

Traverse County
 Land Management Ofc.
 1700 3rd Ave. S. Rm 205
 Wheaton, MN 56296

TRAVERSE COUNTY SEPTIC SYSTEM PERMIT APPLICATION

Application #:	
Date App Received:	
Parcel #:	
Fee Paid: \$	Date:

Revised 9/15/08

Owner's Name:	Authorized Agent (If Different): (Statement of Authorization Required)				
Owner's Address (Street, City, State, Zip Code):					
Property Address (If Different):					
Day Phone:	Evening Phone:	Mobile Phone:			
Legal Description (Lot(s) and Block Numbers)	Section	Township	Range	Qtr./Qtr.	Govt. Lot #
Contractor - Designer:			Signature & License Number:		
Contractor - Installer:			Signature & License Number:		
Class of Work: ___ New ___ Repair ___ Other: _____			Age of Structure _____ Age of System _____		
# Bedrooms _____		# Bathrooms _____		Proposed Start Date of Construction _____	

Septic System Data	Percolation Test Data
Type of System:	Date of First Test:
Capacity:	Test Taken by:
Distance from Nearest Well:	Rate:
Distance from Lake or Stream:	Date of Second Test:
Distance from Livable Dwelling:	Test Taken by:
Distance from Property Line:	Rate:
Distance from Base to Water Table:	Average Rate:

Comments/Description of Work:

By signing this application, I acknowledge that the continued validity of this permit is contingent upon compliance of all work done and materials used with the plans and specifications herewith submitted to the Traverse County Planning and Zoning Office. Also, I certify that the information above is true and accurate to the best of my knowledge.

Owner or Agent Signature _____ Date _____

Traverse County Official: _____ Date Issued: _____

This permit will expire one year from the date of approval unless otherwise noted through an extension by the above authority.

Comments/Conditions:

Certificate of Compliance - Date Received: _____