



2012

Dear Sewage Treatment System Permit Applicant:

Since June 1, 1989, the installation of all individual sewage treatment systems requires a system design as part of the application for a permit. The design must be conducted by an individual or entity licensed by the Minnesota Pollution Control Agency (MPCA) as an Individual Sewage Treatment System I Designer or Designer II.

*The following information must be submitted with the application:*

1. **Completed Application.** Failure to sign and date the application will result in return of the application to you for signature.
2. **One copy of the soil test results.**
3. **One copy of the system design.**
4. **One copy of the final site plan** showing location of tested area in relation to proposed house and well locations, property boundaries, and other relevant physiographic features.
5. **Final building plans** must be submitted or review to verify flow rate (size of house).

*The applicable fees for Sewage Treatment System Permit are:*

- \$200.00 - Soil/Site Review Base Fee plus \$85.00 per lot
- \$285.00 - Application Fee (for County review of the site/soil tests)
- \$300.00 - Permit Fee for **DRAINFIELD SYSTEM PERMIT**
- \$480.00 - Permit Fee for **MOUND/AT-GRADE SYSTEM PERMIT**
- \$480.00 - Permit Fee for **ALTERNATIVE/EXPERIMENTAL SYSTEM PERMIT**

CHECKS SHOULD BE MADE PAYABLE TO WASHINGTON COUNTY

ALL MAIL SHOULD BE DIRECTED TO WASHINGTON COUNTY PUBLIC HEALTH & ENVIRONMENT  
PO BOX 6, STILLWATER, MN 55082-0006

SECTIONS 10.1 AND 10.3 of the Washington County Shoreland Management Ordinance require that you obtain a Certificate of Compliance for **construction in a Shoreland Zone**. Applications for Certificates of Compliance can be obtained through the Department of Transportation and Physical Development - Land Management/Land Survey Division at 651-430-6656.



# SEPTIC PERMIT APPLICATION

Washington County Department of Public Health & Environment  
14949-62nd St N, P.O. Box 6, Stillwater MN 55082-0006  
651.430.6655 FAX: 651.430.6730

2012

PERMIT NUMBER  
\_\_\_\_\_

## PROPERTY & APPLICANT INFORMATION

PROPERTY ADDRESS: \_\_\_\_\_ GEOCODE: \_\_\_\_\_

USE OF BUILDING:  SINGLE FAMILY HOME  NON-SINGLE FAMILY APPLICATION TYPE:  NEW  REPLACEMENT

APPLICANT  
NAME(S) ADDRESS CITY ZIP PHONE NUMBER(S)

OWNER (IF DIFFERENT FROM APPLICANT)  
NAME(S) ADDRESS CITY ZIP PHONE NUMBER(S)

### SYSTEM TYPE

TYPE I SYSTEM (Trenches, Pressure Bed, Mound, At-Grade)  TYPE II SYSTEM (Floodplain, Holding Tanks, Privy)  TYPE III SYSTEM  
 TYPE IV SYSTEM (System using Registered Products)  TYPE V SYSTEM  MSTs (>5,000 GPD)  LOT SPLIT  
 DRAINFIELD  PRESSURE BED  MOUND  AT-GRADE  TANK REPLACEMENT  SUBDIVISION REVIEW

## FEE SCHEDULE - 2012

### INSTALLATION PERMITS

SOIL/SITE REVIEW APPLICATION FEE\* \$285  
\*This fee does not apply to: Reissuance of Expired Permits, Tank Replacement, Lot Split or Subdivision Approval, or System Abandonment Permits  
APPLICATION FEE: \_\_\_\_\_

PERMIT FEE - PRIVY OR HOLDING TANK \$117  
 PERMIT FEE - DRAINFIELD OR PRESSURE BED \$300  
 PERMIT FEE - MOUND OR AT-GRADE \$480  
 PERMIT FEE-NON SINGLE FAMILY  
 1-500 GALLONS PER DAY \$730 PERMIT FEE: \_\_\_\_\_  
 501-1000 GALLONS PER DAY \$875  
 1001-5000 GALLONS PER DAY \$1,100  
 5001-999 GALLONS PER DAY \$1,300  
 10,000 GALLONS PER DAY OR GREATER MPCA PERMIT REQUIRED

PERMIT FEE - HOLDING TANK REPLACEMENT (NO SOIL TEST/SITE REVIEW) \$117  
 PERMIT FEE - SYSTEM ABANDONMENT \$117  
 PERMIT FEE - REISSUANCE OF EXPIRED PERMIT 50% of permit fee (does not include initial soil/site review fee)

Make Checks Payable to WASHINGTON COUNTY TOTAL PERMIT FEE = APPLICATION FEE + PERMIT FEE: \_\_\_\_\_

