



15
 County Planning & Zoning
 835 Lake Ave, P O Box 787
 Detroit Lakes, MN 56502-0787
 Phone (218)-846-7314; Fax (218)-846-7266

se/09

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 R. 130095003
 (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 15 Township 139 N Range 36 W Township Name GREEN VALLEY
 Lake Name SHIPMAN Lake Classification N.E.
 Legal Description: SE 1/4 OF SE 1/4 + S 200' OF N 1/2 OF SE 1/4

Project Address: 56800 194th STREET PARK RAPIDS MN. 56470

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

Owner's First Name DAN Owner's Last Name FRENTRESS
 Mailing Address 56800 194th ST. City, State, Zip PARK RAPIDS, MN. 56470
 Phone Number 564-8792

3. DESIGNER/INSTALLER INFORMATION

Designer Name DAVID HACKER Company Name RACHOB POTE License # 909
 Address 57125 CO 40 MENAUGA Phone Number 255-1215
 Installer Name SAM Company Name _____ License # _____
 Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 8-14-09

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 600 Gallons Per Day
 Number of Bedrooms 4
 Garbage Disposal Yes No
 Grinder Pump in House Yes No
 Lift station in House Yes No

Well Depth 29' SH. WELL
 Depth of other wells within
 100 ft of system NONE

Original Soil YES Compacted Soil NO
 Type of Soil Observation
 Pit Probe Boring
 Depth to Restricting Layer 78"
 Maximum Depth of System 3 1/2'



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

EXISTING 1500

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

Type of Alarm _____
Size of Lift Pump _____
Size of Lift Line _____

130095003 se/09

Type of Drainfield to be installed
 Trench
___ At-grade
___ Pressure Bed
___ Seepage Bed
___ Mound
Size of Drainfield sq ft to be installed
609 sq ft
___ sq ft
___ sq ft
___ sq ft
___ sq ft

SETBACKS
EXISTING 1500
TANK DRAINFIELD
Distance to Well +50' +100'
Distance to Building +50' +20'
Distance to Property Line +10' 10'
Distance to OHW +300' +150'
Distance to Pressure Line +50' +50'

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

BORINGS 3 & 4				BORINGS 1 & 2			
Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0"-24"	SANDY LOAM		5/4 10yk	0-24	SANDY LOAM	5/4	10yk
24-48"	SAND		5/6	24-48	SAND	5/6	
48-72"	SAND		4/4	48-72	"	4/4	
72"-78"	SAND		7/4	72-78"	"	7/4	

Faint mottles at 78" but dry

Faint mottles at 78" but dry

5. DESIGNER'S CERTIFIED STATEMENT

I, DAVID E HACKER 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

8-14-09
Date

*****FOR OFFICE USE ONLY*****
Application Approved by: _____ Date: _____
Amount Paid _____ Receipt Number _____ Permit Number _____

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 _____

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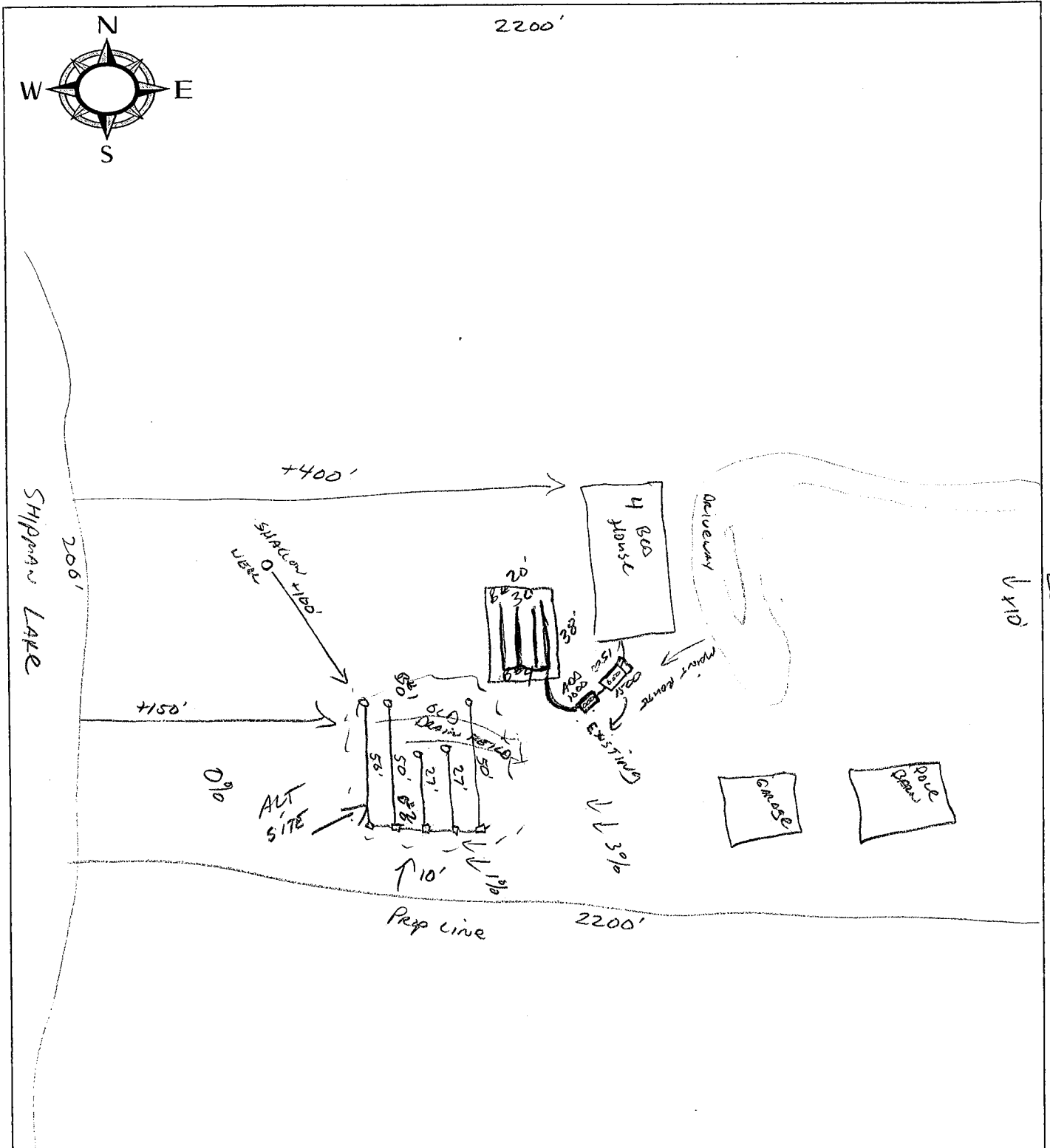
se/09 130095003

SITE PLAN

I hereby agree to have flags, lathes, or ribbons in place for inspection by date: _____

I understand that Becker County will not issue the permit until staking has been approved.

Signature _____



I hereby certify and agree that the above sketch accurately represents the work to be done in conjunction with this permit.

Handwritten signature

Date 8-14-09

Applicant or Agent

PARCEL	130095003
APP	SEPTIC
YEAR	2009

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

Application Approved by: Rebi Moltz Date: 8-17-09
 Amount Paid _____ Receipt Number _____ Permit Number _____

NOTES: _____
203973-428099 8/17/09

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 SM Alarm manufacturer _____
 Lift pump in system? Yes No Pump manufacturer _____
 Number of bedrooms _____

Component Information

Tank size 1500 2/c & 1600 L-7 Tank manufacturer Thelen
 Drainfield size 760 sqft. Medium manufacturer 20 x 38 Rock Bed
 Drainfield medium _____
 Drainfield medium size/depth _____

Soil Verification

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

Setback Verification

	TANK	DRAINFIELD
Distance to Well	<u>+50'</u>	<u>+50'</u>
Distance to Building	<u>+10'</u>	<u>+20'</u>
Distance to Property Line	<u>+10'</u>	<u>+10'</u>
Distance to OHW of Lake	<u>+100'</u>	<u>+100'</u>
Distance to Pressure Line	<u>-</u>	<u>-</u>
Distance to Wetland/Protected Water	<u>-</u>	<u>-</u>

Date System Installed 8/20/09 Installer Hacker Inspector Janet Stoll

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 Janet Stoll Title FSTS Inspector Date 8/20/09

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

PUMP SELECTION PROCEDURE

se/09
130095003

Perforation Discharges in		
GPM	Perforation diameter	
Head (feet)	(inches)	
-	7/32	1/4
1.0a	0.56	0.74
1.5	0.69	0.90
2.0b	0.80	1.04

a. Use 1.0 foot single homes
b. Use 2.0 feet for anything else

A. Determine pump capacity

Gravity distribution

1. Minimum is 10 GPM
2. Maximum is 45 GPM

Pressure Distribution

3. a. Select number of perforated laterals 4.
- b. Select perforation spacing = 3 ft.
- c. Subtract 2 ft from rock layer length:
39 - 2 = 37 feet.

ROCK LAYER LENGTH

- d. Determine the number of spaces between perms:
36 / 3 = 12 spaces
(length of lateral) / (perf. spacing)
- e. 12 spaces + 1 = 13 perforations per lateral
- f. Multiply perforations per lateral by number of laterals to get total number of perforations:
13 x 4 = 52
(perms/lateral) x (laterals) = (perforations)
- g. 52 x .74 = 39 GPM
(Perforations) x (gpm/perfs)

SELECTED PUMP CAPACITY 39 GPM

B. Determine head requirements:

1. Elevation difference between pump & point of discharge:
6 feet
2. If pumping to a pressure distribution system, add 5 feet; for gravity add zero: 5 feet
3. Friction Loss
 - a. Enter friction loss table with GPM and pipe diameter. Read friction loss in feet per 100 ft in table.
F.L. = 2.64 ft/100 of pipe
 - b. Determine total pipe length from pump to discharge point.
Add 25% to pipe length for fitting loss.
40 length x 1.25 = 50 feet.
 - c. Calculate total friction loss by multiplying friction loss in 100 ft. of pipe by equivalent pipe length (B):

Total friction loss = 50 x 2.64 / 100 = 13.2

4. Total head required is the sum of the elevation difference, special head requirements and total friction loss:

6 + 5 + 2 TOTAL HEAD 13
(1) (2) (3c)

SELECT A PUMP TO DELIVER AT LEAST 39 GPM WITH AT LEAST 13 FEET OF TOTAL HEAD.

If laterals are connected to a header pipe in a pressure system, select the minimum size lateral diameter; enter the table with perforation spacing and the number of perforations per lateral.

Select minimum size of lateral use 2"
For a center manifold system the values will be 1/2 of above.

FRICTION LOSS IN PLASTIC PIPE			
Flow Rate GPM	1.5"	2"	3"
20	2.47	0.73	0.11
25	3.73	1.11	0.16
30	5.23	1.55	0.23
35	6.96	2.06	0.30
40	8.91	2.64	0.39
45	11.07	3.28	0.48
50	13.46	3.99	0.58
55		4.76	0.70
60		5.60	0.82
65		6.48	0.95
70		7.44	1.09

Max. No. of 1/4" perms per lateral. (10%var)			
Perforation spacing (feet)	1" spacing		
	1/4"	1/2"	2"
2.5 feet	14	18	28
3.0 feet	13	17	26
3.3 feet	12	16	25
4.0 feet	11	15	23
5.0 feet	10	14	22

Zeller BN 98

Frentes

**APPLICATION
FOR SEWAGE SYSTEM
CERTIFICATE OF COMPLIANCE**
With The Becker County Zoning Ordinance

se/93

Application Number <u>0072</u>
Tax Parcel Number <u>13.0095.003</u>
Fire Number of Project Location

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <u>Frentress, Dan</u>		2. Authorized Agent (If applicable)	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) <u>Route 1 Box 381D Park Rapids mn 56470</u>			
4. Day Phone	5. Evening Phone	6. Section <u>15</u>	7. Township <u>Green Valley</u>

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name
SE 1/4 SE 1/4 and S 200 FT of N 1/2 SE 1/4

7. Note: If the property is a metes and bounds description, check here [] and attach a copy of the exact legal description.

<p>SEWAGE SYSTEM DATA</p> <p>Anticipated Use</p> <p>a. <input checked="" type="checkbox"/> Single Family</p> <p>b. <input type="checkbox"/> Multiple Family</p> <p>c. <input type="checkbox"/> Commercial</p> <p>d. <input type="checkbox"/> Agricultural</p> <p>e. <input type="checkbox"/> Other (specify)</p> <p>Type of System</p> <p>a. <input type="checkbox"/> Septic Tank Only</p> <p>b. <input type="checkbox"/> Drainfield Only</p> <p>c. <input checked="" type="checkbox"/> Septic Tank & Drainfield</p> <p>d. <input type="checkbox"/> Holding Tank</p> <p>e. <input type="checkbox"/> Alternative System (specify)</p> <p>Type of Drainfield</p> <p>a. <input checked="" type="checkbox"/> Standard System</p> <p>b. <input type="checkbox"/> Mound (pressure distribution)</p> <p>c. <input type="checkbox"/> Mound (gravity distribution)</p> <p>Well Data</p> <p>a. Depth: <u>53'</u></p> <p>b. Diameter: <u>4"</u></p> <p>Type of Well</p> <p>a. <input checked="" type="checkbox"/> Drilled</p> <p>b. <input type="checkbox"/> Sand Point</p>	<p align="center">1 Inch Equals _____ DESIGN</p> <p align="center"><u>*See Attached Site Plan</u></p> <p align="center">Show Distance Between Sewage System And Buildings, Property Lines, Lake, Roads And All Wells Within 125 Feet.</p> <table border="0"> <tr> <td></td> <td align="center">Tank</td> <td align="center">Drainfield</td> <td></td> <td align="center">Tank</td> <td align="center">Drainfield</td> </tr> <tr> <td>Distances to Well:</td> <td align="center"><u>+100</u></td> <td align="center"><u>+100</u></td> <td>Distance to Pressure Line:</td> <td align="center"><u>50</u></td> <td align="center"><u>50</u></td> </tr> <tr> <td>Distance to Building:</td> <td align="center"><u>30</u></td> <td align="center"><u>40</u></td> <td>Tank Capacity (gal.) & Area of Drainfield (ft. 2):</td> <td align="center"><u>1500</u></td> <td align="center"><u>570</u></td> </tr> <tr> <td>Distance to Property Line:</td> <td align="center"><u>+20</u></td> <td align="center"><u>+20</u></td> <td>Distance to Ordinary High Water Level:</td> <td align="center"><u>+250</u></td> <td align="center"><u>+150</u></td> </tr> <tr> <td>Distance to Suction Line:</td> <td align="center"><u>N/A</u></td> <td align="center"><u>N/A</u></td> <td>Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:</td> <td align="center"><u>N/A</u></td> <td align="center"><u>4'</u></td> </tr> </table>		Tank	Drainfield		Tank	Drainfield	Distances to Well:	<u>+100</u>	<u>+100</u>	Distance to Pressure Line:	<u>50</u>	<u>50</u>	Distance to Building:	<u>30</u>	<u>40</u>	Tank Capacity (gal.) & Area of Drainfield (ft. 2):	<u>1500</u>	<u>570</u>	Distance to Property Line:	<u>+20</u>	<u>+20</u>	Distance to Ordinary High Water Level:	<u>+250</u>	<u>+150</u>	Distance to Suction Line:	<u>N/A</u>	<u>N/A</u>	Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	<u>N/A</u>	<u>4'</u>
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I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct:

Signature of Applicant _____ Date _____

TO BE COMPLETED BY ZONING OFFICE

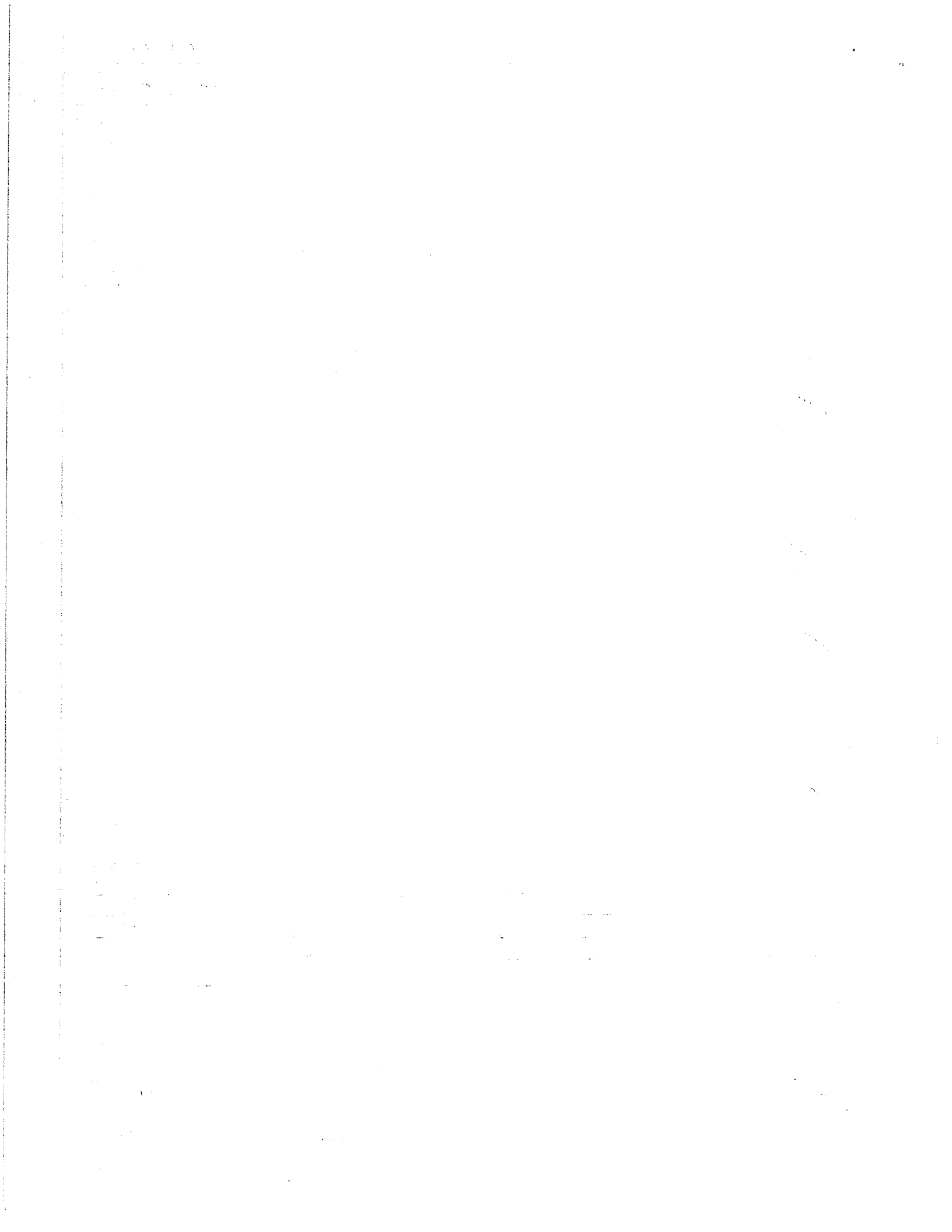
CERTIFICATE IS HEREBY DENIED: (See Back For Reasons)

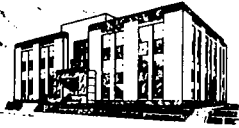
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BECKER COUNTY ZONING OFFICE

Harold Verdy
Zoning Adm. 9-2-93

Signature _____ Title _____ Date _____





BECKER COUNTY

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

SUPPLEMENTAL DATA FOR SEWAGE SYSTEM PERMIT FORM C

Fire No.
Application No. 4842-13
Tax Parcel No. 13.0095.003

5/1/93

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) Frentress, DAN, P		
2. Sewer Installer	3. Soil Tester/Earthwork Contractor	4. MPCA Certification No.

