



270200000

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

Sep. 04

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 270200000
(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 13 Township 142 Range 36 Township Name SAVANNA

Lake Name LITTLE MANTRAP Lake Classification RD

Legal Description: Lot 2 Blk 1 MANTRAP ESTATE

Project Address: NONE AT THIS TIME, NEXT DRIVEWAY PAST ADDRESS # 36597

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

Owner's First Name Jon Owner's Last Name Askvig

Mailing Address 8165 137th St W. City, State, Zip APPLE VALLEY

Phone Number 952-953-4633

3. DESIGNER/INSTALLER INFORMATION

Designer Name RON GIRTZ Company Name DENNIS + GIRTZ INC License # 826

Address 26565 CR125 Phone Number 732-9792

Installer Name RON GIRTZ Company Name DENNIS + GIRTZ INC License # 826

Address 26565 CR125 Phone Number ~~878~~ 732-9792

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 5-20-04

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

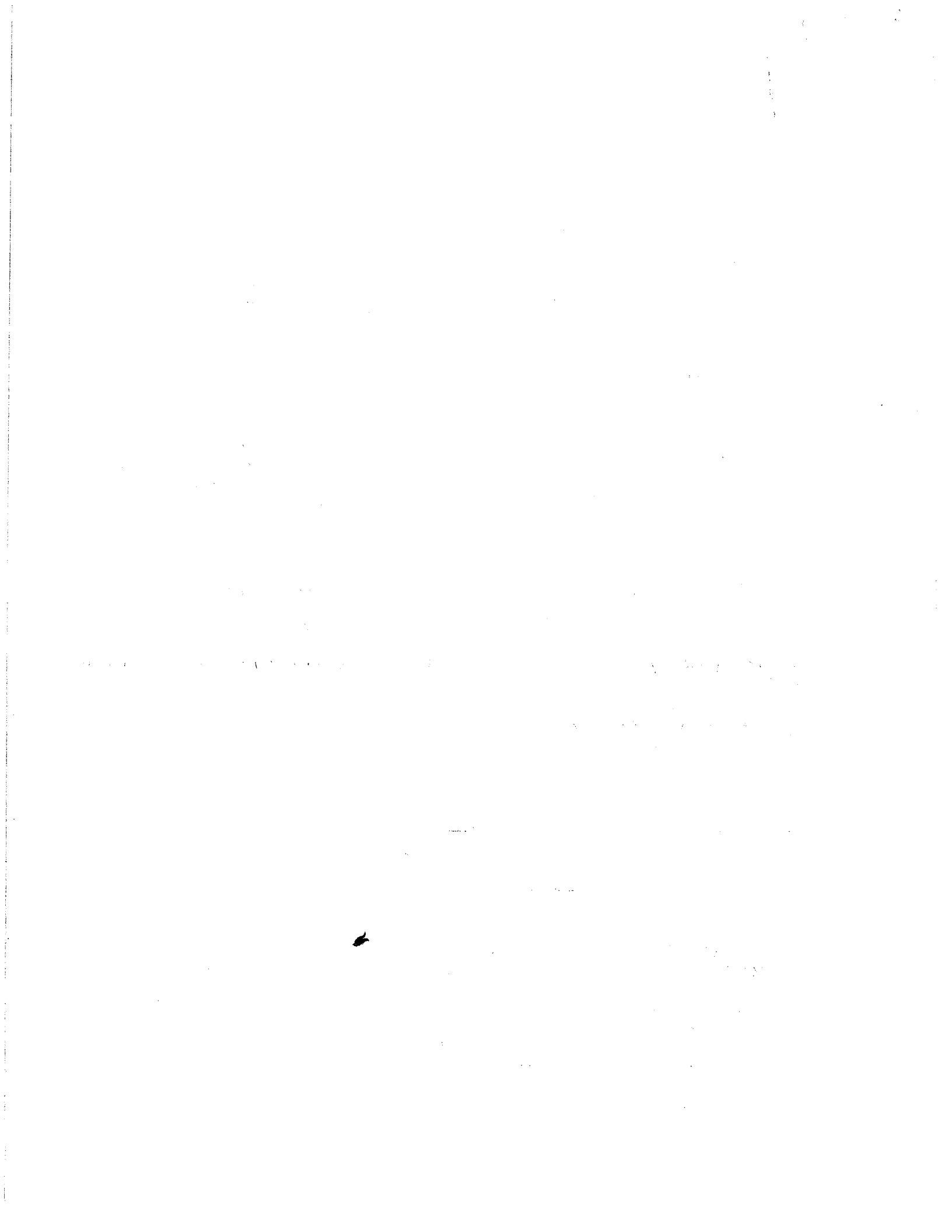
- Dwelling
- Resort/Commercial
- Commercial (non resort)
- Other - explain below

Design Flow 300 Gallons Per Day
Number of Bedrooms 2
Garbage Disposal Yes No
Grinder Pump in House Yes No
Lift station in House Yes No

Well Depth +50'
Depth of other wells within
100 ft of system _____

Original Soil Compacted Soil _____
Type of Soil Observation
Pit Probe Boring
Depth to Restricting Layer +28"
Maximum Depth of System 40"

check if pit



Size of All Tanks to Be installed
100/500 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 _____

27.0200.000
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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
500 sq ft
 _____ sq ft
 _____ sq ft
 _____ sq ft
 _____ sq ft

(Proposed)
 Distance to Well)
 Distance to Building
 Distance to Property Line
 Distance to OHW
 Distance to Pressure Line

SETBACKS	
TANK	DRAINFIELD
60'	70'
12'	20'
60'	15'
150'	150'
30'	40'

Perc Rate 16-30 Soil Sizing Factor 1.67 *If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-4"	Topsoil			0-4"	Topsoil		
4"-18"	SANDY LOAM	10YR 6/6		4"-20"	SANDY LOAM	10YR 6/6	
18"-64"	LOAM	2.5Y 6/4		20"-62"	LOAM	2.5Y 6/4	
64"-78"	LOAM	2.5Y 6/4		62"-72"	LOAM	2.5Y 6/6	

5. DESIGNER'S CERTIFIED STATEMENT

I, Row Girtz 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).

Row Girtz Signature of Designer
5-20-04 Date

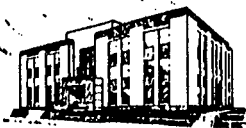
*****FOR OFFICE USE ONLY*****

Application Approved by: _____ Date: _____
 Amount Paid _____ Receipt Number _____ Permit Number _____

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)
 Date System Installed _____ Inspected by _____



BECKER COUNTY

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

Application No. <i>Sep 04</i>
Tax Parcel No. <i>270200000</i>

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 = *Approx 75* feet

Drawing By: REG.

Date of Drawing: 5-20-04

I hereby certify that the foregoing plat and map are true and correct copies of the original as shown to me by the applicant and that the same conform to the laws of the State of Minnesota.

 Registrar of Deeds

Remarks:

DIRECTIONS TO SITE: 1.1 MILES ON WILDERNESS BAY DRIVE, NEXT DRIVEWAY PAST ADDRESS #36597, NAME ON SIGN

Signature Row Hitz

