City Of Wyoming - Department Of Building Safety
26885 Forest Blvd., PO Box 188
Wyoming, MN 55092
651-462-0575
permits@wyomingmn.org

MOUND SUBSURFACE SEWAGE TREATMENT SYSTEM APPLICATION

Site Address _____ Parcel ID # 21._____ Type of Residence: I II III IV

Owner Name _____ Phone _____

Designed By: Name _____ MPCA # _____

Contact _____ Phone _____

Address _____

Email _____

Installer: Name _____ MPCA # _____

Contact _____ Phone _____

Address _____

Email _____

Number Of Bedrooms: _____ Maximum Estimated GPD Water Usage: _____ Garbage Disposal: ☐ Yes ☐ No
(An unfinished basement counts as one bedroom)

Flow Measurement: ☐ Water Meter ☐ Event Counter ☐ Other: _____

SYSTEM INFORMATION

Septic Tank - # of Tanks: _____ Liquid Capacity: _____ (1500 gallons minimum with inspection pipes and a minimum of (2) 20" maintenance holes **at or above** finished grade)

Lift Station Tank Size: _____ Pump Size With Alarm: GPM - _____ Total Head - _____
(1000 gallons minimum with 20" maintenance holes **at or above** finished grade)

Pipe Size - Pump To Treatment Area: _____ inches Pump In Treatment Area: _____ inches

Perforation Diameter: _____ / _____ of an inch Perforation Spacing: _____ feet

Depth to Redoximorphic Features: _____ inches Percolation Average: _____ MPI

Rockbed Width: _____ feet Rockbed Length: _____ feet

Depth of clean sand at upslope edge of rockbed: _____ inches Required Absorption Width: _____ feet

Geotextile fabric required over drainfield rock. Depth of backfill over geotextile fabric: Sandy to loomy soil material must be placed on the rockbed to a depth of one foot at the center of the mound and to a depth of six inches at the sides. Six inches of topsoil borrow must then be placed over the entire mound.

Completed System - Width: _____ feet Length: _____ feet

Include mound system design worksheets and a sketch showing the location of the septic system in relation to structures, wells, property lines and ordinary high water. Also include the results of 4 soil borings and 2 percolation tests in the soil treatment area.
A management plan is required.

Special Conditions: _____

Applicant Signature _____ Date: _____ / _____ / _____

OFFICE USE ONLY Soils ___/___/_____

Required Inspections: ☐ Abandon ___/___/_____ ☐ Scratch ___/___/_____ ☐ Tanks ___/___/_____
☐ Rockbed ___/___/_____ ☐ Final ___/___/_____

APPROVED☐/☐DISAPPROVED By _____ Date _____ / _____ / _____

Permit # _____ ☐Digital Design