



140148000

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**JUL 30 2008****ZONING**

140148000 Sept 08

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 14. 0148.000

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 31 Township 140 Range 42 Township Name HamdenLake Name — Lake Classification —Legal Description: —Project Address: 17170 220th St. Audubon, MN 56511**2. PROPERTY OWNER INFORMATION (as it appears on the tax statement, purchase agreement or deed)**Owner's First Name Doug Owner's Last Name AskelsonMailing Address 17170 220th St. City, State, Zip Audubon MN 56511Phone Number 201-200-5512**3. DESIGNER/INSTALLER INFORMATION**Designer Name David Ohm Company Name Ohm Excavating License # 932Address P.O. Box 293 Audubon Phone Number 218-439-6428Installer Name David Ohm Company Name Ohm Excavating License # 932Address P.O. Box 293 Audubon Phone Number 218-234-1256**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 below7-21-08 Date of site evaluationDesign Flow 450 Gallons Per DayNumber of Bedrooms 3Garbage Disposal ☐ Yes ☒ NoDishwasher ☐ Yes ☒ NoLift station in House ☐ Yes ☒ NoGrinder pump in House ☐ Yes ☒ NoWell Depth 750'

Depth of other wells within

100 ft of system —Original Soil ☒ Compacted Soil ☐

Type of Soil Observation

☐ Pit ☐ Probe ☒ BoringDepth to Restricting Layer 7Maximum Depth of System 4

Size of All Tanks to be installed

1000 gal Septic Tank☐ gal Holding Tank500 gal Lift Station☐ Other Tank☐ Existing tank to be usedCompartmented tank ☒ Yes ☐ No Multiple Tanks ☐ Yes ☒ NoTotal Number of tanks to be installed in this system 1 (This # will be reported to MPCA at end of year.)✓
Laid

Type of Drainfield X Chamber Trench Full Size of Drainfield _____ sq ft Reduced/Warrantied size 1000 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 / _____ sq ft *** ***Attach Worksheets
 Performance

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 Type of chamber ADS
 Depth of Rock _____
 Alarm? Yes X No _____
 Type of Alarm Electric
 Size of Lift Pump 1/2 - 1/2 hp
 Size of Lift Line 1 1/2"

SETBACKS

TANK DRAINFIELD
 Distance to Well +200 +200
 Distance to Building 80 +100
 Distance to Property Line +10 +10
 Distance to OHW of Lake _____
 Distance to Pressure Line _____
 Distance to Wetland/Protected Water _____

Perc Rate 40 mpi Soil Sizing Factor 2.0 *If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

| Depth | Texture | Color | Structure | | Depth | Texture | Color | Structure |
|-------|-----------|-------------------|-----------|--|-------|-----------|-------------------|-----------|
| 0-9 | Clay Loam | 10yR 3/3 Black | Blocky | | 0-14 | Clay Loam | 10yR 3/3 Black | Blocky |
| 10-47 | Clay Loam | 10yR 5/4 Brown | Blocky | | 15-61 | Clay Loam | 10yR 5/4 Brown | Blocky |
| 48-84 | Clay Loam | 10yR 7/4 Tan | Blocky | | 62-84 | Clay Loam | 10yR 7/4 Tan | Blocky |
| | | | | | | | | |

| Depth | Texture | Color | Structure | | Depth | Texture | Color | Structure |
|-------|-----------|-------------------|-----------|--|-------|---------|-------|-----------|
| 0-8 | Clay Loam | 10yR 3/3 Black | Blocky | | | | | |
| 9-30 | Clay Loam | 10yR 5/4 Brown | Blocky | | | | | |
| 31-68 | Clay Loam | 10yR 6/4 | Blocky | | | | | |
| 69-84 | Clay Loam | 10yR 7/4 | Blocky | | | | | |

5. REQUIRED DOCUMENTS

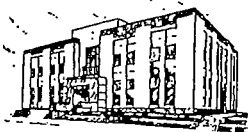
U of MN worksheets are required for mounds, pressure beds, seepage beds, at-grades or Type IV or Type V systems. Are the required worksheets attached? _____ Yes _____ No

6. DESIGNER'S CERTIFIED STATEMENT

I, David Ohm 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]
 Signature of Designer

7-30-08
 Date



BECKER COUNTY

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

SKETCH PLAN

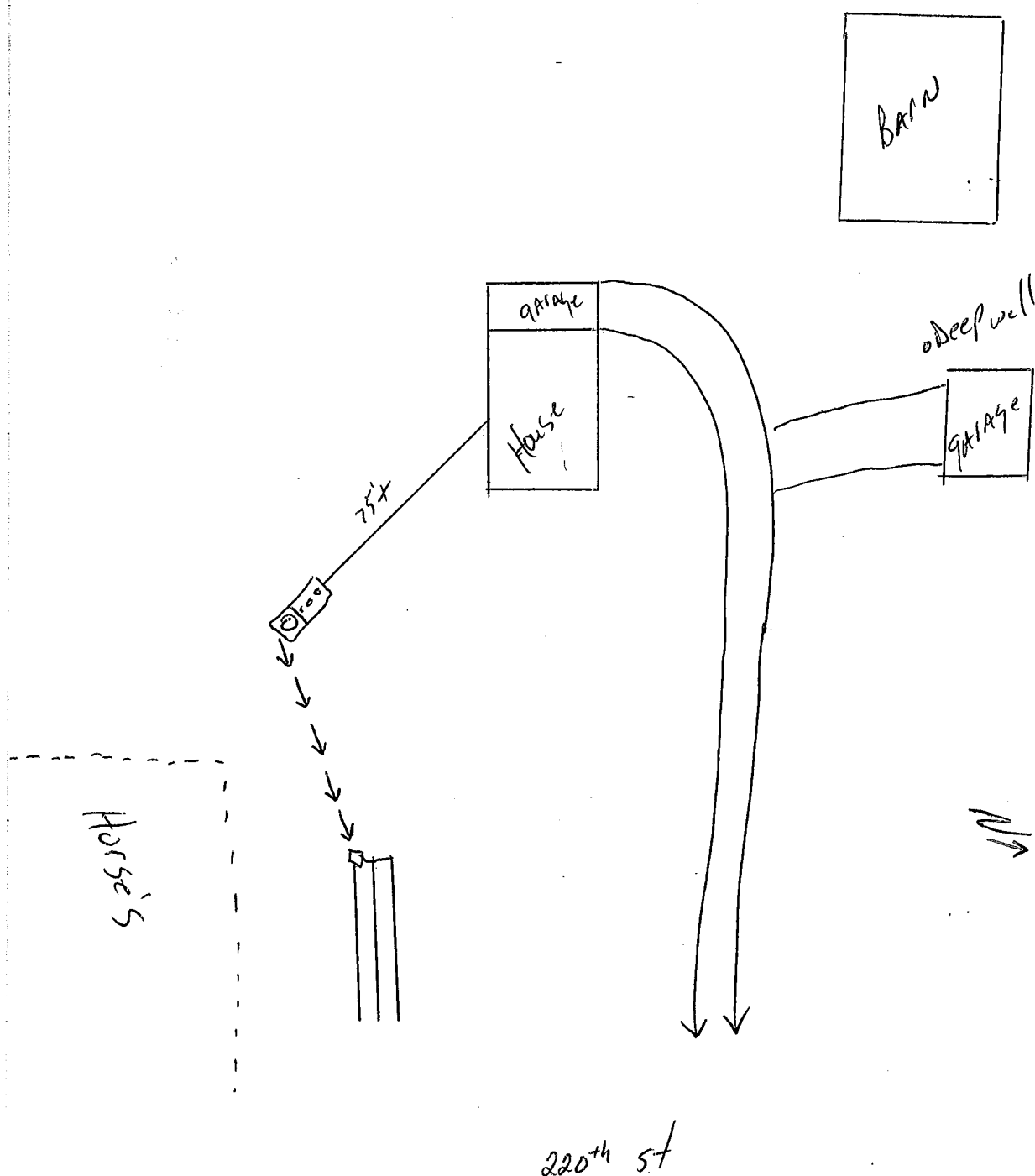
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Application No.

Tax Parcel No.

Drawing By: _____

Date of Drawing: _____



1401180000
Sept 08

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

Application Approved by: Janet H. Hall Date: 7/31/08
Amount Paid: \$100.00 Receipt Number: 173071-397197 Permit Number: _____

NOTES: mailed permit 8/1/08 to David O'Han

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 _____

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 OHW of Lake | _____ | _____ |
| Distance to Pressure Line | _____ | _____ |
| Distance to Wetland/Protected Water | _____ | _____ |

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)

PERCOLATION TEST DATA SHEET

Company Name Ohm Excavating License Number 932Percolation Test Performed by DavidHomeowner Name Askelson

Address _____

Test Hole # _____ Diameter of hole _____ inches

Location _____

Method of scratching sidewall _____

Depth at bottom of hole 33 inches Depth of gravel at bottom _____ inches

Date presoak started _____ Starting at _____ AM / PM

Depth of initial water filling _____ above hole bottom

Method used to maintain 12" of water depth in hole for 4 hours _____

Date presoak ended _____ Ending at _____ AM / PM

Date perc readings conducted _____ Starting at _____ AM / PM

Maximum depth above hole bottom during test _____ inches

Surface elevation (in reference to benchmark): _____ feet

Directions: Enter elapsed time and drop in water level and the rest will be calculated

| # | Elapsed Time (min) | Time Interval (min) | Drop in Water Level (Inches) | Percolation Rate (mpi) | % Difference | 10% Goal Reached* |
|---|--------------------|---------------------|------------------------------|------------------------|--------------|-------------------|
| 1 | 30 | 0 | 1/8 | 0.0 | NA | NA |
| 2 | 30 | 0 | 1/8 | 0.0 | 34 | 0 |
| 3 | 30 | 0 | 3/4 | 0.0 | 40 | 0 |
| 4 | 30 | 0 | 3/4 | 0.0 | 40 | 0 |
| 5 | 30 | 0 | 3/4 | 0.0 | 40 | 0 |
| 6 | 30 | 0 | 3/4 | 0.0 | 40 | 0 |
| 7 | | 0 | | 0.0 | 0.0 | 0 |
| 8 | | 0 | | 0.0 | 0.0 | 0 |

* 3 consecutive percolation rates must be within 10% or less of each other

40 mpi

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws

(signature)

932

(license #)

7-30-08

(date)