



APPLICATION FOR SEWAGE SYSTEM

CERTIFICATE OF COMPLIANCE
With The Becker County Zoning Ordinance



080693000

Application Number

Tax Parcel Number

08.0693.000

Fire Number of Project Location

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <i>Yost, Fredrick & Linda</i>	2. Authorized Agent (if applicable)		
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) <i>602 Brandy Lake Estates Detroit Lakes, MN. 56501</i>			
4. Day Phone	5. Evening Phone	6. Section	7. Township
		21	<i>Detroit</i>

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name <i>Lot 15 Brandy Lake Estates</i>			
<p>SEWAGE SYSTEM DATA</p> <p>Anticipated Use</p> <p>a. <input checked="" type="checkbox"/> Single Family</p> <p>b. <input type="checkbox"/> Multiple Family</p> <p>c. <input type="checkbox"/> Commercial</p> <p>d. <input type="checkbox"/> Other (specify)</p> <p>Type of Installation</p> <p>a. <input type="checkbox"/> Septic Tank Only</p> <p>b. <input type="checkbox"/> Drainfield Only</p> <p>c. <input checked="" type="checkbox"/> Septic Tank & Drainfield</p> <p>d. <input type="checkbox"/> Holding Tank</p> <p>e. <input type="checkbox"/> Septic Tank/Drainfield</p> <p>Lift Station</p> <p>Type of Drainfield</p> <p>a. <input checked="" type="checkbox"/> Standard System</p> <p>b. <input type="checkbox"/> Mound (pressure distribution)</p> <p>Well Data</p> <p>a. Depth <u>>50'</u></p> <p>b. Diameter _____</p> <p>Type of Well</p> <p>a. <input checked="" type="checkbox"/> Drilled</p> <p>b. <input type="checkbox"/> Sand Point</p> <p><i>Municipal Well</i></p>	<p>1 Inch Equals</p> <p>DESIGN</p> <p>45' 45' x 45'</p> <p>60'</p> <p>existing 1000 gallon</p> <p>mobile home</p> <p>Road</p> <p>Show Distance Between Sewage System And Buildings, Property Lines, Lake, Road And All Wells Within 125 Feet.</p>		

Distances to Well:	Tank = <u>>100'</u>	Drainfield = <u>>100'</u>	Tank = <u>>20'</u>	Drainfield = <u>>80'</u>
Distance to Building:	= <u>10'</u>	<u>70'</u>	Tank Capacity (gal. & Area of Drainfield (ft 2)) = <u>1000 375 ft^2</u>	
Distance to Property Line:	= <u>>10'</u>	<u>>10'</u>	Distance to Ordinary High Water Level: = <u>>300' >300'</u>	
Drainfield separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling: = <u>>6'</u>				

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct:

Signature of Applicant

Date

TO BE COMPLETED BY PLANNING AND ZONING

CERTIFICATE IS HEREBY DENIED: (See back For Reasons)

CERTIFICATE IS HEREBY GRANTED: Based upon the application, addendum from, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactory, however this is not a guarantee.

BECKER COUNTY PLANNING AND ZONING

John D. Hansen

Signature

Inspector

Title

03.Jun.93

Date

Onsite Septic System Site Evaluation/Design

Tax Parcel Number 08-0693-000

Legal Description:	<u>Lot 15</u>		
<u>Brandy Lake Estates</u>	<u>21</u>	<u>139</u>	<u>041</u>
Lake/Stream Name	Lake/Stream Class	Section	TWP
<u>FREDRICK A + LINDAL YOST</u>	<u>102 Brandy Lake Est</u>	<u>Detroit Lakes</u>	Township Name
Property Owner	Address	City, State, Zip Code	
		Phone Number	
		<u>847-3047</u>	
Name and Address of Designer	<u>Mike Berg</u> RT 1 PO 886 Audubon MN 56511		
MPCA NUMBER	<u># 1164</u> 439-6412		Date of Site Evaluation
Name and Address of Installer		MPCA Number	

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

Signature of Designer Mike Berg Date 5-28-98

*FOR USE BY BECKER COUNTY
ENVIRONMENTAL SERVICES DEPARTMENT ONLY*

Date Site Evaluation / Design received _____ Received by _____

Date Site Evaluation approved 5/29/98 Approved by Lebi Moltz

*** 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 45⁰⁰ State Surcharge .50 Total 45⁵⁰

Application is hereby denied
 Application is hereby granted to Fred Yost 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:

Lebi Moltz
Signature of Becker County Qualified Employee

5/29/98
Date

This permit expires on 11/29/98

Inspected by _____ Date _____ Permit # 12108

SOIL INFORMATION

TEST HOLE #1				TEST HOLE #2			
DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE	DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
8"	Loam	Black	BLOCKY PLATY PRISMATIC NONE	8"	Loam	Black	BLOCKY PLATY PRISMATIC NONE
7"	Loamy Sand	D. Brown	BLOCKY PLATY PRISMATIC NONE	8"	Loamy Sand	D. Brown	BLOCKY PLATY PRISMATIC NONE
57'	Gravelly Sand	L. Brown	BLOCKY PLATY PRISMATIC NONE	56"	Gravelly Sand	L. Brown	BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
Depth to standing water	6'+			Depth to standing water	6'+		
Depth to mottling	6'+			Depth to mottling	6'+		

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

2% Slope OPEN Lawn AREA

WATER USES:	DESIGN FLOW	<u>450</u>	GPD
(<input checked="" type="checkbox"/>) Washing Machine	NO. of Bedrooms	<u>3</u>	
(<input type="checkbox"/>) Dishwasher	NO. of Bathrooms	<u>2</u>	
(<input type="checkbox"/>) Water Softner	SQ FT of Structure	<u>980</u>	
(<input type="checkbox"/>) Garbage Disposal			

GRINDER PUMP/LIFT STATION IN HOUSE

() YES () NO

WELL INFORMATION: CENTRAL WELL
Property's Well - Depth _____ Drilled (X) Sandpoint ()
Neighboring Well - Depth _____ 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 type="checkbox"/> SEPTIC TANK/DRAINFIELD (<input checked="" 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 <u>1 to 5</u>	Soil Sizing Factor <u>83</u>	Depth to Restricting Layer <u>6'</u>
Maximum Depth of System <u>4'</u>	Size of Tank <u>1000</u>	Size of Lift Station _____
Size of Gravelless Pipe <u>10"</u>	Size of Drainfield <u>375</u> Sq Ft	Length of System <u>45'</u>
Depth of Rock <u>3 ft +</u>	Size of Mound Rock Bed _____	Depth of Clean Sand _____
Number of Trenches <u>3 at 45'</u>	Size of Lift Pump _____	Length of Lift Line _____
Additional Information: <u>Old drainfield to be disconnected.</u>		

