



Sewer and Water Connection Overview - Commercial

The following is an overview of the requirements and process for connecting to City sewer and water.

Step 1: Submit SAC Determination to Metropolitan Council

Although the SAC fees are paid to the City, the actual SAC Determination is completed by the Metropolitan Council. You must submit a SAC Determination application along with the required supporting documentation to the Met Council and receive a determination prior to issuance of the permit. SAC fees are based on SAC Determination.

***The Met Council's review can take several weeks; it is recommend submitting for your SAC Determination as soon as possible and at least 2-4 weeks prior to submitting for City permits.**

[https://metro council.org/Wastewater-Water/Funding-Finance/Rates-Charges/Sewer-Availability-Charge/SAC-basics-for-business-and-property-owners-\(1\).aspx](https://metro council.org/Wastewater-Water/Funding-Finance/Rates-Charges/Sewer-Availability-Charge/SAC-basics-for-business-and-property-owners-(1).aspx)

Contact: Metropolitan Council SAC at 651-602-1770 or SACprogram@metc.state.mn.us

Step 2: Submit City Permit Applications: Include **Site Plan, Supplement, and SAC Determination** (City Permits: 1: Sewer and Water Hookup; 2: Plumbing. Submit at same time.)

1. **Water** Hook-up/Connection [City permit] **Fee:** \$100 (includes review and 1 inspection, if more than 1 inspection is required, a \$45 fee will be added for each inspection)
 - a. Material?
 - b. Size and Length?
 - c. Pressure tested? Other testing/disinfection?
 - d. Depth?
 - e. Tracer wire required for plastic water line.

- Sewer** Hook-up/Connection [City permit] **Fee:** \$100 (includes review and 1 inspection, if more than 1 inspection is required, a \$45 fee will be added for each inspection)
 - f. Submit SAC Determination Application to Metropolitan Council
 - g. Material?
 - h. Size and Length?
 - i. Pressure tested?
 - j. Depth?
 - k. Sump cannot be connected to sanitary sewer.
 - l. Although tracer wire is **not** required for plastic sewer line, it is highly recommended.

Site Plan is required for both sewer and water. The site plan must show the location and depth of street connections, building connections, route(s), and type of installation. Site plan must also show existing well (and water supply to building if the well is to remain), and distance to sewer line. *A site plan as-built sketch is also required for both sewer and water.*

Sewer and Water Hook-up Supplement is required for both sewer and water. The supplement can be found in this packet and must be completed and submitted with the application. Must indicate water meter size. Standard size is 5/8" x 3/4".

SAC Determination (completed by Metropolitan Council) is required and must be submitted with the City permit application.

2. **Plumbing Permit** [City permit] **Fee:** \$51 (+ \$5 per Fixture)
 - a. Includes interior connection and/or alterations
 - i. If well is to be disconnected, it must be sealed per MDH requirements. (see below)
 - ii. If well is to remain, it must be separated/isolated from the municipal supply. (i.e. no cross-connections)
 - b. **Water Meter** [City] Fee: Cost + 10% (5/8" meter is standard)
 - c. Size required? (indicate on Sewer and Water Hook-up Supplement)
 - d. 5/8" is standard size. If a different size is needed, it must be ordered and may take more time.
 - e. Must be installed by a licensed plumber
 - f. Inspected by Public Works/Building Inspector

All connections must be made by a licensed installer. Plumbing must be completed by a licensed plumber.

Contact: Metro West Inspections at 763-479-1720

Step 3: The following items are not required at permit issuance, but must be submitted to the City at or prior to the final inspection.

Well Sealing/Abandonment [Minnesota Department of Health – MDH]

- a. Must supply copy of Well and Boring Sealing Record to City.
<http://www.health.state.mn.us/divs/eh/wells/sealing/index.html>

Contact: Minnesota Department of Health Well Management at 651-201-4600 or health.wells@state.mn.us

Septic Abandonment [County permit]

- a. Must supply copy of compliance inspection to City at final Inspection.
<https://www.hennepin.us/-/media/hennepinus/business/licenses-permits/documents/septic-permit-application.pdf>

Contact: Hennepin County Septic at 612-543-5200 or epi-envhlth@hennepin.us

Step 4: Permit Application Review

The City and its contracted Building inspector (Metro West Inspection Services) will review the permit materials. If there is missing information or clarification is needed, this may slow the review process.

