

**SUBSURFACE SEWAGE TREATMENT SYSTEM**  
**Wabasha County Public Health-Environmental Services**  
 411 Hiawatha Dr E - Wabasha, MN 55981  
 (651) 565-5200

**LOCATION:**

Owner's Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
 Site Location: \_\_\_\_\_  
 PARCEL#: \_\_\_\_\_ T: \_\_\_\_\_ R: \_\_\_\_\_ S: \_\_\_\_\_

**CONSTRUCTION PROPOSED:**

- New Construction     Replacement System     Repair  
 Other/Variance \_\_\_\_\_

Total Number of Design Bedrooms \_\_\_\_\_  
**Note: Include 1 additional bedroom if dwelling has unfinished basement**

Indicate Type (MPCA Rule 7080.0170)     Type I     Type II     Type III  
 Washing Machine     Garbage Disposal     Whirlpool Tub  
 Water Softener     Dishwasher     Self Cleaning Humidifier

**TANK AND TREATMENT SYSTEM:**

The capacity of each septic tank is \_\_\_\_\_ and \_\_\_\_\_. Lift Tank: \_\_\_\_\_

**TYPE OF TREATMENT SYSTEM USED** (check the system & the type):

- Type I     Type II     Type III     Type IV  
 Trench     Mound     Performance     Gravelless Pipe     Bed  
 Alternative     Chambered     At-Grade     Other: \_\_\_\_\_

Total square footage to be installed: \_\_\_\_\_ If mound design, attach worksheets.

Rock under pipe: \_\_\_\_\_ inches.    Lineal feet of 3' wide trenches \_\_\_\_\_

**\* Attach all design forms, work sheets and Management Plan. All pressure distribution systems must submit a pressure distribution design form.**

**SITE INFORMATION:** Date of Site Evaluation: \_\_\_\_\_

Slope % \_\_\_\_\_ Vegetation Type: \_\_\_\_\_ Landscape Position: \_\_\_\_\_

Depth of Restricting Layer: \_\_\_\_\_ Maximum Depth of Soil Penetration: \_\_\_\_\_

Disturbed or Compacted?  Yes  No    Access for Tank Maintenance Provided:  Yes  No

Flood Plain?  Yes  No    Shoreland?  Yes  No

**\*Attach Site Drawings with Setbacks and Soil Boring Logs**

**SOIL TYPE:**

Soil Texture \_\_\_\_\_ Soil Structure \_\_\_\_\_ Soil Loading Rate \_\_\_\_\_ GPD/FT2

**I hereby certify** with my signature that all data and the attached specification for this SSTS design are true and correct to the best of my knowledge. I agree to indemnify Wabasha County from all losses, damages, costs, and charges that may be incurred by the County because of my failure to conform to and comply with the provisions of this Ordinance.

Installer's Name: \_\_\_\_\_ License# \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Designer's Name: \_\_\_\_\_ License# \_\_\_\_\_

Designer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY	
Date Received:	_____
SSTS Permit #	_____
Approved by:	_____
Date Approved:	_____
Receipt #	_____ Amount \$ _____
Comments:	_____ _____ _____ _____

**Water Usage Per Day**

Number of Bedrooms	I	II
2	300	225
3	450	300
4	600	375
5	750	450
6	900	525

**➤➤ Note:** Permits are valid for **one year** from the date of approval. Permits may be renewed for an additional year by sending in a request and **\$75.00 prior** to the permit's expiration.