



**Onsite Septic System Site Evaluation/Design**

Tax Parcel Number 03.0323.001

Legal Description: <u>PT LOTS 4+5 Beg 538' W OF SE Sec Cor Th W 495' N 1313.99'</u>					
Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name
<u>N/A</u>	<u>N/A</u>	<u>32</u>	<u>138</u>	<u>40</u>	<u>Burlington</u>
Property Owner	Address		City, State, Zip Code		Phone Number
<u>Nick Sueie Route 4 Box 223 Frazee, MN 56544</u>					
Name and Address of Designer					
<u>Tony Stenger</u>					
MPCA NUMBER	PHONE		Date of Site Evaluation		
<u>388</u>	<u>846-1575</u>				
Name and Address of Installer				MPCA Number	
<u>Tony Stenger</u>				<u>388</u>	

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

Signature of Designer Tony Stenger Date 10/19/98

**\*FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY\***

Date Site Evaluation / Design received	<u>10-19-98</u>	Received by	<u>PLT</u>
Date Site Evaluation approved	<u>10-19-98</u>	Approved by	<u>PLT</u>

- \*\*\* 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.
- \*\*\* Inspections must be scheduled at least 24 hours prior to time requested.

Application Fee	<u>75.00</u>	State Surcharge	<u>.50</u>	Total	<u>75.50</u>
<input type="checkbox"/> Application is hereby denied <input checked="" type="checkbox"/> Application is hereby granted to <u>Nick Sueie</u> 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:					
<u>[Signature]</u> Signature of Becker County Qualified Employee				<u>10-19-98</u> Date	
This permit expires on <u>10-19-99</u>					

Inspected by \_\_\_\_\_ Date \_\_\_\_\_ Permit # 12820

TEST HOLE #1

TEST HOLE #2

DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE	DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
0 To 6	Coarse	10 yr 3/1	BLOCKY PLATY PRISMATIC NONE	5 3/2			BLOCKY PLATY PRISMATIC NONE
7 To 24	COARSE Gravel	10 yr 5/4	BLOCKY PLATY PRISMATIC NONE	8 To 60 2.5 6/4	Coarse		BLOCKY PLATY PRISMATIC NONE
28 To 30	Fine SAND	2.5 Y 6/4	BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
31 Down	COARSE SAND	10 yr 3/3	BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
Depth to standing water				Depth to standing water	None		
Depth to mottling				Depth to mottling			

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

WATER USES: DESIGN FLOW 100 GPD  
 Washing Machine NO. of Bedrooms 1  
 Dishwasher NO. of Bathrooms 1  
 Water Softner SQ FT of Structure \_\_\_\_\_  
 Garbage Disposal

GRINDER PUMP/LIFT STATION IN HOUSE  
 YES  NO

WELL INFORMATION:  
 Property's Well - Depth None Drilled  Sandpoint   
 Neighboring Well - Depth None Drilled  Sandpoint   
 (within 100 feet of system)

Work Category Proposed	Type of System Proposed	Type of Drainfield Proposed
<input checked="" type="checkbox"/> NEW SYSTEM <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> SEPTIC TANK/DRAINFIELD <input type="checkbox"/> DRAINFIELD ONLY <input type="checkbox"/> HOLDING TANK <input type="checkbox"/> LIFT STATION <input type="checkbox"/> ALTERNATE (specify) _____	<input checked="" type="checkbox"/> STANDARD (gravelless/chamber) <input type="checkbox"/> STANDARD (rock trench) <input type="checkbox"/> STANDARD (bed) <input type="checkbox"/> MOUND (pressure distb) <input type="checkbox"/> PRESSURIZED BED
Perc Rate _____	Soil Sizing Factor <u>83</u>	Depth to Restricting Layer <u>None</u>
Maximum Depth of System _____	Size of Tank <u>1000</u>	Size of Lift Station <input checked="" type="checkbox"/>
Size of Gravelless Pipe <u>10</u>	Size of Drainfield <u>300</u> Sq Ft	Length of System <u>33.4</u>
Size of Mound Rock Bed _____	Size of Mound Rock Bed _____	Depth of Clean Sand _____
Depth of Rock _____	Size of Lift Pump <u>NO</u>	Length of Lift Line <input checked="" type="checkbox"/>
Number of Trenches _____	Size of Lift Line <u>NO</u>	
Additional Information: <u>On Hill Side Gravel And SAND</u>		

SAND Gravel

- PERCOLATION TEST SHEET -

Test hole location \_\_\_\_\_ Hole # \_\_\_\_\_ Date test hole was prepared: \_\_\_\_\_
Depth of hole bottom: \_\_\_\_\_ inches Diameter of hole: \_\_\_\_\_ inches
Soil Data from test hole: \_\_\_\_\_ depth, inches \_\_\_\_\_ soil texture: \_\_\_\_\_ soil color \_\_\_\_\_

Method of scratching sidewall: \_\_\_\_\_ Depth of pea size gravel in bottom of hole: \_\_\_\_\_ 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

Table with 7 columns: TIME, INTERVAL (MINUTES), WATER DEPTH, WATER DROP (fraction), WATER DROP (decimal), PERC RATE CALCULATION, conversions. Rows A-H for start and refill cycles.

Ten Percent Calculation \*

Form for Ten Percent Calculation with sections A,B,C; C,D,E; E,F,G; F,G,H; B,C,D; D,E,F; F,G,H.

\* 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 per rate.

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Ten Percent Calculation \*

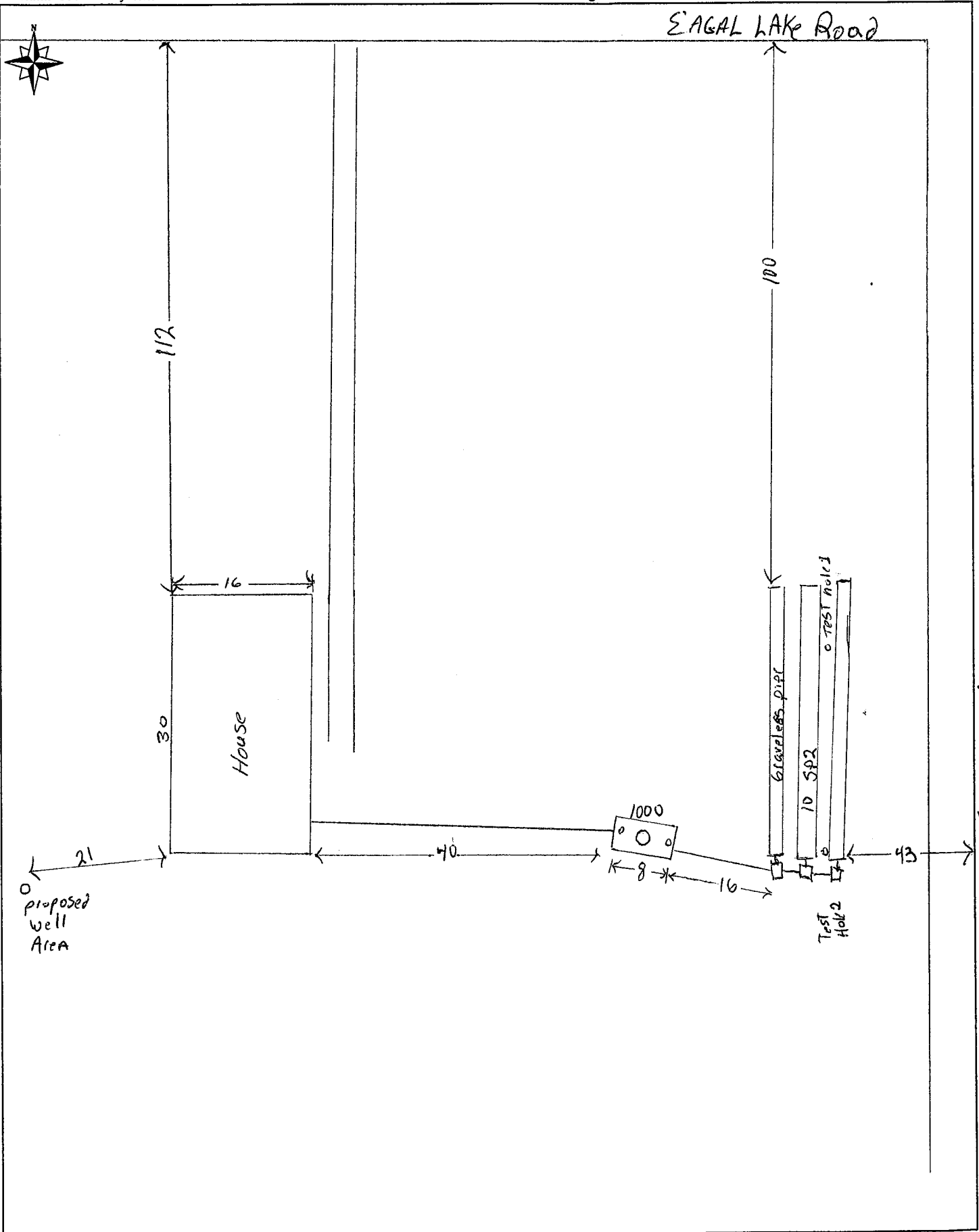
Form for Ten Percent Calculation with sections A,B,C; C,D,E; E,F,G; F,G,H; B,C,D; D,E,F; F,G,H.

\* 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 per rate.

Septic System Design/Site Evaluation

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

- \*Dimensions of Lot
- \*Existing & Proposed Buildings
- \*Easements & setbacks
- \*Location of any Unsuitable Soil
- \*Well & Water Line Locations within 100 ft of System
- \*Distance from Property Lines
- \*Tank Access Route
- \*Soil Borings & Per Test Locations
- \*Distance from OHWM
- \*Distance from buildings
- \*Scale - One inch = \_\_\_\_\_ ft



**CERTIFICATE OF COMPLIANCE**  
**SEWAGE SYSTEM**

This certificate has been issued this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_,

to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as:


Lake No. \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Range \_\_\_\_\_ Twp. Name \_\_\_\_\_

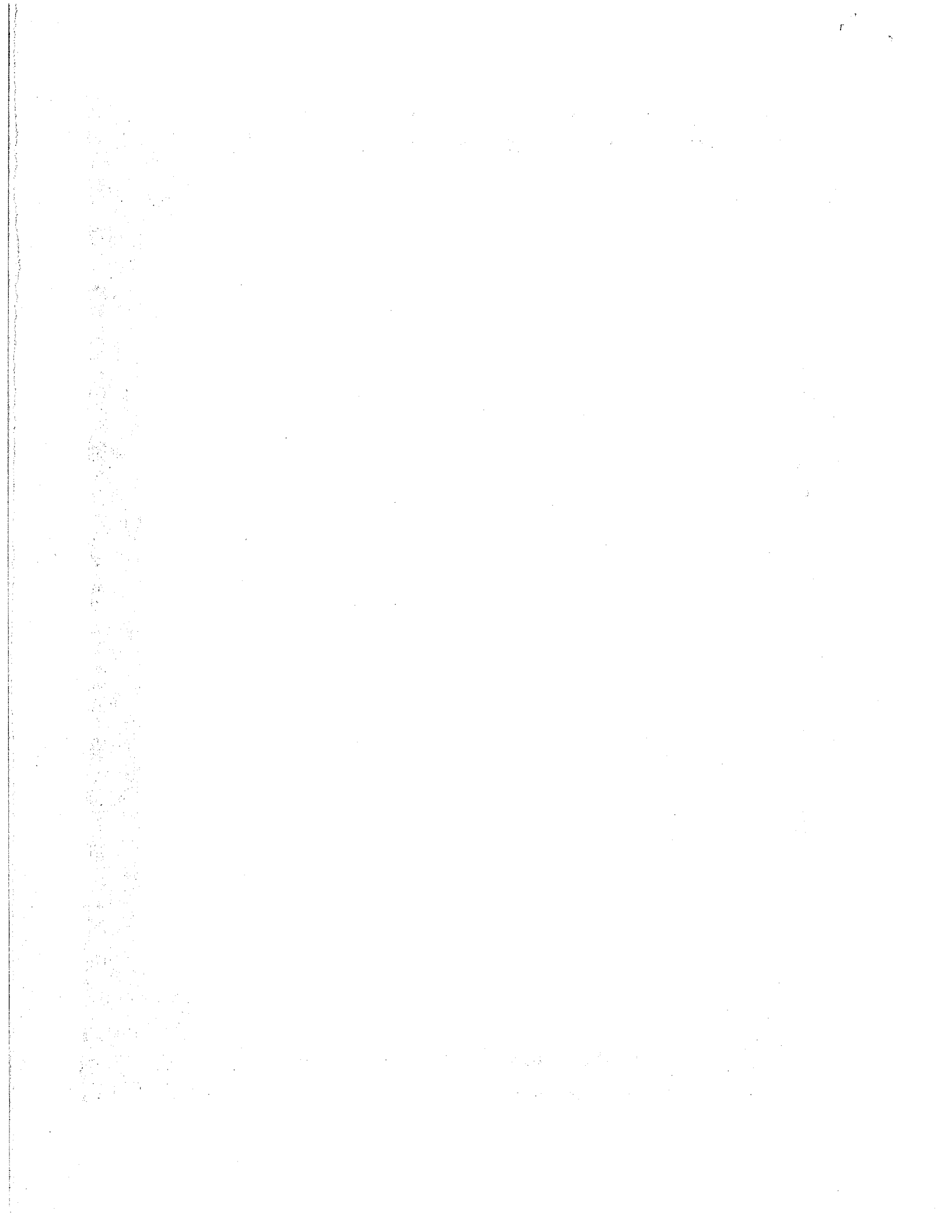
Owner: Name \_\_\_\_\_

Address \_\_\_\_\_

Zip No. \_\_\_\_\_

Permit No. SP \_\_\_\_\_

Signed by:   
Zoning Administrator  
Becker County, Minnesota





**INSPECTOR'S CHECK LIST**  
*Make all measurements and computations*

	ACTUAL IS ↓	MINIMUM Shall Be ↓	Sq. Ft.
Building Set Back from High Water Mark	Ft.		Ft.
Building Set Back from State Highway	Ft.		Ft.
Side Yard	& Ft.	& Ft.	
Rear Yard	Ft.		Ft.
Elevation at Building Line above High Water Mark	Ft.		Ft.

**SEWAGE DISPOSAL SYSTEM STATISTICS**

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1000	Gls.		Gls.	1000	SF		SF		SF		SF
Distance from Nearest Well	125	F		F	125	F	75	F		F	50	F
Distance from Lake or Stream		F		F		F		F		F		F
Distance from Occupied Building	55	F	10	F	50	F	20	F		F	20	F
Distance from Property Line	120	F	10	F	120	F	10	F		F	10	F
Distance from Bottom to Water Table	--	F	--	F	4	F	4	F		F	4	F

Inspector's Comments: 6-2 yds Rock around tank Sandy sub  
soil (fine sand) (Sherman tank Co) 2 tank system  
1 Bldg house (one person living alone)

**INTERPRETATION  
OF ABBREVIATIONS**  
 Gls — Gallons  
 SF — Square Feet  
 F — Linear Feet

Mark Kuhn  
 Inspector's Signature

\_\_\_\_\_  
 Title

Inspection  
 Dated 9-15 19 81

\_\_\_\_\_  
 Agency



White - Office  
 Yellow - Owner  
 Pink - Assessor  
 Goldenrod - Inspector

**BECKER COUNTY ZONING ADMINISTRATION**  
 COUNTY COURT HOUSE — Phone 218-847-3938 — Detroit Lakes, Minn. 56501

Permit No. 12-10-676-36  
 Date 6-12-81

**APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY**

6748

LEGAL DESCRIPTION AND LOCATION

*Low Sat 5*      *SE 1/4 E 1/4*

Lake No. \_\_\_\_\_ Lake Name \_\_\_\_\_ Lake Classif. \_\_\_\_\_ Sec. 32 TWP 138 Range 40 Burlington TWP Name Burlington

**IDENTIFICATION: Please Print All Information**

Owner	Last Name <b>SUCIU</b>	First <b>NICK</b>	Initial <b>RT 3</b>	Mailing Address— No. Street, City and State <b>FRAZEE, MN.</b>	Zip No.	Tel. No.
Contractor	Name <i>40 Tree Range Bar</i> <i>RR 5 N. L.</i>					

Mail to →

<b>TYPE OF IMPROVEMENT:</b> <input checked="" type="checkbox"/> New Building      ( ) Alteration Other _____	<b>RESIDENTIAL PROPOSED USE:</b> <input checked="" type="checkbox"/> One Family Dwelling ( ) Multiple Dwelling _____ Units	<b>NON-RESIDENTIAL PROPOSED USE:</b> Specify: _____ Size: _____
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ESTIMATED COST OF IMPROVEMENT \$ 14,100.00 Construction Starting Date: 6-25-81

<b>PRINCIPAL TYPE OF FRAME:</b> <input checked="" type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> Structural Steel ( ) Other - Specify _____	<b>TYPE OF SEWAGE DISPOSAL:</b> ( ) Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. <b>WATER SUPPLY:</b> ( ) Public <input checked="" type="checkbox"/> Individual Well <b>MECHANICAL EQUIPMENT:</b> Elevator: ( ) Yes ( ) No Air Conditioning: ( ) Yes ( ) No ( ) Central ( ) Unit	<b>DIMENSIONS:</b> Basement: <input checked="" type="checkbox"/> Yes ( ) No <i>House</i> Stories above basement: _____ Sq. feet (outside dimension) <u>16x36</u> <b>576</b> Bedrooms <u>1</u> Baths <u>1</u> <b>HEATING:</b> ( ) Electric <input checked="" type="checkbox"/> Gas ( ) Oil ( ) Coal ( ) None Other: _____
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SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1000</u> Gls.	<u>300</u> Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>+ 50</u> Ft.	<u>+ 75</u> Ft.	Ft.
Distance from lake or stream	— Ft.	— Ft.	Ft.
Distance from occupied building	<u>+ 50</u> Ft.	<u>+ 75</u> Ft.	Ft.
Distance from property line	<u>200</u> Ft.	<u>200</u> Ft.	Ft.
Distance from bottom to Water Table	— Ft.	<u>+ 4</u> Ft.	Ft.

*All distances are shortest distance between nearest points*

**CHARACTERISTICS:**

Lot Area is 12 AC. square feet. Water frontage is \_\_\_\_\_ feet.

Building set back from high water mark is \_\_\_\_\_ feet. (Building Line)

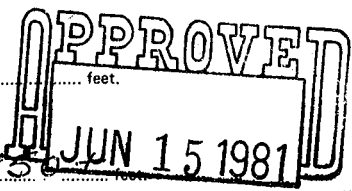
Land height above high water mark at building line is \_\_\_\_\_ feet

Building set back from State highway is \_\_\_\_\_ feet — from road or street is 50 feet

Side yard is + 20 and + 20 feet. Rear yard is \_\_\_\_\_ feet.

Building will be located + 10 feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located + 20 feet from soil absorption system (Cesspool, Drainfield, etc.).



**Agreement:** I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Becker County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that this permit is valid for a period of six (6) months. Applicant further agrees that no part of the sewage system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the County Zoning Administrator, 48 hours before the job is ready for inspection.

Dated 6/12/81 \_\_\_\_\_  
 Signature of Owner *Nick Suci*

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

**MUST BE POSTED AT THE BUILDING SITE**

Dated 6/12/81 \_\_\_\_\_  
 Permit Fee \$ 19.00 State Surcharge \$ 50  
 \_\_\_\_\_  
 Becker County Zoning Administrator *loyd Aubrey*

Comments: \_\_\_\_\_

**INSPECTOR'S CHECK LIST**  
*Make all measurements and computations*

	ACTUAL IS ↓	MINIMUM Shall Be ↓	Sq. Ft.
Building Set Back from High Water Mark	Ft.		Ft.
Building Set Back from State Highway	Ft.		Ft.
Side Yard	_____ & _____ Ft.	_____ & _____ Ft.	
Rear Yard	Ft.		Ft.
Elevation at Building Line above High Water Mark	Ft.		Ft.

**SEWAGE DISPOSAL SYSTEM STATISTICS**

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
		Gls.		Gls.		S F		S F		S F		S F
Capacity												
Distance from Nearest Well		F		F		F	75	F		F	50	F
Distance from Lake or Stream		F		F		F		F		F		F
Distance from Occupied Building		F	10	F		F	20	F		F	20	F
Distance from Property Line		F	10	F		F	10	F		F	10	F
Distance from Bottom to Water Table		F		F		F	4	F		F	4	F

Inspector's Comments: \_\_\_\_\_

**INTERPRETATION  
OF ABBREVIATIONS**

Gls — Gallons  
 SF — Square Feet  
 F — Linear Feet

Inspector's Signature \_\_\_\_\_

Title \_\_\_\_\_

Inspection  
 Dated \_\_\_\_\_

19 \_\_\_\_\_

Agency \_\_\_\_\_

DESIGN PAD

BECKER COUNTY

Department \_\_\_\_\_

Becker County Courthouse

Detroit Lakes, MN 56501

Subject \_\_\_\_\_

Name NICK SUCIU

Address RT 3 FRAZEE

Town FRAZEE State MINNip \_\_\_\_\_ Date \_\_\_\_\_

Location or Legal Description EAGLE LAKE ROAD BURLINGTON TWP

Remarks:

1 BEDROOM BASEMENT HOME

W16 X 36L

Signature

Nick Suci