Step 5: Construction/Installation and Inspections

The City and Contracted Building inspector (Metro West Inspection Services) will inspect the project. There will be a minimum of three inspections, however, some inspections may be completed at the same time (further inspections may be deemed necessary depending on proposed construction, routes, materials, etc.):

1. **Sewer Connection (at street stub)**
2. **Water Connection (at street stub)**
3. **Plumbing (Interior work: including well disconnect, meter install and alterations.)**

Step 6: Service and Billing

After the meter is installed, your property is considered in service and base and usage rates will apply for both sewer and water. You should expect to see your first bill within 45 days, then monthly after that. **Please complete the Utility Services Application and submit with your application or prior to meter install. This form is required for billing purposes and indicates the responsible party to be billed.**



Sewer Availability Charge (SAC) 2024 DETERMINATION APPLICATION

Return application, forms and plans to: SACprogram@metc.state.mn.us

If filling form out by hand, you must print clearly. We will reject incomplete or illegible forms.

CURRENT PROJECT INFORMATION (You must fill in all answers)

Business Name: _____
Type of Business: _____
Estimated Year of Occupancy: _____
Site Address (if address not assigned, need street intersections): _____
Suite Number: _____
City Name: _____
Site Location / Campus (e.g. Mall of America; etc.): _____
Parcel Identification Number (PID): _____
Original Building Construction Year: _____
Describe What You Are Doing: _____

PREVIOUS SITE/BUSINESS INFORMATION (You must fill in all answers if this project is not a brand new building. All addresses of demolished buildings must be listed.)

Previous Business Name in same space as current project: _____
Previous Type of Business: _____
Estimated Year(s) of Occupancy: _____
Previous Site Address (if different than current project): _____
Previous Suite Number (if different than current project): _____
Entire Building Has Been or Will Be Demolished? (Check no or yes) ____ No or ____ Yes, Year _____

CONTACT INFORMATION (You must fill in all answers)

Contact Name for Questions and Copy of Determination: _____
Company Name: _____
Contact Phone Number (xxx-xxx-xxxx): _____
Contact Email Address: _____

See next page for Instructions on how to fill out the Application, Submittal Checklist and Additional Submittal Requirements



Sewer Availability Charge (SAC) 2024 DETERMINATION APPLICATION INSTRUCTIONS & CHECKLIST

APPLICATION INSTRUCTIONS

1. **Business Name and Type of Business** – Name of the business that the SAC determination calculation is for and the type of business it is. (e.g. office, apartment, learning center, retail, clinic, etc.)
2. **Estimated Year of Occupancy** – What year did (or will) this business move into this space?
3. **Site Location/Campus** – The name of the building, such as Mall of America, Centennial Lakes, City Centre, etc.
4. **Parcel Identification Number** – This is a unique number assigned by the County for the specific property where the building is located. If you don't know this information, you will need to contact the County, County website, City or property owner to get it. This helps us identify exactly where the property is located on a map.
5. **Original Construction Year** – When the building was originally built. If you don't know this information, you will need to contact the County, County website, City or property owner to get it.
6. **Project Description** – Describe the specific work you are doing at the property so that the SAC charges are assessed correctly.
7. **Previous Site/Business** – This helps identify potential SAC credits that could lower your SAC charges. Enter the previous business name, type of business, and estimated years of occupancy that the new business will be taking over. If the previous address/suite number is different than the current address/suite number, enter this here.
8. **Contact Information** – This is the person the SAC Technician will contact if there are any questions. A copy of the determination letter will also be sent to this person. If more than one contact, must enter both on form.
9. **Save this Transmittal-A form and email with the other items from the list below.**

ITEMS YOU ARE REQUIRED TO SUBMIT

The following items must be included in your determination application to be accepted:

1. SAC Determination Application (Transmittal-A) – fill out all lines
2. Site Plan or an aerial photo pinpointing the location of the building
3. Architectural Floor Plans Sheet Only (do not send full set of plans or application will be rejected). Must be:
 - a. The **entire** gross square feet for the entire tenant/business space (not just the portion of remodel)
 - b. Scalable or with individual dimensions shown on the plan for every room and every space
 - c. All rooms labeled on the plan for the intended use of the space, or room schedule
 - d. Plumbing and fixture layout (for airplane hangars, animal clinic/grooming, arena team/referee room, concession building, mini storage, park shelter, and parking garage)
 - e. Do not send foundation, ceiling, power, electrical, or finish plan sheets or application will be rejected.
4. Additional Transmittal or Affidavit forms – Please review Transmittal-B, Affidavit-A, Affidavit-B or Reclaim forms to see if they apply to your specific project. Fill out all those that apply.

