

Onsite Septic System App'

APP

SEPTIC

Becker County Planning & 1
915 Lake Ave, Detroit Lakes, MN 56501
Phone (218)-846-7314; Fax (218)-846-7266



171341000

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: 171341000

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 6 Township 138 Range 42 Township Name Lake Eunice

Lake Name Leaf Lake Classification Rd.

Legal Description: White oaks Beach 1st Lot 8

Project Address: 11073 N Leaf Lake Rd.

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

Owner's First Name Gregory E Owner's Last Name Schroeder

Mailing Address P.O. Box 418 City, State, Zip Hawley Minn 56549

Phone Number _____

3. DESIGNER/INSTALLER INFORMATION

Designer Name Rick Renner Company Name Renner Exc. LLC License # 2567

Address 14306 Co Hwy 11 Audubon Phone Number 439-3514

Installer Name Same Company Name _____ License # _____

Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

System Status

What will new system serve? Check one

- 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

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

11-8-13 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 Deep
Depth of other wells within
100 ft of system _____

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 Separate Lift Station
____ gal Compartmented Tank 1500 gal Holding Tank
____ Pit Privy _____ Existing Tank to be used

____ Existing tank w/new Additional Tank
____ Existing tank w/new Lift Station
____ Holding Tank w/new _____

Total Number of tanks to be installed in this system 1 (This # will be reported to MPCA at 11/08/13)

RECEIVED
NOV 08 2013
ZONING

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 ***	
Pressure Bed	_____ sq ft ***	
Seepage Bed	_____ sq ft ***	
At-grade	_____ sq ft ***	
Alternative / Performance	_____ sq ft ***	*** Attach Worksheets

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

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>70'</u>	_____
Distance to Building	<u>10'</u>	_____
Distance to Property Line	<u>20'</u>	_____
Distance to OHW of Lake	<u>100'</u>	_____
Distance to Pressure Line	<u>20' +</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

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

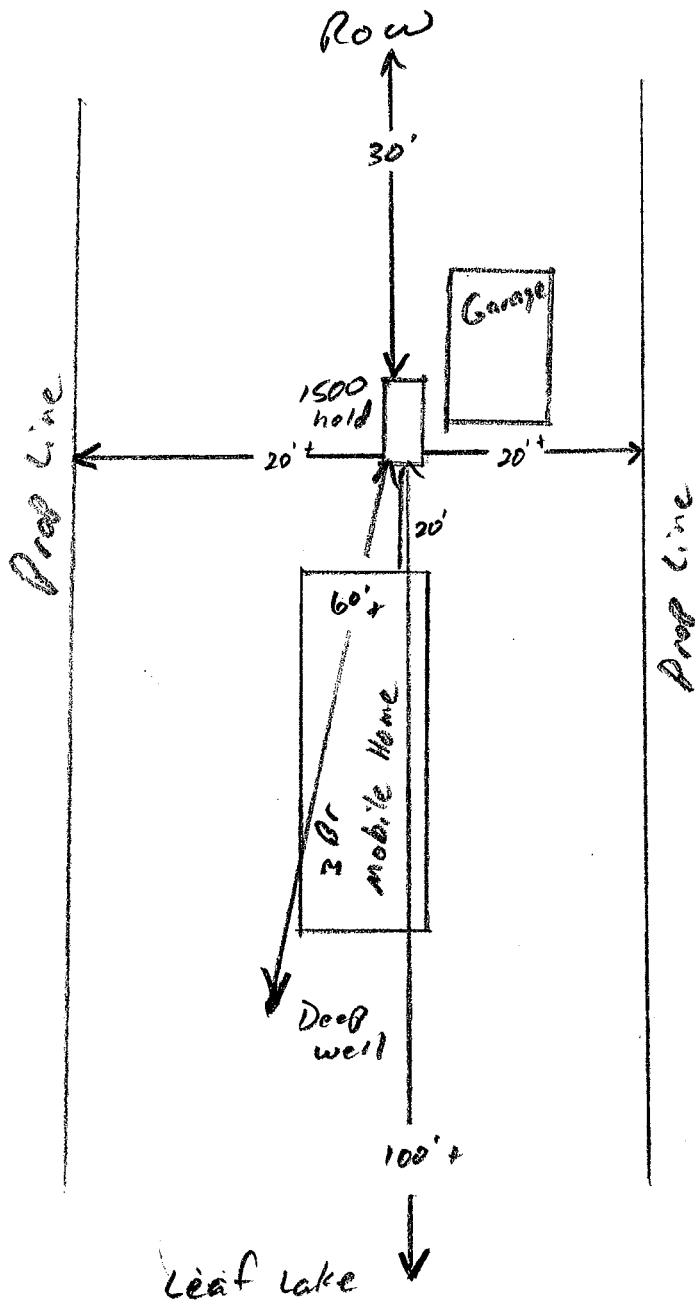
6. DESIGNER'S CERTIFIED STATEMENT

I, Rick Ranner 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).

Rick Ranner
 Signature of Designer
 Date 11-8-13

N

171341000



PARCEL	
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 Flood Alarm manufacturer _____

Lift pump in system? ___ Yes No Pump manufacturer _____

Number of bedrooms 3

Component Information

Tank size 1500 Tank manufacturer _____
 Drainfield size holding tank
 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>70</u>	<input checked="" type="checkbox"/>
Distance to Building	<u>10</u>	<input checked="" type="checkbox"/>
Distance to Property Line	<u>20</u>	<input checked="" type="checkbox"/>
Distance to OHW of Lake	<u>100</u>	<input checked="" type="checkbox"/>
Distance to Pressure Line	<u>20</u>	<input checked="" type="checkbox"/>
Distance to Wetland/Protected Water	_____	<input checked="" type="checkbox"/>

Date System Installed 11-18-13 Installer Rich Benner Inspector Heidi

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.

Heidi Maltz Supervisor of Inspectors 11/19/13
 Signature Title Date

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

INSPECTOR'S CHECK LIST
Make all measurements and computations

	ACTUAL IS ↓	MINIMUM Shall Be ↓	Sq. Ft.
Building Set Back from High Water Mark	Ft.		Ft.
Building Set Back from State Highway	Ft.		Ft.
Side Yard	_____ & _____ Ft.	_____ & _____ Ft.	
Rear Yard	Ft.		Ft.
Elevation at Building Line above High Water Mark	Ft.		Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS

Bed - 12-25 -

CATEGORY	SEPTIC TANK				SEEPAGE PT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1250	Gls.	300	Gls.	—	SF		SF		SF		SF
Distance from Nearest Well	<i>no well as yet</i>				F		75	F	F		50	F
Distance from Lake or Stream	100	F	75	F	125	F	125	F	F			F
Distance from Occupied Building	12	F	10	F	30	F	20	F	F		20	F
Distance from Property Line	12	F	10	F	15	F	10	F	F		10	F
Distance from Bottom to Water Table	—	F	—	F	4	F	4	F	F		4	F

Inspector's Comments: *Mobil home is a little to close to the lake and the old 6 sleeping Cabin was moved back from lake But to close to lot line & we only allow one unit per lot of that size. Floyd wrote a letter to him 8-8-75 -*

INTERPRETATION OF ABBREVIATIONS
 GlS — Gallons
 SF — Square Feet
 F — Linear Feet

Ron Hendrickson installed this system

Mark Kuehne
 Inspector's Signature

Bldg. Inspector
 Title

Inspection Dated *8-7* 19 *75*

Becher County zoning
 Agency

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION							
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address-- No. Street, City and State	Zip No.	Tel. No.
Contractor	Name					

TYPE OF IMPROVEMENT: <input type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	RESIDENTIAL PROPOSED USE: <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____
---	--	---

ESTIMATED COST OF IMPROVEMENT \$		Construction Starting Date:	
PRINCIPAL TYPE OF FRAME: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other — Specify _____	TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input type="checkbox"/> Individual Well MECHANICAL EQUIPMENT : Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	DIMENSIONS: Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: _____	
Type of Roof: _____			

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well	Ft.	Ft.	Ft.
Distance from lake or stream	Ft.	Ft.	Ft.
Distance from occupied building	Ft.	Ft.	Ft.
Distance from property line	Ft.	Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is _____ square feet. Water frontage is _____ feet.

Building set back from high water mark is _____ feet. (Building Line)

Land height above high water mark at building line is _____ feet

Building set back from State highway is _____ feet — from road or street is _____ feet.

Side yard is _____ and _____ feet. Rear yard is _____ feet.

Building will be located _____ feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located _____ feet from soil absorption system (Cesspool, Drainfield, etc.).

Agreement: I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Becker County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that this permit is valid for a period of six (6) months. Applicant further agrees that no part of the sewage system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the County Zoning Administrator, 48 hours before the job is ready for inspection.

Dated _____ Signature of Owner _____

Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

Dated _____ Becker County Zoning Administrator _____

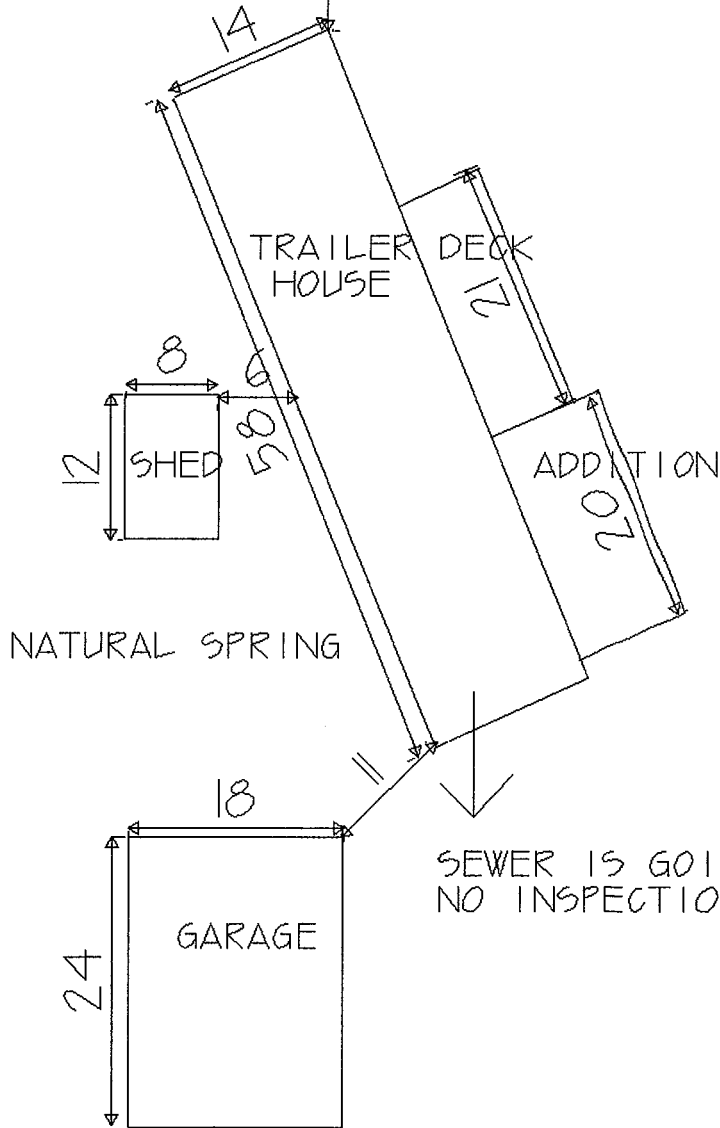
Permit Fee \$ _____ State Surcharge \$ _____

