

HOUSTON COUNTY ZONING DEPARTMENT

304 S. MARSHALL ST. – ROOM 202, CALEDONIA, MN 55921
(507) 725-5800 – Phone (507) 725-5590 - Fax

DATE SUBMITTED _____

PARCEL # _____

RECEIPT# _____

PERMIT # _____

FEE \$ _____

APPLICATION TO CONSTRUCT AN INDIVIDUAL SEWAGE TREATMENT SYSTEM IN ACCORDANCE WITH STATE OF MINNESOTA RULES & HOUSTON COUNTY ZONING ORDINANCE

LOCATION:

PROPERTY OWNER

Address _____

Phone # _____

INSTALLER

Address _____

License # _____

Phone # _____

DESIGNER

Address _____

License # _____

Phone # _____

SOIL TESTER

Address _____

License # _____

Phone # _____

LEGAL DESCRIPTION: Lot(s), Blocks, Subdivision Name _____

Section _____ Township _____ Range _____ Qtr./Qtr. _____

TYPE OF BUILDING SERVED AND WATER USE: Type: I _____ II _____ III _____ IV _____
If single residence, how many bedrooms? _____ bathrooms? _____ garbage disposal? _____ hot tub? _____
Other water devices? _____

If other than single residence, describe the use of building – What is the maximum sewage flow per day? _____

PURPOSE OF APPLICATION: (Check only one) New system _____ Replacement system _____
Replacement of Septic Tank Only _____ Reconnection of Existing System _____ Repair of an Existing System _____

TANK INFORMATION:	Capacity in Gallons		# Tanks	Total Gallons	Prefab/Concrete	Plastic	1 st Comp/Gallons	2 nd Comp/Gallons	Pump Tank	Manuf.
	NEW	EXISTING								
Septic Tank										
Holding Tank										

Is a pumping station and pump going to be used? YES _____ NO _____
(If the answer is YES, please provide complete specification for pumps and controls – dose volume, elevation differences, friction loss, pump performance curve, pump model and pump manufacturer) _____

Will an alarm system be installed? YES _____ NO _____
(If the answer is YES, please describe) _____

SOIL TREATMENT SYSTEM INFORMATION: Trench _____ Mound _____ Bed _____ Graveless Pipe _____ At-Grade _____ (Attach design specs)

Number of laterals	Dimensions of each lateral	Square footage of system	Depth into soil	Soil sizing factor	Inches of stone under pipe

Drainfield to be covered with geotextile fabric? _____

WELL INFORMATION:

Well Type: Dug Well _____ Drilled Well _____
Well Depth _____ Drivepoint/sandpoint _____ Casing Depth _____ Casing Diameter _____ Other _____

TO THE APPLICANT:

1. Complete application plans and specifications, as described below, must be submitted before application will be processed.
2. This sanitary permit is valid for (1) year.
3. Your sanitary permit may be renewed before the expiration date and at the time of renewal any new criteria in the Houston County Zoning Ordinance or State of Minnesota Rules will be applicable.
4. All revisions to this permit must be approved by the Houston County Zoning Department. A new permit may be needed if there is a change in your building plans, system location, estimated wastewater flow (number of bedrooms, etc.) depth of system, or type of system.
5. Private sewage systems must be properly maintained. The septic tank(s) should be pumped by a licensed pumper whenever necessary, usually every 2 to 3 years;
6. If you have questions concerning your private sewage system, contact the Houston County Zoning Department.

*MINIMUM SEPARATION OR "ISOLATION" DISTANCES
BETWEEN BUILDINGS, PROPERTY LINES AND SEPTIC
TANK/DRAINFIELDS*

- TO BE COMPLETE AND ACCURATE, THE SEWAGE TREATMENT SYSTEM PERMIT APPLICATION MUST INCLUDE:
- A. **LOCATION:** Provide name and mailing address from property owner, installer, designer and soil tester.
 - B. **LEGAL DESCRIPTION:** Provide the legal description where the system is to be installed.
 - C. **TYPE OF BUILDING SERVED AND WATER USE:** If other than single residence, indicate type of use (i.e. 10 unit apartment, 30 seat restaurant, etc.). Fill in number of bedrooms if building is one or two family dwelling.
 - D. **PURPOSE OF APPLICATION:** Check only one.
 - E. **TANK INFORMATION:** Fill in the capacity of every new and or existing tank, list the total gallons to be installed, number of tanks and manufacturer's name. Indicate prefab or site constructed and tank material. Complete for all septic tanks, holding tanks and pumping stations for this system. If alarm system is needed, give name of manufacturer.
 - F. **SOIL TREATMENT SYSTEM INFORMATION:** Must provide all information requested. (Soil treatment system type, number of laterals proposed, length and width of laterals proposed, depth of system, amount of filter rock under distribution pipe, type of cover over system.)

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Site Evaluation Report

Chapter 7080.0110 requires that a preliminary and field evaluation shall be conducted for all proposed sites for individual sewage treatment systems. This information must be conducted by a licensed site Designer with no soils restrictions. Much of the following information may be indicated on the required site plan also.

Preliminary evaluation:

- *Flow determination for the dwelling or other establishment _____ gpm.
- *Any water supply wells (proposed or existing) within 50 feet of proposed system. **Yes / No**
- *Existing and proposed buildings on lot.
- *Existing and proposed buried water lines within 50 feet of proposed system. **Yes / No**
- *Easements on the lot. **Yes / No**
- *High water levels.
- *Designated Floodplain areas. **Yes / No**
- *Property lines.
- *All required setbacks from the system.
- *The soil map unit _____. Applicable soil characteristics _____ and soil suitability as determined by the soil survey report.
- *Legal description and lot dimensions _____.
- *Name of property owners _____.

Field evaluation:

- *Percent slope _____.
- *Vegetation type _____.
- *Any evidence of disturbed or compacted area **Yes / No**. Evidence of flooding **Yes / No**.
- *Landscape position _____.

***Soil observation (borings) and soil description. (Please be as detailed as possible).**

Soil work being conducted by whom: _____

Type of Auger used: _____

Depth, Boring # _____
in
feet
0-----

1 ---

2 ---

3 ---

4 ---

5 ---

6 ---

7 ---

8 ---

Depth, Boring # _____
in
feet
0-----

1 ---

2 ---

3 ---

4 ---

5 ---

6 ---

7 ---

8 ---

End of boring at _____ feet
Standing water table:
Present at _____ feet of depth,
_____ hours after boring.
Not present in boring hole _____.

Mottled soil:
Observed at _____ feet of depth.
Not present in boring hole _____.

End of boring at _____ feet
Standing water table:
Present at _____ feet of depth,
_____ hours after boring.
Not present in boring hole _____.

Mottled soil:
Observed at _____ feet of depth.
Not present in boring hole _____.