

# Saint Louis County

## Environmental Services Department On-Site 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

### APPLICATION FOR RESIDENTIAL SUBSURFACE SEWAGE TREATMENT SYSTEM (SSTS)

<b>Order 911 sign</b> Y / N	<b>FOR OFFICE USE ONLY</b>	<b>Permit No.</b> _____
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 (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
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 Ph (\_\_\_\_) \_\_\_\_\_

### 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? (touching the lake or river in question) 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:** [drilled well\_\_\_\_] [sand point well\_\_\_\_] [dug well\_\_\_\_ ] [surface (lake) water\_\_\_\_]  
[Municipal water\_\_\_\_] [Hand carried\_\_\_\_]

Well Depth\_\_\_\_ ft. Cased Depth\_\_\_\_ ft. Unique Well # (If applicable) \_\_\_\_\_

## Building Type and Use

**Type:** [Single Family House\_\_\_\_] [ Multi Family House\_\_\_\_ ] [Recreational Cabin\_\_\_\_] [Sauna\_\_\_\_]  
Other(specify)\_\_\_\_\_ Square feet of structure \_\_\_\_\_sq.ft.

**Use:** year round\_\_\_\_ seasonal\_\_\_\_ (specify dates)\_\_\_\_\_

**Flows:** # of bedrooms\_\_\_\_ # of people using system\_\_\_\_ Garbage disposal Y / N

Bathtub >75 gal? Y / N \_\_\_\_\_ gallons Other\_\_\_\_\_

Basement Y / N Plumbing in basement Y / N Grinder sewage sump Y / N

Is this an application for a: \_\_\_\_\_ new sewage treatment system \_\_\_\_\_ replacement of an existing system  
\_\_\_\_\_ Standard sewage system (trench, mound) \_\_\_\_\_ Performance sewage system (peat filter, sand filter, etc)

Can a Standard sewage system be installed: Yes / No.

If yes, the reason for a Performance system \_\_\_\_\_

Comments / Reason for application \_\_\_\_\_

This permit is in response to a Point-of-Sale requirement: Yes / No

### 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 Subsurface 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 attached fee schedule.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_