210117000

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Instructions: 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:

RECEIVED
JUL 05 2016
ZONING

System Status

System status on date (mm/dd/yyyy): 6-30-16

☑ **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: 21011 7000

Property address: 25391 Oak Knoll TRL

Reason for inspection: Real Estate

Property owner: Norman + Deanne Lubrich

Owner's phone:

or

Owner's representative:

Representative phone:

Local regulatory authority: Becker Co

Regulatory authority phone:

Brief system description: 1000 gal Septic Tank/ 190 lin ft SB2

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: Don Umthun

Certification number: C4549

Business name:

License number: L1867

Inspector signature: Don Umthun

Phone number: 218-252-6411

Necessary or Locally Required Attachments

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

☐ Other information (list):

Property address: 25391 Oak Knoll TRL Inspector initials/Date: 6 30-16

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

Compliance criteria:	
System discharge sewage to the ground surface.	☐ Yes ☒ No
System discharge sewage to drain tile or surface waters.	☐ Yes ☒ No
System cause 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.	☐ Yes ☒ No
If yes, which sewage tank(s) leaks:	

Any "yes" answer above indicates the system is Failing to Protect Groundwater.

Comments/Explanation:

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 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: 25391 Oak Knoll TRL Inspector initials/Date: 6-30-16

4. Soil Separation – Compliance component #4 of 5

Date of installation: 1997 ☐ 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 of elevations

A. Bottom of distribution media	26"
B. Periodically saturated soil/bedrock	62"
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.*

