090076000

PARCEL	
APP	SEPTIC
YEAR	
SCANNED	
LAKE	

Onsite Septic System Application

Becker County Planning & Zoning
915 Lake Ave, Detroit Lakes, MN 56501
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: 090076000

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 12 Township 142 Range 39 Township Name Eagle View

Lake Name Elbow Lake Classification RD

Legal Description: PT Lot 5 Beg 717'E 382.2 NE 160 NW & 321.1 NE of SW Sec Cor TH NE 356' AI Rd E 210' SW 400' AI 1K NW 222.2 to Beg

Project Address: 38247 County Hwy 35 Waubun, mn

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

Owner's First Name Ronald Owner's Last Name Carlson

Mailing Address P.O 607 City, State, Zip Larimore, ND 58251

Phone Number

3. DESIGNER/INSTALLER INFORMATION

Designer Name Randy Anderson Company Name Anderson On-site License # 638

Address P.O 1421 Detroit Lakes Phone Number 849-3072

Installer Name John Darco Company Name Darco's Excavating Inc. License # L2344

Address 2785 Brothers Point, Waubun 56589 Phone Number 218-473-2276 Cell 218-849-7428

4. SYSTEM DESIGN INFORMATION

System Status

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

What will new system serve? Check one

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

5-14-15 Date of site evaluation

Design Flow 300 Gallons Per Day
Number of Bedrooms 2
Garbage Disposal ___ Yes X No
Dishwasher ___ Yes X No
Lift station in House ___ Yes X No
Grinder pump in House ___ Yes X No

Well Depth 50+
Depth of other wells within 100 ft of system N/A

Original Soil X Compacted Soil ___
Type of Soil Observation
___ Pit ___ Probe X Boring
Depth to Restricting Layer 30"
Maximum Depth of System Mound

Size of All Tanks to be installed
___ gal Single Compartment Septic Tank
1500 gal Compartmented Tank
___ Pit Privy

___ gal Separate Lift Station
___ gal Holding Tank
___ 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.)

RECEIVED
AUG 06 2015
ZONING

PARCEL	
APP	SEPTIC
YEAR	

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
X Mound	3000 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 X No _____
Type of Alarm Elec
Size of Lift Pump _____
Size of Lift Line _____

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	_____	_____
Distance to Building	_____	_____
Distance to Property Line	_____	_____
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
0-6	loam	10YR 2/2	Blocky	0-5	loam	10YR 2/2	Blocky
6-23	sand	10YR 4/4	single	5-24	sand	10YR 4/4	single
23-30	sand	10YR 5/4	"	24+	sand	10YR 5/4	single
	no mottles	28"			no mottles	water	4/4 "

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-6	loam	10YR 2/2	Blocky				
6-25	sand	10YR 4/4	single				
25+	sand	10YR 5/4	"				
	no mottles						

