

Saint Louis County

Environmental Services Department

Onsite Wastewater Division - 1-800-450-9728

Duluth: 325 W First St., Suite 300, Duluth, MN 55802 (218) 725-5200

Virginia: 307 First St. So, Suite 115, Virginia, MN 55792 (218) 749-0625

APPLICATION FOR COMMERCIAL / INDUSTRIAL SUBSURFACE SEWAGE TREATMENT SYSTEM (SSTS)

Order 911 sign Y / N	FOR OFFICE USE ONLY	Permit No. _____
Revenue Code(s) _____	Amount Rcv'd _____	Receipt No. _____
Received by _____	Date Received _____	

***** THE FOLLOWING INFORMATION IS TO BE COMPLETED ***
BY THE OWNER OR THE OWNER'S AGENT**

Please Print

Applicant Name _____ Home Phone (____) _____

Relationship to the business: _____ Work Phone (____) _____

Business Name: _____ E-Mail _____

Mailing Address _____

City _____ State _____ Zip _____

Does the site have an address? Y / N

If not, please call (218) 726-2920 or 1-800-450-9777 (911 Communications), and one will be assigned.

Site Address _____ (Road name) _____

City _____ Zip _____ Site Phone (____) _____

Property Information

Property Tax Parcel Code _____ Township Name _____

Is this parcel the result of a property split? Y / N

Please print out the entire legal description or attach a photocopy. The legal description can be found on the deed, abstract, or property tax statement.

Legal description of property _____

Section _____ Township _____ Range _____ Block _____ Lot _____

Plat Name _____

Lot Width _____ ft. Depth _____ ft. Area _____ sq. ft. Acres _____

Is there Shoreland frontage? Y / N Is the property located within 1,000 ft of a Lake or 300 ft of a River? Y / N

Name of River, Stream or Lake _____

Property Water Supply

Type of water supply: [Dilled well____] [Sand point well____] [Dug well____] [Surface (lake) water____]
[Municipal water____] [Hand carried____]

Well location: _____

Well Depth_____ ft. Cased Depth_____ ft. Unique Well # (If applicable) _____

Business Type and Use

Type of business/ facility: (Check all that apply)

_____ Dwelling units Specify type _____ # of units _____ # of residents _____

_____ Office Space Specify type _____ # of employees _____

_____ Food establishment Specify all that apply: Full service restaurant _____ Bar _____ Limited menu _____

_____ Single service utensils _____ # of seats _____ # of employees _____

_____ Home business Specify type _____ # of employees _____

_____ Institution/ School Specify type _____ # of students _____ # of staff _____

_____ Church # of members _____ #of seats _____

_____ Recreational / Resort Y / N Specify type _____ # of cabins _____

_____ # of campground sites _____ RV dump station Y/ N Bar Y / N Food service Y / N (type) _____

_____ Automotive/ Transportation Business Specify type _____ Floor drain Y/N

_____ vehicle wash facilities Y/N

_____ Warehouse / Storage facility Specify type _____ # of employees _____

_____ Light manufacturing/ Fabrication Specify Type _____ # of employees _____

_____ Other Specify type _____

Floor space of structure(s) _____ sq.ft.

Use: year round _____ seasonal _____

Does your business provide public restrooms? Y/N # of fixtures _____

What is the proposed duration of the use of the wastewater system? _____

Flows: What are your estimated wastewater flows? _____ (gallons per day) How did you determine this estimate? _____

Waste composition: Provide a general description of your wastewater sources:

List the materials you propose to treat in your wastewater system Toilet waste Y/N

Other : (Specify) _____

Anticipated Average 5 day BOD: < 200mg /l Y / N If no estimated _____ mg / l

Are there solvents/ medicines / chemicals which may go into system? Y/N Specify type and amount:

Is this an application for a: _____ new sewage treatment system _____ replacement of an existing system

Comments / Reason for application _____

This Permit is in response to a Point-of-Sale Requirement **Yes/No**

Name of proposed system designer: _____

Checklist of required attachments:

- ___ Site Map*
- ___ Soils worksheet*
- ___ System design (may be on site map)*
- ___ Applicable design worksheets*

*These are generally prepared by licensed site evaluator/designers, however the applicant is responsible for the contents.

I, the undersigned, as owner or agent of the owner, of the above described property do hereby 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 accrue from the approval of plans, issuance of a permit and the subsequent location, construction, alterations, repair, extension, operation or maintenance of the Individual Sewage Treatment System for which this permit application has been made. An approved permit does not guarantee construction practices, or that the system will continue to function properly when built.

Enclosed is the Permit fee of \$_____ (**Make checks and/or money orders payable to St. Louis County Auditor**). See instructions for list of fees.

Applicant's Signature _____ Date _____