

## CITY OF ORONO – SEPTIC SYSTEM PERMIT APPLICATION

### GENERAL INSTRUCTIONS

1. Applications for septic system permits may be mailed or submitted in person at the City offices; however, permits will not be mailed out. The permit must be picked up in person at the City offices and work must not begin unless the permit card is on the job site.  
**\*\*\* DO NOT MAIL PAYMENT WITH THIS APPLICATION \*\*\***
2. Permits will be only issued to contractors holding a Minnesota Pollution Control Agency (MPCA) Septic System Installers License.
3. All work must be done in accordance with the approved septic system design.
4. The following inspections will be required for all septic systems:
  - A. Tank installation prior to covering.
  - B. Drainfield trench installation prior to covering. For mounds, inspection is required after rough up, but prior to sand placement (sand must be jar tested for silt content) and again during pressure distribution piping installation in the rock bed.
  - C. Final inspection to verify final cover depths and to verify that all pump station (where required) components are functional and comply with codes.
5. MPCA licensed Installers or their DRP (Designated Responsible Person) shall be present during all inspections.

**A 24-HOUR NOTICE IS REQUIRED FOR ALL INSPECTIONS.**



**City of Orono**  
 P.O. Box 66  
 2750 Kelley Parkway  
 Crystal Bay, MN 55323  
 (952) 249-4600

FOR CITY USE ONLY	
Date Received: _____	Permit # _____
Amount: \$ _____	

## CITY OF ORONO – SEPTIC SYSTEM PERMIT APPLICATION

(All permits must be approved by the On-Site Septic Manager and/or Building Official)

### Job Site / Owner Information:

Site Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

### Contractor / Applicant Information:

Contractor/App.: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

State License #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

### TYPES OF OCCUPANCY

Residential       Commercial       Other \_\_\_\_\_

### PERMIT TYPE AND FEES

New or Replacement System	\$200.00	_____
Repair Existing System (Tanks or Drainfield)	100.00	_____
State Surcharge	5.00	_____ 5.00
Total		\$ _____

**\*\* ATTENTION APPLICANT \*\***

**Fill in all appropriate blanks and check all appropriate boxes.**

**I will be installing the following:**

**Tanks**

Precast Concrete     Fiberglass     Plastic     Other \_\_\_\_\_  
(list manufacturer)

**Number of Tanks:** \_\_\_\_\_

**Size of Tanks:** \_\_\_\_\_

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**Treatment System**

\_\_\_\_\_ Trenches                      \_\_\_\_\_ s.f.

\_\_\_\_\_ Mound                              \_\_\_\_\_ s.f.

\_\_\_\_\_ Gravel less                      \_\_\_\_\_ s.f.

\_\_\_\_\_ Chamber                              \_\_\_\_\_ s.f.

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**NOTE:        The contractor is required to provide an As-Built of the system before the final inspection.**

The undersigned hereby applies to the City of Orono for issuance of a septic system installation permit, agrees to do all the work in strict accordance with ordinances of the City and regulations of the State of Minnesota and certifies that all statements made on this application are complete, true and correct.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

MPCA License No.: \_\_\_\_\_

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**Staff Review:**         Accept                       Denied

**Reviewer:**                      \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason for Denial:** \_\_\_\_\_

**Comments (to be printed on inspection card):** \_\_\_\_\_

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