



**Minnesota Pollution Control Agency**  
 520 Lafayette Road North  
 St. Paul, MN 55155-4194

# Sanitary Sewer Extension Permit Application

## NPDES/SDS Permit Program

Doc Type: Permit Application

Permittee: \_\_\_\_\_  
 The permittee is the owner/operator, usually the municipality, of the proposed sewer system or the system that the proposed project will connect to. Individual service connection owners are not usually considered to be a permittee.

Title of project: \_\_\_\_\_

Project proposer name: \_\_\_\_\_

Project proposer phone number: \_\_\_\_\_

Wastewater Treatment Facility: \_\_\_\_\_

Permittee contact name: \_\_\_\_\_

Title: \_\_\_\_\_

Permittee contact phone number: \_\_\_\_\_

MPCA Use Only	
SSE application #:	
Date received:	
Check number:	
Facility name:	
NPDES/SDS #:	
City:	
Fee:	<input type="checkbox"/> \$310 <input type="checkbox"/> \$620 <input type="checkbox"/> \$930

### Project Information

#### Project information packet must include the following:

Check to be sure the project information packet submitted for **all** projects **includes all** of the following items, or it will be deemed incomplete and **returned**.

- Completed and properly signed *Application Form*. All questions must be answered and all necessary signatures included.
  - Completed and executed *Design Certification for Sanitary Sewer Extension Plans and Specifications*.
  - A location map or project site plan showing the area in which project construction will occur. The map shall be on 8½" x 11" paper. Please list the city of project location.
  - Required application fee (See below for fee calculation). Please make checks payable to: Minnesota Pollution Control Agency (MPCA).
- Please check the box corresponding to the flow increase due to this project and include the applicable application fee. This value should correspond with the answer to question 5a.
- 0-0.1 MGD (1 point = \$310)    >0.1-1.0 MGD (2 points = \$620)    >1.0 MGD (3 points = \$930)

#### The following information may be required for your project:

Check the appropriate boxes if the information is required and included with your project information packet.

- Plans and specifications if required by *Design Certification for Sanitary Sewer Extension Plans and Specifications*.
- Project is served by a Sanitary Sewer District or another city's wastewater treatment facility (WWTF).

**Note: For projects connecting to a Metropolitan Council Environmental Services (MCES) facility, please contact Anna Bessel at 651-602-1125 or go to [www.metrocouncil.org/environment/customerservice/SewerPermits.htm](http://www.metrocouncil.org/environment/customerservice/SewerPermits.htm) for more information. Approval letter from MCES must be submitted with application to MPCA.**

If above box is checked, one of the following boxes must also be checked:

- Authorized signature is included in signature 4 on signature page.
- Approval letter is included from Sanitary Sewer District or WWTF.

#### Project funding:

Will the project receive Clean Water Revolving Fund financial assistance?    Yes    No  
 If yes, plans and specifications must be submitted for MPCA review.

### MPCA Information

For additional information and forms see the MPCA's Web site at [www.pca.state.mn.us/water/permits/index.html#sanitarysewer](http://www.pca.state.mn.us/water/permits/index.html#sanitarysewer) or by contacting the MPCA at 651-296-6300 or toll-free at 800-657-3864.

You can also contact the Municipal Wastewater Section staff assigned to the city the project is in. A directory of office locations can be found at: [www.pca.state.mn.us/about/regions/index.html](http://www.pca.state.mn.us/about/regions/index.html).

**Send project information packet to:** Minnesota Pollution Control Agency, Attn: Sanitary Sewer Extensions, Municipal Division  
 520 Lafayette Road North, St. Paul, MN 55155

**Note:** No project construction may begin until you are in receipt of the required permit(s) issued by the MPCA and as defined by law under Minn. Stat. § 115.07, subd. 3.

# Application Form

1. **Title of project (as shown on plans and specs):** \_\_\_\_\_

Project proposer: \_\_\_\_\_

Authorized representative (mayor, owner, CEO, etc.): \_\_\_\_\_

Project proposer address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

*The proposer is the entity requesting consideration for the construct of the project. The proposer is often a developer or other private entity that is not the Permittee and will not be the ultimate owner of the sewer system. The Permittee, which is usually the municipality, may also propose projects.*

2. **Project proposer's technical agent or consulting engineer:** \_\_\_\_\_

Title: \_\_\_\_\_

Name of firm or organization: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. **Permittee contact information**

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

4. **Nature of area to be served by the proposed project**

*(Complete these items with respect to how many connections are being requested for the proposed project.)*

a. **Residential**

Number of new homes that will be connected: \_\_\_\_\_

Number of existing homes not currently connected that will be connected to the sewer system: \_\_\_\_\_

Number of existing homes that are currently connected and will be reconnected: \_\_\_\_\_

b. **Commercial/Industrial**

*(Projects are often described in different ways, so the parameters have been selected as common quantities.*

***Acres** means the total area of the proposed project; **Lots** means the number of individual properties the area will be divided into, and **REU** means 'Residential Equivalent Unit', or unit equivalent to one home):*

Commercial/Industrial that are **not currently connected** and will be connected:

Acres: \_\_\_\_\_ Lots: \_\_\_\_\_ REU: \_\_\_\_\_

Commercial/Industrial that are **currently connected** and will be reconnected:

Acres: \_\_\_\_\_ Lots: \_\_\_\_\_ REU: \_\_\_\_\_

c. **Other service area (describe):**

5. **Increased flow and Five-Day Carbonaceous Biochemical Oxygen Demand (CBOD5) loading from the proposed project. (How much are you seeking approval for?)**

a) Flow in million gallons per day (MGD): \_\_\_\_\_ MGD

b) CBOD<sub>5</sub> in pounds per day (lbs/day): \_\_\_\_\_ lbs/day

c) Flow calculation (# of units from 4 above x flow per unit): \_\_\_\_\_

d) Will there be future phases or connections to the sewer system constructed for this project?  Yes  No

e) If yes, how many connections? \_\_\_\_\_ How much flow? \_\_\_\_\_ MGD

f) What is the total ultimate design flow capacity of the system installed with this project? \_\_\_\_\_ MGD

*(This is the design flow for which the sewer system is designed when all future projected connections are attached.)*

**6. Specification of the WWTF where flow will be treated (Contact the WWTF for current specifications.)**

- a) Where will the wastewater be treated? (Give the specific name of the WWTF) \_\_\_\_\_
- b) Design Average Wet Weather flow (AWW) (use *design average flow* if AWW not available): \_\_\_\_\_ MGD
- c) Actual current annual average daily flow received in the past 12 months: \_\_\_\_\_ MGD
- d) Actual current annual average daily **CBOD<sub>5</sub>** loading in the past 12 months: \_\_\_\_\_ milligrams per liter (mg/L)
- e) Estimate the total number of new connections anticipated, including other projects, in the next 12 months. (Municipalities in sewer districts need only estimate the number for your municipality.) \_\_\_\_\_ Connections
- f) Do the downstream collection facilities and WWTF have sufficient capacity to treat current flow and the flow from this and other approved connections not yet constructed?  Yes  No  
If no, explain: \_\_\_\_\_

**7. Bypasses/Overflows in the collection and treatment facilities (This includes overflows from municipalities that may manage only collection systems. Provide additional pages as needed to explain.)**

- a) Have there been any overflows, back-ups, releases or other discharges of wastewater from the collection system, including interceptor sewers, downstream of this project in the past 12-months?  Yes  No  
If yes, describe: \_\_\_\_\_
- b) Have there been any bypasses, overflows, releases or other discharges of partially treated wastewater at the WWTF in the past 12-months?  Yes  No  
If yes, describe: \_\_\_\_\_
- c) If yes to a) or b), what steps are being taken to address those events? \_\_\_\_\_

