

# 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 2<sup>nd</sup> 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 Holding Tank
- \$50 System Repair
- \$150 Soil Treatment System Only
- \$1,000 Performance System

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.

# Application for SSTS Permit



## 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: _____	
<input type="checkbox"/> Ownership	Soil Verification Date: _____
<input type="checkbox"/> Setbacks	Permit Approved Date: _____
<input type="checkbox"/> Floodplain	Permit Number: _____
<input type="checkbox"/> Wetlands	LSO Notification Date: _____
<input type="checkbox"/> Public Waters	Reviewer Initials: _____
<input type="checkbox"/> Soils Verified	

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_