



Public Services Division  
 Environmental Services Department  
 Government Center  
 600 Fourth Street East  
 Chaska, MN 55318

**CARVER COUNTY**

952-361-1800

ssts@co.co.carver.mn.us

## Subsurface Sewage Treatment System Holding Tank Design Form/Construction Permit Application

\*Include Design Sketch, Mgmt Plan, & Maintenance Agreement

<b>Contact Information</b>	
Property Owner: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Site Address: <input style="width: 90%;" type="text"/>	Phone: <input style="width: 90%;" type="text"/>
Mailing Address: <input style="width: 90%;" type="text"/>	PID Number(s): <input style="width: 90%;" type="text"/>
Legal Description: <input style="width: 90%;" type="text"/>	Project ID: <input style="width: 90%;" type="text"/>
Email: <input style="width: 90%;" type="text"/>	
System Type <input type="checkbox"/> New Construction* <input type="checkbox"/> Replacement <input type="checkbox"/> Repair or Expansion	
<small>*Primary and Alternate SSTS must be protected from disturbance, compaction, or other damage by installing snow or silt fencing when there is any other construction proposed on the property.</small>	

<b>Owner Provided Information</b>	
Type(s) of Use <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other (Specify) <input style="width: 150px;" type="text"/>	
Number of Bedrooms* (if applicable) <input type="checkbox"/> Current    + <input type="checkbox"/> Proposed    = <input type="checkbox"/> Total	
Number of Occupants/Employees <input type="checkbox"/> Individuals <input type="checkbox"/> # Employee(s) - 8 hour shift <input type="checkbox"/> Days Per Week of Operation	
<input type="checkbox"/> Home Extended Business (Specify) <input style="width: 150px;" type="text"/> <input type="checkbox"/> Daycare (Specify) <input style="width: 150px;" type="text"/>	
Existing Flow Measurements <input type="checkbox"/> Yes (Please Attach) <input type="checkbox"/> No/Estimated    Design Flow (GPD) <input style="width: 100px;" type="text"/>	
Holding Tank Size <input type="checkbox"/> 1500 Gallon (Minimum) <input type="checkbox"/> Other _____    Other Est=Design Flow x 5 <input style="width: 100px;" type="text"/>	

Water-Using Devices (check all that apply)	<input type="checkbox"/> Employee Break Room <input type="checkbox"/> Dishwasher <input type="checkbox"/> Laundry <input type="checkbox"/> Tub Sink or Shower or Both <input type="checkbox"/> Sump Pump* <input type="checkbox"/> Iron Filter* <input type="checkbox"/> Floor Drains    Number _____ <input type="checkbox"/> High Efficiency Furnace or Water Softener* <input type="checkbox"/> Sewage Ejector/Grinder Pump <input type="checkbox"/> Hot Tub* <input type="checkbox"/> Other (Specify) <input style="width: 100px;" type="text"/>	<input type="checkbox"/> * Clear Water Source <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Large bathtub/Jacuzzi <input style="width: 150px;" type="text"/>
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Water Use Concerns (check all that apply)	<input type="checkbox"/> Faucet/Toilet Leaks <input type="checkbox"/> Multiple Loads of Laundry/Day <input type="checkbox"/> No Lint Screen <input type="checkbox"/> Use of Anti-Bacterial Soap	<input type="checkbox"/> Long-Term Prescription Meds <input type="checkbox"/> Frequent Entertaining-Out of Town Guests
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Any additional current or future uses (Specify)	<input style="width: 95%;" type="text"/>
Any non-sewage discharges to system (Specify)	<input style="width: 95%;" type="text"/>

<b>Preliminary Site Information</b>	
Well(s) Located on Property: <input type="checkbox"/> Yes <input type="checkbox"/> No    MN Unique Well Id # <input style="width: 100px;" type="text"/>	
Depth of Well(s): <input style="width: 100px;" type="text"/> ft.	Depth of Well Casing(s) <input style="width: 100px;" type="text"/> ft.
Property Lines: <input type="checkbox"/> Determined and Approved by Client <input type="checkbox"/> Approximate <input type="checkbox"/> Property Lines Surveyed	
Setbacks: <input type="checkbox"/> Property Lines <input type="checkbox"/> Water Supply Pipes <input type="checkbox"/> OHWL <input type="checkbox"/> Other Buildings <input type="checkbox"/> Easements <input type="checkbox"/> Well(s)	

The above Preliminary Site Information has been reviewed and locations identified for all parties.

Property Owner's Approval (initial) <input style="width: 100px;" type="text"/>	Designer's Approval (initial) <input style="width: 100px;" type="text"/>	
	Installer's Approval (initial) <input style="width: 100px;" type="text"/>	

<b>Signatures</b>	
I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge.	
_____	_____
(Property Owner's Signature)	(Date)

I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with the approved plans, specifications and conditions, and to abide by all of the ordinance of Carver County and the Laws of the State of Minnesota regarding actions taken pursuant to this permit.			
_____	_____	_____	_____
(Designer)	(Designer's Signature)	(Date)	(License #)
_____	_____	_____	_____
(Installer)	(Installer's Signature)	(Date)	(License #)