Subsurface Sewage Treatment System (SSTS) Permit Application

INSTRUCTIONS:
1. Complete and sign the application form.
2. Complete the SSTS Statement form including the homeowner’s signature.
3. Submit permit application, SSTS Statement Form, all additional required information, and the permit fee to ESD in order for this application to be processed.
4. All SSTS permits issued are valid for 12 months from the date they were issued.

ADDITIONAL INFORMATION REQUIRED:
1. Site Evaluation and Design
2. SSTS Management Plan
3. Any additional design information pertinent to the design such as drainfield media model information, pretreatment units, flow measurements, waste strength measurements, maintainer’s contracts, and any other information critical to the operation of the SSTS or approval of the SSTS Design.

** Copy of deed may be required to verify ownership
Beltrami County Environmental Services
Application for Septic Permit

Shoreland □  Non-Shoreland □  Residential □  Commercial □

Tax Parcel # ______________________    E911 Property Address:__________________________________________

Township Name ___________________________________________  Lake Name/Number/Classification ______________________

Owner: ________________________________  Phone: __________________
  Last,                                             First                             Initial
  Mailing Address: ____________________________________________________  Cell: __________________

Email Address: ______________________________________________________

Site Eval/Designer & License:__________________________________________  Phone: __________________
  Installer & License: ________________________________________________  Phone: __________________
  Inspector & License: ________________________________________________  Phone: __________________

Who will be verifying soils: ____________________________________________  Phone: __________________

System Type:   Trench ( )    Bed ( )    Mound ( )    Chamber ( )    Holding Tank ( )    Privy ( )

Number of New Tanks to be installed: _________  Tank(s) Size(s): __________________  GPD: _____________

Tank Manufacturer and Model(s): __________________________________________________________________

Agreement: I, the undersigned, hereby make application for work described and located as shown herein.  I hereby certify that
the information contained herein is correct and agree to do the work in accordance with the provisions of the Ordinances of Beltrami County, MN.  I further agree that any plans and specifications submitted herewith shall become part of this application and agree to an onsite inspection visit by Beltrami County without further notice.

Date ____________________________________________________________________________________________

Signature of Owner ________________________________________________________________________________

Date ____________________________________________________________________________________________

Printed Name of Applicant ____________________________________________  Signature of Applicant __________________

NOTE: Any change in the approved permit, design, or other plans must be reviewed and authorized by ESD prior to installation.

OFFICE USE ONLY: Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon the express condition that the person to whom it is granted, his/her agent, employees and workers shall conform in all respects to the Ordinances of Beltrami County, MN. This permit may be revoked at any time upon violation of said Ordinances.

New septic on bare lot ( )  New septic replacing an old septic ( )
Enlarge existing septic (undersized) ( )  Repair/replace failing septic ( )
New additional septic on lot ( )

Date ____________________________________________________________________________________________

Environmental Services

Permit Fee: $______________      Check Number: _____________  (Please make check payable to Beltrami County Treasurer)
SSTS Statement - # Bedrooms and Water-Use Appliances

Note: Form must be legible and completed in ink.

Property Owner Name(s): ________________________________________________________________

Mailing Address: ___________________________________________ City, State, Zip:____________________

Phone: ___________________________________________ Alt. Phone: ________________________________

Lake: ___________________ River: ____________________ Tax Parcel ID #: __ __ __ __ __ __ __ __ __

Property Address: _______________________________________________________________________

Definitions:

Bedroom - any room or unfinished area within a dwelling that might reasonably be used as a sleeping room. Lofts and unfinished basements (with at least one egress window and/or door) are counted as bedrooms.

Water-Use Appliances - installed or anticipated: e.g. automatic washer, dishwasher, water conditioning unit, whirlpool bath, garbage disposal, or self-cleaning humidifier in furnace. Note: A dishwasher with a built-in garbage disposal counts as two (2) water-use appliances.

Existing # of bedrooms: _____ + # of bedrooms yet to be constructed: _____
= Total # of bedrooms to be serviced by the ISTS: _____ (min. # bedrooms allowed by State is two)

Water using appliances: Please check
Washing machine ( ) Dishwasher ( ) Water cond. ( ) Whirlpool ( ) Garbage disposal ( )
Furnace humidifier ( )

I agree that the information on this form is true and accurate

____________________________________ Property Owner(s) Signature(s) ______________________ Date

____________________________________ Property Owner(s) Signature(s) ______________________ Date

____________________________________ Property Owner(s) Signature(s) ______________________ Date

____________________________________ Property Owner(s) Signature(s) ______________________ Date
SOIL VERIFICATION
(To be turned in with Inspection Report)

Parcel = ________________

Depth to Limiting Layer (inches) = __________

Limiting Layer Condition = ________________

Date of Verification = _____________________

Verification Method = _____________________

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__________________________________________          __________________________________________
Septic Installer Signature                      Lic #                  Verifier Signature                           Lic #