



# SSTS Change of Design Form

\_\_\_\_\_  
(Property Owner Name)

\_\_\_\_\_  
(Permit Number)

A change was made in the SSTS Design in the following area:

\_\_\_\_\_ Soil Treatment Area

\_\_\_\_\_ Septic Tank

\_\_\_\_\_ Dosing Chamber

Describe change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the change decreases capacity of the system or may affect the treatment capabilities of the septic system, it must be resubmitted to the Sibley County Environmental Services Department before approval.

\_\_\_\_\_  
(Inspector's Signature)

\_\_\_\_\_  
(Date)

I hereby certify as a State of Minnesota Licensed Designer, that this design meets at least the minimum technical standards and criteria for MN Rule Chapter 7080 – 7081.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)