



Onsite Septic System Application

Becker County Planning & Zoning
915 Lake Ave, Detroit Lakes, MN 56501
Phone (218)-846-7314; Fax (218)-846-7266

PARCEL	
APP	SEPTIC
YEAR	
SCANNED	
LAKE	

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: 080 844 000

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 8 Township 139 Range 41 Township Name Detroit

Lake Name None Lake Classification None

Legal Description: Country Acres Block 1 Lot 6

Project Address: 24992 Country Acres Rd.

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

Owner's First Name Darin Owner's Last Name Hensch

Mailing Address 16449 4th St NE City, State, Zip Darlington ND 58021

Phone Number _____

3. DESIGNER/INSTALLER INFORMATION

Designer Name Rick Renner Company Name Renner Exc. LLC License # 2567

Address 14306 Co Hwy 11 Phone Number 439-3514

Installer Name Same Company Name _____ License # _____

Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

System Status

What will new system serve? Check one

- Vacant Lot-No existing system-new structure
- Replacement - structure removed and being rebuilt
- Failing -Replacement- cesspool/seepage pit or other
- Enlargement of system-Undersized
- Repairs Needed to existing
- Additional system on property

- Dwelling
- Resort/Commercial
- Commercial (Non-resort)
- Other - explain below

4-12-16 Date of site evaluation

Shop with Bathroom

Design Flow 150 Gallons Per Day

Number of Bedrooms 0

Garbage Disposal Yes No

Dishwasher Yes No

Lift station in House Yes No

Grinder pump in House Yes No

Well Depth To be drilled

Depth of other wells within 100 ft of system _____

Original Soil Compacted Soil _____

Type of Soil Observation

Pit Probe Boring

Depth to Restricting Layer _____

Maximum Depth of System _____

Size of All Tanks to be installed

_____ gal Single Compartment Septic Tank _____ gal Separate Lift Station

_____ gal Compartmented Tank 1500 gal Holding Tank

_____ Pit Privy _____ Existing Tank to be used

_____ Existing tank w/new Additional Tank

_____ Existing tank w/new Lift Station

_____ Holding Tank with Privy

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

PARCEL	
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Type of Drainfield	Full Size of Drainfield	Reduced/Warrantied size
Chamber Trench	_____ sq ft	_____ sq ft
Rock Trench	_____ sq ft	_____ sq ft
Gravelless	_____ sq ft	_____ sq ft
Mound	_____ sq ft ***	
Pressure Bed	_____ sq ft ***	
Seepage Bed	_____ sq ft ***	
At-grade	_____ sq ft ***	
Alternative / Performance	_____ sq ft ***	***Attach Worksheets

Type of chamber _____
 Depth of Rock _____
 Alarm? Yes No _____
 Type of Alarm Float
 Size of Lift Pump _____
 Size of Lift Line _____

PROPOSED SETBACKS
 TANK, DRAINFIELD

Distance to Well	<u>50' +</u>	_____
Distance to Building	<u>30' +</u>	_____
Distance to Property Line	<u>10' + Row</u>	_____
Distance to OHW of Lake	<u>—</u>	_____
Distance to Pressure Line	<u>30</u>	_____
Distance to Wetland/Protected Water	<u>—</u>	_____

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

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

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, Rick Renner 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).