5. REQUIRED DOCUMENTS

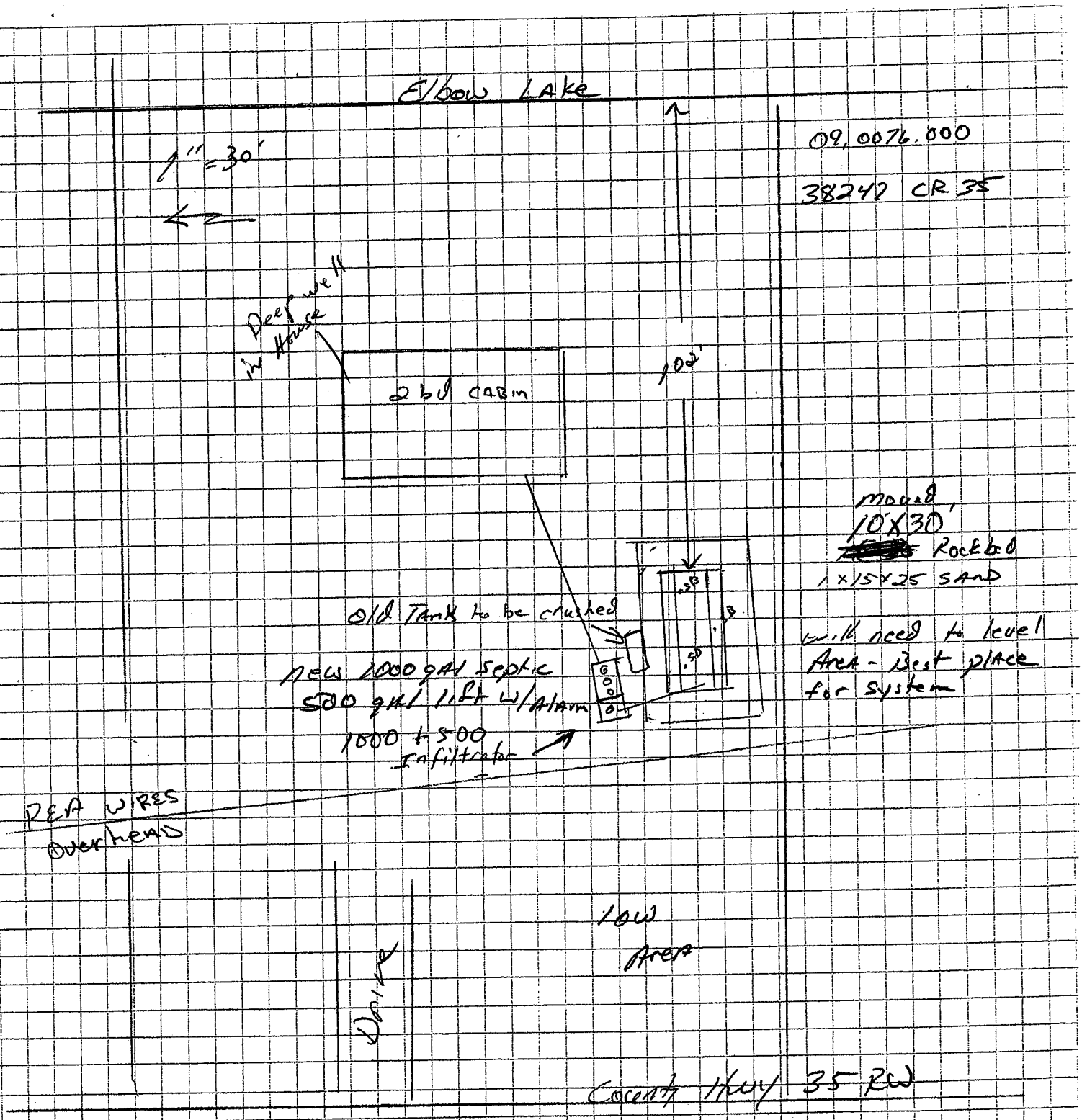
U of MN worksheets are required for mounds, pressure beds, seepage beds, at-grades or Type IV or Type V systems. Are the required worksheets attached? X Yes _____ No

6. DESIGNER'S CERTIFIED STATEMENT

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

Signature of Designer

5/14/15
Date


Elbow Lake
09.0076.000
38249 CR 35
1" = 30'
Deep well in House
2 bd cabin
100'
mound 10x30
Rock bed
1x15x25 SAND
Old Tank to be crushed
new 1000 gal septic
500 gal lift w/Alarm
1000 + 500
Infiltrator
w.l. need to level Area - best place for system
REA WIRES Overhead
Drive
low Area
County Hwy 35 RW

Minnesota Pollution Control Agency

OSTP Design Summary Worksheet

University of Minnesota

Property Owner/Client: Ronald Carlson Trust | Project ID: | v 05.13.14

Site Address: 38247 County Hwy 35 | Date: 5/14/15

1. DESIGN FLOW AND TANKS

A. *Design Flow:* 300 Gallons Per Day (GPD)

Note: The estimated design flow is considered a peak flow rate including a safety factor. For long term performance, the average daily flow is recommended to be < 60% of this value.

B. *Septic Tanks:*

Minimum Code Required Septic Tank Capacity: 1000 Gallons, in 1 Tanks or Compartments

Recommended Septic Tank Capacity: 1000 Gallons, in 1 Tanks or Compartments

Effluent Screen: optional Alarm: yes

C. *Holding Tanks Only:*

Minimum Code Required Capacity: Gallons, in Tanks

Designer Recommended Capacity: Gallons, in Tanks

Type of High Level Alarm:

D. *Pump Tank 1* Capacity (Code Minimum): 500 Gallons *Pump Tank 2* Capacity (Code Minimum): Gallons

Pump Tank 1 Capacity (Designer Rec): 500 Gallons *Pump Tank 2* Capacity (Designer Rec): Gallons

Pump 1 18.0 GPM Total Head 13.3 ft Pump 2 GPM Total Head ft

Supply Pipe Dia. 2.00 in Dose Volume: gal Supply Pipe Dia. in Dose Volume: gal

2. SYSTEM TYPE

○Trench ○Bed ◉Mound ○At-Grade ○Gravity Distribution ○Pressure Distribution-Level ○Pressure Distribution-Unlevel

○Drip ○Holding Tank ○Other * Selection Required

Benchmark Elevation: ft

Benchmark Location:

System Type

☐ Type I ☐ Type II ☐ Type III ☐ Type IV ☐ Type V

Type of Distribution Media:

☐Drainfield Rock ☐Registered Treatment Media:

3. SITE EVALUATION:

A. Depth to Limiting Layer: 24 in 2.0 ft

B. Measured Land Slope %: 0.0 %

C. Elevation of Limiting Layer:

D. Soil Texture: sand

E. Loc. of Restricive Elevation:

F. Soil Hyd. Loading Rate: 12.00 GPD/ft²

G. Minimum Required Separation: 36 in 3.0 ft

H. Perc Rate: 2.0 MPI

I. Code Maximum Depth of System: Mound in

Comments:

4. DESIGN SUMMARY

Trench Design Summary

Dispersal Area ft² Sidewall Depth in Trench Width ft

Total Lineal Feet ft Number of Trenches Code Maximum Trench Depth in

Contour Loading Rate ft Designer's Max Trench Depth in

Bed Design Summary

Absorption Area ft² Depth of sidewall in Code Maximum Bed Depth in

Bed Width ft Bed Length ft Designer's Max Bed Depth in

Minnesota Pollution Control Agency

OSTP Mound Design Worksheet <1% Slope

UNIVERSITY OF MINNESOTA

v 05.13.14

1. SYSTEM SIZING:

Project ID:

A. Design Flow :	300	GPD
B. Soil Loading Rate:	12.00	GPD/ft^2
C. Depth to Limiting Condition:	2.0	ft
D. Percent Land Slope:	0.0	%
E. Design Media Loading Rate:	1.2	GPD/ft^2
F. Mound Absorption Ratio:	1.50	

Table I
MOUND CONTOUR LOADING RATES:

Moasured Perc Rate	← OR →	Texture - derived mound absorption ratio		Contour Loading Rate:
≤ 60mpi		1.0, 1.3, 2.0, 2.4, 2.6	→	≤12
61-120 mpi	← OR →	5.0	→	≤12
≥ 120 mpi*		>5.0*	→	≤6*

TABLE IXa

LOADING RATES FOR DETERMINING BOTTOM ABSORPTION AREA AND ABSORPTION RATIOS USING PERCOLATION TESTS

Percolation Rate (MPI)	Treatment Level C: Absorption Area Loading Rate (gpd/ft^2)	Treatment Level C: Mound Absorption Ratio	Treatment Level A, A-2, B: Absorption Area Loading Rate (gpd/ft^2)	Treatment Level A, A-2, B: Mound Absorption Ratio
<0.1	-	1	-	1
0.1 to 5	1.2	1	1.6	1
0.1 to 5 (fine sand and loamy fine sand)	0.8	2	1	1.6
6 to 15	0.78	1.5	1	1.6
16 to 30	0.6	2	0.78	2
31 to 45	0.5	2.4	0.78	2
46 to 60	0.45	2.6	0.6	2.6
61 to 120	-	5	0.3	5.3
>120	-	-	-	-

*Systems with these values are not Type I systems. Contour Loading Rate (linear loading rate) is a recommended value.

