

Crow Wing County Holding Tank Design

Property Owner: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ - _____ - _____ Cell: _____ - _____ - _____

Site Address: _____

City: _____ State: _____ Zip: _____

Driving directions if no address issued: _____

Legal Description: _____

Sec: _____ Twp: _____ Range: _____ Township Name: _____

Parcel Number: _____ - _____ - _____ - _____ - _____ - _____

Lake/ River: _____ Lake/River Classification: _____

Reason for Holding Tank

Unsuitable Site: _____

Limited Use (<150 gpd): _____

Failing System: _____

Commercial Facility: _____

Tank Information

Number of Tanks: _____

Tank Sizes: _____

Alarm Type: _____

Designer Name: _____ License Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ - _____ - _____ Cell: _____ - _____ - _____

E-Mail Address: _____

I hereby certify that I have completed this work in accordance with all applicable requirements.

Designer Signature: _____ Date: _____

****A SITE PLAN IS REQUIRED WITH THIS DESIGN****

Monitoring and Disposal Contract

Licensed Maintainer Business: _____

The maintainer agrees to provide pumping services for the holding tank system described above. The homeowner is responsible for ensuring the removal of the tank contents before overflow or any discharge.

Maintainer Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

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Property Owner: _____ Date: _____

Please Draw to Scale with North Arrow to top or Left Side of Page

Please show all that apply (Existing or Proposed):

Wells within 100 ft. of a Drainfield
Water lines within 10 ft. of a Drainfield
Disturbed/Compacted Areas
Drainfield Areas

Boring Locations
Component Location
OHW
Lot Easements

Access Route for Tank Maintenance
Property Lines
Structures
Setbacks

Elevations:

_____	Benchmark Elevation	_____	Pump Elevation
_____	Elevation of Sewer Line at House	_____	Pump Discharge Elevation
_____	Tank Inlet Elevation	_____	Restricting Layer Elevation
_____	Drainfield Elevation		

Designer Signature: _____ Date: _____
License Number: _____ Page _____ of _____