

Becker

835

030583624

Detroit Lakes, MN 56502-0787

Phone (218)-846-7314; Fax (218)-846-7266



OCT 13 2006

Onsite Septic System Site Evaluation/Design

1. PROPERTY DATA (as it appears on the tax statement)

Parcel Number(s) of property system will be installed 03. 0583. 624

(if parcel is a new split and a parcel number has not yet been issued, indicate the main parcel number from which the new parcel has been split from)

Section 19 Township 138N Range 40W Township Name Burlington

Lake Name NA Lake Classification _____

Legal Description: Lot 24 Block 1 Maple Hills west

Project Address: 12980 Carrow Circle

2. PROPERTY OWNER INFORMATION (as it appears on the tax statement, purchase agreement or deed).

Owner's First Name Gay Haus Owner's Last Name _____

Mailing Address 12980 Carrow Circle City, State, Zip Detroit Lakes MN

Phone Number 847-0477

3. DESIGNER/INSTALLER INFORMATION

Designer Name Tim Stenger Company Name Stenger Etc License # LS53

Address 35295 St Hwy 34 D.L. MN Phone Number 847-2912

Installer Name Same Company Name _____ License # _____

Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 10-13-06

EXISTING SYSTEM STATUS - Check One

- ☐ No existing system-new structure
☐ Cesspool/Seepage
☐ Failing (other than cesspool)
☐ Undersized
☒ Replacement or repair to existing

What will new system serve? Check one

- ☒ Dwelling
☐ Resort/Commercial
☐ Commercial (non resort)
☐ Other - explain below

Design Flow 600 Gallons Per Day

Number of Bedrooms 4

Garbage Disposal Yes ☒ No

Grinder Pump in House Yes ☒ No

Lift station in House Yes ☒ No

Well Depth 81'

Depth of other wells within

100 ft of system NA

Original Soil ☒ Compacted Soil _____

Type of Soil Observation

Pit _____ Probe ☒ Boring

Depth to Restricting Layer 72"

Maximum Depth of System 36"

Type of Alarm _____
Size of Lift Pump _____
Size of Lift Line _____

	SETBACKS	
	TANK	DRAINFIELD
Distance to Well	<u>+50'</u>	<u>+50'</u>
Distance to Building	<u>20'</u>	<u>40'</u>
Distance to Property Line	<u>+10'</u>	<u>+10'</u>
Distance to OHW	<u>NA</u>	<u>NA</u>
Distance to Pressure Line	<u>+10'</u>	<u>+10'</u>

Depth	Texture	Color	Structure
0-8	top soil		
8-18	Sandy loam.	10YR 5/6	
18-72	sand	10YR 7/6	

Signature of Designer Tim Stenge Date 10-13-06

*****FOR OFFICE USE ONLY*****

Application Approved by: L. L. L. Date: 10-13-06

Amount Paid 100 Receipt Number _____ Permit Number _____

118063-3ya189

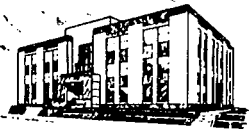
☐ Certificate Is Hereby Denied
☒ Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data.
 With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

With proper maintenance, this system can be expected to function satisfactorily, however, and in accordance with the manufacturer's instructions.

Signature Lebi Moltzan Title Supervisor of Inspectors Date 7/16/06

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

Date System Installed 10-13-06 Inspected by Lebi Moltzan



BECKER COUNTY

835 LAKE AVENUE, P.O. BOX 787
DETROIT LAKES, MINNESOTA 56502-0787
(218) 846-7314

SKETCH PLAN FORM H

Please be as complete as possible. Include all of the items listed below where applicable.

GENERAL CHECKLIST

- ☐ scale
- ☐ north arrow
- ☐ lot dimensions
- ☐ structure location
- ☐ side lot setback
- ☐ road setback
- ☐ septic tank location
- ☐ drainfield location
- ☐ location of all wells within 100' of drainfield
- ☐ fill & grading limits
- ☐ vegetation alteration limits

WATER RESOURCE CHECKLIST

- ☐ location of ordinary high water level (OHWL)
- ☐ location of present water line
- ☐ setback from OHWL
- ☐ location of highest known water level
- ☐ existing local drainage
- ☐ location of wetland areas

Application No.

Tax Parcel No.

03.0583.624

Scale of Diagram: 1 inch = 40 feet

Drawing By: tim

Date of Drawing: 10-13-06

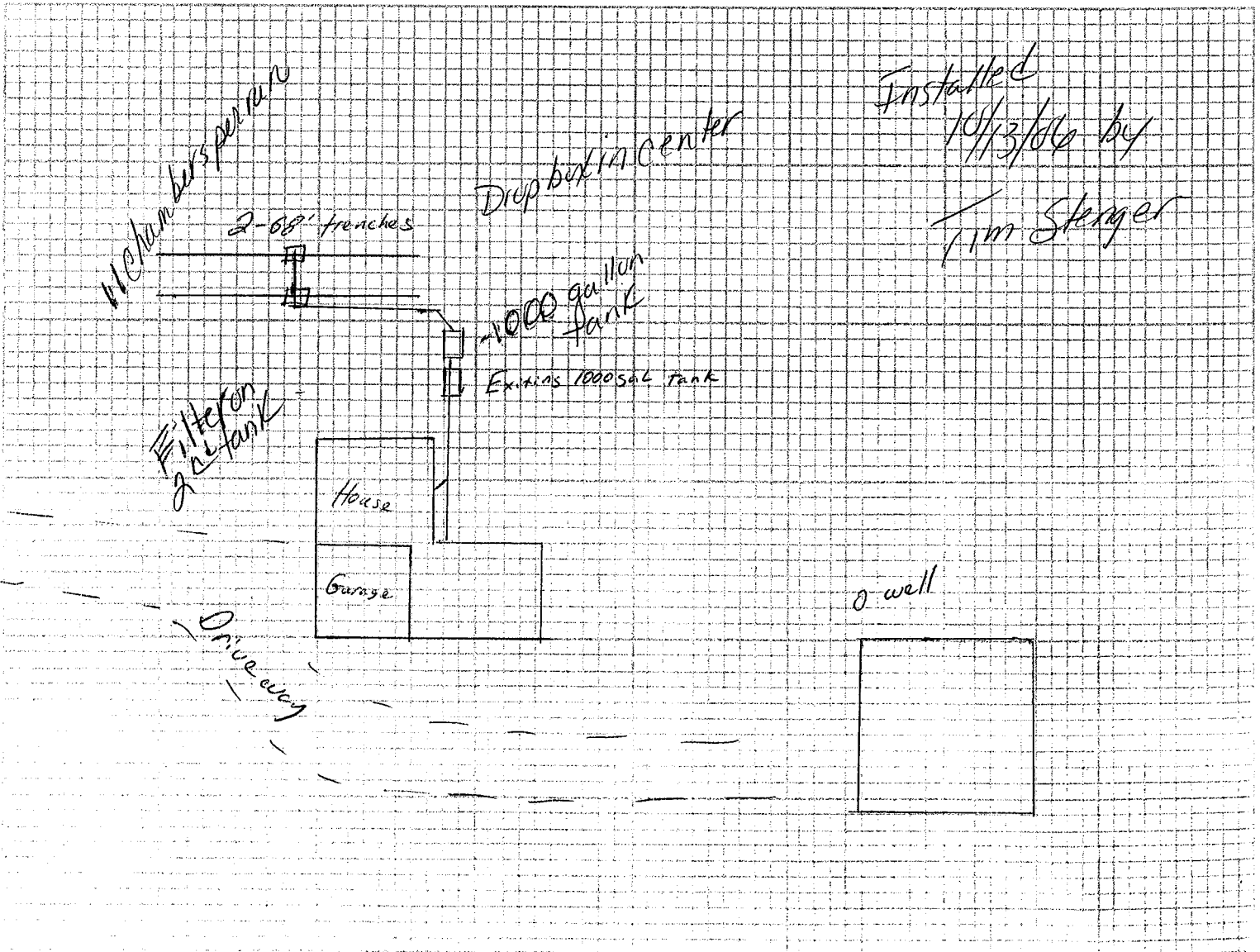
Impervious surface coverage calculation

$$\frac{\text{Impervious surface onsite}}{\text{Total Lot area ft}^2} \times 100 = \text{Total percentage of impervious coverage}$$

