

RECEIVED
AUG 22 2018
ZONING

2018 Onsite Septic System A

Becker County Planning & Zoning
915 Lake Ave, Detroit Lakes, MN 56501
Phone (218)-846-7314; Fax (218)-846-7266



250562000	
SCANNED	
LAKE	

All to be done
Spaley

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: 250562000

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 18 Township 141 Range 038 Township Name Round Lake South

Lake Name Round Lake Classification RD

Legal Description: Pike Peak Beach Lots 17, 18, 19 + 21

Project Address: 31359 Co Hwy 35 Ponsford, MN 56575

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

Owner's First Name Joannie & Donald Owner's Last Name Donald Mullon

Mailing Address 7961 Bluff Rd City, State, Zip Rockford, MN 55373

Phone Number 515-802-2308

3. DESIGNER/INSTALLER INFORMATION

Designer Name Ron Muff Company Name Muff's Trenching License # 576

Address Callaway Phone Number 218-204-0925

Installer Name Same Company Name _____ License # _____

Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

System Status

- Vacant Lot-No existing system-new structure
- Replacement - structure removed and being rebuilt
- Failing -Replacement- cesspool/seepage pit or other
- Enlargement of system-Undersized
- Repairs Needed to existing
- Additional system on property

What will new system serve? Check one

- Dwelling 2 Cabins
- Resort/Commercial
- Commercial (Non-resort)
- Other - explain below

8/16/18 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 >50'

Original Soil Compacted Soil _____
Type of Soil Observation
Pit _____ Probe Boring "45"
Depth to Restricting Layer 45"
Maximum Depth of System 9"

Size of All Tanks to be installed

1500 gal Single Compartment Septic Tank _____ gal Separate Lift Station

_____ gal Compartmented Tank _____ gal Holding Tank

_____ Pit Privy _____ Existing Tank to be used

_____ Existing tank w/new Additional Tank

_____ Existing tank w/new Lift Station

_____ Holding Tank with Privy

Total Number of tanks to be installed in this system 1 (This # will be reported to MPCA at end of year.)

PARCEL	
APP	SEPTIC
YEAR	

Type of Drainfield Full Size of Drainfield Reduced/Warrantied size

_____ Chamber Trench _____ sq ft _____ sq ft

_____ Rock Trench _____ sq ft _____ sq ft

_____ Gravelless _____ sq ft _____ sq ft

_____ Mound _____ sq ft ***

X _____ Pressure Bed 570 sq ft ***

_____ Seepage Bed _____ sq ft ***

_____ At-grade _____ sq ft ***

_____ Alternative / _____ sq ft *** *** Attach Worksheets

Performance

Type of chamber NA

Depth of Rock 9"

Alarm? Yes X No _____

Type of Alarm Alderon power post

Size of Lift Pump 1/2 HP

Size of Lift Line 1 1/2

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>75'</u>	<u>50'</u>
Distance to Building	<u>50'</u>	<u>100'</u>
Distance to Property Line	<u>105'</u>	<u>15'</u>
Distance to OHW of Lake	<u>140'</u>	<u>> 200'</u>
Distance to Pressure Line	<u>-</u>	<u>-</u>
Distance to Wetland/Protected Water	<u>-</u>	<u>-</u>

Perc Rate _____ Soil Sizing Factor 1.27 *If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
<u>0-8</u>	<u>Topsoil</u>	<u>Black</u>			<u>0-10</u>	<u>Topsoil</u>	<u>Black</u>	
<u>8-28</u>	<u>Sand</u>	<u>10YR 3/4</u>			<u>10-24</u>	<u>Sand</u>	<u>10YR 3/4</u>	
<u>28-47</u>	<u>Sand</u>	<u>10YR 4/4</u>			<u>24-45</u>	<u>Sand</u>	<u>10YR 4/4</u>	
<u>> 47</u>	<u>Redox</u>				<u>> 45</u>	<u>Redox</u>		

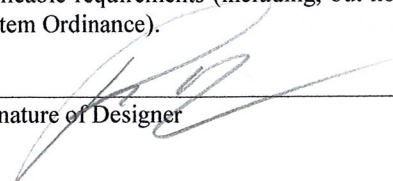
Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
<u>0-7</u>	<u>Topsoil</u>	<u>Black</u>						
<u>7-23</u>	<u>Sand</u>	<u>10YR 3/4</u>						
<u>23-46</u>	<u>Sand</u>	<u>10YR 4/4</u>						
<u>> 46</u>	<u>Redox</u>							

