COUNTY OF BECKER

Planning and Zoning

915 Lake Ave, Detroit Lakes, MN 56501

Phone: 218-846-7314 ~ Fax: 218-846-7266

July 31, 2020

Craig W & Wanda R Mozley
PO Box 144
Hitterdal, MN 56552

COPY

Re Property: 01.0111.001

To Whom it May Concern,

A compliance inspection form was submitted into our office 07/30/20 stating the existing septic system servicing the property is noncompliant per inspection conducted 07/13/20.

The existing septic system is to be upgraded, repaired, or replaced per State and County regulations. You have 10 months from the date of non-compliance to update the system.

Enclosed is a list of ISTS contractors. An application for an upgraded system must be submitted into the office, with the installation completed within 10 months.

Any questions, please contact our office at 218-846-7314. Thank you.

Rachel Bartee

Rachel Bartee

Zoning Technician

Minnesota Pollution Control Agency

520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply.

Submit completed form to Local Unit of Government (LUG) and system owner within 15 days

For local tracking purposes:
RECEIVED
JUL 30 2020
ZONING

System Status

System status on date (mm/dd/yyyy): 7/13/2020

☐ **Compliant – Certificate of Compliance**
(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)

☒ **Noncompliant – Notice of Noncompliance**
(See Upgrade Requirements on page 3.)

Reason(s) for noncompliance *(check all applicable)*

- ☐ Impact on Public Health *(Compliance Component #1) – Imminent threat to public health and safety*
- ☐ Other Compliance Conditions *(Compliance Component #3) – Imminent threat to public health and safety*
- ☐ Tank Integrity *(Compliance Component #2) – Failing to protect groundwater*
- ☐ Other Compliance Conditions *(Compliance Component #3) – Failing to protect groundwater*
- ☒ Soil Separation *(Compliance Component #4) – Failing to protect groundwater*
- ☐ Operating permit/monitoring plan requirements *(Compliance Component #5) – Noncompliant*

Property Information

Property address: 10206 Cty Hwy 14, Hitterdal,MN 56552
Parcel ID# or Sec/Twp/Range: 010111001
Property owner: Wanda Mozley
Reason for inspection: Sale
or
Owner's representative:
Owner's phone: 701-361-1379
Local regulatory authority: Becker County
Representative phone:
Brief system description: 1500/2 comp tank, gravity flow to gravelless pipe drainfield. 750 sq.ft.
Regulatory authority phone: 218-846-7314
Comments or recommendations:

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

Inspector name: Phil Stoll
Certification number: 7526
Business name: Stoll Inspections
License number: 2982
Inspector signature: Phil Stoll
Phone number: 218-839-1849

Necessary or Locally Required Attachments

☒ Soil boring logs ☐ System/As-built drawing ☒ Forms per local ordinance
☐ Other information (list):

Property address: 10206 Cty Hwy 14, Hitterdal,MN 56552 Inspector initials/Date: PJS | 7/13/2020 (mm/dd/yyyy)

1. Impact on Public Health – Compliance component #1 of 5

Compliance criteria:

System discharges sewage to the ground surface.	☐ Yes ☒ No
System discharges sewage to drain tile or surface waters.	☐ Yes ☒ No
System causes sewage backup into dwelling or establishment.	☐ Yes ☒ No

Any "yes" answer above indicates the system is an imminent threat to public health and safety.

Comments/Explanation:

Verification method(s):

- ☒ Searched for surface outlet
- ☒ Searched for seeping in yard/backup in home
- ☐ Excessive ponding in soil system/D-boxes
- ☐ Homeowner testimony *(See Comments/Explanation)*
- ☐ "Black soil" above soil dispersal system
- ☐ System requires "emergency" pumping
- ☐ Performed dye test
- ☐ Unable to verify *(See Comments/Explanation)*
- ☐ Other methods not listed *(See Comments/Explanation)*

2. Tank Integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, or leaching pit. *Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.*	☐ Yes ☒ No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	☐ Yes ☒ No

Any "yes" answer above indicates the system is failing to protect groundwater.

Comments/Explanation:

Verification method(s):

- ☒ Probed tank(s) bottom
- ☒ Examined construction records
- ☐ Examined Tank Integrity Form *(Attach)*
- ☐ Observed liquid level below operating depth
- ☐ Examined empty (pumped) tanks(s)
- ☐ Probed outside tank(s) for "black soil"
- ☐ Unable to verify *(See Comments/Explanation)*
- ☐ Other methods not listed *(See Comments/Explanation)*

3. Other Compliance Conditions – Compliance component #3 of 5

a. Maintenance hole covers are damaged, cracked, unsecured, or appear to be structurally unsound. ☐ Yes* ☒ No ☐ Unknown

b. Other issues *(electrical hazards, etc.)* to immediately and adversely impact public health or safety. ☐ Yes* ☒ No ☐ Unknown
System is an imminent threat to public health and safety.

Explain:

c. System is non-protective of ground water for other conditions as determined by inspector . ☐ Yes* ☒ No
System is failing to protect groundwater.

Explain:

Property address: 10206 Cty Hwy 14, Hitterdal,MN 56552 Inspector initials/Date: PJS | 7/13/2020 (mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: 9/3/1996 (mm/dd/yyyy) ☐ Unknown

Shoreland/Wellhead protection/Food beverage lodging? ☒ Yes ☐ No

Compliance criteria:

For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment: Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No
Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment: Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	☐ Yes ☒ No
"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080. 2350 or 7080.2400 (Advanced Inspector License required) Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No

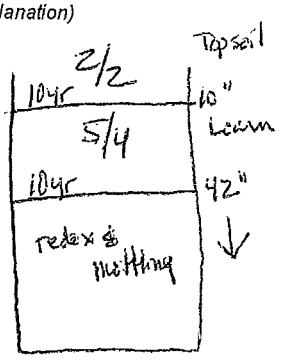
Any "no" answer above indicates the system is failing to protect groundwater.

Verification method(s):

Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.

☒ Conducted soil observation(s) *(Attach boring logs)*
☐ Two previous verifications (*Attach boring logs)*
☐ Not applicable *(Holding tank(s), no drainfield)*
☐ Unable to verify *(See Comments/Explanation)*
☐ Other *(See Comments/Explanation)*

Comments/Explanation:



Indicate depths or elevations

A. Bottom of distribution media	30"
B. Periodically saturated soil/bedrock	42"
C. System separation	12"
D. Required compliance separation*	36"

*May be reduced up to 15 percent if allowed by Local Ordinance.

5. Operating Permit and Nitrogen BMP* – Compliance component #5 of 5 ☒ Not applicable

Is the system operated under an Operating Permit? ☐ Yes ☐ No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP? ☐ Yes ☐ No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria

a. Operating Permit number: _____ Have the Operating Permit requirements been met?	☐ Yes ☐ No
b. Is the required nitrogen BMP in place and properly functioning?	☐ Yes ☐ No

Any "no" answer indicates Noncompliance.

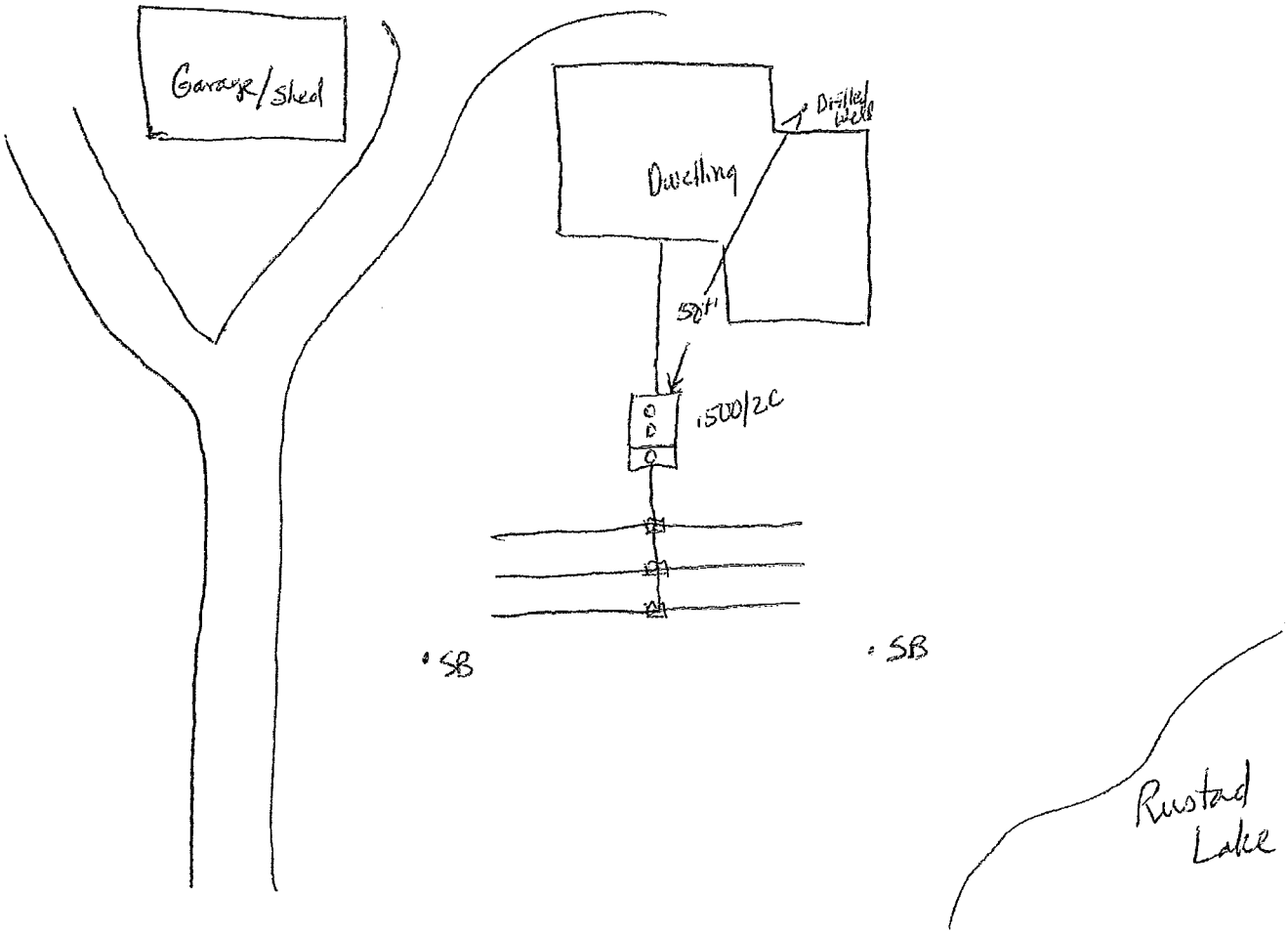
Upgrade Requirements *(Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.*

Parcel Number: 01011001

Date & Initial: 7/13/20 PJS

System Drawing

The system drawing which includes and identifies a graphic scale in feet or indicates all setback distances, all septic/holding/lift tanks, drainfields, wells within 100 feet of system (indicate depth of wells), dwelling and non-dwelling structures, lot lines, road right-of-ways, easements, OHWLs, wetlands, and topographic features (i.e. bluffs).



Additional Comments: Septic is Non-Compliant

BECKER COUNTY PLANNING & ZONING SE/96

829 LAKE AVENUE, PO BOX 787
DETROIT LAKES, MN 56502-0787
PHONE (218) 846-7314 - FAX (218) 846-7266

INSTALLATION PERMIT FOR
INDIVIDUAL SEWAGE TREATMENT

FIRE NO. _____

PERMIT/RECEIPT NO. 10339

TAX PARCEL NUMBER 01.0111.001

LEGAL DESCRIPTION

Beg 1684.39' SE of NW Cor Th S 89.79'

LAKE/STREAM NAME	LK/STR CLASS	SECTION	TWP	RANGE	TOWNSHIP NAME
Rustad	NE	31	141	43	Atlanta

PROPERTY OWNER	ADDRESS/ CITY/ STATE	PHONE NO
Jerry Erickson	P.O Box 495 Mc Intosh MN	

INSTALLER	LICENSE NO	PHONE NO
Grant Ohm	932	

SEWAGE TREATMENT SYSTEM DATA

WORK CATEGORY

(X) NEW SYSTEM
( ) REPAIR

TYPE OF SYSTEM

(X) SEPTIC TANK/DRAINFIELD
( ) DRAINFIELD ONLY
( ) HOLDING TANK
( ) ALTERNATE (specify)
_____
( ) LIFT STATION

SIZE OF TANK
1500 s/c GALLONS

SIZE OF DRAINFIELD
750 FT2

SYSTEM LENGTH
250 FT

NUMBER OF TRENCHES 3

ESTIMATED FLOW 450 GPD

TYPE OF DRAINFIELD

(X) STANDARD (gravelless)
( ) STANDARD (rock trench)
( ) STANDARD (bed)
( ) MOUND (pressure distb)

SIZE OF LIFT STATION
NA GALLONS

SIZE OF PUMP
NA

DEPTH TO RESTRICTING LAYER 5'

MAXIMUM DEPTH OF SYSTEM 2'

PERC RATE 26

SSF 1.67

SIZE OF GRAVELLESS PIPE 4 inch

DEPTH OF ROCK _____

I hereby certify with my signature that all the data contained herein as well as all supporting data are true and correct to the best of my knowledge. I also understand that this permit is valid for a period of six (6) months.

Signature on site evaluation — Signature
9/3/96 — Date

Any changes to the permit must first be approved by Becker County Planning & Zoning. No system shall be covered up without inspection by Becker County Planning & Zoning.

Site Plan as approved on Site Evaluation.

R01.0111.001

site plan attached

For Office Use Only

Application Fee 45.00 State Surcharge .50 Total $45.50

[ ] Application is hereby denied

[X] Application is hereby granted to J. Erickson to install an individual septic system according to the specifications of the site evaluation and design submitted to the Becker County Environmental Services Office. By Order of:

Debi Mottaz 9/3/96

Signature of Becker County Qualified Employee Date

This permit expires on 3/3/97

BECKER COUNTY PLANNING & ZONING
829 Lake Avenue, P O Box 787
Detroit Lakes, MN 56502-0787
Phone (218) 846-7314, Fax (218) 846-7266

01.0111.001

SE/4 6

Onsite Septic System Site Evaluation/Design

Fire Number 1032

Tax Parcel Number 01.0111.001

Legal Description:
2 ACRES Pt Lot 6 Beg 1684.39' SE of NW Cor Th S 89.79'

Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name
RUSTAD	NE	31	141	43	ATLANTA

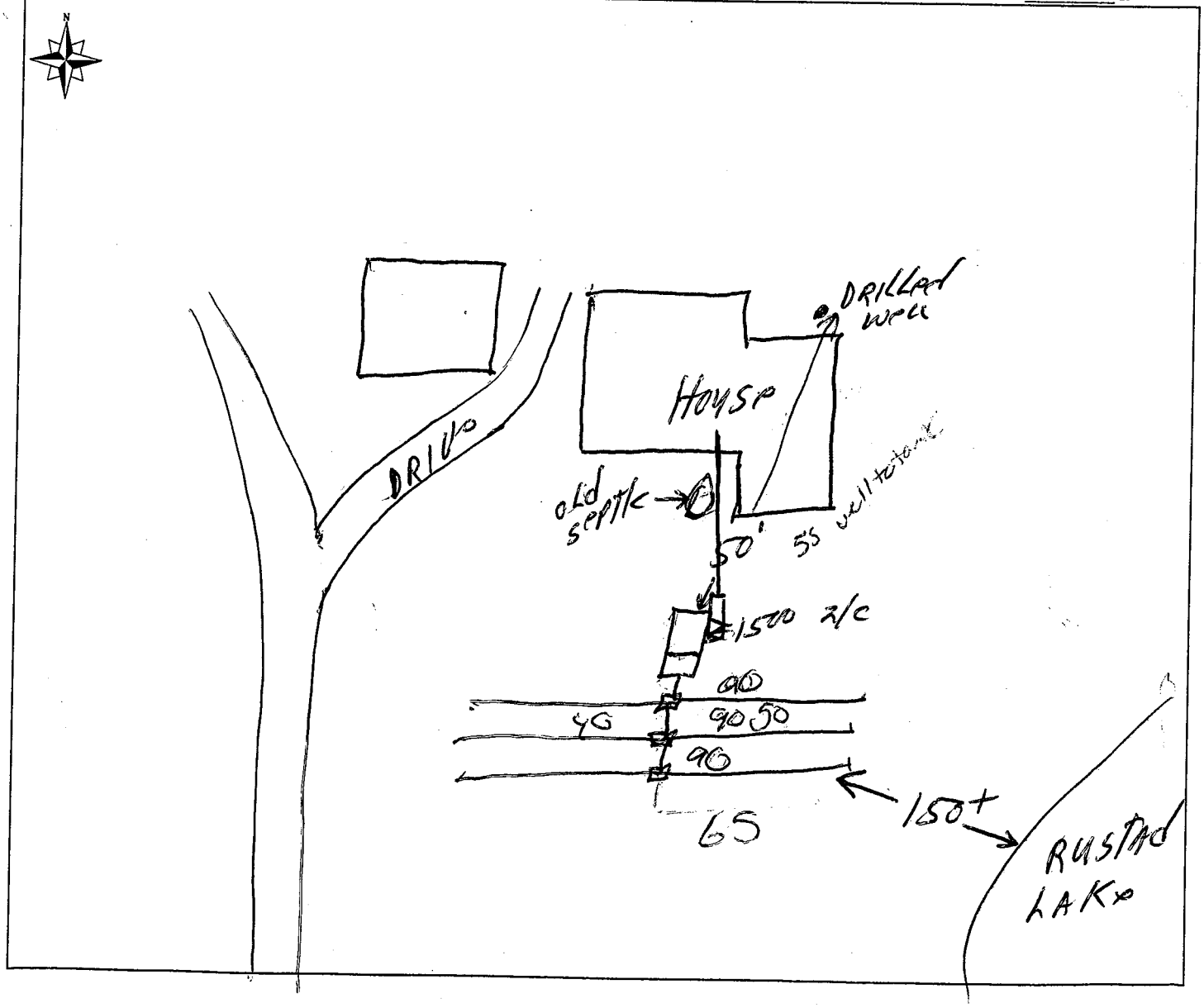
Property Owner	Address	City, State, Zip Code	Phone Number
TERRY ERICKSON	P.O. Box 95	Hitterdal, MN. 56552	962-3389

ISTS Designer I / Designer II	License Number	Address	Phone Number
GRANT Ohm	932	Box 293 Audubon, MN	439-6428

Site Plan

The site plan must be drawn to dimension or to scale:

*All Wells within 100 feet of the System
*Distance from all Wells within 100 ft of System
*Existing & Proposed Buildings
*Easements
*Distance from Water Lines within 50 ft of System(existing & proposed)
*Distance from OHW
*Distance from Property Lines
*Location of any Unsuitable Disturbed/Compacted Soil
*Soil Boring & Perc Test Locations
*Dimensions of Lot
*Tank Access Route
*Scale - One inch = _____ ft



SOIL INFORMATION

K01.0111.001

TEST HOLE #1

DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
0-16	SANDY LOAM	10YR 2/1 BLACK	BLOCKY PLATY PRISMATIC (NONE)
16-20	SANDY LOAM	10YR 3/3 DARK BRN	BLOCKY PLATY PRISMATIC (NONE)
20-36	GRAVEL & LOAM	10YR 6/4 LT YEL BRN	BLOCKY PLATY PRISMATIC (NONE)
36-60	LOAM	10YR 7/2 LT GREY	BLOCKY PLATY PRISMATIC (NONE)
Depth to standing water	—	—	
Depth to mottling	—	—	

TEST HOLE #2

DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
0-12	SANDY LOAM	10YR 2/1 BLACK	BLOCKY PLATY PRISMATIC (NONE)
12-29	LOAM	10YR 6/4 LT YEL BRN	BLOCKY PLATY PRISMATIC (NONE)
29-60	LOAM	10YR 7/2 LT GREY	BLOCKY PLATY PRISMATIC (NONE)
			BLOCKY PLATY PRISMATIC NONE
Depth to standing water	—	—	
Depth to mottling	—	—	

Describe the surface features (slope, runoff, weather conditions, vegetation type, evidence of compaction, etc.)

5% Slope - LAWN AREA DRY

SYSTEM IS (X) NEW ( ) REPAIR

SYSTEM DESIGN (X) GRAVITY FLOW ( ) PRESSURE DISTRIBUTION

WATER USES:

(X) WASHING MACHINE
( ) DISHWASHER
( ) WATER SOFTENER
(X) GARBAGE DISPOSAL

TYPE OF RESIDENCE

(X) TYPE I ( ) TYPE II
( ) TYPE III ( ) TYPE IV

NUMBER OF BEDROOMS 3
NUMBER OF BATHROOMS 2
TOTAL SQ. FT OF STRUCTURE _____
TANK SIZE 1500 2/C
LIFT STATION SIZE _____
SOIL TREATMENT AREA SIZE 750 SQ FT
DOSE VOLUME _____

DEPTH OF SYSTEM 29"
SYSTEM DESIGN FLOW 450 GPD
SOIL SIZING FACTOR 1.67
PUMP SIZE _____
LENGTH OF LIFT LINE _____
TOTAL DYNAMIC HEAD _____

WELL INFORMATION-Property's Well DEPTH OF WELL +50'

TYPE OF WELL DRILLED 4"

Neighboring wells (within 100 ft of system) Depth of Wells NONE

Type of Wells NONE

Name of Designer I
Designer II GRANT OHM

Date of Site Evaluation 8-29-96

MPCA Number 932

Phone 439-6428

I certify that the site evaluation has been completed in accordance with all provisions of ISTS Minnesota Rules Chapter 7080.

Signature of Evaluator Grant Ohm Date 9-1-96

For Office Use Only

Date Site Evaluation / Design received 9/3/96 Received by Debi Motts

Date Site Evaluation approved 9/3/96 Approved by Debi Motts

INDIVIDUAL SEWAGE TREATMENT SYSTEM WORKSHEET

R01.0111.001

FLOW

A. Estimated 450 gpd
measured _____ x 1.5= _____ gpd

SEPTIC TANK VOLUME

B. 1000 gallons

SOILS (Site evaluation data)

C. Depth to restricting layer = _____ feet
D. Maximum depth of system C - 3 ft = _____ feet
E. Texture Loamy Percolation rate 26 MPI
F. SSF 1.67 sq ft/gpd
G. Slope 5 %

TRENCH BOTTOM AREA

H. For trenches with 6 inches of rock below the pipe:
A x F = _____ x _____ = _____ sq ft of bottom area
I. For trenches with 12 inches of rock below the pipe:
A x F x 0.8 = _____ x _____ x 0.8 = _____ sq ft of bottom area
J. For trenches with 18 inches of rock below the pipe:
A x F x 0.66 = _____ x _____ x 0.66 = _____ sq ft of bottom area
K. For trenches with 24 inches of rock below the pipe:
A x F x 0.6 = _____ x _____ x 0.6 = _____ sq ft of bottom area

BED BOTTOM AREA

L. For seepage beds with 6 or 12 inches of rock below the pipe;
1.5 x A x F = 1.5 x _____ x _____ = _____ sq ft of bottom area

ROCK VOLUME IN CU FT

M. Rock depth below distribution pipe plus 0.5 foot times bottom area:
M =Rock depth + 6 inches x Area (H,I,J,L,K)
(_____ + 0.5 ft) x _____ = _____ cu ft

ROCK VOLUME IN CU YDS

N. Volume in cu ft divided by 27
M ÷ 27 = cu yds _____ ÷ 27 = _____ cu yds

ROCK WEIGHT

O. Cubic yards times 1.4 = tons
N x 1.4 = tons _____ x 1.4 = _____ tons

SYSTEM LENGTH

P. Select trench width = _____ ft
Q. Divide bottom area by trench width: (H, I, J, or K) ÷ P = lineal feet
_____ ÷ _____ = _____ lineal feet
Q1. Gravelless Design
A x F ÷ (3 for 10" pipe, 2 for 8" pipe , width of the Chamber)
450 x 1.67 ÷ 3 = 250 feet

LAWN AREA

R. Select trench spacing, center to center = _____ feet
S. Multiply trench spacing by lineal feet R x Q = sq ft of lawn area
~~450 x 1.67~~ = _____ sq ft

If the site evaluation determines a mound system, please attach the mound design worksheets.

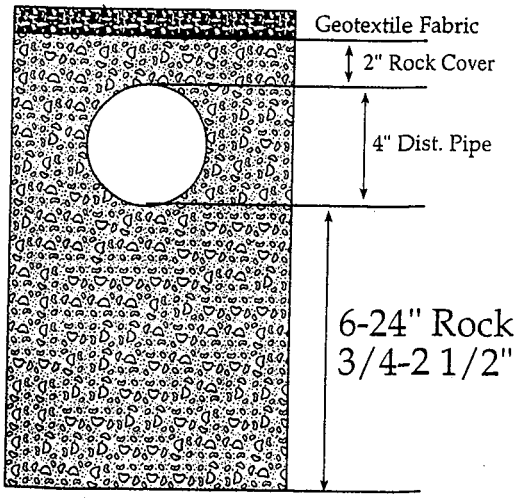
Estimated Sewage Flows in Gallons per day (gpd)				
Number of Bedrooms	Type I	Type II	Type III	Type IV
2	300	225	180	60% of the values in Type I, II or III columns
3	450	300	218	
4	600	375	256	
5	750	450	294	
6	900	525	332	
7	1050	600	370	
8	1200	675	408	

Septic Tank Capacities (in gallons)		
Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal
2 or less	750	1125
3 or 4	1000	1500
5 or 6	1500	2250
7, 8 or 9	2000	3000

Soil Characteristics and Required Areas for Sewage Treatment		
Percolation Rate in Minutes per Inch (MPI)	Soil Texture	Square feet per gallon per day
Faster than 0.1 *	Coarse Sand	-----
0.1 to 5	Sand	0.83
0.1 to 5	Fine Sand **	1.67
6 to 15	Sandy Loam	1.27
16 to 30	Loam	1.67
31 to 45	Silt Loam	2.00
46 to 60	Clay Loam	2.20
Slower than 60***	Clay	-----

* Soil too coarse for sewage treatment. Use systems for rapidly permeable soils.
** Soil having 50% or more of fine sand plus very fine sand.
***Soil with too high a percentage of clay for installation of an inground standard system.

6 inches= 0% Reduction*
12 inches= 20% Reduction
18 inches= 34% Reduction
24 inches= 40% Reduction
* sizing for gravelless trench



18-36" Width

- PERCOLATION TEST SHEET -

Test hole location: WEST Hole #: 1 Date test hole was prepared: 8-29

Depth of hole bottom: 28 inches Diameter of hole: 7 inches

Soil Data from test hole:

depth, inches	soil texture:	soil color
0-16	S. LOAM	BLACK
16-20	S. LOAM GRAVELLY LOAM	BRN
20-28		YEL BRN

Method of scratching sidewall: _____ Depth of pea size gravel in bottom of hole: 2 inches

Date and hour of initial water filling: _____ Depth of initial water filling: _____ above hole bottom

Method used to maintain 12" of water depth in hole for 4 hours: _____

Percolation test conducted by: GRANT Chan Percolation test started at _____ (am / pm).

Maximum water depth above hole bottom during test: _____ inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	
	START	6				
	20	5	1	1	20 / 1 - 20	A
	REFILL	6				
	20	5 1/4	7/8	.875	20 / .875 - 22.9	B
	REFILL	6 1/4				
	20	5 1/2	3/4	.75	20 / .75 - 26.6	C
	REFILL	6				
	20	5 3/4	5/8	.63	20 / .63 - 31.7	D
	REFILL	6				
	20	5 3/4	5/8	.63	20 / .63 - 31.7	E
	REFILL	6 1/8				
	20	5 3/4	5/8	.63	20 / .63 - 31.7	F
	REFILL				/ -	G
	REFILL				/ -	H

conversions: 1/16 = .06; 1/8 = .13; 3/16 = .19; 1/4 = .25; 5/16 = .31; 3/8 = .38; 7/16 = .44; 1/2 = .5; 9/16 = .56; 5/8 = .63; 11/16 = .69; 3/4 = .75; 13/16 = .31; 7/8 = .88; 15/16 = .94

Ten Percent Calculation *

A,B,C: Largest # of ABC − Smallest # of ABC = _____; Smallest # of ABC × 0.10 = _____	B,C,D: Largest # of BCD − Smallest # of BCD = _____; Smallest # of BCD × 0.10 = _____
C,D,E: Largest # of CDE − Smallest # of CDE = _____; Smallest # of CDE × 0.10 = _____	D,E,F: Largest # of DEF − Smallest # of DEF = _____; Smallest # of DEF × 0.10 = _____
E,F,G: Largest # of EFG − Smallest # of EFG = _____; Smallest # of EFG × 0.10 = _____	F,G,H: Largest # of FGH − Smallest # of FGH = _____; Smallest # of FGH × 0.10 = _____

* If the top number in each set of boxes is larger than the bottom number then take another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

31.7 MPI

31.7 + 21 ÷ 2 = 26 MPI AVERAGE

21 MPI

- PERCOLATION TEST SHEET -

Test hole location: EAST Hole #: 2 Date test hole was prepared: _____

Depth of hole bottom: 24 inches Diameter of hole: 7 inches

Soil Data from test hole:

depth, inches	soil texture:	soil color
0-12	S. LOAM	BLACK
12-24	LOAM	LT YEL BRN

Method of scratching sidewall: _____ Depth of pea size gravel in bottom of hole: 2 inches

Date and hour of initial water filling: _____ Depth of initial water filling: _____ above hole bottom

Method used to maintain 12" of water depth in hole for 4 hours: _____

Percolation test conducted by: _____ Percolation test started at _____ (am / pm).

Maximum water depth above hole bottom during test: _____ inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	
	START	6				
	20	4 7/8	1 1/8	1.125	20 / 1.125 - 17.7	A
	REFILL	6				
	20	4 15/16	1 1/16	1.06	20 / 1.06 - 18.8	B
	REFILL	6				
	20	5	1	1	20 / 1 - 20	C
	REFILL	6 1/4				
	20	5 1/4	1	1	20 / 1 - 20	D
	REFILL	6				
	20	5 1/16	15/16	.94	20 / .94 - 21	E
	REFILL	6				
	20	5 1/16	15/16	.94	20 / .94 - 21	F
	REFILL				/ -	G
	REFILL				/ -	H

conversions: 1/16 = .06; 1/8 = .13; 3/16 = .19; 1/4 = .25; 5/16 = .31; 3/8 = .38; 7/16 = .44; 1/2 = .5; 9/16 = .56; 5/8 = .63; 11/16 = .69; 3/4 = .75; 13/16 = .31; 7/8 = .88; 15/16 = .94

