



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:			