

Permit # _____

Routing:

Applicant Agent
Township Sheriff
Health Dept. Assessor

SUBSURFACE SEWAGE TREATMENT SYSTEM

APPLICATION

New Residential SSTS: \$400 New Commercial SSTS: \$1,000
Repair, Expansion, Tank Replacement, Holding Tank: \$300
After-the-Fact Fee: \$800 Make Check Payable to: Lake County Auditor

Incomplete Applications will be Returned!

A. GENERAL PROPERTY INFORMATION						
PROPERTY OWNERS NAME		DAY PHONE		INSTALLER NAME		<input type="checkbox"/> Check box if permit is to go to Installer
COMPLETE MAILING ADDRESS		PROJECT SITE ADDRESS		INSTALLER ADDRESS		
PROPERTY OWNER EMAIL		CONTRACTOR PHONE		INSTALLER EMAIL		
B. PROPERTY DESCRIPTION & LAND FEATURES						
Section	Township	Range	Township Name	Acreage	Parcel Number(s)	
Quarter Section/Legal Description (attach separate sheet if necessary)					Nearest Road Access (attach map if site is remote)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Property within Shoreland? If yes, name of lake/river: _____				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Property within North Shore Management Zone?				
CLASSIFICATION OF SHORELAND (Check all that apply):						
<input type="checkbox"/> Gen. Development and Lk. Superior (50')		<input type="checkbox"/> Rec. Development (75')		<input type="checkbox"/> Nat. Environment (150')		<input type="checkbox"/> Rem. River (150')
<input type="checkbox"/> Unclassified Watercourse (50')			<input type="checkbox"/> Designated Trout Stream Tributary (75')		<input type="checkbox"/> Designated Trout Stream (100')	
EXISTING LAND USE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Seasonal <input type="checkbox"/> Other: _____						
C. SSTS DESCRIPTION						
1. Type of Permit: <input type="checkbox"/> New Residential System <input type="checkbox"/> Holding Tank <input type="checkbox"/> Commercial/Cluster System						
<input type="checkbox"/> Repair of Existing System* <input type="checkbox"/> Expansion of Existing System* *Existing System: SP-____-_____						
<i>Note: Vault Privy and Shoreland Pit Privy is permitted on "Privy Application" to recognize structure and SSTS permitting requirements.</i>						
System Description: <input type="checkbox"/> Mound <input type="checkbox"/> Trench <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other: _____						
Type of System: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Number of Bedrooms: _____ Design Flow _____ GPD						
Class: <input type="checkbox"/> I <input type="checkbox"/> II* <input type="checkbox"/> III* <input type="checkbox"/> IV *Class II & III require signed agreement by property owner and designer.						
Operating Permit required with this type of System? <input type="checkbox"/> Yes <input type="checkbox"/> No						
2. Depth to Limiting Layer: _____ inches Soil Texture: _____ Landslope: _____%						
3. Number of Water Using Devices: _____, Check All that Apply: <input type="checkbox"/> Clothes Washing Machine <input type="checkbox"/> Dishwasher						
<input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Bathtub Greater Than 40 Gallons <input type="checkbox"/> Self-Cleaning Humidifier in Furnace <input type="checkbox"/> Water Conditioning Unit						
4. Septic Tank:						
Septic Tank Size	Liquid Capacity	Pump Chamber Capacity	Pump Size	Alarm (Y/N)	New or Existing Tank	
NEW TOTAL NUMBER OF ALL SEPTIC TANKS NOW ON PROPERTY: _____						
5. Applicable Setbacks		Absorption Area	Sewage Tank(s)	6. Water Source:		
a. Distance from Well to.....		_____ FT	_____ FT	<input type="checkbox"/> Drilled Well: Depth: _____		
b. Distance from Structure to.....		_____ FT	_____ FT	<input type="checkbox"/> Dug Well: Depth: _____		
c. Distance from Property Line to.....		_____ FT	_____ FT	<input type="checkbox"/> Surface Water: Lake/River		
d. Distance from lake or river to.....		_____ FT	_____ FT	<input type="checkbox"/> Other: _____		
e. Distance from Road ROW to		_____ FT	_____ FT	Unique Well Number, if known: _____		

D. SITE EVALUATION MAP

Provide a site sketch showing all applicable property features and setbacks, as defined in 7080.1730 C. You may attach a separate sheet IF it has the required information.

- ___ SSTS Components (Tank(s) and treatment area)
- ___ All Structures, Well(s), Easements, & other lot improvements
- ___ Pertinent distance from the proposed ISTS to all required setbacks
- ___ The location of any unsuitable, disturbed, or compacted areas
- ___ Access route for system maintenance

- ___ Property Lines
- ___ Waterbodies (lakes, rivers, drainages/swales)
- ___ Direction and Percent Slope
- ___ Road Access & Property Address

E. AGREEMENT ON ESTABLISHING A VEGETATIVE COVER

The installer will do the final grading and add topsoil suitable for vegetative cover. Check a box to indicate who will plant the vegetative cover and mulch:

Installer will plant vegetative cover, or Owner will plant vegetative cover: *Owner Signature* _____

NOTE: A Certificate of Compliance cannot be issued until the system is seeded and mulched.

F. AGREEMENT & SIGNATURES

As property owner, I declare I have reviewed the above application and declare the information provided to be correct. I further understand my responsibility to minimize water use and to have the septic tank(s) inspected and normally cleaned per my management plan or operating permit requirements. I consent to site visits by County representatives and understand that a septic permit must be issued prior to septic installation.

Authorized Agent (if applicable): **CHECK HERE IF** an Authorized Agent is to act on the property owner’s behalf, giving permission to the agent to modify and make changes to this application. The Authorized Agent’s signature is required.

Owner Name **Signature of Owner** **Date**

Authorized Agent Name **Signature of Authorized Agent** **Date**

As designing/installing contractor, I certify that all data on this application, including forms, plans and specifications, are true and correct to the best of my knowledge. I declare that all materials, design, construction and workmanship will be supplied in accordance with Minnesota Rules Chapter 7080 and the Standards adopted by Lake County. Application is incomplete without adequate, signed sketch plan, a complete application form, application fee, and all appropriate UMN design worksheet forms.

- **IF ANY MODIFICATION IS PROPOSED, APPROVAL OF LAKE COUNTY LAND USE OFFICE SHALL BE OBTAINED BEFORE INITIATION.**
- **The permit placard must be posted at the work site during construction.**
- **I shall notify the Lake County Septic Inspector one workday preceding the day inspection(s) are desired and provide the permit number and directions to the site.**

Permit must be posted at construction site prior to work!

** BOTH THESE SIGNATURES REQUIRED IF DESIGNER & INSTALLER ARE NOT THE SAME.*

*Designer Name: _____ Designer Address or email address: _____

*Designer Signature: _____ Designer License # _____ Date: _____

*Installer Name: _____ Installer Address or email address: _____

*Installer Signature: _____ Installer License # _____ Date: _____

-FOR OFFICE USE ONLY-

Received By:	Date Received:	Approved By:	Shoreland Classification:	NSMZ or EHA?
				NSMZ EHA

Permit Fee	Payment Method	Receipt #:	Date Issued	Permit Number
\$	Cash Check			SP-____-_____

Remarks:

 Application Revision Date: 6/15/2020