

Traverse County
Land Management Ofc.
304 4th Street North
Wheaton, MN 56296
320-563-8218 ext. 3

TRAVERSE COUNTY SEPTIC SYSTEM PERMIT APPLICATION

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

Revised 3/12/2018

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)			Township #	Range #	Section # Qtr.
Contractor - Designer:			License Number:		
Contractor - Installer:			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: _____