Remarks:

Signature

Tim Stenger



**PERMIT MUST BE
POSTED AT THE
CONSTRUCTION SITE**

Becker County Planning & Zoning
835 Lake Ave, P O Box 787
Detroit Lakes, MN 56502-0787
Phone (218)-846-7314; Fax (218)-846-7266

Onsite Septic System Site Evaluation/Design Tax Parcel Number 030583.624 911 Address _____

Legal Description: Lot 24 Block 1 Maple Hills West Section _____ TWP _____ Range _____

Lake Name _____ Lake Classification () RD () GD () NE Township Name Burlington

Owner's Name Rick Erb Mailing Address 12980 Arrow Circle

City _____ State/Zip _____ Phone Number 846-9615

Number of Bedrooms 3 Well Casing Depth NA Garbage Disposal (Yes) (No)
Design Flow 450 GPD Depth of other Wells within _____ Grinder Pump/Lift Station
(dwellings must be classified as Type 1) 100 ft of system 10 In House (Yes) (No)

Type of Observation: Probe (P) Boring
Original Soil (Yes) (No) Compacted Soil (Yes) (No) Proposed Design
Depth to Restricting Layer none () Replace Septic Tank (X) Chamber- H10, 4036 other _____
Maximum Depth of System 3 () Septic Tank/Drainfield () Standard rock- depth _____
Perc Rate Sand Soil Sizing Factor 83 (X) Drainfield Only () Standard gravelless
() Holding Tank () Mound () Standard Bed
() Lift Station () Pressurized Bed () At Grade

SOIL BORING LOG

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE	DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0 To 10	Black Loam	black	BLOCKY PLATY PRISMATIC NONE	0 To 8	Black	Black	BLOCKY PLATY PRISMATIC NONE
10 To 34	Loam	10 yr 5/4	BLOCKY PLATY PRISMATIC NONE	8 To 20	Loam	10 yr 5/6	BLOCKY PLATY PRISMATIC NONE
34 Down	SAND	10 yr 4/6	BLOCKY PLATY PRISMATIC NONE	20 Down	SAND	10 yr 4/6	BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE

Type of alarm Device on lift Station or Holding tank

Attach perc test Information if Required

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

Name and Address of Designer Tony Stenger Phone 846-1575

MPCA Number 388 Date of Site Evaluation 8/4/02 Signature of Designer Tony Stenger

Name of Installer (if different from Designer) _____ MPCA Number _____

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

*** 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.

Date Received 9/5/02 Application Fee 75⁰⁰ Fine _____ Total 75⁰⁰

[] Application is hereby denied
[X] Application is hereby granted to R. Erb 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: Hebi Moltzen 9-5-02 18207

Signature of Becker County Qualified Employee _____ Date Permit Issued _____ Permit Number _____

This permit expires on 9-5-03

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

*Dimensions of Lot

*Existing & Proposed Buildings

*Easements & setbacks

*Scale - One inch = _____ ft

*Well & Water Line Locations
within 100 ft of System

*Distance from Property Lines
*Distance from OHWM

*Tank Access Route

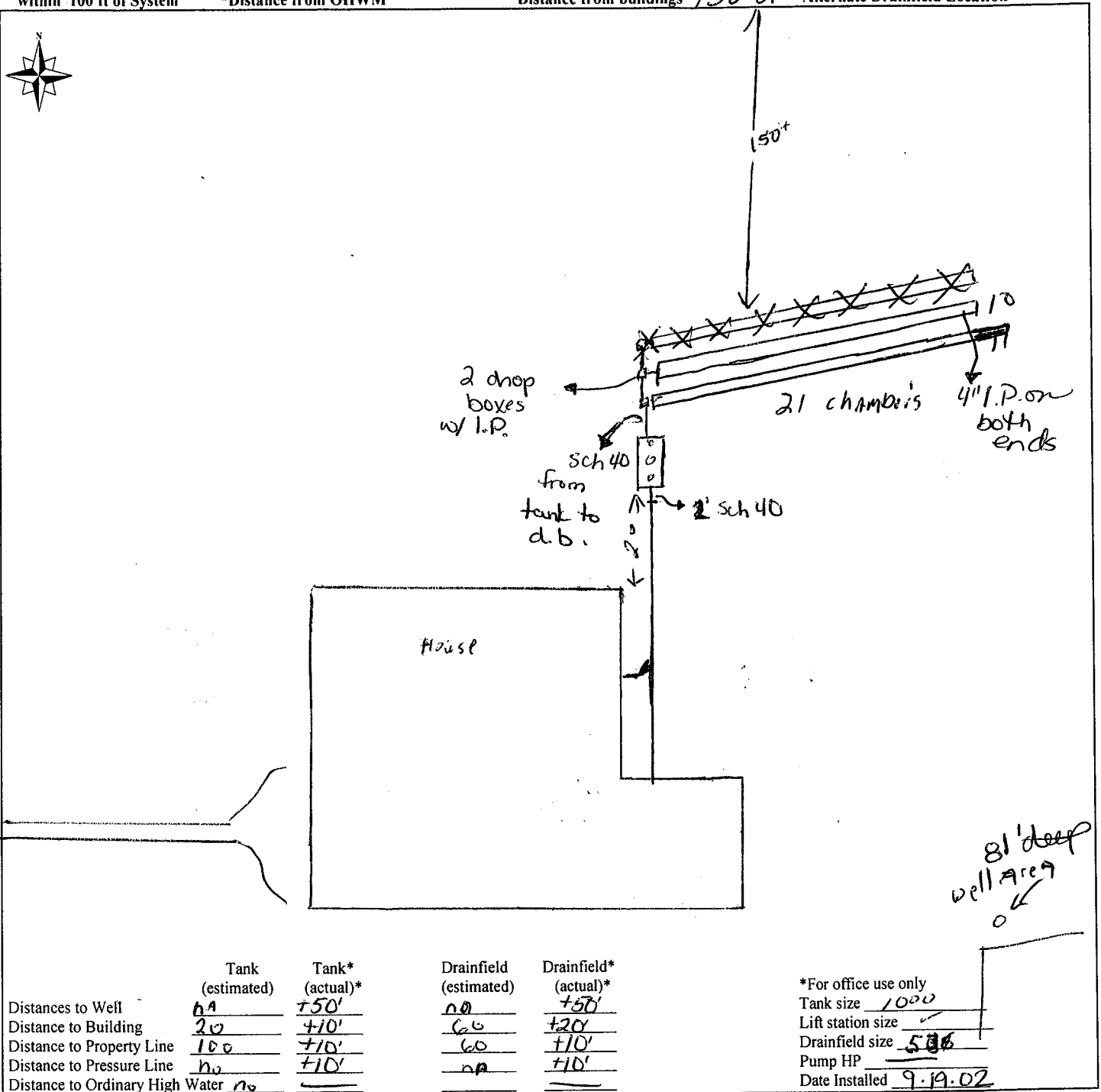
*Location of any Unsuitable Soil

*Soil Borings & Per Test Locations

*Distance from buildings

*Alternate Drainfield Location

Carrow Drive



	Tank (estimated)	Tank* (actual)*	Drainfield (estimated)	Drainfield* (actual)*
Distances to Well	64	+50'	no	+50'
Distance to Building	20	+10'	60	+20'
Distance to Property Line	100	+10'	60	+10'
Distance to Pressure Line	no	+10'	no	+10'
Distance to Ordinary High Water	no			

*For office use only

Tank size 1000

Lift station size

Drainfield size 586

Pump HP

Date Installed 9.19.02

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

CERTIFICATE OF COMPLIANCE

() Certificate Is Hereby Denied

(✓) Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data.
With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Signature

Title

Date

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)