



Minneapolis Health Department
Environmental Programs Division
 250 South 4th Street, Room 510
 Minneapolis, MN 55415-1316
 (612) 673-3000 Fax (612) 673-2635
EnvironmentalHealthPermit@minneapolismn.gov
Pay only by mail, fax or phone contact

Oil/Water Separator & Sediment Trap Application

Consult Minneapolis City Ordinance Chapter 48.270. Oil/water separators and sediment traps for permit requirements. Email attachments and direct questions to: tom.frame@minneapolismn.gov

| Site information: | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| SITE NAME | SITE ADDRESS | | |
| Owner information: | | | |
| PROPERTY OWNER: | ADDRESS: | STATE: | ZIP CODE: |
| CONTACT PERSON: | CITY: | PHONE NUMBER: | |
| <input type="checkbox"/> Send a site map showing location of separator and/or trap and plans for new devices if applicable. | | | |
| Tank | Tank #1 | Tank #2 | Tank #3 |
| Type of Tank | <input type="checkbox"/> Oil/Water Separator <input type="checkbox"/> Sediment Trap <input type="checkbox"/> Other: | <input type="checkbox"/> Oil/Water Separator <input type="checkbox"/> Sediment Trap <input type="checkbox"/> Other: | <input type="checkbox"/> Oil/Water Separator <input type="checkbox"/> Sediment Trap <input type="checkbox"/> Other: |
| Type of Work | <input type="checkbox"/> Install <input type="checkbox"/> Remove <input type="checkbox"/> Abandon | <input type="checkbox"/> Install <input type="checkbox"/> Remove <input type="checkbox"/> Abandon | <input type="checkbox"/> Install <input type="checkbox"/> Remove <input type="checkbox"/> Abandon |
| Abandonment Material | <input type="checkbox"/> Concrete Slurry <input type="checkbox"/> Inert Foam <input type="checkbox"/> Other: | <input type="checkbox"/> Concrete Slurry <input type="checkbox"/> Inert Foam <input type="checkbox"/> Other: | <input type="checkbox"/> Concrete Slurry <input type="checkbox"/> Inert Foam <input type="checkbox"/> Other: |
| Status & Size (gals) | Active- Yes <input type="checkbox"/> No <input type="checkbox"/> Size _____ | Active- Yes <input type="checkbox"/> No <input type="checkbox"/> Size _____ | Active- Yes <input type="checkbox"/> No <input type="checkbox"/> Size _____ |
| Construction | <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Other | <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Other | <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Other |
| Type of User: | <input type="checkbox"/> Bulk Storage <input type="checkbox"/> Utility <input type="checkbox"/> Mercantile/Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Government <input type="checkbox"/> School <input type="checkbox"/> Residential <input type="checkbox"/> Repair garage <input type="checkbox"/> Other (Specify): | | |
| Soil Sample | If there is evidence of a leak a soil sample is required for petroleum compounds. Send sample results to Environmental Services. A release must be reported to the State Duty Officer at 651-649-5451. | | |
| Access Cover: | A trap and separator must be installed to be readily accessible for service and maintenance. | | |
| Maintenance Schedule | Devices are to be cleaned annually or as required to maintain the integrity of the system. Maintenance records are to be maintained of service and other maintenance activities for a minimum of 3 years. | | |
| Additional Information: | | | |
| | | | |
| I certify that all the information provided in this application is true and complete. | | | |
| I certify that the work and materials will be in accordance with Minnesota State Rule 4715 and Minneapolis City Ordinance 48.270. | | | |
| PRINT LICENSED OR REGISTERED CONTRACTOR NAME: | LICENSED OR REGISTERED CONTRACTOR SIGNATURE: | DATE: | COMPANY LICENSE NUMBER: |
| Work Date: Call 612-685-8501 at least 48 hours prior to removal to confirm work dates and to set up inspection times. | | | |
| Send my permit: <input type="checkbox"/> Pickup <input type="checkbox"/> Mail to contractor <input type="checkbox"/> Fax - - or <input type="checkbox"/> Email: | | | |
| See the Directors Fee Schedule for permit fees. Payment details must be received with application. | | | |
| Make checks to "Minneapolis Finance Department". Credit cards accepted by fax to 612-673-2635 or phone. Credit Card Fax Send: card type, name of card holder, CC#, expiration date and security code Credit Card Phone Provide: Contact and phone number: | | | |