



ENVIRONMENTAL SERVICES

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Zoning Permit Application – Subsurface Sewage Treatment System

Landowner:		Phone number:	
Email Address:			
Mailing Address:			
City:	State:	Zip Code:	
Site Address:			
City:	State: MN	Zip Code:	
Parcel Number:		Township Name:	
Section:	Township:	Range:	
Other Establishment :		Yes	No

**** SOILS MUST BE VERIFIED PRIOR TO DESIGN APPROVAL BY THE DEPARTMENT ****

REQUIRED FORMS FOR SUBSURFACE SEWAGE TREATMENT SYSTEMS:

- Le Sueur County Septic Permit Application
- Soil Bore Logs - Minimum of 3
- Le Sueur County Site Sketch - all actual setbacks shown
- Service Provider Maintenance Agreement - if operating permit required
- Design Worksheets
- Holding Tank Service Agreement - if applicable
- Other Forms Required by Department
- Pressure Distribution
- Pump Selection
- Pump Tank & Float Setting
- Management Plan
- Materials Worksheet
- Design Summary
- Design Worksheets

	Designer	Installer <input type="checkbox"/> Check box if unknown
Company:		
Mailing Address:		
City, State, Zip:		
Telephone:		
Email:		
License #:		
Certification #:		
** I hereby certify with my signature that all information presented herein is true and correct to the best of my knowledge. **		
Designer's Signature:		Date:

Variance:

No Variance Required County Variance (may require survey) MN Dept. of Health (well variance)

SSTS Information:

New Structure &/or Septic			Replace	Repair	Expand
Type: I	II	III	IV	Existing V:	
Mound	At-Grade	Trenches	Seepage Bed	Holding Tank	Tank Replacement

Design Flow: _____ gpd

Estimated Design Flow: _____ gpd

Dwelling Classification: I II III

Number of Bedrooms: _____

Sewage Tank Information: if < 2 feet, must insulate. Maximum 4 feet for new building and septic.

Type	Gallons	Material	New or Existing	Manufacturer, size, and compartment
Septic 1				
Septic 2				
Pump				
Holding				
Other				

Approximate depth of cover over tanks:

Name and Type of Distribution Media:

Name and Type of Proprietary Treatment Product or Public Domain:

Erosion Control Measures:

Permitee shall install permanent and temporary erosion control measures in order to prevent erosion of disturbed soils from the project site onto adjacent parcels of land, public waters, public and private roads, ditches, sewer facilities, and the like.

Permitee shall cease all related authorized construction activities until such time as any such problem is corrected as agreed to by the permitting authority.

All erosion control measures shall be shown on the site sketch, shall be in place before construction begins, and remain in place until vegetation is established after project completion.

Note:

Electrical installations must comply with applicable laws and ordinances including the most current codes, rules, and regulations of public authorities having jurisdiction and with part MN Rule 1315.0200, which incorporates the National Electrical Code.

Electrical Inspections:

Contact Chris Jackson c.jacksoninspections@gmail.com or by phone at 507-402-4963
Office hours: Mon. – Fri. 7:00-8:30 AM

Landowner Agreement:

I hereby certify that I am either the owner of the subject property or have been authorized on behalf of the landowner to apply for this permit. I have read this application and swear the submitted information is true and correct. All provisions of the laws and ordinances governing this work will be complied with whether specified herein or not. I fully understand that the granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local laws regulating construction or the performance of construction. I understand the information I provided for this application will be utilized to determine suitability under the ordinances of Le Sueur County and any omissions or erroneous information provided may result in the permit not being issued. I also understand that by applying for this permit, I grant Le Sueur County Environmental Services Department staff authority to access the above property for inspections throughout the application and permitting process.

Printed Name of Landowner or Contractor

Date

Signature of Landowner or Contractor

Date

Comments:

**** FOR DEPARTMENT USE ONLY ****

Approval or Denial Date: _____ Certification Number: _____

Inspector's Signature: _____