

Subsurface Sewage Treatment System

Permit # _____

Permit Application (SSTS)

Permit Fee \$150 or \$225 for Loan

Martin County Planning & Zoning

201 Lake Ave, Room 104, Fairmont, MN 56031

Phone: (507) 238-3242 Fax: (507) 235-5772

◇ Preliminary Plan ◇ Check

◇ Final Plan ◇ Loan Program

Application:

In conformance with the Martin County Zoning Ordinance and all other applicable ordinances and regulations, an SSTS Permit is requested as follows:

Site Information

Name _____ Site Address _____

Owner Name and Address (if different) _____

Telephone _____ Township _____ Section _____

Parcel Number _____

Installer Name _____ Installer's License Number _____

Designer Name _____ Designer's License Number _____

Soil Information

Depth to mottled soil: _____ Elevation _____ Soil Texture _____

System Information

System New _____ Replacement _____ Repair _____

Number of Bedrooms _____

Water Using Appliances

() Sewage Pump () Large Baths
() Garbage Disposal

Well Depth _____ Cased _____ Uncased _____

Check One: In-Ground _____ Mound _____ At Grade _____ Alternate _____

Mound/At Grade/Bed Size _____ ft X _____ ft

Trench Length _____ Trench Depth _____ Number of Trenches _____

Gravity Distribution _____ Pressure Distribution _____

Rock
EZ Flow
Chamber

Septic Tank Gallons _____ Manufacturer _____ Multiple Compartments (yes/no)

Depth to top _____ ft Combination Septic/Pump (yes/no)

Pump Tank Gallons _____ Manufacturer _____

Pump Info _____ **Total Number of tanks installed:** _____

Old tank is/was _____

Installer/Designer Agreement

I hereby certify the construction of the SSTS described in this SSTS permit application is in accordance with MN Rules Chapter 7080 through 7083 and the attached documents. I also certify that 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 SSTS Installation _____

I hereby certify the design of the SSTS described in this SSTS permit application is in accordance with MN Rules Chapter 7080 through 7083 and Martin County Ordinance. I also certify that I am a licensed SSTS designer 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).

Designer's Signature _____ **Date** _____

Statement of Certification

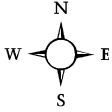
I hereby certify, as a State of Minnesota licensed Inspector, that I, based on my observations and/or the information provided to me by the Licensed Installer and Designer, that the information listed in the application indicates that work performed on this septic system was completed in accordance with 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** _____

Mar n County Checklist

- _____ Building to Tank 10 ft
- _____ Building to Drainfield..... 20 ft
- _____ Property Line..... 10 ft
- _____ Well to sewer line..... 20 ft (air test)
50 ft (no air test)
- _____ Well to Tank..... 50 ft
- _____ Well to Drainfield..... 50 ft cased
100 ft uncased
- _____ Neighbors well to Drainfield..... 50/100 ft
- _____ Waterline 10 ft
- _____ Ordinary High Water..... 75 ft Clear, Fox &
South Silver Lakes
- _____ River or Stream..... 150 ft
- _____ Vegetation cover established, by whom
Seeding _____
Watering _____
- __YES/NO__ Alarm
- __YES/NO__ Filter

Installer's Agreement



Large empty rectangular area for the installer's signature or notes.

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 7080-7083. The diagram of the installation is accurate as of the date listed on Installers 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:

- Well
- Tanks
- Drainfield
- Setbacks
- Property lines
- Reserved treatment area
- Elevations

Attachments

- _____ Soil Boring Log(s)
- _____ Applicable Design Forms
- _____ Management Plan
- _____ Abandonment Form
- _____ Pressure Tests

Elevations

- Top of Tank _____
- Top of Sand _____
- Bottom of Trench _____
- Depth to Redox _____