

**Septic Program**

Address: 88 South Park Avenue, Le Center MN 56057

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**Zoning Permit Application–Subsurface Sewage Treatment System (SSTS)**

<b>Landowner:</b>		<b>Phone number:</b>	
<b>Email Address:</b>			
<b>Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Site Address:</b>			
<b>City:</b>		<b>State: MN</b>	<b>Zip Code:</b>
<b>Parcel Number:</b>		<b>Township:</b>	<b>Section:</b>

**PLEASE NOTE:**

- ❖ **The most restrictive soil observation must be verified by staff prior to design submittal.**
- ❖ **A pre-construction site visit is required prior to issuance of permit. The absorption area and tanks must be clearly marked and identified AND erosion and sediment control measures must be in place.**
- ❖ **Permit fee is due at time of application submission.**
- ❖ **The absorption area and berms must be clearly marked at the time of the final inspection.**

**CHECKLIST – Required Documents for Subsurface Sewage Treatment Systems:**

- Le Sueur County Septic Permit Application
- Soil Observation Logs (minimum of 3 – completely filled out)
- UMN OSTP Design Forms (all applicable – completely filled out)
- UMN OSTP Management Plan
- Tank Spec Sheets
- Pump Spec Sheets
- Web Soil Survey Map & Report
- Other Documentation as Required by the Department (e.g. survey, wetland delineation, etc.)

	<b>Designer</b>	<b>Installer</b> <input type="checkbox"/> Installer same as Designer <input type="checkbox"/> Unknown
<b>Contact:</b>		
<b>Company:</b>		
<b>Mailing Address:</b>		
<b>City, State, Zip:</b>		
<b>Telephone:</b>		
<b>Email:</b>		
<b>License #:</b>		
<b>Certification #:</b>		

**Variance:**    No Variance Required    County Variance (may require survey)    MN Dept. of Health (well variance)

**Other Establishment:**    Yes    No

**SSTS Information:**

<input type="checkbox"/> New		<input type="checkbox"/> Replace		<input type="checkbox"/> Repair		<input type="checkbox"/> Expand	
Type: <input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> Existing V:			
<input type="checkbox"/> Mound	<input type="checkbox"/> At-Grade	<input type="checkbox"/> Trenches	<input type="checkbox"/> Seepage Bed	<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Tank Replacement		

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

**Tank Information** (If less than 2 feet, must insulate tank; maximum 4 feet deep for new septic)

Type	Gallons	Material	New or Existing	Manufacturer	Model Number	Compartments
Septic 1						
Septic 2						
Pump						
Holding						
Other						

**Approximate depth of cover over tanks:** \_\_\_\_\_

**Erosion Control:** Permittee 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. Permittee 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.**

**Electrical:** Electrical installations must comply with all 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. Contact Travis Wendiger at [travis.wendiger@state.mn.us](mailto:travis.wendiger@state.mn.us) or by phone at 507-402-4963. Contact Scott Preuss at [sapreuss@yahoo.com](mailto:sapreuss@yahoo.com) or by phone at 507-430-3652 for inspections in Lanesburgh township and the City of New Prague.

**Landowner/Contractor 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>** FOR DEPARTMENT USE ONLY **</b>	
<input type="checkbox"/> Approval or <input type="checkbox"/> Denial    Date:	Certification Number:
<b>Inspector's Signature:</b>	

# Septic System Site Plan:



**CHECKLIST – Required On Site Plans (All Applicable): Label/Identify All Drawn Features**

<input type="checkbox"/> Property Lines	<input type="checkbox"/> Right-of-Way Lines
<input type="checkbox"/> Existing/Proposed Structures & Improvements	<input type="checkbox"/> Maintenance Access Routes
<input type="checkbox"/> Location of System All Components	<input type="checkbox"/> Easements (utility, drainage, etc.)
<input type="checkbox"/> Soil Observations	<input type="checkbox"/> Location of Unsuitable Areas
<input type="checkbox"/> Existing/Abandoned System Components	<input type="checkbox"/> Ordinary High Water Level (OHWL)
<input type="checkbox"/> Secondary/Alternative System Location	<input type="checkbox"/> Lakes, Rivers, Streams, & Other Waterways
<input type="checkbox"/> All Applicable Setbacks	<input type="checkbox"/> Wetlands (Types 3-8 require 75' setback)
<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Bluffs (15' elevation change & >18% slope)
<input type="checkbox"/> Supply Lines	<input type="checkbox"/> Slope/Drainage Direction
<input type="checkbox"/> Water Lines	<input type="checkbox"/> Erosion and Sediment Control Measures
<input type="checkbox"/> Wells	<input type="checkbox"/> Neighboring Property Setbacks

**Reference Points**

Elevations		Soil Observations (Elevation at surface of observation location)	
Benchmark:		Soil Observation 1:	
Septic Tank:		Soil Observation 2:	
Pump Tank:		Soil Observation 3:	

**DESIGNER STATEMENT:** I hereby certify as a State of Minnesota Licensed SSTS Designer that the SSTS site plan on this form was designed in accordance with all applicable requirements of Minnesota Rules Chapters 7080/7081, the Le Sueur County Zoning Ordinance, and Le Sueur County Office Policies. The site plan is accurate as of the date of this form for the site identified on page 1 of this application. No determination of the future hydraulic performance can be made due to future usage over the life of the system.

<b>SSTS Designer Signature:</b>		
<b>SSTS Designer Company:</b>		
<b>License Number:</b>	<b>Certification Number:</b>	<b>Date:</b>

**DO NOT COMPLETE INSTALLER STATEMENT UNTIL AFTER INSTALLATION**

**INSTALLER STATEMENT:** I hereby certify as a State of Minnesota Licensed SSTS Installer that the SSTS was installed in accordance with all applicable requirements of Minnesota Rules Chapters 7080/7081, the Le Sueur County Zoning Ordinance, and Le Sueur County Office Policies. The as-built (record drawing) is accurate as of the date of this form for the site identified on page 1 of this application. No determination of the future hydraulic performance can be made due to future usage over the life of the system.

<b>SSTS Installer Signature:</b>		
<b>SSTS Installer Company:</b>		
<b>License Number:</b>	<b>Certification Number:</b>	<b>Date:</b>

**Conditions during construction:** (Check all that apply)

- Dry  Moist  Wet  At Plastic Limit  Freezing  Frozen  Hot  Rain  Snow  Cold

**Who is responsible for establishing vegetative cover:** (Check all that apply)

- Landowner  Septic Contractor  Building Contractor  Other: \_\_\_\_\_

**List any material testing results (jar test, sieve analysis, etc.):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_