### SUBDIVISION PERMITS

SUBDIVISION SOIL/SITE REVIEW-APPLICATION FEE \$200 + \$85 PER LOT SUBDIVISION REVIEW BASE FEE: \_\_\_\_\_  
 LOT SPLIT APPROVAL \$200 + \$85 PER LOT +  
LOTS: \_\_\_\_\_ X \$85 PER LOT \_\_\_\_\_

Make Checks Payable to WASHINGTON COUNTY TOTAL SUBDIVISION REVIEW OR LOT SPLIT APPROVAL FEE: \_\_\_\_\_

The following exhibits are required as part of the application and shall be attached hereto: Percolation Test Reports; Soil Boring Logs; Site Plan drawn to scale showing location of buildings, lot lines, percolation test holes, soil boring holes, proposed location of system and location of well(s); one (1) copy of the System Design; and one (1) copy of the Final Building Plan. The house and drainfield areas must be staked. Inaccurate or incomplete information will result in delays in processing.

**AGREEMENT:** The undersigned hereby makes Application for Permit to Install or Extend the Sewage Treatment System herein specified, agreeing that all work shall be done in strict accordance with ordinances and regulations of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches, and Design submitted herewith, and which are reviewed by Washington County, together with any requirements and/or restrictions made necessary by conditions peculiar to a particular location, shall become part of the permit. Applicant further agrees to provide access, at reasonable times, to Washington County for the purpose of performing inspections required and that no part of the system shall be covered until it has been inspected and accepted. **APPLICATION IS FOR AN INSTALLATION AT A SPECIFIC LOCATION; ANY DEVIATION FROM THE APPROVED LOCATION WILL VOID THE PERMIT.** It shall be the responsibility of the applicant for the permit to notify the Office of the Washington County Department of Public Health & Environment that the installation is ready for inspection.

**PERMITS WILL NOT BE ISSUED ONCE FROZEN GROUND CONDITIONS EXIST** due to the inability to conduct soil reviews unless arrangements are made BY THE APPLICANT to provide a backhoe, geo-probe, or any other device that can penetrate the frozen soil to allow Washington County to conduct a soil review. In accordance with Minnesota Statute 15.99, Subdivision 2, Washington County has up to SIXTY (60) DAYS to review and approve or deny the permit application.

I hereby certify the above to be true and correct. I hereby give the Washington County Department of Public Health & Environment permission to enter upon my property during normal business hours for the purpose of determining the suitability of the location, design, and construction, which may include minor excavations or soil borings by the Department.

\_\_\_\_\_  
Signature of Applicant (Owner or Contractor) Date

SITE EVALUATION		COUNTY USE ONLY		CHECK ALL THAT APPLY:	
EVALUATOR:		PROPERTY ADDRESS:		GEOCODE:	
DATE:		TIME:			

SOIL REVIEW									
SOIL CLASSIFICATION:					PARENT MATERIAL:				
SOIL BORING 1					SOIL BORING 2				
ELEVATION OF BORING:		LOCATION:			ELEVATION OF BORING:		LOCATION:		
GPS COORDINATES: LAT: _____ LON: _____					GPS COORDINATES: LAT: _____ LON: _____				
<input type="checkbox"/> BORING		<input type="checkbox"/> PIT		<input type="checkbox"/> PROBE	<input type="checkbox"/> BORING		<input type="checkbox"/> PIT		<input type="checkbox"/> PROBE
SOIL HORIZON DEPTH (IN)	TEXTURE	COLOR	STRUCTURE	REDOXIMORPHIC FEATURES	SOIL HORIZON DEPTH (IN)	TEXTURE	COLOR	STRUCTURE	REDOXIMORPHIC FEATURES

SOIL REVIEW CONCLUSIONS			
<input type="checkbox"/> SITE SUITABLE <input type="checkbox"/> UNSUITABLE SOIL <input type="checkbox"/> DISTURBED SOIL <input type="checkbox"/> COMPACTED SOIL	DEPTH INFORMATION:		SOIL TEXTURE:
	STANDING WATER:	SATURATED SOIL:	SOIL SIZING FACTOR:
	BEDROCK:	MAXIMUM DEPTH OF SYSTEM:	LINEAR LOADING RATE:

SITE REVIEW		
CHECK ALL THAT APPLY  <input type="checkbox"/> WETLAND OR WETLAND VEGETATION <input type="checkbox"/> POND, LAKE, STREAM, RIVER <input type="checkbox"/> FLOODPLAIN <input type="checkbox"/> 10 YEAR FLOOD ELEVATION _____ <input type="checkbox"/> BLUFFLINE <input type="checkbox"/> WELL WELL CASING DEPTH: _____	EASEMENTS ON LOT:  <input type="checkbox"/> UTILITY <input type="checkbox"/> DRAINAGE <input type="checkbox"/> OTHER	SETBACKS  BLUFFLINE RIVER POND, LAKE, STREAM, WETLAND WELL

COMMENTS/NOTES:

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