ADDITIONAL ITEMS THAT MAY BE REQUESTED FOR REVIEW

1. Building Tenant Layout – Plan or drawing showing the location of the current business in the whole building
2. Demolition Floor Plans – This helps identify the previous use to determine potential credits. Must be:
 - a. Scalable or with individual dimensions shown on the plan for every room and every space
 - b. All rooms labeled on the plan for the previous use of the space, or room schedule



SewerAvailabilityCharge(SAC)

2024 ADDITIONAL SUBMITTAL REQUIREMENTS

CURRENT PROJECT INFORMATION (Both business and city name are required)

Business Name: _____ City Name: _____

ADDITIONAL INFORMATION (Answer those that apply to your business and label floor plan)

Animal Care or Facilities (grooming, salon, boarding, veterinary, daycare, etc.)

Number of grooming/drying stations: _____ Number of grooming tubs: _____

What size are the floor drains: _____

Apartment Building/Assisted Living/Elderly Housing

Number of Units: _____

Is there a parking garage present? No -or- Yes, *Fill Out Parking Garage Below*

Is there a common laundry? No -or- Yes

Do any units have a washing machine or hook-up? No -or- Yes, in how many units? _____

Catering/Meals-to-Go

What is the maximum potential number of meals that can be prepared on the busiest day? _____

Is dishwashing available? No -or- Yes

Dialysis

Number of Dialysis Chairs: _____ Treatments per Chair per Day: _____

Dialysis Gallons Per Treatment: _____ Dialyzer Gallons Per Treatment: _____

Number of RO Reject Units: _____ Gallons Per RO Reject Unit: _____

Number of Filters: _____ Gallons Per Filter: _____

Number of Regeneration/Backwash Units: _____ Gallons Per Regeneration/Backwash Unit: _____

Golf Course/Country Club

Is the dining room for members only? No -or- Yes

Is the dining room used evenings and weekends only? No -or- Yes

Hotel/Motel

Is breakfast complementary? No -or- Yes

Is there a parking garage present? No -or- Yes, *Fill Out Parking Garage Below*

Parking Garage/Floor Drains (label floor drains and hose bib on plans)

What size are the floor drains: _____ Which floors are connected to sanitary sewer: _____

Is there a car wash bay/port? No -or- Yes

Theater

Maximum number of shows per day? One Show -or- More than One Show

I certify that I have read and understood all questions in this form and that my answers are true to my knowledge and belief. I also understand that giving false information in this affidavit is fraudulent, that my SAC fees will be recalculated, and I will be held responsible for any additional SAC fees.

Print Name of Business Owner: _____

Date: _____

Signature of Business Owner _____



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Commercial City Sewer and Water Connection Submittal Checklist

- _____ Completed online permit application and Sewer and Water supplement (attached)
 (Sewer and Water Hook-up - exterior work)

- _____ SAC Determination (as determined by Metropolitan Council). See Handout Overview or below for SAC Determination information.

- _____ Proposed site plans showing location of sewer and water lines and connections, existing structures, wells, etc.

- _____ Completed Septic Permit application **submitted to Hennepin County.**
 *Provide copy of Hennepin County Compliance Report and Well Sealing Record at final inspection.

Commercial Sewer and Water Connection

SAC Determination is paid to the City. A SAC Determination Application must be submitted to the Metropolitan Council for review and determination: [https://metro council.org/Wastewater-Water/Funding-Finance/Rates-Charges/Sewer-Availability-Charge/SAC-basics-for-business-and-property-owners-\(1\).aspx?source=child](https://metro council.org/Wastewater-Water/Funding-Finance/Rates-Charges/Sewer-Availability-Charge/SAC-basics-for-business-and-property-owners-(1).aspx?source=child)

Septic Abandonment requires a Hennepin County Permit. A copy of the compliance report must be submitted to the City at or prior to final inspection.

Site plan must show location and depth of street connections, building connections, route(s), and type of installation. Site plan must also show existing well (and water supply to building if the well is to remain), and distance to sewer line. An as-built sketch will also be required.

All connections must be made by a licensed installer.

Fees:

Water Hook-up Permit	\$100 (+ \$45 per re-inspection)
Sewer Hook-up Permit	\$100 (+ \$45 per re- inspection)
SAC Fee	TBD by Met Council (\$2,485 per SAC Unit)
Plumbing Permit	\$51.00 + \$5.00 per Fixture
Septic Abandonment Permit	Hennepin County
Well Sealing	Minnesota Department of Health (MDH)
Water Meter	Based on meter size (5/8" Meter: STANDARD)

PLEASE NOTE: TLAC and WAC fees that have not been paid (or previous arrangements made) will be due at permit issuance. These fees are not listed above.



