

**APPLICATION FOR ONSITE SEWER PERMIT  
SWIFT COUNTY, MINNESOTA**

Date:	Permit Number:	Permit Fee: \$ <b>125.00</b>
Applicant's Name: (owner, renter, other):		Authorized Agent (if applicable):
Mailing Address (St., Box No., City, State, Zip Code):		
Day Phone:		Evening Phone:

**Property Description**

Township Name:	Section:	Township:	Range:	Qtr./Qtr.
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Note: If the property is a metes and bound description, check here  and attach a copy of the exact legal description.

**Contractors:**

Designer:	License No.:	Phone No.:
Installer:	License No.:	Phone No.:
Inspector: Scott Collins, Director, Swift Co. Environmental Services	License No: 3116	Phone No: (320) 843-2356

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Number of Bedrooms: _____	Hot Tub <input type="checkbox"/> yes <input type="checkbox"/> no	Type <input type="checkbox"/> I <input type="checkbox"/> II	Garbage Disposal <input type="checkbox"/> yes <input type="checkbox"/> no
Dishwasher <input type="checkbox"/> yes <input type="checkbox"/> no	Water Softener <input type="checkbox"/> yes <input type="checkbox"/> no		

**Attachments:**

- |   |  |
|---|--|
| <input type="checkbox"/> Designers Preliminary Assessment Worksheet | <input type="checkbox"/> Designers Site Plan         |
| <input type="checkbox"/> Soil Log Sheet(s)                          | <input type="checkbox"/> Inspection Form             |
| <input type="checkbox"/> Photographs of the system                  | <input type="checkbox"/> Septic System Owner's Guide |

The applicant hereby acknowledges 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 **Swift County Environmental Services, PO Box 207, Benson, MN 56215, phone: (320) 843-2356 fax (320) 843-9172.**

I hereby certify that I am the owner or authorized agent of the property described in this application and that all construction will conform to existing state laws and Swift County's Zoning Ordinance.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Permit Issued By Date

**Swift County Environmental Services**  
**Inspection Results**

Date of Inspection: \_\_\_\_\_ | Time: \_\_\_\_\_ | SSTS Permit #: \_\_\_\_\_

**Reason for Inspection:**

Bedroom Addition     Variance     Complaint     Property Transfer (buyer or seller)     Other

**Property Information:**

Applicant's Name: (owner, renter, other):	Authorized Agent (if applicable):
Mailing Address (St., Box No., City, State, Zip Code):	
Day Phone:	Evening Phone:

**Property Description**

Township Name:	Section:	Township:	Range:	Qtr./Qtr.		
Category	Septic Tank		Seepage Pit		Drain Field	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	Gls.	Gls.	SF	SF	SF	SF
Distance from Nearest Well	Ft.	Ft.	Ft.	75 Ft.	Ft.	50 Ft.
Distance from Lake or Stream	Ft.	Ft.	Ft.	Ft.	Ft.	Ft.
Distance from Occupied Bldg.	Ft.	10 Ft.	Ft.	20 Ft.	Ft.	20 Ft.
Distance from Property Line	Ft.	10 Ft.	Ft.	10 Ft.	Ft.	10 Ft.
Distance from Bottom to Water Table	----- Ft.	----- Ft.	Ft.	4 Ft.	Ft.	4 Ft.
Inspector's Comments:						

Date of Inspection: \_\_\_\_\_ 20 \_\_\_\_.

Time of Inspection: \_\_\_\_\_ m.

\_\_\_\_\_

Scott Collins, Inspector  
Director, Swift County Environmental Services

Gls = Gallons  
SF = Square Feet  
Ft = Linear Feet

**DESIGNER'S SITE PLAN**

**The following must be drawn and labeled:**

- North indicated by arrow to the side of drawing
- Property Lines including roads & Ordinary High Water Mark of water bodies/courses.
- Structures: existing & future house, other buildings, driveways & sidewalks.
- Well(s), including water lines
- Utilities: above & below ground phone, electric & gas lines
- Disturbed, compacted & other undesirable soils
- Slope: percent & direction
- Soil borings (attach Soil Log Sheet(s))
- Existing Sewage System
- New Sewage System: tank, lift station and drainfield bed or mound

**Indicate Setbacks on Drawing:**

Minimum Setbacks:

- System to property line - 10 ft.
- Tank to structure - 10 ft.
  - Drainfield to structure - 20 ft.
- System to OHWM
  - General Development - 50 ft.
  - Natural Environment - 150 ft.
  - Creek or stream - 75 ft.
- Well
  - Under 50 ft. of casing - 100 ft.
  - Over 50 ft. of casing - 50 ft.
- Water Lines
  - Suction pipe - 50 ft.
  - Pressure pipe - 10 ft.

Additional Notes: \_\_\_\_\_.

Designer's Signature: \_\_\_\_\_.

License Number: \_\_\_\_\_.



## *SOIL LOG SHEET*

**(Complete one for every soil boring taken and indicate  
on designers drawing in reference to the hole number.)**

Land Owner: \_\_\_\_\_ . Hole Number: \_\_\_\_\_ .

Weather Conditions 48 hours prior to digging hole: \_\_\_\_\_ .

Equipment use to dig hole:     back hoe             hand auger             probe

Date hole dug: \_\_\_\_\_ . Time hole dug: \_\_\_\_\_ .

Hole Depth	USDA Texture	Soil Color		Description of Properties name, color, stiffness, plasticity, moisture, etc.	Hole Depth
		Matrix	Mottling		
.5'					.5'
1'					1'
1.5'					1.5'
2'					2'
2.5'					2.5'
3'					3'
3.5'					3.5'
4'					4'
4.5'					4.5'
5'					5'
5.5'					5.5'
6.5'					6.5'

Depth to Seasonal High Water Table: \_\_\_\_\_ .

Evaluator/Designer Name(please print): \_\_\_\_\_ . Date: \_\_\_\_\_ .

Signature: \_\_\_\_\_ . License Number: \_\_\_\_\_ .