



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:	
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
- Le Sueur County Site Sketch - All Setbacks Shown
- Soil Boring Logs - Minimum of 3 (completely filled out)
- Design Summary
- Design Worksheet -Applicable STA Worksheets
- Materials Worksheet
- Pressure Distribution
- Pump Selection
- Pump Tank & Float Setting
- Management Plan
- Holding Tank Service Agreement - if applicable
- Service Provider Maintenance Agreement - if operating permit required
- Other Forms Required by Department

	Designer	Installer Check Box If Unknown
Company:		
Mailing Address:		
City, State, Zip:		
Telephone:		
Email:		
License #:		
Certification #:		
<i>** I hereby certify with my signature that all information presented herein is true and correct to the best of my knowledge. **</i>		
Designer's Signature:		Date:

Variance:

No Variance Required County Variance 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

Dwelling Classification: I II III **Design Flow:** _____ gpd **Number of Bedrooms:** _____

Water Using Appliances (check all that may apply):

- | | | | |
|--------------------------|------------------------|---------------------------|---------------------------|
| Garbage Disposal/Grinder | Clothes Washer Machine | OTHER _____ | Water Softener* |
| Bath Tub >40 Gallons | Iron Filter | High Eff. Furnace* | Hot Tub* |
| Dish Washer | 2nd Floor Laundry | Self-Cleaning Humidifier* | (*Clean Water Appliances) |

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 at MN DLI Electrical Inspector - e-mail 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 **	
<input type="checkbox"/> Approval or <input type="checkbox"/> Denial Date: _____	Certification Number: _____
Inspector's Signature: _____	