200498007

Lake Study

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

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

For local tracking purposes:

System Status

System status on date (mm/dd/yyyy): 5/23/2018

☒ **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.)

RECEIVED
MAY 29 2018
ZONING

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: 200498007

Property address: 39360 Dora Lee Ln.
Reason for inspection: county request

Property owner: Kelly Christianson
Owner's phone: 218-469-9410

or

Owner's representative:
Representative phone:

Local regulatory authority: Becker County
Regulatory authority phone: 846-7613

Brief system description: mound

Comments or recommendations:

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: Randy Anderson
Certification number: 3044

Business name: Anderson On-Site
License number: 634

Inspector signature:
Phone number: 849-3072

Necessary or Locally Required Attachments

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

☐ Other information (list):

Property address: 39360 Dora Lee Ln. Inspector initials/Date: RA | 5/23/2018 (mm/dd/yyyy)

1. Impact on Public Health – Compliance component #1 of 5

Compliance criteria:	
System discharges sewage to the ground surface.	☐ Yes ☒ No
System discharges sewage to drain tile or surface waters.	☐ Yes ☒ No
System causes sewage backup into dwelling or establishment.	☐ Yes ☒ No

Any "yes" answer above indicates the system is an imminent threat to public health and safety.

Comments/Explanation:

Verification method(s):

- ☒ Searched for surface outlet
- ☒ Searched for seeping in yard/backup in home
- ☐ Excessive ponding in soil system/D-boxes
- ☐ Homeowner testimony *(See Comments/Explanation)*
- ☐ "Black soil" above soil dispersal system
- ☐ System requires "emergency" pumping
- ☐ Performed dye test
- ☐ Unable to verify *(See Comments/Explanation)*
- ☐ Other methods not listed *(See Comments/Explanation)*

2. Tank Integrity – Compliance component #2 of 5

Compliance criteria:	
System consists of a seepage pit, cesspool, drywell, or leaching pit. *Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.*	☐ Yes ☒ No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	☐ Yes ☒ No

Any "yes" answer above indicates the system is failing to protect groundwater.

Comments/Explanation:

camera

Verification method(s):

- ☐ Probed tank(s) bottom
- ☒ Examined construction records
- ☐ Examined Tank Integrity Form *(Attach)*
- ☐ Observed liquid level below operating depth
- ☐ Examined empty (pumped) tanks(s)
- ☐ Probed outside tank(s) for "black soil"
- ☐ Unable to verify *(See Comments/Explanation)*
- ☒ Other methods not listed *(See Comments/Explanation)*

3. Other Compliance Conditions – Compliance component #3 of 5

a. Maintenance hole covers are damaged, cracked, unsecured, or appear to be structurally unsound. ☐ Yes* ☒ No ☐ Unknown

b. Other issues *(electrical hazards, etc.)* to immediately and adversely impact public health or safety. ☐ Yes* ☒ No ☐ Unknown
System is an imminent threat to public health and safety.

Explain:

c. System is non-protective of ground water for other conditions as determined by inspector . ☐ Yes* ☒ No
System is failing to protect groundwater.

Explain:

Property address: 39360 Dora Lee Ln. Inspector initials/Date: RP | 5/23/2018 (mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: 6/29/1999 (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	12
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.*

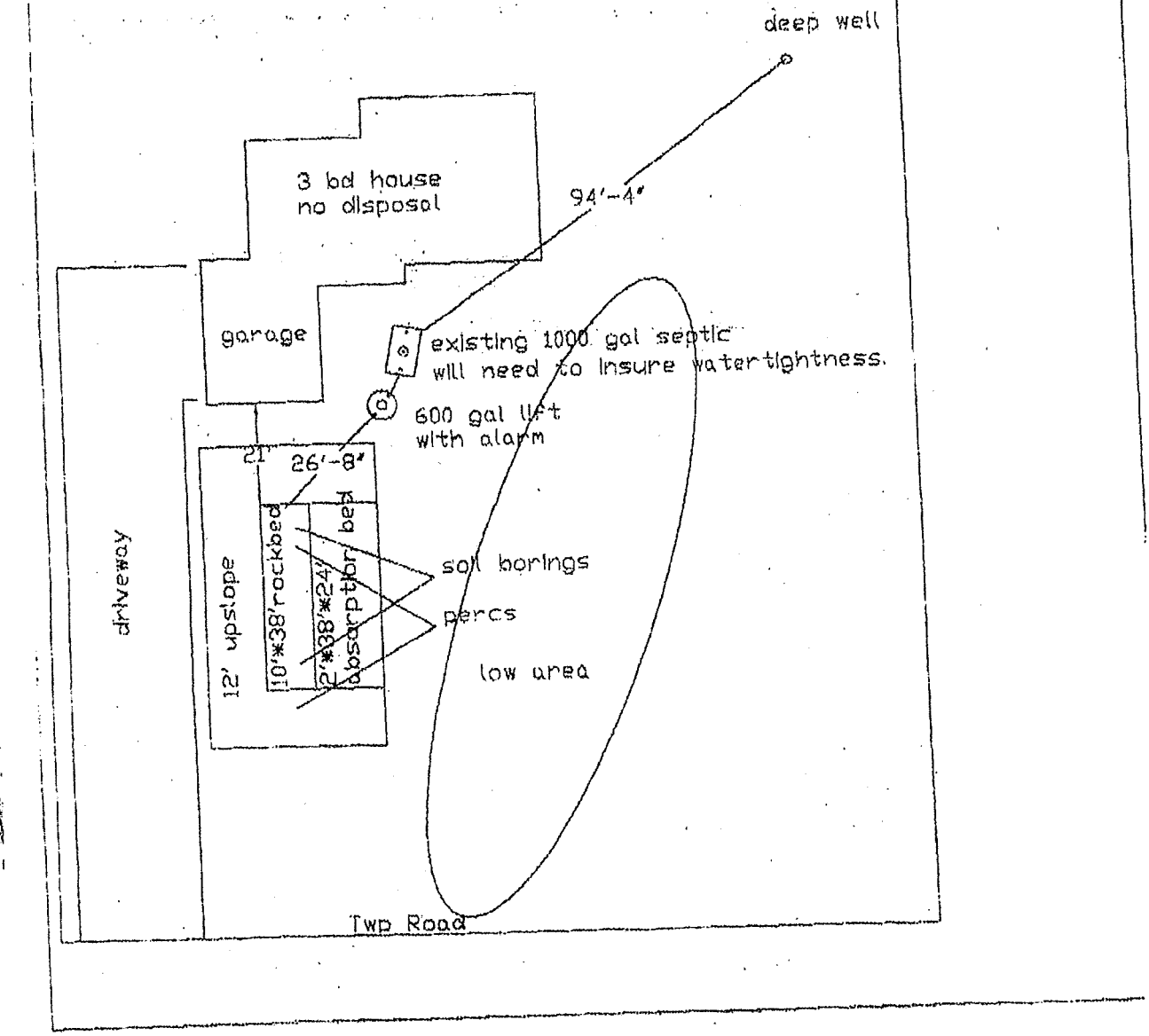
Septic System Design

The site plan must be drawn to dimension or to scale White Earth Lake

Dimensions of Lot
Well & Water Line Locations within 100 ft of System
*Existing & Proposed Buildings
*Distance from Property Lines
*Distance from OHWM
*Easements & setbacks
*Tank Access Route
*Distance from buildings
*Location of any Unsuitable Soil
*Soil Borings & Per Test Locations
*Scale - One inch = _____ ft

Ted
~~Art~~ Olson
Maple Grove Twp
A-142-40w

Scale 1"=30'



BECKER COUNTY PLANNING & ZONING
835 Lake Avenue, P O Box 787
Detroit Lakes, MN 56502-0787
Phone (218) 846-7314, Fax (218) 846-7266

Fire Number _____

Onsite Septic System Site Evaluation/Design

Tax Parcel Number 20.0498.007

Legal Description: Lot 2 Dora Lee Est. 2nd Add.

Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name
White Earth	RD	4	142	40W	Maple Grove

Property Owner	Address	City, State, Zip Code	Phone Number
Ted ~~Jim~~ & Lanette Olson	810 Wocken	Crookston	mn

Name and Address of Designer

MPCA NUMBER	PHONE	Date of Site Evaluation
Randy Anderson P.O. Bx 1255 Detroit Lakes mn 56502		
634	849-3072	10-13-98

Name and Address of Installer — MPCA Number

I certify that the site evaluation has been completed in accordance with all provisions of ISTS Minnesota Rules Chapter 7080.
Signature of Designer Randy Anderson Date 10-13-98

*FOR USE BY BECKER COUNTY
ENVIRONEMNTAL SERVICES DEPARTMENT ONLY*

Date Site Evaluation / Design received 9 June Received by _____

Date Site Evaluation approved _____ Approved by _____

*** 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.
*** Inspections must be scheduled at least 24 hours prior to time requested.

Application Fee 75.00 State Surcharge .50 Total 75.50

[ ] Application is hereby denied
[X] Application is hereby granted to Ted + Lanette Olson 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:

Jay D Hanson 10 June 99
Signature of Becker County Qualified Employee — Date

This permit expires on 10 Dec 99

Inspected by _____ Date _____ Permit # _____

RECEIVED 6-9-99

TEST HOLE #1				TEST HOLE #2			
EPTH IN CHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE	DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
- 7	loam	Topsoil	BLOCKY PLATY PRISMATIC NONE	0 - 6	loam	Topsoil	BLOCKY PLATY PRISMATIC NONE
7-14	sandy clay loam	5Y 5/3	BLOCKY PLATY PRISMATIC NONE	6 - 15	sandy clay loam	5Y 5/3	BLOCKY PLATY PRISMATIC NONE
14-20	peat		BLOCKY PLATY PRISMATIC NONE	15 - 18	peat		BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
Depth to standing water	18"			Depth to standing water	18"		
Depth to mottling	7"			Depth to mottling	6"		

