

## Crow Wing County Privy 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: \_\_\_\_\_ Twp Name: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Lake/ River: \_\_\_\_\_

Lake/River Classification: \_\_\_\_\_

### Privy Type

A. Pit:

Restricting Layer Depth: \_\_\_\_\_ in.

Pit Depth: \_\_\_\_\_ in.

B. Vault/Tank:

Tank Size: \_\_\_\_\_ gal.

*Maintainers Agreement Required*

*Minnesota Pollution Control Agency Rules*

*Section 7082.0100 Subp. 3. G*

### Proposed Site Boring (not required if vaulted)

Depth (in)	Texture	Coarse Frag. %	Color	Structure	Redox

### Alternate Site Boring

Depth (in)	Texture	Coarse Frag. %	Color	Structure	Redox

**Additional System Notes and Information:** \_\_\_\_\_

\_\_\_\_\_

Designer Name: \_\_\_\_\_ License Number: \_\_\_\_\_

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

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

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Designer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

revised 4/9/18

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Parcel Number: \_\_\_\_\_ Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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



*Click in the sketch area below to import an existing sketch (PDF or JPG format).  
Drawing tools are also available in the Comments Toolbar of Adobe Reader.*

## Please show all that apply (Existing or Proposed):

Wells within 100 ft. of a Drainfield  
Water lines within 10 ft. of a Drainfield  
Drainfield Areas  
Boring Locations

Disturbed/Compacted Areas  
Component Location  
OHW  
Lot Easements

Access Route for Tank Maintenance  
Property Lines  
Structures  
Setbacks and Slope

## Elevations:

Benchmark Elevation: \_\_\_\_\_  
Bottom of Pit Elevation: \_\_\_\_\_

Restricting Layer Elevation: \_\_\_\_\_

Designer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ License Number: \_\_\_\_\_

## ***SSTS Management Plan required to be submitted with this design***

*Minnesota Pollution Control Agency Rules Sections 7082.0600 Subp. 1. A and B, and Section 7082.0100 Subpart 3.*