

RECEIVED

OCT 13 2010

ZONING

2009 Onsite Sept.



120094000

EPTIC

2010

YEAR

SCANNED

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: R 12-0094.000

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 16 Township 1412 Range 037 Township Name FOREST

Lake Name BASS Lake Classification R. D.

Legal Description: Pt Gout Lot 3 ::

Project Address: 48407 DOLLY'S TRAIL

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

Owner's First Name BRUCE Owner's Last Name HANSTAD

Mailing Address 25879 310TH AVE City, State, Zip Underwood, MN 56589

Phone Number 218-826-6683

3. DESIGNER/INSTALLER INFORMATION

Designer Name RANDALL ABBOTT Company Name ABBOTT EXE License # 288

Address 27750 Co Hwy 22 Phone Number 218-495-3101

ERHARD, MN 56579 Installer Name RANDALL ABBOTT Company Name SAME License # 288

Address SAME

Phone Number SAME
CECCT 218-770-6712

4. SYSTEM DESIGN INFORMATION

Existing System Status?

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

Design Flow Gallons Per Day

Number of Bedrooms 2

Garbage Disposal Yes No

Dishwasher Yes No

Lift station in House Yes No

Grinder pump in House Yes No

Size of All Tanks to be installed

 gal Septic Tank

1000 gal Holding Tank

OR 1500

Compartmented tank Yes No

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

Well Depth SHALLOW

Depth of other wells within

100 ft of system DEEP

Original Soil Compacted Soil

Type of Soil Observation

Pit Probe Boring

Depth to Restricting Layer

Maximum Depth of System

HOLD A 6 TANK TO BE
INSTALLED

 gal Lift Station

 Other Tank

Existing tank to be used

No

PARCEL	
APP	SEPTIC
YEAR	2000

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 ALARM
Size of Lift Pump _____
Size of Lift Line _____

IT'S A HOLLOW TANK

SETBACKS	
TANK	DRAINFIELD
50 ft	_____
10 ft	_____
10 ft	_____
25 ft	_____
10 ft	_____
—	_____

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

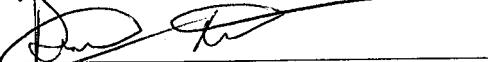
Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

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

6. DESIGNER'S CERTIFIED STATEMENT

I, Randall C. Abbott 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).



Signature of Designer

10-12-10
Date

PARCEL	
APP	SEPTIC
YEAR	2010

***** FOR OFFICE USE ONLY *****
 Application Approved by: Heidi Mollica Date: 10-14-10
 Amount Paid 1000 Receipt Number 237266 Permit Number 461392
 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 installed? Yes No Effluent screen manufacturer _____

Alarm required? Yes No Alarm Type _____ Alarm manufacturer Float

Lift pump in system? Yes No Pump manufacturer _____

Number of bedrooms _____

Component Information

Tank size 1500 Tank manufacturer Thelen

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	<u>+50'</u>	_____
Distance to Building	<u>+10'</u>	_____
Distance to Property Line	<u>+10'</u>	_____
Distance to OHW of Lake	<u>80'</u>	_____
Distance to Pressure Line	<u>+70'</u>	_____
Distance to Wetland/Protected Water	<u>—</u>	_____

Date System Installed 5/24/11 Installer R. Abbott Co. Inspector Landell

CERTIFICATE OF COMPLIANCE

() Certificate Is Hereby Denied

(A) 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.

Landell

Signature

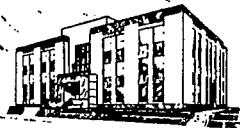
(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

ISFS Inspector

Title

Date

5/24/11



Becker County

915 Lake Ave

Detroit Lakes, MN 56501

Phone: (218) 846-7314 Fax: (218) 846-7266

PARCEL:

APP: SEPTIC

YEAR: 2009

SCANNED:

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
- setback from OHWL
- location of highest known water level
- existing local drainage
- location of wetland areas

Scale of Diagram: 1 inch = 40 feet

Drawing By: Randy Abbott

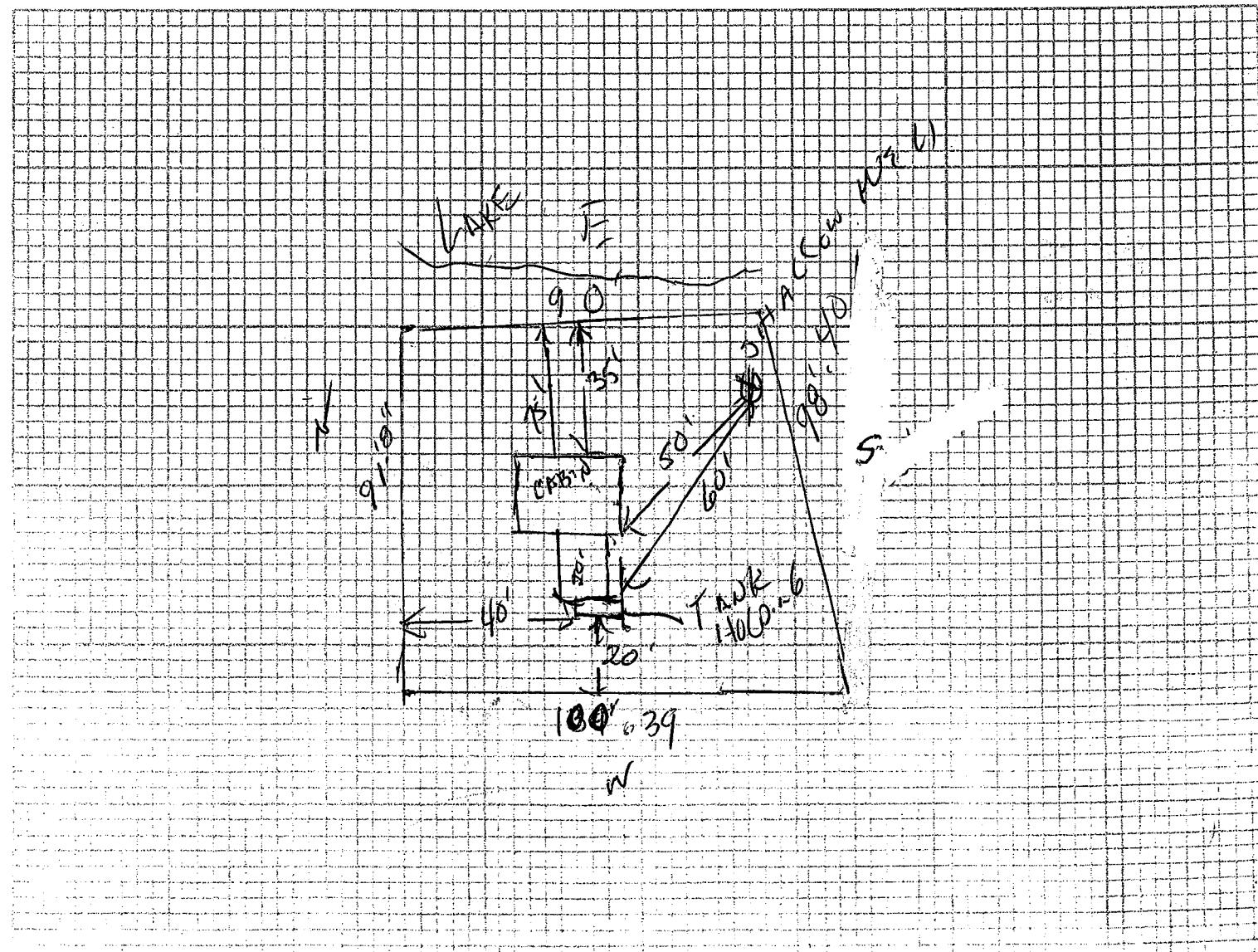
Date of Drawing: 10-12-10

Impervious surface coverage calculation

Impervious surface onsite Total Lot area ft²
= x 100 = %
Total percentage of impervious coverage

Remarks: _____

Signature



BECKER COUNTY

SEWAGE SYSTEM PERMIT APPLICATION

Permit issued 6-19-72

1. Location of property: Lake Bass Sec. 16 Twp 42 Range 37
 Legal description Bay 500 ft S + 150 ft E of N 1/4 line th 5
 118.4 ft S slope Bass line th 5 100 ft N 118.4 ft + 100 ft to bay (Pt lot 3) 16-142-37

2. Lot length 309' width 134' lot size area 41,406 sq ft

3. Contour of property: Approximate elevation above water table at building site _____ sewage system site _____ adjacent property _____

4. Type of building: residential commercial _____ accessory _____

5. Location of roads: County _____ Township State _____

6. Type of sewage system planned: Tank size 1,000 gal
 Number of tanks 1 Drainfield Lineal feet 50'

7. Type of soil: Sand Clay _____ Other _____

8. Location of sewage system on adjacent property 175'
 Number of feet _____

9. Location of well on your property No (Sketch on reverse side). On adjacent property 175'

10. Name of sewage system contractor John Bass
 Well drilling contractor No

Note: If making either of the above installations yourself indicate _____

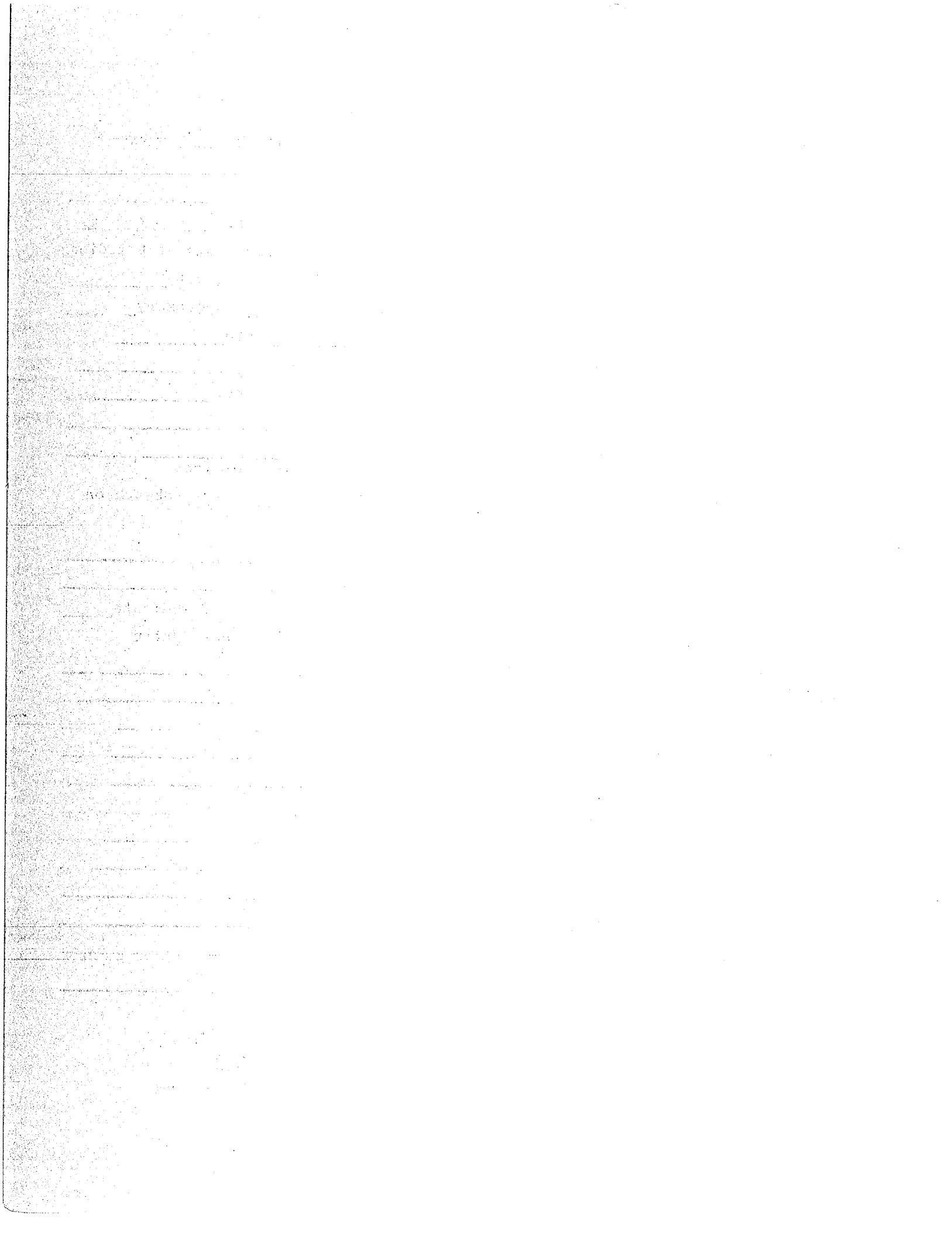
11. Minimum set back: Building Sewage System
 From Road R.O.W. 1/2 mile 1/2 mile
 Adjacent Property 175' 175'
 Lakeshore (High Water Mark) 70' 100'

12. Any other information: _____

Dated 6-19-72

Applicants signature

Bass lake min50Permit No. 502Permit Fee 3.50



CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this _____ day of _____, 19_____,

to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as:

Lake No. _____ Sec. _____ Twp. _____ Range _____ Twp. Name _____

Owner: Name _____

Address _____

Zip No. _____

Permit No. SP_____

Signed by: _____

*Zoning Administrator
Becker County, Minnesota*

