



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

ON-SITE REMEDICATION APPLICATION

ON SITE REMEDIATION			
<i>Remediation</i> means cleanup or any 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 toxins in water and/or soil.			
SUBMIT OR EMAIL TO TOM.FRAME@MINNEAPOLISMN.GOV			
<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			
The Minneapolis Commissioner of Health or the Commissioner's designee may require additional information deemed appropriate and impose conditions as deemed necessary to ensure compliance with the code for the preservation of public health and safety.			
TREATMENT			
<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater – <i>Separate permits are required for site erosion control and environmental well construction</i>			
<input type="checkbox"/> Temporary, expected start date and length of duration			
<input type="checkbox"/> Long term – systems operating over a year require annual registration			
Brief Description of system 			
SITE INFORMATION			
SITE NAME		SITE ADDRESS	
Property Owner Information:			
PROPERTY OWNER:	ADDRESS:	STATE:	ZIP CODE:
PROPERTY OWNER:	ADDRESS:	STATE:	
RELATIONSHIP TO PROPERTY:	EMAIL:		
Contractor Performing Work:			
COMPANY NAME:	ADDRESS:	STATE:	ZIP CODE:
CONTACT PERSON:	CITY:	PHONE NUMBER:	
Applicant Information: (If different than the contractor performing work)			
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:
Send my permit: <input type="checkbox"/> Pickup <input type="checkbox"/> Fax - - <input type="checkbox"/> Mail or <input type="checkbox"/> Email to:			
See the Directors Fee Schedule for permit fees. Payment details must be received with application.			
<i>Make checks to "Minneapolis Finance Department". Credit cards accepted by fax to 612-673-2635 or phone.</i> Credit Card Fax Send: card type, name of card holder, CC#, expiration date and security code Credit Card Phone Provide: Contact and phone number:			