

Application for SSTS Permit



INSTRUCTIONS

Before you apply for a SSTS Permit, all property taxes must be current. Please complete this application in full. Incomplete or incorrect applications will be returned to the applicant. The application and required submittal documents may be submitted in person or mailed to:

Mille Lacs County Environmental Resources
635 2nd Street SE
Milaca, MN 56353

APPLICANT INFORMATION

Name: _____ Contact Phone: _____

Mailing Address: _____

E-mail Address: _____

Are you purchasing the property on a Contract for Deed? Y N

If yes, please have the Contract Holder sign here: _____

Are you an agent acting on behalf of the landowner? Y N

If yes, please have the landowner sign here: _____

SSTS PROFESSIONAL INFORMATION

Installer Name: _____ Installer Phone: _____

Installer Email Address: _____ Installer License #: _____

Designer Name: _____ Designer Phone: _____

Designer Email Address: _____ Designer License #: _____

PROPERTY INFORMATION

Property Owner: _____

Property Address: _____ Dwelling Type: _____

Parcel ID Number: _____ # Bedrooms: _____ Flow: _____

Is the property located within 1,000 feet of a lake or 300 feet of a river? Y N

SYSTEM INFORMATION

Installation Type:	New		Replacement		Upgrade	
Septic Tank Capacity:	_____		Pump Tank Capacity:		_____	
Sewage Pump:	Yes	No	Garbage Disposal:		Yes	No
Pressure Test:	Yes	No	Filter/Alarm:		Yes	No
Well Setback:	_____		Well Type:		Deep	Shallow
Building Setback:	_____		OHWM Setback:		_____	
Property Line Setback:	_____		Road Setback:		_____	
System Type:	Type I	Type II	Type III	Type IV	Type V	
Drainfield Type:	_____		Drainfield Size (sq ft):		_____	
Restrictive Layer (in):	_____		Sand Lift (in):		_____	
Well Setback:	_____		Well Type:		Deep	Shallow
Building Setback:	_____		OHWM Setback:		_____	
Property Line Setback:	_____		Road Setback:		_____	

APPLICATION SUBMITTAL REQUIREMENTS

Management Plan.

Soil Verification Form(s).

- Percolation test required if a soil pit is not utilized.

Site Map:

- Elevations of tanks and soil treatment system.
- Setbacks to buildings, property lines, water bodies, and wells.
- Soil borings and/or pits identified.
- Distance between tank and soil treatment system.

Type II Holding Tank Service Agreement, if applicable.

Type IV and V Operating Permit, as applicable.

Homeowner-Installed System Indemnification Agreement Form, as applicable.

Permit fee, based on system and/or permit type, payable by cash, check, or credit card:

- \$250 Standard System
- \$100 Tank Only
- \$150 Holding Tank
- \$50 System Repair
- \$150 Soil Treatment System Only
- \$1,200 - \$2,000 Performance System or MSTs (*Call for permit cost*)

Plumbing Permit fee of \$31.95 payable by cash, check, or credit card, if installing new tank.

MPCA Compliance Inspection Form for Existing SSTS, if reusing existing tank.

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TERMS AND CONDITIONS

The information in this application and submitted materials are true and correct to the best of my knowledge. I agree that all work will comply with all applicable federal and state regulations, the documents contained herein, and the Mille Lacs County Subsurface Sewage Treatment System Ordinance. I also agree to allow Mille Lacs County staff to enter the property during normal business hours to conduct tests and inspections as may be needed to process the application.

Signature of Applicant/Owner

Date

I hereby certify that I am a currently licensed SSTS designer certified to design this system, that I have followed all requirements of state administrative rules and the Mille Lacs County Subsurface Sewage Treatment System Ordinance, and that the number of bedrooms identified is true and correct.

Signature of Designer

Date

OFFICE USE ONLY

Date Application Received: _____ Taxes Verified as Current: Y N
Building Permit # (air test): _____ Any Violations on Property: Y N
Ownership Verified: Y N Submitted with Building Permit: Y N

Date Staff Approved Application as Complete: _____

- Ownership
 - Setbacks
 - Floodplain
 - Wetlands
 - Public Waters
 - Soils Verified
- Soil Verification Date: _____
Permit Approved Date: _____
Permit Number: _____
LSO Notification Date: _____
Reviewer Initials: _____

Notes:

