



d Zoning

Individual Sewage Treatment System Permit Application



080066002
PO Box 787
Detroit Lakes, MN
Phone: (218) 846-7314
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1. PROPERTY DATA (as it appears on tax statement)

Parcel number(s) of property system will be installed on: 08-0066-002
(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 was split from)

Section 4 Twp 139 Range 41 Township Name Detroit Lake Name None Lake Classification _____

Legal Description: Tract A

Project Address: 25480 E. Cozy Cove Rd. Det. Lks. Mn. 56501

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

First name Steve Last Name Campbell

Mailing Address 45415 Englewood Dr. City, State Zip Detroit Lakes, Mn. 56511

Phone Number 218-847-1870

3. DESIGNER/INSTALLER INFORMATION

Company Name: Vareberg Backhoe Service License #: 1910 Address: 21360 Co Hwy 21 Det. Lks.

Designer Name: Richard Vareberg Registration #: 4632 Telephone Number: 218-847-7372

Will the system be installed by the designer? (circle one) YES **NO** Unknown/To be bid

COMPLETE INSTALLER INFORMATION IF INSTALLER IS KNOWN AND DIFFERENT THAN THE DESIGNER!

Company Name: Rick Renner Backhoe Service License #: 2567 Address: 14306 Co Hwy 11 Audubon Mn.

Installer Name: Rick Renner Registration #: 7202 Telephone Number: 218-439-3514
849-0239

4. SYSTEM DESIGN INFORMATION

Existing System Status - CHECK ONE	Date of Site Evaluation <u>10-30-03</u>	Size of ALL tank types to be installed:	Check type of drainfield medium to be used:
<input checked="" type="checkbox"/> No existing system - new home/structure	Gallons Per Day <u>450</u>	<u>1500</u> gals Septic Tank	<input checked="" type="checkbox"/> Chamber
<input type="checkbox"/> Cesspool/Seepage	What will new system serve? CHECK ONE	<input type="checkbox"/> gals Lift Station	<input type="checkbox"/> Drainfield Rock
<input type="checkbox"/> Failing (other than cesspool/seepage pit)	<input checked="" type="checkbox"/> Dwelling	<input type="checkbox"/> gals Holding Tank	<input type="checkbox"/> Gravelless
<input type="checkbox"/> Undersized (addition to drainfield/tanks needed)	<input type="checkbox"/> Resort/Campground	<input type="checkbox"/> gals Other Tanks	<input type="checkbox"/> No drainfield
<input type="checkbox"/> Repairs needed to existing system	<input type="checkbox"/> Commercial (non-resort)	Drainfield Size sq ft	Check type of drainfield to be installed:
<input type="checkbox"/> Replacement needed of existing system	<input type="checkbox"/> other - explain below	<u>1000</u>	<input checked="" type="checkbox"/> Trench
<input type="checkbox"/> Unknown			<input type="checkbox"/> At-grade
<input type="checkbox"/> Other - explain below			<input type="checkbox"/> Pressure Bed
			<input type="checkbox"/> Seepage Bed
			<input type="checkbox"/> Mound

Explanation:

Check box if system will be experimental

Design Flow <u>450</u>	GPF	Well Depth <u>None</u>	Original Soil or Compar	Soil	Depth to Restricting Layer <u>84"</u>
Number of Bedrooms <u>3</u>		Depth of wells of	Type of Soil Observation		Maximum Depth of System <u>48"</u>
Garbage Disposal <u>YES</u> NO		within 100 feet	PROBE	PIT	<u>BORING</u>
Grinder pump/lift station in house <u>YES</u> NO		system <u>None</u>			Perc Rate <u>47</u>
					Soil Sizing Factor <u>2.00</u>

	Tank	Drainfield
Distance to well	<u>None</u>	
Distance to Building	<u>>20'</u>	<u>>30'</u>
Distance to Property Line	<u>>20</u>	<u>10'</u>
Distance to OHW	<u>>84"</u>	<u>>84"</u>
(Ordinary Highwater Mark)		
Distance to Pressure Line	<u>None</u>	

