



SSTS Permit: \_\_\_\_\_  
 Building Permit: \_\_\_\_\_  
 Well Permit: \_\_\_\_\_

**Olmsted County Planning Department  
 Inspections Division**  
 2122 Campus Dr SE, Suite 100  
 Rochester, MN 55904  
 P: 507-328-7100 F: 507-328-7958  
 planningweb@olmstedcounty.gov

## SSTS Permit Application

### Location

Installer	Name:	Phone:	
	Address:	Cell:	
	E-mail:	Lic. #:	
Property	Name:	Phone:	
Owner	Mailing Address:		
	E-mail:		
Property	Subdivision:	Lot:	Block:
	PIN #:		
	Site Address:		
	Township Name:	Section #:	

Party responsible for sodding or seeding:      Property Owner      Installer      Other

**Must be sodded or seeded immediately after the placement of final soil cover.**

### Required Attachments

Design	Owner Signed Management Plan	Soil Logs
Site plan with well location and borings	Soil Survey of Drainfield Area	Soils map

### Construction Proposed

New Construction	Replacement	Reconstruction of System	Alteration
Check all that apply:			
Septic Tank	Building Sewer	Drainfield	
Holding Tank	Dosing Tank		

### Water Use

Residential	Commercial
Dwelling Classification:	Class I      Class II      Class III
No. of bedrooms:	Gallons per day:

**Water meter/event counter must be installed if a pump is employed.**

**Tanks**

Total Number of Tanks:

Number of Septic:	Total volume septic (gallons):	
Number of Dose:	Total volume dose (gallons):	
Number of Combo:	Total volume septic/dose (gallons):	/

  

Tank Manufacturer:	Tank Model:	Use:
Tank Manufacturer:	Tank Model:	Use:
Tank Manufacturer:	Tank Model:	Use:

Effluent filter:      Yes                  No

**Water Using Devices**

Garbage Disposal*	Yes	No		
Sewage Ejector/Grinder Pump*	Yes	No		
Basement Sump (may not discharge into septic system)		Yes	Yes	No
Water Softener (should not discharge into septic system)		Yes	Yes	No

**\*If yes, septic tank capacity must be increased by 50% per code requirement**

**Soil Treatment System**

System Designer:

Depth to Restriction:	Benchmark Elevation:
Maximum Soil Penetration:	OR Sand Lift Required:
Soil Sizing Factor to be used:	Soil Loading Rate:

System Type:	I	II	III	IV	V
Distribution Method:	Gravity		Pump to Gravity	Pressurized	
Distribution System Type:	At-Grade		Bed	Mound	Trench

Alternate System:      Pretreatment

**Property Owner**

As property owner, I declare I have reviewed the above application and am in agreement with the information. I further understand my potential responsibility to sod or seed the proposed construction area upon completion of construction, and to have the septic tank(s) inspected at least once every three (3) years to assess the need for having septage removed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SSTS Permit: \_\_\_\_\_  
Building Permit: \_\_\_\_\_  
Well Permit: \_\_\_\_\_

**Installing Contractor (Licensee)**

As installing contractor, I declare that the above information is correct, and all materials, design of equipment, construction and workmanship will be supplied in accordance with the Standards adopted by Olmsted County and MN State Rules. The permit and these specifications will be at the work site during its progress. If any modification is proposed, approval of the permitting authority shall be obtained before construction. I shall notify the permitting authority on the work day preceding the day inspection is desired, providing the permit number and directions to the work site. I further understand my potential responsibility to sod or seed the proposed construction area upon completion of construction.

Company Name:

License Number:

Signature:

Date: