



CERTIFICATE OF COMPLIANCE With The Becker County Zoning Ordinance

Application Number Fire Number of Project Location

			· · · · · · · · · · · · · · · · · · ·
	A. GENERA	L INFORMATION	
1. Applicant's Name (Last, First, M.I.)		2. Authorized Agent (if app	ilicable)
Conadon, Freder	ick	_	
3. Mailing Address (Street, RFD, Box Num	iber, City, State, Zip Code)		
P.O. Box 42 R	ichword, MN. 5	56577 _	
4. Day Phone	5. Evening Phone	6. Section	7. Township
		29	Jugar Bush

B. PROPERTY DESCRIPTION 1. Lot(s), Block, Subdivision Name 100 SEWAGE SYSTEM DATA 1 Inch Equals. Anticipated Use **DESIGN** (// Single Family) Multiple Family) Commercial C.) Other (specify) 1500 gallon septic tank Type of Installation) Septic Tank Only) Drainfield Only Septic Tank & Drainfield) Holding Tank) Septic Tank/Drainfield Lift Station Type of Drainfield (Standard System) Mound (pressure distribution) 24 Depth. Diameter_ Type of Well 90 (Drilled () Sand Point Show Distance Between Sewage System And Buildings, 70 Deposell Property Lines, Lake, Road And All Wells Within 125 Feet. Drainfield Tank Distances to Well: Distance to Pressure Line: Tank Capacity (gal.& Area of Drainfield (ft 2) Distance to Building: Distance to Ordinary High Water Level: Distance to Property Line: Drainfield separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling: I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct:_ Date Signature of Applicant

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 Signature

INSTALLATION PERMIT FOR		PERMIT 1/1/X
INDIVIDUAL SEWAGE TREAT	,	NUMBER // 1/0
Property Owner: Fred Con	<u> </u>	Parcel Number: 32. (1) 44.004
WORK CATEGORY	SIZE OF TANK	SIZE OF LIFT STATION
(A NEW OVOTEN	1500 GALLONS	GALLONS
() NEW SYSTEM () REPAIR	SIZE OF DRAINFIELD	SIZE OF PUMP
REPAIR	5/0 FT2 SYSTEM LENGTH	DEPTH TO RESTRICTING
	190 FT	LAYER 5
	NUMBER OF 5	MAXIMUM DEPTH OF
TYPE OF SYSTEM	TRENCHES -	SYSTEM 2) 1/2
	ESTIMATED	
SEPTIC TANK/DRAINFIELD	FLOW <u>USO</u> GPD	PERC RATE
() DRAINFIELD ONLY		
() HOLDING TANK	TYPE OF DRAINFIELD	SSF
() ALTERNATE (specify)	-{∕-}-STANDARD (gravelless)	SIZE OF GRAVELLESS PIPE / Unch
() LIFT STATION	() STANDARD (graveness)	PIFE TOTAL ST
	() STANDARD (bed)	DEPTH OF ROCK
	() MOUND (pressure distb)	
ADDITIONAL INFORMATION		
\mathcal{F}_{1}		
		
INSTALLER TOWNS	Mall: LICEN	ISE NUMBER 576
ADDRESS/PHONE	7 7 0	
		well as all supporting data are true and is valid for a period of six (6) months.
•	Signature	Date
Any changes to the permit must first	- , ,	anning & Zoning. No system shall be
covered up without inspection by Be		
covered up without inspection by De	exci County 1 fainting & 220mig.	
For Office Use Only	/}	<i>₹∪</i>
Application Fee	State Surcharge	50 Total 45
Application ree	State Surcharge	10tal 90
C 1 Application is houses donied	1 1	
[] Application is hereby denied	I (chadon)	4 . *
Application is hereby granted to		to install an
individual septic system according t		lation and design submitted to the
Becker County Environmental Servi	ices Office. By Order of:	/ / /
Hebi Moli	120m	11/18/97
Signature of Becker County Qualifi	ed Employee	Date
		•
This permit expires on	98	
	•	
Date Inspected	Inspector	

BECKER COUNTY PLANNING & ZONING

829 Lake Avenue, P O Box 787 Detroit Lakes, MN 56502-0787

Phone (218) 846-7314, Fax (218) 846-7266 Onsite Septic System Site Evaluation/Design Fire Number Tax Parcel Number 2 32, 0244 Legal Description: Sect - 29 TWP - (4) Lake/Stream Name Frederick Aichwood 218-375-438 Property Owner Phone Number License Number ISTS Designer I / Designer II Address Phone Number 576 Site Plan The site plan must be drawn to dimension or to scale: *All Wells within *Existing & Proposed Buildings *Distance from OHW *Soil Boring & Perc Test Locations 100 feet of the System *Easements *Distance from Property Lines *Dimensions of Lot *Distance from all Wells *Distance from Water Lines within *Location of any Unsuitable * *Tank Access Route Disturbed/Compacted Soil within 100 ft of System 50 ft of System(existing & proposed) *Scale - One inch = bosement l'astori l'op,000 No deck

TEST HOLE #1 **TEST HOLE #2** DEPTH IN SOIL MUNSELL SOIL TEXTURE STRUCTURE DEPTH STRUCTURE MUNSELL INCHES TEXTURE COLOR **INCHES** COLOR BLOCKY BLOCKY PLATY BIGCK **PLATY** Black BIGCK PRISMATIC PRISMATIC Shave NONE NONE BLOCKY BLOCKY Coarse Light Right Comos **PLATY** 181, **PLATY** gravel PRISMATIC Brown PRISMATIC arrano. Brown NONE NONE BLOCKY BLOCKY PLATY PLATY PRISMATIC PRISMATIC NONE NONE BLOCKY BLOCKY PLATY **PLATY PRISMATIC** PRISMATIC NONE NONE Depth Depth standing water standing water Depth Depth mottling mottling Describe the surface features (slope, runoff, weather conditions, vegetation type, evidence of compaction, etc.) SYSTEM IS (X) NEW () REPAIR SYSTEM DESIGN (X) GRAVITY FLOW () PRESSURE DISTRIBUTION DEPTH OF SYSTEM $_{_}$ WATER USES: NUMBER OF BEDROOMS NUMBER OF BATHROOMS (V) WASHING MACHINE SYSTEM DESIGN FLOW 675 GPD TOTAL SQ. FT OF 1800 (V) DISHWASHER STRUCTURE (V) WATER SOFTENER SOIL SIZING FACTOR 1,27 TANK SIZE 1500 (1/2) GARBAGE DISPOSAL PUMP SIZE $\int \int f$ LIFT STATION SIZE \mathcal{N} TYPE OF RESIDENCE LENGTH OF LIFT LINE ηh SOIL TREATMENT 573 ___sqft AREA SIZE 573
DOSE VOLUME 019 TYPE I () TYPE II TOTAL DYNAMIC HEAD $\mathcal{N}\mathcal{H}$ () TYPE III () TYPE IV WELL INFORMATION-Property's Well DEPTH OF WELL 10 TYPE OF WELL dee P____ Type of Wells _____ Name of Designer I Date of Site

Date Site Evaluation approved ______Approved by _____

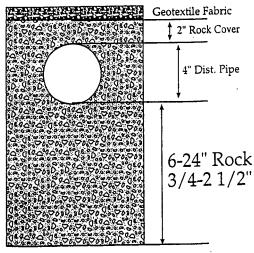
Estimate	d Sewag	ge Flows (gpd)	in Gallor	s per day
Number of Bedrooms	Type I	Туре П	Type III	Type IV
2 3 4 5 6 7 8	300 450 600 750 900 1050 1200	225 - 300 375 450 525 600 675	180 218 256 294 332 370 408	60% of the values in Type I. If or III columns

ſ	Septic	Tank Capacities (in	gallons)
	Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal
	2 or less 3 or 4 5 or 6 7, 8 or 9	750 1000 1500 2000	1125 1590 2250 3000

	Sewage Treati	equired Areas nent
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
lower 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



18-36" Width

LAWN AREA Select trench spacing, center to center = ____ feet R. Multiply trench spacing by lineal feet $R \times Q = sq$ ft of lawn area S.

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

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