



# RICE COUNTY SEPTIC PERMIT APPLICATION

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

County Use: Mar. 2016 Permit Application

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee paid: Am't \$ \_\_\_\_\_ ck# \_\_\_\_\_

Receipt# \_\_\_\_\_

Property \_\_\_\_\_ Ph# \_\_\_\_\_

Owner  check if Buyer

Project Address \_\_\_\_\_ Email \_\_\_\_\_

Parcel# \_\_\_\_\_

Conveys existing system to be Non-Compliant

In lieu of Compliance Inspection

- Replace Non-Compliant System  
If checked must identify a reason below
- for Property Transfer
  - for Building Permit/Variance/CUP
  - Voluntary other \_\_\_\_\_
- New Home or Structure w/Plmbg.

Structure Type:  Single family House Type: I II  
 Other Structure

\_\_\_\_\_ Bedrooms GPD \_\_\_\_\_

**System Type:**  
I Standard II Sands/Holding Tanks  
III Other ←OP required → 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/ft<sub>2</sub>  
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.  
2016SPA