



Subsurface Sewage Treatment System (SSTS) Septic System Application

Owner information <i>Who owns the property</i>				Office Use Only	
Owner Name:		Phone:		Permit #	
		Email:		Parcel #	
Mailing Address:				Preliminary Submittals	
Site Information <i>Where the system will be installed</i>				Checked	
Parcel #:				Date _____	
System in shoreland or Well head Protection Area ☐ Yes ☐ No				Contractor License Checked	
Site Address:				Date _____	
System information <i>What kind of system is it</i>				Design Review Notes	
MPCA System Type ☐ I ☐ II ☐ III ☐ IV ☐ V				Acceptable ☐ Unacceptable ☐ Date _____	
Operating Permit Required ☐ Yes (additional application and fee) ☐ No					
Contractor(s) information <i>Who is doing the work</i>				Infield Soils Verification	
Installer Contractor Name:		MPCA Lic#		Notes	
Address:				Acceptable ☐ Unacceptable ☐ Date _____	
Phone#:		Email:			
Designer Contractor Name:		MPCA Lic#		Infield Soils Verification	
Address:				Notes	
Phone#:		Email:		Acceptable ☐ Unacceptable ☐ Date _____	
Submittal Checklist <i>required information about the system</i>					
Septic Design Minn. R. 7080.2430		☐ Included		Acceptable ☐ Unacceptable ☐ Date _____	
Site Eval Report w/ soil logs Minn. R. 7080.1730		☐ Included ☐ N/A			
Signed Management Plan Minn. R. 7082.0600		☐ Included			
House Plans (New Construction)		☐ Included ☐ N/A			
Monitoring and Maintenance Plan (Operating Permit)		☐ Included ☐ N/A			
Proof of Payment <i>by phone or check</i>				Payment Received	
☐ Phone payment	Amount:	Receipt#:	Date:	Date _____	
☐ Check	Amount:	☐ Mailed	Date:		
	Check #:	☐ Hand delivered			

Office Use Only: SSTS Construction Permit Approvals		
☐ Approved ☐ w/conditions	☐ Denied	
Date	Date	
	Reason	
Important for compliance /Special permit conditions		
Inspector Name	Cert #	Inspector signature