Comments: _____

LEIF LAKE

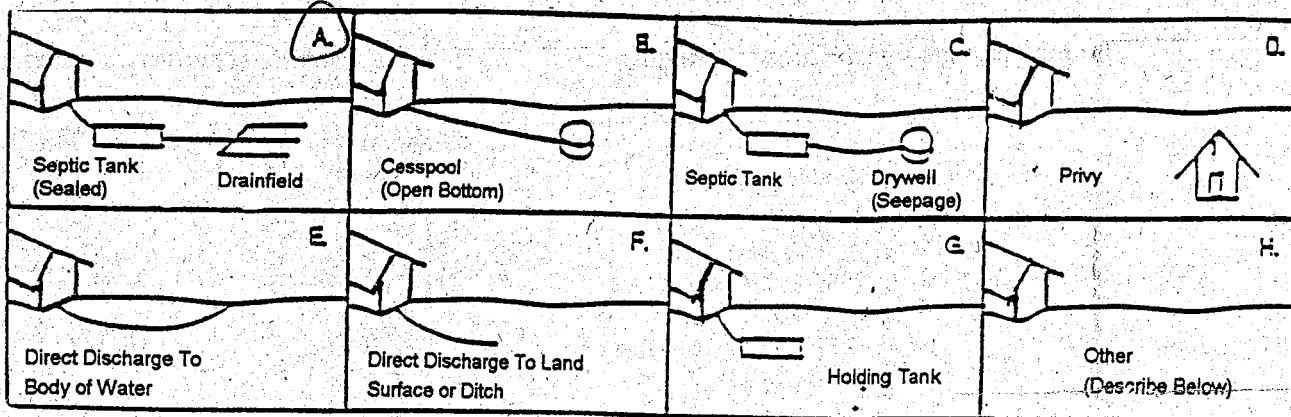
17.1341 .000
CAMERON SCHROEDER
WHITE OAKS BEACH
FIRST ADDITION LOT 8

INSPECTED BY JASON FLATAU
BECKER COUNTY
5-21-96



Please complete the Study, to the best of your knowledge, for review by the Zoning Office. If you have any questions, please contact the Zoning Office at (218) 846-7314.

Please circle the letter that best describes your system.



H. (other) Please describe _____

What is the capacity of the septic tank? 500 Area of drainfield? 8' x 400'

Does your system have a lift station? Yes No Date the system was installed 1978 not sure

Total Square Footage of Home/Cabin 850

Number of Bedrooms in home 2 Number of people occupying the home 4

Is your home/cabin year around or seasonal seasonal

Circle the following items that your home is equipped with:

- Garbage Disposal
- Dishwasher
- Water Softener
- Hot Tub
- Foundation Drains
- Rain Gutters
- Washing Machine
- Spa
- Low Flow Toilets
- Suds Saver
- Water Meter
- Low Flow Showerheads

_____ items that are connected to the sewer system _____

_____ you have your system pumped? _____

_____ ate system was pumped 1980

_____ ate of any repair to system none

_____ if your system is inspected by one of our inspectors? no

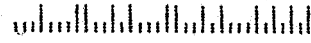
I certify with my signature that all data is true and correct to the best of my knowledge.

[Signature] _____ 3/30/90
Signature Date

I will have a this
This system was done in accordance with your specs and was inspected by your office at the time.

Distance from Well	to Tank _____	to Drainfield _____	Well Data
Distance from Property Line	_____	_____	Depth _____
Tank Capacity	_____	_____	Diameter _____
Area of Drainfield	_____	_____	Depth of Casing _____
Distance from Ordinary High Water Mark	_____	_____	
			<input type="checkbox"/> Drilled Well
			<input type="checkbox"/> Sandpoint Well

Please draw a site plan of your property. Include buildings, wells, septic systems, and setback distances.



K 17 1341 000

CAMERON & JOANNE SCHROEDER
 417 S 23RD ST
 FARGO, ND 58101



BECKER COUNTY ZONING OFFICE
 829 LAKE AVE
 PO BOX 787
 DETROIT LAKES, MN 56502-0787

4-811

