



Subsurface Sewage Treatment System Operating Permit

Form must be submitted as part of the permit application on the portal: <https://cv.ighmn.gov/CityViewPortal>

System Information

Location Street Address _____ Property ID Number _____

Permittee Name _____ Business Name (if applicable) _____

Phone Number _____ Email _____

System Type III IV V Property Type Residential Commercial

System Design Flow _____ Treatment Level _____

System Components

Monitoring Requirements

| Parameter | Effluent Limits | Frequency | Location |
|--|-----------------|-----------|----------|
| Design Flow (gpd) | | | |
| Average Flow (gpd) | | | |
| CBOD ₅ (mg/L) | | | |
| TSS (mg/L) | | | |
| O&G (mg/L) | | | |
| Fecal Coliform Bacteria (#/100mL) | | | |
| Total Nitrogen, Total Phosphorus (mg/L) | | | |
| Operational Field Tests, may include: Temperature, Dissolved Oxygen, and pH | | | |
| Ponding/Surfacing in Soil Treatment | | | |

Monitoring Requirements Comments



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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 |
|------------------------------|-------------|-----------|
| External Grease Interceptor | | |
| Septic Tank/Trash Tank | | |
| Pump Tank and Controls | | |
| Effluent Screen | | |
| Advanced Treatment Product | | |
| UV Light Disinfection Device | | |
| Soil Treatment and Dispersal | | |

Monitoring Protocol

Any sampling and laboratory testing procedures shall be performed in accordance with the proprietary treatment product's protocol, Standard Methods, and at a Minnesota Department of Health approved laboratory. Results shall be submitted to the permitting authority at: *City of Inver Grove Heights, 8150 Barbara Ave, Inver Grove Heights, MN 55077* no later than sixty (60) days prior to when the permit to operate the system expires, and to the proprietary treatment products manufacturer at: _____.

Contingency Plan

In the event the wastewater treatment system does not meet required performance requirements as contained in this operating permit, the owner shall notify the local unit of government within thirty (30) days of receiving non-compliant information. The owner is responsible for obtaining the services of a Minnesota Pollution Control Agency (MPCA)-licensed Service Provider or other qualified practitioner to complete the required corrective measures.

Acknowledgements

The owner is required to obtain the services of a Minnesota Pollution Control Agency (MPCA) licensed and trained: 1) Service Provider to provide ongoing system operation, maintenance, and monitoring, and 2) Maintainer to pump the system's sewage tanks and components. The owner is responsible for providing the name of the Service Provider business prior to the issuance of this operating permit.

- The owner has secured the services of _____ as the Service Provider for this system (signed Service Provider contract attached).
- The Service Provider is hereby authorized to provide the required monitoring data and routine maintenance service records to both City of Inver Grove Heights and to the manufacturer of the treatment device, _____.



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I hereby certify with my signature as the Permittee that I understand the provisions of the wastewater treatment and dispersal system operating permit, including maintenance and monitoring requirements. I agree to indemnify and hold City of Inver Grove Heights 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 operating 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.

I acknowledge that this application is complete and accurate, that the work will be in conformance with Local and State Codes, and that work will not start until this permit has been reviewed and approved. I understand that answering 'Yes' will be treated in the same manner as a handwritten signature, for the purpose of validity, enforcement, and admissibility. Check the box if you agree: Yes

Permittee Name

Date

Authorization

City of Inver Grove Heights authorizes the Permittee to operate wastewater treatment and dispersal system at the address named below 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.

This permit is effective on the issuance date identified below. This permit and the authorization to treat and disperse wastewater shall expire in ___ years. The Permittee is not authorized to discharge after the below date of expiration. The Permittee shall submit monitoring information on forms as required by City of Inver Grove Heights no later than sixty (60) days prior to the above below of expiration for operating permit renewal. This permit is not transferable.

For systems that generate high strength wastewater, the following items apply to this operating permit: If there is a change of use within the facility (i.e., change in menu, increase in food capacity, change in water use fixtures, etc.), the permittee is required to notify the City of Inver Grove Heights and the Service Provider before any changes occur. Changes to the facility that could potentially impact performance of the wastewater treatment and dispersal system shall not take place until appropriate evaluation has been completed.

The Operating Permit is hereby granted to _____ **for the system**

located at _____.

Permit Number: _____

Issuance Date: _____ Expiration Date: _____

Name

Date

Title