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SEWER AND WATER HOOK-UP SUPPLEMENT

Owner's Name _____ Phone # _____

Site Address _____ PID: _____ - 119 - 23 - _____ - _____

S&W Contractor's Name _____ Phone # _____

Address _____ License: _____

Plumbing Contractor's Name _____ Phone # _____

Address _____ License: _____

1. Water Hook-up/Connection: Installation: Dual Trench? Separate Trench? Other? _____
 Material: _____ Size: _____ Length: _____
 Depth: _____ Pressure Test/Disinfection: _____

**Tracer Wire Required for Plastic Water Line*

2. Sewer Hook-up/Connection: Installation: Dual Trench? Separate Trench? Other? _____
 Material: _____ Size: _____ Length: _____
 Depth: _____ Pressure Test/Other Test: _____

**Tracer Wire Recommended.*

**Televising is recommend for drilled/bored sewer .*

***Sump cannot be connected to sanitary sewer.*

3. SAC Determination (Attach): Total number of SAC Units: _____

4. Plumbing Permit: Connection ONLY Other work: _____ (Include plans)

5. Septic Abandonment: Permit from Hennepin County

**Copy of Hennepin County compliance report to be submitted to City at final inspection.*

6. Will the well(s) be abandoned and sealed? Yes _____ No _____

A. If yes, Well Contractor: _____ License: _____

**Provide copy of Well and Boring Sealing Record to City*

B. If no, well supply must be separated/isolated from municipal supply. (i.e. no cross connections)

7. Water Meter Size required: _____

I, the undersigned, accept the terms and conditions of the permit, and agree to fully comply with the City of Corcoran as well as all federal, state, county, and local rules and regulations pertaining to this project.

Applicant's Signature _____ Date _____

A permit issued by the City shall not be construed as permission to proceed without approval from all appropriate agencies.



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APPLICATION FOR UTILITY SERVICES

Service Address: _____

Owner Renter Closing Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (Optional) _____ Cell Phone: (_____) _____

Email Address: (Optional) _____

In consideration of the City of Corcoran providing utility services of water, sewer, and storm water, the undersigned being the owner(s) and/or renter(s) of the real property listed above, affirms that all information on this application is true and correct. I/We will assume the full responsibility of all financial obligations at the above address. I/We have been informed that in the event of non-payment for any of the above-referenced utility services, the City of Corcoran may assess said unpaid charges, penalties, and fees against the real property so served pursuant to Corcoran Code of Ordinances, Chapter 51. The City of Corcoran shall assess said unpaid charges by certifying the amount to the Hennepin County Auditor for collection as a real property tax.

Please be aware if the prior owner of your property leaves an unpaid balance, this amount will be assessed to the property for collection with taxes. To avoid this, please contact your title company to verify the final balance will be paid. You may contact the City to verify payment has been made.

This application will remain in effect until I/we have notified the City in writing to discontinue service. I/We agree to comply with the City Ordinances that govern the use of these utilities.

I/We agree to permit the authorized agents of the City free access to premises for the purpose of inspection, repair, replacement or service to the water meter and its components as needed.

Please email the signed Application for Utility Services to utilitybilling@corcoranmn.gov, or print out and mail to: City of Corcoran, 8200 County Road 116, Corcoran, MN 55340.

Signature of Owner: _____ Date: _____

Printed Name(s): _____

Signature of Renter(s): _____ Date: _____

Printed Name(s): _____

HENNEPIN COUNTY

PUBLIC HEALTH

A septic permit must be obtained before beginning any activity requiring a permit under Hennepin County Ordinance No. 19 – Individual Sewage Treatment Systems Standards. **Please check the activity below, then submit application, fee and complete design to this office.** It is the duty of the applicant to notify the Health Authority at least 24 hours before the date/time the inspection is needed. [excludes weekends/holidays]
 Checks or money orders should be made payable to: **HENNEPIN COUNTY TREASURER.** **Permit expires one year after date of issuance.**

Owner Name: _____
 Site Address: _____ City / Zip: _____
 Parcel No.: _____ Resid/Business: _____

