

# Subsurface Sewage Treatment System

Permit # \_\_\_\_\_

## Permit Application (SSTS)

### Martin County Planning & Zoning

201 Lake Ave, Room 104, Fairmont, MN 56031

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

Preliminary Plan

Final Plan

**\$200 Type 1-3/per household**

**\$275 for Loan**

**\$400 Type 4 or 5**

#### 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 \_\_\_\_\_ RO System \_\_\_\_\_

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 \_\_\_\_\_

Depth to top \_\_\_\_\_ft Combination Septic/Pump Yes No 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** \_\_\_\_\_

## Martin 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  
150 ft all other 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 diagramed 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 \_\_\_\_\_