

DODGE COUNTY SEPTIC SYSTEM PERMIT APPLICATION
Dept 391 22 6th Street East Mantorville, MN 55955-2230
Phone: 507-635-6273 Fax 507-635-6193
email: sandy.k.schaefer@co.dodge.mn.us

PERMIT # _____
Date Rec'd _____
Amt Rec'd _____

Please fill in ALL blanks.

Property Owner _____

Owner Current Address _____

Property Address _____

City _____ State _____ Zip Code _____

Telephone _____ Township _____ Section _____

Subdivision _____ Lot _____ Block _____

Parcel ID #: (Must be included on form) _____

Installer _____

Address _____

City/State _____ Zip _____ Telephone _____

Reason: Addition Repair New Property Transfer Other

Standard System; Trenches Bed At-Grade Mound

Other System; (List type of system) _____

Yes No System will be constructed according to specifications on page 3 of this permit.

Canisteo Township meets 2-1000 tanks criteria; Yes No NA

- Lot created after January 23, 1996 (Two septic sites identified; alternate site must be set aside for future use.)**
- All applicable portions of the permit and site evaluation/design forms have been completed and signed by certified and licensed persons and are attached herein.**
- Maintenance contracts, monitoring and mitigation plans attached if applicable.**

I hereby certify with my signature as the installer, that the materials; including sand, rock, and soil, design of equipment, construction and workmanship will meet state and county code requirements to the best of my knowledge. I agree to indemnify and save Dodge County harmless from all losses, damages, costs and charges that may be incurred by the County because of my failure to conform to and comply with the provision of the Dodge County Septic and Wastewater Treatment Ordinance.

Signature _____

Date _____ License Number _____ Expires _____

Application Approved _____ Application Denied _____

SITE EVALUATION REPORT

Site Evaluator Name _____

REQUIRED ATTACHMENTS: Address _____ Phone _____

- Site drawing for designated and alternate drainfield areas
- Percolation test results
- Soil boring logs (**At least two** borings required for designated area, **two borings** required for alternate drainfield area).
- All applicable worksheets attached (i.e. mound, at-grade, pressure distribution, pump, etc.....)

GENERAL INFORMATION

- Proposed drainfield area roped or flagged off; Yes No
- Soil borings staked and labeled; Yes No
- Percolation holes staked and labeled; Yes No
- Proposed septic system meets all setbacks, (as indicated in attached site plan drawing)
- Shoreland area; Yes No
- Floodplain area; Yes No
- Flood elevation data attached Yes No

SOILS INFORMATION (Soil boring data attached and located on map; include date of evaluation)

- | | |
|--|---|
| _____ Depth to mottled soil | _____ Soil texture at recommended drainfield depth |
| _____ Depth to bedrock | _____ Soil structure at recommended drainfield depth |
| _____ Depth to standing water table | _____ Soil color (hue/value/chroma) 3' above mottling |
| _____ Recommended drainfield depth | _____ Soil sizing factor at recommended depth |
| _____ Average perc rate in drainfield area | _____ Percent slope at recommended drainfield area |

I hereby certify with my signature as the site evaluator,, that all soil and setback data for this design are true and correct to the best of my knowledge. I agree to indemnify and save Dodge County harmless from all losses, damages, costs and charges that may be incurred by the County because of my failure to conform to and comply with the provision of the Dodge County Septic and Wastewater Treatment Ordinance.

Signature _____ License Number _____ Date _____

Designer Name _____

SEPTIC SYSTEM DESIGN

Address _____ **Phone** _____

REQUIRED ATTACHMENTS:

- Mound and/or at-grade design worksheets
 - Pump size calculations & worksheet
 - Pressure distribution worksheets
- Projected daily flow (gallons per day) _____

DESIGN FLOW

- _____ Number of bedrooms _____ Type of home (I-IV)
- Garbage disposal existing/proposed; Yes No
- If Garbage Disposal or Ejector Pump are included in system Pump Tank has effluent screen with alarm and compartmented tank Yes No

TANKS

- Number of **Septic** Tanks _____, volume of each tank _____.
- Volume of **Pump** Tank _____, reserve capacity of _____. Is this a combo tank? for use as pump tank? _____
- Pump size, will meet installation criteria; Yes No
- If In Canisteo Township meets 2-1000 tank criteria; Yes No**
- Tank construction/installation will meet maintenance hole and inspection pipe criteria; Yes No

DRAINFIELD

- Standard System; Trenches Bed At-Grade Mound (If system is a mound the following info is not applicable)
- Alternative System; (List type of system) _____
- Penetration into native soil _____; Inches of drain rock under pipe _____; or Type of media used _____

Note: Media must be on the MPCA Product List

- Number of Trenches _____, length _____, width, _____.
- Other: _____

I hereby certify with my signature as the designer, that all soil and setback data and design criteria for this design are true and correct to the best of my knowledge. I agree to indemnify and save Dodge County harmless from all losses, damages, costs and charges that may be incurred by the County because of my failure to conform to and comply with the provision of the Dodge County Septic and Wastewater Treatment Ordinance

Signature _____ License Number _____ Date _____

Date of Evaluation: _____

SEPTIC SYSTEM SITE PLAN DRAWING

REQUIRED INFORMATION:

- Designated and alternate drainfield areas
- Soil borings and perc test locations
- Buried water pipes within 50' of proposed ISTS
- Lakes, Rivers, Streams, Wetlands
- Location of water wells, buried pipes,

