SSTS DESIGN SUMMARY

PROPERTY INFORMATION:

Property Owner Name:		**Phone #:**
Address:		
City:	**State: MN Zip:**	**Township:**
PID #:	**Section:**	**PERMIT #:**

SOILS

Web Soil Survey Map Unit: _____
Landscape Position:
Vegetation Type: _____
Depth to Restricting Layer: _____ Inches
Soil Loading Rate (gpd/ft^2): _____
Soil Verification #: _____
Benchmark Elevation: _____
Restricting Layer Elevation: _____
Bottom of System Elevation: _____

Boring #	**SOIL BORING LOG**	
Depth in Inches	USDA Soil Texture	Munsell Color

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Depth in Inches	USDA Soil Texture	Munsell Color

Percolation Rates or Detailed Soil Structure
Test Hole #
Test Hole #

DESIGN CRITERIA

New
Number Bedrooms_____
Garbage Disposal? **No** (Alarm & Effluent Screen Recommended)
Lift Pump in Basement? **NO**
Hot Tub/Whirlpool? **No**
Area in basement that could be used as a bedroom? **Yes**
Site Protection Primary & Secondary Sites? **Yes**
Management Plan? **Yes**
Employ Flow Measurements? **Yes** (Required if Pressurized)

Tank Size: **Material**
Septic _____ gal_____
Pump _____ gal _____
Holding _____ gal _____

At-Grade System:
Land Slope _____%
Rockbed Dimensions _____ft x_____ft

Mound System:
Land Slope_____%
Rockbed Dimensions _____ft x _____ft
Depth of Clean Sand below Rockbed _____ inches

Pressurized Bed:
Rockbed Dimensions_____ft x_____ft

Pressure Distribution System:
Size of Perforated Laterals: **1.5"** No. of Laterals _____

Trench System:
Rock Depth:
EZ flow:
Chambered:
Land Slope _____%
Lineal Feet of Trench _____
Depth of Soil over Laterals_____ Inches

Operating Permit:
OP # _____
Type: ☐ Holding Tank ☐ Ⅳ ☐ Ⅴ ☐ MSTS

Other System:
☐Type Ⅲ (Fill/Disturbed Soil, etc.)
☐Type Ⅳ (Performance w/ Help)
☐Type Ⅴ (Performance)

SITE EVALUATOR/DESIGNER INFORMATION:
Company _____ License# _____

Certification Statement

I hereby certify as a State of Minnesota Licensed Designer and/or Installer that the Subsurface Sewage Treatment System proposed above was designed and installed in accordance with all applicable requirements of MN Rule Chapter 7080 -7081 and the McLeod County SSTS Ordinance. All products used in the installation of this septic system shall be registered with the MPCA. No determination of future hydraulic performance can be made due to future usage over the life of the system.

_____ _____ _____
Designers Signature License# Expiration Date Date

_____ _____ _____
Installer Signature License# Expiration Date Date