



14070 HIGHWAY 52 SE
 CHATFIELD, MN 55923
 Ph: 507-867-1666 Fx: 507-867-1665
 Email: chrisp@ggg.to
 Web <http://www.ggg.to>

INDIVIDUAL SEWAGE TREATMENT SYSTEM PERMIT APPLICATION

A. GENERAL

1. Installer Name: _____ Phone: _____
 Address: _____ Cell: _____
 Email: _____ Lic. #: _____

2. Property Owner: Name: _____ Phone: _____
 Mailing Address: _____
 Email: _____

3. Property PIN #: _____ . _____ . _____ . _____
 Site Address: _____
 Township Name: _____ Section #: _____
 Subdivision: _____ Lot: _____ Block: _____

B. CONSTRUCTION PROPOSED

1. New Construction: _____ Replacement: _____

2. System Type: I _____ II _____ III _____ IV _____ V _____

3. Operating Permit Required: Yes _____ No _____

C. WATER USE

1. House Classification: Class I-III: _____ Other: _____ No. of bedrooms: _____ Gallons per day: _____

2. Commercial / Industrial: Gallons per day: _____ Labor & Industry approval: Yes _____ No _____

3. Multi-family: Gallons per day: _____ Water meter: Yes _____ No _____

D. SEPTIC TANK(S) DOSING TANK(S)/PUMP(S)

1. Number of tanks: _____ Tank Manufacturer: _____ Tank Model: _____

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

3. Dosing tank: Gallons _____ Standalone Yes _____ No _____ Tank Model _____

E. DESIGN SUMMARY

1. Soil Consultant: _____ Responsible party for final cover: _____

2. Soil Texture: _____ Depth to limiting layer: _____ Max penetration _____

3. Pressurized: _____ Gravity: _____

4. System type: Trench: _____ Bed: _____ Mound: _____ At Grade: _____ Distribution Media: _____

5. Dimensions: Number of trenches: _____ Length: _____ Width: _____ Inches of rock under pipe: _____
 Bed: Length: _____ Width: _____
 Mound Bed: Length: _____ Width: _____ Sand Depth: _____

Permit Number: _____

F. NOTICES AND SIGNATURES

The entire installation and all materials shall conform and be constructed in accordance with and subject to the current Minnesota Rules "Individual Sewage Treatment Systems Standards" CHAPTER 7080-7083, Township Subsurface Sewage Treatment System Ordinance and any other applicable state and local regulations.

PROPERTY OWNER:

As property owner, I declare I have reviewed Sections A, B, C, D, and E of the above application and am in agreement with the information. I further understand my responsibility to follow the attached management plan designed for this system.

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 the Township. 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. An as-built drawing shall be submitted by the contractor to the permitting authority within 3 business days of the installation.

Signature: _____ Date: _____ MPCA Lic. # _____

INSPECTION NOTES:

OFFICE USE ONLY

	<u>Other Notes</u>
Soils Verified____ Depth to limiting condition_____	
Distribution Material_____ Depth of System_____	
Filter Used_____ System Separation_____	
Pipe size_____ Spacing _____ Hole size_____	
100' Cleanouts____ STA Dimensions_____	
Setbacks: Well____, Property Lines____, Buildings____, Water_____	

CERTIFICATE OF COMPLIANCE

This certificate is issued to indicate that the onsite sewage treatment system as installed on the above described property meets or exceeds the provisions of Minnesota State rules Chapters 7080-7083 and the Township SSTS ordinance. This certificate 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 Minnesota State and Township rules. This compliance certificate shall be valid for 5 years from the date of issuance.

Township Septic Inspector

Date:

Permit Number:_____