2. DISPERSAL MEDIA SIZING

A. Calculate Dispersal Bed Area: Design Flow (1.A) ÷ Design Media Loading Rate (1.E) = ft^2

300 GPD ÷ 1.2 GPD/ft^2 = 250 ft^2

If a larger dispersal media area is desired, enter size: _____ ft^2

B. Enter Dispersal Bed Width: 10 ft *Can not exceed 10 feet.*

C. Calculate Contour Loading Rate: Bed Width (2.B) X Design Media Loading Rate (1.E)

10 ft^2 X 1.2 GPD/ft^2 = 12.0 gal/ft *Can not exceed Table 1*

D. Calculate Minimum Dispersal Bed Length: Dispersal Bed Area (2.A) ÷ Bed Width (2.B) = Bed Length

250 ft^2 ÷ 10 ft = 25.0 ft

3. ABSORPTION AREA SIZING

A. Calculate Absorption Width: Bed Width (2.B) X Mound Absorption Ratio (1.F) = Absorption Width

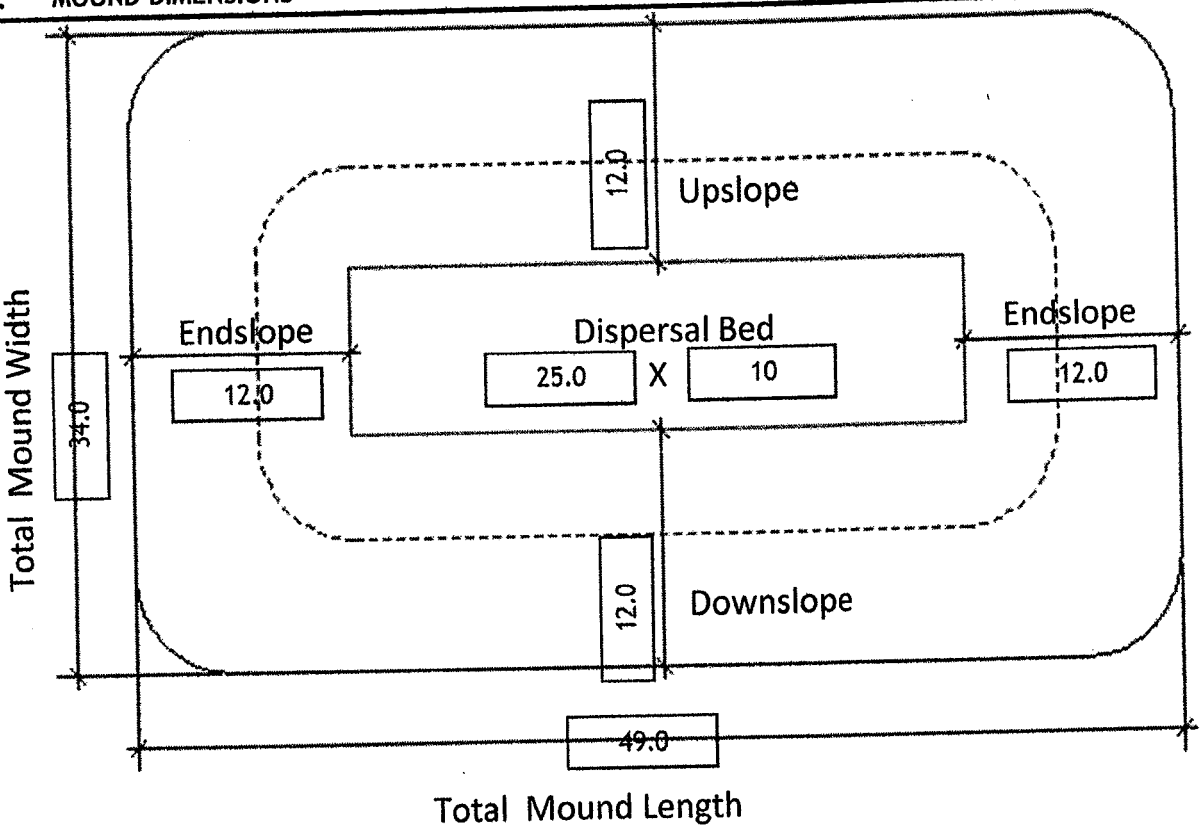
10.0 ft X 1.5 = 15.0 ft

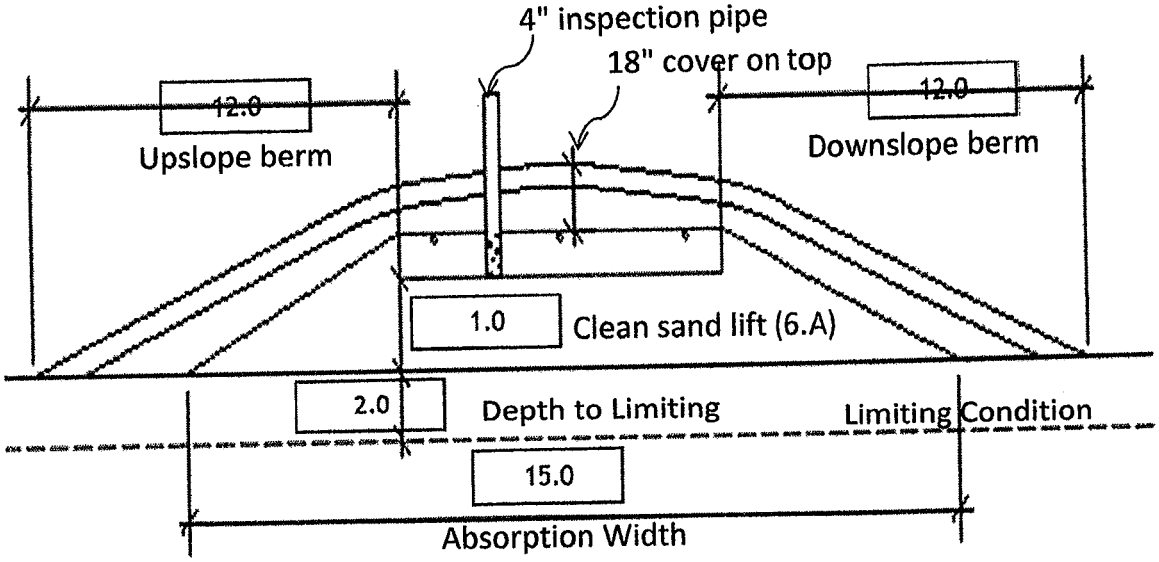
B. For slopes from 0 to 1%, the Absorption Width is measured from the bed equally in both directions.

