

Subsurface Sewage Treatment System Operating Permit Owner Transfer Application

Use this form to apply for the transfer of ownership of an existing
SSTS Operating Permit

Contact Information					
Permittee Name:					
Mailing Address:		City:		State:	
Email:		Phone:			
Site Information					
Operating Permit #:		Permit Expiration Date:			
Property ID:					
Property Address:		City:		Zip:	
Service Provider or Inspector Name:		License #:			

Authorization

The owner is required to obtain the services of a Minnesota Pollution Control Agency (MPCA) licensed and trained: 1) Service Provider or Inspector to provide ongoing system operation, maintenance, and monitoring and 2) Maintainer to pump the system’s sewage tanks and components. The owner is responsible to provide the name of the Service Provider or Inspector business prior to the issuance of the operating permit. The owner has secured the services of the Service Provider or Inspector referenced above. The Service Provider or Inspector is hereby authorized to provide the required monitoring data and routine maintenance service records to both Aitkin County Environmental Services.

I hereby apply to transfer into my name, the subsurface sewage treatment system operating permit (on file) at the above referenced property and agree to operate such system in accordance with the regulations according to the Aitkin County Subsurface Sewage Treatment System Ordinance and the related standards of MPCA.

I hereby certify with my signature as the Permittee that I understand the provisions of the subsurface sewage treatment system operating permit including maintenance and monitoring requirements (on file). I agree to indemnify and hold Aitkin County harmless from all loss, damages, costs and charges that may be incurred by the use of this system. If I fail to comply with the provisions of this operation permit, I understand that penalties may be issued. If I sell this property during the life of the permit, I will inform the new owner(s) of the permit requirements and the need to renew the operating permit.

Permittee: (print)			
Title:		Date:	
Permittee Signature:			