

Onsite Septic System Application

APP	SEPTIC
YEAR	

Becker County Planning
915 Lake Ave, Detroit Lakes, MN 56501
Phone (218)-846-7314; Fax (218)-846-7315



171371000

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: 171371000

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 26 Township 138 Range 42 Township Name Lake Eunice

Lake Name Eunice Lake Classification Rd.

Legal Description: Woodland Park 1st Lot 12

Project Address: 11680 E Lake Eunice Rd.

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

Owner's First Name Michael Owner's Last Name Stoltman

Mailing Address 11680 E Lake Eunice Rd. City, State, Zip Det. U.S. Mn. 56501

Phone Number _____

3. DESIGNER/INSTALLER INFORMATION

Designer Name Rick Renner Company Name Renner Etc. 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

11-5-13 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

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

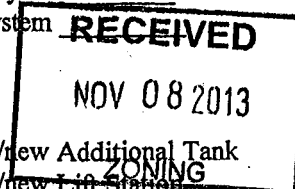
Original Soil _____ Compacted Soil _____

Type of Soil Observation

_____ Pit _____ Probe _____ Boring

Depth to Restricting Layer _____

Maximum Depth of System _____



_____ 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 ***	
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>50' +</u>	_____
Distance to Building	<u>10'</u>	_____
Distance to Property Line	<u>10'</u>	_____
Distance to OHW of Lake	<u>75'</u>	_____
Distance to Pressure Line	<u>30'</u>	_____
Distance to Wetland/Protected Water	_____	_____

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

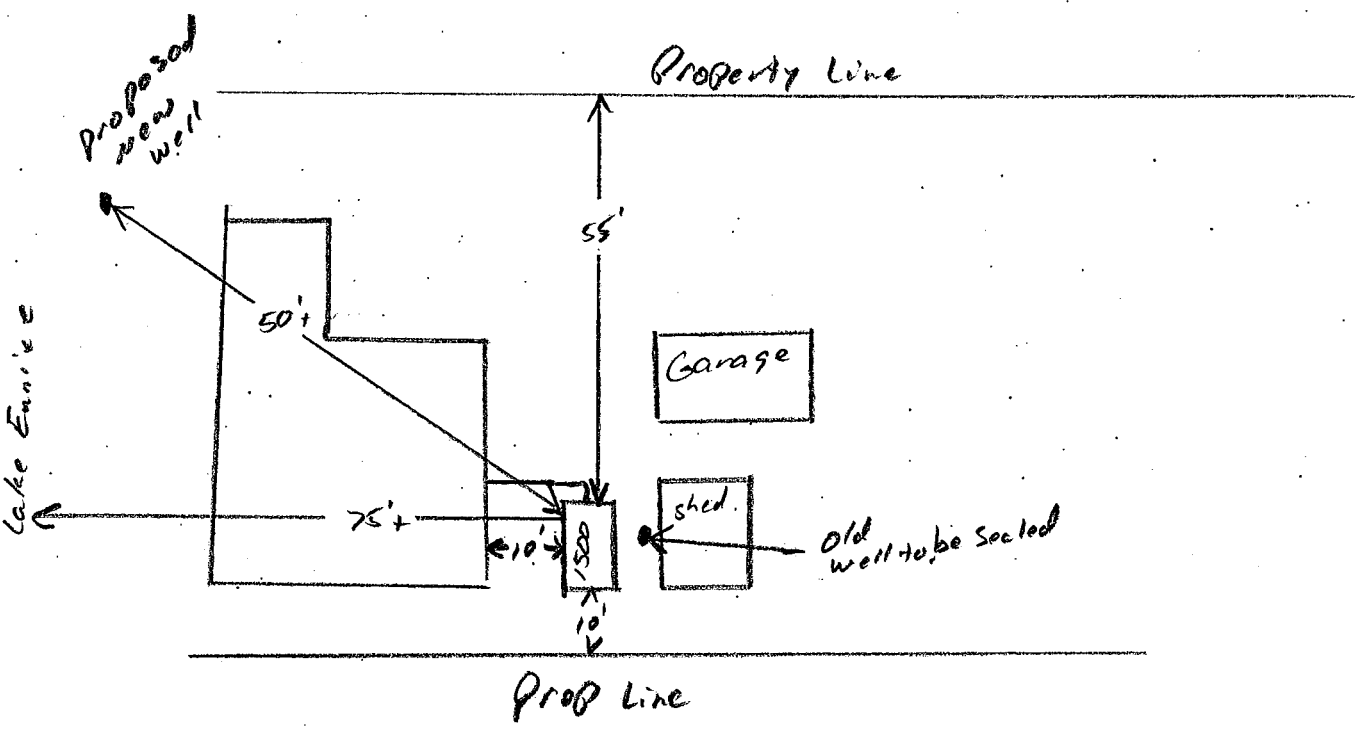
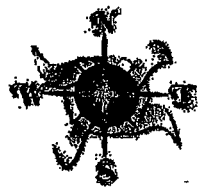
6. DESIGNER'S CERTIFIED STATEMENT

I, Rick Renner 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 Renner
 Signature of Designer
 Date 11-8-13

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

APP	SEPTIC INSPECTION
YEAR	#





COUNTY OF BECKER

Planning and Zoning

915 Lake Ave, Detroit Lakes, MN 56501
Phone: 218-846-7314 ~ Fax: 218-846-7266

SSTS STATEMENT - # OF BEDROOMS AND WATER-USE APPLIANCES

Note: Form must be legible and completed in ink

Property Owner Name(s): _____

Address: _____ City, State, Zip: _____

Phone: _____ Alt. Phone: _____

Legal Description: _____

Lake/River: _____ Tax Parcel No. _____

Property Address: _____

Definitions:

Bedroom – any room or unfinished area within a dwelling that might reasonably be used as a sleeping room. Lofts and unfinished basements (with at least one egress window and/or door) are counted as bedrooms.

Water-use Appliances – installed or anticipated: e.g. automatic washer, dishwasher, water conditioning unit, whirlpool bath, garbage disposal, or self-cleaning humidifier in furnace.
Note: A dishwasher with a built-in garbage disposal counts as two (2) water-use appliances.

Existing # of bedrooms: _____ + # of bedrooms yet to be constructed: _____ = Total # of bedrooms to be serviced by the SSTS: _____ (min. # bedrooms allowed by State is two)

Existing # of water-use appliances: _____ List each: _____
+ # of water-use appliances yet to be installed: _____ List each: _____
= Total # of water-use appliances to be serviced by the SSTS: _____

I (we) do hereby swear and affirm that the above-stated number of bedrooms and water-use appliances exist and/or will be installed in the residence located on the property listed on this document such that they will be serviced by the subsurface sewage treatment system (SSTS) that will be designed for and connected to said residence and installed on said property.

Property Owner(s) Signature(s)

Date

17.1371.000

PARCEL	
APP	SEPTIC
YEAR	

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

Application Approved by: Hebi Metzger Date: 11-8-13
 Amount Paid 150 Receipt Number 137361 Permit Number 549853

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 float Alarm manufacturer _____

Lift pump in system? Yes No Pump manufacturer _____

Number of bedrooms 3

Component Information

Tank size 1500 Tank manufacturer _____

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>10</u>	_____
Distance to Property Line	<u>10</u>	_____
Distance to OHW of Lake	<u>75</u>	_____
Distance to Pressure Line	<u>50</u>	_____
Distance to Wetland/Protected Water	_____	_____

Date System Installed 11-14-13 Installer Rick Renner Inspector Hebi

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.

Hebi Metzger Signature Title Supervisor of Inspectors Date 11/19/13

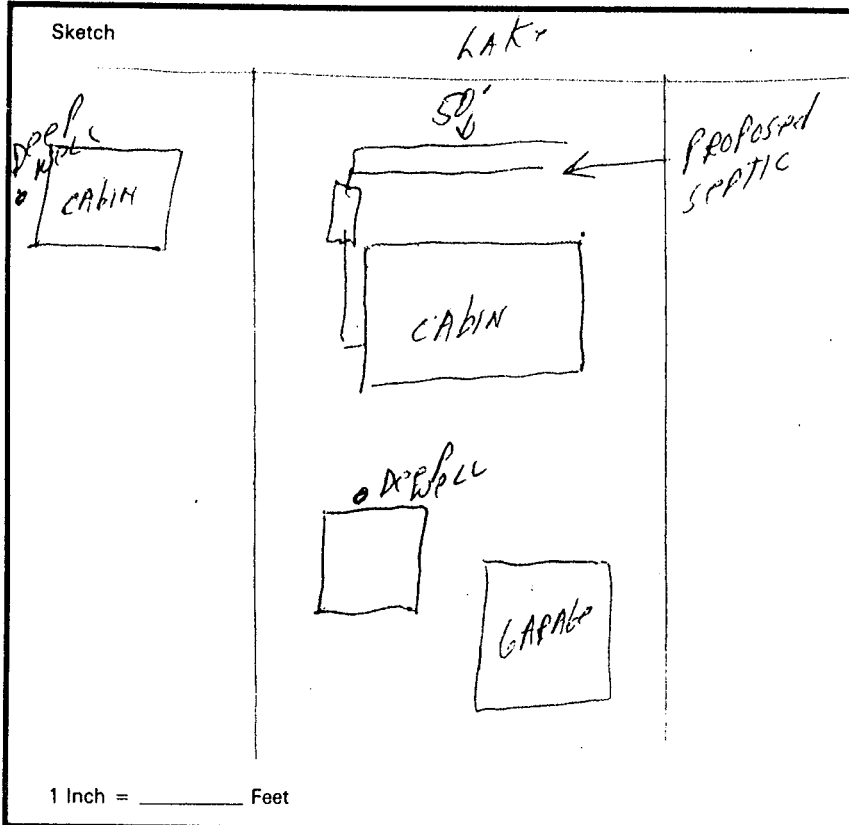
(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

BUILDING AND SEWAGE SYSTEM PERMIT

BECKER COUNTY ZONING AND PLANNING
829 LAKE AVENUE, BOX 787, PHONE 847-4427, DETROIT LAKES, MN 56502

Parcel No. 17.1371.000 Lake Name EUNICE Permit No. 12-20287-F
 Fire No. 12359 Township EUNICE Section 21 Description WOODLAWN PARK 1st Addl
Plot 12 Lot Size _____
 Issued to: Name VIRGIL MILLER Tel. No. 439-3541
 Address 3400 SO. IRONWOOD DR. #179, APACHE JUNCTION, AZ. 85220
 Work Authorized SEWER SYSTEM

Type of Improvement: () New Home () Alteration () Garage () Mobile Home Yr. _____
 () Cottage (X) Septic System () Other Building () Multiple Dwelling _____ Units.
 Size _____ Stories _____ Basement _____ No. of Bedrooms 2 Bathrooms _____
 Contractor: Name & Address GRANT OHM Tel. No. 439-6428
 Estimated Cost _____ Permit Fee \$143.00 State Fee .50 Receipt No. 4959



HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake _____
 Side Lot Lines _____ and _____ rear yard _____
 Center Line of Public Road _____
 Right of way State or Co. _____

APPROVED: Board of Adjustment Date: _____
 Planning Commission Date: _____
 County Commissioners Date: _____
 Zoning Administrator Date: _____

SEWAGE DISPOSAL SYSTEM DATA

Installed in 19_____	Septic Tank	Drain Field
Capacity _____	<u>1000</u> Gls.	<u>300</u> Sq. Ft.
Distance from nearest well _____	<u>50</u> Ft.	<u>50</u> Ft.
Distance from lake or stream _____	<u>50</u> Ft.	<u>50</u> Ft.
Distance from occupied building _____	<u>10</u> Ft.	<u>20</u> Ft.
Distance from property line _____	<u>10</u> Ft.	<u>10</u> Ft.
Distance from bottom to Water Table _____	Ft. <u>4</u>	Ft. _____
Lift Pump () Yes (X) No	Well Depth _____	type _____

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE. AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED BY A FINE NOT TO EXCEED \$700.00 FOR EACH VIOLATION. NOTIFY THE BECKER COUNTY ZONING ADMINISTRATOR (847-4427) BEFORE BUILDING FOOTINGS HAVE BEEN COMPLETED. NO PART OF THE SEWAGE SYSTEM SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED AND APPROVED. NOTIFY THE ZONING ADMINISTRATOR 24 HOURS BEFORE THE JOB IS READY FOR INSPECTION.

Received By [Signature] Date 9-20-91
 Approved By Lloyd Svenby PS
 SIGNATURE OF OWNER
 Becker County Zoning Administrator
 BECKER COUNTY
 DETROIT LAKES, MN 56501

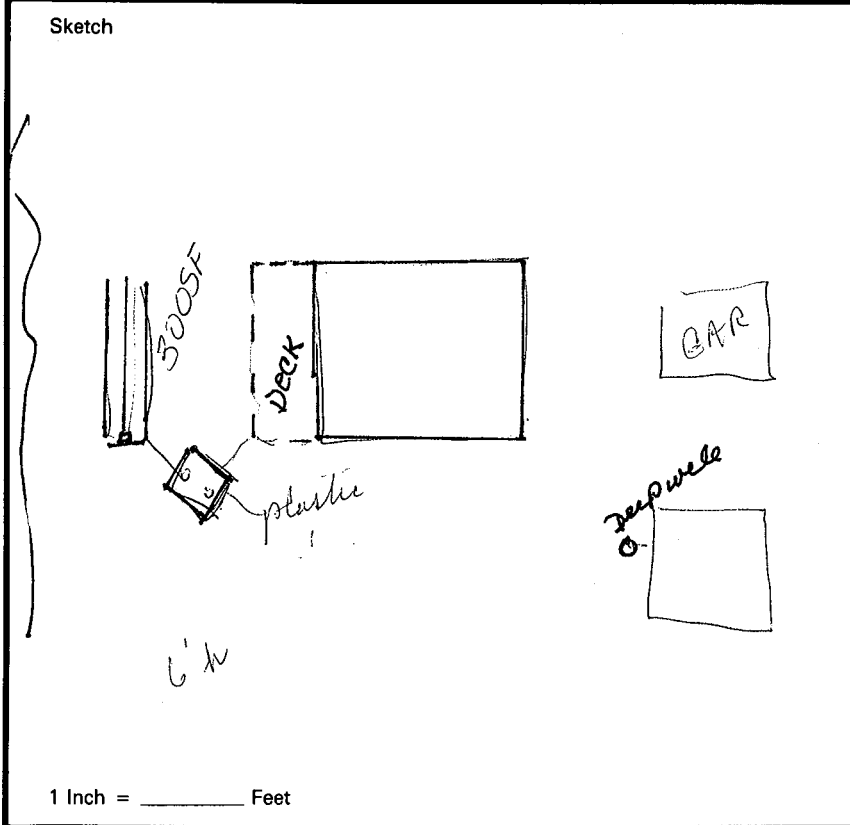
BUILDING AND SEWAGE SYSTEM PERMIT

BECKER COUNTY ZONING AND PLANNING
 829 LAKE AVENUE, BOX 787, PHONE 847-4427, DETROIT LAKES, MN 56502

Parcel No. 17.1371.000 Lake Name Lake Eunice Permit No. _____
 Fire No. L2359 Township Lake Eunice Section _____ Description Woodlawn Park 1st
Lot 12 Lot Size _____

Issued to: Name Virgil Miller Tel. No. _____
 Address 3400 So Ironwood Dr #179, Apache Junction AZ85220
 Work Authorized Sewage disposal system.

Type of Improvement: () New Home () Alteration () Garage () Mobile Home Yr. _____
 () Cottage () Septic System () Other Building () Multiple Dwelling _____ Units.
 Size _____ Stories _____ Basement _____ No. of Bedrooms _____ Bathrooms _____
 Contractor: Name & Address _____ Tel. No. _____
 Estimated Cost _____ Permit Fee 45.50 State Fee _____ Receipt No. _____



HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake _____
 Side Lot Lines _____ and _____ rear yard _____
 Center Line of Public Road _____
 Right of way State or Co. _____

APPROVED: Board of Adjustment Date: _____
 Planning Commission Date: _____
 County Commissioners Date: _____
 Zoning Administrator Date: _____

Sandy Clark

SEWAGE DISPOSAL SYSTEM DATA

Installed in 19 _____	Septic Tank	Drain Field
Capacity _____	Gls. _____	Sq. Ft. _____
Distance from nearest well _____	Ft. _____	Ft. _____
Distance from lake or stream _____	Ft. _____	Ft. _____
Distance from occupied building _____	Ft. _____	Ft. _____
Distance from property line _____	Ft. _____	Ft. _____
Distance from bottom to Water Table _____	Ft. _____	Ft. _____

Lift Pump () Yes () No Well Depth _____ type _____

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE, AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED BY A FINE NOT TO EXCEED \$700.00 FOR EACH VIOLATION. NOTIFY THE BECKER COUNTY ZONING ADMINISTRATOR (847-4427) BEFORE BUILDING FOOTINGS HAVE BEEN COMPLETED. NO PART OF THE SEWAGE SYSTEM SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED AND APPROVED. NOTIFY THE ZONING ADMINISTRATOR 24 HOURS BEFORE THE JOB IS READY FOR INSPECTION.

SIGNATURE OF OWNER _____

Received By _____

Date _____

Approved By _____
 Becker County Zoning Administrator

BECKER COUNTY
 DETROIT LAKES, MN 56501

**CERTIFICATE OF COMPLIANCE
SEWAGE DISPOSAL SYSTEM**

This certificate has been issued this 20 day of September 1991
to certify compliance on described premises and has been inspected by myself or my assigns on
September 20, 1991 and that the applicable codes, ordinances, and supporting data on
file were correct.

Parcel # 17.1371.000

Property description WOODLAWN PARK FIRST ADDITION LOT 12

LAKE EUNICE TOWNSHIP

SECTION 26

Lake Name: LAKE EUNICE

All horizontal distances meet the Becker County Zoning Ordinance and codes. With proper
maintenance this system can be expected to function satisfactorily, however this is not a
guarantee.

This certificate was issued to: Name: VIRGIL MILLER

Address: 3400 SO IRONWOOD DR#179

City, State, & Zip: APACHE JUNCTION, AZ 85220

PERMIT NO. 20287 Signed by Greg A. Appleby and
Zoning Administrator/Becker County

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LEGAL
DESCRIPTION
AND
LOCATION

INSPECTION REPORT

FIRE NUMBER _____

Woodlawn Park 1st Add Lot 12

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.
	Miller, Virgil			3400 So Ironwood Dr #19 Apache Junction, AZ 85220		
Contractor	Name					

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

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK		SEEPAGE BED		DRAIN FIELD	
	Actual	Minimum	Actual	Minimum	Actual	Minimum
Capacity (plastic tank)	1000 Gl.		300 SF			
Distance from Nearest Well	80 F	F + 80	80 F	F	F	F
Distance from Lake or Stream	80 F	F	60 F	60 F	F	F
Distance from Occupied Building	20 F	10 F	30 F	20 F	F	20 F
Distance from Property Line	10 F	10 F	10 F	10 F	F	10 F
Distance from Bottom to Water Table	-- F	-- F	4 F	4 F	F	4 F

Inspector's Comments:

Dilled Deep.

sandy clay.

INTERPRETATION
OF ABBREVIATIONS

Gls -- Gallons
SF -- Square Feet
F -- Linear Feet

Margaret M. Foster
Inspector's Signature & Title

Inspection
Dated

Sept. 20, 1991