



280286000

tic System Application

County Planning & Zoning

915 Lake Ave, Detroit Lakes, MN 56501

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

PARCEL	
APP	SEPTIC
YEAR	2010
SCANNED	
LAKE	JUN 28 2010

RECEIVED

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: R 280 286000

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 _____ Township _____ Range _____ Township Name Shell Lake

Lake Name Shell Lake Lake Classification Rd

Legal Description: Lot 6 Maple Shores Lane

Project Address: 45314 Maple Shores Lane

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

Owner's First Name Craig Owner's Last Name Enervold

Mailing Address 4209 2nd St City, State, Zip Morchard MN 56560

Phone Number 218-233-8952

3. DESIGNER/INSTALLER INFORMATION

Designer Name Judy Yliniemi Company Name River Const Inc License # 2122

Address 26299 Eagle Bay Rd Osage MN Phone Number 218-252-2120

Installer Name same Company Name same License # _____

Address ↓ Phone Number ↓

4. SYSTEM DESIGN INFORMATION

System Status

What will new system serve? Check one

- 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

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

Garage

6/25/17 Date of site evaluation

Design Flow N/A Gallons Per Day

Number of Bedrooms N/A

Garbage Disposal Yes No

Dishwasher Yes No

Lift station in House Yes No

Grinder pump 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 _____

Maximum Depth of System _____

Size of All Tanks to be installed

gal Single Compartment Septic Tank gal Separate Lift Station

gal Compartmented Tank 1000 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 _____ sq ft Reduced/Warrantied size _____ sq ft

_____ Chamber Trench _____ sq ft _____ sq ft

_____ Rock Trench _____ sq ft _____ sq ft

_____ Gravelless _____ sq ft _____ sq ft

_____ Mound _____ sq ft *** _____ sq ft

_____ Pressure Bed _____ sq ft *** _____ sq ft

_____ Seepage Bed _____ sq ft *** _____ sq ft

_____ At-grade _____ sq ft *** _____ sq ft

_____ Alternative / Performance _____ sq ft ***

***Attach Worksheets

Type of chamber _____

Depth of Rock _____

Alarm? Yes No _____

Type of Alarm Manual

Size of Lift Pump _____

Size of Lift Line _____

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>50'+</u>	<u>N/A</u>
Distance to Building	<u>10'+</u>	
Distance to Property Line	<u>10'+</u>	
Distance to OHW of Lake	<u>100'+</u>	
Distance to Pressure Line	<u>N/A</u>	
Distance to Wetland/Protected Water	<u>N/A</u>	

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

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
<u>N/A</u>	<u>Holdng Tank</u>				<u>N/A</u>	<u>Holdng Tank</u>		

