



Septic System Permit Application

OFFICE USE ONLY	
DATE SUBMITTED	_____
PARCEL #	_____
RECEIPT #	_____
PERMIT #	_____
FEE \$	_____

Property Owner(s)			
Address			
City	State	Zip Code	
Phone	Email		
Section	Township	Range	Qtr./Qtr.
Parcel ID Number			

<u>Designer's Name</u>	<u>Designer's License #</u>	<u>Designer's Phone #</u>	<u>Designer's Email Address</u>
<u>Installer's Name</u>	<u>Installer's License #</u>	<u>Installer's Phone #</u>	<u>Installer's Email Address</u>
<input type="checkbox"/> Check here if same as designer			

CONSTRUCTION PROPOSED: New System Replacing Old System This will be a holding tank

Type: I II III IV V

WATER USE: Dwelling Class I, II, or III No. bedrooms: _____ Gallons per day: _____

Something other than a dwelling (i.e. shop, campground, etc.)
Briefly explain: _____ Gallons per day: _____

Select the following water using devices associated with this septic system	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Washing Maching	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Dish washer
	<input type="checkbox"/> Bathtub greater than 40 gal.	<input type="checkbox"/> Self-cleaning humidifier in furnace		
	<input type="checkbox"/> Other (please specify):			

SEPTIC TANK(S) - HOLDING TANK(S) - DOSING TANK(S) - PUMP(S):

Tank Information: <input type="checkbox"/> New <input type="checkbox"/> Existing				
	# Tanks	Total Tank Capacity in gallons	Tank Material	Tank Manufacturer
Septic Tank			<input type="checkbox"/> Concrete <input type="checkbox"/> Plastic	
Holding Tank			<input type="checkbox"/> Concrete <input type="checkbox"/> Plastic	
Capacities in Gallons			Provide make and model of tank alarm if using alarm:	
1 st Comp.	2 nd Comp.	Pump Tank		

Will the proposed septic system (or current system) be located within a shoreland district? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the dwelling or the septic system located in a floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nearest distance of septic system from the following (ft.): Wells _____ Buried water lines _____ Structures _____ Property lines _____ Creek bank (if within 300 ft.) _____ <input type="checkbox"/> N/A
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Design Summary: Depth to limiting layer: _____ Distribution media: _____
 System type: At Grade Bed Mound Trench Other:
 Pressurized or Gravity

Number of laterals	Dimensions of each lateral	Square footage of soil treatment area	Depth into soil	Soil sizing factor	Inches of stone under pipe

To the Applicant:

1. Complete application plans and specifications, as described below, must be submitted before application will be processed.
2. This sanitary permit is valid for (1) year.
3. Your sanitary permit may be renewed before the expiration date and at the time of renewal any new criteria in the Houston County Zoning Ordinance or State of Minnesota Rules will be applicable.
4. All revisions to this permit must be approved by the Houston County Zoning Department. A new permit may be needed if there is a change in your building plans, system location, estimated wastewater flow (number of bedrooms, etc.) depth of system, or type of system.
5. Private sewage systems must be properly maintained. The septic tank(s) should be pumped by a licensed pumper whenever necessary, usually every 2 to 3 years;
6. If you have questions concerning your private sewage system, contact the Houston County Zoning Department.

Agreement: I hereby certify that the information contained herein is true and correct and I agree to the proposed work in accordance with description set forth above and according to the provisions of the ordinances of Houston County and Minnesota Rules 7080-7083. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. Changes made after a permit has been issued must be re-submitted and re-approved by the Septic Official. I further understand it is my responsibility to follow a management plan designed for this system.

This permit does not guarantee that the system will function properly for any length of time but is only to certify that the present system is in compliance with State of Minnesota Rules and County Ordinances.

You do not have permission to begin construction until you receive a permit signed by the Zoning Administrator.

I hereby certify that the information I have provided regarding the sewage treatment system is true, accurate, and complete.

Property Owner(s) Signature (or SSTS professional working on behalf of the property owner) _____ Date _____