



Environmental Health Department

320 Third Street N.W. Suite 9 Faribault 507-332-6170

www.co.rice.mn.us

Operating Permit Renewal Application

FOR OFFICE USE ONLY

Date Received _____ Amount \$ _____ Permit No. _____

Received by _____ Parcel Tax ID# _____

Daytime Phone () _____

Applicant Name: _____ E-mail _____

System Location: _____

Address City Zip

Mailing Address: _____

(If different than above)

PLEASE SUBMIT THE REQUIRED ATTACHMENTS:

<input type="checkbox"/> Permit Fee (\$125.00)	<input type="checkbox"/> Applicable Maintenance & Monitoring Records
<input type="checkbox"/> Completed Worksheet (on back of form)	<input type="checkbox"/> SSTS Inspection Reports <input type="checkbox"/> On File (completed by O & M Provider)
<input type="checkbox"/> Service Agreement between Owner & Service Provider	<input type="checkbox"/> On File

I, hereby apply for permit renewal to operate a subsurface sewage treatment system on the above described property and agree to operate such system in accordance with the regulations according to the Rice County Sewage and Wastewater Treatment Ordinance and the related standards of Rice County.

I, the undersigned, as owner or agent of the owner, of the above described property do hereby release Rice County and its employees from any and all liability and claims for damages to person or property in any manner or form that may accrue from the approval of a permit and operation or maintenance of the Subsurface Sewage Treatment System for which this permit application has been made.

Enclosed is the current renewal fee of \$ 125.00. Make checks payable to Rice County Environmental Services.

Applicant's Signature _____ Date _____

SSTS OPERATING PERMIT RENEWAL APPLICATION WORKSHEET

(To be completed by homeowner)

System Service/Maintenance Provider(s): _____

Please print Company name(s)

Has the system operated satisfactorily for you during the past permit period?

Were any repairs or problems encountered during the past permit period? Yes No

If yes, what were they?

Do you have any questions or concerns regarding your system? _____

Comments:

I certify with my signature below that the above information is correct:

Worksheet Completed by:

Printed Name

Signature

Date: _____

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