Onsite Septic System A

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

120060002

LAKE

SEP 10 2012

ZONING

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: 12006 0002

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 08 Township 142 Range 037 Township Name Forest

Lake Name Bad Medicine Lake Classification Rec D

Legal Description: PT Govt Lot 4 Beg 491.24' W of SE cor th NE 170.37', W 305.04' to LR, SW AL LK 225', E A S LR, 328.52 to Beg

Project Address: 38015 Lloyd Larson LN S

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

Owner's First Name Alan Owner's Last Name Hefner

Mailing Address 5581 Eastview Ave City, State, Zip Minnetrista MN 55364

Phone Number 952-300-0297

3. DESIGNER/INSTALLER INFORMATION

Designer Name Leonard G. Thelen Sr. Company Name Thelen's Exc., Inc. License # 534

Address 33438 535th Ave. Park Rapids, MN 56470 Phone Number 218-732-5345

Installer Name Same Company Name Same License # 534

Address Same Phone Number Same

4. SYSTEM DESIGN INFORMATION

System Status

_____ 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

What will new system serve? Check one

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

9-5-12 Date of site evaluation

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

Well Depth 50 +
Depth of other wells within 100 ft of system _____

Original Soil ✓ Compacted Soil _____
Type of Soil Observation
____ Pit ____ Probe ✓ Boring
Depth to Restricting Layer 84
Maximum Depth of System 48

Size of All Tanks to be installed

_____ gal Single Compartment Septic Tank
_____ gal Compartmented Tank
_____ Pit Privy
_____ gal Separate Lift Station
_____ gal Holding Tank
✓ Existing Tank to be used 1500 and 1000 gal
_____ 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 2 (This # will be reported to MPCA at end of year.)

Existing

PARCEL	
APP	SEP1
YEAR	

Type of Drainfield	Full Size of Drainfield	Reduced/Warrantied size
✓ Chamber Trench	570 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 H-Cap
Depth of Rock _____

Alarm? Yes _____ No _____
Type of Alarm _____
Size of Lift Pump _____
Size of Lift Line _____

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	65	75
Distance to Building	15	20
Distance to Property Line	20	10
Distance to OHWof Lake	150	170
Distance to Pressure Line	65	85
Distance to Wetland/Protected Water	150	150

Perc Rate _____ Soil Sizing Factor 1.27 *If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

1

Depth	Texture	Color	Structure
0-6	Topsoil	D Brown	10 YR 4/2
6-24	Rocky Sand	L Brown	10 YR 5/3
24-48	Rocky Sand	L Brown	10 YR 5/4
48-84	Rocky Sand	L Brown	10 YR 5/6

2

Depth	Texture	Color	Structure
0-6	Topsoil	D Brown	10 YR 4/2
6-24	Rocky Sand	L Brown	10 YR 5/3
24-48	Rocky Sand	L Brown	10 YR 5/4
48-84	Rocky Sand	L Brown	10 YR 5/6

3

Depth	Texture	Color	Structure
0-6	Topsoil	D Brown	10 YR 4/2
6-24	Rocky Sand	L Brown	10 YR 5/3
24-48	Rocky Sand	L. Brown	10 YR 5/4
48-84	Rocky Sand	L Brown	10 YR 5/6

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, Leonard G. Thelen Sr. 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).

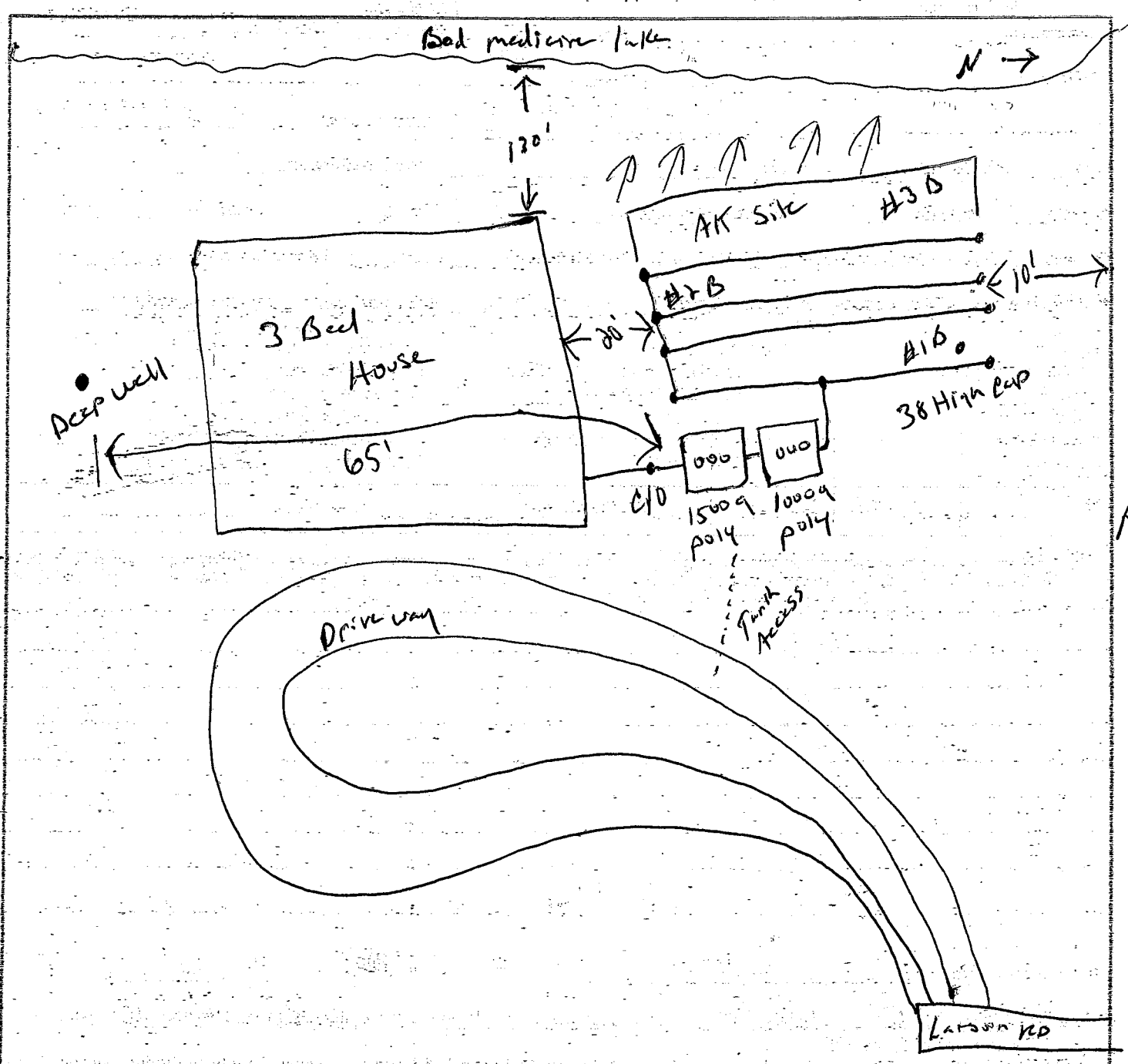
Leonard Thelen Jr
Signature of Designer

9-5-12
Date

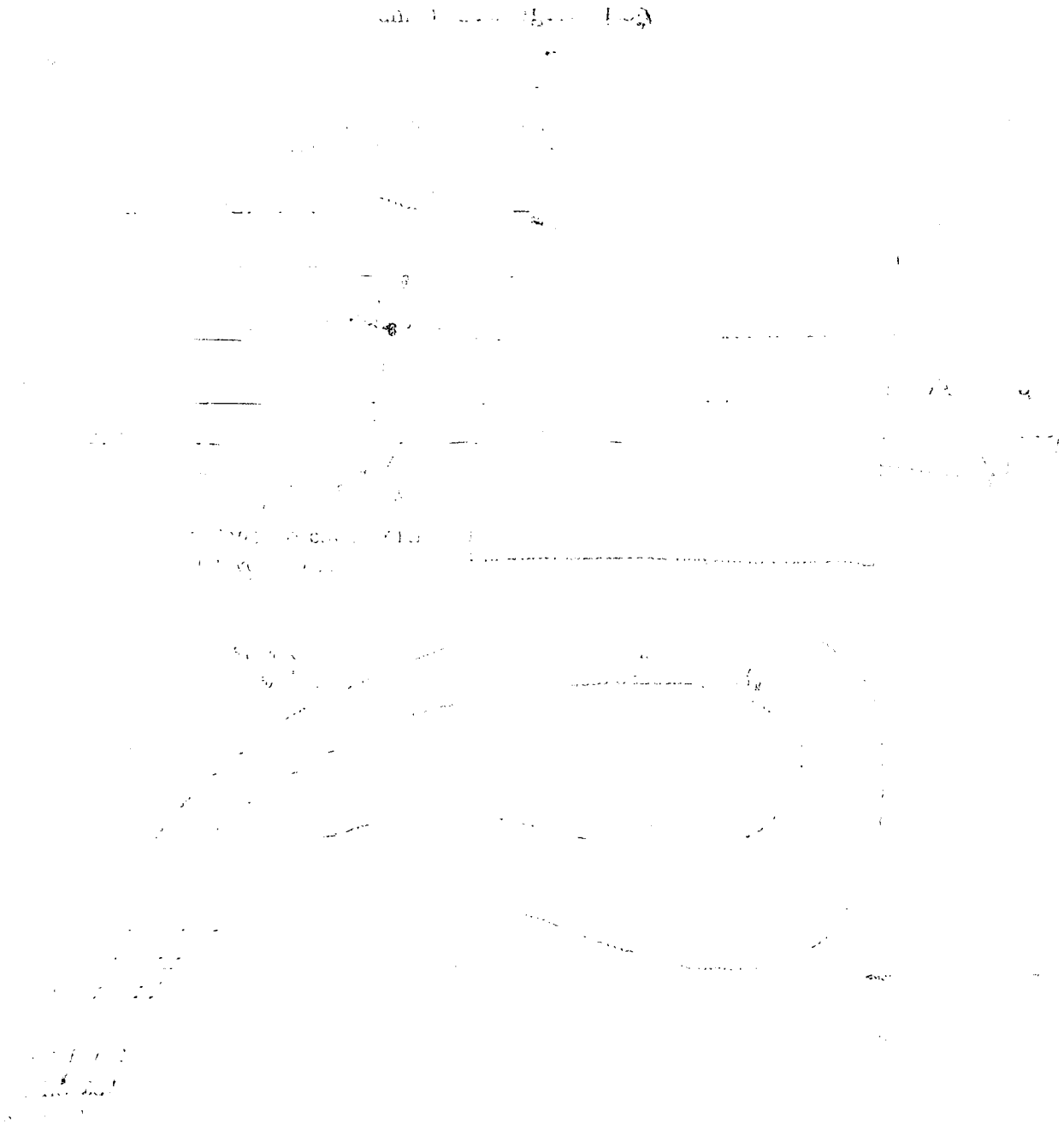
SITE PLAN MUST BE DRAWN TO SCALE OR DIMENSION WITH NORTH ARROW.

Plan must include:

*Lot Dimensions	*Wells Within 100 feet of System	*Existing & Proposed Buildings
*Tank Access Route	*Slope & Direction	*Soil Borings
*Alternate Drainfield Site	*All ISTS Components	*Disturbed/Compacted Areas
*Lot Easements	*Horizontal Setbacks	



	SEPTIC TANK	LIFT STATION	DRAINFIELD
Distance from nearest well			
Distance from lake or stream			
Distance from occupied building			
Distance from property line			
Distance from bottom to water table			



COUNTY OF BECKER

Planning and Zoning
915 Lake Ave, Detroit Lakes, MN 56501
Phone: 218-846-7314 ~ Fax: 218-846-7266

SSTS STATEMENT - # OF BEDROOMS AND WATER-USE APPLIANCES
Note: Form must be legible and completed in ink

Property Owner Name(s): Alan Hefner

Address: 5581 East View Ave City, State, Zip: minnetrista MN 55364

Phone: 952-300-0297 Alt. Phone: 952-472-5665

Legal Description: Sec 08 Town 117 Range 023

(Lake)/River: Bad Medicine Tax Parcel No. 12006002

Property Address: 38015 Lloyd Larson Ln S Ponsford

Definitions:

Bedroom – any room or unfinished area within a dwelling that might reasonably be used as a sleeping room. Lofts and unfinished basements (with at least one egress window and/or door) are counted as bedrooms.