Absorption Width Beyond the Bed: Absorption Width (3.A) - Bed Width (2.B) ÷ 2 = Width beyond Bed

(15.0 ft - 10.0 ft) ÷ 2 = 2.5 ft

7. MOUND DIMENSIONS





Comments:

Minnesota Pollution Control Agency

OSTP Mound Materials Worksheet

University of Minnesota

v 05.13.14

Project ID:

A. Calculate *Bed* (rock) *Volume*: *Bed Length* (2.C) X *Bed Width* (2.B) X *Depth* = *Volume* (ft^3)

	25.0	ft X	10.0	ft X	1.0	=	250.0	ft^3

Divide ft^3 by 27 ft^3/yd^3 to calculate cubic yards:

	250.0	ft^3 ÷	27	=	9.3	yd^3		

Add 20% for constructability:

	9.3	yd^3 X	1.2	=	11.1	yd^3		

B. Calculate *Clean Sand Volume:*

Volume Under Rock bed: *Average Sand Depth* x *Media Width* x *Media Length* = cubic feet

	1.0	ft X	10.0	ft X	25.0	ft =	250.0	ft^3

For a Mound on a slope from 0-1%

Volume from Length = ((Upslope Mound Height - 1) X Absorption Width Beyond Bed X Media Bed Length)

	3.00	ft - 1) X	2.50	X	25	ft =	125.00	

Volume from Width = ((Upslope Mound Height - 1) X Absorption Width Beyond Bed X Media Bed Width)

	3.00	ft - 1) X	2.50	X	10	ft =	50.00	

Total Clean Sand Volume: *Volume from Length* + *Volume from Width* + *Volume Under Media*

	125.0	ft^3 +	50.0	ft^3 +	250	ft^3 =	425.0	ft^3

For a Mound on a slope greater than 1%

Upslope Volume: ((*Upslope Mound Height - 1*) x 3 x *Bed Length*) ÷ 2 = cubic feet

((		ft - 1) X	3.0 ft X		) ÷ 2 =		ft^3	

Downslope Volume: ((*Downslope Height - 1*) x Downslope Absorption Width x *Media Length*) ÷ 2 = cubic feet

((		ft - 1) X		ft X		) ÷ 2 =		ft^3

Endslope Volume: (*Downslope Mound Height - 1*) x 3 x *Media Width* = cubic feet

(		ft - 1) X	3.0 ft X		ft =		ft^3	

Total Clean Sand Volume: *Upslope Volume* + *Downslope Volume* + *Endslope Volume* + *Volume Under Media*

		ft^3 +		ft^3 +		ft^3 +		ft^3 =

Divide ft^3 by 27 ft^3/yd^3 to calculate cubic yards:

	425.0	ft^3 ÷	27	=	15.7	yd^3		

Add 20% for constructability:

	15.7	yd^3 X	1.2	=	18.9	yd^3		

C. Calculate *Sandy Berm Volume:*

Total Berm Volume (approx): ((Avg. Mound Height - 0.5 ft topsoil) x Mound Width x Mound Length) ÷ 2 = cubic feet

(	3.0	-	0.5	)ft X	34.0	ft X	49.0	) ÷ 2 =	2082.5	ft^3

Total Mound Volume - Clean Sand volume -Rock Volume = cubic feet

	2082.5	ft^3 -	425.0	ft^3 -	250.0	ft^3 =	1407.5	ft^3		

Divide ft^3 by 27 ft^3/yd^3 to calculate cubic yards:

	1407.5	ft^3 ÷	27	=	52.1	yd^3		

Add 20% for constructability:

	52.1	yd^3 x	1.2	=	62.6	yd^3		

D. Calculate *Topsoil Material Volume: Total Mound Width X Total Mound Length X .5 ft*

	34.0	ft X	49.0	ft X	0.5 ft	=	833.0	ft^3

Divide ft^3 by 27 ft^3/yd^3 to calculate cubic yards:

	833.0	ft^3 ÷	27	=	30.9	yd^3		

Add 20% for constructability:

	30.9	yd^3 x	1.2	=	37.0	yd^3		

Minnesota Pollution Control Agency

OSTP Pressure Distribution Design Worksheet

University of Minnesota

v 05.13.14

Project ID:

1. Media Bed Width: 10 ft

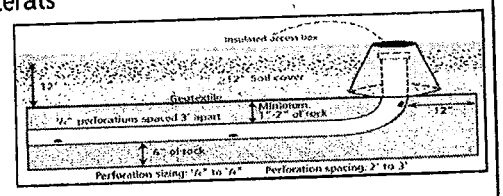
2. Minimum Number of Laterals in system/zone = Rounded up number of [(Media Bed Width - 4) ÷ 3] + 1.

(10 - 4) + 1 = 3 laterals *Does not apply to at-grades*

3. Designer Selected *Number of Laterals*: 3 laterals
Cannot be less than line 2 (accept in at-grades)

4. Select *Perforation Spacing*: 3.0 ft

5. Select *Perforation Diameter Size:* 1/4 in



6. *Length of Laterals* = Media Bed Length - 2 Feet.

25 - 2ft = 23 ft *Perforation can not be closer then 1 foot from edge.*

7. Determine the *Number of Perforation Spaces*. Divide the *Length of Laterals* by the *Perforation Spacing* and round down to the nearest whole number.

Number of Perforation Spaces = 23 ft ÷ 3 ft = 7 Spaces

8. *Number of Perforations per Lateral* is equal to 1.0 plus the *Number of Perforation Spaces*. Check table below to verify the number of perforations per lateral guarantees less than a 10% discharge variation. The value is double with a center manifold.