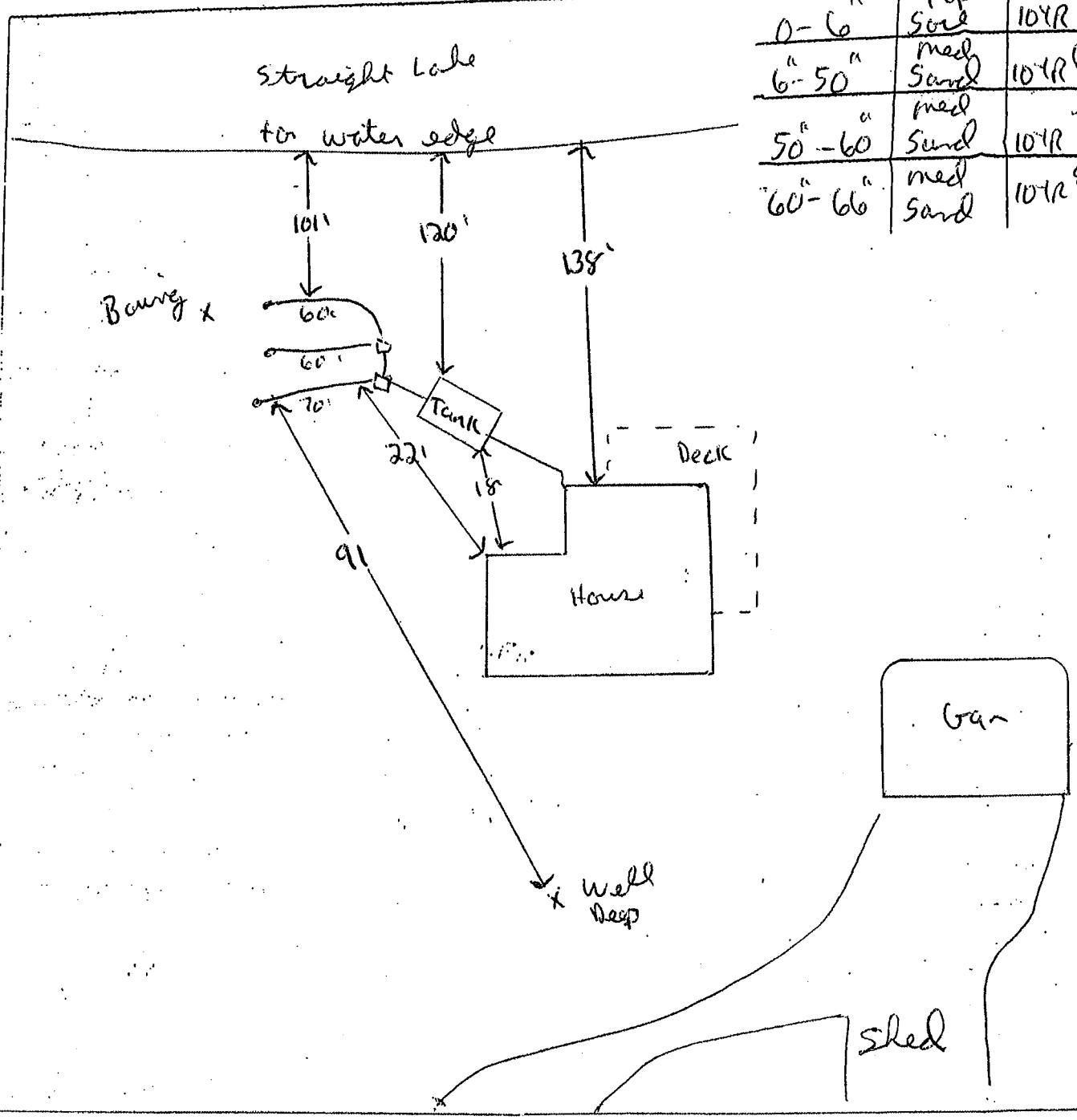
SITE PLAN MUST BE DRAWN TO SCALE OR DIMENSION

Plan must include:

- Lot Dimensions
- Tank Access Route
- Alternate Drainfield Site
- Lot Easements
- Wells Within 100 feet of System
- Slope & Direction
- All ISTS Components
- Horizontal Setbacks
- Existing & Proposed Buildings
- Soil Borings
- Disturbed/Compacted Areas

Soil Boring

0-6"	Top Soil	10YR 3/1
6"-50"	med Sand	10YR 6/4
50"-60"	med Sand	10YR 7/4
60"-66"	med Sand	10YR 8/4



Oak Knoll TRL

	SEPTIC TANK	LIFT STATION	DRAINFIELD
Distance from nearest well	87'		91'
Distance from lake or stream	120'		101'
Distance from occupied building	15'		22'
Distance from property line	—		—
Distance from bottom to water table	—		37

Detroit Lakes, MN 56502-0787
Phone (218) 846-7314, Fax (218) 846-7266

Onsite Septic System Site Evaluation/Design

Fire Number _____

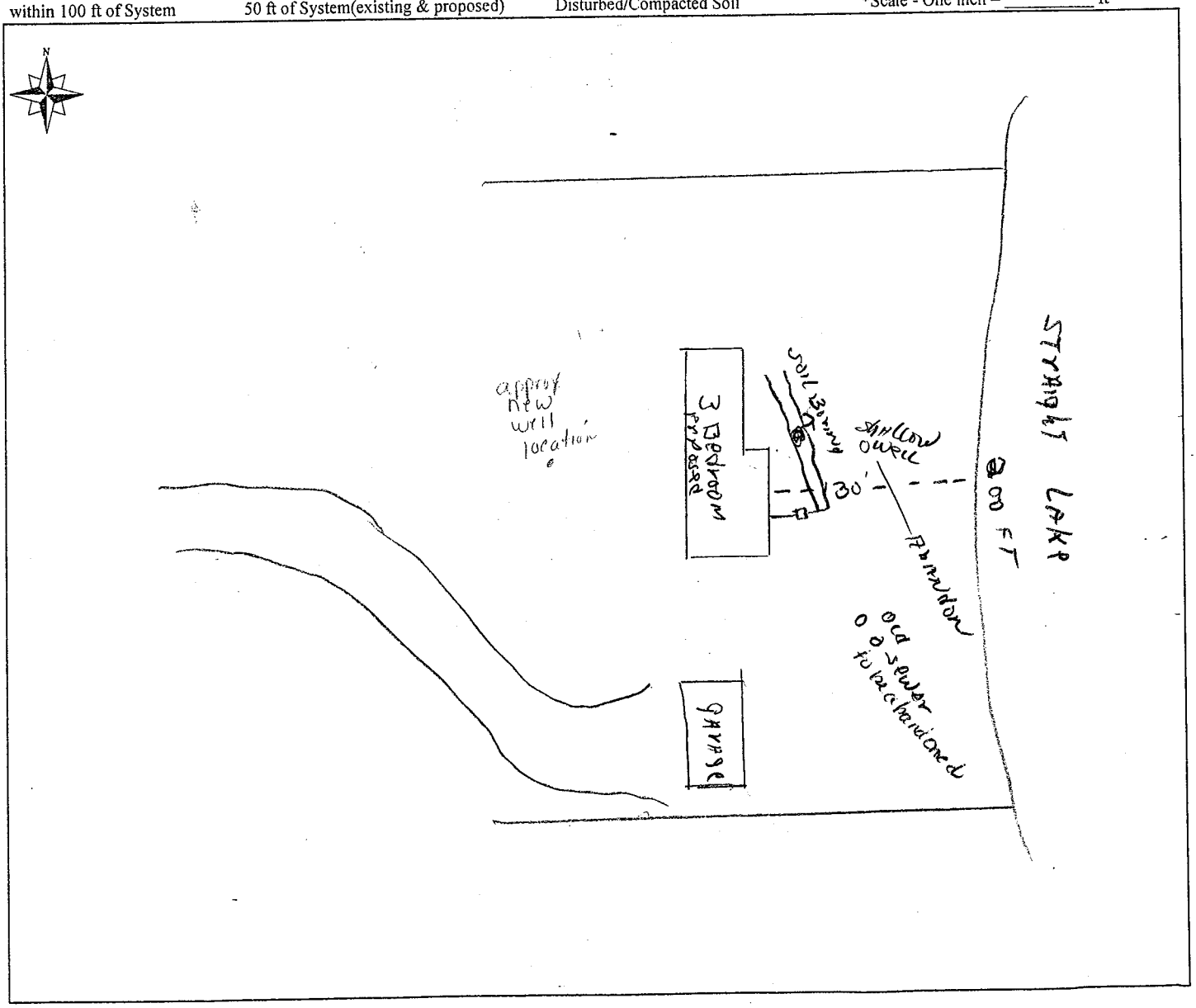
Tax Parcel Number 21.0117.000 & 21.0401.000

Legal Description:					
Pt Lot 6 Beg 1184.2' E 872.5' N & 667.35' NELY of SW Cor					
Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name
Straight		17	140	36	Osage
Property Owner	Address	City, State, Zip Code			Phone Number
Ron Schirmers	Box #158	Osage MN 56570			573-2015
ISTS Designer I / Designer II	License Number	Address			Phone Number
John Racer	#286	RT #1 Osage			573-3516

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 = _____ ft



DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE	DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
<6"	Top soil	3-1	BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
6"	Hard pan	4-6	BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
7'	SAND	8.4	BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
		1	BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
Depth to standing water	7+			Depth to standing water			
Depth to mottling	7+			Depth to mottling			

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

SYSTEM IS (✓) NEW ( ) REPAIR

SYSTEM DESIGN (✓) GRAVITY FLOW ( ) PRESSURE DISTRIBUTION

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

NUMBER OF BEDROOMS 3
NUMBER OF BATHROOMS 2
TOTAL SQ. FT OF STRUCTURE 1120
TANK SIZE 1000
LIFT STATION SIZE —
SOIL TREATMENT AREA SIZE 570 SQ FT
DOSE VOLUME —

DEPTH OF SYSTEM 3ft
SYSTEM DESIGN FLOW 450 GPD
SOIL SIZING FACTOR 1.27
PUMP SIZE —
LENGTH OF LIFT LINE —
TOTAL DYNAMIC HEAD —

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

WELL INFORMATION-Property's Well DEPTH OF WELL New well

TYPE OF WELL drilled

Neighboring wells (within 100 ft of system) Depth of Wells None

Type of Wells —

Name of Designer I
Designer II John Racer

Date of Site Evaluation 2-25-97

MPCA Number #286

Phone 218-573-3516

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

Signature of Evaluator John E Racer Date 2-25-97

For Office Use Only

Date Site Evaluation / Design received 2/25/97 Received by _____

Date Site Evaluation approved 2/27/97 Approved by Debi Mattson

FLOW

A. Estimated 450 gpd
measured 450 x 1.5= 675 gpd

SEPTIC TANK VOLUME

B. 1000 gallons

SOILS (Site evaluation data)

C. Depth to restricting layer = 7 + feet
D. Maximum depth of system C - 3 ft = 3 feet
E. Texture SAND Percolation rate 6 to 15 MPI
F. SSF 1.27 sq ft/gpd
G. Slope _____%

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)
450 x 1.27 ÷ 3 = 190 feet

LAWN AREA

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

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

If the site evaluation determines a mound system, please attach the mound design worksheets.

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)

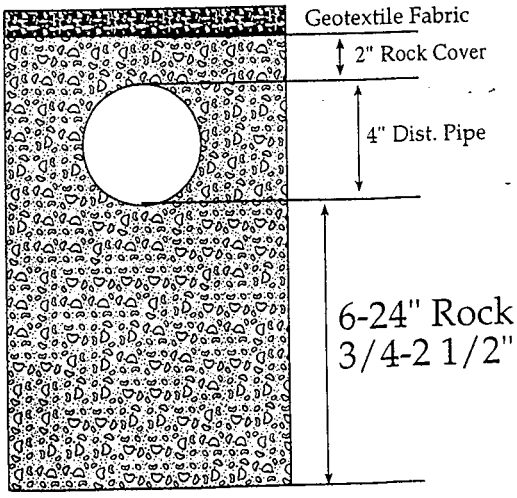
Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal
2 or less	750	1125
3 or 4	1000	1500
5 or 6	1500	2250
7, 8 or 9	2000	3000

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



- PERCOLATION TEST SHEET -

Test hole location _____ Hole # _____ Date test hole was prepared: _____

Depth of hole bottom: _____ inches Diameter of hole: _____ inches

Soil Data from test hole:

depth, inches	soil texture:	soil color

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

Date and hour of initial water filling: _____ Depth of initial water filling: _____ above hole bottom

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

Percolation test conducted by; _____ Percolation test started at _____ (am / pm).

Maximum water depth above hole bottom during test: _____ inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	conversions
_____ _____	START _____	_____ _____	_____	_____	TIME ÷ DROP (Decimal) = PERC A	1/16 = .06
_____ _____	REFILL _____	_____ _____	_____	_____	TIME ÷ DROP (Decimal) = PERC B	1/8 = .13
_____ _____	REFILL _____	_____ _____	_____	_____	TIME ÷ DROP (Decimal) = 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

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 _____ Hole # _____ Date test hole was prepared: _____

Depth of hole bottom: _____ inches Diameter of hole: _____ inches

Soil Data from test hole:

depth, inches	soil texture:	soil color

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Date and hour of initial water filling: _____ Depth of initial water filling: _____ above hole bott

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

Percolation test conducted by; _____ Percolation test started at _____ (am / pm

Maximum water depth above hole bottom during test: _____ inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	conversio
_____ _____	START _____	_____ _____	_____	_____	TIME ÷ DROP (Decimal) = PERC A	1/16 = .0
_____ _____	REFILL _____	_____ _____	_____	_____	TIME ÷ DROP (Decimal) = PERC B	1/8 = .1
_____ _____	REFILL _____	_____ _____	_____	_____	TIME ÷ DROP (Decimal) = PERC C	3/16 = .1
_____ _____	REFILL _____	_____ _____	_____	_____	TIME ÷ DROP (Decimal) = PERC D	1/4 = .2
_____ _____	REFILL _____	_____ _____	_____	_____	TIME ÷ DROP (Decimal) = PERC E	5/16 = .3
_____ _____	REFILL _____	_____ _____	_____	_____	TIME ÷ DROP (Decimal) = PERC F	3/8 = .33
_____ _____	REFILL _____	_____ _____	_____	_____	TIME ÷ DROP (Decimal) = PERC G	7/16 = .4
_____ _____	REFILL _____	_____ _____	_____	_____	TIME ÷ DROP (Decimal) = PERC H	1/2 = .5
						9/16 = .5
						5/8 = .63
						11/16 = .6
						3/4 = .75
						13/16 = .8
						7/8 = .88
						15/16 = .9

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. I the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

BECKER COUNTY PLANNING & ZONING

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. 10699

TAX PARCEL NUMBER 21.0117.000 & 21.0401.000

LEGAL DESCRIPTION

Pt Lot 6 Beg 1184.2' E 872.5' N & 667.35' NELY of SW Cor

LAKE/STREAM NAME	LK/STR CLASS	SECTION	TWP	RANGE	TOWNSHIP NAME
Straight		17	140	36	Usage

PROPERTY OWNER	ADDRESS/ CITY/ STATE	PHONE NO
Ron Schirmers	Box 158 Usage MN 56570	218 573-2045

INSTALLER	LICENSE NO	PHONE NO
John Racer		

SEWAGE TREATMENT SYSTEM DATA

WORK CATEGORY

(X) NEW SYSTEM
( ) REPAIR

TYPE OF SYSTEM

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

SIZE OF TANK
1000 GALLONS

SIZE OF DRAINFIELD
570 FT2

SYSTEM LENGTH
190 FT

NUMBER OF TRENCHES 2

ESTIMATED FLOW 450 GPD

TYPE OF DRAINFIELD

(X) STANDARD (gravelless)
( ) STANDARD (rock trench)
( ) STANDARD (bed)
( ) MOUND (pressure distb)

SIZE OF LIFT STATION
_____ GALLONS

SIZE OF PUMP
_____

DEPTH TO RESTRICTING LAYER 7ft

MAXIMUM DEPTH OF SYSTEM 3ft

PERC RATE 6

SSF 1.27

SIZE OF GRAVELLESS PIPE 10inch

DEPTH OF ROCK N/A

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.