Water-use Appliances – installed or anticipated: e.g. automatic washer, dishwasher, water conditioning unit, whirlpool bath, garbage disposal, or self-cleaning humidifier in furnace. **Note:** A dishwasher with a built-in garbage disposal counts as two (2) water-use appliances.

Existing # of bedrooms: 3 + # of bedrooms yet to be constructed: 0 = Total # of bedrooms to be serviced by the SSTS: 3 (min. # bedrooms allowed by State is two)

Existing # of water-use appliances: 5 List each: Bath sink, clothes washer, Garbage Disp, Kitchen Sink, water softener
+ # of water-use appliances yet to be installed: 0 List each: ———
5 = Total # of water-use appliances to be serviced by the SSTS: 5

I (we) do hereby swear and affirm that the above-stated number of bedrooms and water-use appliances exist and/or will be installed in the residence located on the property listed on this document such that they will be serviced by the subsurface sewage treatment system (SSTS) that will be designed for and connected to said residence and installed on said property.

X Alan Hefner
Property Owner(s) Signature(s)

X 9/6/12
Date

PARCEL	
APP	SEPTIC
YEAR	

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

Application Approved by: PDS Date: 9/12/12

Amount Paid 9-12-12 Receipt Number 101457-513949 Permit Number _____

NOTES: As-Built 9/13/12

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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 Same Alarm manufacturer _____

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

Number of bedrooms 3

Component Information

Tank size 1500 / 1000 Tank manufacturer existing Polr

Drainfield size 5705 ft²

Drainfield medium _____ Medium manufacturer 38 Qq High apps

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 _____

As built system

Papers attached

Setback Verification

	TANK	DRAINFIELD
Distance to Well	~~68~~	75
Distance to Building	~~18~~	20
Distance to Property Line	40	10
Distance to OHWof Lake	180	160
Distance to Pressure Line	+ 68	+ 75
Distance to Wetland/Protected Water	35	35

Date System Installed 9/13/12 **Installer** Thelen Exc **Inspector** Laura Stoll

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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.

Laura Stoll — ISTS inspector — 9/13/12

Signature Title Date

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

As Built

Onsite Septic System Application

APP	SEPTIC
YEAR	
SCANNED	
LAKE	

RECEIVED SEP 28 2012 ZONING

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

RECEIVED SEP 28 2012 ZONING

MAIL

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: 12006000 2

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 142 Range 37 Township Name Forest

Lake Name Bad Medicine Lake Classification RD

Legal Description: PT Govt Lot 4; Beg 497.24' W of SE Cor th NE 170.37' to LK, SW AL LK 225', @ E AL S LN 328.52' to Beg

Project Address: 38015 Lloyd Larson Ln S

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

Owner's First Name Alan J Owner's Last Name Hefner

Mailing Address 5581 East View Ave City, State, Zip Minnetrista MN 55364

Phone Number 952-300-0297

3. DESIGNER/INSTALLER INFORMATION

Designer Name Leonard G. Thelen Sr. Company Name Thelen's Exc., Inc. License # 534

Address 33438 535th Ave. Park Rapids, MN 56470 Phone Number 218-732-5345

Installer Name Same Company Name Same License # 534

Address Same Phone Number Same

4. SYSTEM DESIGN INFORMATION

System Status

_____ 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

What will new system serve? Check one

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

As built

10-13-12 Date of site ~~evaluation~~

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

Well Depth 50+
Depth of other wells within 100 ft of system —

Original Soil ✓ Compacted Soil ____
Type of Soil Observation
____ Pit ____ Probe ✓ Boring
Depth to Restricting Layer 84
Maximum Depth of System 48

Size of All Tanks to be installed Existing Poly

1000/1500 gal Single Compartment Septic Tank
_____ 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 2 Existing (This # will be reported to MPCA at end of year.)

