SITE REVIEW and/or SEPTIC PERMIT APPLICATION

Washington County Public Health & Environment 14949 62nd Street N, PO Box 6, Stillwater, MN 651/430-6688 FAX 651/430-6724

06	11/101	
Paid \$_	700	

Make checks	payable to	WASHINGTON	COUNTY
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\$205 - Drainfield System Permit

\$195 - Individual Lot

Receipt#	40	125
Receipt #	75	122

330 - Mound System Permit 330 - Alternative/Experimental Sy 100 - Additional Review Fee (1 ho	92(1)2(12()),	Plus \$60/lot \$100 - Renewal of an Expired Per		2004	-03017
al Description and Parcel Identi	fication Number (espec	cially if this is for a NEW SUBDIVI	ISION OR MINOR SUBI	OIVISION)	300 4 TW 26-27 N
10TI- BULL	TATH ST	FIELDCABST	DENMARK	TUSA	RA 20-21 W

LOTI-BULL TOTH OF FIELDCREST D.	ENMARK TURE RA 20-21 W				
Applicant TONY PIENTKA 8628 SOLUET AUE	State Zip Phone So. COTTAGE ONOGO NAM				
Owner (if different from applicant) Address 458-2260 City 768-8063	State Zip Phone 55016				
New Home Existing Home New Business Existing Business	Number Of Bedrooms: 5 Gallons Per Day: 750				
Check the following fixture(s) which are or will be installed: Garbage Disposal Recreation	al Bathing Facility: (jacuzzi, hot tub, etc.)				
New Home □ Drainfield System □ Mound System □ Alternate/Experimental System □ Tank Site Approval Only □ If this site has been previously approved, attach copy of approval letter					
The following exhibits are required as part of this application and shall be attached hereto: Percolation Te location of buildings, lot lines, percolation test holes, soil boring holes, proposed location of system and we Final Building Plan. The house and the drainfield areas must be staked. Inaccurate or incomplete informations are staked.	ell; one (1) copy of the System Design; and one (1) copy of the ation will result in delays in processing.				
AGREEMENT: The undersigned hereby makes Application for Permit to Install or Extend Sewage Treatment System herein specified, agreeing that all such work shall be done in strict accordance with ordinances and regulations of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches and Design submitted herewith, and which are reviewed by Washington County, together with any requirement and/or restriction made necessary by conditions peculiar to a particular location, shall become a part of the permit. Applicant further agrees to provide access, at reasonable times, to Washington County for the purpose of performing inspections required and that no part of the system shall be covered until it has been inspected and accepted. APPLICATION IS FOR AN INSTALLATION AT A SPECIFIC LOCATION; ANY DEVIATION FROM THE APPROVED LOCATION WILL VOID THE PERMIT. It shall be the responsibility of the applicant for the permit to notify the Office of the Washington County Dept. of Public Health & Environment that the installation is ready for inspection.					
I hereby certify the above to be true and correct. In connection with your request for a soil review/	septic permit, I hereby give Washington County Department				

of Public Health and Environment permission to enter upon my property during normal business hours for the purpose of determining the suitability of the location, design, and construction, which may include minor excavation or soil borings by the Department.

Signature of Applicant (Owner or Contractor)

12/	15/12
<u>UL</u>	FUIVO
	Date

THE AREA BELOW IS FOR COUNTY USE ONLY

SITE EVALUATION:	BY INSPECTOR	CWL	DA	\TE <u>· ·</u>	1.	ر کر کا	>03° :		
SETBACKS:		•	REQU	IRED IC	IRCLE	APPROP	RIATE IT	EM(S)]	ACTUAL
Well (including adjacent pro	operty)		50'	75'	100'	150		1	94 14 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Wetland, Pond, Lake, Stream	m, River, or Bluffline		. 20,	40"	75'	100	150'	1	
	name of the last o	p===q	**		-				

ONCLUSIONS:	Site Suitable:	Site Unsuitable:	Ш	

Additional Tests Required:

BORNE BETWEEN BHI: BHY 6402120330003 TO 72"-NO REDOX 6962 O'DELL AVE. S. OCCASSIONAL SANDSTONE

RECOUTH