

Greenvale Township Septic Permit Application

Submit to: Mark Ceminsky – markceminsky@beavercreekco.com

7226 235th Street W., Farmington, MN 55024

Property Owner: _____ Phone#: _____

Email: _____

Project Street: _____ New Install__ Modify Existing__ Correct ITPH__ Property Transfer__

City: _____ Zip: _____

Description of Work: _____

Structure Type: Single Family Home__ Type I__ II__ Other__ # of Bedrooms__ GDP__

System Type:

I Standard__ II Sands/Holding Tanks__

III Other__ IV Registered product__

Garbage Disposal: Yes__ No__

Basement Lift Pump: Yes__ No__

STS area protected: Y / N Flagged__ Fence__ Wetland(30') Classification_GDS(50')__RDS(75')__NES(150')

Reserve Area: Y / N (identify on site plan) Wellhead protection area: __Yes__No Floodplain: __Yes__No

Setbacks: Prop. lines____' Tank to structures____' Structures to STS____'

Well casing depth____>50' Installation Pending__ Shallow____<50'

Wells to tank____' Wells to STS____'

Wells to buried sewer line____'(20-50' air test required)

Shoreland =<1000ft2 water body__ N/A setback____' Lake: _____

Tanks: Approx. depth of cover ____'(if <2' must insulate, max 4' bury new structure) Pump: _____GPM ____Ft

____gal/septic __new__existing ____gal/septic __new__existing Head Alarm:

____gal/pump __new__existing (Tanks must be registered with MPCA) __Audio/Visual Automatic

____Holding Tank __Manual pop up/seasonal

Effluent Screen: __Yes(Alarm Recommended)__No

Screen Mfgr/model # _____

Pumpline: ____"dia. ____ft (length)

(Pump stations req. an event counter)

Soil Treatment Area: (Table IX must be utilized)

Depth to restricting layer ____" Soil loading rate: _____gpd/ft

Soil color at treatment depth(@12" if mound) _____/_____/_____

Depth of media below pipe: ____" Registered Media Type __Rock__Chamber__EZ-Flow__Either

Soil verified prior to design submittal __Yes__No (sandy or coarse sand/gravel require soil verification prior to permitting)

Trench/Bed: Proposed depth of system ____" (12" minimum depth of backfill) Pressurized: __Yes__No

Sq. Ft. _____ If Trench/Lineal Ft. _____ L.F. (If yes, flushing valves required)

Mound: Absorption ratio _____ per Table IX Media Bed 10' x ____ft Sand ____" % Slope _____

(flushing valves required) Lateral diameter ____" Perf. size/spacing ____" @ ____ft.

At-Grade: Absorption ratio _____ per Table IX Media Bed ____' x ____ft Sand ____" % Slope _____

(flushing valves required) Lateral diameter ____" Perf. size/spacing ____" @ ____ft.

I hereby certify that all data and attached specifications for the SSTS design plan are true and correct to the best of my knowledge. I agree to indemnify the Township of Greenvale from all losses, damages, costs, and charges that may be incurred by the Local Government Unit because of my failure to conform to and comply with Township Code.

Designer: Name (please print): _____ Signature: _____ Date: _____

License #: _____ Phone #: _____ Email: _____

Owners Signature: _____ Date: _____

Required Attachments: __Soil Logs__Site Plan__Design__Worksheets__Management__Permit Fee

Fee: \$350 + \$1 State Surcharge = \$351 Total