200230000

County copy

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

RECEIVED
JUN 11 2018
ZONING

For local tracking purposes:

Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply.

Submit completed form to Local Unit of Government (LUG) and system owner within 15 days

System Status

System status on date (mm/dd/yyyy): 6-8-2018

☒ **Compliant – Certificate of Compliance**
(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)

☐ **Noncompliant – Notice of Noncompliance**
(See Upgrade Requirements on page 3.)

Reason(s) for noncompliance *(check all applicable)*

- ☐ Impact on Public Health *(Compliance Component #1) – Imminent threat to public health and safety*
- ☐ Other Compliance Conditions *(Compliance Component #3) – Imminent threat to public health and safety*
- ☐ Tank Integrity *(Compliance Component #2) – Failing to protect groundwater*
- ☐ Other Compliance Conditions *(Compliance Component #3) – Failing to protect groundwater*
- ☐ Soil Separation *(Compliance Component #4) – Failing to protect groundwater*
- ☐ Operating permit/monitoring plan requirements *(Compliance Component #5) – Noncompliant*

Property Information

Parcel ID# or Sec/Twp/Range: 200230000

Property address: 38589 296th Ave

Reason for inspection:

Property owner: Tom McDougall

Owner's phone: 701-499-5235

or

Owner's representative:

Representative phone:

Local regulatory authority:

Regulatory authority phone:

Brief system description: 1500 comp tank - drywell

Comments or recommendations:

1724 40th Ave N
Westfargo, ND 58078

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

Inspector name: Daryl Beyer

Certification number:

Business name:

License number: 478

Inspector signature: Daryl Beyer

Phone number:

Necessary or Locally Required Attachments

☒ Soil boring logs ☒ System/As-built drawing ☐ Forms per local ordinance

☐ Other information (list):

y address: _____ Inspector initials/Date: _____ (mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____ (mm/dd/yyyy) ☒ Unknown

Shoreland/Wellhead protection/Food beverage lodging? ☒ Yes ☐ No

Compliance criteria:

For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment: Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No
Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment: Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	☒ Yes ☐ No
"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080.2350 or 7080.2400 (Advanced Inspector License required) Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No

Any "no" answer above indicates the system is failing to protect groundwater.

Verification method(s):

Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.

☒ Conducted soil observation(s) *(Attach boring logs)*
☐ Two previous verifications *(Attach boring logs)*
☐ Not applicable *(Holding tank(s), no drainfield)*
☐ Unable to verify *(See Comments/Explanation)*
☐ Other *(See Comments/Explanation)*

Comments/Explanation:

Indicate depths or elevations

A. Bottom of distribution media	24"
B. Periodically saturated soil/bedrock	60"+
C. System separation	36"
D. Required compliance separation*	36"

*May be reduced up to 15 percent if allowed by Local Ordinance.

5. Operating Permit and Nitrogen BMP* – Compliance component #5 of 5 ☒ Not applicable

Is the system operated under an Operating Permit? ☐ Yes ☐ No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP? ☐ Yes ☐ No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

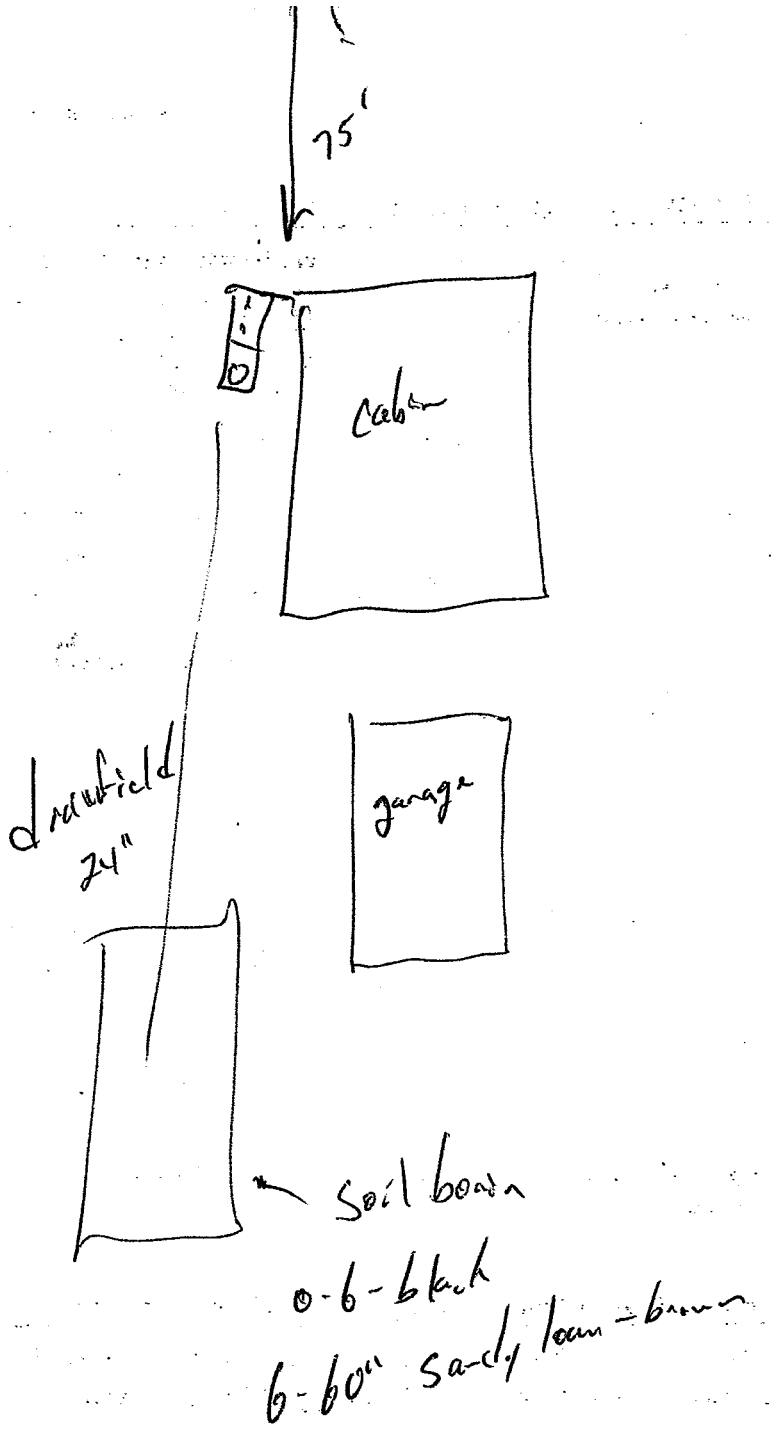
If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria

a. Operating Permit number: _____ Have the Operating Permit requirements been met?	☐ Yes ☐ No
b. Is the required nitrogen BMP in place and properly functioning?	☐ Yes ☐ No

Any "no" answer indicates Noncompliance.

Upgrade Requirements *(Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.*



Inspection does not imply or guarantee future hydraulic functioning, only what conditions were found on date of Inspection

APPLICATION FOR SEWAGE SYSTEM

CERTIFICATE OF COMPLIANCE

With The Becker County Zoning Ordinance

SE/96

Application Number	10217
Tax Parcel Number	20.0230.000
Fire Number of Project Location	

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.)	2. Authorized Agent (if applicable)
Nemec, Margaret	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)	
RR 2 Box 847 Walker, MN 56589	

4. Day Phone	5. Evening Phone	6. Section	7. Township
		8	Maple Grove

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name: PT Lot 2 Beg At NW Cor Lot 1 Nemec Bch 1st Add Th NW 73.09' SE 312.83' TO

SEWAGE SYSTEM DATA

Anticipated Use
- a. (✓) Single Family
- b. ( ) Multiple Family
- c. ( ) Commercial
- d. ( ) Other (specify)

Type of Installation
- a. ( ) Septic Tank Only
- b. ( ) Drainfield Only
- c. ( ) Septic Tank & Drainfield
- d. ( ) Holding Tank
- e. (✓) Septic Tank/Drainfield Lift Station

Type of Drainfield
- a. (✓) Standard System
- b. ( ) Mound (pressure distribution)

Well Data
- a. Depth Shared with
- b. Diameter

Type of Well
- a. (✓) Drilled
- b. ( ) Sand Point

1 Inch Equals_____

DESIGN

See Attached Site Plan

Show Distance Between Sewage System And Buildings, Property Lines, Lake, Road And All Wells Within 125 Feet.

		Tank	Drainfield
Distances to Well:	=	100+	100+
Distance to Building:	=	10	73
Distance to Property Line:	=	10	10

		Tank	Drainfield
Distance to Pressure Line:	=	10+	10+
Tank Capacity (gal.) & Area of Drainfield (ft 2)	=	1500 2/C	384
Distance to Ordinary High Water Level:	=	82	180
Drainfield separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	=		4+

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct: _____
Signature of Applicant — Date

TO BE COMPLETED BY PLANNING AND ZONING

( ) CERTIFICATE IS HEREBY DENIED: (See back For Reasons)

(✓) 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.

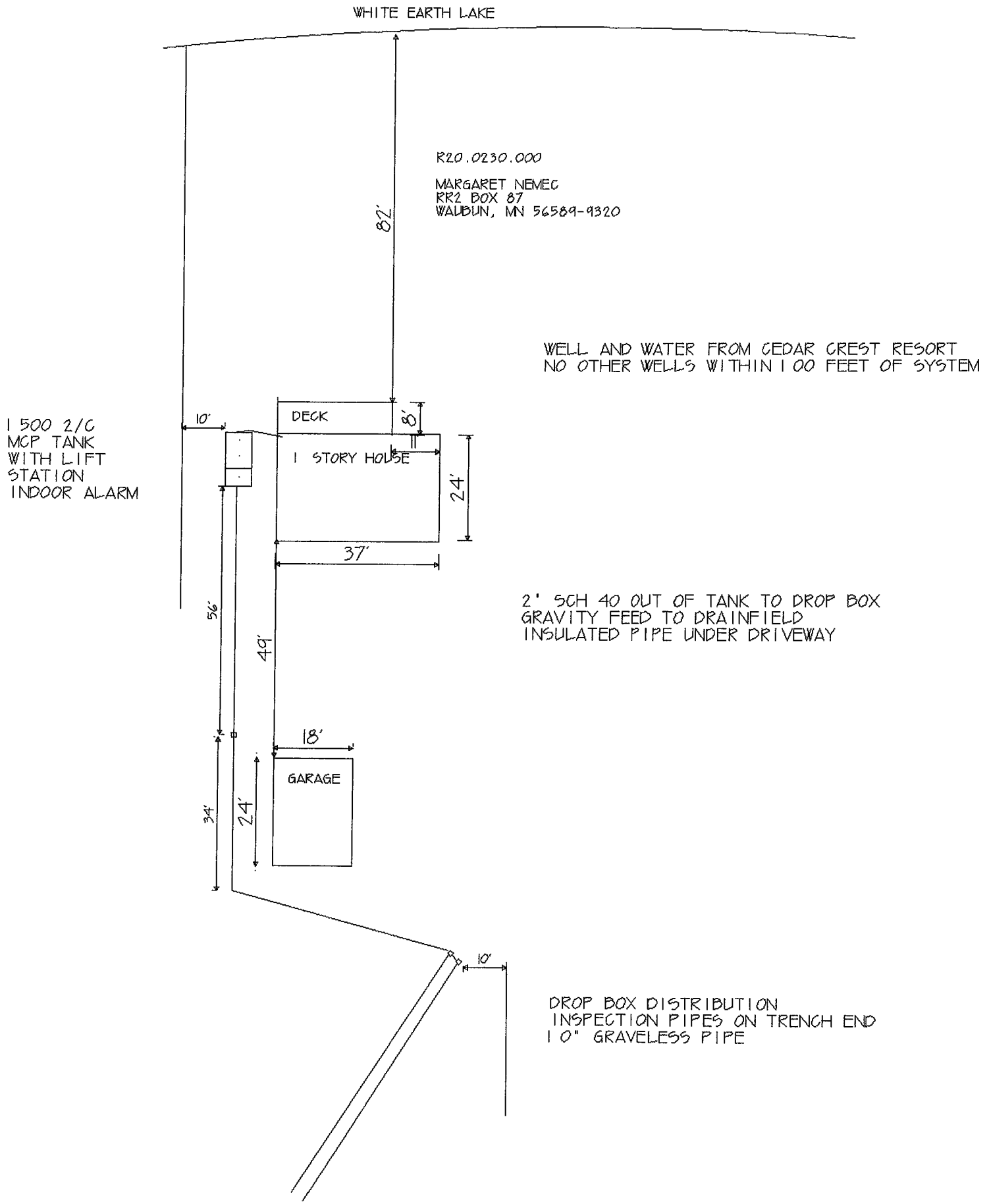
BECKER COUNTY PLANNING AND ZONING

Signature

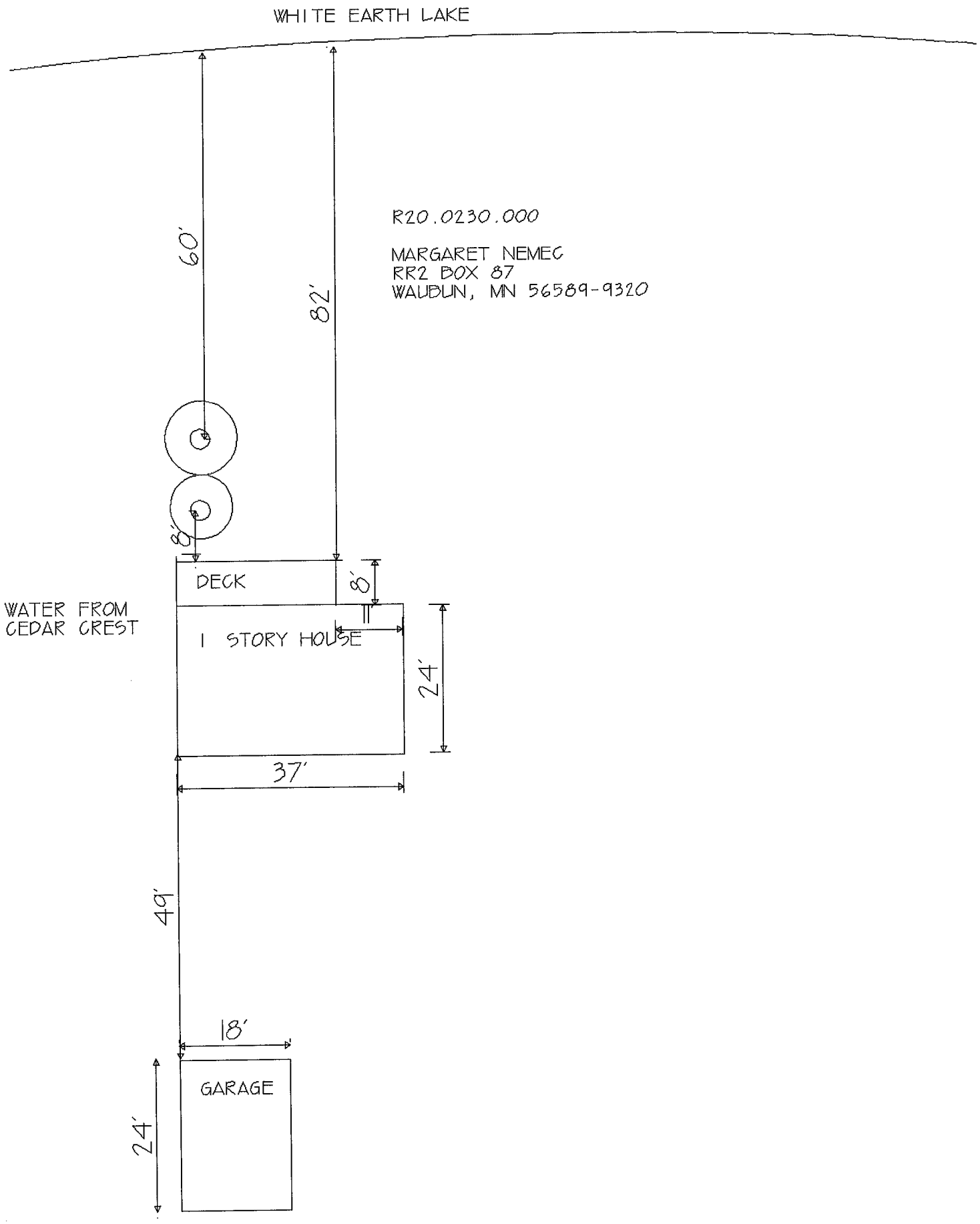
Title — Date 12-29-96

SE/96 20.0230.000

K↑♠1☺♦K♥♠1☺



SE/SE 20.0230.000



K↑♠1☺♦K♥♠1☺

- PERCOLATION TEST SHEET -

Test hole location: DrAin field Hole #: 1 Date test hole was prepared: 8-1-96

Depth of hole bottom: 20 inches Diameter of hole: 6 inches

Soil Data from test hole:

depth, inches	soil texture:	soil color
0-2	10AM	TOPSOIL 10YR 4/4
2-20	SANDY 10AM	

Method of scratching sidewall: NAILBOARD Depth of pea size gravel in bottom of hole: 20 inches

Date and hour of initial water filling: 8-1 - 8:00AM Depth of initial water filling: 12 above hole bottom

Method used to maintain 12" of water depth in hole for 4 hours: MANUAL

Percolation test conducted by: RANDY Anderson Percolation test started at 8:15 (am / pm).

Maximum water depth above hole bottom during test: 8 inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	
0 / 7	START 7	8 / 6 1/2	1 1/2	1.5	7 TIME ÷ 1.5 DROP (Decimal) = 4.66 PERC	A
0 / 8	REFILL 8	8 / 6 1/4	1 3/4	1.75	8 TIME ÷ 1.75 DROP (Decimal) = 4.5 PERC	B
0 / 9 1/2	REFILL 9 1/2	8 / 5 7/8	2 1/8	2.13	9.5 TIME ÷ 2.13 DROP (Decimal) = 4.46 PERC	C
___ / ___	REFILL ___	___ / ___	___	___	TIME ÷ DROP (Decimal) = PERC	D
___ / ___	REFILL ___	___ / ___	___	___	TIME ÷ DROP (Decimal) = PERC	E
___ / ___	REFILL ___	___ / ___	___	4.5	TIME ÷ DROP (Decimal) = PERC	F
___ / ___	REFILL ___	___ / ___	___	___	TIME ÷ DROP (Decimal) = PERC	G
___ / ___	REFILL ___	___ / ___	___	___	TIME ÷ DROP (Decimal) = PERC	H

conversions: 1/16 = .06; 1/8 = .13; 3/16 = .19; 1/4 = .25; 5/16 = .31; 3/8 = .38; 7/16 = .44; 1/2 = .5; 9/16 = .56; 5/8 = .63; 11/16 = .69; 3/4 = .75; 13/16 = .81; 7/8 = .88; 15/16 = .94

4.82

Ten Percent Calculation *

A,B,C: Largest # of ABC − Smallest # of ABC = ___ ; Smallest # of ABC × 0.10 = ___	B,C,D: Largest # of BCD − Smallest # of BCD = ___ ; Smallest # of BCD × 0.10 = ___
C,D,E: Largest # of CDE − Smallest # of CDE = ___ ; Smallest # of CDE × 0.10 = ___	D,E,F: Largest # of DEF − Smallest # of DEF = ___ ; Smallest # of DEF × 0.10 = ___
E,F,G: Largest # of EFG − Smallest # of EFG = ___ ; Smallest # of EFG × 0.10 = ___	F,G,H: Largest # of FGH − Smallest # of FGH = ___ ; Smallest # of FGH × 0.10 = ___

* If the top number in each set of boxes is larger than the bottom number then take another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

- PERCOLATION TEST SHEET -

Test hole location: DrAin field Hole #: 2 Date test hole was prepared: 8-19

Depth of hole bottom: 20 inches Diameter of hole: 6 inches

Soil Data from test hole:

depth, inches	soil texture:	soil color
0-6	COARSE SAND	SILL
6-8	10AM TO	TOPSOIL 10YR 4/4
8-20	SAND	

Method of scratching sidewall: NAILBOARD Depth of pea size gravel in bottom of hole: 20

Date and hour of initial water filling: 8-1 9AM Depth of initial water filling: 12 above

Method used to maintain 12" of water depth in hole for 4 hours: MANUAL

Percolation test conducted by: RANDY Anderson Percolation test started at 12

Maximum water depth above hole bottom during test: 8 inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	
0 / 7	START 7	8 / 6 5/8	1 3/8	1.38	7 TIME ÷ 1.38 DROP (Decimal) = 5.07 PERC	A
0 / 10	REFILL 10	8 / 6 1/8	1 7/8	1.88	10 TIME ÷ 1.88 DROP (Decimal) = 5.3 PERC	B
0 / 10	REFILL 10	8 / 6	2	2	10 TIME ÷ 2 DROP (Decimal) = 5 PERC	C
___ / ___	REFILL ___	___ / ___	___	___	TIME ÷ DROP (Decimal) = PERC	D
___ / ___	REFILL ___	___ / ___	5.12	___	TIME ÷ DROP (Decimal) = PERC	E
___ / ___	REFILL ___	___ / ___	___	___	TIME ÷ DROP (Decimal) = PERC	F
___ / ___	REFILL ___	___ / ___	___	___	TIME ÷ DROP (Decimal) = PERC	G
___ / ___	REFILL ___	___ / ___	___	___	TIME ÷ DROP (Decimal) = PERC	H

Ten Percent Calculation *

A,B,C: 5.3 − 5 = .3; 5 × 0.10 = .5	B,C,D: Largest # of BCD − Smallest # of BCD = ___ ; Smallest # of BCD × 0.10 = ___
C,D,E: Largest # of CDE − Smallest # of CDE = ___ ; Smallest # of CDE × 0.10 = ___	D,E,F: Largest # of DEF − Smallest # of DEF = ___ ; Smallest # of DEF × 0.10 = ___
E,F,G: Largest # of EFG − Smallest # of EFG = ___ ; Smallest # of EFG × 0.10 = ___	F,G,H: Largest # of FGH − Smallest # of FGH = ___ ; Smallest # of FGH × 0.10 = ___

* If the top number in each set of boxes is larger than the bottom number then take another r... If the top number is equal or smaller than bottom number, average the three numbers for the p...

8/96

SE/96

INDIVIDUAL SEWAGE TREATMENT SYSTEM WORKSHEET

FLOW

A. Estimated 300 gpd
measured _____ x 1.5= _____ gpd

SEPTIC TANK VOLUME

B. 1000 gallons

SOILS (Site evaluation data)

C. Depth to restricting layer = 5 feet
D. Maximum depth of system C - 3 ft = 2 feet
E. Texture SAND LOAM Percolation rate 4.82 MPI
F. SSF ~~58~~ sq ft/gpd 1.27
G. Slope 1 %

TRENCH BOTTOM AREA

H. For trenches with 6 inches of rock below the pipe:
A x F = _____ x _____ = _____ sq ft of bottom area

I. For trenches with 12 inches of rock below the pipe:
A x F x 0.8 = _____ x _____ x 0.8 = _____ sq ft of bottom area

J. For trenches with 18 inches of rock below the pipe:
A x F x 0.66 = _____ x _____ x 0.66 = _____ sq ft of bottom area

K. For trenches with 24 inches of rock below the pipe:
A x F x 0.6 = _____ x _____ x 0.6 = _____ sq ft of bottom area

BED BOTTOM AREA

L. For seepage beds with 6 or 12 inches of rock below the pipe;
1.5 x A x F = 1.5 x _____ x _____ = _____ sq ft of bottom area

ROCK VOLUME IN CU FT

M. Rock depth below distribution pipe plus 0.5 foot times bottom area:
M =Rock depth + 6 inches x Area (H,I,J,L,K)
(_____ + 0.5 ft) x _____ = _____ cu ft

ROCK VOLUME IN CU YDS

N. Volume in cu ft divided by 27
M + 27 = cu yds _____ + 27 = _____ cu yds

ROCK WEIGHT

O. Cubic yards times 1.4 = tons
N x 1.4 = tons _____ x 1.4 = _____ tons

SYSTEM LENGTH

P. Select trench width = _____ ft

Q. Divide bottom area by trench width: (H, I, J, or K) + P = lineal feet
_____ + _____ = _____ lineal feet

Q1. Gravelless Design
A x F + (3 for 10" pipe, 2 for 8" pipe , width of the Chamber)
_____ x _____ + _____ = ~~400~~ feet
300 1.27 3 127

LAWN AREA

R. Select trench spacing, center to center = 3 feet

S. Multiply trench spacing by lineal feet R x Q = sq ft of lawn area
100 x 3 = 300 sq ft

If the site evaluation determines a

Estimated Sewage Flows in Gallons per day (gpd)

Number of Bedrooms	Type I	Type II	Type III	Type IV
2	300	225	180	60% of the values in Type I, II or III columns
3	450	300	218	
4	600	375	256	
5	750	450	294	
6	900	525	332	
7	1050	600	370	
8	1200	675	408	

Septic Tank Capacities (In gallons)

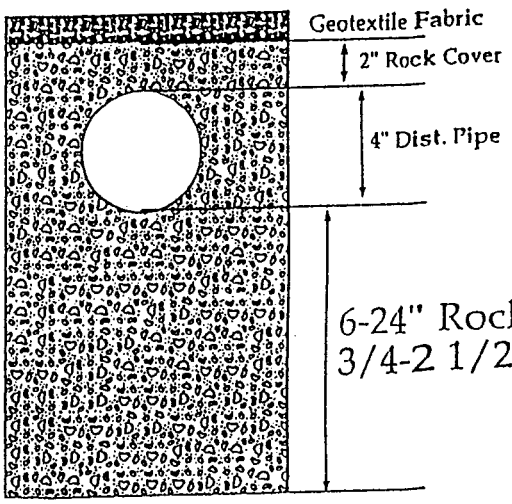
Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal
2 or less	750	1125
3 or 4	1000	1500
5 or 6	1500	2250
7, 8 or 9	2000	3000

Soil Characteristics and Required Areas for Sewage Treatment

Percolation Rate in Minutes per Inch (MPI)	Soil Texture	Square feet per gallon per day
Faster than 0.1 *	Coarse Sand	-----
0.1 to 5	Sand	0.83
0.1 to 5	Fine Sand **	1.67
6 to 15	Sandy Loam	1.27
16 to 30	Loam	1.67
31 to 45	Silt Loam	2.00
46 to 60	Clay Loam	2.20
Slower than 60***	Clay	-----

* Soil too coarse for sewage treatment. Use systems for rapidly permeable soils.
** Soil having 50% or more of fine sand plus very fine sand.
*** Soil with too high a percentage of clay for installation of an inground standard system.

6 inches= 0% Reduction*
12 inches= 20% Reduction
18 inches= 34% Reduction
24 inches= 40% Reduction
* sizing for gravelless trench



Onsite Septic System Site Evaluation/Design

Fire Number _____

Tax Parcel Number 20.0230.000

SE/96

Legal Description: Pt Lot 2 Beg at NW Cor Lot 1 Nemec Beach 1st Add Th NW

Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name
White Earth	RE	8	142	40	Maple Grove

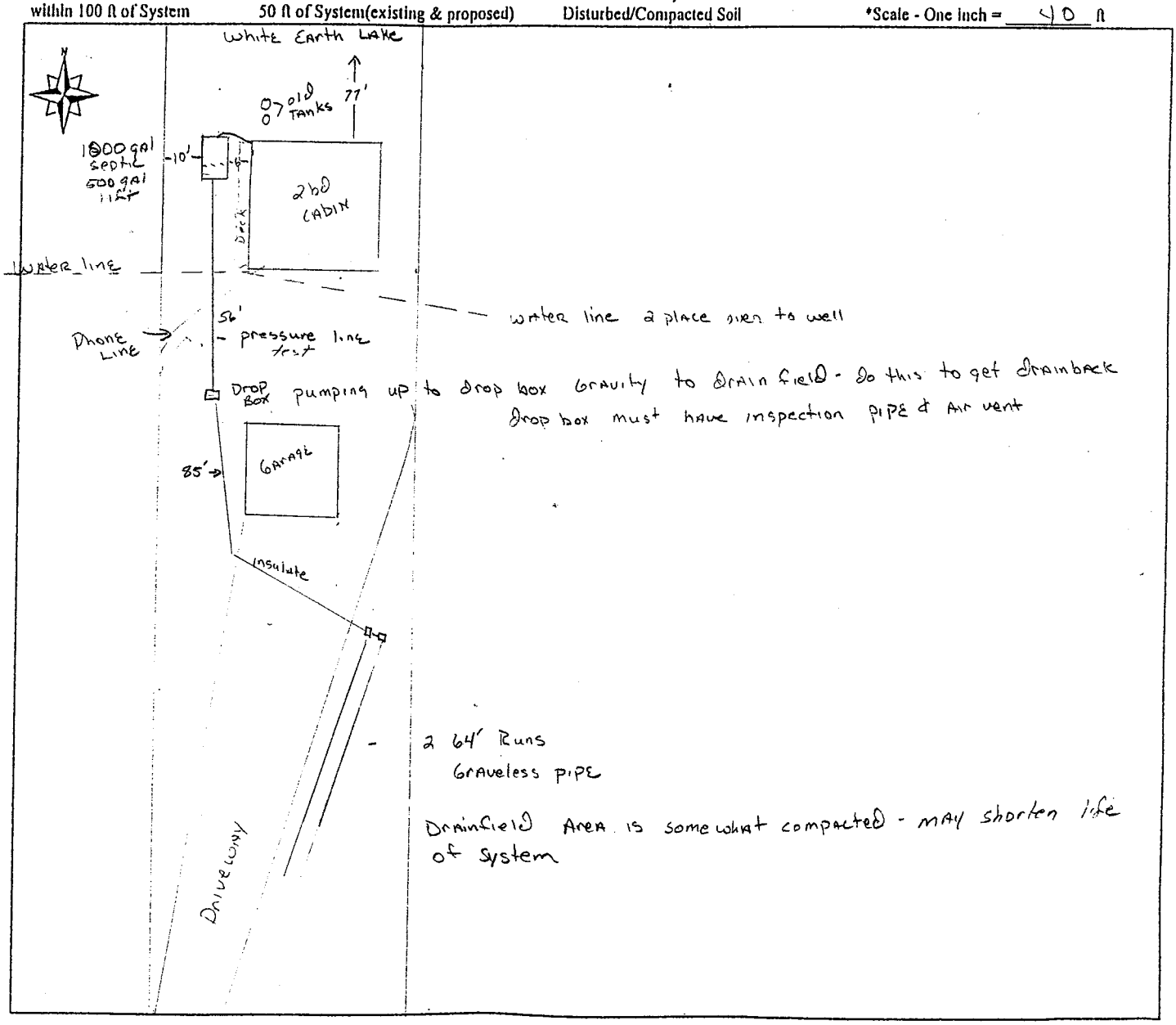
Property Owner	Address	City, State, Zip Code	Phone Number
Margaret Nemec	RR2 Box 87	WAubun MN	56589

ISTS Designer I / Designer II	License Number	Address	Phone Number
Randy Anderson	634	Detroit Lakes MN	849-1143

Site Plan

The site plan must be drawn to dimension or to scale:

- *All Wells within 100 feet of the System
- *Distance from all Wells within 100 ft of System
- *Existing & Proposed Buildings
- *Easements
- *Distance from Water Lines within 50 ft of System(existing & proposed)
- *Distance from OHW
- *Distance from Property Lines
- *Location of any Unsuitable Disturbed/Compacted Soil
- *Soil Boring & Perc Test Locations
- *Dimensions of Lot
- *Tank Access Route
- *Scale - One inch = 40 ft



SE/96

SOIL INFORMATION

TEST HOLE #1				TEST HOLE #2			
DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE	DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
0-2	loAm	Topsoil	BLOCKY PLATY PRISMATIC NONE	0-6	coarse SAND	fill soil	BLOCKY PLATY PRISMATIC NONE
2-33	SANDY loAm	10YR4/4	BLOCKY PLATY PRISMATIC NONE	6-8	loAm	Topsoil	BLOCKY PLATY PRISMATIC NONE
33-52	LOAM	10YR4/3	BLOCKY PLATY PRISMATIC NONE	8-39	SAND	10YR4/3	BLOCKY PLATY PRISMATIC NONE
52-60	LOAM	10YR4/4	BLOCKY PLATY PRISMATIC NONE	39-58	LOAM	10YR 4/3	BLOCKY PLATY PRISMATIC NONE
Depth to standing water	NF			Depth to standing water	NF		
Depth to mottling				Depth to mottling			

Describe the surface features (slope, runoff, weather conditions, vegetation type, evidence of compaction, etc.)

Area runs tightly along driveway-

SYSTEM IS ( ) NEW (X) REPAIR

SYSTEM DESIGN (X) GRAVITY FLOW ( ) PRESSURE DISTRIBUTION

WATER USES:
( ) WASHING MACHINE
( ) DISHWASHER
( ) WATER SOFTENER
( ) GARBAGE DISPOSAL

TYPE OF RESIDENCE
(X) TYPE I ( ) TYPE II
( ) TYPE III ( ) TYPE IV

NUMBER OF BEDROOMS 2
NUMBER OF BATHROOMS ____
TOTAL SQ. FT OF STRUCTURE ____
TANK SIZE 1000
LIFT STATION SIZE 500
SOIL TREATMENT AREA SIZE 380 SQ FT
DOSE VOLUME ~~80~~ 40 gal

DEPTH OF SYSTEM 2' max
SYSTEM DESIGN FLOW 300 GPD
SOIL SIZING FACTOR ~~.83~~ 1.27
PUMP SIZE 20 gpm
LENGTH OF LIFT LINE 56'
TOTAL DYNAMIC HEAD 11'

WELL INFORMATION-Property's Well DEPTH OF WELL NA
TYPE OF WELL NA

Neighboring wells (within 100 ft of system) Depth of Wells NA
Type of Wells NA

Name of Designer I
Designer II Randy Anderson

Date of Site Evaluation 8-4-96

MPCA Number 634

Phone 849-1143

I certify that the site evaluation has been completed in accordance with all provisions of ISTS Minnesota Rules Chapter 7080.

Signature of Evaluator Randy Anderson Date 8-4-96

For Office Use Only 8/12/96 Mebi Moltzan

Date Site Evaluation/Design received Received by

Onsite Septic System Site Evaluation/Design

SE/96

Fire Number _____

Tax Parcel Number 20.0230.000

Legal Description: Pt Lot 2 Beg at NW Cor Lot 1 Nemec Beach 1st Add Th NW					
Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name
White Earth	RE	8	142	40	Maple Grove
Property Owner	**Address**	**City, State, Zip Code**			**Phone Number**
Margaret Nemec	RR2 Box 87	Wauburn	MN	56589	
ISTS Designer I / Designer II	**License Number**	**Address**			**Phone Number**
Randy Anderson	6634	Detroit Lakes	MN		849-1143

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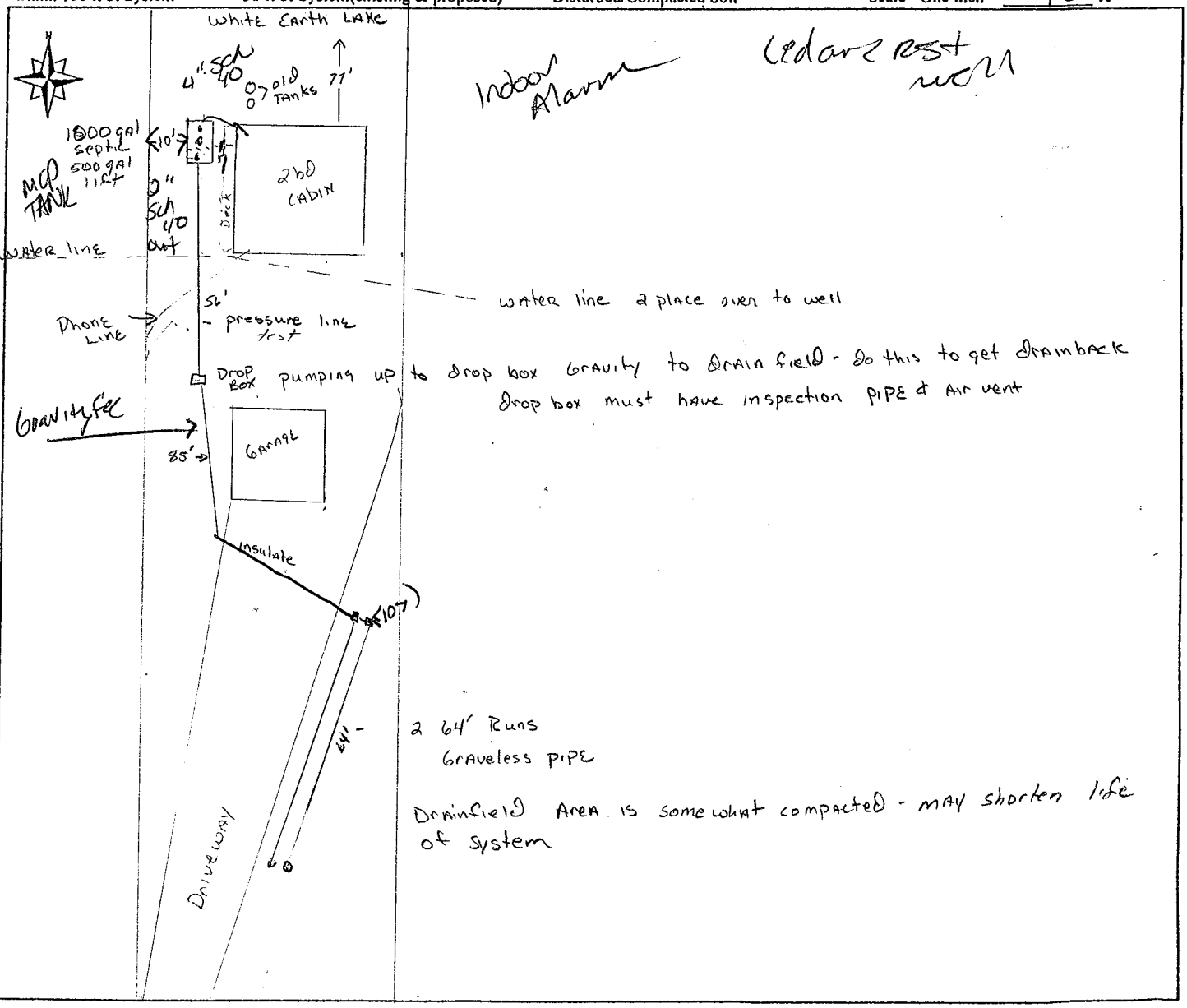
The site plan must be drawn to dimension or to scale:

- *All Wells within 100 feet of the System
- *Distance from all Wells within 100 ft of System
- *Existing & Proposed Buildings
- *Easements
- *Distance from Water Lines within 50 ft of System(existing & proposed)
- *Distance from OHW
- *Distance from Property Lines
- *Location of any Unsuitable Disturbed/Compacted Soil
- *Soil Boring & Perc Test Locations
- *Dimensions of Lot
- *Tank Access Route
- *Scale - One inch = 40 ft



BECKER COUNTY PLANNING & ZONING 8/96

829 LAKE AVENUE, PO BOX 787
DETROIT LAKES, MN 56502-0787
PHONE (218) 846-7314 - FAX (218) 846-7266

INSTALLATION PERMIT FOR
INDIVIDUAL SEWAGE TREATMENT

FIRE NO. _____

PERMIT/RECEIPT NO. 10217

TAX PARCEL NUMBER 26.0230.000

LEGAL DESCRIPTION
Pt Lot 2 Beg at NW Cor lot 1 Nemec Beach 1st Add Thence

LAKE/STREAM NAME	LK/STR CLASS	SECTION	TWP	RANGE	TOWNSHIP NAME
White Earth	RD	8	142	40	Maple Grove

PROPERTY OWNER	ADDRESS/ CITY/ STATE	PHONE NO
Margaret Nemec	RR2 Box 87 Wauburn MN 56589	

INSTALLER	LICENSE NO	PHONE NO
to be determined		

SEWAGE TREATMENT SYSTEM DATA

WORK CATEGORY
(X) NEW SYSTEM
( ) REPAIR

TYPE OF SYSTEM
(X) SEPTIC TANK/DRAINFIELD
( ) DRAINFIELD ONLY
( ) HOLDING TANK
( ) ALTERNATE (specify)
_____
(X) LIFT STATION

SIZE OF TANK
1000 GALLONS
SIZE OF DRAINFIELD
380 FT2
SYSTEM LENGTH
127 FT
NUMBER OF TRENCHES 3
ESTIMATED FLOW 300 GPD

TYPE OF DRAINFIELD
(X) STANDARD (gravelless)
( ) STANDARD (rock trench)
( ) STANDARD (bed)
( ) MOUND (pressure distb)

SIZE OF LIFT STATION
500 GALLONS
SIZE OF PUMP
20gpm -11' hea d
DEPTH TO RESTRICTING LAYER 5ft
MAXIMUM DEPTH OF SYSTEM 3ft
PERC RATE 4.82
SSF 1.27
SIZE OF GRAVELLESS PIPE 10 inch
DEPTH OF ROCK NA

I hereby certify with my signature that all the data contained herein as well as all supporting data are true and correct to the best of my knowledge. I also understand that this permit is valid for a period of six (6) months.

X Margaret Nemec
Signature

8/12/96
Date

Any changes to the permit must first be approved by Becker County Planning & Zoning. No system shall be covered up without inspection by Becker County Planning & Zoning.

Site Plan as approved on Site Evaluation. SE/96

For Office Use Only

Application Fee $60.00 State Surcharge .50 Total $60.50

[ ] Application is hereby denied

[X] Application is hereby granted to Margaret Nemec to install an individual septic system according to the specifications of the site evaluation and design submitted to the Becker County Environmental Services Office. By Order of:

Debi Moltze 8/12/96

Signature of Becker County Qualified Employee Date

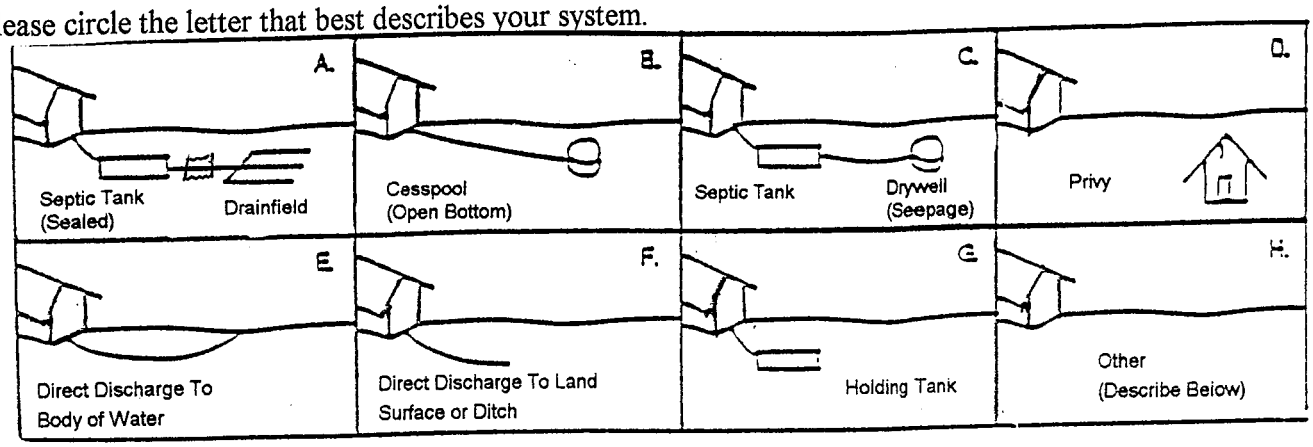
This permit expires on 2/12/97

SEWER SYSTEM STUDY

SE/95/20.0230.000

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? 1500

Does your system have a lift station? Yes (No)

Date the system was installed 1968

Total Square Footage of Home/Cabin 936

Number of Bedrooms in home 2

Number of people occupying the home 1

Is your home/cabin year around or seasonal year around

Circle the following items that your home is equipped with:

Garbage Disposal	Dishwasher	(Water Softener
Foundation Drains	Rain Gutters	Washing Machine)
Hot Tub	Spa	

List the above items that are connected to the sewer system WATER SOFTENER WASHING MACHINE

How often do you have your system pumped? 4

Most recent date system was pumped NOV 94

Most recent date of any repair to system NONE

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

Margaret Nemec
Signature

2/20/95
Date

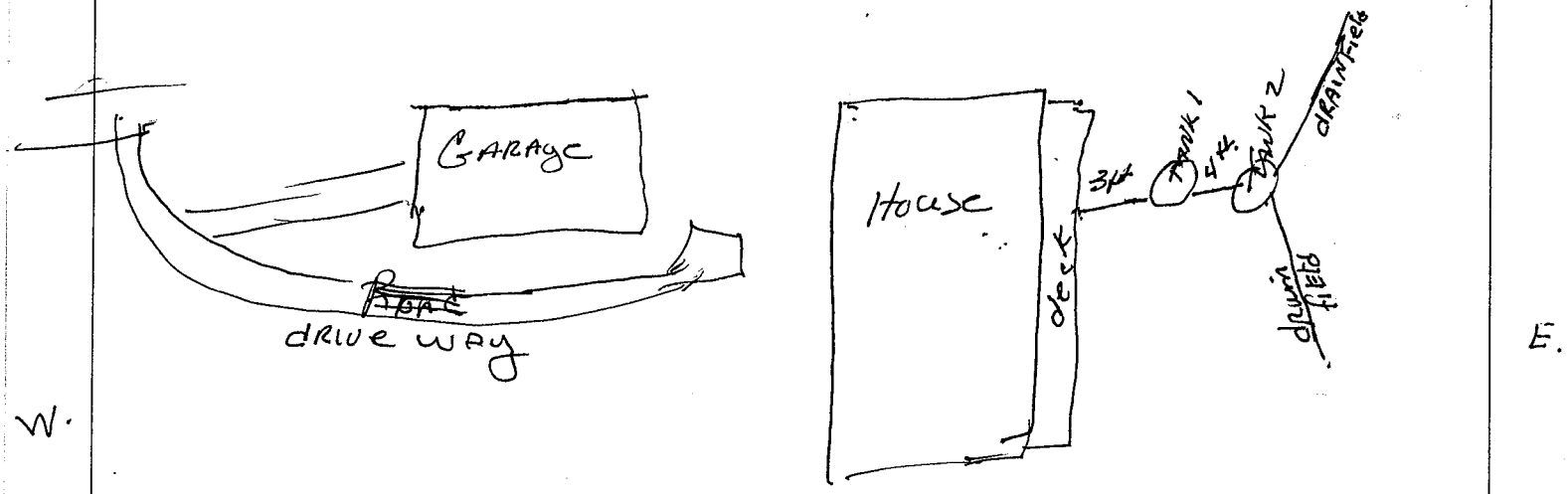
200206.000 0230

SEWAGE SYSTEM DATA

Se/95

	to Tank	to Drainfield	Well Data
Distance from Well	400'	440'	
Distance from Property Line	10' ok'	10' & 12'	Depth 180
Distance from Suction Line			Diameter 4
Distance from Pressure Line			Depth of Casing
Tank Capacity	1500		180
Size of Drainfield		24'	
Distance from Ordinary High Water Mark	30'	30'	[X] Drilled Well [ ] Sandpoint Well
Drainfield Separation from Highest Known Ground Water Level			

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



S.

R 20.0230.000

MARGARET NEMEC
RR 2 BOX 87
WALUBUN, MN 56589-9320

PLACE FIRST-CLASS STAMP HERE

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

8e/95

20.0230.000
MARGARET NEMEC

THE SEWER CONSIST OF TWO DRAINAGE PITS. THEY WERE BOTH ON THE LAKE SIDE AND THE FIRST WAS SEVEN FEET FROM THE DECK AND THE SECOND WAS 15 FEET FROM THE DECK. THE IS A DRAINLINE THAT FLOWS TO THE LAKE HILLSIDE. THIS SYSTEM NEEDS TO BE UPDATED.

INSPECTED BY JASON FLATAU
8-25-95