



# Subsurface Sewage Treatment System OPERATING PERMIT RENEWAL APPLICATION

St. Louis County, Minnesota

This form is used to apply for an Operating Permit Renewal (excluding Holding Tanks)

**SITE PARCEL ID NUMBER (PIN)** Find this on your Property Tax Statement or at [www.stlouiscountymn.gov](http://www.stlouiscountymn.gov)

Primary PIN	-	Associated PIN	-
Site Address	City	MN	Zip
OP Permit Number	Permit Expiration Date	Township Name	Sec   Twn   Rge

### OWNER & CONTACT INFORMATION

Owner Name	Service Provider or Maintainer Name
Mailing Address	City   St   Zip
Email Address	Primary Phone   Secondary Phone

### REQUIRED DOCUMENTS

OP Renewal Application with Questionnaire completed by owner/applicant  
 Operation & Maintenance inspection paperwork completed by MN Licensed Service Provider  
 \$60 Renewal Fee payable to St Louis County Auditor

### AGREEMENT

By submitting this application, I certify and agree that I am the owner or the authorized agent of the owner of the above property, and that all uses will conform to the provisions of St. Louis County. I further certify and agree that I will comply with all conditions imposed in connection with the approval of the application. Applicants may be required to submit additional property descriptions, property surveys, site plans, building plans and other information before the application is accepted or approved. **Intentional or unintentional falsification of this application or any attachments thereto will make the application, any approval of the application and any resulting permit invalid.** I authorize St. Louis County staff to inspect the property to review the application and for compliance inspections. Furthermore, by submitting this application, I release St. Louis County and its employees from any and all liability and claims for damages to person or property in any manner or form that may arise from the approval of the application or any related plans, the issuance of any resulting permit or the subsequent location, construction, alteration, repair, extension, operation or maintenance of the subject matter of the application.

### Applicant Signature

### Date

<b>Address for southern SLC areas:</b> Onsite Wastewater Government Services Center 320 W 2 <sup>nd</sup> Street, Suite 301 Duluth, MN 55802	<b>Address for northern SLC areas:</b> Onsite Wastewater Virginia Government Services Center 201 South 3 <sup>rd</sup> Avenue West Virginia, MN 55792	<b>Telephone &amp; SLC Web Site</b> 218-725-5200 Duluth 218-749-0625 Virginia  <a href="http://www.stlouiscountymn.gov/septic">www.stlouiscountymn.gov/septic</a>
----------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Office Use Only

Amt Pd (Pay to SLC Auditor):	Recd By:	Date Recd:	Permit #
Check #	Paid By:		
Rev Code	<input type="checkbox"/> Mail <input type="checkbox"/> In Person		



# Operating Permits Questionnaire

## Operating Permit Renewal Worksheet

Onsite Wastewater Division, St. Louis County, MN

**For the Property Owner/System User to complete.**

Please answer the following questions for the current reporting period.

Your Name:		Permit #:
1	The sewage system is used: <input type="checkbox"/> Year Round. <input type="checkbox"/> Seasonally. Indicate number of days per year:	
2	Do you have a functional alarm system on your septic tank or pump tank:	<input type="checkbox"/> No <input type="checkbox"/> Yes
3	Have you had alarms go off: (If checking Yes, how many times):	<input type="checkbox"/> No <input type="checkbox"/> Yes
4	Does water leak into the septic tank(s) or pump tank(s) during wet periods of the year:	<input type="checkbox"/> No <input type="checkbox"/> Yes
5	Has the septic tank(s) or pump tank(s) tank overflowed: If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
6	Have you noticed weeping or wet areas around the sewage drain field/treatment area: If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
7	Have you had any problems, repairs, or operational issues with your sewage system: If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
8	Do you have other questions or comments regarding your sewage system:	