



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**

**WELL INFORMATION**

- 6. Age of Well: \_\_\_\_\_
- 7. Date of Last Inspection of Well: \_\_\_\_\_  
Inspection performed by: \_\_\_\_\_
- 8. Are there additional wells located on your property: (circle one) YES NO
- 9. Have you had a licensed site evaluator / contractor review the condition of the septic system or well?  
(circle one) YES NO if yes, what was result: \_\_\_\_\_
- 10. Have you received a cost estimate to repair or replace your well or septic system? (circle one) YES NO  
**If yes, please attach and return with application**

**All information is subject to review – project must address water quality issue.**

**Mail completed application with the following:**

- 1) \$200 application fee (payable to Anoka County)**
- 2) Current Mortgage Statement or Mortgage Satisfaction**
- 3) Contractor Project Bid / Estimate**

**Anoka County Community Development  
Attn: Stephanie Nwaudo  
2100 3<sup>rd</sup> Avenue, 7<sup>th</sup> Floor  
Anoka, MN 55303**

IN TESTIMONY WHEREOF, the parties have executed this Agreement as part of the application process as of the day and year written below.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Co-applicant Date