



270150004

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

Received by mail
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APR 13 2007
ZONING

sp07

Onsite Septic System Site Evaluation/Design

1. PROPERTY DATA (as it appears on the tax statement)

Parcel Number(s) of property system will be installed R 270150004
(if parcel is a new split and a parcel number has not yet been issued, indicate the main parcel number from which the new parcel has been split from)
Section 29 Township 142N Range 36 Township Name SAVANNAH
Lake Name BOOT Lake Classification RI
Legal Description: PT OF LR 477

Project Address: 35366 East Boot LR Rd

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

Owner's First Name RUSSELL Owner's Last Name PRICE
Mailing Address 35366 East Boot LR Rd City, State, Zip Park Rapids Mn 56470
Phone Number 218-732-0979

3. DESIGNER/INSTALLER INFORMATION

Designer Name Leonard Thelen Sr. Company Name Thelen's Exc. + Preast License # 534
Address 33438 535th Ave. Phone Number 218-732-5345
Park Rapids, MN 56470
Installer Name Leonard Thelen Sr. Company Name Same License # 534
Address Same Phone Number Same

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 4-10-07

EXISTING SYSTEM STATUS - Check One

- No existing system-new structure
- Cesspool/Seepage
- Failing (other than cesspool)
- Undersized
- Replacement or repair to existing

What will new system serve? Check one

- Dwelling
- Resort/Commercial
- Commercial (non resort)
- Other - explain below

Design Flow 600 Gallons Per Day
Number of Bedrooms 4
Garbage Disposal Yes No
Grinder Pump in House Yes No
Lift station in House Yes No

Well Depth deep
Depth of other wells within
100 ft of system _____

Original Soil Compacted Soil _____
Type of Soil Observation
 Pit Probe Boring
Depth to Restricting Layer 6
Maximum Depth of System 3

DON Matheson He. Drain Co.
218-851-6116

Ac/Debi

Size of All Tanks to Be installed
 1500 gal Septic Tank *Combo*
 ___ gal Lift Station
 ___ gal Holding Tank
 ___ gal Other Tanks

Type of Drainfield Medium to be used
 Chamber
 ___ H10 EQ36
 ___ Drainfield Rock
 ___ Rock Depth
 ___ Gravelless
 ___ Experimental
 ___ No Drainfield

Type of Alarm _____
 Size of Lift Pump _____
 Size of Lift Line _____

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Type of Drainfield to be installed
 Trench
 ___ At-grade
 ___ Pressure Bed
 ___ Seepage Bed
 ___ Mound

Size of Drainfield sq ft to be installed
 760 sq ft
 ___ sq ft
 ___ sq ft
 ___ sq ft
 ___ sq ft

SETBACKS
 TANK DRAINFIELD
 Distance to Well 80 50
 Distance to Building 20 90
 Distance to Property Line 20+ 20+
 Distance to OHW 160 200
 Distance to Pressure Line 50 50

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

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
6	fin	104K 7/2		6	fin	104K 7/2	
24	Roddy	104K 7/6		24	Roddy	104K 7/6	
36	Roddy	104K 7/8		36	Roddy	104K 7/8	
72	med	104K 8/6		72	med	104K 8/6	

5. DESIGNER'S CERTIFIED STATEMENT

I, Sernad Thela 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).

Sernad Thela Signature of Designer
 10-10-07 Date

*****FOR OFFICE USE ONLY*****
 Application Approved by: Jared Stoll Date: 9/10/07
 Amount Paid 100.00 Receipt Number 145946-370092 Permit Number _____
 9/10/07

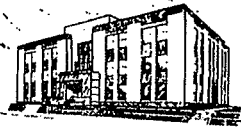
CERTIFICATE OF COMPLIANCE

() Certificate Is Hereby Denied
 (X) 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.

Jared Stoll Signature
 ISTS Inspector Title
 9/10/07 Date

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed 8/30/07 Inspected by Jared Stoll

0006 Original



BECKER COUNTY

835 LAKE AVENUE, P.O. BOX 787
DETROIT LAKES, MINNESOTA 56502-0787
(218) 846-7314

Application No.
Tax Parcel No. 27.0150.004

SEP07

SKETCH PLAN FORM H

Please be as complete as possible. Include all of the items listed below where applicable.

