

TOWNSHIP ENVIRONMENTAL SERVICES

APPLICATION FOR INDIVIDUAL SEWAGE TREATMENT SYSTEM PERMIT

Required attachments:

- Soil Boring log
 - Site plan
 - Design worksheets
- At a minimum, the above information is required for this application to be reviewed. Application for permit is not considered complete until all necessary information is provided to the department.

County use: _____ 2006
Date received _____/_____/_____
Map number _____
Permit _____ Issued _____
Pending/Holding: _____

Property Owner _____ Ph# _____

Buyer (If prop. transfer) _____ Ph# _____

Project Address _____

Township _____ Section _____ Other Address _____

Reason for installation: <input type="checkbox"/> New Const. <input type="checkbox"/> Building permit <input type="checkbox"/> Replace failing <input type="checkbox"/> Replace ITPH <input type="checkbox"/> Prop. Transfer or _____	Existing system: <input type="checkbox"/> Not in compliance <input type="checkbox"/> Imminent Threat to Public Health <input type="checkbox"/> Sized inadequately or _____
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DESIGN FLOW:		<input type="checkbox"/> Variance (attached)
_____ Number of Bedrooms (including future and potential bedrooms)	Garbage disposal:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Type home (I-IV)	Bsmt. Sewage pump:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Other (commercial, industrial, recreational use)	Whirlpool/Jacuzzi tub:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Estimated daily flow (gallons per day)		
Indoor plumbing changes required?	<input type="checkbox"/> yes <input type="checkbox"/> no	When permit is ready for issue, Rice County may contact: <input type="checkbox"/> Designer <input type="checkbox"/> Seller <input type="checkbox"/> Installer <input type="checkbox"/> Buyer or _____
Proposed soil treatment area marked/protected?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Alternate soil treatment area available?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Owner informed of <u>primary and alternate</u> soil treatment area locations? <input type="checkbox"/> yes <input type="checkbox"/> no		

TANKS:

Approximate depth to tank cover: _____

_____/_____/_____ Septic tank (gallons) New Existing*

_____/_____ Pump tank (gallons) _____ gpm

_____/_____ Pump size (hp) _____ ft head

_____/_____ Holding tank (gallons) _____ alarm

_____/_____ Aerobic tank - _____

**Pumping Certificate required if using existing tank*

SETBACKS: (Minimum identified in parentheses)

_____ Building to tank (10 ft.)

_____ Building to soil treatment area (20 ft.)

_____ Property boundary (10 ft.)

_____ Road right-of-way (10 ft.)

_____ Well casing depth Shallow Well

_____ Well to proposed soil treatment system (50 or 100 ft.)

_____ Neighboring wells to soil treatment system (50 or 100 ft.)

_____ Well to buried sewer line (50 ft.) *

_____ Well to septic/holding/pump tank (50 ft.)

_____ Well to sump pump basket (20 ft.)

_____ Water line (10 ft.) *

**Setbacks may be reduced if air-tested*

SOIL TREATMENT AREA:

Standard system: Trenches At-grade Mound

Other system: _____ Soil Sz. Factor _____

Depth of System _____ Depth to Mottling _____

Distribution medium: Rock Gravelless Chamber

Inches of rock below pipe _____

Reduction _____%, using _____ in. rock beneath pipe

Soil Color at Treatment Depth _____/_____/_____

Square Ft. treatment area _____ Lin. Ft. _____

Percent slope _____% Perc.rate _____ estimated

Soils Map Unit _____ Suitability _____

Shoreland area? yes no Lake Classification _____

Wellhead protection area? yes no

Floodplain area? yes no

Wetland (75ft) yes no

Water bodies (50-200 ft., depending on classification)

I hereby certify with my signature as the Designer, that all data for this individual sewage treatment system design plan and other required specifications are true and correct to the best of my knowledge.

Signature _____ License number _____ Date _____

Name (Please Print) _____ Address _____ Daytime phone _____