PARCEL	
APP	SEPTI
YEAR	

Type of Drainfield	Full Size of Drainfield	Reduced/Warrantied size
✓ Chamber Trench	570 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 Q4 High Cap
Depth of Rock _____

Alarm? Yes _____ No _____
Type of Alarm _____
Size of Lift Pump _____
Size of Lift Line _____

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	68	75
Distance to Building	18	20
Distance to Property Line	40	10
Distance to OHWof Lake	180	160
Distance to Pressure Line	—68+	75+
Distance to Wetland/Protected Water	35	35

Perc Rate _____ Soil Sizing Factor 1.27 *If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-4	Topsoil	D Brown	10 YR 3/2	0-4	Topsoil	D Brown	10 YR 3/2
4-24	Rocky Sand	L Brown	10 YR 4/2	4-24	Rocky Sand	L Brown	10 YR 4/2
24-36	Rock Sand	Brown	10 YR 5/3	24-36	Rocky Sand	Brown	10 YR 5/3
36-84	Rocky Sand	L Brown	10 YR 6/3	36-84	Rock Sand L Brown	L Brown	10 YR 6/3

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-4	Topsoil	D Brown	10 YR 3/2				
4-24	Rocky Sand	L Brown	10 YR 4/2				
24-36	Rock Sand	Brown	10 YR 5/3				
36-84	Rocky Sand	L Brown	10 YR 6/3				

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, Leonard G. Thelen Sr. 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).

