



Beltrami County Environmental Services Department

701 Minnesota Ave NW, Suite 113, Bemidji MN 56601-3177

Phone: 218-333-4158

<http://www.co.beltrami.mn.us>

esd@co.beltrami.mn.us

**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**

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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

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SOIL VERIFICATION

(To be turned in with Inspection Report)

Parcel = ____.

Depth to Limiting Layer (inches) = _____

Limiting Layer Condition = _____

Date of Verification = _____

Verification Method = _____

SOIL LOG

Depth (in)	Texture	Fragment %	Matrix Color	Redox Color	Shape	Grade	Consistence
		<35 35-50 >50			Single Grain Granular Blocky Prismatic Platy Massive	Loose Weak Moderate Strong	Loose Friable Firm Rigid
		<35 35-50 >50			Single Grain Granular Blocky Prismatic Platy Massive	Loose Weak Moderate Strong	Loose Friable Firm Rigid
		<35 35-50 >50			Single Grain Granular Blocky Prismatic Platy Massive	Loose Weak Moderate Strong	Loose Friable Firm Rigid
		<35 35-50 >50			Single Grain Granular Blocky Prismatic Platy Massive	Loose Weak Moderate Strong	Loose Friable Firm Rigid

Septic Installer Signature

Lic #

Verifier Signature

Lic #