| St. Louis County, MN | Operating Permit  **OPERATING PERMIT WORKSHEET**  **Subsurface Sewage Treatment System** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Form **3010**  Rev. 01-02-2024 | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This form is for an operating permit. Additional Information: [www.stlouiscountymn.gov/septic](http://www.stlouiscountymn.gov/septic). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROPERTY IDENTIFICATION NUMBER (PIN) and SITE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary PIN | |  |  |  | **-** |  | | |  |  |  | | **-** |  |  |  |  |  | | | Associated PIN |  |  | |  | **-** | | |  | | |  |  |  | | | **-** | |  | |  |  |  |  |
| Site Address | | | | | | | | | | | | | | | | | | | | | City | | | | | | | Zip | | | | | | | | Date | | | | | | | | |
| DESIGNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licensed Business Name | | | | | | | | | | | | | | | | | | | | | | | | | | | License # | | | | | | | | | | | | | | | | | |
| REASON FOR OPERATION PERMIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Holding Tank | | | | | | | | Type III | | | | | | | | | | | Type IV | | | | | | | | | | | | Type V | | | | | | | | | | | | | |
| Other Establishment | | | | | | | | High Strength Waste | | | | | | | | | | | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| SYSTEM INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design flow | | | | | | | | | | | | | | | | | | | Treatment level | | | | | | | | | | | | | | | | | | | | | | | | | |
| System components | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONITORING REQUIREMENTS (flows, pump calibration, timer settings, BOD, TSS, FOG, Fecal Coliform, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parameter | | | | | | | | Effluent limits | | | | | | | | | | | Frequency | | | | | | | | | | | | Location | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |
| MAINTENANCE REQUIREMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| System component | | | | | | | | | | | | Maintenance | | | | | | | | | | | | Frequency | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| OTHER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | |
| **CONTACT** Planning and Zoning (Onsite Wastewater Division) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Duluth Office** | | | | | | | | | | | | | | | | | | | | **Virginia Office** | | | | | | | | | | | | | | | | | | | | | | | | |
| Government Services Center  320 W 2nd Street, Suite 301  Duluth, MN 55802 | | | | | | | Phone (218) 471-7103  Toll Free (800) 450-9777  [www.stlouiscountymn.gov/septic](http://www.stlouiscountymn.gov/septic) | | | | | | | | | | | | | Government Services Center  201 South 3rd Avenue West  Virginia, MN 55792 | | | | | | | | | | Phone (218) 471-7103  Toll Free (800) 450-9777  [www.stlouiscountymn.gov/septic](http://www.stlouiscountymn.gov/septic) | | | | | | | | | | | | | | |