| St. Louis County, MN | | | PERMIT  **SSTS AS-BUILT**  **Subsurface Sewage Treatment System** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Form **3008**  Rev. 01-02-2024 | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This form is used to complete a SSTS Installation. Additional Information: [www.stlouiscountymn.gov/septic](http://www.stlouiscountymn.gov/septic) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SITE INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site Address | | | | | | | | | | | | | | | | | | | | | City | | | | | | | | | | | | | | | Zip | | | | | | | | Permit Number | | | | | | | | | | | | |
| Parcel ID | |  | | | | | | | | | | | | | | | | | | | Number of wells | | | | | | | | | |  | | | | | Date of Installation | | | | | | | | | | | | |  | | | | | | | |
| Site conditions allowed for construction? | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Yes No | | | | | | | | | | | | | | | | | | | | | | | | |
| Soil moisture conditions allowed for excavation? | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Yes No | | | | | | | | | | | | | | | | | | | | | | | | |
| System installed per system design of Permit to Construct? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Yes No | | | | | | | | | | | | | | | | | | | | | | | | |
| TANK INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manufacturer & Model | | | | | | | | | | | | Size & GPI if pump | | | | | | | | | | | | | | | | Insulation | | | | | | | | | | | | | | | | | | | | Max Burial & Cover Depth | | | | | | | | |
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| Manufactured date(s) | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Pump Make/Model | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pump Tether Length (inches) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Drainback Orifice | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Panel Make/Model | | | | | | | |  | | | | | | | | | | | | | | | | | | | Timer On | | | | | | |  | | | | | | | | | | | | Timer Off | | | | | |  | | | | |
| Start-Up Event Counter Reading | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Start-Up ETM Reading | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Lateral | # | | |  | | | | | | Size | | | |  | | | | | | Length | | | |  | | | | | | | | | Orifice | | | | | | Size | | |  | | | | | | | | | Spacing | | | | |  |
| DRAINFIELD INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved Sand Source | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Rock Source | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Number fields | | | | |  | | | | | | | Bed Width (ft) | | | | | | | | | |  | | | | | | Bed Length (ft) | | | | | | | | |  | | | | | | | | Media Type | | | | | | | | |  | | |
| Sand (in) | | | | |  | | | | | | | Rock (in) | | | | | | | | | |  | | | | | | Cover (in) | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | |
| Up Berm (ft) | | | | |  | | | | | | | Down Berm (ft) | | | | | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | |
| Final cover completed by installer? | | | | | | | | | | | | | | | | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| COMMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SKETCH & REQUIREMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| System layout and placement | | | | | | | | | | | | | | | | Setback distances Elevations of sewage tanks and soil treatment systems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Structures | | | | | | | | | | | | | | | | Well location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dimensions | | | | | | | | | | | | | | | | Component sizes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| North | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INSTALLER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that I have completed this work in accordance with applicable requirements of St. Louis County SSTS Ordinance #61 and its Technical Standards and Minnesota Chapter 7080 and/or 7081. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Business Name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | License | | | | |  | | | |
|  | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | |
| 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) | | | | | | | | | |