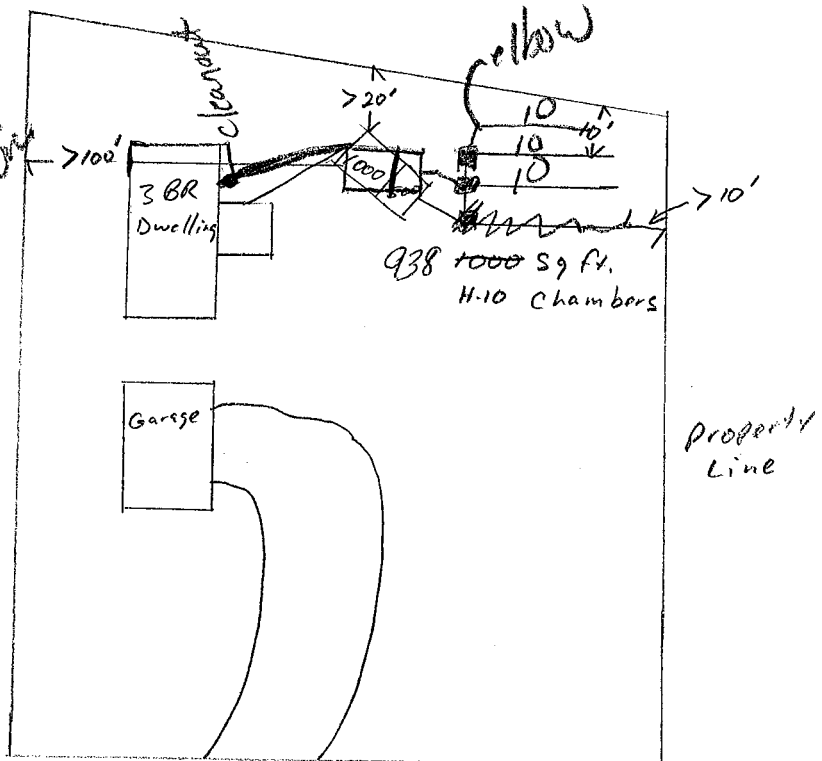
Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-8"	Top Soil	10YR 2/1	Blocky	0-10	TOP Soil	10YR 2/1	Blocky
8-20	clay Loam	10YR 7/4	Blocky	10-25	clay Loam	10YR 7/4	Blocky
20-40	clay Loam	10YR 7/6	Blocky	25-47	clay Loam	10YR 7/6	Blocky
40-84	clay Loam	10YR 8/6	Blocky	47-84	clay Loam	10YR 8/6	Blocky

6. SITE PLAN - indicate capacity of all tanks, size of drainfield, and depth of well(s)

SHOW PROPOSED AND/OR EXISTING:

1. Water supply wells w/in 100' of the proposed ISTS
2. Buildings or improvements on the lot
3. Buried water pipes w/in 50' of the proposed ISTS
4. Easements on the lot
5. Ordinary high water level of public waters
6. Property lines
7. ALL required setbacks from the system
8. ALL required setbacks from the system
9. Site contours
10. ISTS
11. Alternative site if lot was created after January 23rd, 1996.
12. Other site characteristics pertinent to system design

Now well time of inspection



*Installed 11/14/03
By R. Benner*

7. CERTIFIED STATEMENT

I, Richard Vareberg (PRINT NAME) 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).
 (SIGNATURE) [Signature] (DATE) 11-3-03

*****FOR OFFICE USE ONLY*****
 Application approved by: [Signature] Date: 11-3-03 # 206131

Certificate of Compliance

() Certificate is hereby denied

Certificate is hereby granted based upon the application, addendum forms, plans, specifications and all other supporting data. With proper maintenance, this system can be expected to function satisfactorily, however, this is not a guarantee.

Signature of Registered Qualified Employee [Signature] Date: 11-14-03