



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: 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 701-200-5312

3. DESIGNER/INSTALLER INFORMATION

Designer Name <u>David Ohm</u>	Company Name <u>Ohm Excavating</u>	License # <u>932</u>
Address <u>P.O. Box 293 Audubon</u>	Phone Number <u>218-439-6428</u>	
Installer Name <u>David Ohm</u>	Company Name <u>Ohm Excavating</u>	License # <u>932</u>
Address <u>P.O. Box 293 Audubon</u>	Phone Number <u>218-234-1256</u>	

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 450 Gallons Per DayNumber of Bedrooms 3Garbage Disposal Yes NoDishwasher Yes NoLift station in House Yes NoGrinder pump in House Yes No

What will new system serve? Check one

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

7-21-08 Date of site evaluation

Original Soil Compacted Soil —
Type of Soil Observation —
Pit — Probe Boring —
Depth to Restricting Layer 7
Maximum Depth of System 31

Size of All Tanks to be installed

1000 gal Septic Tank
 gal Holding Tank500 gal Lift Station
 Other Tank

Existing tank to be used

Compartmented tank Yes No
Total Number of tanks to be installed in this system 1 (This # will be reported to MPCA at end of year.)

✓ valid

Type of Drainfield
 Chamber Trench
 Rock Trench
 Gravelless
 Mound
 Pressure Bed
 Seepage Bed
 At-grade
 Alternative /
 Performance

Full Size of Drainfield
 sq ft
 sq ft
 sq ft
 sq ft ***
 sq ft ***
 sq ft ***
 sq ft ***
 sq ft ***

Reduced/Warrantied size
 1000 sq ft
 sq ft
 sq ft
 sq ft ***
 sq ft ***
 sq ft ***
 sq ft ***

Type of chamber ADS
Depth of Rock _____

Alarm? Yes No _____
Type of Alarm electric
Size of Lift Pump 1/3 - 1/2 hp
Size of Lift Line 1 1/2"

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

SETBACKS
TANK DRAINFIELD
+200 +200
80 +100
+10 +10

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
(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

7-30-08
Date



BECKER COUNTY

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

SKETCH PLAN

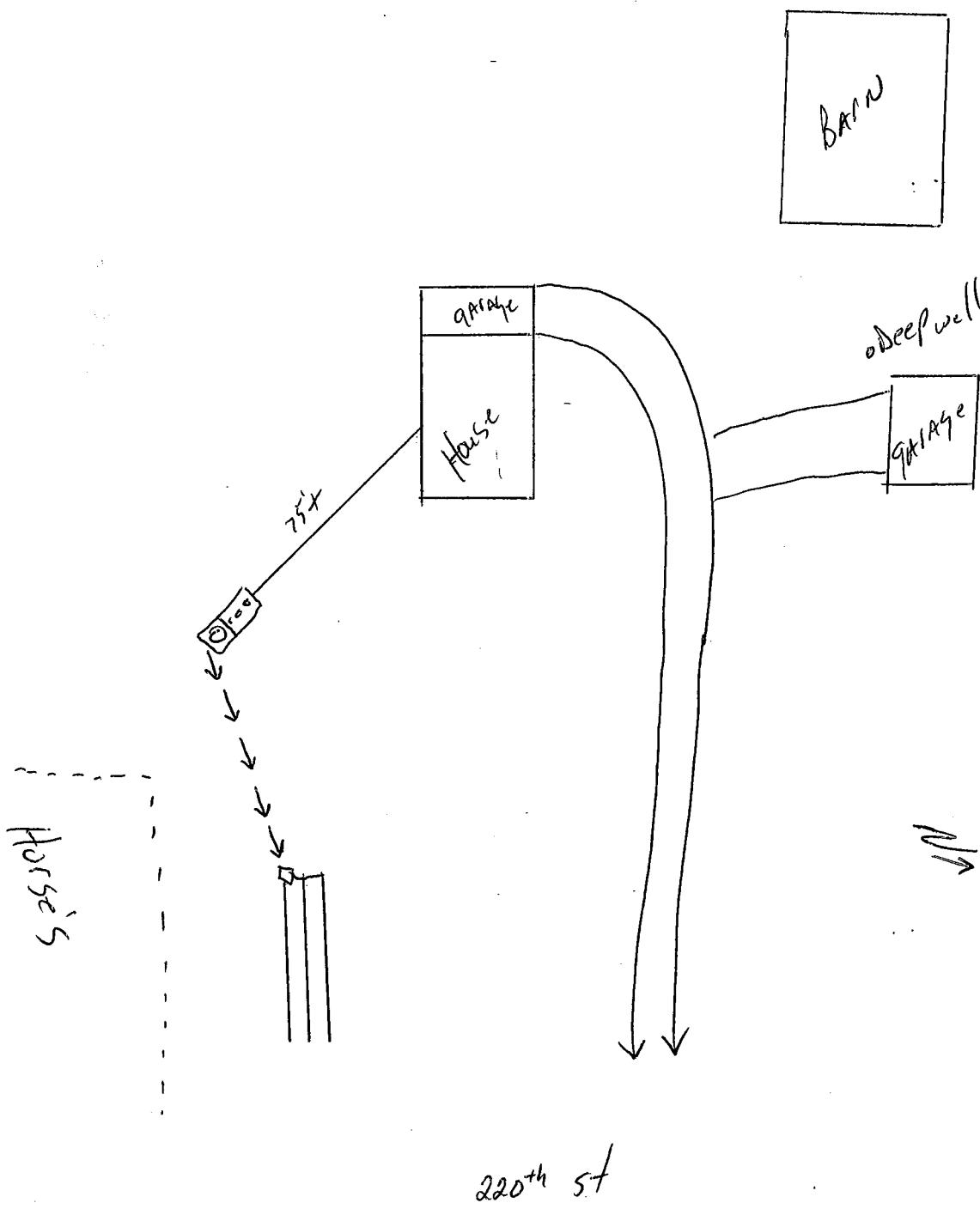
140148000
Sept 08

Application No. _____

Tax Parcel No. _____

Drawing By: _____

Date of Drawing: _____



***** FOR OFFICE USE ONLY *****
Application Approved by: David O'Han 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

Number of bedrooms

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)

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JOB #

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)	Drop in Water Level (inches)	Percolation Rate (mp)	Rate Difference (%)	Goal Reached*
1	30	0	0.0	NA	NA
2	30	0	34	0.0	0
3	30	0	34	0.0	0
4	30	3/4	40	0.0	0
5	30	3/4	40	0.0	0
6	30	3/4	40	0.0	0
7	0	0	0.0	0.0	0
8	0	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)