



170322000

Field Review Form

Permit # SS2020-767

Property and Owner

Owner: DGD ENTERPRISES LLP

Parcel Number: 170322000

Site Address: 11182 LAGE LN

Secondary Parcel:

Home Information

Does the structure contain any of the following elements?

Designer submitted

Inspector verified

Garbage disposal: No
 Dishwasher: Invalid Field
 Grinder pump: Invalid Field
 Lift pump in bsmt: Invalid Field

Garbage disposal? Y N
 Dishwasher? Y N
 Grinder pump? Y N
 Lift pump in basement? Y N

Number of bedrooms: 2

Review - Number of bedrooms: 2

Effluent screen

Effluent screen installed? Y N Mfr:

Alarm: No Type: na

Review - Alarm? Y N Type & Mfr:

Lift pump in system: No

Review - Lift pump in system? Y N Mfr:**Component Information**

Tank size: 1500

Review - Tank nbr: 1 size: 1500 Mfr: B/W

Drainfield type: Chamber Trench

Review - Drainfield type: Chamber Trench

Drainfield size: Full size - 381

Reduced/warr. size - 381 25.4

Review - Drainfield status: none / installed next spring

Review - Drainfield size: 381 SAH

Absorption area size: na

Review - Absorption area size:

Chamber type/num: high capacity quick 4
Trench sqft/chamber - 12

Review - Chamber type: High cap Q4 Num: 25

Review - Trench sqft/chamber:

Drainfield rock depth: na

Review - Rock depth: N/A

Soil Verification

Vertical separation verified

82"

Boring #1: Spandy Lamm

Boring #2:

Boring #3:

Setback Verification

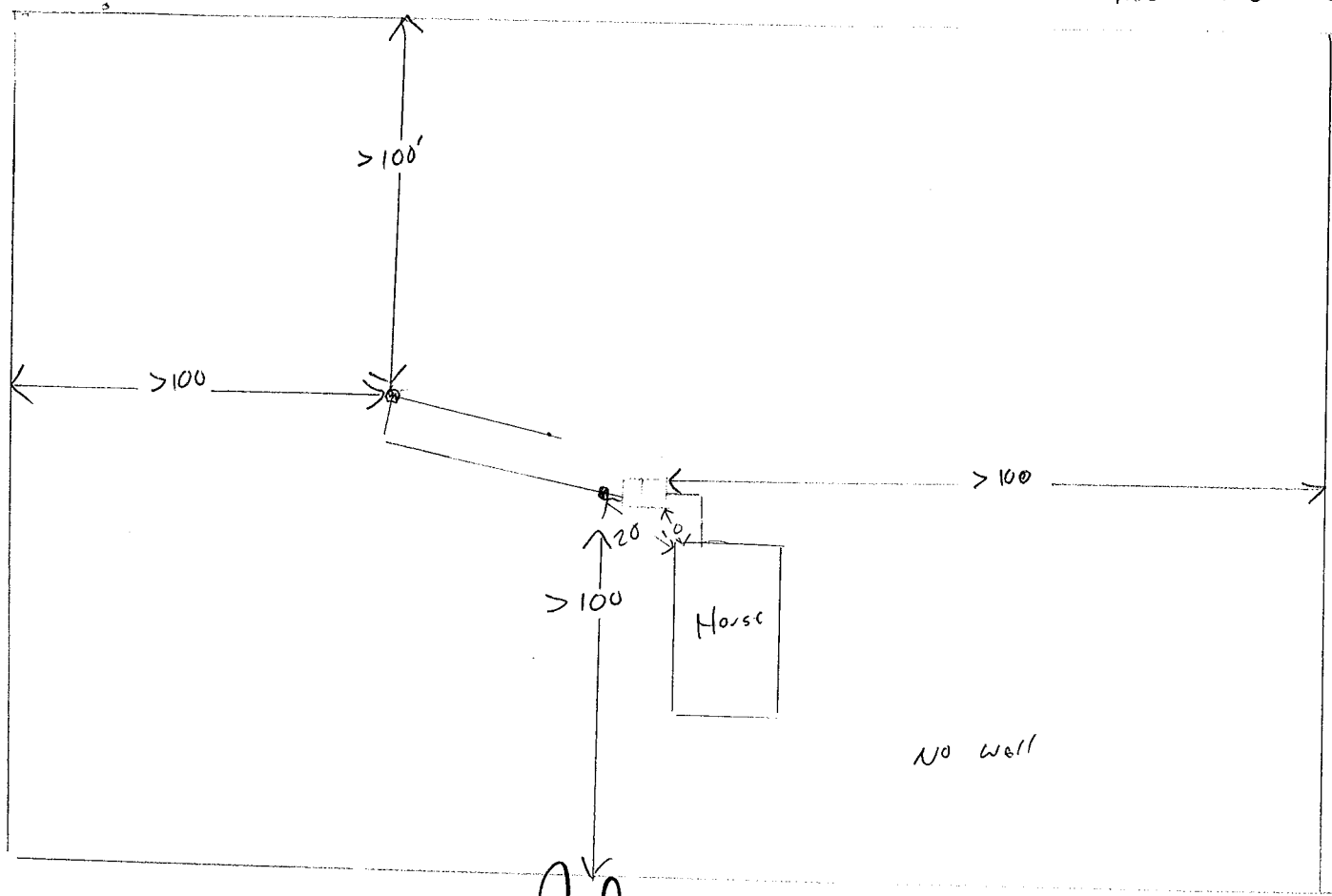
Distance to...	Designer submitted		Inspector verified	
	Tank	Drainfield	Tank	Drainfield
Road	>100	>100	100	100
Nearest prop line	>10	>10	10 f	10 f
Nearest structure	>10	>20	10 f	20
Well	>50	>50	50	50
OHW	> 300	>300	300	300 f
Pond/Wetland	>100	>100	100 f	100 f
Pressure line	>20	>20	20 f	20 f

