



PERMIT APPLICATION FOR SUBSURFACE SEWAGE TREATMENT SYSTEM
For New or Replacement Septic Systems

Dakota County Environmental Resources
 14955 Galaxie Avenue, Apple Valley MN 55124
 Ph: 952-891-7000 Fax: 952-891-7031

A permit must be obtained before beginning any construction activity. All septic systems must conform to Dakota County Ordinance 113 and MN Rules 7080-7083 including all required setbacks.

Property Owner Name: Josh Dockter
 Property Address: 29715 Gerlach Way
 City/Zip Cannon Falls Parcel ID: 31-35700-171-00 # of Bedrooms 3

Please check all that apply:

<input checked="" type="checkbox"/>	Activity	Permit Fee
<input type="checkbox"/>	Type I Trench/Bed/Mound	\$421
<input type="checkbox"/>	Type II	\$212
<input checked="" type="checkbox"/>	Type III	\$421
<input type="checkbox"/>	Type IV	\$487
<input type="checkbox"/>	Large System (>2500 gpd capacity)	\$980
<input type="checkbox"/>	Annual Operating Permit	\$152
<input type="checkbox"/>	Repair	\$212
<input type="checkbox"/>	2 nd Soils Verification	\$282
<input checked="" type="checkbox"/>	Septic System Variance	\$1093
<input type="checkbox"/>	Is the septic system in shoreland?	Yes <input checked="" type="radio"/> / No <input type="radio"/>
		TOTAL Fees: \$1,514.00

- Permit fee and design must accompany this application.
- Permit fee includes the design review and inspection(s).
- House plans must accompany new construction septic system designs (use Landuse Permit Application for New Construction).
- A holding tank permit will only be issued when no other reasonable system can be installed.
- All systems must be pumped prior to abandonment.
- A 24-hour notice is required for an inspection.
- Permits are valid for one year.
- Dakota County must receive an as-built inspection record prior to issuing the certificate of compliance.
- Check or money orders should be made payable to: DAKOTA COUNTY TREASURER. To make a credit card payment, please call 952.891.7575.

Designer: <u>Steve Holt</u> Name	<u>30998 85th Ave Way Cannon Falls</u> Address	<u>437</u> MPCA License #
Phone #: <u>507-298-1626</u>	Email: <u>holtconstruction_55009@yahoo.com</u>	
Installer: <u>Holt Construction</u> Name	<u>30998 85th Ave Way Cannon Falls</u> Address	<u>437</u> MPCA License #
Phone #: <u>507-298-1626</u>	Email: <u>holtconstruction_55009@yahoo.com</u>	

I hereby certify that the information provided is correct and agree to have the proposed work done in strict accordance with the description given and according to the provisions of the Dakota County Ordinance 113 and Minnesota Rules 7080-7083. I further agree that any plans and specifications submitted are part of this permit application. I also understand that Dakota County takes no responsibility for the proper design of the project. I accept all responsibility for the design of the project and for all damages resulting from the failure of the project due to improper design and understand that false or misleading information may be grounds for invalidating this permit. I understand that this permit is valid for a period of one year from the date of issuance.

Signature: _____ Date: 8-7-25

For Office Use Only:	Comments:
Permit #: _____	
Check #: _____	
Amount: _____	
Approved by: _____	