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

lawn area

WATER USES:

( )Washing Machine
( ) Dishwasher
( ) Water Softner
(–) Garbage Disposal

DESIGN FLOW 450 GPD

NO. of Bedrooms 3
NO. of Bathrooms _____
SQ FT of Structure _____

GRINDER PUMP/LIFT STATION IN HOUSE
( ) YES (X) NO

WELL INFORMATION:
Property's Well - Depth deep Drilled (X) Sandpoint ( )
Neighboring Well - Depth NA Drilled ( ) Sandpoint ( )
(within 100 feet of system)

Work Category Proposed

( ) NEW SYSTEM
( ) REPAIR
(X) REPLACEMENT

Type of System Proposed

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

Type of Drainfield Proposed

( ) STANDARD (gravelless/chamber)
( ) STANDARD (rock trench)
( ) STANDARD (bed)
(X) MOUND (pressure distb)
( )PRESSSURIZED BED

Perc Rate 23.58

Soil Sizing Factor 1.67

Depth to Restricting Layer 6"

Maximum Depth of System mound

Size of Tank 1000

Size of Drainfield 912 Sq Ft

Size of Lift Station 1000 gal

Length of System 62

Size of Gravelless Pipe —

Size of Mound Rock Bed 10 x 38

Depth of Clean Sand 2'

Depth of Rock —

Size of Lift Pump 29 gpm at 13' of head

Length of Lift Line 31'

Number of Trenches —

Size of Lift Line 2"

Additional Information:

- PERCOLATION TEST SHEET -

Test hole location: Proposed Drainfield Hole # 1 Date test hole was prepared: 10-13-58

Depth of hole bottom: 14 inches Diameter of hole: 6 inches

Soil Data from test hole:

depth, inches	soil texture:	soil color
0-7	loam	Topsoil
7-14	sandy clay loam	5YR 5/3

Method of scratching sidewall: wire Depth of pea size gravel in bottom of hole: 14 inches

Date and hour of initial water filling: 10-13 9 AM Depth of initial water filling: 8 above hole bottom

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

Percolation test conducted by: Larry Beck Percolation test started at 2 (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	conversions
	START 22	8 / 7	1	1	22 TIME ÷ 1 DROP (Decimal) = 22 PERC A	1/16 = .06
	REFILL 22.5	8 / 7	1	1	22.5 TIME ÷ 1 DROP (Decimal) = 22.5 PERC B	1/8 = .13
	REFILL 24	8 / 7	1	1	24 TIME ÷ 1 DROP (Decimal) = 24 PERC C	3/16 = .19
	REFILL				TIME ÷ DROP (Decimal) = PERC D	1/4 = .25
	REFILL				TIME ÷ DROP (Decimal) = PERC E	5/16 = .31
	REFILL				TIME ÷ DROP (Decimal) = PERC F	3/8 = .38
	REFILL				TIME ÷ DROP (Decimal) = PERC G	7/16 = .44
	REFILL				TIME ÷ DROP (Decimal) = PERC H	1/2 = .5
						9/16 = .56
						5/8 = .63
						11/16 = .69
						3/4 = .75
						13/16 = .81
						7/8 = .88
						15/16 = .94

22.5

Ten Percent Calculation *

A,B,C	B,C,D
Largest # of ABC − Smallest # of ABC =	Largest # of BCD − Smallest # of BCD =
Smallest # of ABC × 0.10 =	Smallest # of BCD × 0.10 =
C,D,E	**D,E,F**
Largest # of CDE − Smallest # of CDE =	Largest # of DEF − Smallest # of DEF =
Smallest # of CDE × 0.10 =	Smallest # of DEF × 0.10 =
E,F,G	**F,G,H**
Largest # of EFG − Smallest # of EFG =	Largest # of FGH − Smallest # of FGH =
Smallest # of EFG × 0.10 =	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: Proposed Drainfield Hole # 2 Date test hole was prepared: 10-13-58

Depth of hole bottom: 12 inches Diameter of hole: 6 inches

Soil Data from test hole:

depth, inches	soil texture:	soil color
0-7	loam	Topsoil
7-12	sandy clay loam	5YR 5/3

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

Date and hour of initial water filling: 10-13 Depth of initial water filling: 12 above hole bottom

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

Percolation test conducted by: Larry Beck Percolation test started at 1 (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	conversions
	START 23.5	8 / 7	1	1	23.5 TIME ÷ 1 DROP (Decimal) = 23.5 PERC A	1/16 = .06
	REFILL 24.75	8 / 7	1	1	24.75 TIME ÷ 1 DROP (Decimal) = 24.75 PERC B	1/8 = .13
	REFILL 22.5	8 / 7	1	1	22.5 TIME ÷ 1 DROP (Decimal) = 22.5 PERC C	3/16 = .19
	REFILL				TIME ÷ DROP (Decimal) = PERC D	1/4 = .25
	REFILL				TIME ÷ DROP (Decimal) = PERC E	5/16 = .31
	REFILL				TIME ÷ DROP (Decimal) = PERC F	3/8 = .38
	REFILL				TIME ÷ DROP (Decimal) = PERC G	7/16 = .44
	REFILL				TIME ÷ DROP (Decimal) = PERC H	1/2 = .5
						9/16 = .56
						5/8 = .63
						11/16 = .69
						3/4 = .75
						13/16 = .81
						7/8 = .88
						15/16 = .94

23.5

Ten Percent Calculation *

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

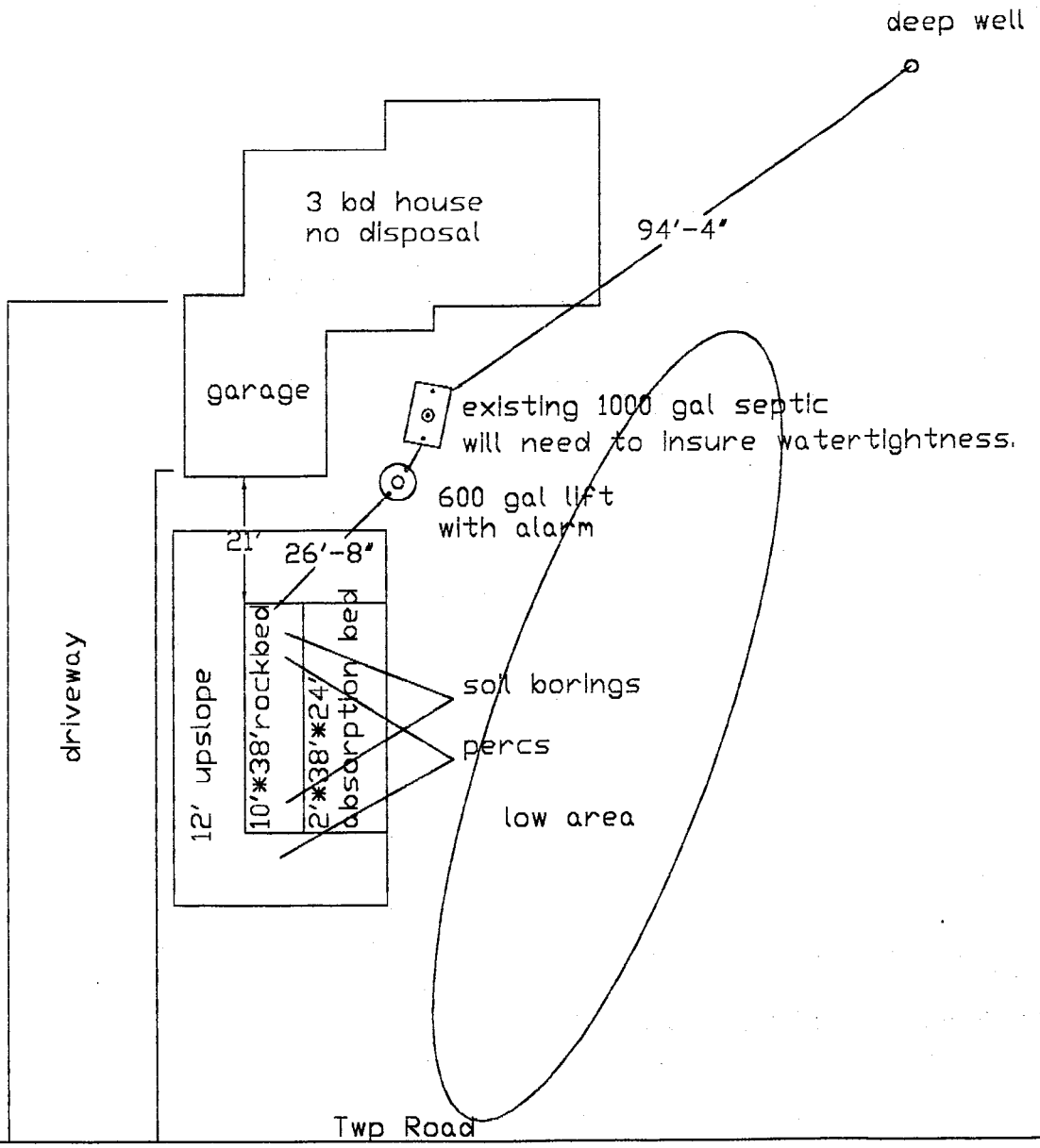
* If the top number in each set of boxes is larger than the bottom number then take another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate

The site plan must be drawn to dimension or to scale. White Earth Lake

Dimensions of Lot
Well & Water Line Locations within 100 ft of System
*Existing & Proposed Buildings
*Distance from Property Lines
*Distance from OHWM
*Easements & setbacks
*Tank Access Route
*Distance from buildings
*Location of any Unsuitable Soil
*Soil Borings & Per Test Locations
*Scale - One inch = _____ ft

Ted
~~Jim~~ Olson
Maple Grove Twp
4-142-40w

Scale 1"=30'



MOUND DESIGN WORKSHEET

(For Flows up to 1200 gpd)

A. FLOW

Estimated 450 gpd

or measured _____ x 1.5 = _____ gpd.

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	

B. SEPTIC TANK LIQUID VOLUMES

1000 gallons

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

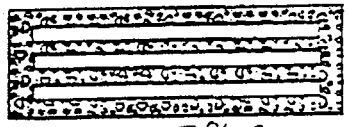
C. SOILS (refer to site evaluation)

1. Depth to restricting layer = 6 inches _____ feet
2. Depth of percolation tests = 12 inches
3. Texture loam Percolation rate 23.5 mpi
4. Land slope _____ %

D. ROCK LAYER DIMENSIONS

1. Multiply flow rate by 0.83 to obtain required area of rock layer: A x 0.83 =
   450 gpd x 0.83 sq. ft./gpd = 380 sq. ft.
2. Select width of rock layer (max 10' if <120 mpi max 5') = 10 ft.
3. Length of rock layer = area ÷ width =
   380 sq. ft. ÷ 10 ft. = 38 ft.

Width 10 ft
<120mpi <10'
>120mpi <5'



Length 38 ft

E. ROCK VOLUME

1. Multiply rock area by rock depth to get cubic feet of rock; ____ sq. ft. x ____ ft. = 380 cu. ft.
2. Divide cu. ft. by 27 cu. ft./cu. yd. to get cubic yards;
   ____ cu. ft. ÷ 27 = 14.07 cu. yd.
3. Multiply cubic yards by 1.4 to get weight of rock in tons; ____ cu. yd. x 1.4 ton/cu. yd. = 19.7 tons.

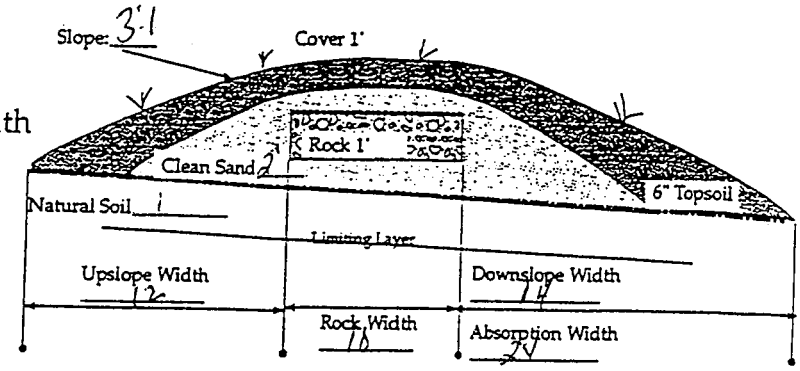
F. ABSORPTION WIDTH

1. Percolation rate in top 12 inches of soil is _____ mpi
   Texture _____
2. Select allowable soil loading rate from table;
   _____ gpd/ft²
3. Calculate adsorption width ratio by dividing rock layer loading rate of 1.20 gpd/ft2 by allowable soil loading rate;
   1.20 gpd/ft² ÷ _____ gpd/ft² = _____.
4. Multiply adsorption width ratio by rock layer width to get required adsorption width;
   10 x 2.4 ft = 24 ft

Absorption Width Sizing Table

Percolation Rate in Minutes per Inch (MPI)	Soil Texture	Gallons per day per square foot	Ratio of Absorption width to Rock Layer Width
Faster than 0.1	Coarse Sand	1.20	1.00
0.1 to 5	Sand	1.20	1.00
0.1 to 5	Fine Sand	0.60	2.00
6 to 15	Sandy Loam	0.79	1.52
16 to 30	Loam	0.60	2.00
31 to 45	Silt Loam	0.50	2.40
46 to 60	Clay Loam	0.45	2.67
60 to 120	Clay	0.24	5.00
Slower than 120	Clay	0.20	6.00

G. DOWNSLOPE BERM WIDTH



1. If landslope is **1% or more,** subtract rock layer width from adsorption width to obtain minimum downslope berm toe
24 ft - 10 ft = 14 feet

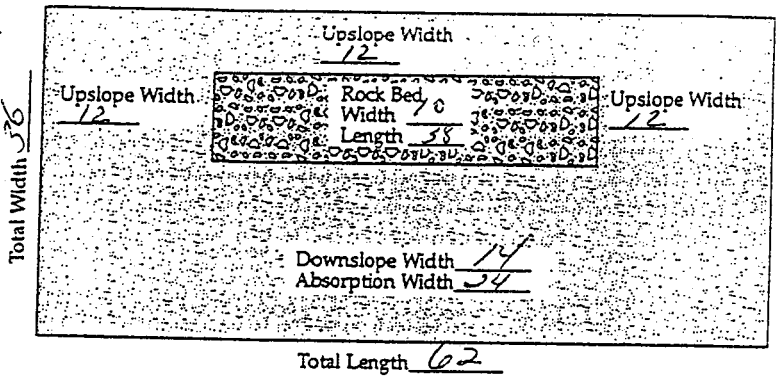
2. Calculate Minimum mound Size

a. Determine depth of clean sand fill at upslope edge of rock layer:
Separation 3' - 1 ft = 2 feet

b. Add depth of clean sand for separation (2a) at upslope edge, depth of rock layer (1 foot) to depth of cover (1 foot) to find the mound height at the upslope edge of rock layer;
2 ft + 1ft + 1ft = 4 feet

c. Enter table with landslope and upslope berm ratio. Select berm multiplier of 2.91.

d. Multiply berm multiplier by upslope mound height to find upslope berm width:
4 x 2.91 = 11.7 feet



e. Multiply rock layer width by landslope to determine drop in elevation;
10 x 1 % ÷ 100 = 1 feet

f. Add depth of clean sand for slope difference (2e)at downslope edge, to the mound height at the upslope edge of rock layer (2b) to find the downslope height;
4 ft + 1 ft = 4.1 feet

g. Enter table with landslope and downslope berm ratio. Select berm multiplier of 3.09.

h. Multiply berm multiplier by downslope mound height to get downslope berm width:
4.1 x 3.09 = 12.6 feet

i. Compare the values of step G.1 14 and Step G.2h 13
Select the greater of the two values as the downslope berm width; 14 feet

j. Total mound width is the sum of upslope berm (G.2d) width plus rock layer width (D.2) plus downslope berm width(G.2i);
12 ft + 10 ft + 14 ft = 36 feet

k. Total mound length is the sum of upslope berm width (G.2d) plus rock layer length (D.3) plus upslope berm width (G.2d);
12 ft + 38 ft + 12 ft = 62 feet

BERM SLOPE MULTIPLIERS

Land Slope in %	DOWNSLOPE berm multipliers for various berm slope ratios					UPSLOPE berm multipliers for various berm slope ratios					
	3:1	4:1	5:1	6:1	7:1	3:1	4:1	5:1	6:1	7:1	8:1
0	3.0	4.0	5.0	6.0	7.0	3.0	4.0	5.0	6.0	7.0	8.0
1	3.09	4.17	5.26	6.38	7.53	2.91	3.85	4.76	5.66	6.54	7.41
2	3.19	4.35	5.56	6.82	8.14	2.83	3.70	4.54	5.36	6.14	6.90
3	3.30	4.54	5.88	7.32	8.86	2.75	3.57	4.35	5.08	5.79	6.45
4	3.41	4.76	6.25	7.89	9.72	2.68	3.45	4.17	4.84	5.46	6.06
5	3.53	5.00	6.67	8.57	10.77	2.61	3.33	4.00	4.62	5.19	5.71
6	3.66	5.26	7.14	9.38	12.07	2.54	3.23	3.85	4.41	4.93	5.41
7	3.80	5.56	7.69	10.34	13.73	2.48	3.12	3.70	4.23	4.70	5.13
8	3.95	5.88	8.33	11.54	15.91	2.42	3.03	3.57	4.05	4.49	4.88
9	4.11	6.25	9.09	13.04	18.92	2.36	2.94	3.45	3.90	4.30	4.65
10	4.29	6.67	10.00	15.00	23.33	2.31	2.86	3.33	3.75	4.12	4.44
11	4.48	7.14	11.11	17.65	30.43	2.26	2.78	3.23	3.61	3.95	4.26
12	4.69	7.69	12.50	21.43	43.75	2.21	2.70	3.12	3.49	3.80	4.08

Final Dimensions:
36 x 62

APPLICATION FOR SEWAGE SYSTEM

CERTIFICATE OF COMPLIANCE

With The Becker County Zoning Ordinance

Application Number	
Tax Parcel Number	20.0498.007
Fire Number of Project Location	

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.)	2. Authorized Agent (if applicable)		
Olson, Ted + Lanette			
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)			
810 Hocken Blvd. Crookston MN. 56716			
4. Day Phone	5. Evening Phone	6. Section	7. Township
		4	Maple Grove

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name

Lot 2 Dora Lee Est. 2nd Add.

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 >50'
- b. Diameter

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

1 Inch Equals

DESIGN

see drawing

installed by Brent Hall

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

	Tank	Drainfield
Distances to Well:	>50'	>100'
Distance to Building:	>10'	>20'
Distance to Property Line:	>10'	>10'

	Tank	Drainfield
Distance to Pressure Line:	>20'	>50'
Tank Capacity (gal.& Area of Drainfield (ft 2)	1000	912FT^2
Distance to Ordinary High Water Level:	>75'	>75'

Drainfield separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling: = 7"

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

Jay D Hanson

Signature

Inspector — 29 Jun 99

Title — Date

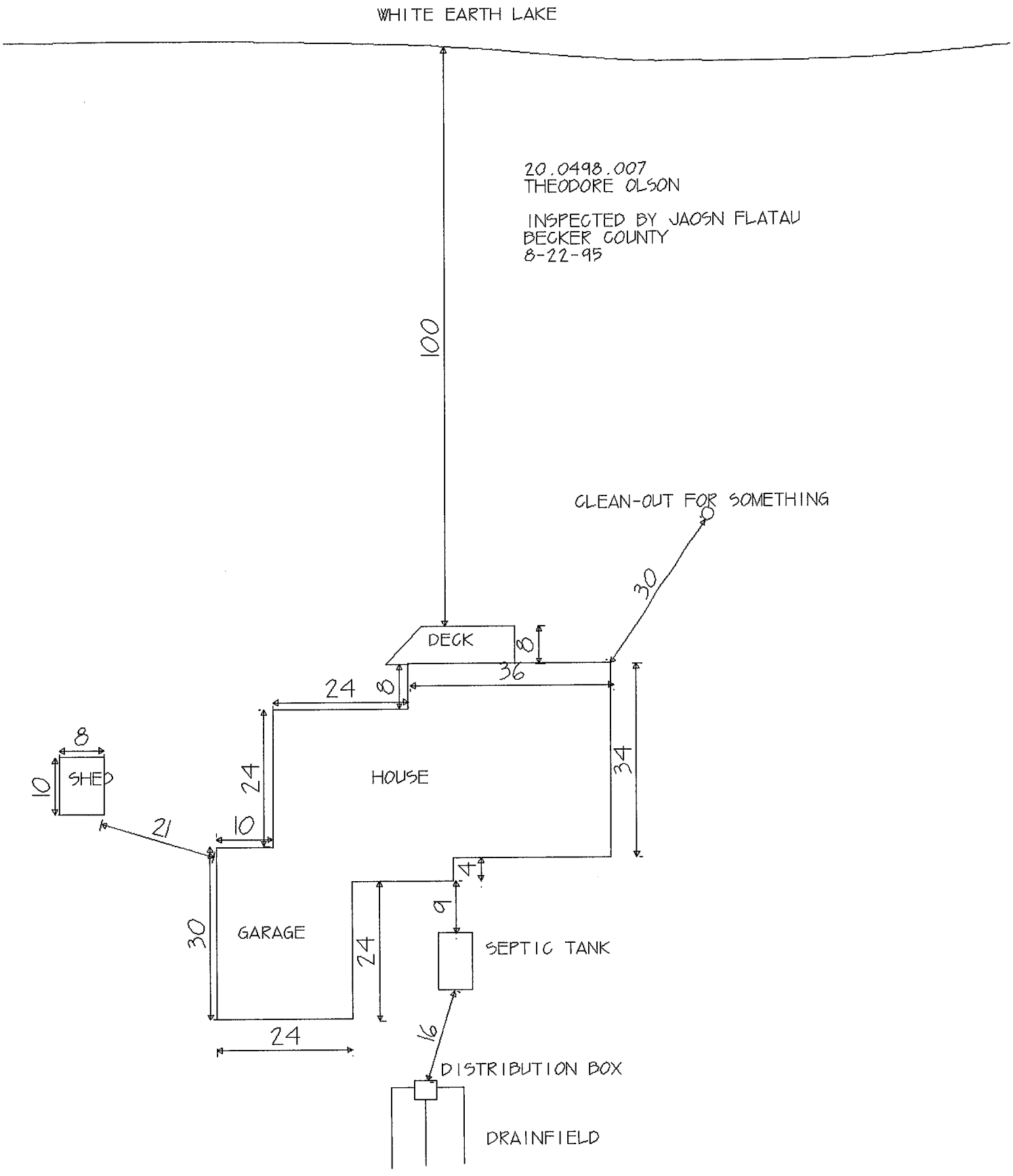
K↑♠1☺♦K♥♠1☺

20.0498.007
THEODORE OLSON

THE SEWER SYSTEM WAS INSTALLED IN 1988. THERE IS A 1000 GALLON SEPTIC TANK AND THE DRAINFIELD IS 400 SQUARE FEET.
THE SEPTIC TANK IS 9 FEET ON THE BACKSIDE OF THE HOUSE. THERE IS A CLEON-OUT FOR THE DISTRIBUTION BOX.

INSPECTED BY JASON FLATAU
8-22-95

K↑♠1☺♦K♥♠1☺


WHITE EARTH LAKE
20.0498.007
THEODORE OLSON
INSPECTED BY JAOSN FLATAU
BECKER COUNTY
8-22-95
100
CLEAN-OUT FOR SOMETHING
30
DECK
8
36
24
8
8
SHED
10
24
HOUSE
34
10
21
4
9
30
GARAGE
24
SEPTIC TANK
24
16
DISTRIBUTION BOX
DRAINFIELD

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 19 *day of* December *19* 88,

to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: Lot 2 Dora Lee Estates 2nd Addition

Lake No. _____ *Sec.* 9 *Twp.* 142 *Range* 40 *Twp. Name* Maple Grove

	SEPTIC TANK	SEEPAGE BED
CAPACITY	1000 gls	400 SF
DISTANCE FROM NEAREST WELL	+ 75 F	+75 F
DISTANCE FROM LAKE OR STREAM	100 F	100 F
DISTANCE FROM OCCUPIED BUILDING	+ 10 F	+20 F
DISTANCE FROM PROPERTY LINE	+ 10 F	+10 F
DISTANCE FROM BOTTOM TO WATER TABLE		+ 4 F

Owner: *Name* Robert D Wysuph

Address Waubun

MN *Zip No.* 56589

Permit No. SP 12-17,258-4

called this one in Clay Sub soil

332

Signed by: _____

Zoning Administrator
Becker County, Minnesota

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

CATEGORY	SEPTIC TANK				SEEPAGE ~~PIT~~				DRAIN FIELD		
	Actual		Should be		Actual		Should be		Actual	$	
Capacity	1000	Gls.		Gls.	400	S F		S F	S F		S F
Distance from Nearest Well	+ 75	F		F	+ 75	F	75	F	F	50	
Distance from Lake or Stream	100	F		F	100	F		F	F		F
Distance from Occupied Building	+ 10	F	10	F	+ 20	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: Called this one in. Clay and said (on Vacation)

INTERPRETATION OF ABBREVIATIONS

Gls — Gallons
SF — Square Feet
F — Linear Feet

Mark Kuehn
Inspector's Signature

Title

Inspection Dated 11-2 1988

Agency

Yellow — Owner
Pink — Assessor
Idenrod — Inspector

BECKER COUNTY ZONING ADMINISTRATION

829 LAKE AVE., BOX 787 — Phone 218-847-4427 — Detroit Lakes, Minn. 56501 Date 7-14-88

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

12-17-88-S

LEGAL DESCRIPTION AND LOCATION

FIRE NUMBER

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
32	Cormorant	RD	9	142	40	

IDENTIFICATION: Please Print All Information

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

TYPE OF IMPROVEMENT:
( ) New Building ( ) Alteration
Other

RESIDENTIAL PROPOSED USE:
( ) One Family Dwelling
( ) Multiple Dwelling ____ Units

NON-RESIDENTIAL PROPOSED USE:
Specify:
Size

ESTIMATED COST OF IMPROVEMENT $

Construction Starting Date:

PRINCIPAL TYPE OF FRAME & BUILDING
( ) Masonry
( ) Wood Frame
( ) Structural Steel
( ) Other — Specify

( ) New Home
( ) Garage
( ) Mobile Home
Year ____
( ) Cottage
( ) Septic System
( ) Other

TYPE OF SEWAGE DISPOSAL:
( ) Public
( ) Individual Septic Tank, etc.

WATER SUPPLY
( ) Public ( ) Individual Well
Type ____ Depth ____

MECHANICAL EQUIPMENT
Elevator: ( ) Yes ( ) No
Air Conditioning: ( ) Yes ( ) No
( ) Central ( ) Unit

DIMENSIONS:
Basement: ( ) Yes ( ) No
Stories above basement:
Sq. feet (outside dimension)
Bedrooms ____ Baths ____

HEATING:
( ) Electric ( ) Gas ( ) Oil
( ) Coal ( ) None
Other:

Type of Roof:

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	400 Sq. Ft.	Sq. Ft.
Distance from nearest well	75 Ft.	75 Ft.	Ft.
Distance from lake or stream	75 Ft.	75 Ft.	Ft.
Distance from occupied building	10 Ft.	10 Ft.	Ft.
Distance from property line	XX Ft.		Ft.
Distance from bottom to Water Table	Ft.	4 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 108 feet. (Building Line)

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

Building setback from ( ) State - ( ) County - ( ) Township Highway ____ feet from the ( ) Center Line - ( ) Right of Way

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 7-14-88

Signature of Owner

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. 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 7-14-88

Becker County Zoning Administrator

Permit Fee $ 10.00 State Surcharge $ .50 Cormorant Surcharge $

Comments: $54.50 total

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 13 *day of* December *19* 88 ,

to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: Lot 2 Dora Lee Estates 2nd Addition

Lake No. _____ *Sec.* 9 *Twp.* 142 *Range* 40 *Twp. Name* Maple Grove

	SEPTIC TANK	SEEPAGE BED
CAPACITY	1000 gls	600 SF
DISTANCE FROM NEARESTWELL	+ 75 F	+75 F
DISTANCE LAKE OR STREAM	154 F	154 F
DISTANCE FROM OCCUPIED BUILDING	10 F	20 F
DISTANCE FROM PROPERTY LINE	+ 10 F	+10 F
DISTANCE FROM BOTTOM TO WATER TABLE		4 F

Owner: Name ROBERT WYSUPH

Address _____

WAUBUN MN 56589

Zip No. _____

Permit No. SP 12-17,258-4

332

Signed by: _____

Zoning Administrator
Becker County, Minnesota

10,000