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? X Yes _____ No

6. DESIGNER'S CERTIFIED STATEMENT

I, Ron Muff certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

Signature of Designer 

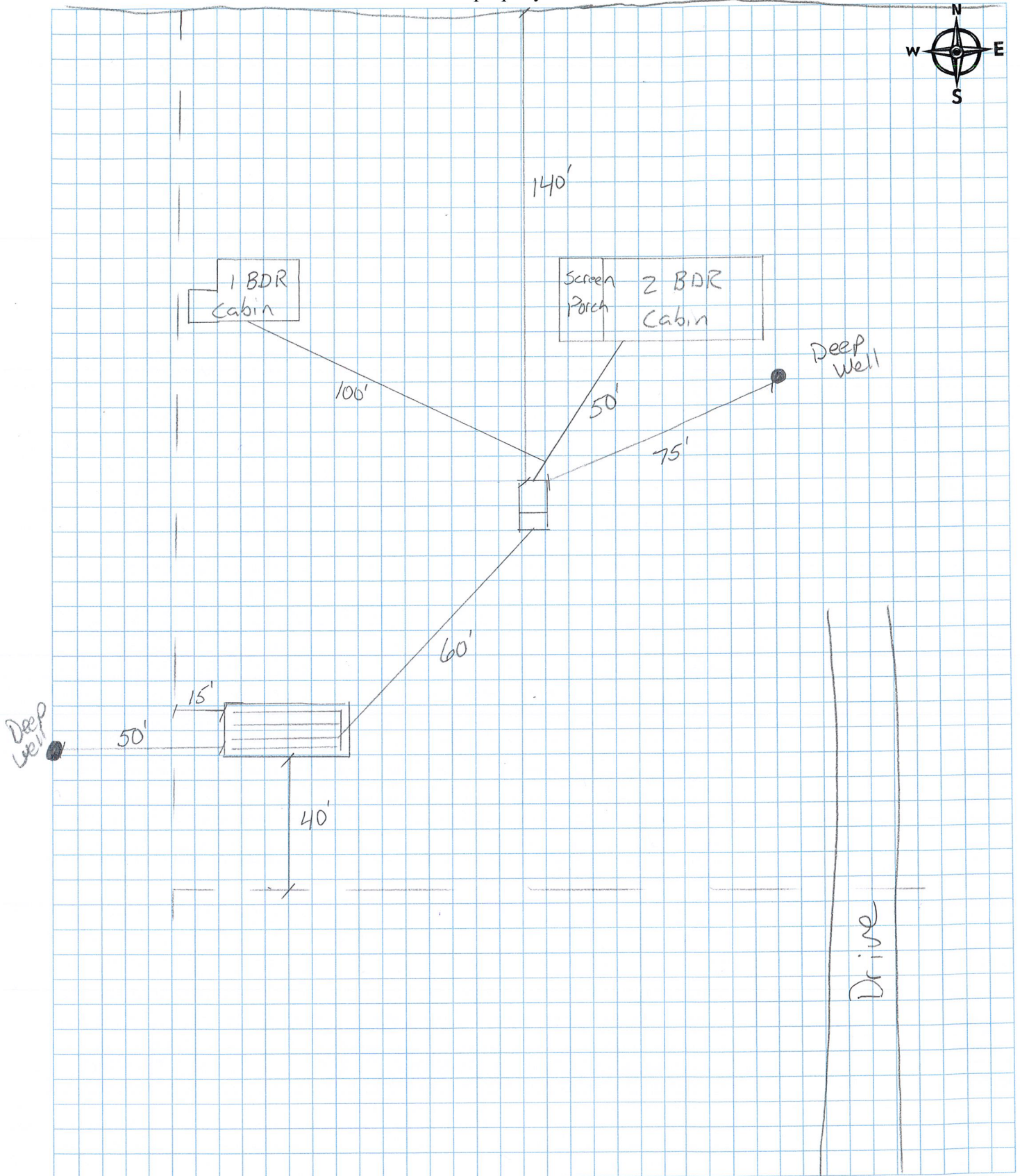
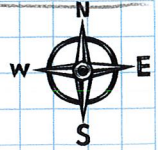
Date 8/22/18

Round Lake

SKETCH OF PROPERTY

Please sketch all structures and septic systems on the property;
Include setbacks and wells within 100 feet of the property.

PARCEL	
APP	SEPTIC
YEAR	2018



Trench and Bed Worksheet

All boxed rectangles must be entered, the rest will be calculated.

1. AVERAGE DESIGN FLOW

- A. Estimated gpd (see figure A-1)
 or measured x 1.5 (safety factor) = gpd
- B. Septic tank capacity gallons

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

2. SOILS (Site evaluation data)

- C. Depth to restricting layer = feet
- D. Maximum depth of system Item C - 3 ft = feet
- E. Texture Percolation rate mpi
- F. SSF ft²/gpd (see figure D-15)
- G. % Land slope %

Perc Rate mpi	Soil Texture	SSF sq ft/gpd
< 0.1 *	Coarse sand	0.83
0.1 - 5	Medium sand	0.83
	Loamy sand	
0.1 - 5**	Fine sand	1.67
6 - 15	Sandy loam	1.27
16 - 30	Loam	1.67
31 - 45	Silt loam, silt	2.00
46 - 60	Clay loam, sandy clay or silty clay	2.20
61 - 120***	Clay, sandy or silty clay	4.20
>120****		

* No trench >25% of total system
 ** Soil with >50% fine sand particles
 *** A mound must be used
 **** An other or performance system

Number of Bedrooms	Minimum Capacity	Capacity with Garb. Disp.	Capacity with Disp. and Lift
2 or less	750	1125	1500
3 or 4	1000	1500	2000
5 or 6	1500	2250	3000
7, 8 or 9	2000	3000	4000

percolation rate (minutes/inch)	soil texture	lineal feet/ gallon/day
Faster than 0.1 *	Coarse Sand	---
0.1 to 5	Medium Sand	0.28
	Loamy Sand	
0.1 to 5	Fine Sand **	0.6
6 to 15	Sandy Loam	0.42
16 to 30	Loam	0.56
31 to 45	Silt Loam	0.67
	Silt	
46 to 60	Clay Loam (CL)	0.74
	Sandy CL	
	Silty CL	
slower than 60***	Clay	---
	Sandy Clay	
	Silty Clay	

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

3. TRENCH OR BED BOTTOM AREA

H. For trenches with 6 inches of rock below the pipe:

$A \times F = \underline{450} \text{ gpd} \times \underline{1.27} \text{ ft/gpd} = \underline{571.5} \text{ ft}^2$

I. For trenches with 12 inches of rock below the pipe:

$A \times F \times 0.8 = \underline{450} \text{ gpd} \times \underline{1.27} \text{ ft/gpd} \times 0.8 = \underline{457.2} \text{ ft}^2$

J. For trenches with 18 inches of rock below the pipe:

$A \times F \times 0.66 = \underline{450} \text{ gpd} \times \underline{1.27} \text{ ft/gpd} \times 0.66 = \underline{377.2} \text{ ft}^2$

