



**SUBSURFACE SEWAGE TREATMENT SYSTEM (SSTS)
CONSTRUCTION PERMIT APPLICATION**

**Renville County Environmental Services
105 South 5th Street, Suite 311
Olivia, MN 56277**

**Telephone: 320-523-3768 | Fax: 320-523-3843
Email: septic@renvillecountymn.com**

Office Use Only

Fee Paid _____

Date Received _____

Loan Program _____

Property ID # _____

Section _____ **Township** _____ **Range** _____

Property Owner(s) _____

Phone No. () _____

Property Owner Address _____

City _____ **State** _____ **Zip** _____

Installation Address _____

City _____ **State** _____ **Zip** _____

Property Owner E-mail Address _____

Checklist of required attachments: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Preliminary Evaluation Form | <input type="checkbox"/> Applicable Design Worksheets |
| <input type="checkbox"/> Field Evaluation Form | <input type="checkbox"/> Pressure Distribution Design Worksheet |
| <input type="checkbox"/> Site Map (showing bench mark) | <input type="checkbox"/> Pump Selection Design Worksheet (including pump curve) |
| <input type="checkbox"/> Soil Boring Logs (3) | <input type="checkbox"/> Pump Tank Sizing, Dosing, Float, & Timer Worksheet |
| <input type="checkbox"/> Soil Verification Report | <input type="checkbox"/> Management Plan |
| <input type="checkbox"/> Design Summary Worksheet | |

Required attachments for holding tanks:

- Disposal Contract
- Type of Alarm Device
- Design Flow Calculations

Method used for determining design flow for MSTs serving other establishments:

- Table A, Minnesota Rule Chapter 7081.0130
- Measured the design flow of sewage by determining the average daily flows for a consecutive seven-day period in which the establishment is at maximum capacity or use.
- Other Method _____

Flows: Estimated wastewater flow _____ gallons/day (attach design flow calculations)

The designer/installer hereby makes application for a permit to install or extend a sewage treatment system, agreeing to do all such work in strict accordance with MN Rule Chapters 7080 and 7081 and the ordinances of Renville County, Minnesota. The designer/installer agrees that the site layout, soil borings, and design specification worksheets submitted and approved by Environmental Services staff shall become part of the permit. The designer/installer further agrees that no portion of the system shall be covered without approval by the Environmental Services staff. It shall be the responsibility of the installer to notify the Environmental Services staff **at least one Division workday** preceding the day an inspection is desired and at least **24 hours** in advance of the desired inspection time. The designer/installer understands that any required **As-Built Form** must be submitted (**within 14 days** of completing the system) and a **Certificate of Abandonment** must be submitted (**within 30 days** of completing the system) before the issuance of a certificate of compliance may be issued.

Designer Name _____ License No. _____ Phone No. () _____

Designer Address _____ City _____ State _____ Zip _____

Signature of Designer

Date

Installer Name _____ License No. _____ Phone No. () _____

Installer Address _____ City _____ State _____ Zip _____

Signature of Installer

Date

An SSTS Construction Permit is hereby approved and permission is granted to begin construction at the above location as described in the construction permit application. This permit is granted upon express condition that the person to whom it is granted, and its agents, employees, and workmen, shall conform in all respects to MN Rule Chapters 7080 and 7081 and all ordinances of Renville County, MN. **This permit shall expire one year from the date of approval if construction has not begun. Upon expiration, all paid permit fees will be forfeited. This permit is not transferable to a new owner and shall be readily available on the property for inspection until construction is completed and certified.**

Date Approved _____

Date Approval Letter Sent _____

Permit Expiration Date _____

Staff Signature

Environmental Services