

**SHERBURNE COUNTY PLANNING & ZONING ADMINISTRATION**

13880 Business Center Drive, Elk River, MN 55330

763-765-4450 / 1-800-438-0578 Fax: # 763-765-4467 E-mail: zoning @ co.sherburne.mn.us

**SEWAGE TREATMENT SYSTEM PERMIT APPLICATION**

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Home Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Project Address: \_\_\_\_\_

Proposed Sewage Treatment System is: New Replacement Repair Holding tank  
System Type: Type I Type II Type 3 Type IV Type V  
Residence Business (Enclose complete sewage treatment system design by licensed designer)  
Floodplain Lake River Name of water body: \_\_\_\_\_

Septic Designer: \_\_\_\_\_ MPCA LIC # \_\_\_\_\_

Company name if different than above: \_\_\_\_\_ MPCA LIC # \_\_\_\_\_

Email: \_\_\_\_\_ Cell number: \_\_\_\_\_

Septic Installer: \_\_\_\_\_ MPCA LIC # \_\_\_\_\_

Company name if different than above: \_\_\_\_\_

Email: \_\_\_\_\_ Cell number: \_\_\_\_\_

**Provide an accurate, to-scale drawing showing: all structures (labeled), setbacks from the system to the house, lakes, rivers, roads, the applicant's well and neighboring wells location and depths. Show any drainage and utility easements. Drawing should show the drainfield width/ sizing, the tank(s) size, property address, road access location, and a north arrow. These dimensions are necessary on the drawing to verify the system fits on the lot.**

AGREEMENT: I hereby certify that I am the owner of the above property or their authorized agent and have read and examined this application and know the same to be true and correct. All Provisions of 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 other state or local law regulating construction or the performance of construction. I understand the information I provide for this application will be utilized to determine suitability under the ordinances of Sherburne 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 the zoning authority access to the above property for inspections throughout the application and permitting process.

\_\_\_\_\_  
Printed name of Contractor, Authorized Agent, Owner or Builder (please indicate) Date

\_\_\_\_\_  
Signature of Contractor, Authorized Agent, Owner or Builder (please indicate) Date

**Required Attachments**

- Soil Logs
- Site Plans
- Design Worksheets
- Management Plan
- Permit Fees

Continue application on backside

**ALL SYSTEMS**

Number of Bedrooms = \_\_\_\_\_  
Design Flow = \_\_\_\_\_ GPD  
Tank Size

- Septic/Pump Tank Combo \_\_\_\_\_ gal
- Septic Tank \_\_\_\_\_ gal
- Pump Tank \_\_\_\_\_ gal
- Holding Tank \_\_\_\_\_ gal

Type of System (Choose one)

- Pressure Bed Type I System
- Trenches Type II System
- Mound Type III System
- At-Grade Type IV System
- Pre-Treatment Type V System

Describe Pre-Treatment \_\_\_\_\_

Is the proposed system located in the **Shoreland District**? Y or N

Name of Lake: \_\_\_\_\_

Type of Lake: \_\_\_\_\_

Distance to River=" \_\_\_\_\_ Name of River: \_\_\_\_\_

Type of River: \_\_\_\_\_"

Elevation of OHWL = \_\_\_\_\_

**SOIL VERIFICATION**

Depth to Limiting Layer (inches) = \_\_\_\_\_

Limiting Layer Condition = \_\_\_\_\_

**Has this been verified by Sherburne County?** Y or N

Date of Verification = \_\_\_\_\_

Verification Method = \_\_\_\_\_

County Inspector = \_\_\_\_\_

*Soils must be verified prior to acceptance of design*

Additional Water Using Devices (Check all that apply)

- i Dishwasher
- Garbage Disposal
- Water Softener
- Washing Machine
- Pool/Spa
- Furnace
- Humidifier
- Other

**Trench System**

# of Trenches \_\_\_\_\_ # of Dropboxes \_\_\_\_\_

Length \_\_\_\_\_ ft

Width \_\_\_\_\_ ft

Is the system Gravity or Pressurized? \_\_\_\_\_

If pressure, make and model of pump/alarm?

Pump Make \_\_\_\_\_ Pump Model \_\_\_\_\_

Alarm Make \_\_\_\_\_ Alarm Model \_\_\_\_\_

Flow Measurement Type \_\_\_\_\_

**Pressure Bed System**

Length of treatment area \_\_\_\_\_ ft

Width of treatment area \_\_\_\_\_ ft

Pump Make \_\_\_\_\_ Pump Model \_\_\_\_\_

Alarm Make \_\_\_\_\_ Alarm Model \_\_\_\_\_

Flow Measurement Type \_\_\_\_\_

**Mound or At-Grade System**

Length of treatment area \_\_\_\_\_ ft

Width of treatment area \_\_\_\_\_ ft

Length of Sand Lift \_\_\_\_\_ ft

Width of Sand Lift \_\_\_\_\_ ft

Sand Lift Height \_\_\_\_\_ ft

Pump Make \_\_\_\_\_ Pump Model \_\_\_\_\_

Alarm Make \_\_\_\_\_ Alarm Model \_\_\_\_\_

Flow Measurement Type \_\_\_\_\_

**Tank**

Tank Manufacture \_\_\_\_\_

Distance from surface to tank bottom \_\_\_\_\_?

Riser Heights \_\_\_\_\_

Insulation Required? Y or N

Existing Tank? Y or N

If yes, tank abandonment method? \_\_\_\_\_

**ALL SYSTEMS**

- Depth of media below pipe \_\_\_\_\_
  - Depth of treatment area from surface to bottom of media \_\_\_\_\_
  - Distance from bottom of media to limiting layer \_\_\_\_\_
  - Is there a drainage easement on the proposed lot? Y If or No (If yes, it must be shown in the submitted drawing)
  - Is there a potential for flooding or run-on problems from adjacent structures? Y or N (If yes, how will the water be diverted away from the treatment area?) \_\_\_\_\_
  - Is the proposed system within 20' of neighboring property line? Y or N (if yes, either a survey or lot line agreement shall accompany this form)
  - Are there neighboring wells within 100' of proposed treatment area? If yes, depth of neighboring well(s)? Y o or N \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Will a Variance be required due to unique circumstances Y or N If yes, please describe \_\_\_\_\_

**Applicable Setbacks**

- a. Distance from Well to.....
- b. Distance from Structure to....
- c. Distance from Property Lines....
- d. Distance from Lake or River...
- e. Distance from Water Line to.....
- f. Distance from neighboring wells to....

**Drainfield**

**Sewage Tank(s)**

**Water Supply Pipes**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Water Source**

- \_\_\_\_\_ Municipal
- \_\_\_\_\_ Dug Well
- \_\_\_\_\_ Drilled Well
- Well Casing Depth \_\_\_\_\_ ft
- Neighboring well casing depth if closer than 100' \_\_\_\_\_ ft