B. SEWAGE SYSTEM DATA

C. SITE DATA

1. Work Category a. <input checked="" type="checkbox"/> New System b. <input type="checkbox"/> Repair	2. Type of System a. <input type="checkbox"/> Septic Tank Only b. <input type="checkbox"/> Drainfield Only c. <input checked="" type="checkbox"/> Septic Tank & Drainfield d. <input type="checkbox"/> Alternative System (specify) _____	1. Soils a. Soil Type: <u>SAND</u> b. Percolation Rate (minutes per inch): <u>.83</u> c. Depth to Water Table: _____		2. Supporting Data/Attachments <input checked="" type="checkbox"/> Sketch Plan** <input type="checkbox"/> Percolation Data Sheets <input type="checkbox"/> Soil Borings <input type="checkbox"/> Tank/Drainfield Design Calculations																												
		3. Anticipated Use a. <input checked="" type="checkbox"/> Single Family b. <input type="checkbox"/> Multiple Family c. <input type="checkbox"/> Commercial d. <input type="checkbox"/> Agricultural e. <input type="checkbox"/> Other (specify) _____		4. Type of Drainfield a. <input checked="" type="checkbox"/> Standard System b. <input type="checkbox"/> Mound (pressure distribution) c. <input type="checkbox"/> Mound (gravity distribution)																												
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		Water Uses:																														
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I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge: <u>X</u> <u>Algebra Frentress</u> <u>7-14-93</u> <div style="display: flex; justify-content: space-between;"> Signature of Applicant Date </div>																																

SEWAGE SYSTEM PERMIT

APPLICATION IS HEREBY DENIED

PERMISSION IS HEREBY GRANTED TO Dan Frentress

All in accordance with the application, addendum form, plans, specifications and all other supporting data, unless specified hereinafter in the GENERAL and/or SPECIAL PROVISIONS.

BY ORDER OF: Steve Sweeney

Signature of Permitting Authority

Joanna Adams
Title

7-20-93
Date

NOTE: THIS PERMIT TERMINATES ON: _____ except as provided for by local ordinance and/or Minnesota Law.

- SEE REVERSE FOR GENERAL AND SPECIAL PROVISIONS -

Application Fee \$ 45.00

State Surcharge .50

Total \$ 45.50

PAGE 2
FORM C -SEWAGE SYSTEM PERMIT

GENERAL PROVISIONS

1. Permittee shall not cover the system authorized herein until such system has been inspected and determined to be compliant by the permitting authority. This provision can be waived only at the discretion of the permitting authority.
2. Where clay soils are predominant, no drainfield excavation can proceed if more than one (1) inch of total rainfall has been received at the nearest official rain gauge within one (1) week prior to construction. This provision can only be waived at the discretion of the permitting authority.
3. No changes in plans or specifications can be made to the work authorized herein unless such change is first approved in writing by the permitting authority.
4. Permittee shall grant access to the site at all reasonable times so that the permitting authority or his/her agents may conduct inspections to ascertain compliance with the terms and conditions of this permit.
5. The construction site shall be kept reasonably free of debris at all times so as to not create a public nuisance.
6. Permittee shall install permanent and temporary erosion control measures in order to prevent erosion of disturbed soils from the project site onto adjacent parcels of land, public waters, public roads, ditches, sewer facilities and the like. Permittee shall cease all related authorized construction activities until such time as any such problem is corrected as agreed to by the permitting authority.
7. No certificate of occupancy or zoning compliance may be issued until all the provisions and conditions of this permit are complied with in full.
8. A copy of this permit or an official notice or placard thereof must be posted in a conspicuous place protected from the effects of weather no more than 12 feet above grade on the premises which the work is to be done and shall be maintained there until completion of said work.
9. The granting of this permit does not exempt the permittee from having to secure other permits from other state, federal or local units of government which may have jurisdiction over portions of the authorized project.
10. This permit does not allow the destruction or removal of any trees or vegetation which exists more than ten (10) feet beyond the foundation of the authorized structure or more than five (5) feet beyond the edge of a driveway or parking lot unless authorized in a Special Provision below.

_____ Date

_____ Signature of Applicant

SPECIAL PROVISIONS

1. _____

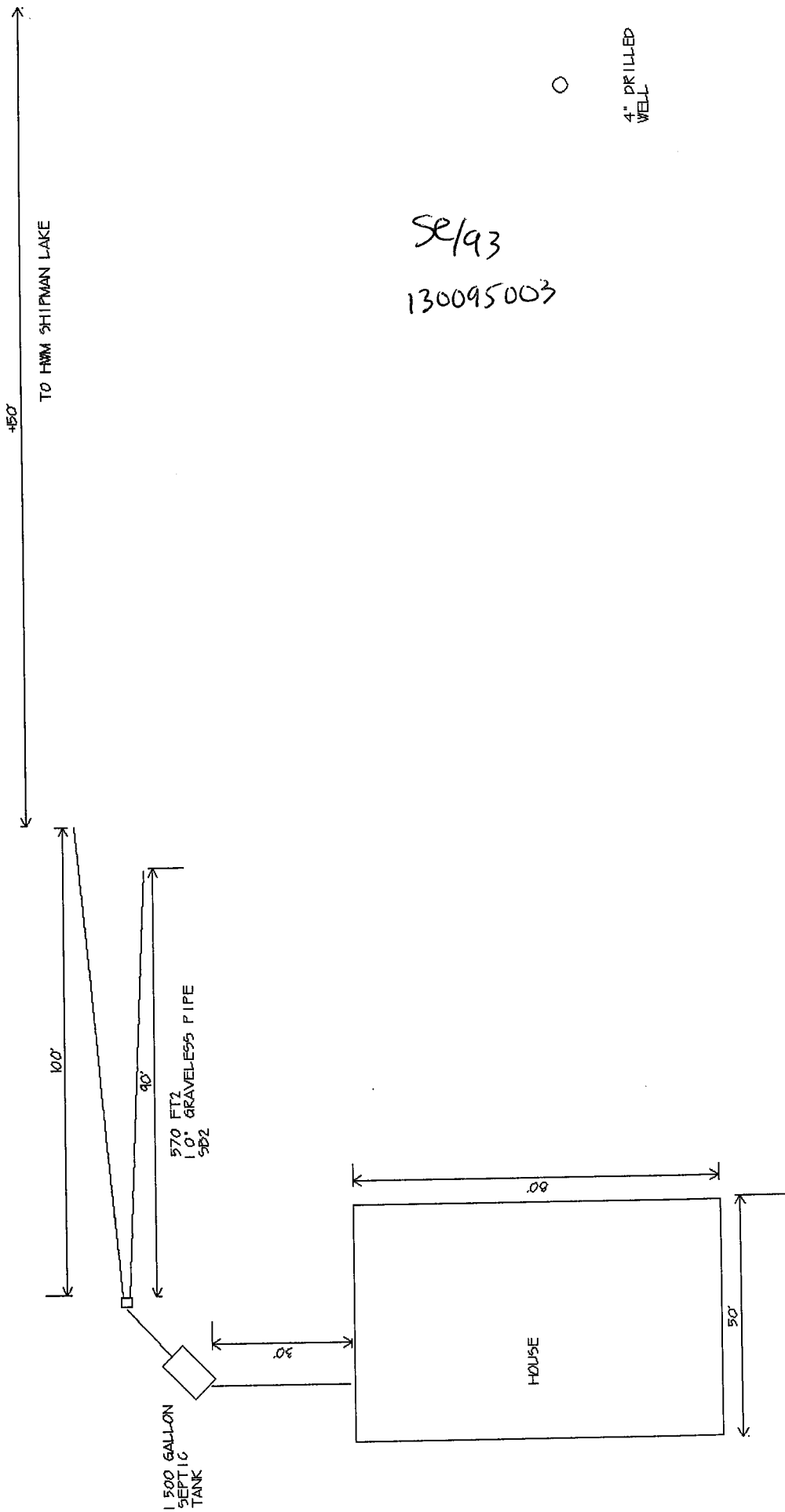
2. _____

3. _____

4. _____

5. _____

6. _____



SE/93
130095003

DAN FRENTRESS
13.0095.003
SE 1/4 SE 1/4 AND S 200 FT OF N 1/2 SE 1/4
SECTION 15
RON LINDOM, INSTALLER
8/93
PATRICIA L SWENSON, INSPECTOR
BECKER COUNTY
MPCA NO. 2303