



Septic System Application

PARCEL	
APP	SEPTIC
YEAR	2009
SCANNED	

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

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: R190391000

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 138N Range 41W Township Name Lake View

Lake Name NONO Lake Classification _____

Legal Description: 24 AC PTL T6 Beg TH NE 150' NW 70 SW 150' + SE 70 to Lot 3 TH NE 150' TO Beg TH NE 150' NW 70 SW 150' + SE 70 to Beg

Project Address: 23586 Co Hwy 22 Detroit Lakes

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

Owner's First Name Muriel Owner's Last Name Hagen

Mailing Address 3031 9 1/2 st. N City, State, Zip Fargo ND 58102-1365

Phone Number 218-293-8497

3. DESIGNER/INSTALLER INFORMATION

Designer Name Richard Vareberg Company Name Vareberg Backhoe License # 1910

Address 22344 Co Rd 104 Phone Number 847-7372

Installer Name Same Company Name _____ License # _____

Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

Existing System Status?

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

What will new system serve? Check one

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

5-10-09 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 >50

Depth of other wells within

100 ft of system NONE

Original Soil Compacted Soil _____

Type of Soil Observation

Pit Probe Boring

Depth to Restricting Layer 784"

Maximum Depth of System 248"

Size of All Tanks to be installed

gal Septic Tank

gal Holding Tank

gal Lift Station

Other Tank

Existing tank to be used

Compartmented tank Yes No

Multiple Tanks Yes No

✓

Total Number of tanks to be installed in this system 0
 (This # will be reported to MPCA at end of year.)

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Type of Drainfield Full Size of Drainfield Reduced/Warrantied size
 Chamber Trench _____ sq ft 375 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 / _____ sq ft *** **Attach Worksheets
 Performance

Type of chamber Q-4
 Depth of Rock _____
 Alarm? Yes _____ No _____
 Type of Alarm _____
 Size of Lift Pump _____
 Size of Lift Line _____

SETBACKS

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

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

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
<u>1-8</u>	<u>TOP Soil</u>	<u>10YR 2/1</u>	<u>Blocky</u>		<u>1-10</u>	<u>TOP Soil</u>	<u>10YR 2/1</u>	<u>Blocky</u>
<u>8-39</u>	<u>Sand</u>	<u>10YR 3/4</u>	<u>None</u>		<u>10-43</u>	<u>Sand</u>	<u>10YR 3/4</u>	<u>Blocky</u>
<u>39-84</u>	<u>Sand</u>	<u>10YR 4/4</u>	<u>None</u>		<u>43-84</u>	<u>Sand</u>	<u>10YR 4/4</u>	<u>Blocky</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, Richard Vareberg 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]
 Signature of Designer

5-19-09
 Date

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

Application Approved by: *John Moltz* Date: 5-19-09
 Amount Paid 100.00 Receipt Number 196395-420521 Permit Number 5119109

NOTES: paper attached for Lot Line agreement, mailed C of C to Homeowners, 5/29/09

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

Component Information

Tank size Tank manufacturer
 Drainfield size 375 Medium manufacturer 19 Q4S installed
 Drainfield medium
 Drainfield medium size/depth

Soil Verification

Vertical separation verified for Boring #1 on Depth *Soils Good*
 Vertical separation verified for Boring #2 on Depth
 Vertical separation verified for Boring #3 on Depth

Setback Verification

	TANK	DRAINFIELD
Distance to Well	<u> </u>	<u>+ 50</u>
Distance to Building	<u> </u>	<u>+ 20</u>
Distance to Property Line	<u> </u>	<u>- 10</u>
Distance to OHW of Lake	<u> </u>	<u>+ 200</u>
Distance to Pressure Line	<u> </u>	<u>+ 20</u>
Distance to Wetland/Protected Water	<u> </u>	<u>+ 200</u>

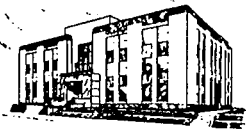
Date System Installed 5/21/09 Installer R. Vaseberg Etc Inspector Janet A. Hall

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. Hall* Title ISTS Inspector Date 5/20/09

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



Becker County
 913 Lake Ave, PO Box 787
 Detroit Lakes, MN 56502-0787

Phone: (218) 846-7314 Fax: (218) 846-7266

PARCEL:
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YEAR: 2009
SCANNED:

**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 = 30 feet

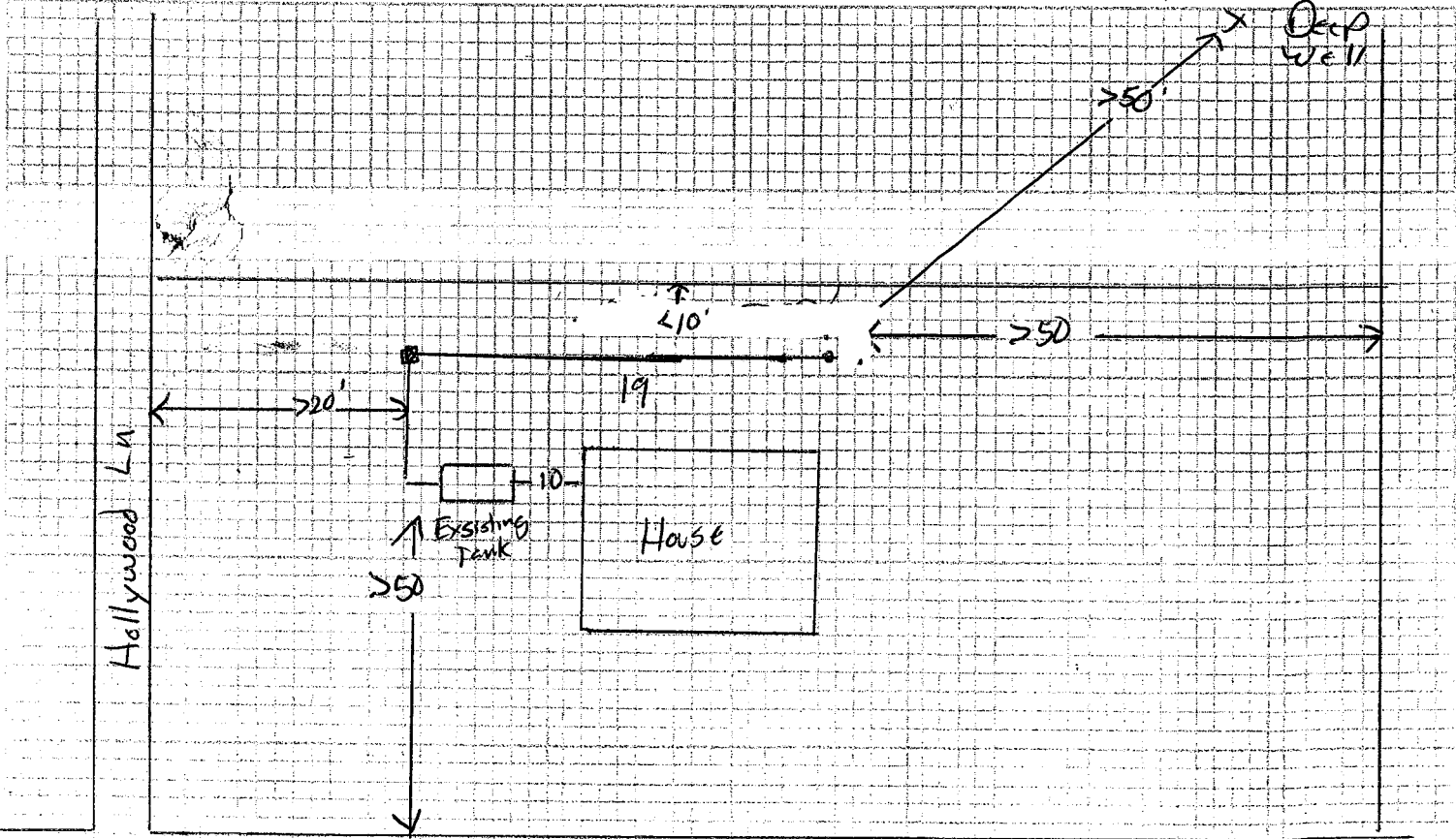
Drawing By: Richard Vareberg

Date of Drawing: 5-19-09

Impervious surface coverage calculation
 $\frac{\text{Impervious surface onsite}}{\text{Total Lot area ft}^2} \times 100 = \text{\%}$
 Total percentage of impervious coverage

Remarks: _____

Signature DW Daly



County Hwy 22

PARCEL	
APP	
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PROPERTY LINE AGREEMENT

I, Dan & Linda Jahner,

owner of the property described as:

Parcel Number: R190390000 give

Bud & Julie Hagen,

owner of the property described as:

Parcel Number: R190391000

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

Signed: [Signature] Linda Jahner

Dated: 5/15/09

Subscribed and sworn to before me this 15th day of May, 2009.

Monica J. Wieers
Notary

MONICA J. WIEERS
Notary Public State of North Dakota
My Commission Expires Sept. 1, 2012

GARY LEE

Holmes Lane 12402 - CO #22

300

849-6498

WILLIAM J. LARSEN
Notary Public State of North Dakota
My Commission Expires April 1, 2015

APPLICATION FOR SEWAGE SYSTEM CERTIFICATE OF COMPLIANCE

With The Becker County Zoning Ordinance

Application Number <i>5444</i>
Tax Parcel Number <i>19,0391000</i>

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <i>Hagen, Mark</i>		2. Authorized Agent (If applicable) <i>Modern Heating</i>	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) <i>1021 Broadway, Fargo, N.D. 58102</i>			
4. Day Phone	5. Evening Phone	6. Fire Number of Project Location	

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name <i>Plat 84 6 Blk 3 TH 604' N x 153' E + SEC'D LOT NE 150' To Reg. Ln NE 150' NW 70' SW 150'</i>	2. Section <i>19</i>	3. Township <i>138</i>	4. Range <i>41</i>	5. Qtr./Qtr.	6. Gov. Lot No. <i>6</i>
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7. Note: If the property is a metes and bounds description, check here and attach a copy of the exact legal description.

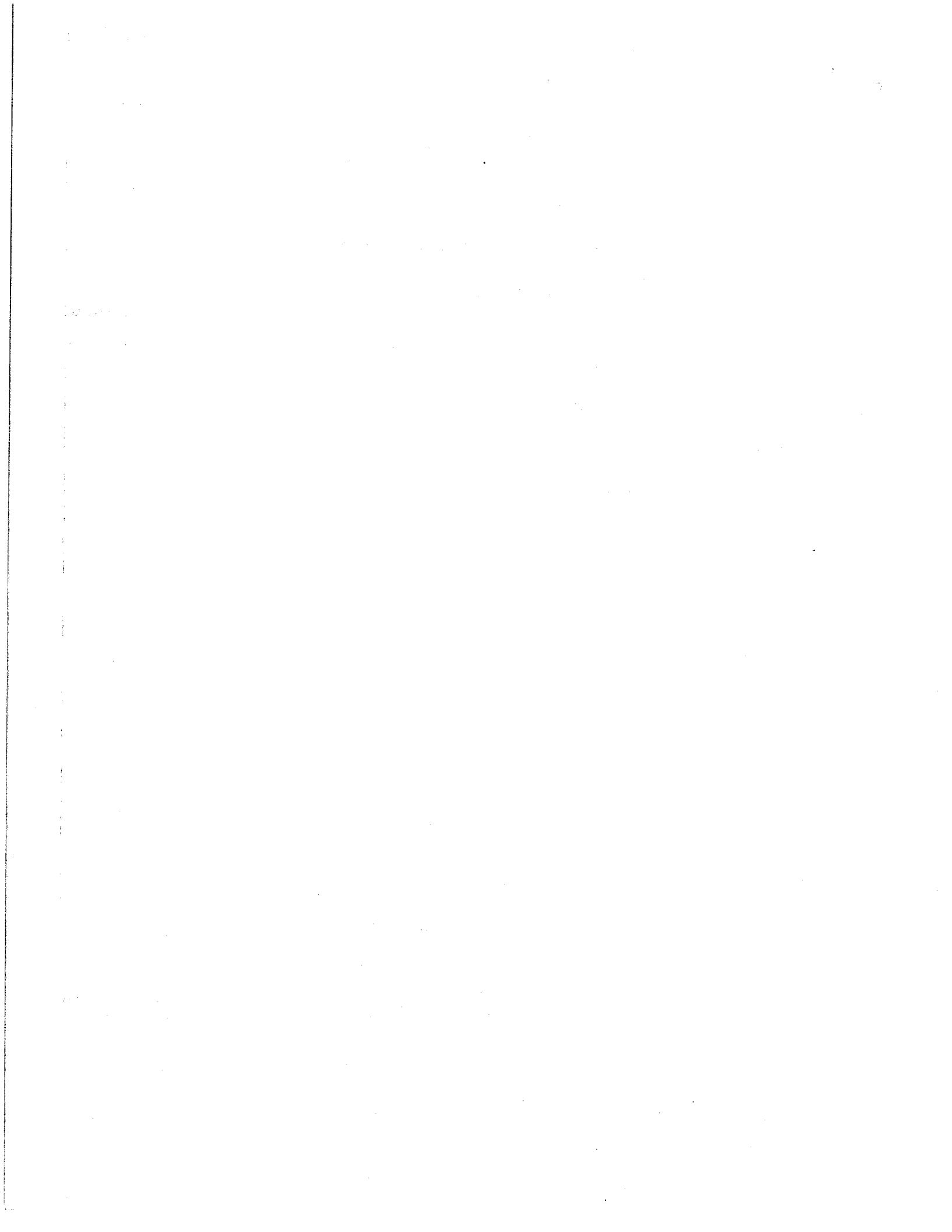
<p>SEWAGE SYSTEM DATA</p> <p>Anticipated Use</p> <p>a. <input checked="" type="checkbox"/> Single Family</p> <p>b. <input type="checkbox"/> Multiple Family</p> <p>c. <input type="checkbox"/> Commercial</p> <p>d. <input type="checkbox"/> Agricultural</p> <p>e. <input type="checkbox"/> Other (specify)</p> <p>Type of System</p> <p>a. <input type="checkbox"/> Septic Tank Only</p> <p>b. <input type="checkbox"/> Drainfield Only</p> <p>c. <input type="checkbox"/> Septic Tank & Drainfield</p> <p>d. <input checked="" type="checkbox"/> Holding Tank</p> <p>e. <input type="checkbox"/> Alternative System (specify)</p> <p>Type of Drainfield</p> <p>a. <input type="checkbox"/> Standard System</p> <p>b. <input type="checkbox"/> Mound (pressure distribution)</p> <p>c. <input type="checkbox"/> Mound (gravity distribution)</p> <p>Well Data</p> <p>a. Depth: <u>80</u></p> <p>b. Diameter: <u>8 1/2</u></p> <p>Type of Well</p> <p>a. <input type="checkbox"/> Drilled</p> <p>b. <input checked="" type="checkbox"/> Sand Point</p>	<p style="text-align: center;">1 Inch Equals _____</p> <p style="text-align: center;">DESIGN</p> <div style="text-align: center;"> </div> <p style="text-align: center; font-size: small;">Show Distance Between Sewage System And Buildings, Property Lines, Lake, Roads And All Wells Within 125 Feet.</p>
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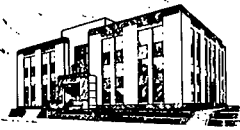
I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge: _____

Signature of Applicant Date

TO BE COMPLETED BY ZONING OFFICE

<p>SEWAGE SYSTEM DATA</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Distances to Well:</td> <td style="width: 50%; text-align: center;">- <u>50</u> -</td> </tr> <tr> <td>Distance to Building:</td> <td style="text-align: center;">- <u>25</u> -</td> </tr> <tr> <td>Distance to Property Line:</td> <td style="text-align: center;">- <u>10</u> -</td> </tr> <tr> <td>Distance to Suction Line:</td> <td style="text-align: center;">- _____ -</td> </tr> <tr> <td>Distance to Pressure Line:</td> <td style="text-align: center;">- _____ -</td> </tr> <tr> <td>Tank Capacity (gal.) and Area of Drainfield (ft. 2):</td> <td style="text-align: center;">- <u>1500</u> -</td> </tr> <tr> <td>Distance to Lake or Stream (from Ordinary High Water Level):</td> <td style="text-align: center;">- <u>7300</u> -</td> </tr> <tr> <td>Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:</td> <td style="text-align: center;">- _____ -</td> </tr> </table>	Distances to Well:	- <u>50</u> -	Distance to Building:	- <u>25</u> -	Distance to Property Line:	- <u>10</u> -	Distance to Suction Line:	- _____ -	Distance to Pressure Line:	- _____ -	Tank Capacity (gal.) and Area of Drainfield (ft. 2):	- <u>1500</u> -	Distance to Lake or Stream (from Ordinary High Water Level):	- <u>7300</u> -	Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	- _____ -	<p><input type="checkbox"/> CERTIFICATE IS HEREBY DENIED</p> <p><input checked="" type="checkbox"/> CERTIFICATE IS HEREBY GRANTED</p> <p style="font-size: x-small;">Based upon the application, addendum form, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.</p> <p style="text-align: center; font-weight: bold;">BECKER COUNTY ZONING OFFICE</p> <p style="text-align: center; font-size: large;"><i>Margaret M. Foster</i></p> <p style="text-align: center; font-size: small;">Signature</p> <p style="text-align: center; font-size: large;"><i>Inspector, 5/14/92</i></p> <p style="text-align: center; font-size: small;">Title Date</p>
Distances to Well:	- <u>50</u> -																
Distance to Building:	- <u>25</u> -																
Distance to Property Line:	- <u>10</u> -																
Distance to Suction Line:	- _____ -																
Distance to Pressure Line:	- _____ -																
Tank Capacity (gal.) and Area of Drainfield (ft. 2):	- <u>1500</u> -																
Distance to Lake or Stream (from Ordinary High Water Level):	- <u>7300</u> -																
Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	- _____ -																





BECKER COUNTY

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

Application No. 5444
Tax Parcel No. 19.0391.000

SUPPLEMENTAL DATA FOR SEWAGE SYSTEM PERMIT FORM C

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) HAGEN, MARK	2. Day Phone No.	3. Evening Phone No.
4. Sewer Installer Modern Heating & Plo.	5. Soil Tester/Earthwork Contractor	6. MPCA Certification No.

B. SEWAGE SYSTEM DATA

1. Work Category a. <input type="checkbox"/> New System b. <input checked="" type="checkbox"/> Repair	2. Type of System a. <input checked="" type="checkbox"/> Septic Tank Only b. <input type="checkbox"/> Drainfield Only c. <input type="checkbox"/> Septic Tank & Drainfield d. <input type="checkbox"/> Alternative System (specify)
3. Anticipated Use a. <input checked="" type="checkbox"/> Single Family b. <input type="checkbox"/> Multiple Family c. <input type="checkbox"/> Commercial d. <input type="checkbox"/> Agricultural e. <input type="checkbox"/> Other (specify)	4. Type of Drainfield a. <input type="checkbox"/> Standard System b. <input checked="" type="checkbox"/> Mound (pressure distribution) c. <input type="checkbox"/> Mound (gravity distribution)

C. SITE DATA

1. Soils a. Soil Type: _____ b. Percolation Rate (minutes per inch): _____ c. Depth to Water Table: NA d. Depth to Mottled Soil: _____ e. Date of Soil Testing: _____	2. Supporting Data/Attachments <input checked="" type="checkbox"/> Sketch Plan** <input type="checkbox"/> Percolation Data Sheets <input type="checkbox"/> Soil Borings <input type="checkbox"/> Tank/Drainfield Design Calculations ** This is normally a mandatory requirement. It is recommended that the applicant submit sketch plan on FORM H.
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5. System Design Data	Tank	Drainfield
a. Distance to Well:	50+	NA
b. Distance to Building:	10+	
c. Distance to Property Line:	50+	
d. Distance to Suction Line:		
e. Distance to Pressure Line:		
f. Tank Capacity (gal.) and Area of Drainfield (ft. 2):	1500	
g. Distance to Lake or Stream (from Ordinary High Water Level):	50+	
h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:		

3. Water Level Data Worksheet
a. Highest Known Water Level: _____
b. 100-Year Flood Elevation: _____
c. 10-Year Flood Elevation: NA
D. Design of Tank and/or Drainfield is Based on: <input type="checkbox"/> 100-Year Flood Elevation <input type="checkbox"/> 10-Year Flood Elevation <input type="checkbox"/> Highest Known Water Level <input type="checkbox"/> Highest Known Ground Water Level <input type="checkbox"/> Soil Mottling or Impervious Soil Layer
Note: The proper design of sewage systems is contingent upon these limiting factors. The most conservative resulting design prevails.

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge:

Mark Hagen Signature of Applicant **5/8/92** Date

SEWAGE SYSTEM PERMIT

APPLICATION IS HEREBY DENIED
 PERMISSION IS HEREBY GRANTED TO **Mark Hagen**

All in accordance with the application, addendum form, plans, specifications and all other supporting data, unless specified hereinafter in the GENERAL and/or SPECIAL PROVISIONS.

BY ORDER OF: **Lloyd Sweeney** Signature of Permitting Authority **Kevin Adner** Title **5/8/92** Date

NOTE: THIS PERMIT TERMINATES ON: **11/8/92** except as provided for by local ordinance and/or Minnesota Law.

SEE REVERSE FOR GENERAL AND SPECIAL PROVISIONS -

Application Fee \$ **45.00** State Skurcharge **1.50** Total \$ **45.50**

PAGE 2
FORM C -SEWAGE SYSTEM PERMIT

GENERAL PROVISIONS

1. Permittee shall not cover the system authorized herein until such system has been inspected and determined to be compliant by the permitting authority. This provision can be waived only at the discretion of the permitting authority.
2. Where clay soils are predominant, no drainfield excavation can proceed if more than one (1) inch of total rainfall has been received at the nearest official rain gauge within one (1) week prior to construction. This provision can only be waived at the discretion of the permitting authority.
3. No changes in plans or specifications can be made to the work authorized herein unless such change is first approved in writing by the permitting authority.
4. Permittee shall grant access to the site at all reasonable times so that the permitting authority or his/her agents may conduct inspections to ascertain compliance with the terms and conditions of this permit.
5. The construction site shall be kept reasonably free of debris at all times so as to not create a public nuisance.
6. Permittee shall install permanent and temporary erosion control measures in order to prevent erosion of disturbed soils from the project site onto adjacent parcels of land, public waters, public roads, ditches, sewer facilities and the like. Permittee shall cease all related authorized construction activities until such time as any such problem is corrected as agreed to by the permitting authority.
7. No certificate of occupancy or zoning compliance may be issued until all the provisions and conditions of this permit are complied with in full.
8. A copy of this permit or an official notice or placard thereof must be posted in a conspicuous place protected from the effects of weather no more than 12 feet above grade on the premises which the work is to be done and shall be maintained there until completion of said work.
9. The granting of this permit does not exempt the permittee from having to secure other permits from other state, federal or local units of government which may have jurisdiction over portions of the authorized project.
10. This permit does not allow the destruction or removal of any trees or vegetation which exists more than ten (10) feet beyond the foundation of the authorized structure or more than five (5) feet beyond the edge of a driveway or parking lot unless authorized in a Special Provision below.

_____ Date

_____ Signature of Applicant

SPECIAL PROVISIONS

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____
