



City Of Wyoming - Department Of Building Safety

26885 Forest Blvd., PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947 Fax (651) 462-0576

APPLICATION FOR MOUND SUBSURFACE SEWAGE TREATMENT SYSTEM

Home Owner _____ Phone # _____

Job Location _____ Type of Residence I II III IV

Designed by _____ MPCA # _____

Address _____ Phone # _____

Installer _____ MPCA # _____

Address _____ Phone # _____

Number of Bedrooms _____ Maximum estimated GPD water usage _____

(an unfinished basement counts as one bedroom)

Garbage Disposal: YES NO Flow Measurement: YES NO (required 7080.2220, Subpart 1, D)

Water Meter _____ Event Counter _____ Other means _____ (describe)

Septic tank - number and size _____ (1500 gallons minimum with inspection pipes, and a minimum of two 20" maintenance holes at or above finished grade)

Lift station tank size _____ (1000 gallons minimum with 20" maintenance hole at or above finished grade)

Pump size with alarm _____ GPM _____ Total Head _____

Pipe size, pump to treatment area _____ inches 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 clean sand at upslope edge of rockbed _____ inches Required absorption width _____ feet

Geotextile fabric required over drainfield rock

Depth of backfill over geotextile fabric: Sandy to loamy soil material must be placed on the rockbed to a depth of one foot at the center of the mound and to a depth of six inches at the sides. Six inches of topsoil borrow must then be placed over the entire mound.

Completed system: Width _____ feet Length _____ feet

Include mound system design worksheets and a sketch showing the location of the septic system in relation to structures, wells, property lines, & 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: _____

Signature of Applicant _____ Date _____

Soils _____ OFFICE USE ONLY

Inspections Required: Abandon _____ Scratch _____ Tanks _____ Rockbed _____ Final _____

APPROVED / DISAPPROVED By: _____ Date ____/____/____

Official

Permit # _____ Date Paid ____/____/____ Check # _____