



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



1. PROPERTY DATA (as it appears on the tax statement, purchase agreement or deed)

Parcel Number(s) of property where the system will be installed: 06.0396.004

Is this a split of an existing property? Yes No

(If yes and a parcel number has not yet been assigned, indicate the main parcel number from which the new parcel was split.)

Section 28 Township 138 Range 43 Township Name Cormorant

Lake Name _____ Lake Classification _____

Legal Description: Pl. SE 1/2 NE 1/4

Project Address: 13850 115th St

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

Owner's First Name Diane Owner's Last Name Wlschmid

Mailing Address 6480 Hiway 10 City, State, Zip Glyndon, MN 56547

Phone Number _____

3. DESIGNER/INSTALLER INFORMATION

Designer Name David Ohm Company Name Ohm Excavating License # 932

Address P.O. Box 293 Audubon Phone Number 218-439-6428

Installer Name David Ohm Company Name Ohm Excavating License # 932

Address P.O. Box 293 Audubon Phone Number 218-234-1256

4. SYSTEM DESIGN INFORMATION

Existing System Status?

- 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

3-28-09 Date of site evaluation

Design Flow 450 Gallons Per Day

Number of Bedrooms 3

Garbage Disposal Yes No

Dishwasher Yes No

Lift station in House Yes No

Grinder pump in House Yes No

Well Depth to be drilled + 50'
Depth of other wells within 100 ft of system -

Original Soil Compacted Soil

Type of Soil Observation

Pit Probe Boring

Depth to Restricting Layer 7

Maximum Depth of System 4

Size of All Tanks to be installed

1500 2/c gal Septic Tank

_____ gal Holding Tank

_____ gal Lift Station

_____ Other Tank

_____ Existing tank to be used

Compartmented tank Yes No

Multiple Tanks Yes No

Total Number of tanks to be installed in this system 1 (This # will be reported to MPCA at end of year.)

Delia

Type of Drainfield	Full Size of Drainfield	Reduced/Warrantied size	
<input checked="" type="checkbox"/> Chamber Trench	_____ sq ft	<u>375</u> sq ft	Type of chamber <u>ADS</u>
_____ Rock Trench	_____ sq ft	_____ sq ft	Depth of Rock _____
_____ Gravelless	_____ sq ft	_____ sq ft	
_____ Mound	_____ sq ft ***		Alarm? Yes _____ No _____
_____ Pressure Bed	_____ sq ft ***		Type of Alarm _____
_____ Seepage Bed	_____ sq ft ***		Size of Lift Pump _____
_____ At-grade	_____ sq ft ***		Size of Lift Line _____
_____ Alternative / Performance	_____ sq ft ***	***Attach Worksheets	

SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>750</u>	<u>750</u>
Distance to Building	<u>15</u>	<u>20</u>
Distance to Property Line	<u>710</u>	<u>710</u>
Distance to OHW of Lake	_____	_____
Distance to Pressure Line	_____	_____
Distance to Wetland/Protected Water	_____	_____

Perc Rate _____ Soil Sizing Factor .83 *If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
	<u>SAND</u>							

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

5. REQUIRED DOCUMENTS

U of MN worksheets are required for mounds, pressure beds, seepage beds, at-grades or Type IV or Type V systems. Are the required worksheets attached? _____ Yes _____ No

6. DESIGNER'S CERTIFIED STATEMENT

I, David Ohm certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

David Ohm
Signature of Designer

4-22-09
Date

Application Approved by: Hebi Motta Date: 4-27-09
Amount Paid 1000 Receipt Number 142899-417025 Permit Number _____
NOTES: _____ 4/28/09

INSPECTION REPORT

Home Information

Does the structure contain any of the following elements?

Garbage disposer ___ Yes ___ No Dishwasher ___ Yes ___ No
Grinder pump ___ Yes ___ No Lift pump in basement ___ Yes ___ No
Effluent screen installed? ___ Yes ___ No Effluent screen manufacturer _____
Alarm required? ___ Yes ___ No Alarm Type _____ Alarm manufacturer _____
Lift pump in system? ___ Yes ___ No Pump manufacturer _____
Number of bedrooms _____

Component Information

Tank size 1800 2/c Tank manufacturer Brown & Wilbert
Drainfield size 375 sq. ft.
Drainfield medium _____ Medium manufacturer _____
Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth (Good Clean Sand)
Vertical separation verified for Boring #2 on _____ Depth _____
Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

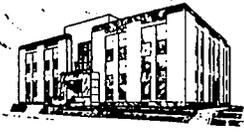
	TANK	DRAINFIELD
Distance to Well	<u>>50'</u>	<u>>50'</u>
Distance to Building	<u>>10'</u>	<u>>10'</u>
Distance to Property Line	<u>>10'</u>	<u>>10'</u>
Distance to OHW of Lake	<u>N/A</u>	<u>N/A</u>
Distance to Pressure Line	<u>N/A</u>	<u>N/A</u>
Distance to Wetland/Protected Water	<u>N/A</u>	<u>N/A</u>

Date System Installed 4/30/09 Installer OHM Exc. Inspector Samuel Stoll

CERTIFICATE OF COMPLIANCE

() Certificate is Hereby Denied
(X) 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 Samuel Stoll Title ISTS Inspector Date 4/30/09
(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)



BECKER COUNTY

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

Application No.
Tax Parcel No.

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

Scale of Diagram: 1 inch = _____ feet

Drawing By: David Ohm

Date of Drawing: 4-22-09

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

