E. Drainfield Design (All Systems)

Soil Percolation/Ground water Separation

_____ Percolation Rate (attach test) _____ Soil Sizing Factor
 _____ Depth to Water Table/Mottled Soil _____ Depth to Bedrock
 _____ Depth to Natural Soil (from rock cell) _____ % Slope

Treatment System (Calculations MUST be submitted)

Trench System Dimensions:
 _____ # of trenches _____ Ind. Trench length _____ Trench width
 _____ Inches rock under pipe _____ Trench rock cover type _____ Diameter of gravelless pipe

Mound System Dimensions:
 _____ Rock cell width _____ Rock cell length _____ Drainfield Cover Type
 _____ Base Width _____ Base Length _____ Down slope width

Experimental System: Type _____

Experimental System Release Form Signed Yes No

F. Applicant & Installer Signatures

As a property owner, I declare I have reviewed the above application and declare the information provided to be correct. I further understand my responsibility to minimize water use and to have the septic tank(s) inspected and normally cleaned at least once every three years to minimize the solids accumulation (retaining proper receipts is suggested).

SIGNATURE OF OWNER OR AGENT

DATE

As installing contractor, I declare that all materials, design, construction and workmanship will be supplied in accordance with Minnesota Rules Chapter 7080 and the standards adopted by Lake County. This permit will be available at the work site during construction. If any modification is proposed, approval of Town of Silver Creek Land Use Office shall be obtained before initiation. I shall notify the Town of Silver Creek Land Use Office one work day preceding the day inspection/s are desired, providing the permit number and directions to the site.

SIGNATURE OF INSTALLER

DATE

**G. Sketch Plan (All applicants, fill out sketch plan that is attached)
 Application is incomplete without adequate sketch plan.**

Office Use Only:

Permit #: _____ Fee Paid: _____
 Date of Issue: _____ Issued by: _____ Receipt #: _____

REMARKS: **As-built must be submitted to inspector prior to completion of final inspection.**

THIS PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE