Subsurface Sewage Treatment System
SSTS APPLICATION
St. Louis County, Minnesota

Applicants must attach the appropriate Septic System worksheet(s) in order to submit this request.
For more information see our website at: www.stlouiscountymn.gov/Septic

SITE PARCEL ID NUMBER (PIN)
Find this on your Property Tax Statement or at www.stlouiscountymn.gov

Primary PIN				-					-						Assoc. PIN				-					-					
Assoc. PIN				-					-						Assoc. PIN				-					-					

☐ **Yes** **Check yes to request a 911 address number and sign.**

Site Address	City	**MN**	Zip
Owner Name(s)	Applicant Name (if different than owner) ☐ Contractor ☐ Other		
Site Phone:	Alternate Phone:		

Acres	Lot/Block	Plat/Desc	Twn/City Name	Sec	Twn	Rge

Legal Description

☐ **Email,** **OR** ☐ **USPS Mail** ⮜ **Your Method of Notification (choose one).** ***Include all contact information below.***

Owner Name (if different than shown above)	Email		
Mailing Address (if different than above)	City	ST	Zip
Primary Phone:	Secondary Phone:		

APPLYING FOR *Check all that Apply to the Project*

☐ New SSTS	☐ Replacing the Existing SSTS: Reason for replacement:		☐ Point of Sale
☐ Holding Tank	☐ Component Addition or Replacement	☐ Greywater without Pressure	☐ Greywater with Pressure
☐ Privy (Outhouse)	☐ Privy & Greywater without Pressure	☐ SSTS Variance	☐ Commercial SSTS

SITE INFORMATION: *Check all that Apply to the Project*

☐ <12"	☐ ≥12"	Depth of suitable soil available for the SSTS. Refer to the designer's summary design "Seasonal High Water" for this information.
☐ Yes	☐ No	Has this parcel been divided recently, or in the process of being divided? When:
☐ Yes	☐ No	Is this project within 300 ft of a stream/river or 1,000 ft of a lake? Lake/River/Stream Name:
☐ Yes	☐ No	Is the property connected to a CIC (Common Interest Community)? If yes, include the Associated PIN on this Application.
☐ Yes	☐ No	Is this serving multiple dwellings sharing a SSTS component? If yes, explain:
☐ Yes	☐ No	Is this leased property? If yes, you must obtain & attach the Lessor's written authorization for this project.
		Lessor: ☐ MN Power ☐ SLC Land & Minerals Dept. ☐ MN DNR ☐ US Forest Service ☐ Other

AGREEMENT

By submitting this application, I certify and agree that I am the owner or the authorized agent of the owner of the above property, and that all uses will conform to the provisions of St. Louis County. I further certify and agree that I will comply with all conditions imposed in connection with the approval of the application. Applicants may be required to submit additional property descriptions, property surveys, site plans, building plans and other information before the application is accepted or approved. ***Intentional or unintentional falsification of this application or any attachments thereto will make the application, any approval of the application and any resulting permit invalid.*** I authorize St. Louis County staff to inspect the property to review the application and for compliance inspections. Furthermore, by submitting this application, I release St. Louis County and its employees from any and all liability and claims for damages to person or property in any manner or form that may arise from the approval of the application or any related plans, the issuance of any resulting permit or the subsequent location, construction, alteration, repair, extension, operation or maintenance of the subject matter of the application.

Applicant Signature:	**Fee:**	**Date:**

Office Use Only ⮟

Amt Pd (Pay to SLC Auditor): Paid by: **Permit #** _____

Rev Code Existing Permit # Chk #

Recd By: ☐ Mail ☐ IP ☐ OL ☐ Cash

Subsurface Sewage Treatment System
APPLICATION WORKSHEET
St. Louis County, Minnesota

Applicants must attach the appropriate Septic System worksheet(s) in order to submit this request.
*Applications for a privy or non-pressured grey water system do not require the services of a MPCA licensed designer.

SSTS Designer Information

SSTS Licensed Business Name		License #
SSTS Certified Individual Name		Certification #
Septic Designer Email	Phone #	Phone #
Comments:		

OTHER INFORMATION

Water Source	☐ Proposed Well	☐ Existing Well	Well Depth Ft	Cased Depth Ft	Unique Well #: www.health.state.mn.us/divs/eh/cwi/

Well Type	☐ Sandpoint	☐ Drilled	☐ Dug	☐ Hand Carried	☐ Surface/Lake Water	☐ Municipal

Building Type and Water Use Check all that apply	# of Bdrms	Seasonal Use Only	PLBG	Bsmt PLBG	Garb Disp	Clothes Wshr	Dish Wshr	Water Condr	Furnace w/Hum	Bathtub > 40 gal	GSP
☐ Single Family		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐ Multi-Family		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐ Cabin or RV		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Garage with Plumbing for ☐ Sink ☐ Toilet ☐ Bedroom(s)		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐ Guest House		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐ Bunk House		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐ Other:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐ Sauna		☐	☐								

Additional comments to be considered for this project:

Bdrms = bedrooms	PLBG = plumbing	Bsmt PLBG = basement plumbing	Garb Disp = garbage disposal	Wshr – washing machine
Condr = water conditioner	Furn w/Hum = self-cleaning humidifier in furnace		GSP = sewage grinder pump	OWD-onsite wastewater division

Duluth Office (southern SLC areas)	**Virginia Office (northern SLC areas)**	**Telephone & Web Site**
Environmental Services OWD Missabe Building 227 W First Street, Suite 100 Duluth, MN 55804	Environmental Services OWD Northland Office Center 307 First Street S, Suite 115 Virginia, MN 55792	218-725-5200 Duluth 218-749-0625 Virginia Toll Free 1-800-450-9278 **www.stlouiscountymn.gov/septic**