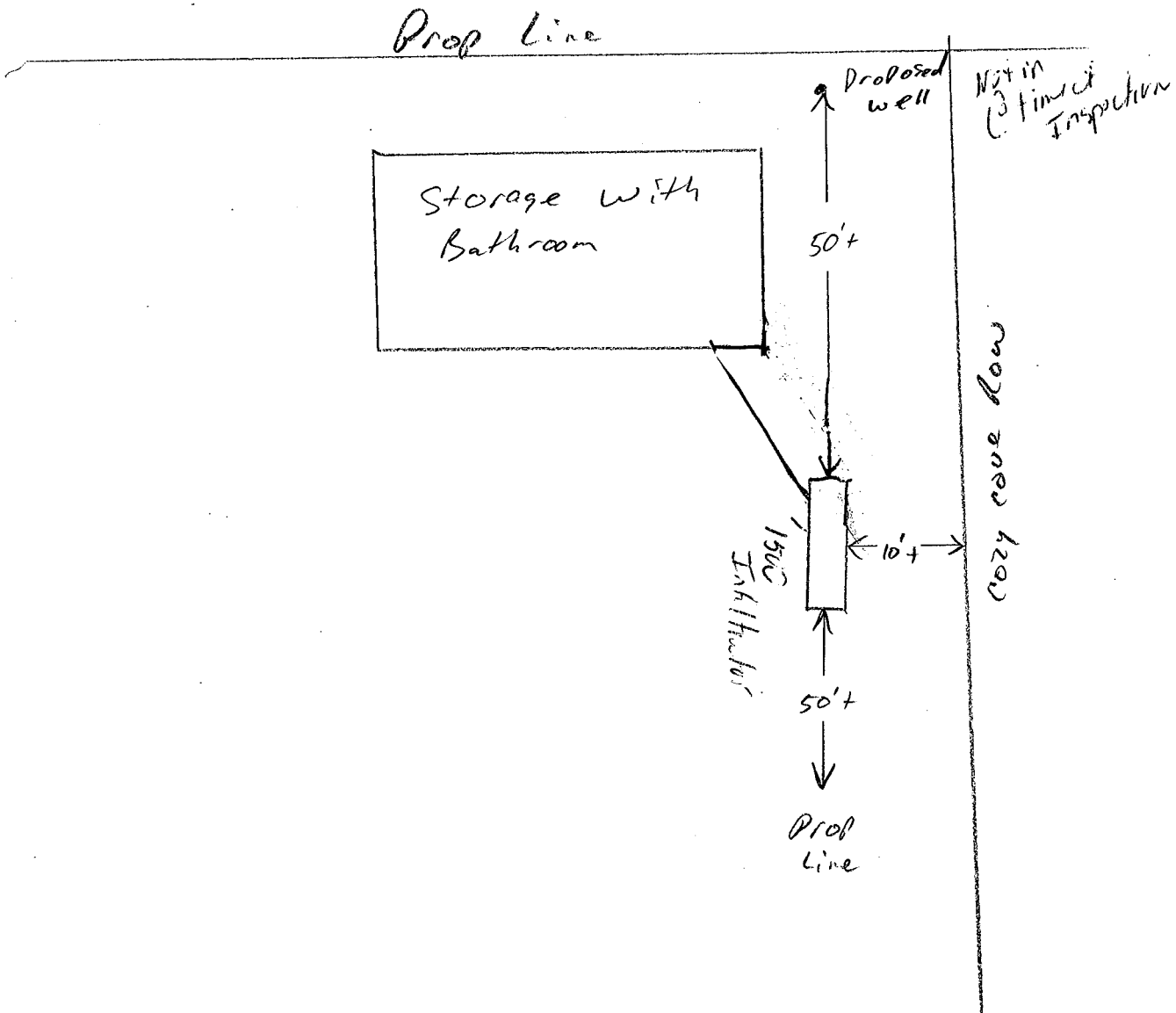
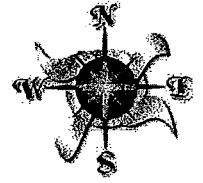
Rick Renner
 Signature of Designer

4-13-16
 Date

SKETCH OF PROPERTY

Please sketch all structures and septic systems on the property;
Include setbacks and wells within 100 feet of the property.

PARCEL	
APP	SEPTIC INSPECTION
YEAR	



PARCEL	
APP	SEPTIC
YEAR	

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

Application Approved by: Debi Moltzen Date: 4-19-16
 Amount Paid 1500 Receipt Number _____ Permit Number _____
 NOTES: 203860
616352

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 0

Component Information

Tank size 1500 Tank manufacturer Infiltrator

Drainfield size Holding tank
 Drainfield medium _____ Medium manufacturer _____
 Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth _____
 Vertical separation verified for Boring #2 on _____ Depth _____
 Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

	TANK	DRAINFIELD
Distance to Well	<u>Nowell @ Fines Installation</u>	<input checked="" type="checkbox"/>
Distance to Building	<u>+10</u>	<input checked="" type="checkbox"/>
Distance to Property Line	<u>+10</u>	<input checked="" type="checkbox"/>
Distance to OHW of Lake	<u>---</u>	<input checked="" type="checkbox"/>
Distance to Pressure Line	<u>---</u>	<input checked="" type="checkbox"/>
Distance to Wetland/Protected Water	<u>---</u>	<input checked="" type="checkbox"/>

Date System Installed 4-27-16 Installer Rick Renner Inspector Debi Moltzen

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.

Debi Moltzen Supervisor of Inspectors 4-28-16
 Signature Title Date

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