K. For trenches with 24 inches of rock below the pipe:

$A \times F \times 0.6 = \underline{450} \text{ gpd} \times \underline{1.27} \text{ ft/gpd} \times 0.6 = \underline{342.9} \text{ ft}^2$

L. For gravity beds with 6 or 12 inches of rock below the pipe;

$1.5 \times A \times F = 1.5 \times \underline{450} \text{ gpd} \times \underline{1.27} \text{ ft/gpd} = \underline{857.3} \text{ ft}^2$

M. For pressure beds with 6 or 12 inches of rock below the pipe;

$A \times F = \underline{450} \text{ gpd} \times \underline{1.27} \text{ ft/gpd} = \underline{571.5} \text{ ft}^2$

4. DISTRIBUTION (Check all that apply)

<input type="checkbox"/>	Bed (<6% slope)	<input type="checkbox"/>	Drop Boxes (any slope)	<input type="checkbox"/>	Rock
<input type="checkbox"/>	Trenches	<input type="checkbox"/>	Distribution Box (<3%)	<input type="checkbox"/>	Chamber
<input checked="" type="checkbox"/>	Pressure	<input type="checkbox"/>	Gravity	<input type="checkbox"/>	Gravelless

5. SYSTEM WIDTH, LENGTH AND VOLUME

M. Select width = ft

N. If using rock, divide bottom area by width: (H, I, J or K) divided by P = lineal feet

$\underline{570.0} \text{ ft}^2 / \underline{15.0} \text{ ft} = \underline{38.0} \text{ lineal feet}$

Rock depth below distribution pipe plus 0.5 foot times bottom area:

(Rock depth + 0.5 foot) x Area (H, I, J, K, L)

$(\underline{1} \text{ ft} + 0.5 \text{ ft}) \times \underline{570.0} \text{ ft}^2 = \underline{855.0} \text{ ft}^3$

Volume in cubic yards = volume in cubic feet divided by 27

$\underline{855.0} / 27 = \underline{31.7} \text{ yd}^3$

Weight of rock in tons = cubic yards times 1.4

$\underline{31.7} \times 1.4 = \underline{44.3} \text{ tons}$

O. If using 10" Gravelless Pipe, length = Flow (A) x Gravelless SSF (see figure D-9)

$\text{gpd} \times \text{ft/gpd} = \underline{0.0} \text{ lineal feet}$

P. If using a Chamber (H, I, J, K [based on height of chamber slats] divided by width of chamber in ft)

7. LAWN AREA

Q. Select trench spacing, center to center = feet

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

$\text{ft} \times \text{ft} = \underline{0} \text{ ft}^2$

8. LAYOUT

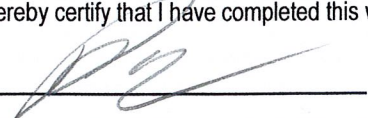
Select an appropriate scale; one inch = feet

Show pertinent property boundaries, rights-of-way, easements.

Show location of house, garage, driveway, and all other improvements, existing or proposed.

Show location and layout of sewage treatment system, well and dimensions of all elevations

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws

 (signature) 576 (license #) 8/22/18 (date)

PRESSURE DISTRIBUTION SYSTEM

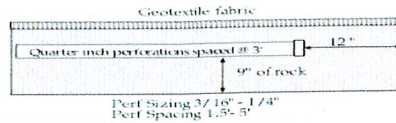
All boxed rectangles must be entered, the rest will be calculated.

1. Select number of perforated laterals: 4

2. Select perforation spacing = 2.5 ft

3. Since perforations should not be placed closer than 1 foot to the edge of the rock layer (see diagram), subtract 2 feet from the rock layer length

38 - 2 ft = 36 ft



4. Determine the number of spaces between perforations. Divide the length (3) by perforation spacing (2) and round down to nearest whole number.
Perforation spacing = 36 ft / 2.5 ft = 14

5. Number of perforations is equal to one plus the number of perforation spaces (4).
* Check figure E-4 to assure the number of perforations per lateral guarantees < 10% discharge variation.

14 spaces + 1 = 15 perforations/lateral

E-4 Maximum Number of 1/4 inch perforations per lateral to guarantee <10% discharge variation					
Perforation Spacing feet	Perforation Spacing				
	1 inch	1.25 inch	1.5 inch	2.0 inch	
2.5	8	14	18	28	
3.0	8	13	17	26	
3.3	7	12	16	25	
4.0	7	11	15	23	
5.0	6	10	14	22	

E-6 Perforation Discharge in GPM			
Head (feet)	Perforations diameter (inches)		
	3/16	7/32	1/4
1 ^a	0.42	0.56	0.74
2 ^b	0.59	0.80	1.04
5	0.94	1.26	1.65

a. Use 1.0 foot for single-family homes.
b. Use 2.0 feet for anything else

6. A. Total number of perforations = perforations per lateral (5) times number of laterals (1).
15 perfs/ lat x 4 laterals = 60 perforations

B. Calculate the square footage per perforation. Recommended value is 6-10 sqft/perf. Does not apply to at-grades.

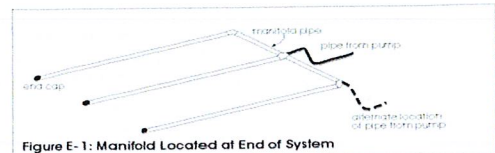
1. Rock bed area = rock width (ft) x rock length (ft)
15 ft x 38 ft = 570 ft²

2. Square foot per perforation = Rock Bed Area / number of perfs (6)
570.0 ft² / 60 perfs = 9.5 ft²/perf

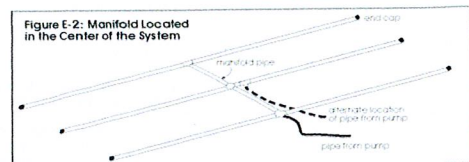
7. Determine required flow rate by multiplying the total number of perforations (6A) by flow per perforations (see figure E-6)
60 perfs x 0.74 gpm / perfs = 44.4 gpm

8. If laterals are connected to header pipe as shown in Figure E-1, to select minimum required lateral diameter; enter figure E-4 with perforation spacing (2) and number of perforations per lateral (5).