Perforations Per Lateral = 7 Spaces + 1 = 8 Perfs. Per Lateral

Maximum Number of Perforations Per Lateral to Guarantee <10% Discharge Variation

1/4 Inch Perforations

Perforation Spacing (Feet)	Pipe Diameter (Inches)				
	1	1¼	1½	2	3
2	10	13	18	30	60
2½	8	12	16	28	54
3	8	12	16	25	52

7/32 Inch Perforations

Perforation Spacing (Feet)	Pipe Diameter (Inches)				
	1	1¼	1½	2	3
2	11	16	21	34	68
2½	10	14	20	32	64
3	9	14	19	30	60

3/16 Inch Perforations

Perforation Spacing (Feet)	Pipe Diameter (Inches)				
	1	1¼	1½	2	3
2	12	18	26	46	87
2½	12	17	24	40	80
3	12	16	22	37	75

1/8 Inch Perforations

Perforation Spacing (Feet)	Pipe Diameter (Inches)				
	1	1¼	1½	2	3
2	21	33	44	74	149
2½	20	30	41	69	135
3	20	29	38	64	128

9. *Total Number of Perforations* equals the *Number of Perforations per Lateral* multiplied by the *Number of Perforated Laterals.*

8 Perf. Per Lat. X 3 Number of Perf. Lat. = 24 Total Number of Perf.

10. Select *Type of Manifold Connection* (End or Center): ☑ End ☐ Center

11. *Select Lateral Diameter (See Table)*: 2.00 in

Minnesota Pollution Control Agency

OSTP Basic Pump Selection Design Worksheet

University of Minnesota

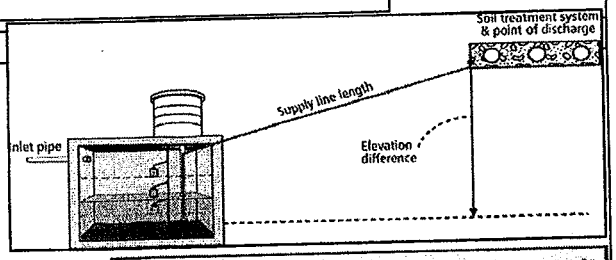
1. PUMP CAPACITY

Project ID:

Pumping to Gravity or Pressure Distribution: ○Gravity ◉Pressure **Selection required**

1. If pumping to gravity enter the gallon per minute of the pump: _____ GPM *(10 - 45 gpm)*
2. If pumping to a pressurized distribution system: 18.0 GPM
3. Enter pump description: _____

2. HEAD REQUIREMENTS



A. Elevation Difference between pump and point of discharge: 8 ft

B. Distribution Head Loss: 5 ft

C. Additional Head Loss: _____ ft (due to special equipment, etc.)

Distribution Head Loss	
Gravity Distribution = 0ft	
Pressure Distribution based on Minimum Average Head Value on Pressure Distribution Worksheet:	
Minimum Average Head	**Distribution Head Loss**
1ft	5ft
2ft	6ft
5ft	10ft

Table I. Friction Loss in Plastic Pipe per 100ft

Flow Rate (GPM)	Pipe Diameter (inches)			
	1	1.25	1.5	2
10	9.1	3.1	1.3	0.3
12	12.8	4.3	1.8	0.4
14	17.0	5.7	2.4	0.6
16	21.8	7.3	3.0	0.7
18		9.1	3.8	0.9
20		11.1	4.6	1.1
25		16.8	6.9	1.7
30		23.5	9.7	2.4
35			12.9	3.2
40			16.5	4.1
45			20.5	5.0
50				6.1
55				7.3
60				8.6
65				10.0
70				11.4
75				13.0
85				16.4
95				20.1

D. 1. Supply Pipe Diameter: 2.0 in

2. Supply Pipe Length: 30 ft

E. **Friction Loss in Plastic Pipe per 100ft** from Table I:

Friction Loss = 0.92 ft per 100ft of pipe

F. Determine *Equivalent Pipe Length* from pump discharge to soil dispersal area discharge point. Estimate by adding 25% to supply pipe length for fitting loss. *Supply Pipe Length (D.2)* X 1.25 = *Equivalent Pipe Length*

30 ft X 1.25 = 37.5 ft

G. Calculate *Supply Friction Loss* by multiplying *Friction Loss Per 100ft* (Line E) by the *Equivalent Pipe Length* (Line F) and divide by 100.

Supply Friction Loss =

0.92 ft per 100ft X 37.5 ft ÷ 100 = 0.3 ft

H. *Total Head* requirement is the sum of the *Elevation Difference* (Line A), the Distribution Head Loss (Line B), Additional Head Loss (Line C), and the Supply Friction Loss (Line G)

8.0 ft + 5.0 ft + _____ ft + 0.3 ft = 13.3 ft

3. PUMP SELECTION

A pump must be selected to deliver at least **18.0** GPM (Line 1 or Line 2) with at least **13.3** feet of total head.

