



City Of Wyoming - Department Of Building Safety

26885 Forest Blvd., PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947

permits@wyomingmn.org

HOLDING TANKS & SEPTIC TANK(S) OR LIFT TANK REPLACEMENT 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: _____
(An unfinished basement counts as one bedroom)

Garbage Disposal: Yes No Hot Tub/Oversized Tub: Yes No Water Meter: Yes No

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

Pump Size With Alarm - HP: _____ GPM: _____

Total Head: _____

Holding Tank - # of Tanks: _____ Liquid Capacity: _____

(1000 gallon minimum or 400 gallons times the number of bedrooms, whichever is greater. A 6 inch minimum diameter cleanout pipe shall extend to the ground surface. A 20 inch minimum diameter maintenance hole with cover shall extend to between 6 to 12 inches below grade.

Type of warning device (alarm must sound at 75% of capacity): Visual Audio Interior or Exterior

REQUIREMENTS

1. Include pump system design, if needed, and a sketch showing the location of the tanks(s) in relation to structures, wells, property lines and ordinary high water.
2. Holding tanks must include a monitoring and disposal contract signed by the owner and a licensed Maintainer. The contract must guarantee the removal of tank contents prior to overflow or any discharge. Holding tanks are a Type II system and require an Operating Permit.
3. Abandoned tanks must be disconnected from the existing septic system. If the tanks are not removed, the bottoms of the tanks must be broken to allow water to drain from them.

Special Conditions: _____

Applicant Signature _____ Date: ____ / ____ / ____

OFFICE USE ONLY

Soils ____/____/____

Required Inspections: Abandon ____/____/____ Scratch ____/____/____ Tanks ____/____/____
 Rockbed ____/____/____ Final ____/____/____

APPROVED / DISAPPROVED By _____ Date ____ / ____ / ____

Permit # _____