



Environmental Resource Department  
14955 Galaxie Avenue  
Apple Valley MN 55124

# Wastewater Treatment and Dispersal Operating Permit

Operating Permit No. \_\_\_\_\_

## Facility Information

Permittee name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: MN Zip code: \_\_\_\_\_

Property ID number (GPS location): \_\_\_\_\_

Dakota County authorizes the Permittee to operate a wastewater treatment and dispersal system at the address named above in accordance with the requirements of this operating permit. The attached Management Plan is hereby incorporated as part of the requirements of this operating permit.

Issuance date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

System type: Holding tank Treatment level: Not Applicable

System design flow: \_\_\_\_\_ Residential/Commercial: \_\_\_\_\_

System components: \_\_\_\_\_

## Monitoring Requirements

Parameter	Tank Capacity	Frequency	Location
Wastewater Usage	2000	Monitor water use, pump as needed	Alarm activates at 75% capacity; Water meter

## Maintenance Requirements

Maintenance requirements shall be performed as specified in the Management Plan as prepared by the system's Advanced Designer.

System component	Maintenance	Frequency
Holding tank	Pump holding tank by MPCA licensed SSTS Maintenance business (formerly called pumper)	Pump holding tank <u>before</u> tank fills to capacity, tank overflows, or tank backs up

## Authorization

This permit is effective on the issuance date identified above. This permit and the authorization to use the 2000 gallon holding tank shall expire in one (1) year. The Permittee is not authorized to discharge after the above date of expiration. The Permittee shall submit monitoring information and forms as required by Dakota County Environmental Resources Dept. no later than sixty (60) days prior to the above date of expiration for operating permit renewal. This permit is not transferable.

The owner has secured the services of \_\_\_\_\_, as the Maintainer of the system (signed contract attached).

I hereby certify with my signature as the Permittee that I understand the provisions of the wastewater holding tank operating permit including maintenance and monitoring requirements. I agree to indemnify and hold Dakota County harmless from all loss, damages, costs and charges that may be incurred by the use of this system. If I fail to comply with the provisions of this operation permit, I understand that penalties may be issued. If I sell this property during the life of the permit, I will inform the new owner(s) of the permit requirements and the need to renew the operating permit.

**The Operating Permit is hereby granted to:** \_\_\_\_\_

Permittee (please print): \_\_\_\_\_ Permitting Authority (please print): Emily Gable

Title: Homeowner Date: \_\_\_\_\_ Title: SSTS Inspector Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_