

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: _____

Crow Wing County Holding Tank Design

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
_____ Elevation of Sewer Line at House
_____ Tank Inlet Elevation
_____ Drainfield Elevation

_____ Pump Elevation
_____ Pump Discharge Elevation
_____ Restricting Layer Elevation

Designer Signature: _____

Date: _____

License Number: _____

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