



RICE COUNTY SEPTIC PERMIT APPLICATION

- Required Attachments:**
 Soil Logs Site Plan
 Design Worksheets
 Management Plan
 Permit Fee

County Use: Mar. 2022 Permit Application
 Date received ____/____/____
 Fee paid: \$ _____
 Receipt UID # _____

Property _____ Ph# _____
 Owner check if Buyer
 Project Address _____ Email _____
 Parcel# _____ Conveys existing system to be Non-Compliant
 In lieu of Compliance Inspection

- Replace Non-Compliant System
If checked must identify a reason below
 for Property Transfer
 for Building Permit/Variance/CUP
 Voluntary *other*

Structure: Dwelling Other Type: I II III
 _____ Bedrooms GPD _____
System Type: I II III IV V
 Garbage Disposal Yes No
 Basement lift pump Yes No
 STS area protected Y / N flagged fenced
 Reserve Area? Yes No (identify on site plan if present)

SETBACKS:
 Prop. Lines _____' Structures to tank _____' Structures to STS _____'
 Well casing depth >50' Installation pending or <50' shallow
 Well to tank _____' Well to STS _____'
 Well to buried sewer line _____' (20 to 50' air test required)
 Shoreland = <1000 ft water body N/A setback _____' Lake: _____
 Wetland (30ft) Classification: GDS (50ft) RDS (75ft) NES (150ft)
 Wellhead Protection Area Yes No Floodplain Yes No
 Variance application attached

TANKS: Approx. depth of cover _____ ft
 maximum 4ft bury new structure
 Septic _____ gal Pump _____ gal
 New Existing New Existing
 Septic _____ gal Tank Mfgr: _____
 New Existing Model# _____
 Effluent Screen No
 Yes-Alarm recommended
 Model# _____

PUMP : _____ GPM _____ ft Head
 audio/visual automatic alarm required
PUMPLINE:
 diameter _____" length _____ ft
 Pump Stations require an event counter
 Pressurized system require flushing valves

Notify:
 Owner Buyer
 Installer Designer
 or _____
 When permit ready for issue

SOIL TREATMENT AREA: Depth to restricting layer _____" Soil loading rate _____ gpd/ft₂
 Depth of media below pipe _____" MEDIA TYPE: Rock Chamber Ez-flow Either
 Were soils verified prior to design submittal yes no sandy or coarse sand/gravel soils require verification prior to permitting

TRENCHES/BED: Proposed Depth of system _____"
 pressurized Yes No
 _____ Sq. Ft. _____ If Trenches/Lineal Ft. _____
MOUND: absorption ratio _____ per Table IX Media Bed 10' x _____ ft Sand _____" % slope _____
 Lateral diameter _____" Perf. size/spacing _____" @ _____ ft
AT-GRADE: absorption ratio _____ Media Bed Size _____ x _____ ft % slope _____
 Lateral diameter _____" Perf. size/spacing _____" @ _____ ft

I hereby certify with my signature that all data and attached specifications for this SSTS design plan are true and correct to the best of my knowledge. I agree to indemnify Rice 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.

Designer: Name (please print) _____ Signature _____ License # _____ Daytime phone # _____ Date _____

Owners signature _____ Date _____
 : I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge.
 2022SPA