HOLDING TANK PERMIT APPLICATION

INSTRUCTIONS TO APPLICANT

THIS INSTRUCTION SHEET AND THE PERMIT APPLICATION MUST BE SIGNED AND RETURNED WITH THE PERMIT APPLICATION.

The following items must be included before this application will be processed.

- 1. Accurate property descriptions (Parcel ID#) must be given. These are usually found on your tax statement or deed. Applicant must own property, have a valid lease, or be an authorized agent.
- When you have completed the application mail or deliver it in person to the <u>Environmental</u> <u>Services Department, Cass County Courthouse, PO Box 3000, Walker, MN 56484</u>. A \$50.00 fee must accompany each application. Make check payable to the "Cass County Treasurer".
- 3. Accurate information must be given. A Permit is granted upon the express conditions that the person to whom it is granted, his agent, employees and/or workmen shall conform in all respects to all Cass County Ordinances. This permit may be suspended at any time upon violation of any ordinance or if the information provided in this application is found to be misleading or inaccurate.
- 4. Renewals shall be due on or before January 31st of each year and shall be accompanied by evidence of all pumping done in the previous year, such as paid receipts from a state-licensed septage pumper.

I have read and fully understand the above instructions. I he information provided in this application is true and correct.	•
NOTICE!!	***************************************
HOLDING TANKS MAY ONLY BE PUMPED BY A STATE-LICENS	ED AND CERTIFIED PUMPER
***************************************	*************
Applicant (or Agent) Signature	Date

HOLDING TANK PERMIT APPLICATION

PARCEL ID #	APPLICAN	Г NAME:		
MAILING ADDRESS:				
DUONE #	Street & No. or Box Number	City	State	Zip
PHONE #:				
PROPERTY ADDRE	SS:			
TOWNSHIP NAME: _				
Township	Range	Section		
LAKE OR STREAM_		CLASS		
Year holding to	ank was installed			
Owner when h	olding tank was installed			
	nt understands that it is applicant's sole re applicant has complied with all relevan oject described above. NOTICE!!			
PU	MPING RECEIPTS MUST ACCOM	MPANY THIS APF	PLICATION	******
Signature of App	olicant or Agent		Date	
CONDITIONS: No s seven (7) years.	urface discharge of septage is allov	ved. Pumping red	cords must be	retained for
	() Approved ()	Denied		
ESD OFFICIAL		DATE _		·
FEE	RECEIPT#	CHECK #		