Becker County Planning & Z
835 Lake Ave, P O Box 7
Detroit Lakes, MN 56502-0787
Phone (218)-846-7314; Fax (218)-846-7266

100392000

Onsite Septic System Site Evaluation/Design

1. **PROPERTY DATA** (as it appears on the tax statement)
Parcel Number(s) of property system will be installed R10.0392.000
(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 has been split from)
Section 24 Township 139 Range 040 Township Name ERIE

Lake Name ______ Lake Classification ______

Legal Description: BEG 429' E of NW COR SW1/4 SW1/4 S of HWY THE AL HWY 726'S 410 W 443' W TO N146' W to PT SW of BEG NE 264' to BEG

Project Address: 34181 St Hwy 34 D.L. MN 56501

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

Owner's First Name Larry Owner's Last Name Knutson

Mailing Address 43030 Cty Hwy 56 City, State, Zip FRAZEE, MN 56544

Phone Number 218-334-4540

3. **DESIGNER/INSTALLER INFORMATION**

Designer Name Tony Stenger Company Name Tony Stenger Exc License # 388

Address 35079 State Hwy 34 Phone Number 846-1575

Installer Name ______ Company Name ______ License # ______

Address ______ Phone Number ______

4. **SYSTEM DESIGN INFORMATION**

Date of Site Evaluation July 21-05

EXISTING SYSTEM STATUS – Check One

_____ No existing system-new structure
✓ Cesspool/Seepage
_____ Failing (other than cesspool)
_____ Undersized
_____ Replacement or repair to existing

What will new system serve? Check one

✓ Dwelling
_____ Resort/Commercial
_____ Commercial (non resort)
_____ Other – explain below

Design Flow 450 Gallons Per Day
Number of Bedrooms 3
Garbage Disposal _____ Yes ✓ No
Grinder Pump in House _____ Yes ✓ No
Lift station in House _____ Yes ✓ No

Well Depth 4 inch
Depth of other wells within 100 ft of system ______

Original Soil ✓ Compacted Soil no
Type of Soil Observation
_____ Pit _____ Probe ✓ Boring
Depth to Restricting Layer no
Maximum Depth of System 3

Size of All Tanks to Be installed
1000 gal Septic Tank
_____ gal Lift Station
_____ gal Holding Tank
_____ gal Other Tanks

Type of Drainfield Medium to be used
✓ Chamber
_____ H10 ✓ EQ36
_____ Drainfield Rock
_____ Rock Depth
_____ Gravelless
_____ Experimental
_____ No Drainfield

Type of Alarm no
Size of Lift Pump _____
Size of Lift Line _____

Type of Drainfield to be installed
✓ Trench
_____ At-grade
_____ Pressure Bed
_____ Seepage Bed
_____ Mound

Size of Drainfield sq ft to be installed
500 sq ft
_____ sq ft
_____ sq ft
_____ sq ft
_____ sq ft

SETBACKS

	TANK	DRAINFIELD
Distance to Well	55	50
Distance to Building	15	30
Distance to Property Line	100	100
Distance to OHW	no	no
Distance to Pressure Line	30	50

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

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
0 to 8		black			4 to 20	Sandy	10yr 64	
8 to rocks	Rocky SAnd	10yr 6/4	Granular		20 Down		10yr 5/4	Granular
	SAnd + rocks							

5. **DESIGNER'S CERTIFIED STATEMENT**

I, Tony Stenger 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).

Tony Stenger
Signature of Designer

August 1 05
Date

** **FOR OFFICE USE ONLY** **
Application Approved by: Kebi Mottzs Date: 8-3-05
Amount Paid 100.00 Receipt Number 87201 Permit Number _____
311327
****

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.

Signature: Saul A Stoll Title: ISTS inspector Date: 8/11/05

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
Date System Installed 8/11/05 Inspected by Saul A Stoll

BECKER COUNTY

835 LAKE AVENUE, P.O. BOX 787
DETROIT LAKES, MINNESOTA 56502-0787
(218) 846-7314

SKETCH PLAN
FORM H

Application No.
Tax Parcel No.

Please be as complete as possible. Include all of the items listed below where applicable.

GENERAL CHECKLIST

[ ] scale
[ ] north arrow
[ ] lot dimensions
[ ] structure location
[ ] side lot setback
[ ] road setback
[ ] septic tank location
[ ] drainfield location
[ ] location of all wells within 100' of drainfield
[ ] fill & grading limits
[ ] vegetation alteration limits

WATER RESOURCE CHECKLIST

[ ] location of ordinary high water level (OHWL)
[ ] location of present water line
[ ] setback from OHWL
[ ] location of highest known water level
[ ] existing local drainage
[ ] location of wetland areas

Scale of Diagram: 1 inch = ________ feet

Drawing By: Tony

Date of Drawing: August 1-05

Impervious surface coverage calculation
________ + ________
Impervious surface area ÷ Total Lot area
÷ ________ x 100 = ________ %
Total percentage of impervious coverage

Remarks: ________________________________

Signature Tony [signature]