Select minimum diameter for perforated laterals = 1.5 inches



9. If perforated lateral system is attached to manifold pipe near the center, like Figure E-2, perforated lateral length (3) and number of perforations per lateral (5) will be approximately one half of that in step 8. Using these values, select minimum diameter for perforated lateral = 1.5 inches.



I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

[Signature] (signature) 576 (license #) 8/22/18 (date)

APP	SEPTIC
YEAR	

***** FOR OFFICE USE ONLY *****
 Application Approved by: [Signature] Date: 8/30/18
 Amount Paid 150.00 Receipt Number _____ Permit Number _____
 NOTES: _____

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 elec Alarm manufacturer Alderson
 Lift pump in system? Yes No Pump manufacturer Zoeller BN98
 Number of bedrooms 3 - 2 cabins

Component Information

Tank size 1500L Tank manufacturer Infiltrator
 Drainfield size 16'x40'
 Drainfield medium Pressure Bed Medium manufacturer Rock
 Drainfield medium size/depth 9"

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth _____
 Vertical separation verified for Boring #2 on _____ Depth _____
 Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

	TANK	DRAINFIELD
Distance to Well	<u>85</u>	<u>114</u>
Distance to Building	<u>54</u>	<u>75</u>
Distance to Property Line	<u>100+</u>	<u>10'</u> per installer
Distance to OHW of Lake	<u>100+</u>	<u>200'</u>
Distance to Pressure Line	_____	_____
Distance to Wetland/Protected Water	_____	_____

Date System Installed 6-20-19 Installer Ron Muffy Inspector Denise Gubrud

CERTIFICATE OF COMPLIANCE

() Certificate Is Hereby Denied
 () 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.

Denise Gubrud Signature Title Inspector Date 6-20-19
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

6-20-19

256562000

31359 Co Hwy 35

Mullihan / Donald

Ren muffs insta

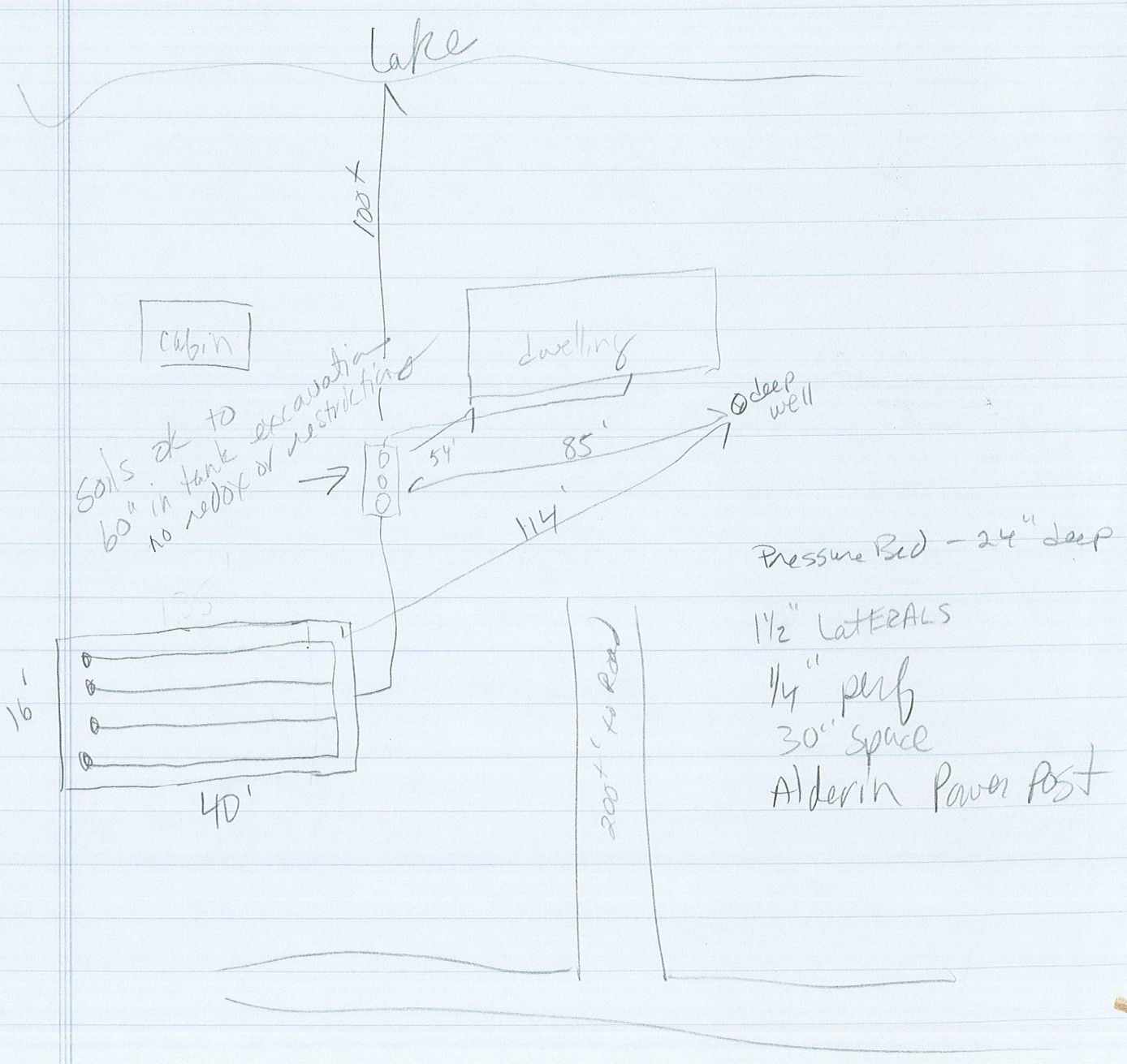
218-204-0925

Access
9-12-18

*

1 - Infiltrator 1500/2

pump Zoeller ^{N98}



**PERMIT MUST BE
POSTED AT THE
CONSTRUCTION SITE**

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

Onsite Septic System Site Evaluation/Design Tax Parcel Number 25.0562.000 911 Address 31359 Cty Hwy 35

Legal Description: Eot 17, 18, 19, 20, 21 Pike Peak Beach Section 18 TWP 14N Range 38

Lake Name Round Lake Classification RD () GD () NE Township Name Round Lake

Owner's Name Ed Hennrickson Mailing Address 201 70th Ave N

City Moorhead State/Zip MN 56560 Phone Number _____

Number of Bedrooms 3 Well Casing Depth 130 ft Garbage Disposal (Yes) (No)
Design Flow 450 GPD Depth of other Wells within _____ Grinder Pump/Lift Station
(dwellings must be classified as Type 1) 100 ft of system _____ In House (Yes) (No)

Type of Observation: Probe Pit Boring
Original Soil (Yes) (No) Compacted Soil (Yes) (No) Proposed Design
Depth to Restricting Layer 60" () Replace Septic Tank () Chamber- H10, EQ36 other _____
Maximum Depth of System 24" Septic Tank/Drainfield () Standard rock- depth _____
Perc Rate 13 Soil Sizing Factor 1.27 () Drainfield Only () Standard gravelless
() Holding Tank () Mound Standard Bed
() Lift Station () Pressurized Bed () At Grade

SOIL BORING LOG

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE	DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-8	topsoil	Black	BLOCKY PLATY PRISMATIC NONE	0-9	topsoil	Black	BLOCKY PLATY PRISMATIC NONE
8-24	Loam	Brown	BLOCKY PLATY PRISMATIC NONE	9-38	Loam	Dark Brown	BLOCKY PLATY PRISMATIC NONE
24-38	Sandy loam	Brown	BLOCKY PLATY PRISMATIC NONE	38-60	Sandy loam	Light Brown	BLOCKY PLATY PRISMATIC NONE
38-60	Sand	Light Brown	BLOCKY PLATY PRISMATIC NONE				

Type of alarm Device on lift Station or Holding tank

Attach perc test Information if Required

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

Name and Address of Designer: Ron Muff Ogema MN, 56569 Phone (218) 983-3376

MPCA Number 5074 Date of Site Evaluation 5/20/02 Signature of Designer [Signature]

Name of Installer (if different from Designer) Larry Muff MPCA Number 576

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

*** 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.

Date Received 8.19.02 Application Fee 75.00 Fine _____ Total 75.00

[] Application is hereby denied
 Application is hereby granted to Ed Hennrickson 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: Patricia Johns

Signature of Becker County Qualified Employee _____ Date Permit Issued 8.19.02 Permit Number 18098 a

This permit expires on 8.19.03

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

*Dimensions of Lot

*Existing & Proposed Buildings

*Easements & setbacks

*Scale - One inch = _____ ft

*Location of any Unsuitable Soil

*Well & Water Line Locations within 100 ft of System

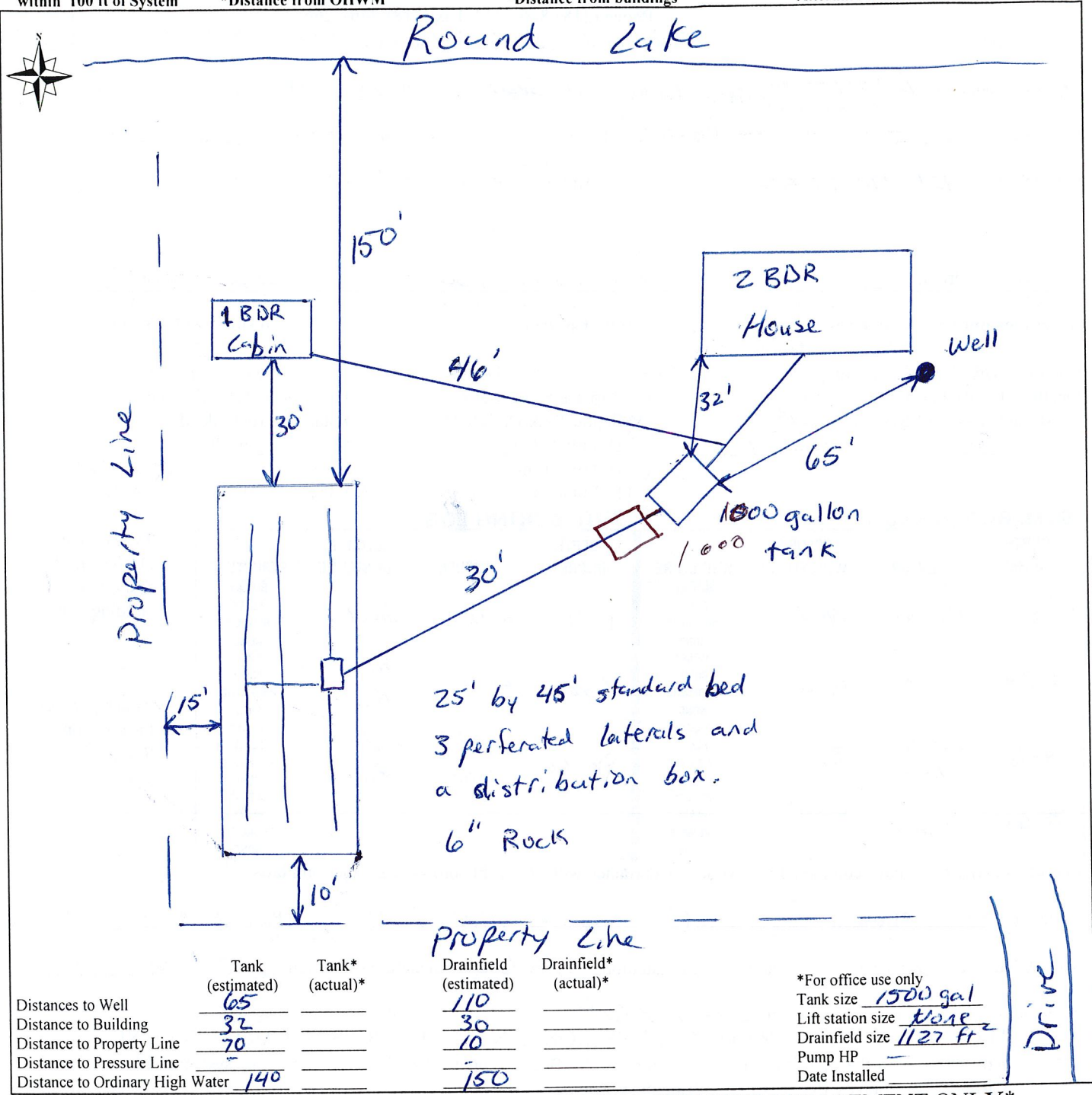
*Distance from Property Lines
*Distance from OHWM

*Tank Access Route

*Soil Borings & Per Test Locations

*Distance from buildings

*Alternate Drainfield Location



FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

CERTIFICATE OF COMPLIANCE

() Certificate Is Hereby Denied

() 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

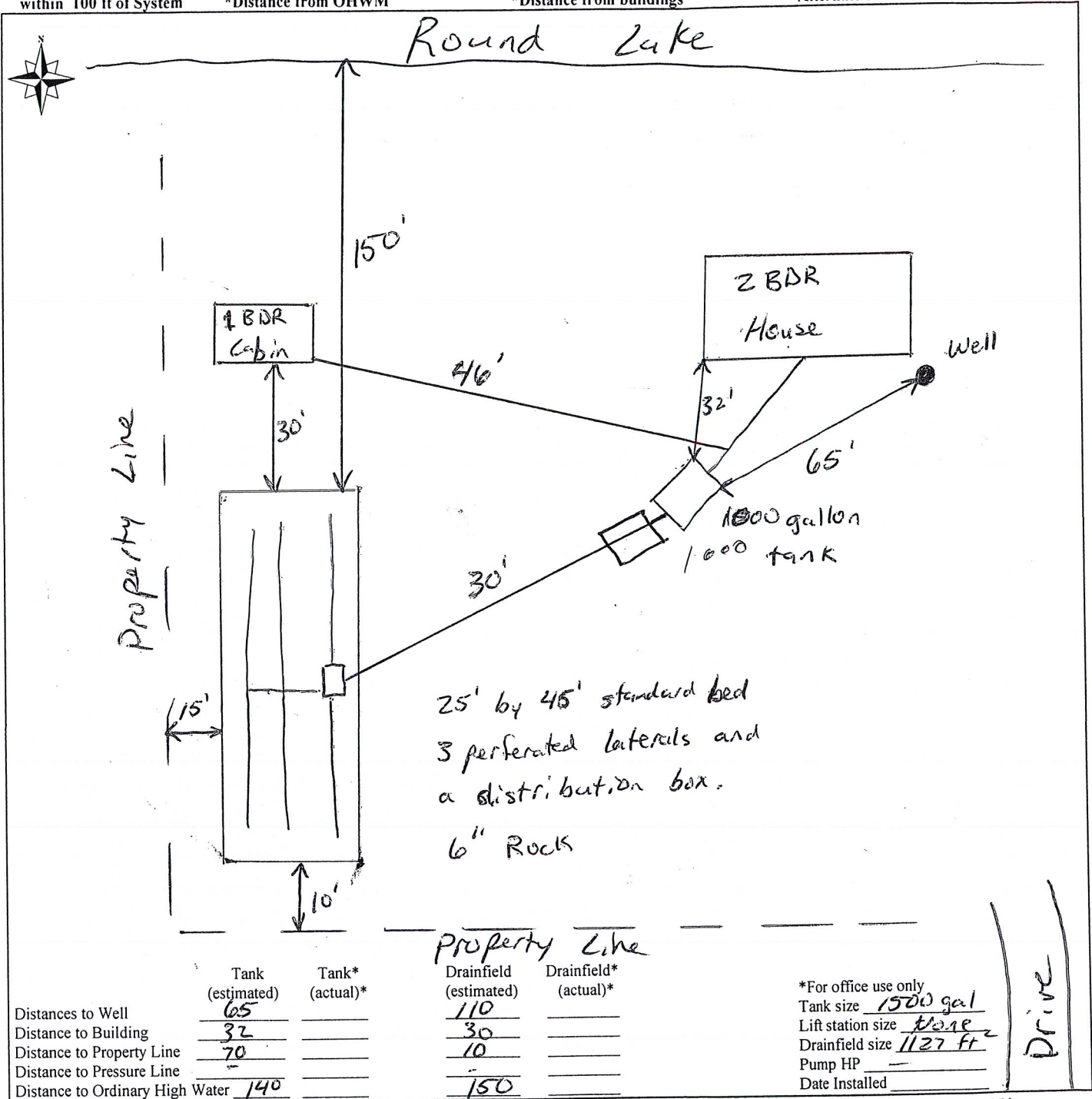
Title

Date

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

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

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



	Tank (estimated)	Tank* (actual)*
Distances to Well	65	
Distance to Building	32	
Distance to Property Line	70	
Distance to Pressure Line		
Distance to Ordinary High Water	140	

	Drainfield (estimated)	Drainfield* (actual)*
	110	
	30	
	10	
	150	

*For office use only
 Tank size 1500 gal
 Lift station size none
 Drainfield size 1127 ft²
 Pump HP _____
 Date Installed _____

Drive

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

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- () 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 _____ Title _____ Date _____
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

Trench and Bed Worksheet

All boxed rectangles must be entered, the rest will be calculated.

1. AVERAGE DESIGN FLOW

- A. Estimated 450 gpd (see figure A-1)
 or measured _____ x 1.5 (safety factor) = _____ gpd
- B. Septic tank capacity 1500 gallons

A-1 Estimated Sewage Flows in GPD

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

2. SOILS (Site evaluation data)

- C. Depth to restricting layer = 5 feet
- D. Maximum depth of system Item C - 3 ft = 2 feet
- E. Texture loam Percolation rate 25 mpi
- F. SSF 1.67 ft²/gpd (see figure D-15)
- G. % Land slope 3 %

D-15 Soil Characteristics & SSF

Perc Rate mpi	Soil Texture	SSF sq ft/gpd
< 0.1 *	Coarse sand	0.83
0.1 - 5	Medium sand	0.83
	Loamy sand	
0.1 - 5**	Fine sand	1.67
6 - 15	Sandy loam	1.27
16 - 30	Loam	1.67
31 - 45	Silt loam, silt	2.00
46 - 60	Clay loam, sandy clay or silty clay	2.20
61 - 120***	Clay, sandy or silty clay	4.20
>120****		

- * No trench >25% of total system
- ** Soil with >50% fine sand particles
- *** A mound must be used
- **** An other or performance system

C-1 Septic Tank Capacity in Gallons

Number of Bedrooms	Minimum Capacity	Capacity with Garb. Disp.	Capacity with Disp. and Lift
2 or less	750	1125	1500
3 or 4	1000	1500	2000
5 or 6	1500	2250	3000
7, 8 or 9	2000	3000	4000

D-9: Soil Characteristics and Soil sizing factors (SSF) for Gravelless Pipe

percolation rate (minutes/inch)	soil texture	lineal feet/ gallon/day
Faster than 0.1 *	Coarse Sand	----
0.1 to 5	Medium Sand	0.28
	Loamy Sand	
0.1 to 5	Fine Sand **	0.6
6 to 15	Sandy Loam	0.42
16 to 30	Loam	0.56
31 to 45	Silt Loam	0.67
	Silt	
46 to 60	Clay Loam (CL)	0.74
	Sandy CL	
	Silty CL	
slower than 60***	Clay	----
	Sandy Clay	
	Silty Clay	

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

3. TRENCH OR BED BOTTOM AREA

H. For trenches with 6 inches of rock below the pipe:

$A \times F =$ _____ $\text{gpd} \times$ _____ $\text{ft/gpd} =$ _____ ft^2

I. For trenches with 12 inches of rock below the pipe:

$A \times F \times 0.8 =$ _____ $\text{gpd} \times$ _____ $\text{ft/gpd} \times 0.8 =$ _____ ft^2

J. For trenches with 18 inches of rock below the pipe:

$A \times F \times 0.66 =$ _____ $\text{gpd} \times$ _____ $\text{ft/gpd} \times 0.66 =$ _____ ft^2

K. For trenches with 24 inches of rock below the pipe:

$A \times F \times 0.6 =$ _____ $\text{gpd} \times$ _____ $\text{ft/gpd} \times 0.6 =$ _____ ft^2

L. For gravity beds with 6 or 12 inches of rock below the pipe;

$1.5 \times A \times F = 1.5 \times$ 450 $\text{gpd} \times$ 1.67 $\text{ft/gpd} =$ 1127 ft^2

M. For pressure beds with 6 or 12 inches of rock below the pipe;

$A \times F =$ _____ $\text{gpd} \times$ _____ $\text{ft/gpd} =$ _____ ft^2

4. DISTRIBUTION (Check all that apply)

<input checked="" type="checkbox"/>	Bed (<6% slope)	<input type="checkbox"/>	Drop Boxes (any slope)	<input checked="" type="checkbox"/>	Rock
<input type="checkbox"/>	Trenches	<input checked="" type="checkbox"/>	Distribution Box (<3%)	<input type="checkbox"/>	Chamber
<input type="checkbox"/>	Pressure	<input checked="" type="checkbox"/>	Gravity	<input type="checkbox"/>	Gravelless

5. SYSTEM WIDTH, LENGTH AND VOLUME

M. Select width = 25 ft

N. If using rock, divide bottom area by width: (H, I, J or K) divided by P = lineal feet

1127 $\text{ft}^2 /$ 25 $\text{ft} =$ 45 lineal feet

Rock depth below distribution pipe plus 0.5 foot times bottom area:

(Rock depth + 0.5 foot) x Area (H, I, J, K, L)

(0.5 $\text{ft} + 0.5 \text{ft}) \times$ 1127 $\text{ft}^2 =$ 1127 ft^3

Volume in cubic yards = volume in cubic feet divided by 27

1127 $/ 27 =$ 42 yd^3

Weight of rock in tons = cubic yards times 1.4

42 $\times 1.4 =$ 59 tons

O. If using 10" Gravelless Pipe, length = Flow (A) x Gravelless SSF (see figure D-9)

_____ $\text{gpd} \times$ _____ $\text{ft/gpd} =$ _____ lineal feet

P. If using a Chamber (H, I, J, K [based on height of chamber slats] divided by width of chamber in ft)

_____ $\text{ft}^2 /$ _____ $\text{ft} =$ _____ lineal feet

7. LAWN AREA

Q. Select trench spacing, center to center = _____ feet

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

_____ \times _____ $=$ _____ ft^2

8. LAYOUT

Select an appropriate scale; one inch = _____ feet

Show pertinent property boundaries, rights-of-way, easements.