Ten Percent Calculation *

A,B,C: Largest # of ABC − Smallest # of ABC = _____; Smallest # of ABC × 0.10 = _____	B,C,D: Largest # of BCD − Smallest # of BCD = _____; Smallest # of BCD × 0.10 = _____
C,D,E: Largest # of CDE − Smallest # of CDE = _____; Smallest # of CDE × 0.10 = _____	D,E,F: Largest # of DEF − Smallest # of DEF = _____; Smallest # of DEF × 0.10 = _____
E,F,G: Largest # of EFG − Smallest # of EFG = _____; Smallest # of EFG × 0.10 = _____	F,G,H: Largest # of FGH − Smallest # of FGH = _____; Smallest # of FGH × 0.10 = _____

* If the top number in each set of boxes is larger than the bottom number then take another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

K01.0111.001

APPLICATION FOR SEWAGE SYSTEM

CERTIFICATE OF COMPLIANCE
With The Becker County Zoning Ordinance

94/SE

Application Number	Tax Parcel Number	Fire Number of Project Location
10339	01.0111.001	1032

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.)	2. Authorized Agent (if applicable)
Erickson, Jerry	

3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)
P.O. Box 95 Hitterdahl, MN 56552

4. Day Phone	5. Evening Phone	6. Section	7. Township
962-3389		31	Atlanta

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name
Pt Lot 6 Beg 1684.39' SE OF NW COR Th S 89.79'E 209.63' 2.16AC

SEWAGE SYSTEM DATA

Anticipated Use
a. (✓) Single Family
b. ( ) Multiple Family
c. ( ) Commercial
d. ( ) Other (specify)

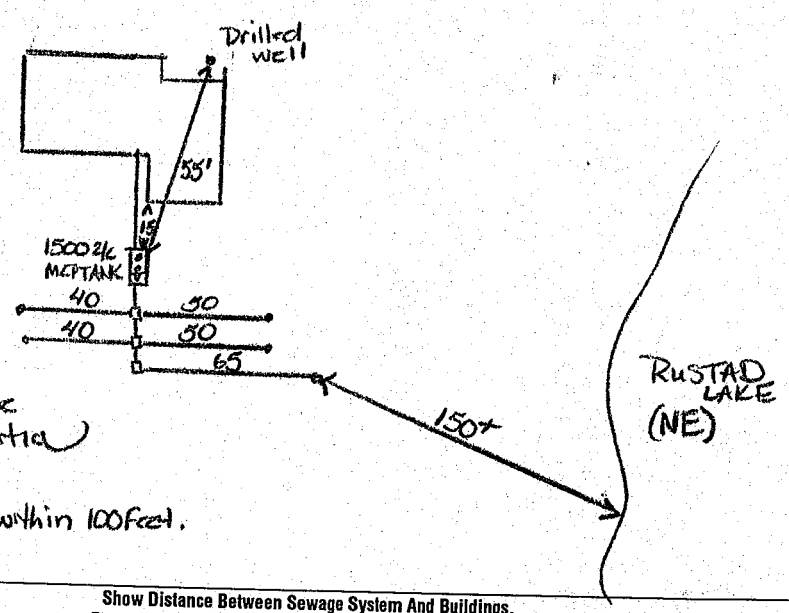
Type of Installation
a. ( ) Septic Tank Only
b. ( ) Drainfield Only
c. (✓) Septic Tank & Drainfield
d. ( ) Holding Tank
e. ( ) Septic Tank/Drainfield Lift Station

Type of Drainfield
a. (✓) Standard System
b. ( ) Mound (pressure distribution)

Well Data
a. Depth 50+
b. Diameter

Type of Well
a. (✓) Drilled
b. ( ) Sand Point

1 Inch Equals
DESIGN



Show Distance Between Sewage System And Buildings, Property Lines, Lake, Road And All Wells Within 125 Feet.

	Tank	Drainfield
Distances to Well:	50	65
Distance to Building:	15	25
Distance to Property Line:	+150	+150

	Tank	Drainfield
Distance to Pressure Line:	+10	+10
Tank Capacity (gal.& Area of Drainfield (ft 2)	1500 2/c	+1750
Distance to Ordinary High Water Level:	+150	150
Drainfield separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:		+4

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct:

Signature of Applicant Date

TO BE COMPLETED BY PLANNING AND ZONING

( ) CERTIFICATE IS HEREBY DENIED: (See back For Reasons)
(✓) CERTIFICATE IS HEREBY GRANTED: Based upon the application, addendum from, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactory, however this is not a guarantee.

BECKER COUNTY PLANNING AND ZONING
Patricia Downs
Signature
Chief Inspector 10-9-96
Title Date