

System Information

Check one: Trench _____ Mound _____ At-Grade _____ Alternate _____
(please see county official)

Mound/At Grade Area (Length X Width): _____ Ft X _____ Ft

Rock Bed Size (Length X Width): _____ Ft X _____ Ft

Trenches _____ total linear feet Trench Depth _____ Gravelless _____

Number of trenches: _____ at _____ feet each Chamber _____

_____ Gravity Distribution

_____ Pressure Distribution

_____ Cleanouts

Tank Manufacturer _____

Depth to Top of Tank _____ (New construction must be less than 4 feet
from final grade. Must have 6 inches of cover)

Size of Septic Tank _____

Tank type: _____ Multiple compartment septic tank

_____ Combination tank (septic & pump) Pump Manufacturer _____

Size of Pump Tank _____ (must be greater than design flow) Pump Tank Manufacturer _____

Total Number of Tanks Installed for Customer _____ (Used for state reporting purposes)

Old tank is / was _____ (please fill out abandonment form if it applies.)

Comments _____

Installer's Agreement

I hereby certify the construction of the SSTS described in this SSTS permit application will be in accordance with MN Rules Chapter 7080 through 7083 and the attached documents. I also certify I am a licensed SSTS installer under MN Rules Chapter 7080 and that the information contained in this application is, to the best of my knowledge, true, complete and accurate (any knowingly false or misleading statement will be subject to penalties provided by law).

Installer's Signature _____ Date _____

DATE OF ISTS INSTALLATION _____

Statement of Certification

I hereby certify, as a State of Minnesota licensed Inspector, Designer I or Qualified Employee, that based on my observations and/or the information provided to me by the Licensed Installer, that the information listed in the application indicates that work performed on this septic system was completed in accordance with applicable ordinances and regulations of the County and State as of the date below. No determination of future hydraulic performance can be made due to unknown conditions during system construction and/or future water usage over the life of the system.

The above application, design, construction and installation of this SSTS appears to meet the requirements of applicable Ordinances and Regulations.

Inspector's Signature: _____ Date _____

SOILS: Verified by: _____ Date _____

Site Sketch



CERTIFICATION STATEMENT / AS-BUILT

I hereby certify as a State of Minnesota Licensed Installer that the individual sewage treatment system diagrammed above was installed in accordance with all applicable requirements of Minnesota Rules Chapter 7080 through 7083. The diagram of the installation is accurate as of the date listed on Installer's agreement (previous page) for the site identified on the first page. No determination of future hydraulic performance can be made due to future water usage over the life of the system.

Please indicate the location of:

- | | |
|--|--|
| <input type="checkbox"/> Well | <input type="checkbox"/> Property lines |
| <input type="checkbox"/> Well setback to system, dwelling or other establishment | <input type="checkbox"/> Waterways |
| <input type="checkbox"/> Tank(s) | <input type="checkbox"/> Buried lines (those NOT installed by the utility) |
| <input type="checkbox"/> Soil treatment system | |
| <input type="checkbox"/> Reserved treatment area | |

Include sizes and length and approximate distance from fixed reference points such as streets and building. Please attach as-built drawings, inspection reports, Certificate(s) of Compliance and Notice(s) of Non-compliance, if available

Estimated Sewage Flows	
Number of bedrooms or a Type 1 house:	
2	300
3	450
4	600
5	750
6	900
7	1050

Septic Tank Capacities in Gallons		
Number of Bedrooms	Minimum Liquid Capacity	Liquid Capacity with Garbage Disposal
3 or less	1,000	1,500
4 or 5	1,500	2,250
6 or 7	2,000	3,000
8 to 9	2,500	3,750

Martin County ISTS Check List

SET BACK (Minimum identified in parentheses)

- _____ Building to tank..... (10 feet)
- _____ Building to drain field..... (20 feet)
- _____ Property boundary..... (10 feet)
- _____ Well to buried sewer..... (20 feet - air tested)
(50 feet - not air tested)
- _____ Well to septic, holding pump tank..... (50 feet)
- _____ Well to proposed drain field..... (50 feet - cased)
(100 feet - uncased)
- _____ Neighbors well to proposed drain field..... (50 feet)
- _____ Water line..... (10 feet)
- _____ Ordinary High Water..... (75 feet - on Clear Lake, Fox Lake
and South Silver Lakes)
(150 feet - on all other lakes)
- _____ River or stream..... (150 feet)
- _____ Perc Test Information provided, if needed
- _____ Pump Information provided, if needed
 - 1. Manufacturer's Pamphlet
 - 2. Size of tank determined
- _____ Vegetation cover established, by whom:
Seeding _____
Watering _____
- _____ Alarm (Yes/No)
- _____ Effluent Filter Type
- _____ Time Dosed
- _____ Clean Outs (1 for each supply pipe)
- _____ Inspection Pipes (1 per trench, 1 per mound)
- _____ Tank Insulated (if closer than 2 feet from final grade)

Attachments

- _____ 3 Soil Boring Logs
- _____ Management Plan
- _____ Applicable Design Forms
 - ___ Design Summary Worksheet
 - ___ Trench/At Grade/Mound Design Worksheet
 - ___ Pump Tank Sizing, Dosing and Float/Timer Worksheet
 - ___ Pump Selection Worksheet
 - ___ Pressure Distribution or Non-Level Pressure Distribution Worksheet
- _____ Abandonment Form