Show location of house, garage, driveway, and all other improvements, existing or proposed.

Show location and layout of sewage treatment system, well and dimensions of all elevations

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws

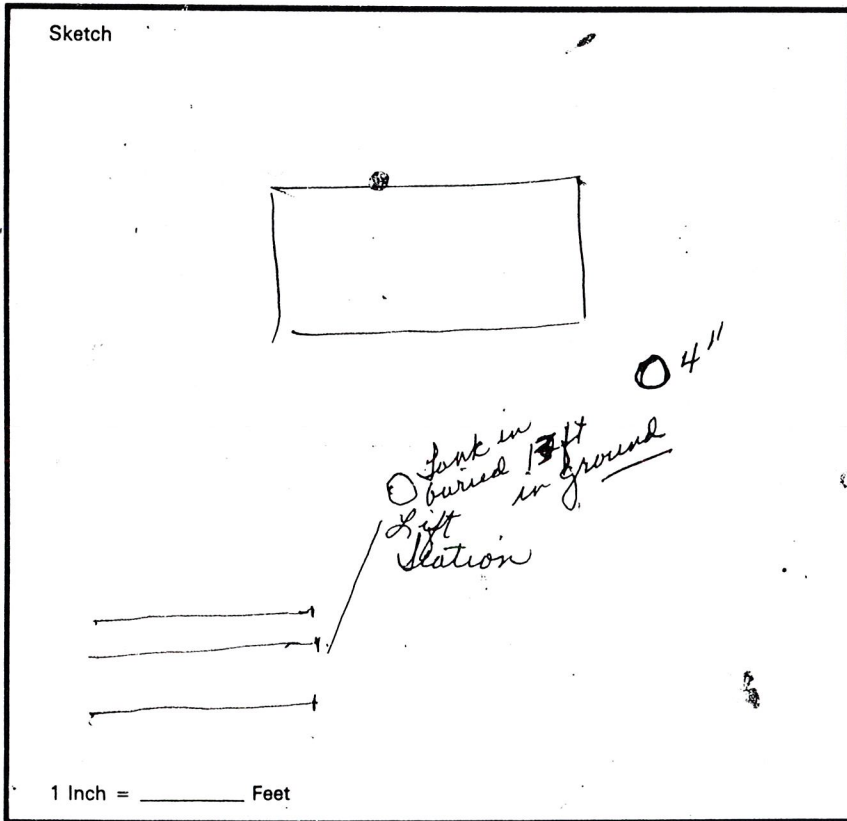
[Signature] (signature) 5074 (license #) 5/20/02 (date)

BUILDING AND SEWAGE SYSTEM PERMIT

BECKER COUNTY ZONING AND PLANNING
829 LAKE AVENUE, BOX 787, PHONE 847-4427, DETROIT LAKES, MN 56502

Parcel No. 25.0562.000 Lake Name Round Lake Permit No. 12-18,960-1
 Fire No. _____ Township Pound Section 18 Description 17, 18, 19, 20, 21
Pike Peaks Beach T141N R38W Lot Size _____
 Issued to: Name Joseph D. Ransvold Tel. No. _____
 Address Box 229 Fargo ND 58107
 Work Authorized Sewage Disposal System

Type of Improvement: () New Home () Alteration () Garage () Mobile Home Septic System
 () Cottage () Other Building () Multiple Dwelling _____ Units.
 Size 375 SF or 12.5L Stories Septage Bed Basement _____ No. of Bedrooms _____ Bathrooms _____
 Contractor: Name & Address _____ Tel. No. _____
 Estimated Cost _____ Permit Fee 45.50 State Fee _____ Receipt No. 3604



HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake _____
 Side Lot Lines _____ and _____ rear yard _____
 Center Line of Public Road _____
 Right of way State or Co. _____
 APPROVED: Board of Adjustment Date: _____
 Planning Commission Date: _____
 County Commissioners Date: _____
 Zoning Administrator Date: _____

SEWAGE DISPOSAL SYSTEM DATA

Installed in 19_____	Septic Tank	Drain Field
Capacity	Gls. <u>125</u>	Sq. Ft. _____
Distance from nearest well	Ft. <u>375</u>	Ft. _____
Distance from lake or stream	Ft. <u>50</u>	Ft. _____
Distance from occupied building	Ft. <u>100</u>	Ft. _____
Distance from property line	Ft. <u>20</u>	Ft. _____
Distance from bottom to Water Table	Ft. <u>4</u>	Ft. _____
Lift Pump () Yes () No	Well Depth _____	type _____

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE, AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED BY A FINE NOT TO EXCEED \$700.00 FOR EACH VIOLATION. NOTIFY THE BECKER COUNTY ZONING ADMINISTRATOR (847-4427) BEFORE BUILDING FOOTINGS HAVE BEEN COMPLETED. NO PART OF THE SEWAGE SYSTEM SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED AND APPROVED. NOTIFY THE ZONING ADMINISTRATOR 24 HOURS BEFORE THE JOB IS READY FOR INSPECTION.

Received By Margaret M. Foster Date July 19, 1990
 Approved By Floyd Sweeney BECKER COUNTY Zoning Administrator
 DETROIT LAKES, MN 56501

ROUND LAKE

R25. 0562. 000

HENRI CKSON, EDWARD & MYRNA
1803 SO. 16TH STREET
MOORHEAD, MN. 56560

SUPPOSED 1990 INSTALLATION OF
LIFT STATION & DRAINFIELD. NOTHING MORE
ON FILE.