Comments:

PARCEL	
APP	SEPTIC
YEAR	

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

Application Approved by: [signature] Date: 8/10/15

Amount Paid 150.00 Receipt Number 184593 997085 Permit Number _____

NOTES:

To John Neeks at least 300sq ft drainfield 8/10/15

Marked to John Darco 8-11-15

****

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 Electric Alarm manufacturer _____

Lift pump in system? ✓ Yes ____ No Pump manufacturer _____

Number of bedrooms 2

Component Information

Tank size 1000 + 500 Tank manufacturer Infiltrator

Drainfield size 300 sq ft.

Drainfield medium _____ Medium manufacturer 10' x 30' mound

Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth +36"

Vertical separation verified for Boring #2 on _____ Depth _____

Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

	TANK	DRAINFIELD
Distance to Well	+50	+50
Distance to Building	+10	+20
Distance to Property Line	+10	10
Distance to OHWof Lake	+75	+75
Distance to Pressure Line	-	-
Distance to Wetland/Protected Water	-	-

Date System Installed 9/8/15 **Installer** John Darco Exc **Inspector** [signature]

****

****

CERTIFICATE OF COMPLIANCE

( ) Certificate Is Hereby Denied

(✓) 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] ISTS inspector 9/8/15

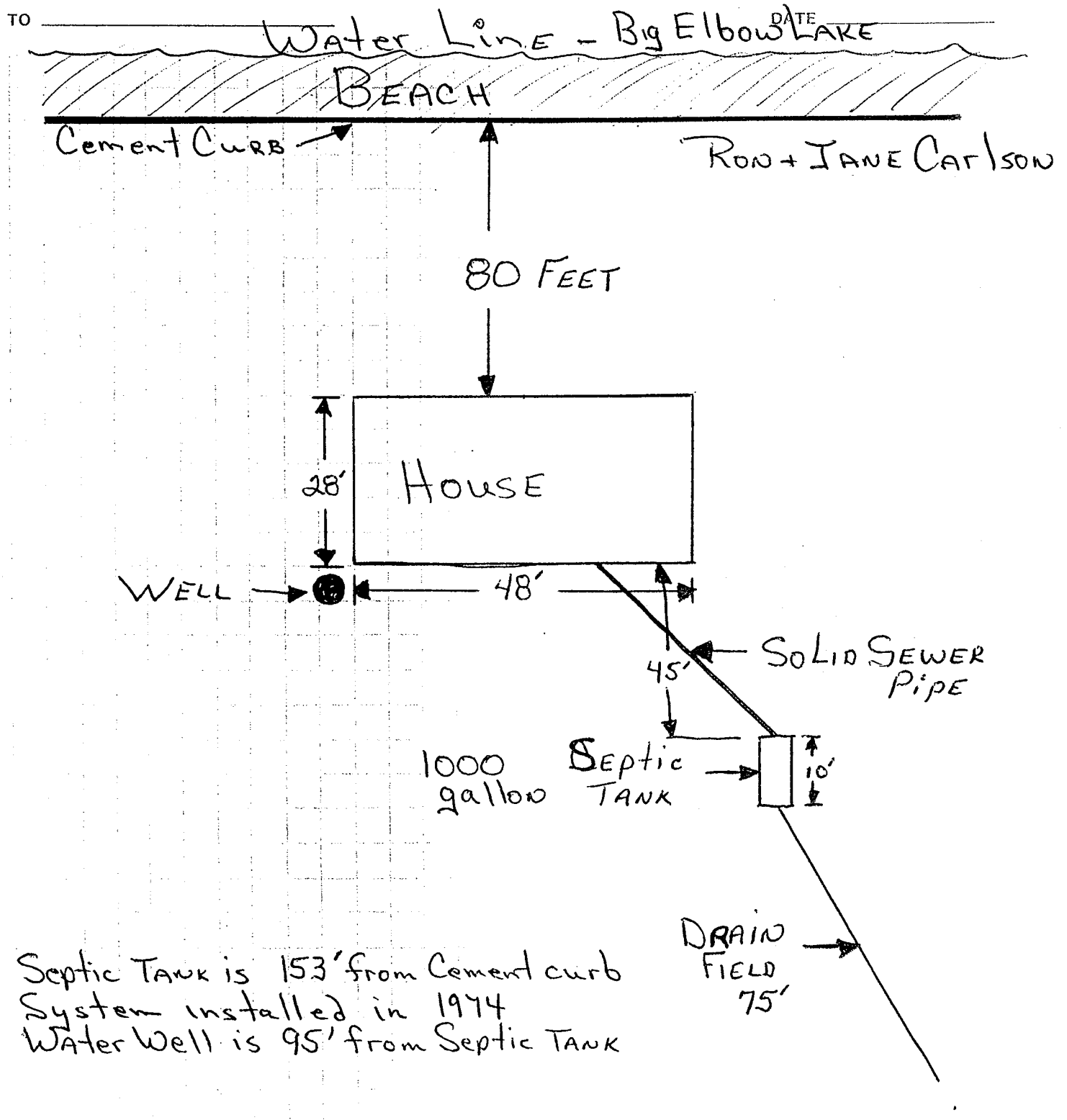
Signature Title Date

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

INTER-OFFICE MEMO

Se/98

TO _____ DATE _____



Septic Tank is 153' from Cement curb
System installed in 1974
Water Well is 95' from Septic Tank

Enclosed is our lake property diagram.

