



Office Use Only

Building Permit # _____ **Well Permit #** _____ **SSTS Permit #** _____

A. LOCATION

1. Installer Name: _____ Phone: () _____
 Address: _____ Cell: () _____
 E-mail: _____ Lic. #: _____
2. Property Owner: Name: _____ Phone: () _____
 Mailing Address: _____
 E-mail: _____
3. Property: Subdivision: _____ Lot: _____ Block: _____
 PIN #: _____ . _____ . _____ . _____
 Site Address: _____
 Township Name: _____ Section #: _____

B. REQUIRED ATTACHMENTS

Design: ___ Owner signed Management Plan: ___ Soil Logs: ___
 Site plan with well location and borings: ___ Soil Survey of Drainfield Area Soils map: ___

C. CONSTRUCTION PROPOSED

1. New Construction: ___ 2. Replacement: ___ 3. Reconstruction of System: ___
 Check all that apply: Septic Tank: ___ Building Sewer: ___ Drainfield: ___ Holding Tank: ___ Dosing Tank: ___
 3. Alterations: Drainfield Expansion: ___ Septic Tank Replacement: ___
 4. Required signature of responsible party for sodding or seeding: _____

D. WATER USE

1. House Classification: Class I - III: ___ Other: _____ No. of bedrooms: ___ Gallons per day: _____
 2. Commercial /Industrial: Gallons per day: _____
 3. Multi-family: Gallons per day: _____
 4. Water meter/event counter to be installed? Yes: ___ No: ___ Type: _____

E. BUILDING SEWER/EFFLUENT PIPE will meet proper material and slope requirements as specified in Minnesota Rules 7080 and Minnesota Plumbing code. Where sewage and effluent pipe exceed 100 feet in length, required cleanouts will be installed: Yes: ___ No: ___

F. SEPTIC TANK(S)

1. Number of tanks: ___ Tank Manufacturer: _____ Tank Model: _____
 2. Volume of each tank: _____, _____, _____, _____
 3. For compartmented tanks: volume of each compartment: _____, _____, _____, _____
 4. Will the following devices be installed:
 a. Garbage Disposal? Yes: ___ No: ___ c. Effluent Filter? Yes: ___ No: ___
 b. Basement Sump? Yes: ___ No: ___
 5. Tank location will meet all minimum setback distances: Yes: ___ No: ___

G. DOSING TANKS/PUMPS

- 1. Dosing tank capacity is to be: Gallons: _____ Separate Tank: ___ Tank Model: _____
- 2. Pump capacity discharge volume (dose), pump controls, alarm device, electrical connections and tank access will meet installation criteria. Yes: ___ No: ___

H. PERCOLATION RATE OF EXISTING NATURAL SOIL (From Design)

- 1. Percolation Rate: _____
- 2. Soil Sizing Factor to be used: _____
- 3. Benchmark Elevation: _____
- 4. Soil Loading Rate: _____

I. SOIL TREATMENT SYSTEM

- 1 A. Soil Consultant: _____
 Type: Trench w/drop boxes: ___ Pressurized Bed: ___ Pressure Distribution Mound: ___
 At Grade: ___ Pressurized Trenches: ___
- 1 B. Dimensions:
 System: Number of Trenches: _____ Length: _____ Width: _____ Total Lineal Ft. _____
 OR Pressurized Bed: _____ X _____
 Penetration into native soil: _____ Inches of drain rock under pipe: _____
 OR Other distribution media used: _____
- 1 C. Mound bed: _____ X _____ Sand depth: _____ Distribution Media: _____
- 2. Drainfield will meet required setback distances from wells, pressure water lines, property lines, trees, buildings, agricultural drain tile and surface water bodies. Yes: ___ No: ___
- 3. a. Drainfield bottom will be level and at least 3 ft. above water table, mottled soils, shale, and limestone/sandstone bedrock. Yes: ___ No: ___
 b. In flood plain: Yes: ___ No: ___
- 4. Drainfield bottom will be above regional flood elevation. Yes: ___ No: ___
- 5. Drainfield construction and installation will meet criteria for inspection 4" pipes. Yes: ___ No: ___

J. NOTICES AND SIGNATURES

PROPERTY OWNER:

As property owner, I declare I have reviewed Sections A, B, C, and E4 of the above application and am in agreement with the information. I further understand my responsibility to have the septic tank(s) inspected at least once every three (3) years to assess the need for having septage removed.

Signature: _____ Date: _____

INSTALLING CONTRACTOR (LICENSEE)

As installing contractor, I declare that the above information is correct, and all materials, design of equipment, construction and workmanship will be supplied in accordance with the Standards adopted by Olmsted County. The permit and these specifications will be at the work site during its progress. If any modification is proposed, approval of the permitting authority shall be obtained before construction.

I shall notify the permitting authority on the work day preceding the day inspection is desired, providing the permit number and directions to the work site.

Signature: _____ Date: _____

Fee amount enclosed with application: _____