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

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? _____ Yes _____ No

6. DESIGNER'S CERTIFIED STATEMENT

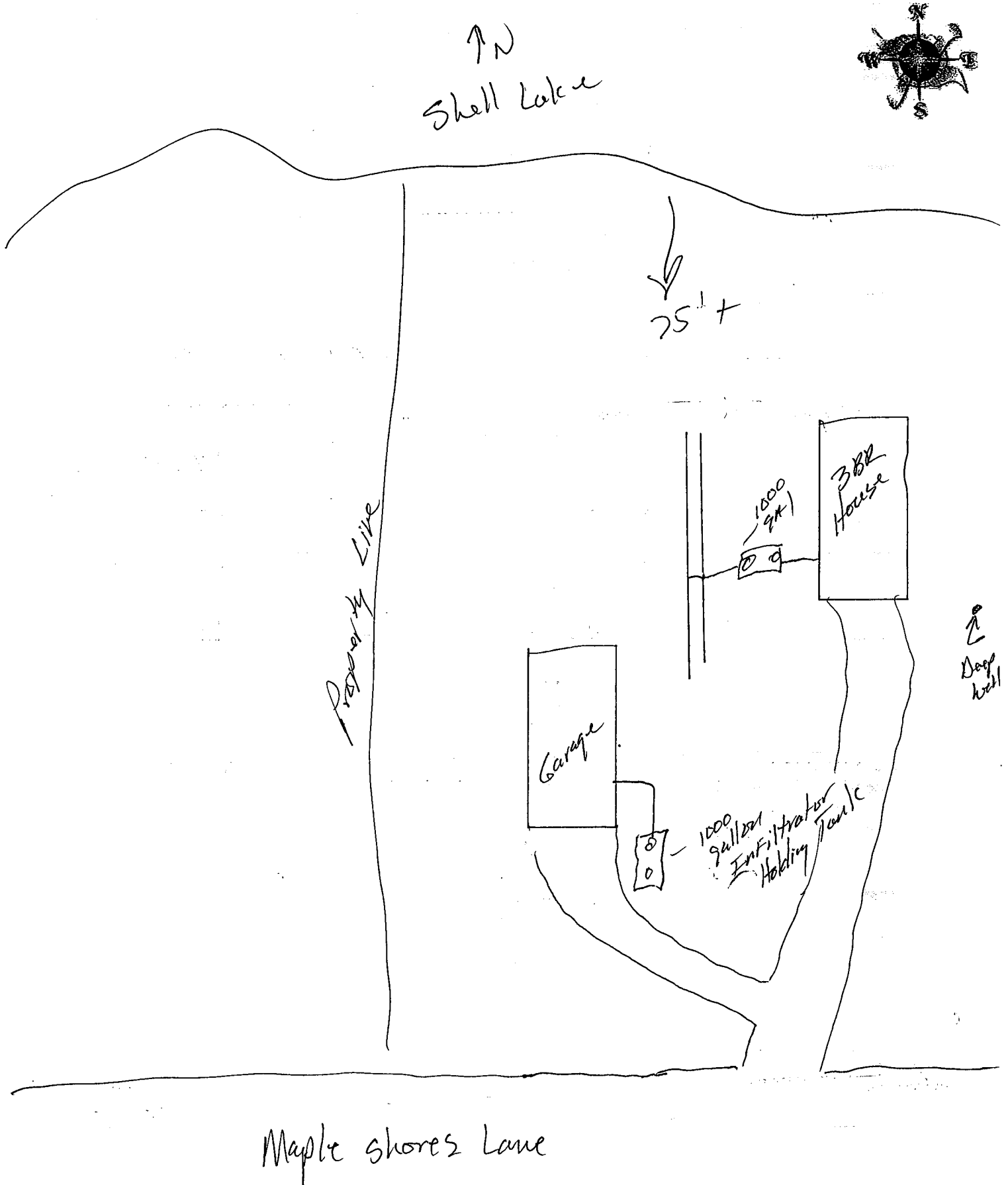
I, Jody Ylmiemi certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

Signature of Designer Jody Ylmiemi Date 6/25/17

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 INSPECTION
YEAR	



Application Approved by: Janice Hoff Date: 6/28/17
Amount Paid 150.00 Receipt Number 19730654738 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 Manual Alarm manufacturer _____

Lift pump in system? Yes No Pump manufacturer _____

Number of bedrooms Garage

Component Information

Tank size 1000 Tank manufacturer Infiltrator
Drainfield size _____
Drainfield medium _____ Medium manufacturer _____
Drainfield medium size/depth _____

Tank only

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>+50</u>	_____
Distance to Building	<u>+10</u>	_____
Distance to Property Line	<u>+10</u>	_____
Distance to OHW of Lake	<u>+100</u>	_____
Distance to Pressure Line	<u>N/A</u>	_____
Distance to Wetland/Protected Water	<u>N/A</u>	_____

Date System Installed 7/5/17 Installer Racer Const. Inspector Janice Hoff

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 Janice Hoff Title Inspector Date 7/5/17

