



## Septic System Permit Application

Date Received \_\_\_\_\_

Permit Fee \_\_\_\_\_

Permit Number \_\_\_\_\_

| <b>Job Site/Owner Information</b>   |                                 |                  |
|---|---------------------------------|------------------|
| Job Site Address  |                                 | JOB VALUATION \$ |
| Property Owner  |                                 |                  |
| Property Owner Home/Cell Phone Number   |                                 |                  |
| Property Owner Address (if different than job site)   |                                 |                  |
| <b>Contractor/Applicant Information</b>   |                                 |                  |
| Business Name   | State License Number            | Expiration Date  |
| Contact Name:   | MPCA License No.:               |                  |
| Contact Phone Number  | Contact Email                   |                  |
| Business Address  |                                 |                  |
| City/State/Zip  |                                 |                  |
| <input type="checkbox"/> Certificates of Liability Insurance (minimum \$500,000) and Workers Compensation are required with this application. |                                 |                  |
| <input checked="" type="checkbox"/>   | <b>Description of Work</b>      |                  |
|   | New System                      |                  |
|   | Replacement Tanks               |                  |
|   | Repair Tanks                    |                  |
|   | Repair Drain Field              |                  |
|   | Abandonment/Demo                | Number of Tanks: |
| <input checked="" type="checkbox"/>   | <b>Description of Tanks</b>     |                  |
|   | Precast Concrete                | Number of Tanks: |
|   | Fiberglass                      | Number of Tanks: |
|   | Plastic                         | Number of Tanks: |
|   | Other (list manufacturer)       |                  |
|   | Other                           | Number of Tanks: |
| <input checked="" type="checkbox"/>   | <b>Type of Treatment System</b> |                  |
|   | Trenches – Sq. Ft. =            |                  |
|   | Mound – Sq. Ft. =               |                  |
|   | Gravel less – Sq. Ft. =         |                  |
|   | Chamber – Sq. Ft. =             |                  |
| <input checked="" type="checkbox"/>   | <b>Final Cover/Top Soil</b>     |                  |
|   | Borrowed from the site          |                  |
|   | Brought in (amount)             |                  |
|   | Construction spoil              |                  |

**SEPTIC SYSTEM PERMIT APPLICATION (cont'd)**

- Permits will be issued to contractors holding a Minnesota Pollution Control Agency (MPCA) Septic Installers License.
- 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 are required for all septic systems:

- Tank installation prior to covering.
- Drainfield trench installation prior to covering. For mounds, inspection is required after rough up, but prior to sand placement
- Final inspection to verify final cover depths and to verify that all pump station (where required) components are functional and comply with codes.

Brent Matter, Blackwater Solutions, is contracted as the City of Woodland's ISTS Inspector.

**For inspections, contact Brent Matter at 952-250-1649 or [bdmatter@outlook.com](mailto:bdmatter@outlook.com).**

- 24 hour notice is 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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**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.

|  |               |            |
|--|---------------|------------|
| <b>Full Name</b>   |               |            |
| (Last)   | (First)       | (Middle)   |
| Doing Business As (business name if different than your name)  |               |            |
| <b>Business Address</b>  |               |            |
| (Address)  | (City, State) | (Zip Code) |
| <b>Contact Info</b>  |               |            |
| (Business)   | (Cell)        | (Email)    |
| 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**

|  |        |
|--|--------|
| <b>Insurance Company Name (not the insurance agent)</b>  |        |
|  |        |
| <b>Policy Number</b>   |        |
|  |        |
| <b>Dates of Coverage</b>   |        |
|  |        |
| 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) |