



Dakota County Environmental Management
 14955 Galaxie Avenue
 Apple Valley MN 55124
 Ph: 952-891-7000 Fax: 952-891-7031

**PERMIT APPLICATION FOR SUBSURFACE
 SEWAGE TREATMENT SYSTEM**
 For New or Replacement Septic Systems

A permit must be obtained before beginning any construction activity. All septic systems must conform to Dakota County Ordinance 113 and MN Rules 7080-7083 including all required setbacks.

Property Owner Name: _____

Property Address: _____

City/Zip _____ Parcel ID: _____

Please check all that apply:

✓	Activity	Permit Fee
	Type I Trench/Bed/Mound	\$374
	Type II	\$188
	Type III	\$374
	Type IV	\$433
	Large System (>2500 gpd capacity)	\$870
	Annual Operating Permit	\$136
	Repair (New)	\$188
	2 nd Soils Verification (New)	\$250
	Septic System Variance	\$974
	Is the septic system in shoreland?	Yes / No
		TOTAL Fees: _____

- Permit fee and design must accompany this application.
- Permit fee includes the design review and inspection(s).
- House plans must accompany new construction septic system designs (plans will be copied and returned if requested).
- A holding tank permit will only be issued when no other reasonable system can be installed.
- All systems must be pumped prior to abandonment.
- A 24-hour notice is required for an inspection.
- Permits are valid for one year.
- Dakota County must receive an as-built inspection record prior to issuing the certificate of compliance.
- Check or money orders should be made payable to: DAKOTA COUNTY TREASURER. To make a credit card payment, please call 952.891.7110

Designer: _____
Name Address MPCA License #

Phone #: _____ Email: _____

Installer: : _____
Name Address MPCA License #

Phone #: _____ Email: _____

I hereby certify that the information provided is correct and agree to have the proposed work done in strict accordance with the description given and according to the provisions of the Dakota County Ordinance 113 and Minnesota Rules 7080-7083. I further agree that any plans and specifications submitted are part of this permit application. I also understand that Dakota County takes no responsibility for the proper design of the project. I accept all responsibility for the design of the project and for all damages resulting from the failure of the project due to improper design, and understand that false or misleading information may be grounds for invalidating this permit. I understand that this permit is valid for a period of one year from the date of issuance.

Signature: _____ Date: _____

For Office Use Only:
 Permit #: _____
 Check #: _____
 Amount: _____
 Approved by: _____

Comments: _____