Septic System Design/Site Evaluation

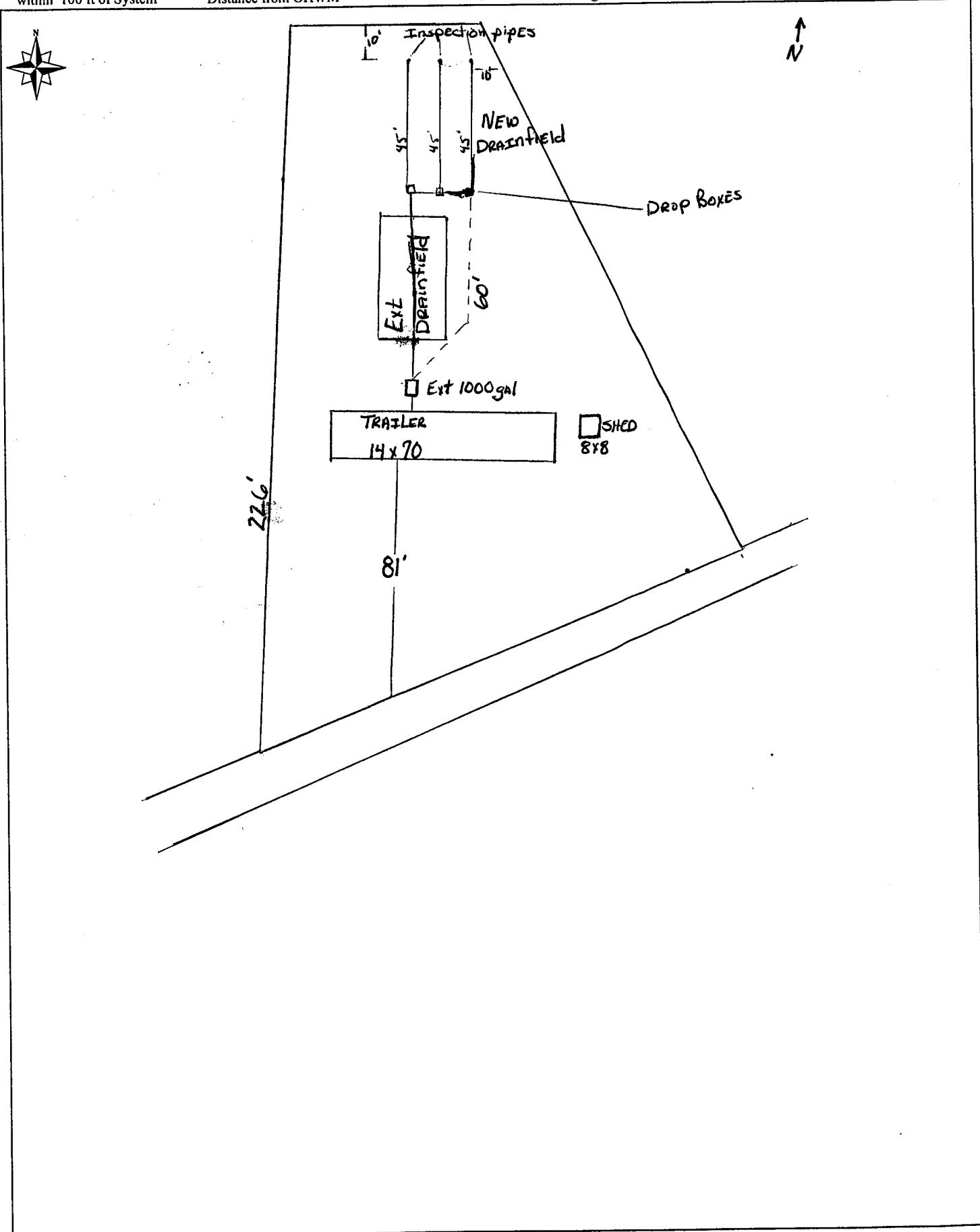
The site plan must be drawn to dimension or to scale:

*Dimensions of Lot
*Well & Water Line Locations
within 100 ft of System

*Existing & Proposed Buildings
*Distance from Property Lines
*Distance from OHWM

*Easements & setbacks
*Tank Access Route
*Distance from buildings

*Location of any Unsuitable Soil
*Soil Borings & Per Test Locations
*Scale - One inch = 40 ft



PERCOLATION TEST SHEET -

Test hole location _____ Date test hole was prepared: _____
 Depth of hole bottom: _____ inches Hole # _____ 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

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION
START	-----	-----	-----	-----	TIME : DROP - PERC A (Decimal)
REFILL	-----	-----	-----	-----	TIME : DROP - PERC B (Decimal)
REFILL	-----	-----	-----	-----	TIME : DROP - PERC C (Decimal)
REFILL	-----	-----	-----	-----	TIME : DROP - PERC D (Decimal)
REFILL	-----	-----	-----	-----	TIME : DROP - PERC E (Decimal)
REFILL	-----	-----	-----	-----	TIME : DROP - PERC F (Decimal)
REFILL	-----	-----	-----	-----	TIME : DROP - PERC G (Decimal)
REFILL	-----	-----	-----	-----	TIME : DROP - PERC H (Decimal)

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Item	Percent	Number	Percent	Number
A, B, C	Smallest # of ABC			
C, D, E	Smallest # of ABC	Smallest # of CDE	Smallest # of CDE	Smallest # of CDE
E, F, G	Smallest # of CDE			
	$\times 0.10 =$		$\times 0.10 =$	$\times 0.10 =$

• If the top number in each set of boxes is larger than the bottom number then takes another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

