



City Of Wyoming - Department Of Building Safety

26885 Forest Blvd., PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947

permits@wyomingmn.org

## AT-GRADE SUBSURFACE SEWAGE TREATMENT SYSTEM APPLICATION

Site Address \_\_\_\_\_ Type Of Residence: I II III IV

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Designed By: Name \_\_\_\_\_ MPCA # \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Installer: Name \_\_\_\_\_ MPCA # \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Number Of Bedrooms: \_\_\_\_\_ Maximum Estimated GPD Water Usage: \_\_\_\_\_ Garbage Disposal:  Yes  No

(An unfinished basement counts as one bedroom)

Flow Measurement:  Water Meter  Event Counter  Other: \_\_\_\_\_

### SYSTEM INFORMATION

Septic Tank - # of Tanks: \_\_\_\_\_ Liquid Capacity: \_\_\_\_\_ (1500 gallons minimum with inspection pipes and a minimum of (2) 20" maintenance holes **at or above** finished grade)

Lift Station Tank Size: \_\_\_\_\_ Pump Size With Alarm: GPM - \_\_\_\_\_ Total Head - \_\_\_\_\_

(1000 gallons minimum with 20" maintenance holes **at or above** finished grade)

Pipe Size - Pump To Treatment Area: \_\_\_\_\_ inches Pump In Treatment Area: \_\_\_\_\_ inches

Perforation Diameter: \_\_\_\_\_ / \_\_\_\_\_ of an inch Perforation Spacing: \_\_\_\_\_ feet

Depth to Redoximorphic Features: \_\_\_\_\_ inches Percolation Average: \_\_\_\_\_ MPI

Rockbed Width: \_\_\_\_\_ feet Rockbed Length: \_\_\_\_\_ feet

Depth Of Drainfield Rock - Under Pipe: \_\_\_\_\_ inches Over Pipe: \_\_\_\_\_ inches

**Geotextile fabric required over drainfield rock.** Depth of backfill over geotextile fabric: One foot of loamy or sandy cover, the upper 6 inches must be topsoil borrow.

Completed System - Width: \_\_\_\_\_ feet Length: \_\_\_\_\_ feet

Include At-Grade system design worksheets and a sketch showing the location of the septic system in relation to structures, wells, property lines and ordinary high water. Also include the results of 4 soil borings and 2 percolation tests in the soil treatment area.

**A management plan is required.**

Special Conditions: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### OFFICE USE ONLY

Soils \_\_\_\_/\_\_\_\_/\_\_\_\_

Required Inspections:  Abandon \_\_\_\_/\_\_\_\_/\_\_\_\_  Scratch \_\_\_\_/\_\_\_\_/\_\_\_\_  Tanks \_\_\_\_/\_\_\_\_/\_\_\_\_

Rockbed \_\_\_\_/\_\_\_\_/\_\_\_\_  Final \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED / DISAPPROVED By \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permit # \_\_\_\_\_