

2019 ALEXANDRIA LAKE AREA SANITARY DISTRICT 2019
2201 NEVADA STREET
ALEXANDRIA MN 56308
FAX 320-762-1108 PHONE 320-762-1135
PRIVATE SEWER CONSTRUCTION PERMIT (RESIDENTIAL OR COMMERCIAL)

THIS SECTION TO BE COMPLETED BY OWNER

1. Owner's Name: (Print) _____
2. Owner's Phone Number: _____
3. Billing Address: (For Billing Purposes) _____
4. Property Address: _____
5. Tax Parcel Number: _____
6. Legal Description: (on tax statement) _____
7. Structure Type: Residential____, Apt.____, Commercial____Townhome____Duplex____Condo____
Garage____, Garage W/Living____, RV____, Other____ 8. **LINE SIZE** (if commercial) _____
(4,6,8,10 or 12)
9. Type of work to be performed: Installation____, Repair____, Demo____, Rebuild____, Other____
10. Number of independent living units:_____ 11. Type of heating and cooling system: _____
12. ALASD licensed contractor: _____
IF SELF: _____ (Need Brad T Signature for approval)
13. Is street excavation required: Yes____ No____ If so, do you have city permit? _____
14. Commercial Building plans and specifications must be attached.

In consideration of granting this permit the owner agrees to:

Maintain and operate the private sewer service at no expense to the ALASD. **Make payment of user charges that begin on the date of inspection.** Prevent groundwater or surface water from entering the sanitary sewer.

Signature of Owner: _____ **Date:** _____

ALASD Approval: _____ **Date:** _____

THIS SECTION TO BE COMPLETED BY ALASD

WTEF Fee: _____ Receipt # _____ SAC: _____ User Charge \$ _____

Connection Charge: Yes _____ No _____ Special Assessment Levied: Yes _____ No _____

Inspector's Initials: _____ Inspection Date: _____

SAC & WTEF FEES MUST BE PAID PRIOR TO PERMIT APPROVAL

** The ALASD recommends the insulation of any portion of the sanitary sewer line laid at a depth of less than 7 feet.

** Air testing of private service line is mandatory on all newly installed service pipe.

** Cleanout located immediately outside the structure is recommended.