



WHERE THE FOREST MEETS THE PRAIRIE

Todd County

• MINNESOTA • EST. 1855 •

PLANNING & ZONING

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PRIMITIVE DWELLING CERTIFICATION

APPLICANT INFORMATION

Name _____ Mailing Address _____

Phone (____) ____ - _____ City _____ State ____ Zip _____

Site Address _____ Parcel Number _____ - _____

Zoning District (check one) _____ Township Name _____

____ AF-1 ____ AF-2 ____ R-10 ____ R-2 ____ UG ____ RT ____ Cmml ____ L-Manuf/Industry ____ Shoreland (Write Lake Below)

Lake/River Class **GD / RD / RDL / NE** (Circle one) Lake/River Name _____

Dwelling, Primitive – a dwelling that is not served by a well or other device involved in the appropriation of surface or ground water to provide a continuous supply of water to the dwelling. Primitive dwellings may be served by hand carried water only.

I hereby certify that all habitable structures existing on the property described above qualify as a “primitive dwelling” for the following reasons:

All toilet wastes are directed to one of the following: (check all that apply):

- A pit privy** with at least three feet of separation to ground water. A septic system compliance inspection completed by a MN-licensed septic system professional is attached.
- A vault (sealed tank) privy.** A sketch showing the location of the tank, the vault dimensions, vault material, and setback distances to dwellings, lot lines, and waterbodies is attached.
- A toilet waste treatment device** (including incinerating, composting, biological, chemical, recirculating or holding toilets or portable restrooms). The device shall be operated in accordance with manufacturer’s requirements.

List type of treatment device: _____

If vault privy, list pumper name or detail how septage will be disposed: _____

If toilet waste treatment device, describe how septage will be disposed: _____

- The structure is served with a hand pump or is hand carried into the dwelling structure. No wells, pumps or other devices involved in the appropriation of surface or ground water are or will be connected to any structure on the property described above unless served by a certified individual sewage treatment system; and
- No plumbing of any type, including a kitchen sink drain exists or will be placed within any structure on the property described above unless served by a certified individual sewage treatment system.

I further certify that septage disposal will not be to surface waters, drainage ways, or in a manner or volume harmful to the environment or public health or that creates a nuisance.

Property Owner’s Signature: _____ Date: _____

P&Z Staff Signature: _____ Date: _____