



Date received:

ANOKA COUNTY
Community Development
Agricultural Best Management Practices
AgBMP STSS PROGRAM

Application Date: _____

Name of Property Owner: _____

Name of Co-Owner/Spouse: _____

Business Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Township: _____

Home/Business Phone: _____ Mobile Phone: _____

Email: _____

Property Address loan funds will be applied to (**IF** different from above):

City: _____ State: _____ Zip: _____ Township: _____

PROPERTY INFORMATION:

- Year Structures/Home Built: _____ Year You Purchased Your Property: _____
- Is property eligible to connect to city sewer or water? (circle one): YES NO
- Are you current on your property taxes (circle one): YES NO
- Are you current on all mortgages and property liens (circle one): YES NO

Attach a copy of current mortgage statement or satisfaction of mortgage.

Complete only the section for the repair / replacement requested (septic, well or both):

SEPTIC SYSTEM INFORMATION:

1. Age of SSTS: _____ Date of last system pump: _____
2. Is your SSTS within 1,000 feet of a lake, or 300 feet of a stream: (circle one) YES NO
3. Is your system failing according to Chapter 7080 (i.e. Discharges to surface or groundwater, contain a cesspool or leach pit, have less than two feet of separate to groundwater table)? (circle one)
YES NO I DON'T KNOW If yes, explain: _____
4. Does your system discharge directly to ground surface, into surface water or a tile line? (circle one)
YES NO I DON'T KNOW
5. Was a compliance inspection completed for your septic system? (circle one) YES NO

If yes, please attach and return with application

