

Septic System Permit Application

TWO COPIES OF PLANS REQUIRED

Job Site/Owner Information		
Job Site Address	JOB VALUATION \$	
Property Owner		
Property Owner Home/Cell Phone Number		
Property Owner Address (if different than job site)		
Contractor/Applicant Information		
Business Name	State License Number	Expiration Date
Contact Name		MPCA License No.: _____
Business/Contact Office/Cell Phone Number		
Business Address		
City/State/Zip		
√	Description of Work	
	New	
	Replacement	
	Repair Tanks	
	Repair Drain Field	
	Demolition	Number of Tanks
√	Description of Tanks	
	Precast Concrete	Number of Tanks:
	Fiberglass	Number of Tanks:
	Plastic	Number of Tanks:
	Other (list manufacturer)	
	Other	Number of Tanks:
√	Type of Treatment System	
	Trenches – Sq. Ft. =	
	Mound – Sq. Ft. =	
	Gravelless – Sq. Ft. =	
	Chamber – Sq. Ft. =	
√	Final Cover/Top Soil	
	to be borrowed from the site	
	to be brought in (amount)	
	construction spoil	

SEPTIC SYSTEM PERMIT APPLICATION

- Permits will be issued to contractors holding a Minnesota Pollution Control Agency (MPCA) Septic Installers License/homeowners.
- All work must be done in accordance with the approved septic system design.
- MPCA licensed Installers or their Designated Responsible Person shall be present during all inspections.
- The following inspections will be required for all septic systems:
 - A. Tank installation prior to covering.
 - B. Drainfield trench installation prior to covering. For mounds, inspection is required after rough up, but prior to sand placement
 - C. Final inspection to verify final cover depths and to verify that all pump station (where required) components are functional and comply with codes.

Metro West Inspection Services reviews all plans and conducts inspections of the work.

To arrange inspections call Metro West Inspection Services at **763-479-1720.**

A 24 hour notice may be required for all inspections.

The undersigned hereby applies to the City of Woodland for issuance of a septic system installation permit, agrees to do all the work in strict accordance with ordinances of the City and regulations of the State of Minnesota and certifies that all statements made on this application are complete, true and correct.

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____

CITY OF WOODLAND

Prior to obtaining a permit in the City of Woodland to install, construct, pump or clean or repair a septic system, the following information must be submitted.

SECTION 310 CONTRACTORS FOR SEWAGE TREATMENT SYSTEMS

Section 310.01 Contractor's License.

Subd. 1. License Required. No person may engage in the business of installing, constructing, upgrading, inspecting, pumping or cleaning sewage treatment systems within the City without first obtaining a license from the State of Minnesota in accordance with state law.

State License # _____

Subd. 2. Insurance. Applicants must file with the Clerk a policy of public liability and property damage insurance which will remain in force and effect during the entire term of the license. Public liability insurance will not be less than \$500,000 for injury to person, \$50,000 for injury to property, and \$500,000 for any single occurrence.

Insurance certificate provided _____ (Copy attached)

Subd. 3. MPCA Certificate. Applicants shall hold a current "Individual Sewage Treatment Systems Certificate" issued by the Minnesota Pollution Control Agency. Applicants holding a 'provisional' certificate shall be subject to staff review of the applicant to determine their competence.

Copy of ISTS Certificate # _____ (Copy attached)

Subd. 4. Reporting. Each sewage treatment systems contractor completing any pumping, construction, relocation or repair work performed within the City, will provide monthly a report to the City covering any such work done in the previous month, identifying the property, the property owner or other person contracting for the work, and describing the work performed. Any report with respect to pumping shall also include all of the information required under Section 705.06, Subd. 3(d). Each licensed contractor who pumps or otherwise performs any work with respect to a system in the City shall also check to see that its baffles are in proper position, and will, in such report, notify the City with respect to any systems which are discovered by the contractor not to be in proper working order.

CITY OF WOODLAND
LICENSE INFORMATION
(No License Fee)

Business Name Licensed to perform ISTS work

Business Address _____

City _____ Zip _____ Phone _____

I certify that the information provided to the City is true and correct to the best of my knowledge:

Signature _____ Date _____

Applicant's name _____

PRINT

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW COVERAGE**

(THIS FORM MUST ACCOMPANY LICENSE OR PERMIT APPLICATION)

- Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.
- This information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Full Name		
(Last)	(First)	(Middle)
Doing Business As (business name if different than your name)		
Business Address		
(Address)	(City, State)	(Zip Code)
Phone Numbers		
(Business)	(Cell)	(Fax)
I am not required to have workers' compensation liability because:		
<input type="checkbox"/> I have no employees.		
<input type="checkbox"/> I am self-insured (include permit to self-insure).		
<input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees).		
I certify that the information provided above is accurate and complete:		
(Signature)	(Date)	

OR

Insurance Company Name (not the insurance agent)	
Policy Number	
Dates of Coverage	
I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.	
(Signature)	(Date)