

Onsite Septic System Application



170900000

PARCEL	
APP	SEPTIC
YEAR	
SCANNED	
LAKE	

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: 17.0900.000
 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 30 Township 138 Range 42 Township Name Lake Eanice
 Lake Name Cormorant Lake Lake Classification _____

Legal Description: _____

Project Address: 11964 maple Lodge Rd RECEIVED
NOV 04 2014
ZONING

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

Owner's First Name Terry Owner's Last Name Lodeon
 Mailing Address 11964 maple Lodge Rd City, State, Zip Audubon MN 56511

Phone Number _____

3. DESIGNER/INSTALLER INFORMATION

Designer Name David Ohm Company Name OHM EXCAVATING License # 932
 Address P.O. Box 293 Audubon Phone Number 218-439-6428
 Installer Name DAVID OHM Company Name OHM 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

Design Flow 300 Gallons Per Day

Number of Bedrooms 2

Garbage Disposal Yes No

Dishwasher X Yes No

Lift station in House Yes No

Grinder pump in House Yes No

What will new system serve? Check one

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

8-1-14 Date of site evaluation

Well Depth To Be drilled

Depth of other wells within
100 ft of system _____

Original Soil Compacted Soil _____

Type of Soil Observation

Pit Probe Boring

Depth to Restricting Layer 7

Maximum Depth of System 5

Size of All Tanks to be installed

1000 gal Single Compartment Septic Tank _____ gal Separate Lift Station
 _____ gal Compartmented Tank _____ gal Holding Tank
 _____ Pit Privy _____ 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.)

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Type of Drainfield	Full Size of Drainfield	Reduced/Warrantied size
<input checked="" type="checkbox"/> Chamber Trench	_____ sq ft	600 sq ft
<input type="checkbox"/> Rock Trench	_____ sq ft	_____ sq ft
<input type="checkbox"/> Gravelless	_____ sq ft	_____ sq ft
<input type="checkbox"/> Mound	_____ sq ft ***	_____ sq ft
<input type="checkbox"/> Pressure Bed	_____ sq ft ***	_____ sq ft
<input type="checkbox"/> Seepage Bed	_____ sq ft ***	_____ sq ft
<input type="checkbox"/> At-grade	_____ sq ft ***	_____ sq ft
<input type="checkbox"/> Alternative / Performance	_____ sq ft ***	***Attach Worksheets

Type of chamber ADS
 Depth of Rock _____
 Alarm? Yes _____ No _____
 Type of Alarm _____
 Size of Lift Pump _____
 Size of Lift Line _____

PROPOSED SETBACKS	
TANK	DRAINFIELD
<u>75'</u>	<u>80'</u>
<u>10</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>160' +</u>	<u>160' +</u>
<u>+70</u>	<u>+70</u>
<u>—</u>	<u>—</u>

Distance to Well _____
 Distance to Building _____
 Distance to Property Line _____
 Distance to OHW of Lake _____
 Distance to Pressure Line _____
 Distance to Wetland/Protected Water _____

Perc Rate 30 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
0-4	Clay loam	10 yr 3/3 Black	Blocky		0-9	Clay loam	10 yr 3/3 Black	Blocky
5-50	Clay loam	10 yr 3/4 Brown	Blocky		10-49	Clay loam	10 yr 3/4 Brown	Blocky
51-61	Clay	10 yr 6/4 Tan	Blocky		50-60	Clay	10 yr 6/4 Tan	Blocky
62-84	Clay	10 yr 7/4 Tan/Yellow	Blocky		61-84	Clay	10 yr 7/4 Tan/Yellow	Blocky

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

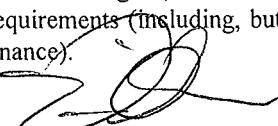
5. REQUIRED DOCUMENTS

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 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).

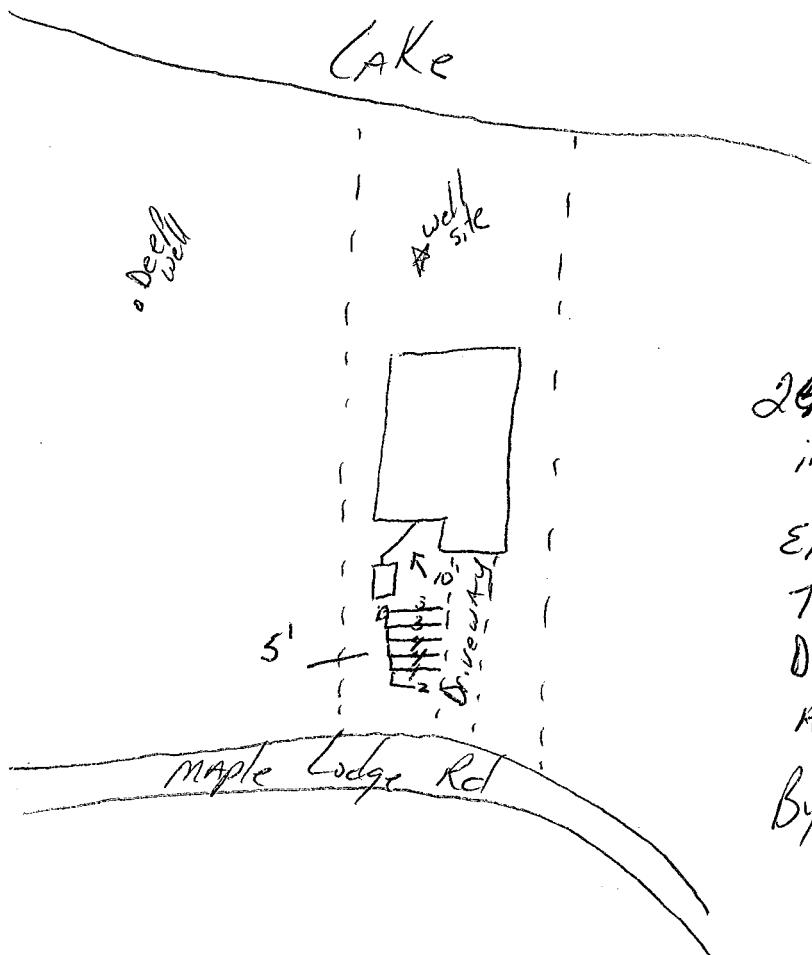
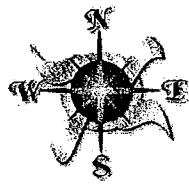
Signature of Designer 

Date 11-4-14

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	



24 ADS chambers
installed 11-11-14
exactly 20' from garage
to first part of D.F.
D.F. Located near driveway
area due to room
By DAVID OH
11-20-14

APP	SEPTIC
YEAR	

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

Application Approved by: _____ Date: _____

Amount Paid _____ Receipt Number _____ Permit Number _____

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 _____ Alarm manufacturer _____

Lift pump in system? _____ Yes No Pump manufacturer _____

Number of bedrooms 2

Component Information

Tank size 1000

Tank manufacturer _____

Drainfield size 600

Drainfield medium Chamber

Medium manufacturer _____

Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth 30"

Vertical separation verified for Boring #2 on _____ Depth _____

Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

Distance to Well

TANK
100

DRAINFIELD
180

Distance to Building

110

120

Distance to Property Line

115

125 *Setbacks Agreement*

Distance to OHW of Lake

100

100

Distance to Pressure Line

—

—

Distance to Wetland/Protected Water

—

—

Date System Installed 11-11-14 Installer Chm Inspector AS Built

Excavation

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.

Leah Meltzer Signature of Inspector 11-11-14
Signature Title Date

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

PERCOLATION TEST DATA SHEET - 10/25/04

Company Name

OHM Excavating

License Number

932

Percolation Test Performed by

DAVID OHM

Homeowner Name

Terry

Address

Test Hole #

Diameter of hole

inches

Location

Method of scratching sidewall

Depth at bottom of hole

22

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)	Time Interval (min)	Drop in Water Level (inches)	Percolation Rate (mpf)	% Difference	10% Goal Reached
1	15	0	3/4	0.0	20	0.0
2	15	0	3/4	0.0	20	0
3	15	0	3/4	0.0	20	0
4	15	0	3/4	0.0	20	0
5	15	0	3/4	0.0	20	0
6	15	0	3/4	0.0	20	0
7						
8						

* 3 consecutive percolation rates must be within 10% or less of each other

30 mpf

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws



(signature)

932

(license #)

11-4-14

(date)

PARCEL	
APP	
YEAR	
SCANNED	

PROPERTY LINE AGREEMENT

I, Valerie K. Gordon,

owner of the property described as:
Section 30 Township 138 Range 042 Subdivision Maple Lodge Rd.
Sub DIV subdivision 17039 Lot 11,

Parcel Number: 17.0901.000 give

Terry Soden,

owner of the property described as: Section 30 Township 138 Range 042 Subdivision Maple Lodge Rd. sub division ed 17039 wt lots 9-11
Maple Lodge & Pt 600 T Lot 1 comm meander cor #43 Th SE 959 421
to NE LN lot 10 & POB, NW 48.47' SW 175.35' to corner of lot
SE AL LIC 49.80 Th NE 165.11' to POB

Parcel Number: 17.0900.000

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

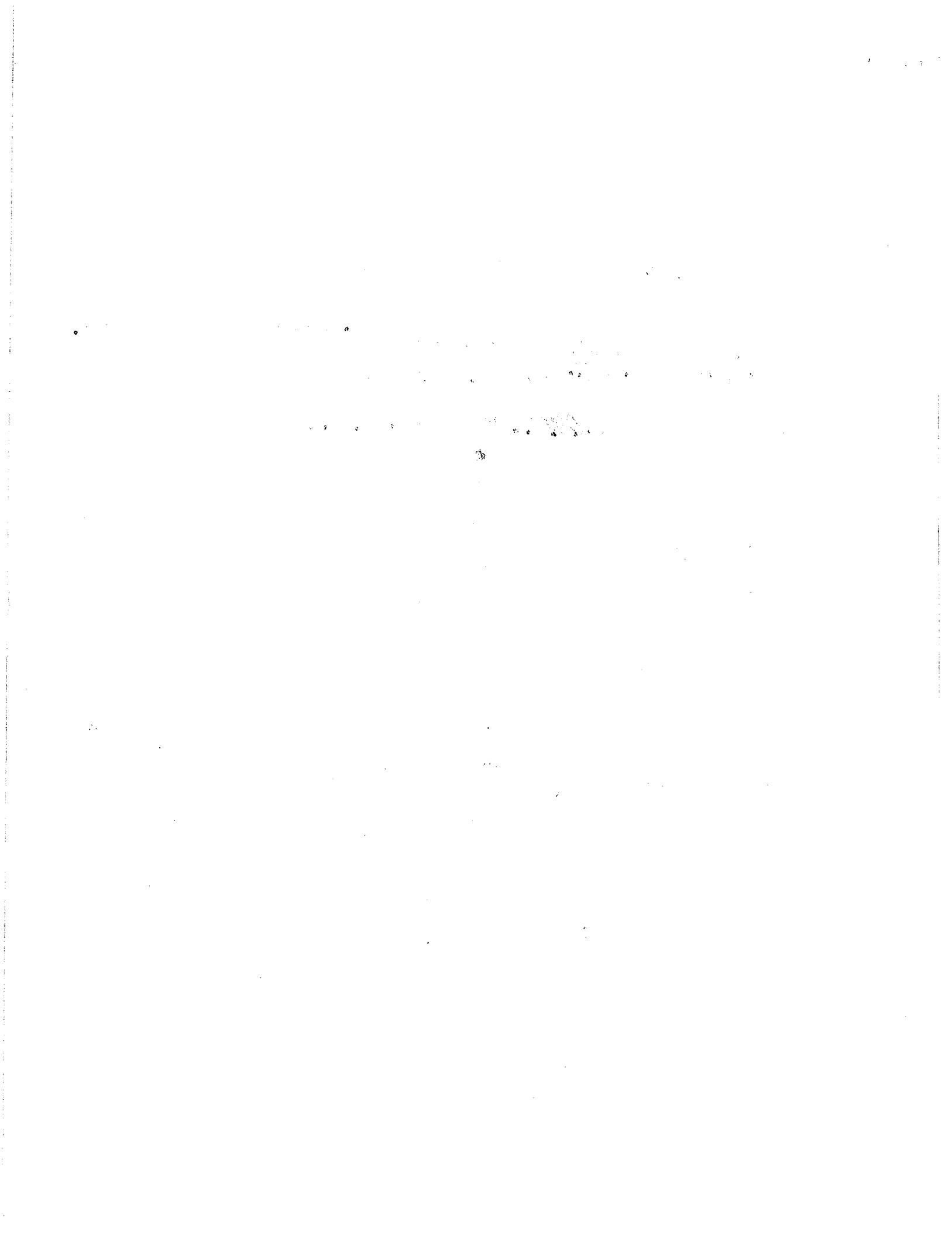
the lot line.

Signed: Valerie K. Gordon.

Dated: _____

Subscribed and sworn to before me this _____ day of
_____, 20 _____.

 Notary



PARCEL	APP	SEPTIC
YEAR		

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

Application Approved by: Lebi Molta Date: 11-6-14
 Amount Paid 150 Receipt Number 103892-596380 Permit Number
 NOTES: 11-6-14

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 2

Component Information

Tank size 1000 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>+75'</u>	<u></u>
Distance to Building	<u>10'</u>	<u></u>
Distance to Property Line	<u>5'</u>	<u></u>
Distance to OHW of Lake	<u>+100'</u>	<u></u>
Distance to Pressure Line	<u>+70'</u>	<u></u>
Distance to Wetland/Protected Water	<u>-</u>	<u></u>

Date System Installed 11/1/14

Installer OHm Exc. Inspector Lebi Molta

CERTIFICATE OF COMPLIANCE

() Certificate Is Herby Denied

() Certificate is Herby 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)

Put in already

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

1. PROPERTY DATA (as it appears on the tax statement)

Parcel Number(s) of property system will be installed 17.0900.000
(if parcel is a new split and a parcel number has not yet been issued, indicate the main parcel number from which the new parcel has been split from)

Section 30 Township 138N Range 42W Township Name Lake Eunice

Lake Name Cormorant Lake Classification _____

Legal Description: _____

Project Address: 11964 maple Lodge Rd

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

Owner's First Name Orville Brenden Estate Owner's Last Name _____

Mailing Address 11964 maple Lodge Rd City, State, Zip Audubon MN 56511

Phone Number _____

3. DESIGNER/INSTALLER INFORMATION

Designer Name David Ohm Company Name Ohm Excavating License # 932

Address Box 293 Audubon MN Phone Number 218-234-1256

Installer Name David Ohm Company Name Ohm Excavating License # 932

Address Box 293 Audubon MN Phone Number 218-234-1256

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 11-6-04

EXISTING SYSTEM STATUS – Check One

No existing system-new structure
 Cesspool/Seepage
 Failing (other than cesspool)
 Undersized
 Replacement or repair to existing

Design Flow 150 Gallons Per Day
Number of Bedrooms 1
Garbage Disposal Yes No
Grinder Pump in House Yes No
Lift station in House Yes No

What will new system serve? Check one

Dwelling
 Resort/Commercial
 Commercial (non resort)
 Other – explain below

Well Depth +50
Depth of other wells within
100 ft of system +50

Original Soil Compacted Soil N
Type of Soil Observation
 Pit Probe Boring
Depth to Restricting Layer 6
Maximum Depth of System 31

Size of All Tanks to
Be installed
 1000 gal Septic Tank
 gal Lift Station
 gal Holding Tank
 gal Other Tanks

Type of Drainfield Medium
to be used
 Chamber
 H10 EQ36
 Drainfield Rock
 Rock Depth
 Gravelless
 Experimental
 No Drainfield

Type of Alarm _____
 Size of Lift Pump _____
 Size of Lift Line _____

Type of Drainfield to be installed
 Trench
 At-grade
 Pressure Bed
 Seepage Bed
 Mound

Size of Drainfield sq ft to be installed
 300 sq ft
 sq ft
 sq ft
 sq ft
 sq ft

Distance to Well
 Distance to Building
 Distance to Property Line
 Distance to OHW
 Distance to Pressure Line

SETBACKS
 TANK 50' DRAINFIELD 750'
 10' 20'
 10' 10'
 10' 10'

Perc Rate 3 mpi

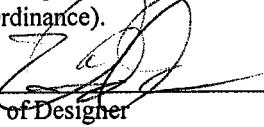
Soil Sizing Factor .83

*If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-4	Loam	10 YR 3/2	Blocky	0-4	Loam	10 YR 3/2	Block
4-20	gravel & Rocks	10 YR 6/4	None	4-60	gravel & Large Rocks	10 YR 6/4	None
20-60	gravel & Big Rocks	10 YR 6/4	None				

5. DESIGNER'S CERTIFIED STATEMENT

I, David Ohm (Print Name of Designer) 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

11-8-04
Date

*****FOR OFFICE USE ONLY*****
 Application Approved by: Lauri A. Stelle Date: 11/09/04
 Amount Paid \$100.00 Receipt Number _____ Permit Number _____

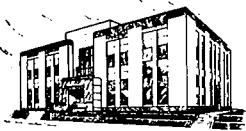
CERTIFICATE OF COMPLIANCE

() Certificate Is Hereby Denied
 (X) Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data. With proper maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Lauri A. Stelle
Signature

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed 11/20/04 Inspected by Lauri A. Stelle

11-8-04 Date



BECKER COUNTY

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

Application No. _____

Tax Parcel No. _____

SKETCH PLAN FORM H

Please be as complete as possible. Include all of the items listed below where applicable.

GENERAL CHECKLIST

- scale
- north arrow
- lot dimensions
- structure location
- side lot setback
- road setback
- septic tank location
- drainfield location
- location of all wells within 100' of drainfield
- fill & grading limits
- vegetation alteration limits

WATER RESOURCE CHECKLIST

- location of ordinary high water level (OHWL)
- location of present water line
- setback from OHWL
- location of highest known water level
- existing local drainage
- location of wetland areas

Scale of Diagram: 1 inch = _____ feet

Drawing By: David Ohm

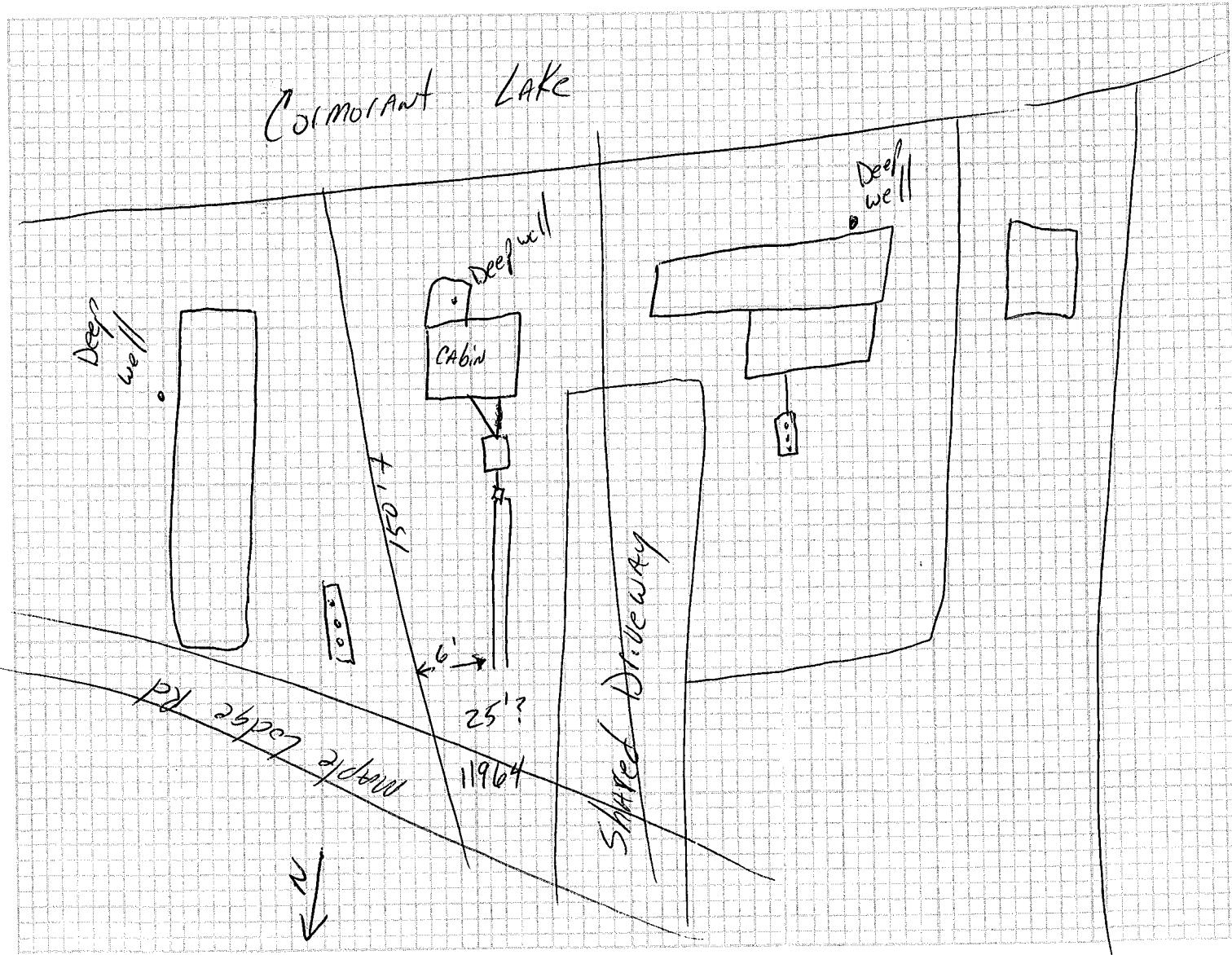
Date of Drawing: 11-8-04

Impervious surface coverage calculation

_____ ÷ _____ = _____
Impervious surface onsite Total Lot area ft²
= _____ x 100 = _____ %
Total percentage of impervious coverage

Remarks: _____

Signature



PROPOSED LINE AGREEMENT

I, Bill Schwandt, give Terry
Loedon, permission to have their sewer
system closer than the required 10 feet to the lot line.
(no closer than 6 feet from the property
line)

SIGNED Bill Schwandt

DATE 11-2-04.