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

**Certificate of
Compliance Inspection
Report**

BECKER COUNTY ZONING

**915 LAKE AVE
DETROIT LAKES, MN 56501
(218) 846-7314**

Last_Name
 First_Name
 Mailing_Address
 Mailing_City
 Mailing_State
 Mailing_Zip

Parcel_Number
 Additional_Parcel:
 Sec_Twn_Rge
 Township_Name

Legal_Description

Designer_Name_and_Li
 Inspection- Installer Name and Lic

Insp- Effluent Screen Installed Insp- Tank Size
 Insp- Alarm Required Inspection- Type_of_Drainfield:
 Insp- Lift Pump in System Insp- Size of Drainfield
 Insp- Number of Bedrooms Insp- Soil Verification

Insp- Tank_Dist_to_Well Insp- Drainfield_Dist_to_Well
 Insp- Tank_Dist_to_Bldg Insp- Drainfield_Dist_to_Bldg
 Insp- Tank_Dist_to_Property_Line Insp- Drainfield_Dist_to_Property_Line
 Insp- Tank_Dist_to_OHW Insp- Drainfield_Dist_to_OHW
 Insp- Tank_Dist_to_Pressure_Line Insp- Drainfield_Dist_to_Pressure_Line
 Insp- Tank_Dist_to_Wetland_Protected Insp- Drainfield_Dist_to_Wetland_Protecte

Inspection Notes:

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.

Certification_Date

Signature

Title

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

8/6/07

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

se/07

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 280286000
(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 14 Township 140 Range 38 Township Name Shell Lake.

Lake Name Shell Lake Lake Classification _____

Legal Description: Maple Shores 140 38 Block 001 All of Lot 6

Project Address: Maple Shores Lane # 45314 (No sign)

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

Owner's First Name Craig Owner's Last Name Entervold

Mailing Address 4209 2nd st City, State, Zip Moorhead MN. 56560

Phone Number 218-233-8952

3. DESIGNER/INSTALLER INFORMATION

Designer Name Jody Yliniemi Company Name Racer Const Inc License # 2128

Address 26299 Eagle Bay Rd. Oriskany Phone Number 573-3452
218-258-2120

Installer Name Same 56570 Company Name SAME License # SAME

Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 7/20/07

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 450 Gallons Per Day
Number of Bedrooms 3
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 7'0" f
Maximum Depth of System 3'6"

✓ entered

Size of All Tanks to Be installed
1000 gal Septic Tank
 _____ gal Lift Station
 _____ gal Holding Tank
 _____ gal Other Tanks

Type of Drainfield Medium to be used
 Chamber Q4
 _____ H10 _____ EQ36
 _____ Drainfield Rock
 _____ Rock Depth
 _____ Gravelless
 _____ Experimental
 _____ No Drainfield

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

Type of Drainfield to be installed Size of Drainfield sq ft to be installed
 Trench 572 sq ft
 _____ At-grade _____ sq ft
 _____ Pressure Bed _____ sq ft
 _____ Seepage Bed _____ sq ft
 _____ Mound _____ sq ft

SETBACKS
 TANK DRAINFIELD
 Distance to Well 50' 50'
 Distance to Building 10' 20'
 Distance to Property Line 10' 10'
 Distance to OHW N/A N/A
 Distance to Pressure Line N/A N/A

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

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-12	Topsoil	10YR 2-1		0-8	Topsoil	10YR 2-2	
12-30	Sand	5-4		8-28	Sand	5-4	
30-45		6-4		28-48		6-4	
45-66	↓	6-6		48-60"	↓	6-6	
66" Rock				60" Rock			

will Do soils pit For Deep soils

5. DESIGNER'S CERTIFIED STATEMENT

I, Jody Ylmuini 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 Jody Ylmuini Date 8/6/07

***** FOR OFFICE USE ONLY *****
 Application Approved by: Lauri A. Stoll Date: 8/10/07
 Amount Paid \$100.00 Receipt Number 144107-368233 Permit Number _____

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.

