

BECKER COUNTY PL

835 Lake Avenue,
Detroit Lakes, MI

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



210017000

MT

Onsite Septic System Site Evaluation/Design

Tax Parcel Number 21.0017.000

Legal Description:						
Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name	
<u>STRAIGHT RIVER</u>		<u>6</u>	<u>140</u>	<u>036</u>	<u>OSAGE</u>	
Property Owner	Address		City, State, Zip Code		Phone Number	
<u>RANDY + ELLEN GRAVES</u>	<u>Box 211</u>		<u>OSAGE, MN 56570</u>		<u>573-3623</u>	
Name and Address of Designer						
<u>RON GIRTZ, Rt 2 Box 222 Park Rapids, MN</u>						
MPCA NUMBER	PHONE			Date of Site Evaluation		
<u>826</u>	<u>218-732-9792</u>			<u>8-9-99</u>		
Name and Address of Installer					MPCA Number	
<u>DENNIS + GIRTZ EXC, Ron Girtz Rt 2 Box 222</u>					<u>1826</u>	
					<u>PARK RAPIDS</u>	

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

Signature of Designer Ron Girtz Date 8-10-99

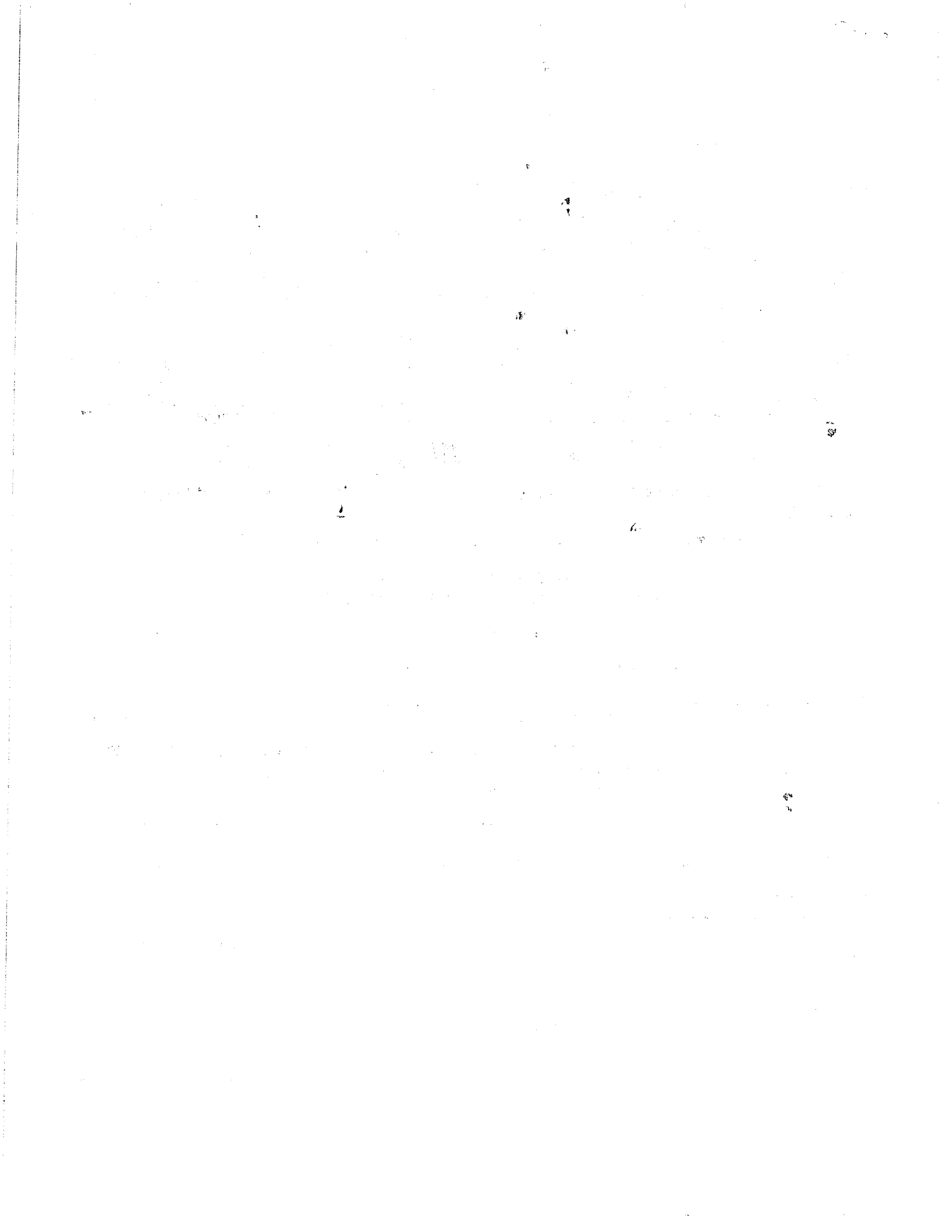
FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

Date Site Evaluation / Design received	<u>9 August 99</u>	Received by	<u>[Signature]</u>
Date Site Evaluation approved	<u>9 Aug 99</u>	Approved by	<u>[Signature]</u>

- *** 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	<u>75.00</u>	State Surcharge	<u>.50</u>	Total	<u>75.50</u>
[] Application is hereby denied					
[x] Application is hereby granted to <u>Randy Graves</u> 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:					
Signature of Becker County Qualified Employee				Date	
<u>[Signature]</u>					
This permit expires on <u>9 Feb 2000</u>					

Inspected by [Signature] Date August 99



SOIL INFORMATION

TEST HOLE #1				TEST HOLE #2			
DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE	DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
0-8"	Topsoil		BLOCKY PLATY PRISMATIC NONE	0-10"	Topsoil		BLOCKY PLATY PRISMATIC NONE
8-14"	SAND	10YR 6/3	BLOCKY PLATY PRISMATIC NONE	10-15"	SAND	10YR 6/3	BLOCKY PLATY PRISMATIC NONE
14-80"	COURSE SAND	10YR 6/4	BLOCKY PLATY PRISMATIC NONE	15-82"	SAND	10YR 6/4	BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
Depth to standing water	+80"			Depth to standing water	+82"		
Depth to mottling	+80"			Depth to mottling	+82"		

Describe the surface features (slope, runoff, weather conditions, vegetation type, evidence of compaction, etc.)
OPEN MEADOW, 2% slope to west

WATER USES: DESIGN FLOW 450 GPD
 Washing Machine NO. of Bedrooms 3
 Dishwasher NO. of Bathrooms 2
 Water Softener SQ FT of Structure _____
 Garbage Disposal

GRINDER PUMP/LIFT STATION IN HOUSE
 YES NO
 WELL INFORMATION:
 Property's Well - Depth 750' Drilled Sandpoint ()
 Neighboring Well - Depth None Drilled () Sandpoint ()
 (within 100 feet of system)

Work Category Proposed	Type of System Proposed	Type of Drainfield Proposed
<input checked="" type="checkbox"/> NEW SYSTEM <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> SEPTIC TANK/DRAINFIELD <input type="checkbox"/> DRAINFIELD ONLY <input type="checkbox"/> HOLDING TANK <input type="checkbox"/> LIFT STATION <input type="checkbox"/> ALTERNATE (specify) _____	<input checked="" type="checkbox"/> STANDARD (gravelless/chamber) <input type="checkbox"/> STANDARD (rock trench) <input type="checkbox"/> STANDARD (bed) <input type="checkbox"/> MOUND (pressure distb) <input type="checkbox"/> PRESSURIZED BED
Perc Rate <u>6-15</u>	Soil Sizing Factor <u>1.27</u>	Depth to Restricting Layer <u>782"</u>
Maximum Depth of System <u>30"</u>	Size of Tank <u>1500 Combo</u>	Size of Lift Station _____
Size of Gravelless Pipe <u>10"</u>	Size of Drainfield <u>570</u> Sq Ft	Length of System _____
Depth of Rock _____	Size of Mound Rock Bed _____	Depth of Clean Sand _____
Number of Trenches <u>2</u>	Size of Lift Pump _____	Length of Lift Line _____
Number of Trenches <u>2</u>	Size of Lift Line _____	
Additional Information: <u>North of OSAGE on County #48 3 miles,</u> <u>left on township gravel, 1 mile west to 90° curve,</u> <u>Right through gate to house 300 ft.</u>		

Septic System Design/Site Evaluation

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

- *Dimensions of Lot
- *Well & Water Line Locations within 100 ft of System

- *Existing & Proposed Buildings
- *Distance from Property Lines
- *Distance from OBTWM

- *Easements & setbacks
- *Tank Access Route
- *Distance from buildings

- *Location of any Unsuitable Soil
- *Soil Borings & Per Test Locations
- *Scale - One inch = ft