**8. Determination for the need of an Environmental Assessment Worksheet (EAW)**

Does any part of the system proposed with this project have a total ultimate average design flow greater than 1 MGD?  
 Yes  No

*Minn. R. 4410.4300, subp. 18, A. For expansion, modification, or replacement of a municipal sewage collection system resulting in an increase in design average daily flow of any part of that system by 1,000,000 gallons per day or more if the discharge is to a wastewater treatment facility with a capacity less than 20,000,000 gallons per day or for expansion, modification, or replacement of a municipal sewage collection system resulting in an increase in design average daily flow of any part of that system by 2,000,000 gallons per day or more if the discharge is to a wastewater treatment facility with the capacity of 20,000,000 gallons or greater, the MPCA shall be the Responsible Government Unit (RGU).*

*(Even if there are no connections proposed as part of this project an EAW must be completed prior to issuance of a permit.)*

**Has the project been reviewed in a previous Environmental Assessment Worksheet (EAW)?**  Yes  No

If yes, note the name of the project reviewed in the EAW, the RGU, and the date of the negative declaration:

Name of the project reviewed in EAW: \_\_\_\_\_

Responsible Governmental Unit: \_\_\_\_\_

Date of the negative declaration: \_\_\_\_\_

**9. Administrative table** (Complete the following table to be used for administrative purposes.) **Note:** *If completing form electronically, this section will fill in automatically based on above entries.*

Permittee:	_____		
Project title:	_____		
Flow increase MGD (from 5a):	_____ MGD	BOD <sub>5</sub> increase lbs/day (from 5b):	_____ lbs/day
Number of new homes connected (from 4a):	_____		
Number of existing homes not connected that will be connected (from 4a):	_____		
Commercial/Industrial that are <b>not currently connected</b> and will be connected (from 4b):	_____		
Acres:	_____	Lots:	_____
REU:	_____		
Other service area description (from 4c):	_____		

## Certification and Signature

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Federal Regulations (40 CFR Part 122.22) and State Regulations (Minn. Rule 7001.0060) require all permit applications to be signed as follows:

- A. For a corporation: by a responsible corporate officer. For the purpose of this permit, a responsible corporate officer means: 1.) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or 2.) The manager of one or more manufacturing, production or operating facilities employing more than 250 persons or having a gross annual sales or expenditures exceeding 425 million, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively.
- C. For a municipality, county or other political subdivision: by a principal executive officer or ranking elected official.
- D. For a state, federal or other public agency/agents: by a commissioner, assistant or deputy commissioner; director, assistant or deputy director.

### 1. Project Proposer's Signature

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."*

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. Design Engineer's Certification and Signature

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."*

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_ PE Registration No. \_\_\_\_\_

### 3. Permittee's Approval

*"My signature, or the signature of a delegated official, represents the approval of this project's connection to the sewer system and/or wastewater treatment facility under my jurisdiction. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."*

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Sanitary District or WWTF Approval - Authorized Municipal Official Signature (or delegated authority) from Sanitary Sewer District or Municipality, if different than Permittee

*"My signature, or the signature of a delegated official, represents the approval of this project's connection to the sewer system and/or wastewater treatment facility under my jurisdiction. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."*

**If the Sanitary Sewer District or Regional treatment authority has provided project approval under a separate process, a copy of that approval letter may be submitted with this application in place of this signature.**

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Design Certification for Sanitary Sewer Extension Plans and Specifications

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## Title of plans and specifications: \_\_\_\_\_

All sanitary sewer extensions shall be designed according to the latest version of the following recommendations, specifications, and guidelines (specific MPCA guidelines take precedence over other documents):

- *Recommended Standards for Wastewater Facilities, Great Lakes – Upper Mississippi River Board of State and Provincial Public Health and Environmental Managers. (Ten States Standards)*
- *Standard Utilities Specification, City Engineers Association of Minnesota.*
- *Design Flow and Loading Determination Guidelines, Minnesota Pollution Control Agency.*

## Fast track review process

- a. Answer questions No. 1-52 below.
- b. If both questions No. 29 and 52 are answered **Yes**:
  1. Sign the Fast Track Certification Statement if applicable.
  2. **Do not** submit plans and specifications (plans and specifications for some projects may be required to be submitted for review as part of a random audit to verify compliance with applicable standards).

## Detailed review process (This process may require additional time for completion)

- a. Answer questions No. 1-52 below.
- b. If either question No. 29 or 52 are answered **No**:
  1. Do not sign the Fast Track Certification statement.
  2. Sign the Statement for Detailed Review.
  3. Provide justification for not following the specified recommendations.
  4. Submit plans and specifications for review and approval.

## Design Flow:

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1. What is the per capita or per unit per day design flow? \_\_\_\_\_
2. If the design flow is less than 100 gallons per person per day, is the total based on an analysis of actual existing per capita flow to the treatment facility? \_\_\_\_\_
3. What is the design peaking factor? \_\_\_\_\_

## Sewer Pipe:

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Yes    No    N/A

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 4. Are all sewers designed without an overflow or bypass point?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are all gravity sewers at least 8 inches in diameter? ( <i>Answer N/A <b>only</b> if there are no gravity sewers.</i> )   |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 6. Are all sewers sufficiently deep to receive wastewater from basements and to prevent freezing, or is insulation provided for sewers that are not placed at a depth to prevent freezing?   |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 7. Is all nonconductive sewer pipe designed to be installed with a locate wire or equally effective means of marking the location in accordance with Minn. R. 7560.0150?<br><br>Additional information for this rule can be obtained from the Minnesota Office of Pipeline Safety Web site at <a href="http://www.dps.state.mn.us/pipeline/index.html">www.dps.state.mn.us/pipeline/index.html</a> or by calling 651-296-9636. |
|                          |                          |                          | 8. How will pipe be marked for location? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. If there are sewers that cross or enter any water body, has the Minnesota Department of Natural Resources (DNR) been contacted to determine if the project will require a permit for construction? ( <i>Answer N/A <b>only</b> if there are no sewers located in a water body.</i> )  |

**Sewer Pipe (continued):**

- | Yes                      | No                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. If the project has the potential to adversely impact wetlands, has a permit or approval from another official statewide program (U.S. Army Corps of Engineers, DNR, or Minnesota Wetlands Conservation Act) been issued to specifically address the project? ( <i>Answer N/A <b>only</b> if there are no impacts to wetlands.</i> )  |
|                          |                          |                          | 11. Name of program and permit number: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. If the project has the potential to adversely impact wetlands and a permit or approval from another official statewide program is <b>not</b> require, has the mitigation sequence according to Minn. R. 7050.0186, subp. 2, been followed? ( <i>Answer N/A <b>only</b> if there are no impacts to wetlands or a permit as described in #10 is required.</i> )<br><br>Check the box corresponding to the steps in the sequence followed:<br><input type="checkbox"/> 1. avoid the impact altogether<br><input type="checkbox"/> 2. minimize the impact by limiting the degree or magnitude of the actions and by taking affirmative actions to rectify the impact and reduce or eliminate the impact over time<br><input type="checkbox"/> 3. mitigate the unavoidable impacts by compensation according to the rule.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do the design plans and specification contain specific size and location requirements for reaction blocking or pipe restraint to withstand water hammer and other cyclic reversal of stresses associated with lift station operation? ( <i>Answer N/A <b>only</b> if there are no pressure sewers.</i> )   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Is there an air relief or vacuum relief valve provided at all high points in force mains? ( <i>Answer N/A <b>only</b> if there are no pressure sewers.</i> )   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Are grinder pumps or other solids removal equipment included for any force main that is less than 4 inches in diameter? ( <i>Answer N/A <b>only</b> if there is no pressure sewer or force main less than 4 inches.</i> )  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are all sewers designed with mean velocities when flowing full, of at least 2.0 feet per second, based on Manning's formula using an "n" value of 0.013?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Is the slope of 8-inch diameter gravity sewer at least 0.40 percent; 10-inch diameter sewer at least 0.28 percent; 12-inch diameter sewer at least 0.22 percent; 14-inch diameter sewer at least 0.17 percent; 15-inch diameter sewer at least 0.15 percent; 16-inch diameter sewer at least 0.14 percent; and 18-inch diameter sewer at least 0.12 percent? The pipe diameter and slope shall be selected to obtain the greatest practical velocities to minimize settling problems. Oversizing sewers to achieve flatter slopes should not be done. If proposed slopes are less than those listed above, what is the depth of flow and velocity of flow at the average wet weather flow and peak hourly wet weather flow (PHWW) for affected pipe sections?<br><br>AWW flow (mgd) = _____ Depth of flow = _____ (ft.) Velocity = _____ (fps)<br>PHWW flow (mgd) = _____ Depth of flow = _____ (ft.) Velocity = _____ (fps)<br><br>If sewer grades are less than those listed above, sedimentation problems, frequent sewer maintenance, and backups may result. All sewers with a slope less than the minimums listed above must be cleaned at least once per year to ensure problems to not develop and to develop a site specific maintenance interval. ( <i>Answer N/A <b>only</b> if no gravity sewer.</i> ) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Are individual service connections to the sewer designed to be water tight and do not protrude into the sewer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Are all gravity and pressure sewer pipes and water supply pipe separated horizontally by at least 10 feet and vertically by at least 1.5 feet when crossing?<br><br>If these separation distances cannot be obtained, an approval from the Minnesota Department of Health (MDH) and/or the Department of Labor and Industry (DLI) shall be included with this application.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Has an application for water supply and/or building sewer construction been submitted to the MDH or DLI? ( <i>Answer N/A <b>only</b> if there is no water supply piping included with this project.</i> )<br><br>Any project that involves the construction of water supply pipes may also require a permit from the MDH or the DLI. For additional information refer to the MDH Web site at <a href="http://www.health.state.mn.us/divs/eh/water/index.html">www.health.state.mn.us/divs/eh/water/index.html</a> or the DLI Web site at <a href="http://www.dli.mn.gov/CCLD/Plumbing.asp">www.dli.mn.gov/CCLD/Plumbing.asp</a> .  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Has an inventory of <b>all</b> wells on <b>all</b> properties in the project area been completed, and will all wells be at least 50 feet from buried sewers, lift stations and grinder stations, as required by Minn. R. ch. 4725 (Minnesota Well Code)?<br><br>For more information on well setbacks and exceptions to the 50-foot requirement, refer to the MDH Web site at <a href="http://www.health.state.mn.us/divs/eh/wells/index.html">www.health.state.mn.us/divs/eh/wells/index.html</a> or contact the MDH Well Management Section at 651-201-4600 or 1-800-383-9808.   |

**Sewer Pipe (continued):**

- | Yes                      | No                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Are all manholes at least 48 inches in diameter? (Answer N/A <b>only</b> if there are no manholes.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Are all manholes constructed to prevent surface water run off from entering through the cover? (Answer N/A <b>only</b> if there are no manholes.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Are drop manholes used at locations where the sewer pipe enters the manhole at an elevation of 24 inches or more above the manhole invert? (Answer N/A <b>only</b> if sewer pipes enter at an elevation less than 24 inches.)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Is the spacing between manholes 400 feet or less or if the spacing is greater than 400 feet, do operation and maintenance personnel have access to adequate cleaning equipment that can accommodate the spacing? (Answer N/A <b>only</b> if all pressure sewer.) |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 26. Will a leakage test be performed to demonstrate watertightness of the sewer pipes?<br>What test method will be used? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Will a deflection test be performed on all plastic gravity sewer after the pipe has been in place for at least 30 days? (Answer N/A <b>only</b> if televising or other method is used instead.)  |
| <input type="checkbox"/> |                          | <input type="checkbox"/> | 28. Will sewer line televising be performed? (Answer <b>only</b> as Yes or N/A.)   |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 29. Have questions #4 through #28 been answered as Yes or N/A?   |

**Lift Stations:**

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> |                          | Does the project include any work on a lift station? (If <b>No</b> , go to question No. 52 and answer Yes.)   |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 30. Will the lift station be fully operational and accessible during a 25-year flood?   |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 31. Will the lift station structural, electrical and mechanical equipment be protected from physical damage during at 100-year flood?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. Where high ground water conditions are anticipated, has the buoyancy of the lift station structure been considered and adequate provisions made to protect the structures? (Answer N/A <b>only</b> if high ground water conditions are not anticipated.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Are wet wells and dry wells completely separated and common walls are gas tight? (Answer N/A <b>only</b> if no dry well is included)  |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 34. Are multiple pumps provided such that with any unit out of service, the remaining units have capacity to handle the design peak hourly wet weather flow?  |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 35. Are all pumps capable of passing spheres of at 3 inches in diameter?  |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 36. Are all pump suction and discharge openings at least 4 inches in diameter?  |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 37. Are all electrical components in raw wastewater wet wells in compliance with National Electrical Code requirements for Class I Group D, Division 1 locations?   |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 38. There are no bypass or overflow pipes from the wet well?  |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 39. Are suitable shutoff and check valves placed on the discharge line of each pump?  |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 40. Are check valves located between the shutoff valve and the pump?  |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 41. Are check valves placed in the horizontal position, except ball valves which may be placed vertically?  |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 42. Are shutoff and check valves for submersible pump lift stations located in a separate valve pit? If a separate valve pit is not provided, are all valves easily accessible for maintenance?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43. If a drain line is provided between a valve pit or dry well and a wet well, is the drain line equipped with a gas and water tight valve or extended below the low water level in the wet well to prevent entry of hazardous cases to the valve pit? (Answer N/A <b>only</b> if a drain line is not included.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44. If continuous wet well ventilation is provided, are at least 12 complete air changes per hour provides? (Answer N/A <b>only</b> if submersible pump lift station.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45. If intermittent wet well ventilation is provided, are at least 30 complete air changes per hour provided? (Answer N/A <b>only</b> if submersible pump lift station.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46. If continuous dry well ventilation is provided, are at least 6 complete air changes per hour provided? (Answer N/A <b>only</b> if submersible pump lift station.)   |

**Lift Stations (continued):**

- | Yes                      | No                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47. If intermittent dry well ventilation is provided, are at least 30 complete air changes per hour for 10 minutes and 6 complete air changes per hour thereafter provided? ( <i>Answer N/A <b>only</b> if submersible pump lift station.</i> )  |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 48. Are provisions for flow measurement provided? Type: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 49. Are a sufficient number of running time meters provided to record when each pump is running and when multiple pumps are running at the same time?  |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 50. Is an appropriate alarm system provided to indicate power failure, pump failure, unauthorized entry, or other malfunction? Type of alarm: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 51. Are provisions included for emergency operation to prevent the bypassing or backup of sewage? Emergency pumping capability may be accomplished by connection to at least two independent utility substations, or by provision of portable or in-place electrical generation, or by portable pumping equipment? Type: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 52. Have questions No. 30 through No. 52 been answered as Yes or N/A?  |

**Fast Track Certification Statement** (Do not submit plans and specifications)

"I have answered Checklist items No. 29 and No. 52 above as **Yes or N/A** and hereby certify that the design plans and specifications for this project, to the best of my knowledge, conform to the requirements listed above. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the state of Minnesota."

Signature: \_\_\_\_\_ Typed or printed name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Statement for Detailed Review** (Plans and specifications must be submitted)

"I have answered **No** to Checklist item No. 29 or No. 52 because the design does not conform with all of requirements in the above listed standards, specifications, and guidelines."

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**List of standards, specifications, and guideline not complied with** (attach additional pages if needed):

Section number	Justification for variation