Signature on site evaluation — Signature

2/25/97 — 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.

site plan attached

For Office Use Only

Application Fee 45.00 State Surcharge .50 Total #45.50

[ ] Application is hereby denied

[X] Application is hereby granted to Ron Schirmers 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:

Jodi Mottzan

Signature of Becker County Qualified Employee

Date

This permit expires on _____

APPLICATION
FOR SEWAGE SYSTEM
CERTIFICATE OF COMPLIANCE
With The Becker County Zoning Ordinance

Application Number	16699
Tax Parcel Number	21.0117.000 21.0401.000
Fire Number of Project Location	

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.)	2. Authorized Agent (if applicable)		
Schirmers, Ron			
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)			
Box #158 Osage, MN. 56570			
4. Day Phone	5. Evening Phone	6. Section	7. Township
573-2045		17	Osage

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name

Pt lot 6 Beg. 1184.2' E 872.5' N + 667.35' NE'ly of SW cor

SEWAGE SYSTEM DATA

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

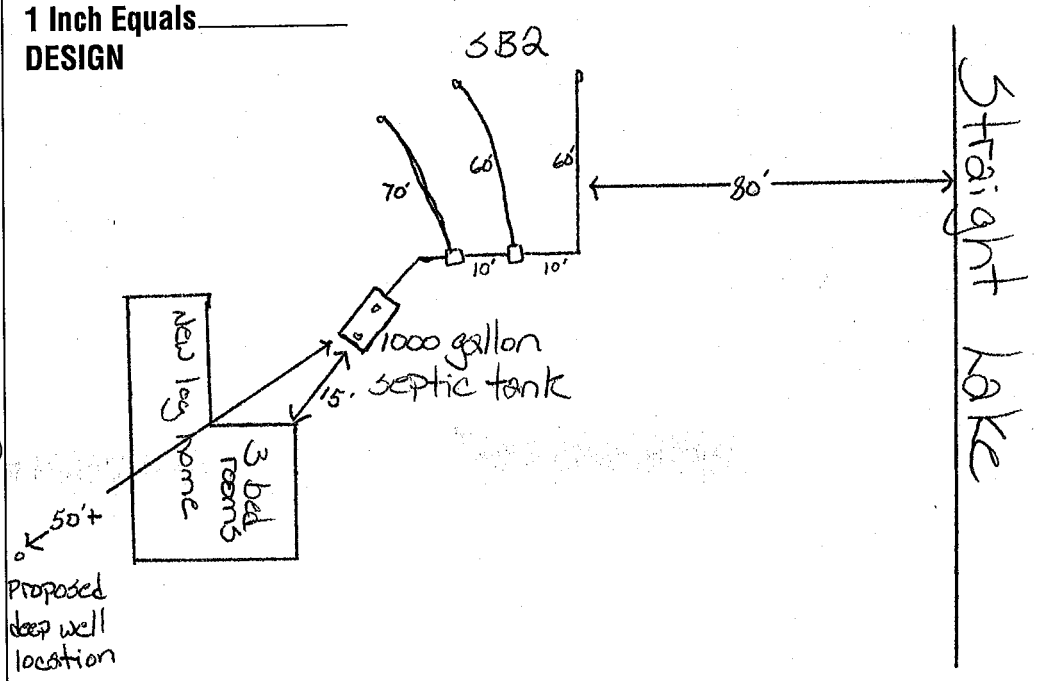
Type of Installation
a. ( ) Septic Tank Only
b. ( ) Drainfield Only
c. (✓) Septic Tank & Drainfield
d. ( ) Holding Tank
e. ( ) Septic Tank/Drainfield Lift Station

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

Well Data
a. Depth —
b. Diameter

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

1 Inch Equals
DESIGN



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

	Tank	Drainfield		Tank	Drainfield
Distances to Well:	—	—	Distance to Pressure Line:	—	—
Distance to Building:	15'	40'	Tank Capacity (gal.& Area of Drainfield (ft 2)	1000	190
Distance to Property Line:	10'+	10'+	Distance to Ordinary High Water Level:	120'	80'
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 — 06 June 97
Title — Date

Detroit Lakes, MN 56502-0787
Phone (218) 846-7314, Fax (218) 846-7266

Onsite Septic System Site Evaluation/Design

Fire Number _____

Tax Parcel Number 21.0117.000 & 21.0401.000

Legal Description:					
Pt Lot 6 Beg 1184.2' E 872.5' N & 667.35' NE¼ of SW Cor					
Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name
Straight		17	140	36	Osage
Property Owner	Address	City, State, Zip Code			Phone Number
Ron Schirmers	Box #158	Osage MN 56570			573-2015
ISTS Designer I / Designer II	License Number	Address			Phone Number
John Racer	#286	RT #1 Osage			573-3516

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 = _____ ft