



INDIVIDUAL SEWAGE TREATMENT SYSTEM

Goodhue County Environmental Health Department

509 W 5th Street - Red Wing, MN 55066
(651) 385-6132 - Fax (651) 267-4875

LOCATION:

Owner's Name: _____ Phone _____

Owner's Email: _____

Mailing Address: _____ City: _____ Zip _____

Site location: _____ PARCEL#: _____

Construction Proposed:

- New Construction Replacement System Repair
 - House Other _____ *Number of Bedrooms _____
- *See Minnesota Rules Chapter 7080.110 Subpart 9.

Garbage Disposal*

*If garbage disposal is installed a two compartment septic tank or two septic tanks must be used

Tank And Treatment System:

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

Type of Treatment System Used (check the system & the type):

- Trench Mound Holding Tank only Other Establishment
- Chamber Bed Other New Technology
- EZ Flow High Capacity Chambers

Total square footage to be installed: Attach worksheets.

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

SITE INFORMATION: Date of Site Evaluation: _____

Depth of Restricting Layer: _____ Inspector: _____

Maximum Depth of Soil Penetration: _____ Disturbed or Compacted? Yes No

Flood Plain? Yes No **Shoreland?** Yes No **Property Split?** Yes No

Soil Type:

- Coarse Sand Fine Sand 1.67 (.6) Loam 1.67 (.6) Clay Loam 2.20 (.45)
- Sand 0.83 (1.2) Sandy Loam 1.27 (.78) Silt Loam 2.00 (.5)

Well Information:

New Well: _____ Existing Well: _____ Casing Verified: _____

Distance to Tank and Drainfield: _____

Water test submitted Yes No (Existing Dwelling only)

Attach all worksheets, drawings and soil boring logs.

FOR OFFICE USE ONLY

ISTS Permit # _____

Approved by: _____

**Date: _____

Receipt # _____ Amount \$ _____

Comments:

Variance? Yes No

Operating Permit Yes No

Operating Permit Number _____

**** permit is valid for 1 year from date of issue.**
****this permit is non-transferable.**

Soils Verified Yes No

Notice and Signature:

This information will be used to determine conformity to adopted construction requirements and to facilitate storage and retrieval of records. Failure to provide all requested information may result in the denial of a permit. All information submitted as part of this application is deemed public information and is available to anyone upon request.

Pipe Layer Cert # _____

Installer's Name: _____ MPCA Cert # _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Designer's Name: _____ MPCA# _____ Date: _____