Signature Lauri A. Stoll Title ISTS Inspector Date 8/10/07
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed 8/10/07 Inspected by Lauri A. Stoll

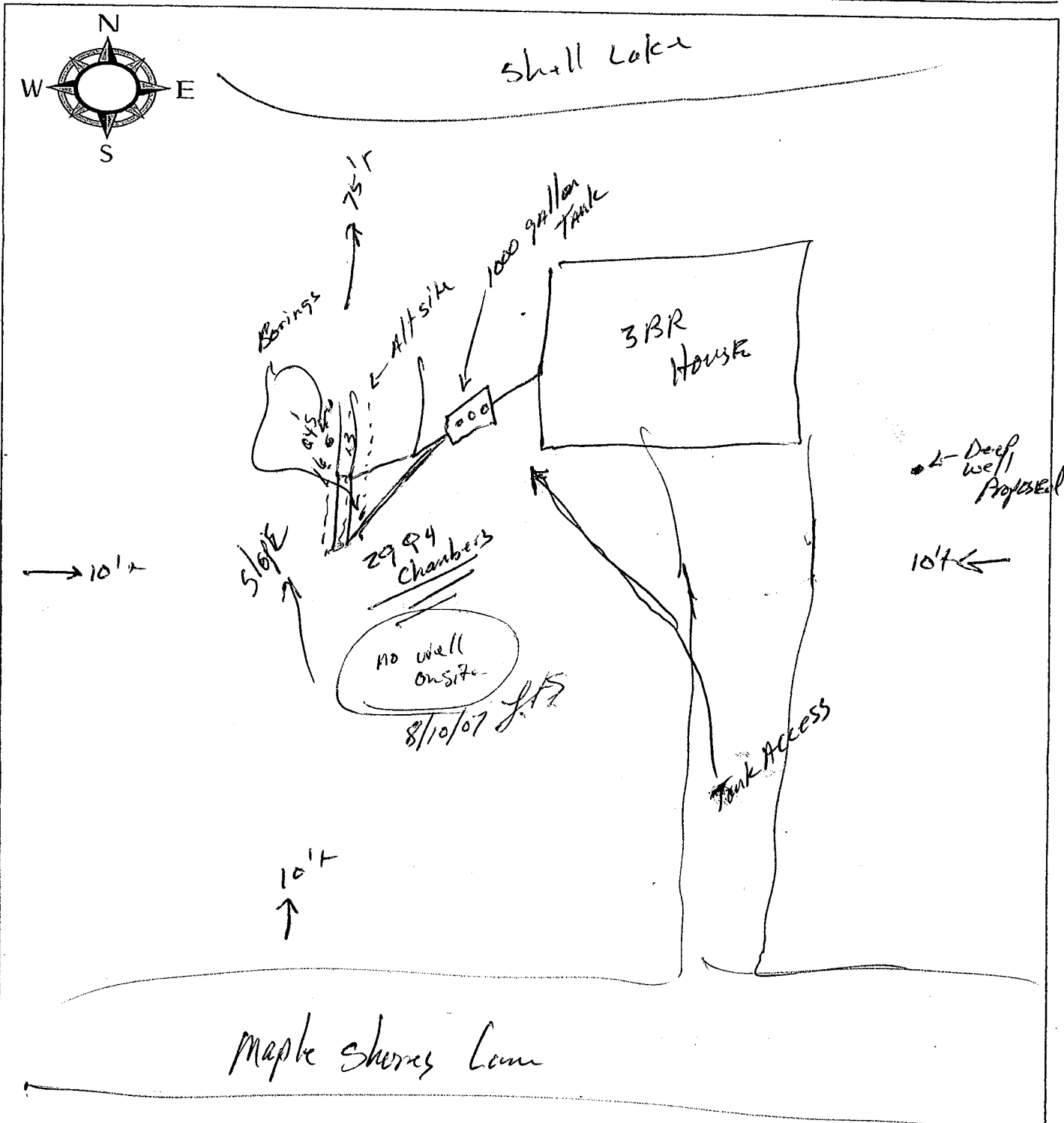
Craig Ehervold

SITE PLAN

I hereby agree to have flags, lathes, or ribbons in place for inspection by date: _____

I understand that Becker County will not issue the permit until staking has been approved.

