SEPTIC SYSTEM PERMIT APPLICATION

SSTS fees:
☐ PAID $450.00 for Type I, II, III
☐ PAID $1000.00 for Type IV, V

Property Owner _____

E911 Address _____
An E911 address must be established for new dwellings (applications available in the Zoning Office)

City _____ State _____ Zip Code _____

Mailing Address (if different than above) _____

Phone ___(_____)_____Email _____ Parcel # _____

Township _____ Section _____ Lot Size _____ (acres)

Legal Description from tax statement:_____

Designer's name		Designer's Lic. #	Designer's phone #	Designer's Email Address
Installer's name	☐ check here if same as designer listed	Installer's Lic. #	Installer's phone #	Installer's Email Address

The septic design information needs to be filled out by either the septic designer or homeowner to complete the application:

CONSTRUCTION PROPOSED: Depth of well casing: _____ Distance from well (in feet) _____

(Check one): ☐ New ☐ Replacement ☐Holding tank only

Type (check one): ☐ I ☐ II ☐ III ☐ IV ☐ V **Operating/Monitoring Plan Required?** (check one) ☐ Yes ☐ No

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

☐ Commercial or ☐ Industrial: Gallons per day: _____ Labor and Industry approval**?** ☐ Yes ☐ No

☐Water meter**?** ☐ Yes ☐ No

SEPTIC TANK(S) / DOSING TANK(S) / PUMP(S): No. of NEW tanks: _____ No. of EXISTING tanks: _____

Tank Manufacturer: _____ Tank Model: _____

Volume of each tank / compartment: _____, _____, _____, _____

Dosing tank: Gallons_____ Stand-alone**?** ☐ Yes ☐ No Tank Model: _____

DESIGN SUMMARY: Depth to limiting layer: _____ Distribution media_____

System type: ☐ Trench ☐ Bed ☐ Mound ☐ At Grade ☐ Pressurized or ☐ Gravity

Dimensions:

Number of Laterals:	Length:	Width:	Inches of rock under pipe:
Bed: length	Bed: width		
Mound bed: length	Mound bed: width		Sand depth

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 Fillmore 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 the attached management plan designed for this system.

All sewage systems must be inspected by the Fillmore County Zoning Office before covering. The department must be notified at least 24 hours before the system is covered.

This permit does not in any way 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 MN Rules and County Ordinances.

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

Landowner Signature Date

SSTS Information sheet

NOTE: *You can check your zoning district, shoreland and flood plain designations on Fillmore County's website (GIS Mapping, see below instructions). "Shoreland" is defined as land located within three-hundred (300) feet from a river or stream.*

FYI, this is only a "viewing tool" so you cannot delete, destroy or manipulate information on this map – so don't be afraid to click on items to see what comes/goes. Some features are not viewable until you scroll into a property at a certain level.

www.co.fillmore.mn.us
"GIS" - *located on the left hand side of page.*
"Public GIS Viewing" – *click link. Click "legend" tab on top of page to show the map features available. Use the "search" tab (also on top) to search your property by parcel number (leave out the periods). You can turn map layers on/off by clicking the item box in front of each category under the "legend" tab.*

Is this dwelling or the septic system located within a shoreland overlay area? ☐Yes ☐ No
Shoreland overlay is generally within 300 feet of a publicly protected river or stream. Full definition is found in MN Rules 6120 or the Fillmore County Zoning ordinance.

Is the dwelling or the septic system located in floodplain? ☐Yes ☐ No

Will this septic system support a: ☐ dwelling ☐other structure / building / land use

Explain "other use" or "other structure" (i.e. shop, campground etc.):_____

Will the facility/dwelling have a garbage disposal, dishwasher, or ejector pump? ☐Yes ☐ No

Fill out the following table to determine the appropriate sizing for a dwelling:

Based on the table below: How many bedrooms / potential bedrooms are there in the lower level?		☐no lower level
Based on the table below: How many bedrooms / potential bedrooms are there on the main level?		☐no main level
Based on the table below: How many bedrooms / potential bedrooms, are there in the upper level(s) of the dwelling?		☐no upper level(s)
Total of above bedrooms used for sizing of the septic system:		**TOTAL**

Table used in determining the number of bedrooms of a dwelling for sizing and design of a septic system		
Room Description	**Bedroom?**	**Supporting reasoning**
Den, Exercise room, sewing room, or room on the house plan that is ≥70ft^2	Yes	Meets minimum size requirements and has no precluding architectural features
Room used as a bedroom in an existing dwelling that is < 70ft^2 and has no egress	Yes	Currently being used as a bedroom
Open loft in existing dwelling used as a bedroom	Yes	Currently being used as a bedroom
Open loft on house plan	No	"Open" is an obstacle to use as a bedroom
Open loft in existing dwelling used as a play room	No	Not being used as a bedroom and "Open" is an obstacle to use as a bedroom
Basement room >70ft^2 with egress	Yes	Meets Rule requirements of size and architectural features
Basement >70ft^2 without egress	No	Lack of egress is obstacle to use as a bedroom
Laundry room in existing dwelling is >70ft^2	No	Plumbing, sinks, and washer/dryer are obstacles to use as a bedroom

CERTIFICATION

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

Property Owners signature: _____ **Date:** _____