



Apr Date: _____
ES Staff: _____
Cert. #: _____

I. Landowner(s):

Name:		
Mailing Address:		
City:	State:	Zip:
Telephone Number:		

II. Parcel Information:

Parcel Number:		Township Name:
Section:	Township:	Range:
Property Address:		
City:	State: MN	Zip:

III. Septic Designer Information:

Business Name:		
Mailing Address:		
City:	State:	Zip:
Telephone Number:		License Number:

IV. Septic Installer Information:

Business Name:		
Mailing Address:		
City:	State:	Zip:
Telephone Number:		License Number:

V. System Information: New Construction Upgrade Repair

Number of Bedrooms: _____ Dwelling Classification: I II III

Water Using Appliances:

Clothes Washer 2nd Floor Laundry Dishwasher Whirlpool/Jacuzzi/40+gal Bath
 Garbage Disposal Ejector/Grinder Pump Water Conditioning Unit Humidifier on Furnace

Waste Strength: Domestic: Residential Other Establishment: Commercial Industrial Cluster

Type: I II III IV Other: _____

Mound At-Grade Trenches Seepage Bed Holding Tank

Design Flow: _____ gpd **Estimated Flow:** _____ gpd **Depth to Restrictive Layer:** _____ in

Tank Information:

Type	Gallons	Material	New or Existing	Manufacturer
Septic 1				
Septic 2				
Septic 3				
Pump				
Holding				
Aerobic				
Other:				

Public Domain or Proprietary Treatment Product: _____

Type of Distribution Media: _____

VI. Signature:

I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge.

 Designer's Signature

 Date