

Onsite Septic System

Becker County Plat
915 Lake Ave, Detroit Lakes, MN 565
Phone (218)-846-7314; Fax (218)-846-7266



PARCEL	
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SEP 15 2016
ZONING

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: 17.00019000

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 19 Township 138 Range 42 Township Name Lake Eunice

Lake Name Big Cormorant Lake Classification _____

Legal Description: _____

Project Address: 12118 gilbertson place

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

Owner's First Name Lee Owner's Last Name Dexter

Mailing Address 1428 5th Ave S. City, State, Zip Fargo ND 58103

Phone Number 701-293-5528

3. DESIGNER/INSTALLER INFORMATION

Designer Name DAVID Ohan Company Name Ohan Excavating License # 932

Address P.O. Box 293 Audubon Phone Number 218-939-6428

Installer Name DAVID Ohan Company Name Ohan Excavating License # 932

Address P.O. Box 293 Audubon Phone Number 218-234-1256

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

8-8-16 Date of site evaluation

Design Flow 300+ Gallons Per Day

Number of Bedrooms 2-3

Garbage Disposal Yes No

Dishwasher Yes No

Lift station in House Yes No

Grinder pump in House Yes No

Well Depth 150

Depth of other wells within

100 ft of system 150

Original Soil Compacted Soil

Type of Soil Observation

Pit Probe Boring

Depth to Restricting Layer _____

Maximum Depth of System _____

Size of All Tanks to be installed

- gal Single Compartment Septic Tank
- gal Compartmented Tank
- Pit Privy
- gal Separate Lift Station
- 1500 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	Full Size of Drainfield	Reduced/Warrantied size
Chamber Trench	_____ sq ft	_____ sq ft
Rock Trench	_____ sq ft	_____ sq ft
Gravelless	_____ sq ft	_____ sq ft
Mound	_____ sq ft ***	_____ sq ft
Pressure Bed	_____ sq ft ***	_____ sq ft
Seepage Bed	_____ sq ft ***	_____ sq ft
At-grade	_____ sq ft ***	_____ sq ft
Alternative / Performance	_____ sq ft ***	_____ sq ft

Type of chamber _____
 Depth of Rock _____

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

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>50 ft</u>	_____
Distance to Building	<u>30</u>	_____
Distance to Property Line	<u>10</u>	_____
Distance to OHW of Lake	<u>100 ft</u>	_____
Distance to Pressure Line	<u>—</u>	_____
Distance to Wetland/Protected Water	<u>—</u>	_____

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
	<u>holding tank</u>							

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, David Cho 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 _____ Date 9-15-16

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

Application Approved by: Laura Stoll Date: 9/19/16
 Amount Paid \$150.00 Receipt Number 217181-629677 Permit Number 9/19/16

NOTES:

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 Mech Alarm manufacturer _____

Lift pump in system? Yes No Pump manufacturer _____

Number of bedrooms 2-3

Component Information

Tank size 1500 Tank manufacturer Brown
 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	<u>750</u>	_____
Distance to Building	<u>710</u>	_____
Distance to Property Line	<u>TANK - 610</u>	<u>papers attached</u>
Distance to OHW of Lake	<u>7100</u>	_____
Distance to Pressure Line	_____	_____
Distance to Wetland/Protected Water	_____	_____

Date System Installed 10/9/17 Installer OTM EXC. Inspector Laura Stoll

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.

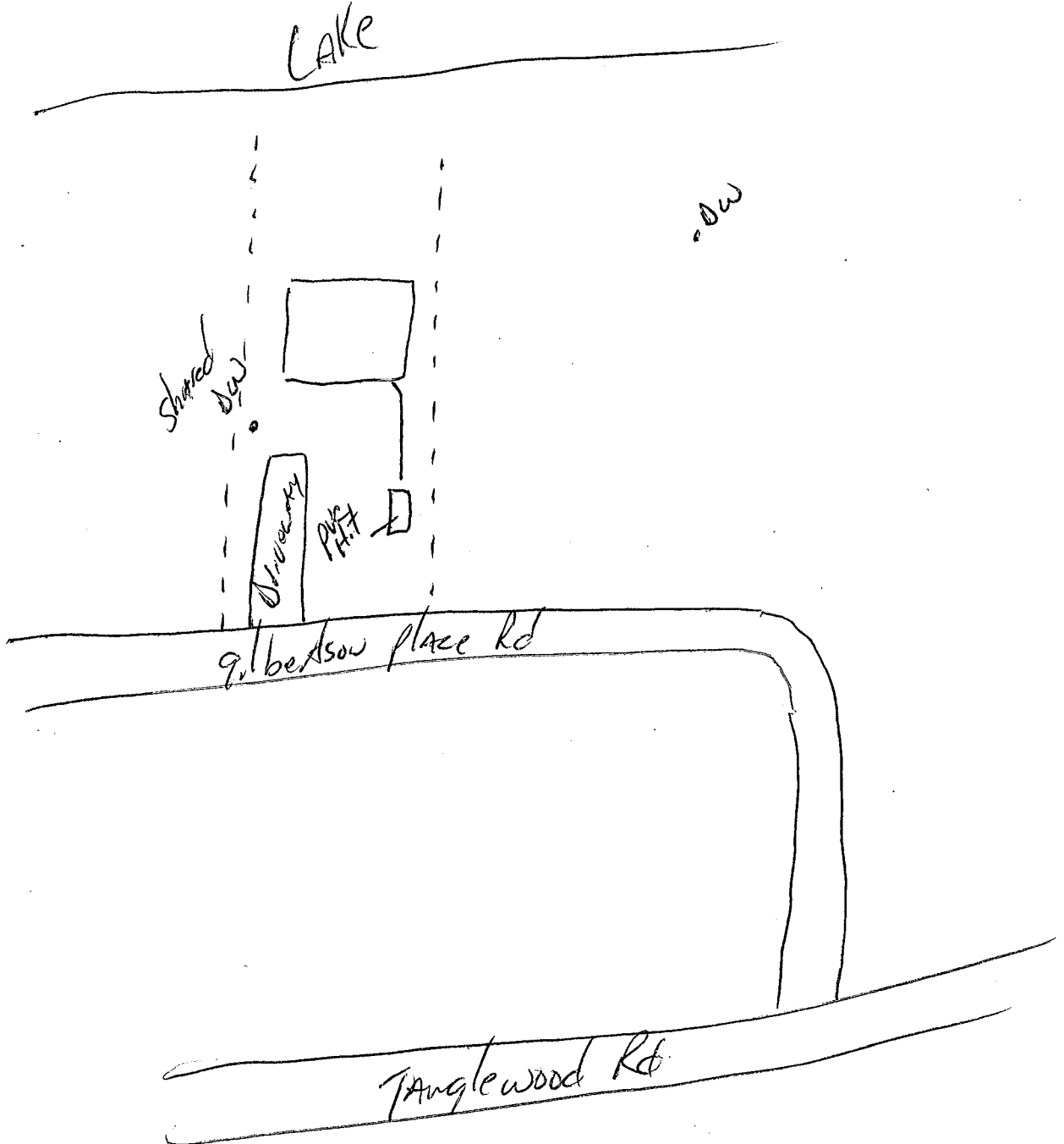
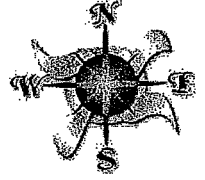
Signature Laura Stoll Title ITS Inspector Date 10/9/17

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

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	



PARCEL	
APP	
YEAR	
SCANNED	

PROPERTY LINE AGREEMENT

WE
 X, THOMAS & JUNE VANGERUD,

owner of the property described as:

12122 GILBERTSON PLACE,

Parcel Number: 170680000 give

ARDELLA MIDGARDEN,

owner of the property described as:

12118 GILBERTSON PLACE,

Parcel Number: 170679000

permission to have their sewer system closer than the required 10 feet to
 the lot line.

Signed: Thomas & June Vangerud

Dated: 9-22-17

Subscribed and sworn to before me this 22nd day of
September 2017.

Jay H. Schmalen
 Notary

JAY H. SCHMALLEN
 Notary Public
 State of North Dakota
 My Commission Expires Aug. 31, 2022