	DOUGHRIY	Septic 02
	County Planning & Zoning e Ave, P O Box 787	1000/21070
070126001	Lakes, MN 56502-0787	
	Phone (218)-846-7314; Fax (218)-846-	-7266 0000a
Onsite Septic System Site Evaluation/Design Tax Pa	rcel Number 07.0126 001 & 9	11 Address AA/BA
Legal Description: 9,63 ACAPS	07.0147.001 37	TWP <u>/40</u> Range <u>43</u>
Lake Name Lake Classifi	ication () RD () GD () NE Towns	hip Name
Owner's Name John V. Doy Chraf	Mailing Address AAGBA 13	oth AUR N.
	te/Zip_S6559Phone Number_	
Number of Bedrooms	Well Casing Depth	Garbage Disposal (Yes) (No)
Design Flow GPD	Depth of other Wells within	Grinder Pump/Lift Station
(dwellings must be classified as Type 1)	100 ft of system	In House (Yes) (No)
Type of Observation: Probe Pit Boring		m cp : 611
Original Soil (Yes) (No) Compacted Soil (Yes) (1	No) Proposed Design	Type of Drainfield

() Replace Septic Tank

() Drainfield Only

(X) Septic Tank/Drainfield

Depth to Restricting Layer 75

This permit expires on

Maximum Depth of System 2 /
Perc Rate 2 Soil Sizing Factor ///7

() Holding Tank () Pressurized Bed (() Lift Station **SOIL BORING LOG SOIL BORING LOG** COLOR & COLOR & **DEPTH** DEPTH (INCHES) **TEXTURE** MUNSELL NO. **STRUCTURE** MUNSELL NO. STRUCTURE (INCHES) **TEXTURE** BLOCKY BLOCKY 1DYR2// PLATY PLATY PRISMATIC PRISMATIC BLACK (NONE) BLOCKY BLOCKY PLATY PLATY PRISMATIC PRISMATIC NONE NONE BLOCKY BLOCKY PLATY PLATY PRISMATIC KOAM PRISMATIC B. GRAY LOAM NONE PLATY PLATY PRISMATIC PRISMATIC

Type of alarm Device on lift Station or Holding tank

() Standard Bed

) At Grade

(X) Chamber- H10, EQ36 other

() Standard rock- depth

() Standard gravelless

() Mound

Attach perc test Information if Required

1	NONE			NONE	
I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.					
Name and Address of Designo	Contract Al	Anda ben	MN	Phone /	439-6428
Traine dita Francisco de Sessione					1 48
MPCA Number 932	Date of Site Evaluation	on 5 7802	_ Signature of Des	signer ///	nl/M
THE CHILDREN			_ 0	7	
Name of Installer (if different fro	om Designer)		MPCA Num		
FOR USE BY E		VIRONMENTA	L SERVICES I	DEPARTM	ENT 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 5 31 02 Application Fee 75 60 F	ine Tota	<u>75°°</u>
[] Application is hereby denied [] Application is hereby granted to	H. Russel Lorson to install an in othe Becker County Environm	ndividual septic system ental Services Office. By
Order of Concert Own Signature of Becker County Qualified Employee	Date Permit Issued	17574 Permit Number

The site plan must be drawn to dimension or to scale: *Location of any Unsuitable Soil *Existing & Proposed Buildings *Easements & setbacks *Soil Borings & Per Test Locations *Well & Water Line Locations *Distance from Property Lines *Tank Access Route *Alternate Drainfield Location *Distance from OHWM *Distance from buildings within 100 ft of System DRICE Drainfield Drainfield* Tank Tank* (actual)* (estimated) (estimated) Tank size Distances to Well Lift station size Distance to Building Drainfield size Distance to Property Line Pump HP Distance to Pressure Line Date Installed Distance to Ordinary High Water TAL SERVICES DEPARTMEN *FOR USE BY BECKER COUNTY ENVIRONMEN CERTIFICATE OF COMPLIANCE

070126.001 *Scale - One inch =

() Certificate Is Hereby Denied		
() Certificate is Hereby Granted Based upor	the Application, addendum from, plans, specifica	itions and all other supporting data
With property maintenance, this system can be	expected to function satisfactory, however, this is no	ot a guarantee.
Vanuadoung	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	6602
Signature	/ litle / \	Date
(Certificate of Compliance is not valid unless si	gned by a Registered Qualified Employee)	