

**CREDIT RIVER TOWNSHIP, SCOTT COUNTY, MINNESOTA
APPLICATION FOR COMMUNITY SEWAGE TREATMENT SYSTEM (CSTS) PERMIT**

TOWNSHIP USE ONLY

Date Received _____

Permitted Effluent Flow Volumes: 600 GPD Weekly Average
450 GPD Monthly Average
335 GPD Quarterly Average

Required Septic Tank Size(s) _____ 1st _____ 2nd

APPLICANT USE ONLY

Project Address _____ City _____ State _____ Zip _____

Legal Description: Lot _____ Block _____ Subdivision Name _____

Total Number of Bedrooms _____ Effluent Flow Volume – Weekly Average (150 GPD x No. of Bedrooms) _____ GPD

Applicant _____ Phone (H) _____ (W) _____

Applicant Mail Address _____ City _____ State _____ Zip _____

Owner (if different) _____ Phone (H) _____ (W) _____

Owner Mail Address _____ City _____ State _____ Zip _____

Contractor Name _____ Phone (W) _____ (C) _____

A scaled drawing showing the existing and proposed locations of the septic tank(s), sewer pipes, curb stop, and control panel must accompany this application.

Applicant hereby agrees that, upon issuance of this permit, all work done and all materials used shall be in compliance with State Rules and any applicable Township and County ordinances.

Applicant Signature _____ Date _____

TOWNSHIP USE ONLY

Septic Tank Setbacks*: Structure 10' Wetland 10' Stormwater Pond / Infiltration Basin / Creek 10' Lot Line 10' Well 50'

*Septic Tanks may not be placed within the 100-Year flood elevation of any water body

Signature of Township Engineer (or representative) _____ Date _____

Approved _____ Denied _____ By Credit River Township, subject to existing regulations & the following conditions:

1. Protect sewer lines and system from freezing.
2. Install systems in accordance with all engineering specifications. Contractor acknowledges to have reviewed the specifications included in the Builder's Manual and agrees to install the system as per engineering specifications.
3. Sod or seed the area as soon as possible upon completion to prevent soil erosion and damage to the drainfield (for late season installations, hay or straw can be substituted until sodding or seeding can be done in the spring).
4. This permit is valid for 12 months from the date issued.
5. The property owner (or applicant, if different from the property owner) is responsible for assuring that the Installer receives a copy of the final Environmental Health Department approved design.
6. Scheduling of all tank and final inspections are required 48 hours in advance.
7. Applicant acknowledges additional charges will be incurred if, upon inspection, it is determined that the system is not constructed in accordance with the minimum engineering specifications. Applicant will be required to pay a re-inspection fee at the time of scheduling a re-inspection.

Additional Conditions: _____