

CITY OF TAYLORS FALLS

637 First Street
Taylors Falls MN 55084
(651) 465-5133



**ON-SITE SEPTIC SYSTEM
REQUEST FOR INSPECTION**

Fee for full compliance inspection \$200.00
Fee for tanks only \$100.00

Property Owner _____ Applicant (if different) _____

Site Address _____ Daytime Contact Phone # _____

**Name and address to mail
inspection results to:**

(Realtor/mortgage etc) _____

Name _____ Street _____ City _____ State _____ Zip _____

Legal Description _____ Tax Parcel Number _____

Date of Closing: _____

Is the system currently being used? Yes No If no, how long since the system
has been used? _____

IMPORTANT!

Please include a complete site plan drawing with your application similar to the sample attached. Check appropriate sewer system component and indicate location on site sketch on back of form. You will also need to pump your tank and advise us of the schedule for the pumping.

Tanks:

- Septic Tank
- Aerobic Tank
- Pump (lift) Tank
- Holding Tank

Tank(s) Material:

- Fiberglass
- Plastic
- Metal
- Concrete
- Other : _____

Septic Tank(s) Size: _____ Lift Tank Size: _____

Tanks pumped? Yes No Year septic system built? _____

If yes, how often? _____ House purchased, what year? _____

For what reason?

- Routinely
- Basement backup (if ever)
- Sluggish plumbing
- Other

Distance from tank to well? _____ Ft. Depth of well(s)? _____ Ft.

Distance from tank to any well within 100 ft.? _____

Distance from disposal area (drain field/mound) to well? _____

Soil Treatment System:

- In ground (trench/bed)
- Mound
- At grade

Other: (Identify Type)

- Alternative system
- Other

Monitoring or mitigation Plan? Yes No If yes, attach a copy.

Any repair done on system? Yes No

If yes, what? _____

By whom? _____

Usage:

- Dwelling Seasonal
- Other establishment Other

Number of bedrooms? _____

Number of Occupants? _____

Water using appliances:

- Clothes washer Dishwasher Water filtration/Purifying system
- Garbage disposal Whirlpool bath
- Water conditioning unit Self-cleaning humidifier in furnace

Sump pump or drain tile discharges to? Daylight Septic system

Nearest surface water? _____ Ft. From which type of surface water?

- River Lake
- Stream Other _____

Supporting Information: **

Is there or has there ever been any evidence of:

Discharge of sewage to the ground surface? Yes No

Discharge of sewage to a surface water? Yes No

A seepage pit, drywell, cesspool or leaching pit? Yes No

Sewage backup into dwelling or other establishment presently occurring? Yes No

Explain: _____

Situations with the potential to immediately and adversely impact or threaten public health or safety?

Yes No Explain: _____

**** If yes was answered for any of the above questions, the system is failing according to Minn. R. Ch. 7080.006**

Signature of Applicant

Date