- All required setbacks as listed below
- Percent and direction of slope
- Location of all buildings
- Lot dimensions & property lines identified
- Location of all easements

Type of vegetation at site _____

Evidence of disturbed or compacted soil Yes No


Setbacks (minimum distance identified in parentheses) this must be filled out by designer

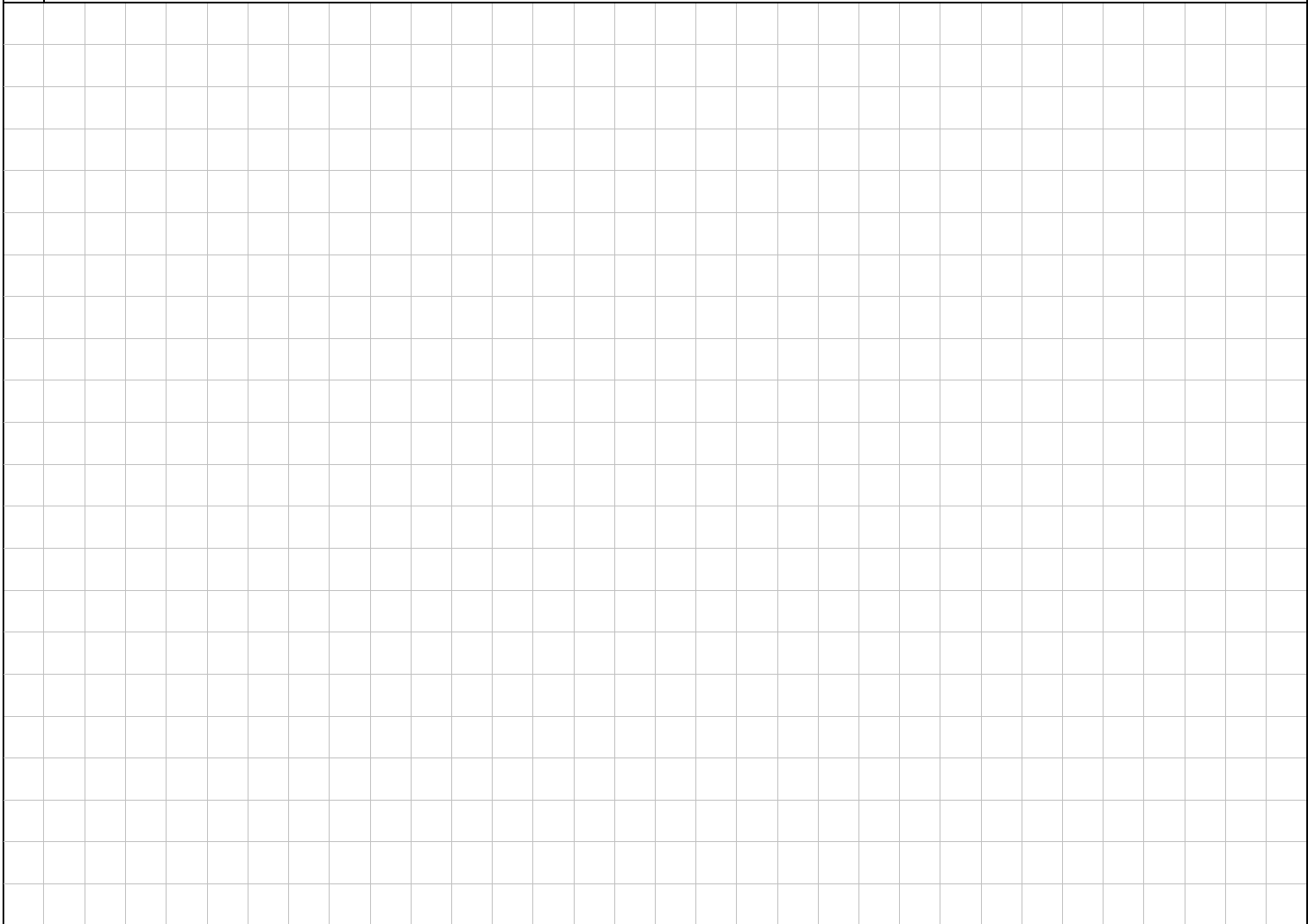
- _____ Building to tank (10 ft)
- _____ Building to drainfield (20 ft)
- _____ Type of well (cased sandpoint dug)
- _____ Depth of well casing
- _____ Well to tank (septic/holding/pump) 50 ft

- _____ Water line (10 ft)
- _____ Property boundary (10 ft)
- _____ Road right-of-way(s) 10 ft)
- _____ River or stream (75 ft)
- _____ Well to buried sewer line (50 ft/20-50 ft air tested)

Show access route for tank maintenance on diagram

Please draw map to scale or dimension or attach another map of your choice

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Building Information The building is: Proposed Existing

The building use is:

Residential:

Number of Bedrooms _____

Whirlpool	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Garbage Disposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Grinder Pump	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dishwasher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Water Softener	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hot Tub	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Daycare	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Commercial:

The building will be used for: _____

Number of Employees _____ Number of hours employees will work _____

Maximum number of clients/day _____ Number of days open/week _____

Daycare	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cafeteria	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Water used in manufacturing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Water Softener	Yes <input type="checkbox"/>	No <input type="checkbox"/>

By my signature, I certify that the information I have furnished is correct.

 Property Owner's Name

 Property Owner's Signature Date