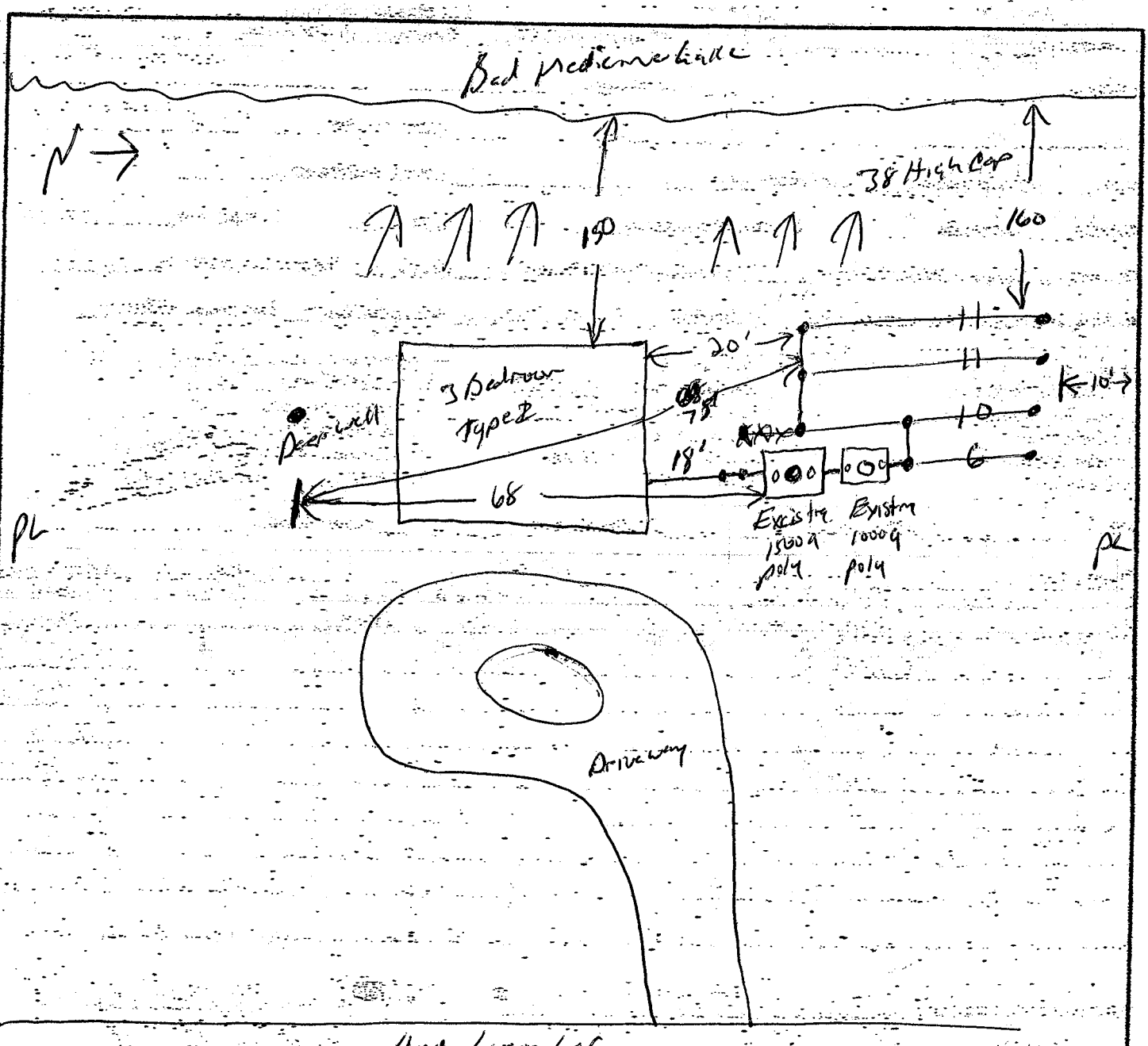
Leonard Thelen
Signature of Designer

10-13-12
Date

SITE PLAN MUST BE DRAWN TO SCALE OR DIMENSION WITH NORTH ARROW.

Plan must include:

- *Lot Dimensions
- *Tank Access Route
- *Alternate Drainfield Site
- *Lot Easements
- *Wells Within 100 feet of System
- *Slope & Direction
- *All ISTS Components
- *Horizontal Setbacks
- *Existing & Proposed Buildings
- *Soil Borings
- *Disturbed/Compacted Areas



	SEPTIC TANK	LIFT STATION	DRAINFIELD
Distance from nearest well	68		75
Distance from lake or stream	180		160
Distance from occupied building	18		20
Distance from property line	40		10
Distance from bottom to water table			

2008 Onsite Septic System Application

Becker County Planning & Zoning
835 Lake Ave, P O Box 787
Detroit Lakes, MN 56502-0787
Phone (218)-846-7314; Fax (218)-846-7266

RECEIVED
OCT 13 2010
ZONING

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: 12-006-0002

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 142 Range 37 Township Name Forest

Lake Name Bad Medicine Lake Classification RD

Legal Description: Part of Gov. Lot 4

Project Address: 38015 Liyoo Lawson RD

2. **PROPERTY OWNER INFORMATION (as it appears on the tax statement, purchase agreement or deed)**
Owner's First Name Allen & Karen Owner's Last Name Heeren

Mailing Address _____ City, State, Zip _____

Phone Number _____ See Back Page

3. **DESIGNER/INSTALLER INFORMATION**
Designer Name David E. Hacker Company Name Backhoe Pete's License # 909

Address Menahga Mn. Phone Number 255-1215

Installer Name Same Company Name Same License # _____

Address _____ Phone Number _____

4. **SYSTEM DESIGN INFORMATION**

Existing System Status?

_____ 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

10/12/10 Recertified design Date of site evaluation

Design Flow _____ Gallons Per Day
Number of Bedrooms _____
*Garbage Disposal _____ Yes _____ No
*Dishwasher ____Yes ___No
*Lift station in House ____Yes ____No
*Grinder pump in House ____ Yes ____ No

Well Depth _____
Depth of other wells within 100 ft of system _____

*Requires effluent screen

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 Septic Tank
_____ gal Holding Tank**
_____ gal Lift Station
_____ Other Tank
_____ Existing tank to be used
**Requires operating permit

Compartmented tank _____ Yes _____ No Multiple Tanks _____ Yes _____ No
Total Number of tanks to be installed in this system _____ (This # will be reported to MPCA at end of year.)

Type of Drainfield	Full Size of Drainfield	Reduced/Warrantied size	
_____ Chamber Trench	_____ sq ft	_____ sq ft	Type of chamber _____
_____ Rock Trench	_____ sq ft	_____ sq ft	Depth of Rock _____
_____ Gravelless	_____ sq ft	_____ sq ft	
_____ Mound	_____ sq ft ***		
_____ Pressure Bed	_____ sq ft ***		Alarm? Yes _____ No _____
_____ Seepage Bed	_____ sq ft ***		Type of Alarm _____
_____ At-grade	_____ sq ft ***		Size of Lift Pump _____
_____ Alternative / Performance	_____ sq ft ***	***Attach Worksheets	Size of Lift Line _____

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 _____ *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

Management plans are required for all systems. Is a management plan attached? _____ Yes _____ No

An operating permit is required for holding tanks and performance system. Is an operating permit attached? _____ Yes _____ No

6. DESIGNER'S CERTIFIED STATEMENT

I, _____ 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 Date

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

Application Approved by: _____ Date: _____

Amount Paid _____ Receipt Number _____ Permit Number _____

NOTES: _____

_____

_____

****

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 required? _____ Yes _____ No Effluent screen manufacturer _____

Alarm required? _____ Yes _____No Alarm Type _____ Alarm manufacturer _____

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

Number of bedrooms _____

Component Information

Tank size _____ Tank manufacturer _____

Drainfield size _____

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	_____	_____
Distance to Building	_____	_____
Distance to Property Line	_____	_____
Distance to OHWof Lake	_____	_____
Distance to Pressure Line	_____	_____
Distance to Wetland/Protected Water	_____	_____

Management Plan attached _____ Yes _____ No

Operating Permit required _____ Yes _____ No If required, it the operating permit attached? _____ Yes _____ No

Date System Installed _____ Installer _____ Inspector _____

****

****

CERTIFICATE OF COMPLIANCE

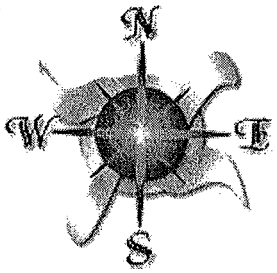
( ) Certificate Is Hereby Denied

( ) 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 Title Date

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



SKETCH OF PROPERTY

Please list all impervious coverage on your property and include dimensions.
Show roadways adjacent to property as well as where the driveway is located.

To Becker Co.

From Dave Hacker

This letter is about mr. Allen Nerness's Prop. on Bad Medicine Lake. In the fall of 2008 By the request of the Builder my company installed 1-1500 gal tank & 1-1000 gal Tank with an Alarm so they could use tanks that winter During construction.

The owner thought we had installed tanks & Drainfield (I had not met owners at this time was only Dealing with the Builder) The Builder had told me we would be installing Drainfield in Spring of 2009. The owner Lost his Job in winter of 2008 and could not afford to have us put in the Drainfield, He is still unemployed and has had Double Hip Replacement's Done in July of 2010 and still can't afford to have Drainfield installed. Also the Basement is the only structure that is there. The owner has agreed to install Drainfield when He Builds the House.

I went out to see Allen the First of October and verifyed the tanks & the Alarm system are in good working condition.

Thank You

I hereby certify with my signature that all data contained within this application as well as all supporting data is true and correct to the best of my knowledge. I will contact the Becker County Planning and Zoning office for an inspection once the footings have been constructed.

Dave Hacker — 10-13-10

Signature(s) — **Date**

Becker County Planning & Zoning
835 Lake Ave, P O Box 787
Detroit Lakes, MN 56502-0787
Phone (218)-846-7314; Fax (218)-846-7266

RECEIVED
NOV 19 2008
ZONING

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 12006002
(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 08 Township 142 Range 37 Township Name FOREST
Lake Name BAD MEDICINE Lake Classification RD.
Legal Description: PART OF GOVT. LOT #4

Project Address: 38015 LLOYD LARSON RD.