<input checked="" type="checkbox"/>	Activity	Permit Fee & Supporting Information
<input type="checkbox"/>	Type IV or V septic system requiring an operating permit	\$750 – site evaluation and design
<input type="checkbox"/>	Type I, or III (floodplain) septic system installed by owner	\$524 – site evaluation and design
<input type="checkbox"/>	Type I, or III (floodplain) septic system installed by licensed installer	\$421 – site evaluation and design
<input type="checkbox"/>	Type II holding tank installation, privy or a septic tank replacement	\$208 – site location
<input type="checkbox"/>	Septic system rejuvenation	\$103 – site location, activity report, outcome
<input type="checkbox"/>	Abandonment of a system/tank(s)	\$103 – pumping record and site location
<input type="checkbox"/>	Septic tank pumping filing fee	\$37 – activity log and site location
<input type="checkbox"/>	Operating permit renewal fee – Residential	\$99
<input type="checkbox"/>	Operating permit renewal fee – Business	\$201
<input type="checkbox"/>	Septic review for newly platted subdivision or lot split	\$192 – per lot
<input type="checkbox"/>	Design revision submitted AFTER permit approval	\$156 – requiring additional design review
<input type="checkbox"/>	Septic system inspection fee – per time	\$156

Total Fees: \$ _____

- Permit fees include design/plan review and construction inspections.
- A permit is required for abandoning an existing system that is not part of the installation of a new/replacement system. All systems must be pumped prior to abandonment.
- Conditional approvals of abandonment will be issued pending receipt of SSTS Abandonment Reporting Form required by state law to be submitted within 90 days of abandonment. [We request 1 or 2 photos of the abandonment in process as well]

Designer: _____
Name Address MPCA License No.

Installer: _____
Name Address MPCA License No.

Maintainer: _____
Name Address MPCA License No.

I certify that the information on the forms provided are accurate and complete. *Please print clearly where appropriate.*

Applicant Name: _____ Company: _____
 Email: _____ Phone: _____
 Applicant Signature: _____ Date: _____

Permit No.: _____ Receipt No.: _____ Approval Date: _____

Site Staked? _____ *Date Staked* _____ If the septic location cannot be determined during permit design review, a **Reinspection Fee of \$156.00** will be charged to the **Applicant.**

Installers—Please Note! Elevations at rough-up and rockbed inspection will be completed to ensure the required system separation identified in the design have been met.

❖ **ONCE APPROVED A COPY WILL BE RETURNED TO YOU WITH THE APPROVING INSPECTOR'S NOTES HERE.**





SSTS Abandonment Reporting Form

Subsurface Sewage Treatment Systems (SSTS) Program

Instructions

This form is offered to meet the abandonment requirements of Minn. R. 7080.2500 and Disclosure Requirements of Minn. Stat. § 115.55, subd. 6. Future water supply well placement can also be affected by an abandoned SSTS.

The use of this form is not mandatory; however the information on this form must be submitted to the local government unit (LGU) within 90 days after the abandonment. This form may be completed by a certified SSTS practitioner or by an individual who has direct knowledge of how the system was abandoned.

Property Information

Date of abandonment: _____ Reason for abandonment: _____

Property owner name(s): _____

Property owner's address: _____

City: _____ State: _____ Zip: _____

Site address (if different): _____

City: _____ State: _____ Zip: _____

Compliance Information

1. All solids and liquids removed from all tanks? Yes No

Disposal Site: _____

2. All electrical devices and devices containing mercury removed? Yes No

Disposal Site: _____

3. All underground sewage tanks crushed and filled with soil or rock material? Yes No **or**
 Removed and disposed off site? Yes No

Disposal Site: _____

4. Contaminated materials* removed and disposed off site? Yes No

Disposal Site: _____

5. All underground cavities** crushed and filled with soil or rock material? Yes No **or**:
 Removed and disposed off site? Yes No

Disposal Site: _____

6. Future discharge to system permanently denied? Yes No

Method(s) used: _____

*Contaminated materials = Distribution media, soil or sand within three feet of the system bottom, distribution pipes, geotextile fabric/rosin paper/straw, tanks, contaminated soil around leaking tanks, any soil that received sewage from a surface failure (7080.2500 subp.3).

**Underground cavities = Cesspools, leaching pits, drywells, seepage pits, vault privies, pit privies, pump chambers (7080.2500 subp. 1). Does not include chamber media, drop boxes, or distribution boxes.

Map

Include location of building sewer, septic tank(s), soil dispersal system, cesspools, seepage pits, and other pits. Also include a permanent reference point(s) and dimensions.

↑ North

Certification

I hereby certify the system was abandoned in accordance with Minn. R. 7080.2500 and any local requirements.

Name (please print): _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ License # if applicable): _____

Date: _____ Signature: _____