Date System Installed: 10-13-2020

Installer: V. P. B. B. B. B. B.

Inspector: J. P. B. B. B. B. B.

11182 Lage Ln
Parcel # 170322000



10-137000

PARCEL	
APP	SEPTIC
YEAR	

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

Full Size of Drainfield
571 sq ft
 _____ sq ft
 _____ sq ft
 _____ sq ft ***
 _____ sq ft ***
 _____ sq ft ***
 _____ sq ft ***
 _____ sq ft ***

Reduced/Warrantied size
 _____ sq ft
 _____ sq ft
 _____ sq ft

***Attach Worksheets

Type of chamber Q-4
 Depth of Rock _____

Alarm? Yes _____ No _____
 Type of Alarm _____
 Size of Lift Pump _____
 Size of Lift Line _____

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	> 50'	> 100'
Distance to Building	> 10'	> 20'
Distance to Property Line	> 10'	> 10'
Distance to OHW of Lake	> 200'	> 200'
Distance to Pressure Line	> 20'	> 20'
Distance to Wetland/Protected Water	> 50'	> 50'

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

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
1'-18'	TOP Soil	10YR 2/1	Blocky		1'-20'	TOP Soil	10YR 2/1	Blocky
18-24	Sandy Loam	10YR 3/2	Blocky		20'-40'	Sandy Loam	10YR 3/2	Blocky
24-36	Sandy Loam	10YR 4/6	Blocky		40-64	Sandy Loam	10YR 4/6	Blocky
36-84	Sand	10YR 5/6	None		64-84	Sand	10YR 5/6	None

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

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, Richard Vareberg 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).

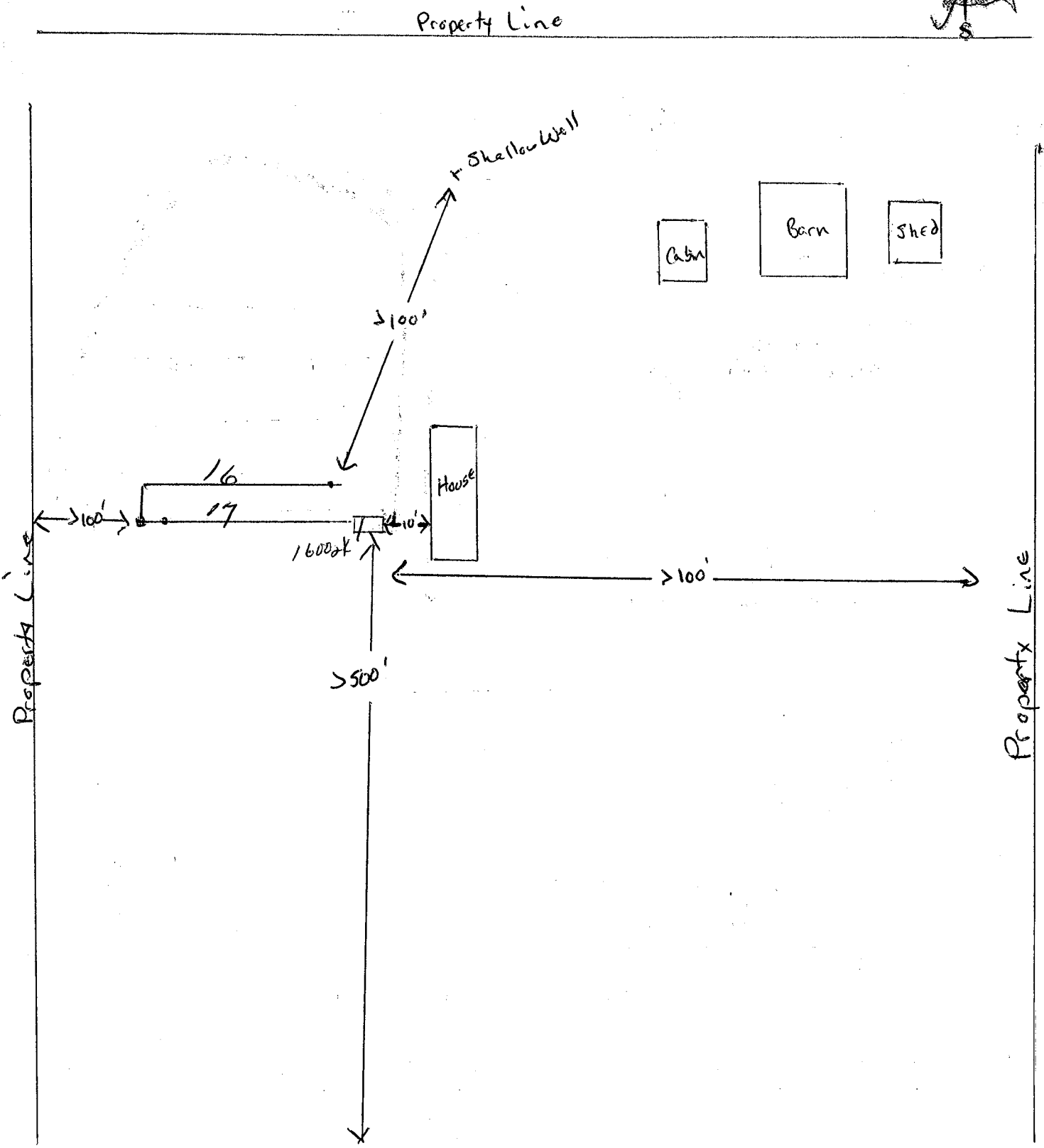
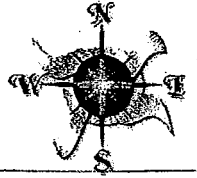
[Signature]
 Signature of Designer

9-24-17
 Date

SKETCH OF PROPERTY

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

PARCEL	
APP	SEPTIC INSPECTION
YEAR	



Hwy 138

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

Application Approved by: Janet A. Stall Date: 10/10/17
 Amount Paid: 150.00 Receipt Number 167763-662765 Permit Number _____
 NOTES: 1011017

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 3

Component Information

Tank size 1600 Tank manufacturer Brown
 Drainfield size 571 sq. ft. Medium manufacturer 33 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>No well yet</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>+200</u>	<u>+200</u>
Distance to Pressure Line	<u>+20</u>	<u>+20</u>
Distance to Wetland/Protected Water	<u>+50</u>	<u>+50</u>

Date System Installed 10/10/17 Installer R. Vanberg Etc. Inspector Janet A. Stall

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 A. Stall Title ITS inspector Date 10/10/17

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

**PERMIT MUST BE
POSTED AT THE
CONSTRUCTION SITE**

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

Onsite Septic System Site Evaluation/Design Tax Parcel Number 17.0322.000 911 Address 11182

Legal Description: 110 ACRES W 1/2 SE 1/4 Lot 20435 Section 29 TWP 138 Range 9A

Lake Name _____ Lake Classification _____ Township Name LAK EUNICE

Owner's Name KEITH STEVENS Address 20860 CO. HWY 2A

City DETROIT LAKES, MN State/Zip 56501 Phone Number 218-790-2725 CALL

Number of Bedrooms 4 Well Casing Depth -50' Garbage Disposal (Yes) (No)
Design Flow 600 GPD Depth of other Wells within 100 ft of system NONE Grinder Pump/Lift Station In House (Yes) (No)

Type of Observation: Probe Pit Boring
Original Soil (Yes) (No) Compacted Soil (Yes) (No) Proposed Design
Depth to Restricting Layer 15' () Replace Septic Tank
Maximum of Depth of System 24" (X) Septic Tank/Drainfield
Perc Rate SAND Soil Sizing Factor 183 () Drainfield Only
() Holding Tank
() Lift Station
Type of Drainfield
(X) Standard (gravelless/chamber)
() Standard (rock depth)
() Standard Bed
() Mound () At Grade
() Pressurized Bed

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-14	SANDY LOAM	10YR4/1 BLACK	BLOCKY PLATY PRISMATIC NONE
14-16	LOAM	10YR5/3 BROWN	BLOCKY PLATY PRISMATIC NONE
16-60	SAND	MIXED	BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-16	SANDY LOAM	10YR4/1 BLACK	BLOCKY PLATY PRISMATIC NONE
16-24	CLAY LOAM	10YR6/4 LT. BROWN	BLOCKY PLATY PRISMATIC NONE
24-60	SAND	MIXED	BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE

Type of alarm Device on lift Station or Holding tank

Attach perc test Information if Required

Name and Address of Designer GRANT OHM Andabon MN Phone 4396428

MPCA Number 932 Date of Site Evaluation 5-2-01 Signature of Designer Grant Ohm

Name of Installer (if different from Designer) _____ MPCA Number _____

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

*** 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.

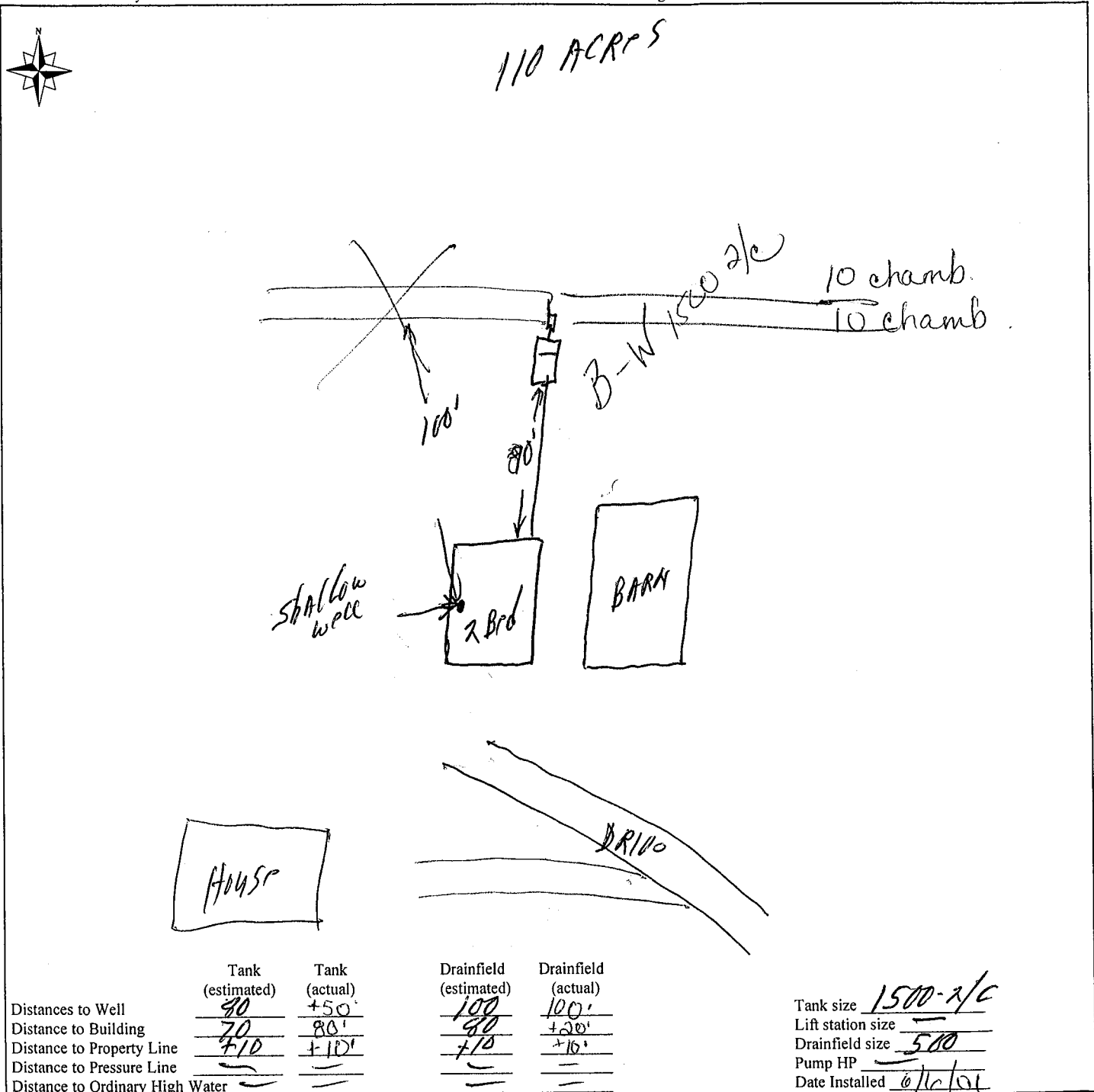
Date Received 5/23/01 Application Fee 75⁰⁰ State Surcharge _____ Total 75⁰⁰

Application is hereby denied
 Application is hereby granted to Keith Stevens 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: Nobi Moltzan

Signature of Becker County Qualified Employee 5/24/01 Date Permit Issued 15997 Permit Number
This permit expires on 5/24/02

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

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



	Tank (estimated)	Tank (actual)	Drainfield (estimated)	Drainfield (actual)	
Distances to Well	<u>80</u>	<u>+50'</u>	<u>100</u>	<u>100'</u>	Tank size <u>1500-2/c</u>
Distance to Building	<u>70</u>	<u>80'</u>	<u>80</u>	<u>+20'</u>	Lift station size _____
Distance to Property Line	<u>710</u>	<u>+10'</u>	<u>+10</u>	<u>+10'</u>	Drainfield size <u>500</u>
Distance to Pressure Line	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	Pump HP _____
Distance to Ordinary High Water	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	Date Installed <u>6/16/01</u>

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

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.

Nancy Young Signature Zoning Inspector Title 6/16/01 Date

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

PERMIT MUST BE POSTED AT JOB SITE, VISIBLE FROM ROAD

BECKER COUNTY PLANNING & ZONING

835 LAKE AVENUE, PO BOX 787
DETROIT LAKES, MN 56502-0787
PHONE (218) 846-7314 - FAX (218) 846-7266

SITE APPLICATION/PERMIT E 911 Address 1182 LAGE LANE
RECEIPT NO. 15878 TAX PARCEL NUMBER R17.0322.000

LEGAL DESCRIPTION
W 1/2 OF SE 1/4 & LOT 2 EX 3.5

LAKE/STREAM NAME	LK/STR CLASS	SECTION	TWP	RANGE	TOWNSHIP NAME
<u>Lake Maud</u>	<u>RD</u>	<u>28</u>	<u>138</u>	<u>042</u>	<u>LAKE ENNICE</u>

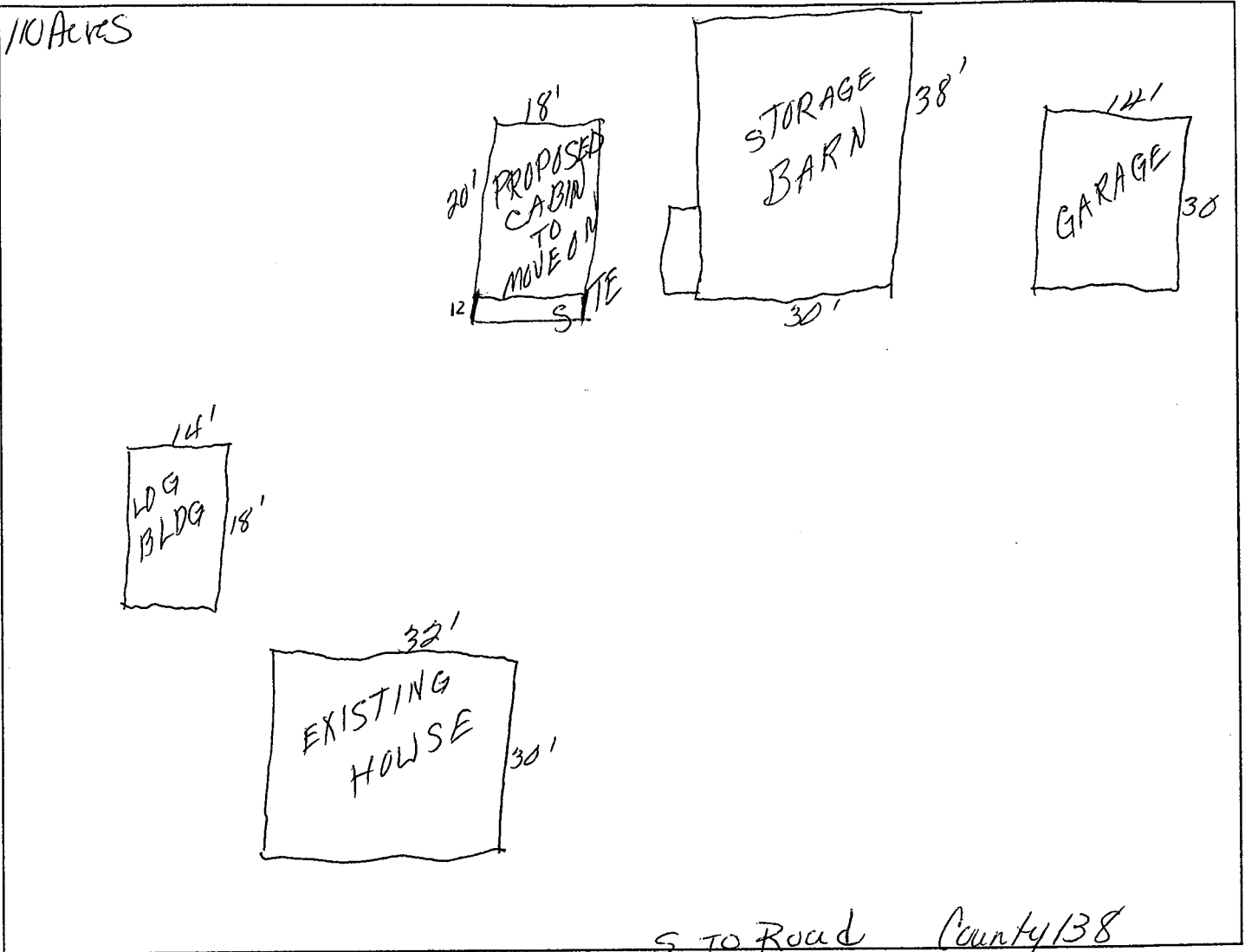
PROPERTY OWNER	MAILING ADDRESS, CITY STATE ZIP CODE	PHONE NO
<u>KEITH STEVENS</u>	<u>20860 CO. HWY 27</u>	<u>CELL 218-740-2725</u>

CONTRACTOR	LICENSE NO	PHONE NO

Type of Project	Structure Type	Size of Each Improvement	Type of Construction
<input type="checkbox"/> New Construction*	<input checked="" type="checkbox"/> House/Cabin*	<u>18x20'</u>	<input checked="" type="checkbox"/> Wood Frame
<input type="checkbox"/> Addition to existing structure*	<input type="checkbox"/> New Mobile Home	_____	<input type="checkbox"/> Masonry
<input checked="" type="checkbox"/> Relocation of used structure*	<input type="checkbox"/> Used Mobile Home	_____	<input type="checkbox"/> Metal
Number of Stories in Structure <u>1</u>	<input type="checkbox"/> Attached Garage	_____	<input type="checkbox"/> Pole Building
Height of Structure to The Peak <u>15 ft</u>	<input type="checkbox"/> Detached Garage	_____	<input type="checkbox"/> Other
Pitch of Roof <u>6-12</u>	<input type="checkbox"/> Storage Shed	_____	Type of Well _____
	<input type="checkbox"/> Deck	_____	Depth of Well _____
	<input type="checkbox"/> Full Basement	_____	Type of Septic System _____
	<input type="checkbox"/> Walk-out Basement	_____	Year of Installation _____
	<input type="checkbox"/> Other	_____	
\$ Evaluation of Project <u>11,000</u>			

Lot Dimensional Data	Setback Of Structure From:
Area in Sq Ft _____	Lake/Stream _____
Or Acreage <u>1.10</u>	Pond/Wetland _____
Lot width at Bldg Line _____	Side Lot Line <u>100'</u>
Lot Depth _____	Rear Lot Line <u>100'</u>
Land Height (elevation) above High Water _____	TWP Road (cl) _____
Mark at the Building Line _____	County Road (cl) <u>1/2 mile</u>
Land Height (elevation) above or below _____	State Road (ROW) _____
Road at Building Line _____	Septic System _____
Total Impervious area on site _____ ÷ Total Lot area = _____ x 100 = _____ % lot coverage	

*Issue E 911 Address, if one has not already been issued.
On back, please draw a site plan showing the above information.



I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge. I also understand that this permit is valid for a period of six (6) months, with a six (6) month extension if footings are in place.

Keith Stevens Signature Date May 4, 2001

****This Permit may be revoked at any time upon violation of said Ordinances and approved setbacks. Any changes to this site permit results in nullification of this permit and a new permit will have to be obtained.**

For Office Use Only

Application Fee 50.00 Cormorant Surcharge .00 Total 50.00

Application is hereby denied

Application is hereby granted to Keith Stevens all in accordance with the application, addendum form, plans, specifications and all other supporting data. By order of:

Valencia Johns Signature of Permitting Authority Becker County Zoning 5-8-01 Date

This Permit expires on 11-8-01