- PERCOLATION TEST SHEET -

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
TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	conversions
START	-----	-----	-----	-----	TIME \div DROP = PERC (Decimal)	1.15 = .13
REFILL	-----	-----	-----	-----	TIME \div DROP = PERC (Decimal)	3.16 = .13
REFILL	-----	-----	-----	-----	TIME \div DROP = PERC (Decimal)	14 = .25
REFILL	-----	-----	-----	-----	TIME \div DROP = PERC (Decimal)	5.16 = .31
REFILL	-----	-----	-----	-----	TIME \div DROP = PERC (Decimal)	3.8 = .35
REFILL	-----	-----	-----	-----	TIME \div DROP = PERC (Decimal)	7.16 = .44
REFILL	-----	-----	-----	-----	TIME \div DROP = PERC (Decimal)	12 = .5
REFILL	-----	-----	-----	-----	TIME \div DROP = PERC (Decimal)	9.16 = .55
REFILL	-----	-----	-----	-----	TIME \div DROP = PERC (Decimal)	5.3 = .33
REFILL	-----	-----	-----	-----	TIME \div DROP = PERC (Decimal)	11.16 = .55
REFILL	-----	-----	-----	-----	TIME \div DROP = PERC (Decimal)	3.4 = .35
REFILL	-----	-----	-----	-----	TIME \div DROP = PERC (Decimal)	13.16 = .31
						7.3 = .33
						H

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Ten Percent Calculation *	
A, B, C	Largest # of ABC - Smallest # of ABC _____ Smallest # of ABC $\times 0.10 =$ _____
C, D, E	Largest # of CDE - Smallest # of CDE _____ Smallest # of CDE $\times 0.10 =$ _____
E, F, G	Largest # of DEF - Smallest # of DEF _____ Smallest # of DEF $\times 0.10 =$ _____
F, G, H	Largest # of FGH - Smallest # of FGH _____ Smallest # of FGH $\times 0.10 =$ _____
B, C, D	Largest # of BCD - Smallest # of BCD _____ Smallest # of BCD $\times 0.10 =$ _____
D, E, F	Largest # of DEF - Smallest # of DEF _____ Smallest # of DEF $\times 0.10 =$ _____

Smallest # of EFC $\times 0.10 =$ _____

Smallest # of PTTI $\times 0.10 =$ _____

* 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 to or smaller than bottom number then take another reading.

BECKER COUNTY ZONING ADMINISTRATION

COUNTY COURT HOUSE — Phone 218-847-3938 — Detroit Lakes, Minn. 56501

Permit No. _____

Date 5/22/85

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

9/32
 LEGAL
 DESCRIPTION
 AND
 LOCATION

Lot 15 Block 1 Grandy Lake Estates

IDENTIFICATION: Please Print All Information

Owner	Last Name <u>Selmerhorst</u>	First Initial <u>Roger</u>	Mailing Address— No. Street, City and State <u>PR 3 Detroit Lakes, MN 56501</u>	Zip No. _____	Tel. No. _____
Contractor	Name _____				

TYPE OF IMPROVEMENT:
 New Building Alteration
 Other Sewer Repair

RESIDENTIAL PROPOSED USE:

One Family Dwelling
 Multiple Dwelling _____ Units

NON-RESIDENTIAL PROPOSED USE:

Specify: _____
 Size: _____

ESTIMATED COST OF IMPROVEMENT \$

Construction Starting Date:

PRINCIPAL TYPE OF FRAME:

Masonry
 Wood Frame
 Structural Steel
 Other — Specify

TYPE OF SEWAGE DISPOSAL:

Public
 Individual Septic Tank, etc.

DIMENSIONS:

Basement: Yes No
 Stories above basement: _____
 Sq. feet (outside dimension) _____
 Bedrooms 2 Baths _____

Type of Roof:

WATER SUPPLY:

Public
 Individual Well

MECHANICAL EQUIPMENT:

Elevator: Yes No
 Air Conditioning: Yes No
 Central Unit

HEATING:
 Electric Gas Oil
 Coal None
 Other: Rad

SEWAGE DISPOSAL SYSTEM DATA:

SEPTIC TANK

SEEPAGE PIT Rad DRAIN FIELD

Capacity	Gls. <u>300</u>	Sq. Ft. _____	Sq. Ft. _____
Distance from nearest well	Ft. <u>475</u>	Ft. _____	Ft. _____
Distance from lake or stream	Ft. <u>110</u>	Ft. _____	Ft. _____
Distance from occupied building	Ft. <u>110</u>	Ft. _____	Ft. _____
Distance from property line	Ft. <u>110</u>	Ft. _____	Ft. _____
Distance from bottom to Water Table	Ft. <u>42</u>	Ft. _____	Ft. _____

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 58 acres square feet.