Signature _____

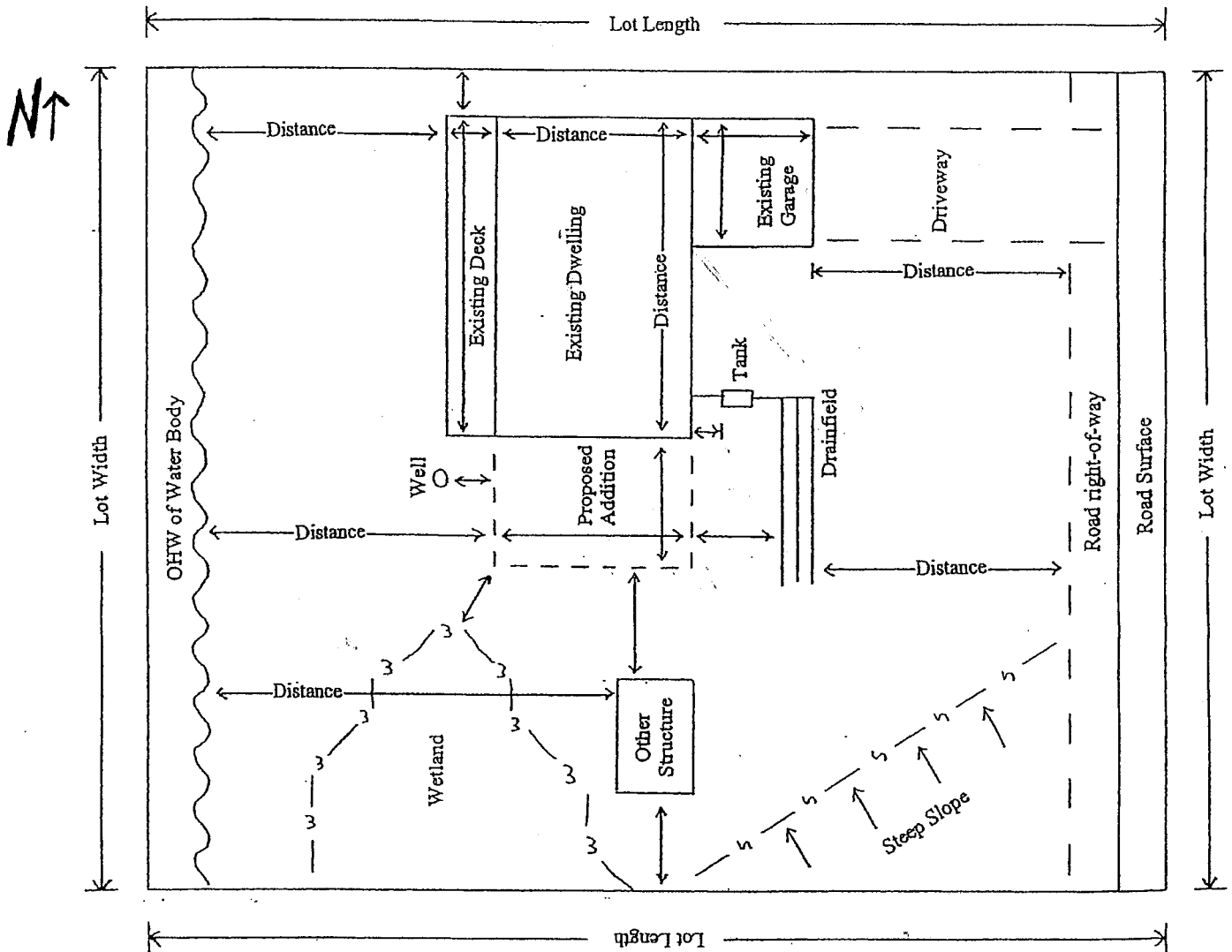


I hereby certify and agree that the above sketch accurately represents the work to be done in conjunction with this permit.