2. **PROPERTY OWNER INFORMATION** (as it appears on the tax statement, purchase agreement or deed).
Owner's First Name ALAN + KAREN Owner's Last Name HEFNER
Mailing Address 5581 EASTVIEW AVE. City, State, Zip MINNETRISTA, MN. 55364
Phone Number 952-921-5162

3. **DESIGNER/INSTALLER INFORMATION**
Designer Name DAVID HACKER Company Name BACK HOE PETE License # 909
Address 57125 CO 40 MENAHGA Phone Number 255-1215
Installer Name SAME Company Name SAME License # 909
Address SAME Phone Number

4. **SYSTEM DESIGN INFORMATION**
Date of Site Evaluation 11-16-08

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 NONE
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 > 7'
Maximum Depth of System 4'

✓

Size of All Tanks to Be installed
2500 gal Septic Tank 1-1500 1-1000
_____ gal Lift Station
_____ gal Holding Tank
_____ gal Other Tanks

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

Type of Alarm WIRELESS
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
792 sq ft
_____ sq ft
_____ sq ft
_____ sq ft
_____ sq ft

SETBACKS	TANK	DRAINFIELD
Distance to Well	NO well	
Distance to Building	+10'	+20'
Distance to Property Line	+10'	+10'
Distance to OHW	+75'	+75'
Distance to Pressure Line	N/A	N/A

Perc Rate _____ Soil Sizing Factor 2.2 *If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
0-24"	SILT LOAM	6/4	BLOCKY		0-24"	SILT LOAM	6/4	BLOCKY
24"-48"	SILT LOAM	7/4	BLOCKY		24"-48"	SILT LOAM	6/4	BLOCKY
48"-72"	CLAY LOAM	7/4	PLATTY		48"-72"	CLAY LOAM	7/4	PLATTY
72"-84"	SAND LOAM ROCKS	5/4	NONE		72"-84"	SANDY LOAM ROCKY	5/6	NONE

5. DESIGNER'S CERTIFIED STATEMENT

I, DAVID E HACKER 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).

David E Hacker 11-16-08
Signature of Designer Date

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

Application Approved by: Deb Mocks Date _____
Amount Paid 100.00 Receipt Number _____

Julene:
There was never a drainfield installed on this property
Paid

****

CERTIFICATE OF

( ) Certificate Is Hereby Denied
( ) Certificate is Hereby Granted Based upon the Application, adder ing data.
With property maintenance, this system can be expected to function sati

Signature Title
(Certificate of Compliance is not valid unless signed by a Registered Qua
Date System Installed _____

Size of All Tanks to Be installed
2500 gal Septic Tank 1-1500 1-1000
_____ gal Lift Station
_____ gal Holding Tank
_____ gal Other Tanks

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

Type of Alarm WIRELESS
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
792 sq ft
_____ sq ft
_____ sq ft
_____ sq ft
_____ sq ft

SETBACKS	TANK	DRAINFIELD
Distance to Well	NO WELL	
Distance to Building	+10'	+20'
Distance to Property Line	+10'	+10'
Distance to OHW	+75'	+75'
Distance to Pressure Line	N/A	N/A

Perc Rate _____ Soil Sizing Factor 2.2 *If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
0-24"	SILT LOAM	6/4	BLOCKY		0-24"	SILT LOAM	6/4	BLOCKY
24"-48"	SILT LOAM	7/4	BLOCKY		24"-48"	SILT LOAM	6/4	BLOCKY
48"-72"	CLAY LOAM	7/4	PLATTY		48"-72"	CLAY LOAM	7/4	PLATTY
72"-84"	SANDY LOAM ROCKS	5/4	NONE		72"-84"	SANDY LOAM ROCKY	5/6	NONE

5. DESIGNER'S CERTIFIED STATEMENT

I, DAVID E HACKER (Print Name of Designer) 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).

David E Hacker
Signature of Designer

11-16-08
Date

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

Application Approved by: Deb Mocks Date: 11-19-08
Amount Paid 100.00 Receipt Number 182648 Permit Number 406774

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 _____ Title _____ Date _____
(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
Date System Installed _____ Inspected by _____

BECKER COUNTY

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

Application No.
Tax Parcel No.

SKETCH PLAN
FORM H

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 N/A
- [✓] setback from OHWL
- [✓] location of highest known water level
- [✓] existing local drainage
- [✓] location of wetland areas none

Scale of Diagram: 1 inch = _____ feet

Drawing By: Davis Hacker

Date of Drawing: 11-16-08

Remarks: Will install wireless alarm to be removed when D.F. is installed spring of 2009

Signature Dave Hacker