



# SEPTIC PERMIT APPLICATION

CITY OF LAKEVILLE  
BUILDING INSPECTIONS DEPARTMENT  
20195 HOLYOKE AVE  
LAKEVILLE, MN 55044

Submit To: Mark Ceminsky - markceminsky@beavercreekco.com

Office Use Only
Permit Number _____
Received By _____
Date Received _____

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 \_\_\_

Reserve Area: Y / N (identify on site plan)

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 =<1000ft<sup>2</sup> water body \_\_\_ N/A setback \_\_\_' Lake: \_\_\_\_\_

Wetland(30') Classification \_\_\_GDS(50') \_\_\_RDS(75') \_\_\_NES(150')

Wellhead protection area: \_\_\_Yes \_\_\_No Floodplain: \_\_\_Yes \_\_\_No

Tanks: Approx. depth of cover \_\_\_'(if <2' must insulate, max 4' bury new structure)

\_\_\_gal/septic \_\_\_new \_\_\_existing

\_\_\_gal/pump \_\_\_new \_\_\_existing (Tanks must be registered with MPCA)

\_\_\_Holding Tank

Effluent Screen: \_\_\_Yes(Alarm Recommended) \_\_\_No

Screen Mfg# / model # \_\_\_\_\_

Pump: \_\_\_\_\_GPM \_\_\_Ft

Head Alarm:

\_\_\_Audio/Visual Automatic

\_\_\_Manual pop up/seasonal

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)

Sq. Ft. \_\_\_\_\_ If Trench/Lineal Ft. \_\_\_\_\_L.F.

Pressurized: \_\_\_Yes \_\_\_No

(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 City of Lakeville 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 City 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: \$250 + \$1 State Surcharge + \$3 Tech Fee = \$254 Total