Applicant or Agent _____

Date _____

SITE PLAN EXAMPLE



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

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

Parcel Number(s) of property system will be installed R 280286000
(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 14 Township 140 Range 38 Township Name Shell Lake.

Lake Name: Shell Lake Lake Classification _____

Legal Description: Maple Shores 140 38 Block 001 All of Lot 6

Project Address: Maple Shores Lane # 45314 (No sign)

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

Owner's First Name Craig Owner's Last Name Everhale

Mailing Address 4209 2nd St City, State, Zip Moorhead MN. 56560

Phone Number 218-233-8952

3. DESIGNER/INSTALLER INFORMATION

Designer Name Judy Yliniemi Company Name Racer Const Inc License # 2122

Address 2629 Eagle Bay Rd. Moorhead Phone Number 218-252-2120

Installer Name Same Company Name SAME License # SAME

Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 7/20/07

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 450 Gallons Per Day
Number of Bedrooms 3
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 7-0" F
Maximum Depth of System 3-6"

Craig Enervoid

Size of All Tanks to Be installed

- 1000 gal Septic Tank
- _____ gal Lift Station
- _____ gal Holding Tank
- _____ gal Other Tanks

Type of Drainfield Medium to be used

- Chamber 94
- _____ H10 _____ EQ36
- _____ Drainfield Rock
- _____ Rock Depth
- _____ Gravelless
- _____ Experimental
- _____ No Drainfield

Type of Alarm _____

Size of Lift Pump _____

Size of Lift Line _____

Type of Drainfield to be installed

- Trench
- _____ At-grade
- _____ Pressure Bed
- _____ Seepage Bed
- _____ Mound

Size of Drainfield sq ft to be installed

- 572 sq ft
- _____ sq ft
- _____ sq ft
- _____ sq ft
- _____ sq ft

SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>50'</u>	<u>50'</u>
Distance to Building	<u>10'</u>	<u>20'</u>
Distance to Property Line	<u>10'</u>	<u>10'</u>
Distance to OHW	<u>N/A</u>	<u>N/A</u>
Distance to Pressure Line	<u>N/A</u>	<u>N/A</u>

Perc Rate _____

Soil Sizing Factor 1.27

*If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-12	Topsoil	10YR 2-1		0-8	Topsoil	10YR 2-2	
12-30	Sand	5-4		8-28	Sand	5-4	
30-45		6-4		28-48		6-4	
45-66	↓	6-6		45-60"	↓	6-6	
66" Rock				60" Rock			

will Do soils pit For Deep soils

5. DESIGNER'S CERTIFIED STATEMENT

I, Jody Ylminin 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).

Jody Ylminin
Signature of Designer

8/6/07
Date

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

Application Approved by: Helen Mollge

Date: 8-8-07

Amount Paid _____

Receipt Number _____

Permit Number _____

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.

