Saint Louis County

Environmental Services Department - Onsite Wastewater Division 1-800-450-9278
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

OPERATING PERMIT WORKSHEET

APPLICANT: _____ **DATE:** _____

SITE ADDRESS: _____

SYSTEM DESIGNER: _____

Reason for Operating Permit Application:

_____ Holding Tank
_____ Operation and maintenance requirements
_____ Lack of expansion area
_____ Sub-standard or limited flow requirements
_____ Previous failure
_____ Commercial establishment/High Waste strength
_____ Other _____
_____

System description: _____
_____

Proposed maintenance requirements:	**Frequency**
_____	_____
_____	_____
_____	_____
_____	_____

Proposed monitoring requirements: *(Check all that apply)*	**Frequency**	**Limits**
_____ Incoming flows	_____	_____
_____ Pump run times	_____	_____
_____ Event counter	_____	_____
_____ Surface failure/noxious odors inspection	_____	_____
_____ Alarms	_____	_____
End of pipe inspections		
_____ BOD^5	_____	_____
_____ TSS	_____	_____
_____ Fecal Coliform	_____	_____
_____ FOG	_____	_____
_____ Total Nitrogen	_____	_____
_____ Total Phosphorous	_____	_____
_____ General system operating condition	_____	_____
_____ External pumping records	_____	_____
_____ Other _____	_____	_____

OPERATING PERMIT WORKSHEET

Proposed management option:

_____ Homeowner
_____ ISTS Construction contractor: Name: _____License # _____
_____ O&M Contractor: Name: _____License # _____

Proposed reporting method:

_____ Internet
_____ Written report
_____ Other (specify) _____

Proposed reporting frequency:

_____ Monthly
_____ Yearly
_____ Biannually
_____ Length of permit
_____ No report required

Proposed contingency plan: _____
_____
_____
_____

Comments: _____
_____
_____
_____
_____

Signatures:

Designer: _____ Date: _____

Homeowner: _____ Date: _____