

Vermillion Township

SEPTIC PERMIT APPLICATION

Required Attachments:
 Soil Logs Site Plan
 Design Worksheets
 Management Plan
 Permit Fee

Oct. 2013 Permit Application

Date received ____/____/____
 Fee paid: _____
 Amt \$ _____ ck# _____
 Receipt# _____

Property _____ Ph# _____

Owner check if Buyer

Project Address _____

Parcel# _____ In lieu of Compliance Inspection

Permit Reason: check all that apply
 Existing System New Structure
 Replace ITPH
 Replace Non-compliant
 Property Transfer
 Building permit Variance/CUP

Structure Type: Single family House Type: I II
 Other Structure
 _____ Bedrooms GPD _____

System Type:
 I Standard II Sands/Holding Tanks
 III Other IV Registered product
 Garb. Disposal Yes No
 Basement lift pump Yes No
 STS area protected Y / N flagged fenced
 Reserve Area? Yes No (identify on site plan if present)

SETBACKS: Variance application attached
 Prop. Lines _____' Structures to tank _____' & Structures to STS _____'
 Well casing depth >50' Installation pending or <50' shallow
 Well(s) to tank _____' Well(s) to STS _____'
 Well to buried sewer line _____' (20 to 50' air test required)
 Shoreland = <1000 ft water body N/A setback _____' Lake: _____
 Wetland (30ft) Classification: GDS (50ft) RDS (75ft) NES (150ft)
 Wellhead Protection Area Yes No Floodplain Yes No

TANKS: Approx. depth of cover _____ ft
 if <2 ft must insulate maximum 4ft bury new structure
 _____ gal/Septic _____ gal/Pump
 New Existing New Existing
 _____ gal/Septic Tanks must be registered
 New Existing with MPCA
 Holding Tank
 Effluent Screen if Yes/Alarm recommended No
 Screen Mfgr/model# _____

PUMP: _____ GPM _____ ft Head
 Alarm: audio/visual automatic
 manual pop up/seasonal
PUMPLINE:
 diameter _____" length _____ ft
 Pump Stations require an event counter

Notify:
 Owner Buyer
 Installer Designer
 or _____
 When permit ready
 for issue

SOIL TREATMENT Table IX must be utilized
AREA: Depth to restricting layer _____" Soil loading rate _____ gpd/ft²
 Soil color at treatment depth (@12" if mound) _____/_____/_____
 Depth of media below pipe _____" REGISTERED MEDIA TYPE: Rock Chamber Ez-flow Either
 yes no were soils verified prior to design submittal sandy or coarse sand/gravel soils require soil verification prior to permitting

TRENCHES/BED: Proposed Depth of system _____" 12" minimum Depth of Backfill
 pressurized Yes No
 (if yes flushing valves required) Sq. Ft. _____ If Trenches/Lineal Ft. _____ L.F.

MOUND: absorption ratio _____ per Table IX Media Bed 10' x _____ ft Sand _____" % slope _____
 (flushing valves required)
 Lateral diameter _____" Perf. size/spacing _____" @ _____ ft

AT-GRADE: absorption ratio _____ Media Bed Size _____ x _____ ft % slope _____
 (flushing valves required)
 Lateral diameter _____" Perf. size/spacing _____" @ _____ ft

I hereby certify with my signature that all data and attached specifications for this SSTS design plan are true and correct to the best of my knowledge. I agree to indemnify Rice County from all losses, damages, costs and charges that may be incurred by the County because of my failure to conform to and comply with the provisions of this Ordinance.

Designer: Name (please print) _____ Signature _____ License # _____ Daytime phone # _____ Date _____

Owners signature _____ Date _____
 I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge.