150307000

ATION FOR SEWAGE SYSTEM

CERTIFICATE OF COMPLIANCE
With The Becker County Zoning Ordinance

Application Number	
Tax Parcel Number	15.0307.000
Fire Number of Project Location	

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.)	2. Authorized Agent (if applicable)		
Magee, Garrett			
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)			
730 - 2nd Ave. N.E. Perham, MN. 56573			
4. Day Phone	5. Evening Phone	6. Section	7. Township
		34	Height-of-Land

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name
N½ of NW¼

SEWAGE SYSTEM DATA

Anticipated Use
a. (✓) Single Family
b. ( ) Multiple Family
c. ( ) Commercial
d. ( ) Other (specify)

Type of Installation
a. ( ) Septic Tank Only
b. ( ) Drainfield Only
c. ( ) Septic Tank & Drainfield
d. ( ) Holding Tank
e. (✓) Septic Tank/Drainfield Lift Station

Type of Drainfield
a. (✓) Standard System
b. ( ) Mound (pressure distribution)

Well Data
a. Depth >50'
b. Diameter

Type of Well
a. (✓) Drilled
b. ( ) Sand Point

1 Inch Equals
DESIGN

see drawing

installed by Lee Hendrickson

Show Distance Between Sewage System And Buildings, Property Lines, Lake, Road And All Wells Within 125 Feet.

	Tank	Drainfield		Tank	Drainfield
Distances to Well:	>50'	>50'	Distance to Pressure Line:	>20'	>20'
Distance to Building:	>10'	>20'	Tank Capacity (gal.& Area of Drainfield (ft 2)	1000	381 ft²
Distance to Property Line:	>10'	>10'	Distance to Ordinary High Water Level:	NA	NA
Drainfield separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:		>6'			

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 PLANNING AND ZONING

( ) CERTIFICATE IS HEREBY DENIED: (See back For Reasons)
(✓) CERTIFICATE IS HEREBY GRANTED: Based upon the application, addendum from, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactory, however this is not a guarantee.

BECKER COUNTY PLANNING AND ZONING

Jerry D Hanson
Signature

Inspector — 22 Oct 99
Title — Date

BECKER COUNTY PLANNING & ZONING
835 Lake Avenue, P O Box 787
Detroit Lakes, MN 56502-0787
Phone (218) 846-7314, Fax (218) 846-7266

Fire Number _____

Onsite Septic System Site Evaluation/Design

Tax Parcel Number R 15.0307.000

Legal Description: See 34 T139 R039 N 1/2 of NW 1/4

Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name
—	—	34	139	039	Height of Land

Property Owner	Address	City, State, Zip Code	Phone Number
Garret W Magee	730 2ND Ave NE	Perham MN 56573	218 346-7564

Name and Address of Designer

Lee A. Hendrickson	P.O. Box 185	Menahga	MN 56464

MPCA NUMBER	PHONE	Date of Site Evaluation
1158	(218) 564-5731	4/17/99

Name and Address of Installer — MPCA Number

Same as Designer

I certify that the site evaluation has been completed in accordance with all provisions of ISTS Minnesota Rules Chapter 7080.
Signature of Designer Lee A. Hendrickson Date 4/17/99

*FOR USE BY BECKER COUNTY
ENVIRONEMNTAL SERVICES DEPARTMENT ONLY*

Date Site Evaluation / Design received 5-13-99 Received by PCT

Date Site Evaluation approved 5-13-99 Approved by DKH

*** Any changes to the permit must first be approved by Becker County Planning & Zoning. No system shall be covered up without inspection by Becker County Planning & Zoning.
*** Inspections must be scheduled at least 24 hours prior to time requested.

Application Fee 75.00 State Surcharge .50 Total 75.50

[ ] Application is hereby denied
[✓] Application is hereby granted to Lee Hendrickson to install an individual septic system according to the specifications of the site evaluation and design submitted to the Becker County Environmental Services Office. By Order of:

Patricia L Schno — 5/13/99
Signature of Becker County Qualified Employee — Date

This permit expires on 5-13-00

Inspected by _____ Date _____ Permit # 13292

TEST HOLE #1				TEST HOLE #2			
DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE	DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
0-6	Top Soil	10YR 3/2	(BLOCKY) PLATY PRISMATIC NONE	0-6	Top Soil	10YR 3/2	(BLOCKY) PLATY PRISMATIC NONE
6-32	Sandy Loam	10YR 5/3	(BLOCKY) PLATY PRISMATIC NONE	6-32	Sandy Loam	10YR 5/3	(BLOCKY) PLATY PRISMATIC NONE
32-60	Sandy Loam Gravel	10YR 6/3	(BLOCKY) PLATY PRISMATIC NONE	32-60	Sandy Loam Gravel	10YR 6/3	(BLOCKY) PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
Depth to standing water	NA			Depth to standing water	NA		
Depth to mottling	54"			Depth to mottling	36"		

Describe the surface features (slope, runoff, weather conditions, vegetation type, evidence of compaction, etc.)

WATER USES:

(✓) Washing Machine
( ) Dishwasher
( ) Water Softner
( ) Garbage Disposal

DESIGN FLOW 300 GPD

NO. of Bedrooms 2
NO. of Bathrooms 2
SQ FT of Structure 1500

GRINDER PUMP/LIFT STATION IN HOUSE
( ) YES (X) NO

WELL INFORMATION:
Property's Well - Depth 50' Proposed Drilled (✓) Sandpoint ( )
Neighboring Well - Depth NA Drilled ( ) Sandpoint ( )
(within 100 feet of system)

Work Category Proposed	Type of System Proposed	Type of Drainfield Proposed
(X) NEW SYSTEM	(X) SEPTIC TANK/DRAINFIELD	(X) STANDARD (gravelless/chamber)
( ) REPAIR	( ) DRAINFIELD ONLY	( ) STANDARD (rock trench)
( ) REPLACEMENT	( ) HOLDING TANK	( ) STANDARD (bed)
	(X) LIFT STATION	( ) MOUND (pressure distb)
	( ) ALTERNATE (specify)	( )PRESSSURIZED BED
	_____	
Perc Rate —	Soil Sizing Factor 1.27	Depth to Restricting Layer 54"
Maximum Depth of System 18"	Size of Tank 1500 Combo	Size of Lift Station 500 gallon
	Size of Drainfield 381 Sq Ft	Length of System 65'
Size of Gravelless Pipe 10"	Size of Mound Rock Bed NA	Depth of Clean Sand NA
Depth of Rock —	Size of Lift Pump 1/3	Length of Lift Line 410'
Number of Trenches 2	Size of Lift Line 2"	

Additional Information:
Must Keep System 18" Deep or less

- PERCOLATION TEST SHEET -

Test hole location _____ Hole # _____ Date test hole was prepared: _____

Depth of hole bottom: _____ inches Diameter of hole: _____ inches

Soil Data from test hole:

depth, inches	soil texture:	soil color

Method of scratching sidewall: _____ Depth of pea size gravel in bottom of hole: _____ inches

Date and hour of initial water filling: _____ Depth of initial water filling: _____ above hole bottom

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

Percolation test conducted by; _____ Percolation test started at _____ (am / pm).

Maximum water depth above hole bottom during test: _____ inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	conversions
	START				TIME ÷ DROP (Decimal) = PERC A	1/16 = .06
						1/8 = .13
						3/16 = .19
	REFILL				TIME ÷ DROP (Decimal) = PERC B	1/4 = .25
						5/16 = .31
	REFILL				TIME ÷ DROP (Decimal) = PERC C	3/8 = .38
						7/16 = .44
	REFILL				TIME ÷ DROP (Decimal) = PERC D	1/2 = .5
						9/16 = .56
	REFILL				TIME ÷ DROP (Decimal) = PERC E	5/8 = .63
						11/16 = .69
	REFILL				TIME ÷ DROP (Decimal) = PERC F	3/4 = .75
						13/16 = .81
	REFILL				TIME ÷ DROP (Decimal) = PERC G	7/8 = .88
						15/16 = .94
					TIME ÷ DROP (Decimal) = PERC H	

Ten Percent Calculation *

A,B,C Largest # of ABC − Smallest # of ABC = _____ Smallest # of ABC × 0.10 = _____	**B,C,D** Largest # of BCD − Smallest # of BCD = _____ Smallest # of BCD × 0.10 = _____
C,D,E Largest # of CDE − Smallest # of CDE = _____ Smallest # of CDE × 0.10 = _____	**D,E,F** Largest # of DEF − Smallest # of DEF = _____ Smallest # of DEF × 0.10 = _____
E,F,G Largest # of EFG − Smallest # of EFG = _____ Smallest # of EFG × 0.10 = _____	**F,G,H** Largest # of FGH − Smallest # of FGH = _____ Smallest # of FGH × 0.10 = _____

* If the top number in each set of boxes is larger than the bottom number then take another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

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C,D,E Largest # of CDE − Smallest # of CDE = _____ Smallest # of CDE × 0.10 = _____	**D,E,F** Largest # of DEF − Smallest # of DEF = _____ Smallest # of DEF × 0.10 = _____
E,F,G Largest # of EFG − Smallest # of EFG = _____ Smallest # of EFG × 0.10 = _____	**F,G,H** Largest # of FGH − Smallest # of FGH = _____ Smallest # of FGH × 0.10 = _____

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Septic System Design/Site Evaluation

The site plan must be drawn to dimension or to scale:

*Dimensions of Lot	*Existing & Proposed Buildings	*Easements & setbacks	*Location of any Unsuitable Soil
*Well & Water Line Locations within 100 ft of System	*Distance from Property Lines	*Tank Access Route	*Soil Borings & Per Test Locations
	*Distance from OHWM	*Distance from buildings	*Scale - One inch = _____ ft