Water frontage is _____

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 100 feet.

Side yard is 450 and 450 feet. Rear yard is 450 feet.

Building will be located 110 feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located 110 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 5/22/85

Roger
 APPROVED
 MAY 29 1985

Signature of owner

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.

Dated 5/23/85

Permit Fee \$ 10.00

State Surcharge \$.50

Floyd Auerly
 Becker County Zoning Administrator

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
Capacity Gls.	Gls.	Gls.	SF	SF	SF	SF
Distance from Nearest Well	F	F	F	75	F	F
Distance from Lake or Stream	F	F	F	F	F	F
Distance from Occupied Building	F	10	F	F	20	F
Distance from Property Line	F	10	F	F	10	F
Distance from Bottom to Water Table	F	F	F	F	4	F

Inspector's Comments:

**INTERPRETATION
OF ABBREVIATIONS**

Gls — Gallons
SF — Square Feet
F — Linear Feet

Inspector's Signature

Title

Inspection
Dated

BECKER COUNTY

Permit Number 14-13,770-30 Date 5/29/85

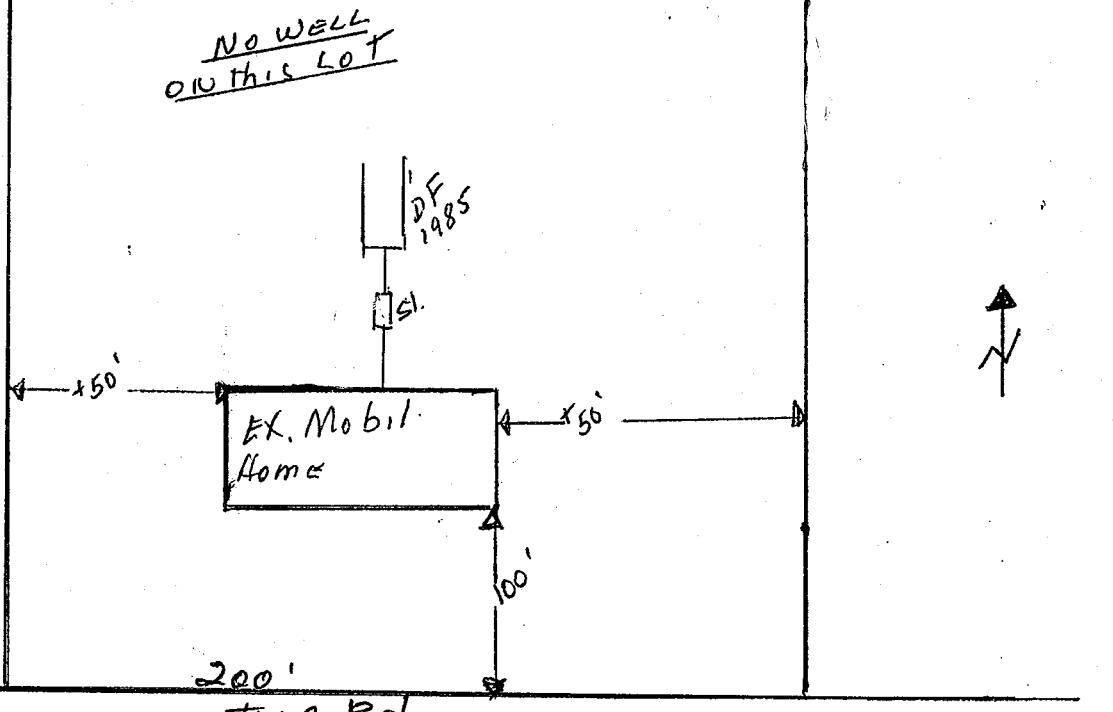
Building Sewage System Sewer Repair

Township District Sec. 21 Description Lot 15
Block 1 - Brandy Lake Estates

Work Authorized Additions to sewer system
with 300 sq. ft. coverage bed

Issued to: Name Roger Schermerhorn
Address: PR3 Town Detroit Lakes
State Min. Zip 56501

Sketch



1 Inch = _____ Feet

M.K.

NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. Notify Becker County Zoning Administrator (847-8938) before building footings have been completed. No part of the sewage system shall be covered until it has been inspected and approved. Notify the Zoning Administrator 24 hours before the job is ready for inspection.

Lloyd Brandy
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501