GENERAL CHECKLIST

- scale
- north arrow
- lot dimensions
- structure location
- side lot setback
- road setback
- septic tank location
- drainfield location
- location of all wells within 100' of drainfield
- fill & grading limits
- vegetation alteration limits

WATER RESOURCE CHECKLIST

- location of ordinary high water level (OHWL)
- location of present water line
- setback from OHWL
- location of highest known water level
- existing local drainage
- location of wetland areas

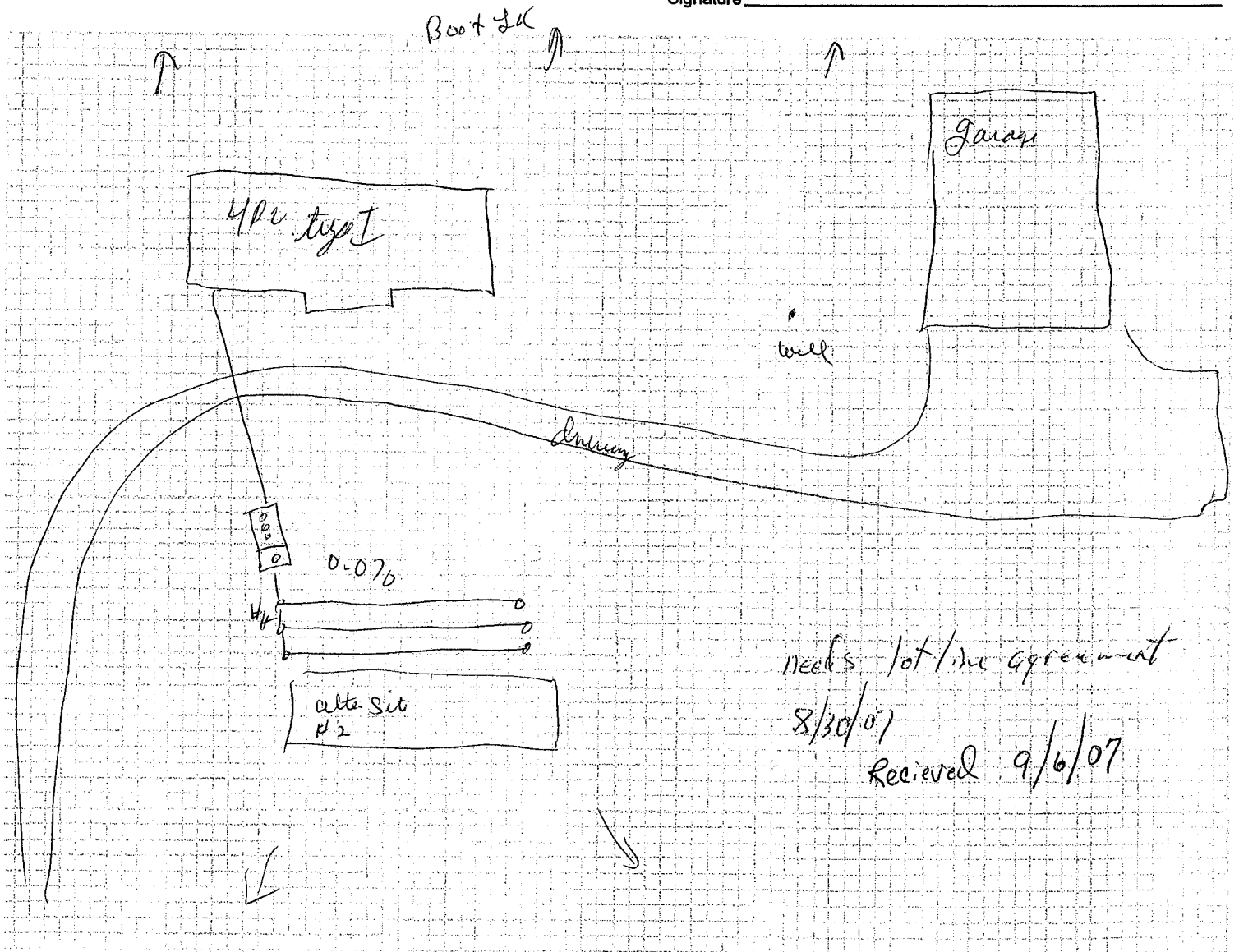
Scale of Diagram: 1 inch = _____ feet

Drawing By: _____

Date of Drawing: _____

Remarks: _____

Signature _____



27.0150.004
SEP 07

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SEP 06 2007
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PROPERTY LINE AGREEMENT

I, FRED KRUEGER,

owner of the property described as: Sect. 29 Twp-142 Range-036, 5.00 AC
PT GOUT LOTS 4 & 7 1/2 W 1/2 OF SEC 1/4: COMM S QTR COR SEC 29
TH W 66.04', N 66.04', E 66.04' ... TH NE 570.38' TO POB REF 27.0150.004

Parcel Number: R 27. 0150. 008 give

RUSSELL K PRICE,

owner of the property described as: Sect. 29 Twp-142 Range-036, 6.40 AC
PT GOUT LOTS 4 & 7 1/2 W 1/2 OF SEC 1/4: COMM S QTR COR SEC 29
TH W 66.04', N 66.04', E 66.04'

Parcel Number: R 27. 0150. 004

permission to have their sewer system closer than the required 10 feet to
the lot line.

Signed: *Fred Krueger*

Dated: 8/31/07

Subscribed and sworn to before me this _____ day of
_____, 20_____.

Notary