

CARLTON COUNTY
ZONING AND ENVIRONMENTAL SERVICES
 301 Walnut Avenue, Room 103
 P.O. Box 220
 Carlton, MN 55718-0220
 218-384-9176
www.co.carlton.mn.us

Permit number _____

City/Township _____

SUBSURFACE SEWAGE TREATMENT SYSTEM APPLICATION

APPLICANT: _____

DAYTIME PHONE NUMBER _____

MAILING ADDRESS: _____

OTHER PHONE NUMBER _____

EMAIL (optional): _____

911 ADDRESS OF PROPERTY AND ACCESS ROAD: _____

PROPERTY DESCRIPTION: _____

SECTION: _____

TOWNSHIP: _____

RANGE: _____

LAKE, RIVER OR STREAM NAME: _____

DESIGNER: _____

Name

License #

Telephone Number

INSTALLER: _____

Name

License #

Telephone Number

SEWAGE TREATMENT SYSTEM DATA: All distances are shortest distance between nearest points.

	SEPTIC TANK	PUMP TANK (if applicable)	DRAINFIELD
Capacity	gals.	gals.	sq. ft.
Distance from nearest well	ft.	ft.	ft.
Distances from lake, river or stream	ft.	ft.	ft.
Distance from occupied building	ft.	ft.	ft.
Distances from property line	ft.	ft.	ft.

Number of Bedrooms in Dwelling

System Type: Trench/Bed Mound Holding Tank

The work detailed on the permit must be completed within one year of issuance or the permit shall be automatically deemed null and void. The Zoning Administrator is authorized to extend that period of time for good cause shown. Data furnished on this application form is public information.

Date _____

Signature _____

FOR OFFICE USE ONLY

PERMIT NUMBER _____ FEE _____

RECEIPT NUMBER _____

ZONING DISTRICT _____ SHORELAND CLASS _____

SHORELAND ID NUMBER _____

SYSTEM TYPE I II III IV V VARIANCE _____ CODE _____

INSPECTION DATE _____ DATE ISSUED _____ BY _____

REMARKS _____

C/T _____

PLAT _____

PARCEL _____