



**Minneapolis Health Department**  
**Environmental Programs Division**  
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**SEND PAYMENTS ONLY BY MAIL OR FAX**

## ON-SITE REMEDICATION APPLICATION

<b>ON SITE REMEDIATION</b>			
<i>Remediation means cleanup or any other set of actions, methods, or controls, such as biological, chemical, thermal or physical, used to treat, remove, contain, stabilize, cap, isolate or substantially reduce the amounts of toxic materials in water and/or soil.</i>			
<b>SUBMIT</b>			
<input type="checkbox"/> A cover letter requesting a permit for an on-site remediation permit <input type="checkbox"/> The site remedial action plan <input type="checkbox"/> Approval of the Minnesota Pollution Control Agency <input type="checkbox"/> Metropolitan Council Discharge Approval if a discharge will occur to the Minneapolis Sanitary Sewer <p style="text-align: center;"><i>The Minneapolis Commissioner of Health or their designee may require the applicant to submit additional information or perform modifications to the on-site treatment system to assure conformity to city ordinance, in so far as such modifications are not in conflict with state or federal requirements.</i></p>			
<b>TREATMENT</b>			
<input type="checkbox"/> <b>Soil</b> <input type="checkbox"/> <b>Groundwater</b> – Separate permits are required for site erosion control and environmental well construction			
<input type="checkbox"/> <b>Temporary, expected start date and length of duration</b>			
<input type="checkbox"/> <b>Long term</b> – systems operating over a year require annual registration			
<b>Brief Description of system</b>   			
<b>SITE INFORMATION</b>			
SITE NAME		SITE ADDRESS	
<b>Property Owner Information:</b>			
PROPERTY OWNER:	ADDRESS:	STATE:	ZIP CODE:
PROPERTY OWNER:	ADDRESS:	STATE:	
RELATIONSHIP TO PROPERTY:	EMAIL:		
<b>Contractor Performing Work:</b>			
COMPANY NAME:	ADDRESS:	STATE:	ZIP CODE:
CONTACT PERSON:	CITY:	PHONE NUMBER:	
<b>Applicant Information: (If different than the contractor performing work)</b>			
COMPANY NAME:	ADDRESS:	STATE:	ZIP CODE:
CONTACT PERSON:	CITY:	PHONE NUMBER:	
PRINT LICENSED OR REGISTERED CONTRACTOR NAME:	LICENSED OR REGISTERED CONTRACTOR SIGNATURE:	DATE:	COMPANY LICENSE NUMBER:
<b>Send my permit:</b> <input type="checkbox"/> Pick-up <input type="checkbox"/> Fax - - <input type="checkbox"/> Mail <input type="checkbox"/> Email to:			
<b>Payment must be received with application. MAKE PAYMENTS ONLY BY MAIL OR FAX, NO CASH</b> Contaminated soil storage permit fee \$1,595.80 per system, total cost: \$_____			
Make checks payable to "Minneapolis Finance Department" or charge to: <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MC Exp: _____			
Cardholder Name:	Card #:	<i>DO NOT EMAIL CREDIT CARD INFORMATION</i>	CODE:

**Approval of this application and issuance of this Environmental Services permit does not eliminate the need for additional permits required by this Code or other governmental agencies which may include, but are not limited to: business licensing, fire, police, mechanical, plumbing, electrical, Public Work, etc.**