



Septic System Application

SSTS Application Fee - \$350

Winona County Planning & Environmental Services
 202 West Third Street
 Winona, MN 55987
 Phone: 507.457.6520
 Fax: 507.454.9378
 www.co.winona.mn.us

Property Information

Owner		
Site Address	Parcel #:	
	Township/Section:	
City, State, Zip		
Telephone	Home	Work / Cell
Mailing Address (if different)		
Shoreland: Yes <input type="checkbox"/> No <input type="checkbox"/> Floodplain: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Designer Information

Installer Information (if known)

Name		
Address		
City, State, Zip		
Telephone		
Email		
License #		

I certify by my signature that all information presented herein is true and correct to the best of my knowledge.

Designer Signature: _____ Date: _____

- Required Forms for all systems**
- OSTP Preliminary Evaluation Form
 - OSTP Field Evaluation Form
 - OSTP Soil Observation Logs
 - OSTP Site Evaluation Map
 - OSTP Design Summary Worksheet
 - OSTP Proposed Design Map
 - OSTP Design Worksheets (based upon proposed system)
 - Trench/Bed
 - Mound <1%, >1%
 - Mound Materials Worksheet
 - At-Grade
 - Drip Distribution
 - Pressure Distribution (if applicable)
 - Basic Pump Selection (if applicable)
 - Pump Tanks Sizing, Dosing, Float and Timer Setting Worksheet
 - Pump Selection Worksheet
 - Management Plan

HOMEOWNER SIGNATURE
NEEDED ON 2nd PAGE

Website for Forms:
<http://www.septic.umn.edu/formsandsheets/index.htm>

NOTE

Electrical installations must comply with applicable laws and ordinances including the most current codes, rules, and regulations of public authorities having jurisdiction and with part Minnesota Rule 1315.0200, which incorporates the National Electrical Code.

Property Owner Agreement:

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be in compliance, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

I hereby certify that the information herein is correct and agree to do the proposed work in accordance with the provisions of the Ordinances of Winona County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application.

If any modification to this permit is proposed, written approval from Winona County Planning & Environmental Services shall be obtained before construction proceeds. Permit holder understands that a proposed modification may result in a need for a new permit.

All sewage systems shall be approved by Winona County Planning & Environmental Services.

Notification of desired installation inspection shall be in accordance with Winona County Zoning Ordinance section 13.7.2(L).

I agree that the issuance of a permit for an on-site sewage treatment system, and subsequent approval of the same by representatives of Planning & Environmental Services, shall not be construed as a guarantee that such system will function satisfactorily for a given period of time; furthermore said representative do not, by any action taken in effecting compliance with these rules assume any liability for damages which are caused, or which may be caused by the malfunction of the system.

I agree to properly maintain the septic system, the property and the water using devices affecting the septic system.

I give permission for staff of Winona County to enter my property for the purpose of collecting/confirming information to be used as part of the SSTS Permit process. I further agree to withdraw this application if substantive false or incorrect information has been included.

Owner/Agent/Representative Signature:

Date:

↓ **FOR DEPARTMENT USE** ↓

Application fees	Date paid	Receipt number
Application materials accepted by		
Reviewed by	Approved by	
Permit number	Staff signature	Date
Structure Type:	New Dwelling	Accessory Structure Barn/Shop Other
Application for:	New System	Replacement System Repair

Soil Treatment		Tank
Number of Bedrooms:	Depth to Limiting Layer:	Material:
Type: I II III IV Class:	Depth of Trenches:	Number of Tanks:
Estimated Daily Flow (EDF): gpd	Width of Trenches:	Tank Volume: gal
Soil Name:	Slope:	Combo Volumes: gal
Soil Symbol:	Shoreland: YES NO	
Map #:	Wellhead Protection: YES NO	
	Comments:	
System Type: Rock Chamber Gravelless At-Grade Mound		
Depth of Rock:		
Percent Reduction Taken:		
Area in Square Feet: minimum		
Lineal Feet: minimum		