



**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 REPLACEMENT SEPTIC TANKS & LIFT TANKS**  
**APPLICATION FOR HOLDING TANKS (Type II System, requires Operating Permit)**

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 Hot Tub/Oversized tub: YES NO Water Meter YES NO

Septic tank - Number \_\_\_\_\_ 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 \_\_\_\_\_ HP \_\_\_\_\_ GPM \_\_\_\_\_ Total Head

Holding Tank – Number \_\_\_\_\_ Size \_\_\_\_\_ (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" minimum diameter maintenance hole with cover shall extend to between 6" – 12" below grade.)

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

Include pump system design, if needed, and a sketch showing the location of the tank(s) in relation to structures, wells, property lines & ordinary high water.

Permit applications for 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.

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: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Soils \_\_\_\_\_ OFFICE USE ONLY  
 Inspections Required: Abandon \_\_\_\_\_ Scratch \_\_\_\_\_ Tanks \_\_\_\_\_ Rockbed \_\_\_\_\_ Final \_\_\_\_\_

APPROVED / DISAPPROVED By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Official

Permit # \_\_\_\_\_ Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_