Ron Carlson

09.0076.000 Se/90

CERTIFICATE OF COMPLIANCE
SEWAGE DISPOSAL SYSTEM

This certificate has been issued this 5 *day of* September 19 90

to certify compliance on described premises and has been inspected by myself or my assigns on August 28, 1990 *and that the applicable codes, ordinances, and supporting data on file were correct.*

Parcel # 09.0076.000

Property description PT LOT 5 BEG 717'E 382.2' NE 160' nw

MAPLE GROVE TOWNSHIP

SECTION 12

Lake Name: BIG ELBOW

All horizontal distances meet the Becker County Zoning Ordinance and codes. With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.

This certificate was issued to: *Name:* EDITH WYUM

Address: 1508 CHEYENNE ST

City, State, & Zip: W FARGO, ND 58078

PERMIT NO. 19,083 *Signed by* Floyd Swenby

Zoning Administrator Becker County

COMPLIANCE INSPECTION

INSPECTION REPORT

FIRE NUMBER E 139

LEGAL DESCRIPTION AND LOCATION

#19,083
PT LOT 5 BEG 717' E 382.2' NE 160'NW &

09.0076.000 Se/90

159	BIG ELBOW	RD	10	142	39	MAPLE GROVE
Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

IDENTIFICATION: Please Print All Information

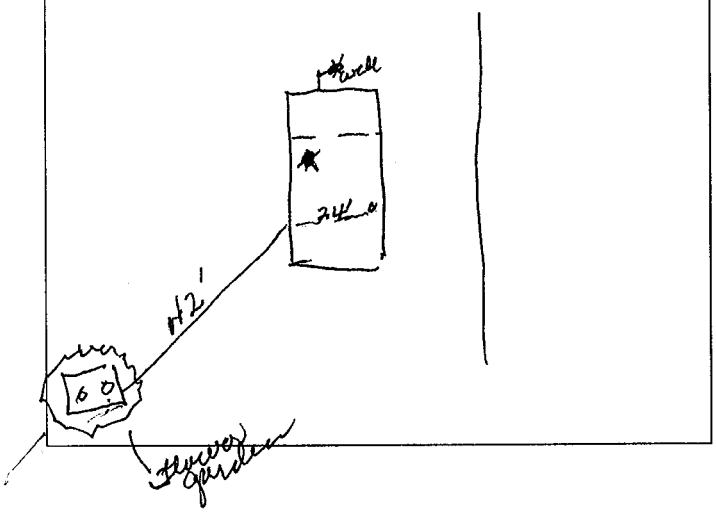
	Last Name First Initial	Mailing Address - No. Street, City, and State	Zip No.	Tel. No.
Owner	WYUM, EDITH	SEND TO: CENTURY 21		
		Park Rapids		
Contractor	Name			

	ACTUAL IS ↓	MINIMUM Shall Be ↓ Sq. Ft.
Building Set Back From High Water Mark	Ft.	Ft.
Building Set Back From Highway	Ft.	Ft.
Side Yard	_____ & _____ Ft.	_____ & _____ Ft.
Rear Yard	Ft.	Ft.
Elevation above High Water Mark at Building Setback Line	Ft.	Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK				SEEPAGE BED				DRAIN FIELD			
	Actual		Minimum		Actual		Minimum		Actual		Minimum	
Capacity	1000 ~~1250~~	Gls.	1000	Gls.	~~250~~	SF	375	SF		SF		SF
Distance from Nearest Well	66	F	50	F	106	F	50	F		F		F
Distance from Lake or Stream	160	F	75	F	170	F	75	F		F		F
Distance from Occupied Building	42'	F	10	F	52'	F	20	F		F	20	F
Distance from Property Line	+10	F	10	F	+10	F	10	F		F	10	F
Distance from Bottom to Water Table	--	F	--	F	+4	F	4	F		F	4	F

Inspector's Comments:



INTERPRETATION OF ABBREVIATIONS

Gls -- Gallons
SF -- Square Feet
F -- Linear Feet

Margaret M. Foster
Inspector's Signature & Title

Inspection Dated August 28 19 90

Se/90

09.0076.000 Ron Carlson

There is a Certificate of Compliance issued in 1990; however, there is a drywell at the end of the system. This is a non-conforming system.