



Date Received _____

Permit Fee _____

Permit Number _____

SEPTIC SYSTEM PERMIT APPLICATION

Job Site/Owner Information		
Job Site Address	JOB VALUATION \$	
Property Owner		
Property Owner Home/Cell Phone Number		
Property Owner Address (if different than job site)		
Contractor/Applicant Information		
Business Name	State License Number	Expiration Date
Contact Name:		MPCA License No.:
Contact Phone Number	Contact Email	
Business Address		
City/State/Zip		
<input type="checkbox"/> Certificates of Liability Insurance (minimum \$500,000) and Workers Compensation are required with this application.		
<input checked="" type="checkbox"/>	Description of Work	
	New System	
	Replacement Tanks	
	Repair Tanks	
	Repair Drain Field	
	Abandonment/Demo	Number of Tanks:
<input checked="" type="checkbox"/>	Description of Tanks	
	Precast Concrete	Number of Tanks:
	Fiberglass	Number of Tanks:
	Plastic	Number of Tanks:
	Other (list manufacturer)	
	Other	Number of Tanks:
<input checked="" type="checkbox"/>	Type of Treatment System	
	Trenches – Sq. Ft. =	
	Mound – Sq. Ft. =	
	Gravel less – Sq. Ft. =	
	Chamber – Sq. Ft. =	
<input checked="" type="checkbox"/>	Final Cover/Top Soil	
	Borrowed from the site	
	Brought in (amount)	
	Construction spoil	

SEPTIC SYSTEM PERMIT APPLICATION (cont'd)

- Permits will be issued to contractors holding a Minnesota Pollution Control Agency (MPCA) Septic Installers License.
- All work must be done in accordance with the approved septic system design.
- MPCA licensed Installers or their Designated Responsible Person shall be present during all inspections.

The following inspections are required for all septic systems:

- Tank installation prior to covering.
- Drainfield trench installation prior to covering. For mounds, inspection is required after rough up, but prior to sand placement
- Final inspection to verify final cover depths and to verify that all pump station (where required) components are functional and comply with codes.

Brent Matter, Blackwater Solutions, is contracted as the City of Woodland's ISTS Inspector.

For inspections, contact Brent Matter at 952-250-1649 or bdmatter@outlook.com.

- 24 hour notice is required for all inspections.

The undersigned hereby applies to the City of Woodland 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: _____ Date: _____

Print Name: _____

Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
PO Box 64217
St. Paul, MN 55155



E-mail: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

2. I am not required to have workers' compensation insurance because:

I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)

I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)

I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio.