Sanitary Sewer Extension Permit Application Western Lake Superior Sanitary District (WLSSD)

Address: 2626 Courtland Street - Duluth, MN 55806-1894



Instructions for Application Submittal

- Submit completed application and required supporting documents and fees to: Western Lake Superior Sanitary District, ATTN: Planning Department, 2626 Courtland Street, Duluth, MN 55806-1894
- WLSSD Sanitary Sewer Extension Permit Application can be found at: https://wlssd.com/doing-business/sewer-extensionsmodifications/
- Applications must be submitted a minimum of 14 days prior to scheduled WLSSD Planning Committee meetings (typically 3rd Tuesday of each month) in order to be on the meeting agenda
- A completed Minnesota Pollution Control Agency (MPCA) Sanitary Sewer Extension Permit Application and supporting documents must be submitted along with the WLSSD application form. Information on the MPCA application can be found at:_ https://www.pca.state.mn.us/water/wastewater-permit-forms
- A WLSSD staff review will be conducted upon receipt of the completed applications. Incomplete applications will be returned to applicant for resubmittal
- Completed applications will be reviewed by the WLSSD Planning Committee and if approved forwarded to the full WLSSD Board of
 Directors for consideration. The WLSSD Board convenes at 5:00 P.M. on the third or fourth Monday of the month in the WLSSD
 Administration Building at 2626 Courtland Street, Duluth MN. The complete District Board meeting schedule can be found at_
 www.wlssd.com
- Should the WLSSD Board approve the extension request, the applications and fees will be forwarded by WLSSD to the MPCA for review
- Should the WLSSD deny the application it will be returned to the applicant stating the reasons for denial

Information for Question #2 on MPCA Sanitary Sewer Extension Permit Application (Connections and Flow Components)

2A.	Design Average Wet Weather (AWW) flow: 48.4 MGD
2B.	Actual current annual average daily flow received in the past 12 months: 36.62 MGD
2C.	Percent of design flow: 75.70%

Project Contact Information

Project Title:

2.	Project Proposer Contact:				
	Contact Name:				
	Title:				
	Name of Firm/Organization:				
	Address:				
	Phone:				
	Email:				

3.	Design Engineer Contact:				
	Contact Name:				
	Title:				
	Name of Firm/Organization:				
	Address:				
	Phone:				
	Email:				
4.	Authorized City/Township/Sanitary District Contact:				
4.	Authorized City/Township/Sanitary District Contact: Contact Name:				
4.					
4.	Contact Name:				
4.	Contact Name: Title:				
4.	Contact Name: Title: Name of Firm/Organization:				
4.	Contact Name: Title: Name of Firm/Organization: Address:				

Propos	Proposed Project Details				
1.	Description of Proposed Project:				
2.	Location of Proposed Project:				
3.	Describe the existing and future areas to be served by this extension:				
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4					
4.	Describe how this project is consistent with local land use plans:				

5. Where will the pro	posed flow enter into the WLSSD collection sys	item?		
6. Who will be respo	onsible for future operations and maintenance of	f the new sewer infrastructu	ure?	
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Information Required for	or a Complete Application			
☐ Completed ar	nd signed WLSSD application form			
☐ Completed ar	nd signed Minnesota Pollution Control Agency (a	application and required fe	e)	
•	nd attached MPCA Design Flow and Loading De			
https://w	ww.pca.state.mn.us/sites/default/files/wq-wwtp5	<u>-20a.xlsx</u>		
Cartifications				
Certifications				
Project Engineer				
assure that qualified personn	cument and all attachments were prepared under my el properly gather and evaluate the information evalu lief, true, accurate and complete.			
Signature:	Printed Name:	L	icense #	
Date:				
City or Township Repres	entative:			
I certify that:				
	er extension is consistent with local community devel compliant with its Permitted Peak Flow and the WLS			
	er extension meets the requirements of the municipal			t of fats,
"My signature, or the signatur and is compliant with the state	re of a delegated official, represents the approval of t ements above"	his project's connection to the	e sewer system under my juris	diction
Signature:	Printed Name:			
Date:				