



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 TRENCH/SEEPAGE BED 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 if pump is employed 7080.2210, Subpart 1, C)

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

Maximum depth to bottom of Trench/Bed _____ inches Type of distribution: Gravity ___ Pressure ___

Depth of drainfield rock: Under pipe _____ inches Over pipe _____ inches

Width of Trenches _____ inches Length of trenches _____ feet(100' Max) Number of trenches _____

Seepage Bed Bottom Area: _____ x _____ Total square feet of treatment area _____ sq. ft.

Geotextile fabric required over drainfield rock

Depth of backfill over geotextile fabric: The minimum depth of cover shall be at least six inches. Backfill shall be crowned above finished grade to allow for settling. A minimum of twelve inches soil cover is required. The top six inches of soil shall have the same texture as the adjacent soil.

Include trench/seepage bed 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 # _____