

SEPTAGE BENEFICIAL USE SITE PERMIT APPLICATION

This form and all required documents listed below are to be submitted to the Department of Public Health and Environment to apply for a site-specific permit for land application of septage in Washington County.

A. APPLICATOR INFORMATION:

1. Applicator Name:

2. Applicator Address:
(Include, City, State & Zip)

1. Applicator Phone:

2. Applicator Email:

B. LAND OWNER INFORMATION:

1. Land Owner Name:

2. Land Owner Address:
(Include, Street, City, & Zip)

3. Land Owner Phone:

4. Land Owner Email:

C. SITE INFORMATION:

1. Site Identification Code:
(Example: XY-1)

2. Property ID Number(s):
(Property Identification Number)

3. Current Land Classification:

4. Current Land Use of Surrounding Properties:

5. Pathogen and vector control method: *(check one)*

- Liming
- Incorporation
- Injection

6. How will site access be controlled: *(check all that apply)*

- Posted
- Fenced
- Remote

7. Located in a floodway or floodplain? *(check all that apply)*

- Yes
- No

D. REQUIRED DOCUMENTATION

Each of the following must be included with the Septage Land Spread Application.

- ✓ Soil Observation Logs
- ✓ Plat Map with proposed application areas outlined
- ✓ Signed Agreement with the landowner for land application on the specified parcel of land
- ✓ Maximum Allowable Nitrogen Application Rates (MANA) calculations
- ✓ Soil Survey Map
- ✓ Documentation from the Local Unit of Government indicating that the proposed activity is allowed

E. LAND OWNER CERTIFICATION

Read certification statements and sign below.

1. I certify that I am the landowner, of the above indicated site that is intended to be land applied with septage.
2. I understand the properties, application rate and application method of the septage to be applied on my property.
3. I will allow representatives from the Washington County Department of Public Health and Environment access to the site(s) on this application to evaluate the suitability of the site(s) for land application of septage.

Signature: Date:

Name: Title:

(Print First and Last Name)

F. APPLICANT CERTIFICATION

Read certification statements and sign below.

1. I, the undersigned, am a duly appointed, qualified officer or owner of the Licensed Maintainer business. As such, I have the authority to certify the following:
2. I certify that I am submitting this Application to the Washington County Department of Public Health and Environment (Department) before the planned Septage application date.
3. I understand failure to properly obtain site approvals prior to Land Spreading Septage is a violation of the Washington County Solid Waste ordinance #196 and will result in enforcement action against the Licensed Maintainer indicated on this Application.

Signature: Date:

Name: Title:

(Print First and Last Name)

G. SUBMIT APPLICATION AND APPLICATION FEE OF \$505.00 TO:

Mail to: Washington County Department of Public Health and Environment
 14949 62nd Street North – P.O. Box 6
 Stillwater, MN 55082-0006