

**SCOTT COUNTY, MINNESOTA
APPLICATION FOR INDIVIDUAL SEWAGE TREATMENT SYSTEM (ISTS) PERMIT**

(Note to Applicant: only fill out shaded section below)

Twp/City _____	Date Received _____
Project Address _____	Permit # _____
City/Zip _____	Receipt # _____
Site Evaluator _____ Installer _____	Fee _____
Septic Tank Size as per design submitted and approved _____	Receipt Code _____
Pump Tank Size as per design submitted and approved _____	New ISTS _____ Replacement _____
Drainfield Size as per design submitted and approved (below) _____	Percolation Rates _____
	Number of Potential Bedrooms _____
	Depth to Restricting Layer _____

APPLICANT FILL OUT INFORMATION IN SHADED AREA ONLY

Applicant _____ Phone (H) _____ (W) _____

Applicant Mail Address _____ City _____ State _____ Zip _____

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

Owner Mail Address _____ City _____ State _____ Zip _____

Parcel Number _____ Sect. _____ Subdivision Name (if applicable) _____ Lot # _____ Block # _____

Soil tests and a design of the ISTS meeting Minn. Chapter 7080 standards must accompany this application.

Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with State Rules and any applicable township, city, and county ordinances. The applicant must also ensure that the Scott County Environmental Health Dept. is notified of any ISTS installation by 9:00 a.m. of the day the inspection is requested.

Applicant Signature _____ Date _____

----- TOWNSHIP OR CITY USE ONLY -----

Recommend Approval _____ Recommend Disapproval _____ and Permit complies with the Wetland Conservation Act

Signature of Township or City Clerk (or representative) _____ Date _____

----- COUNTY USE ONLY -----

ISTS Setbacks: Building: (tanks) _____ (drainfield) _____ Lake/Creek/Wetland _____ Wells _____ + 10' to Lot Line or ROW/Easement.

Approved _____ Denied _____ By Scott County Environmental Health, subject to existing regulations and the following conditions:

1. Verify and maintain all required setbacks and elevations.
2. Protect (fence off) the primary and alternate drainfield locations while any building construction activity is occurring on the site and maintain fencing or some other approved barrier if the drainfield could be damaged after installation.
3. Install rock bed on contour and maintain at least 36 inches between the rock bed and the water table/mottling.
4. Protect sewer lines and system from freezing.
5. Divert surface water away from or around the drainfield area.
6. 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).
7. This permit is valid for 12 months from the date issued.
8. The property owner (or applicant, if different from the property owner) is responsible for assuring that the Installer receives a copy of the final Department approved design.
9. Nonresidential ISTS shall include a water meter and, if a dosing device is used, an electrical event counter.

Signature _____ Date _____