

# Onsite Septic System A



150110001

LAKE

**RECEIVED**  
AUG 06 2012

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: 150110001

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 11 Township 139 Range 39 Township Name 401

Lake Name North Twin Lake Classification RD

Legal Description: N 246 ft of E 330 ft of Lot 9

Project Address: 39525 State Hwy 34

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

Owner's First Name Robert Owner's Last Name Duckstad Duckstad

Mailing Address P.O. Box 834 City, State, Zip Minneapolis, MN 55406

Phone Number 612-724-1493

### 3. DESIGNER/INSTALLER INFORMATION

Designer Name [Signature] Company Name \_\_\_\_\_ License # 478

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Installer Name [Signature] Company Name \_\_\_\_\_ License # 478

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### 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

02-2012 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 6'7"

Maximum Depth of System 3'

#### 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

- 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 1 (This # will be reported to MPCA at end of year.)

PARCEL	
APP	SEPTIC
YEAR	

Type of Drainfield X Chamber Trench Full Size of Drainfield 324 sq ft Reduced/Warrantied size \_\_\_\_\_ 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 0-4  
 Depth of Rock \_\_\_\_\_  
 Alarm? Yes X No \_\_\_\_\_  
 Type of Alarm Float  
 Size of Lift Pump 1/2 HP  
 Size of Lift Line 2"

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>57'</u>	<u>70'</u>
Distance to Building	_____	_____
Distance to Property Line	_____	_____
Distance to OHW of Lake	_____	_____
Distance to Pressure Line	_____	_____
Distance to Wetland/Protected Water	_____	_____

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

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
<u>0-6</u>	<u>Black</u>				<u>0-7</u>	<u>Black</u>		
<u>6-14</u>	<u>Sandy loam</u>	<u>10y 4/14</u>			<u>7-14</u>	<u>Sandy loam</u>	<u>10y 4/14</u>	
<u>14-72</u>	<u>Sand</u>	<u>10y 4/16</u>			<u>14-72</u>	<u>Sand</u>	<u>10y 4/16</u>	

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
<u>0-6</u>	<u>Black</u>							
<u>6-16</u>	<u>Sandy loam</u>	<u>10y 4/14</u>						
<u>16-72</u>	<u>Sand</u>	<u>10y 4/16</u>						

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 X No

6. DESIGNER'S CERTIFIED STATEMENT

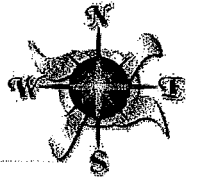
I, Randy Bygones certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

Signature of Designer Randy Bygones Date 8-3-2012

**SKETCH OF PROPERTY**

Please sketch all structures and septic systems on the property;  
Include setbacks and wells within 100 feet of the property.

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YEAR	2012



Big Twin Lake

32 Q 4 chambers

100'+

Brown's setback

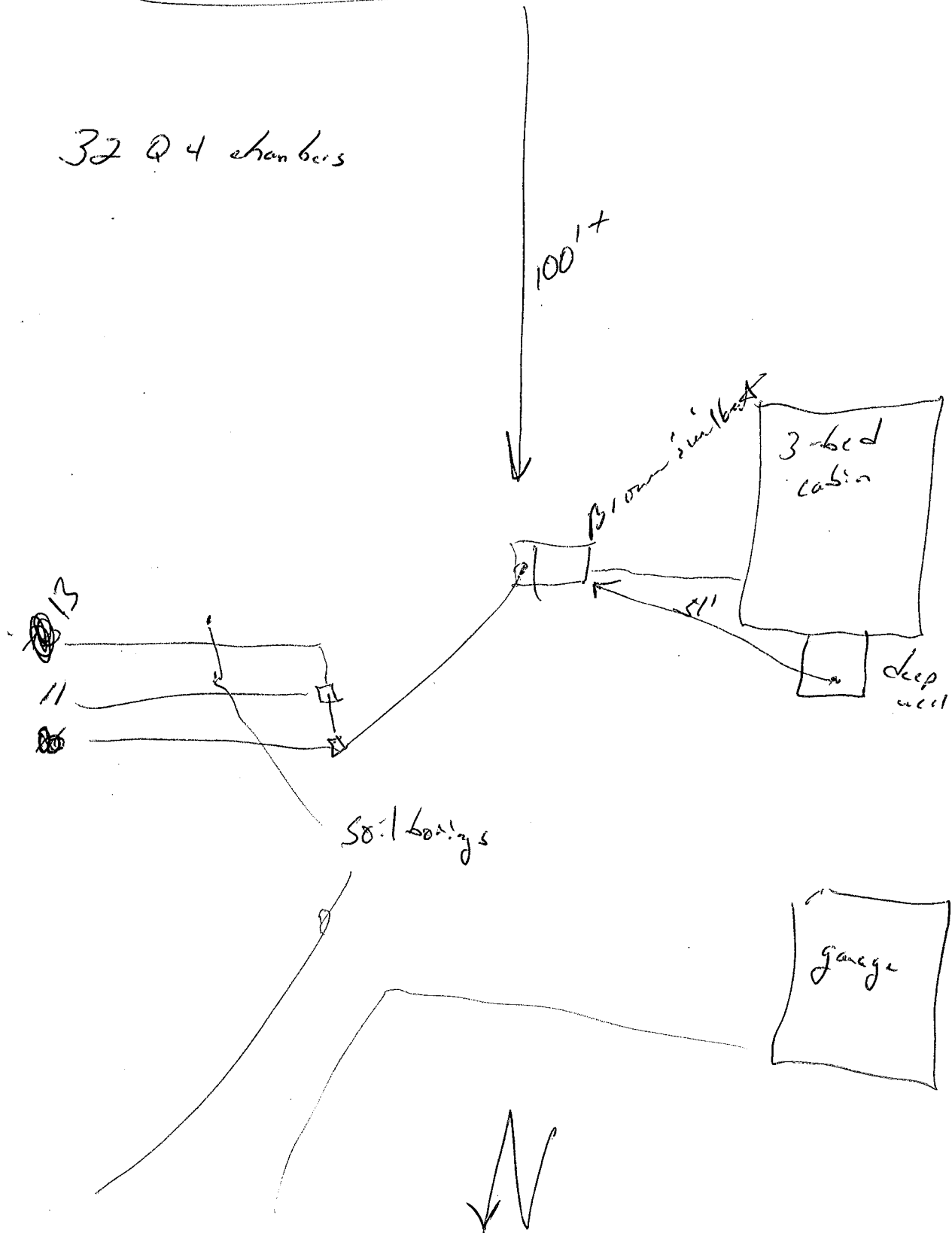
3-bed cabin

deep well

13  
11  
8

Soil borings

gauge





# COUNTY OF BECKER

*Hebs*

## 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): ROBERT J. DUCKSTAD

Address: PO BOX 6034 City, State, Zip: MINNEAPOLIS, MN 55406

Phone: 612.724.1493 Alt. Phone: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Lake/River: BIG TWIN LAKE Tax Parcel No. 15.0110.001

Property Address: 39535 MN HWY 34 D.L. 56501

#### 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: 0 List each: \_\_\_\_\_  
+ # of water-use appliances yet to be installed: 0 List each: \_\_\_\_\_  
0 = Total # of water-use appliances to be serviced by the SSTS: 0

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.

Robert J. Duckstad  
Property Owner(s) Signature(s)

JULY 27, 2012  
Date

PARCEL	
APP	SEPTIC
YEAR	

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

Application Approved by: Heidi Malby Date: 8-6-12  
 Amount Paid 1500 Receipt Number 287088 Permit Number \_\_\_\_\_  
 NOTES: 511 214

Check attached. 3 permits @ Duckstad & Soberg from Bergstrom  
elect

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 AM Alarm manufacturer \_\_\_\_\_  
 Lift pump in system?  Yes  No Pump manufacturer \_\_\_\_\_  
 Number of bedrooms 3

Component Information

Tank size 1500 a/c Tank manufacturer Brown-Ian/Breit  
 Drainfield size 374 sq ft. Medium manufacturer 32 Q45  
 Drainfield medium \_\_\_\_\_  
 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 \_\_\_\_\_

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>N/A</u>	<u>N/A</u>
Distance to Wetland/Protected Water	<u>N/A</u>	<u>N/A</u>

Date System Installed 8/13/12 Installer Bergstrom Inspector Janet Still

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 Still Title ISTS inspector Date 8/13/12

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