Judith Hall
Signature

JTS inspector
Title

8/10/07
Date

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

Date System Installed 8/10/07

Inspected by Judith Hall

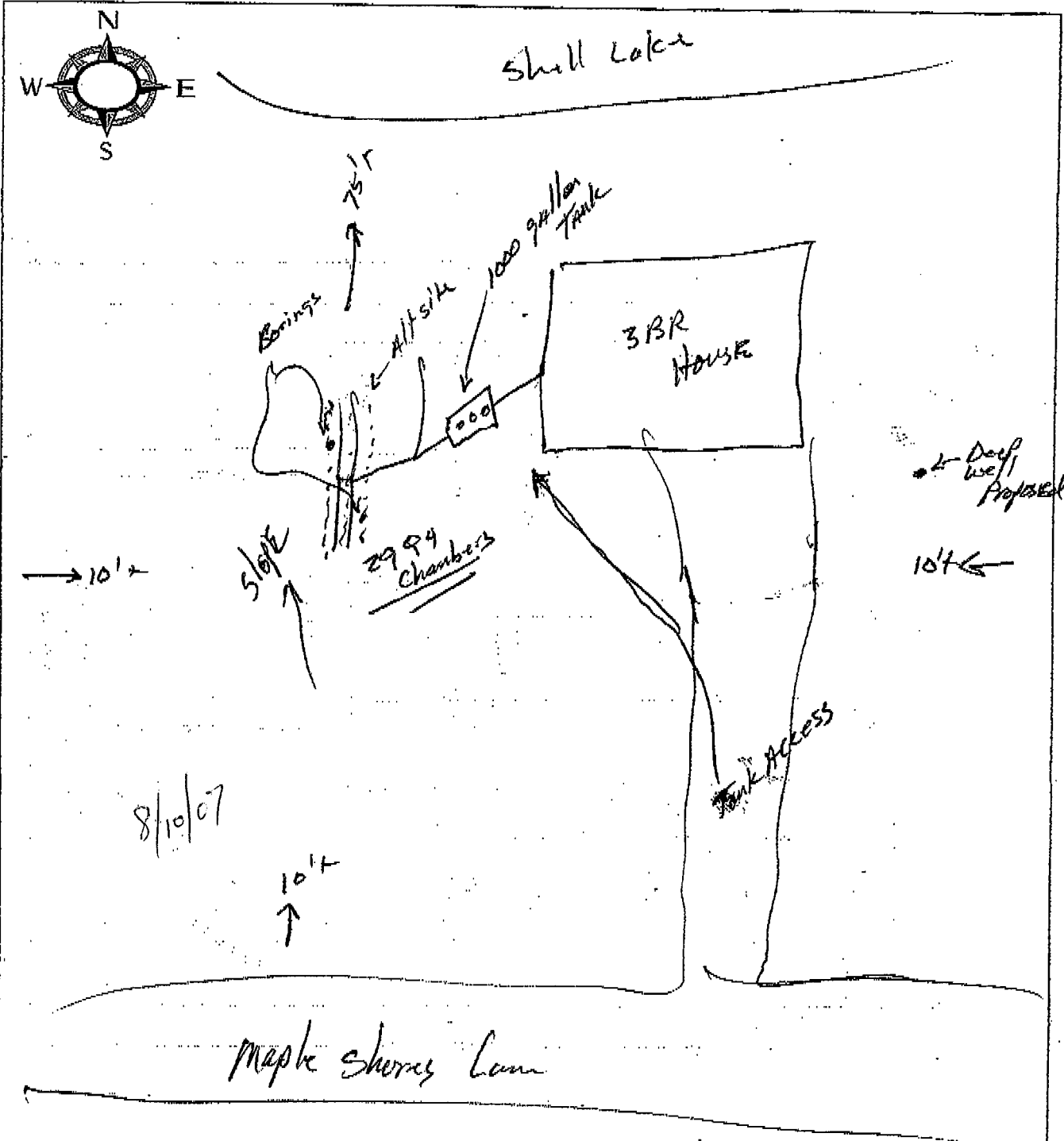
Craig Enevold

SITE PLAN

I hereby agree to have flags, lathes, or ribbons in place for inspection by date: _____

I understand that Becker County will not issue the permit until staking has been approved.

Signature _____



I hereby certify and agree that the above sketch accurately represents the work to be done in conjunction with this permit.

Applicant or Agent _____ Date _____