

Onsite Septic System



340183000

IC

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

SCANNED	
LAKE	

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: 340183000

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 23 Township 141 Range 036 Township Name Two Inlets

Lake Name Two Inlets Lake Classification RD

Legal Description: Cone Cove Shores First Addn Block 001 Lot 5

Project Address: 30688 Cone Cove Lane

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

Owner's First Name Tom and Michael Owner's Last Name Ellingson

Mailing Address 304 N Whitney St City, State, Zip Marshall MN 56258

Phone Number 218-732-9804 507-531-0562

3. DESIGNER/INSTALLER INFORMATION

Designer Name Leonard Thelen Jr. Company Name Thelen's Exc. Inc License # L534

Address 33438 535th Ave Phone Number 218-252-2100

Installer Name Leonard Thelen Jr. Company Name Thelen's Exc. Inc. License # L534

Address 33438 535th Ave. Phone Number 218-252-2100

P.R. MN 56470

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 _____

10-11-13 Date of site evaluation

Design Flow 600 Gallons Per Day
Number of Bedrooms 4
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 Shallow

Original Soil Compacted Soil
Type of Soil Observation
 Pit Probe Boring
Depth to Restricting Layer 84
Maximum Depth of System 48

Size of All Tanks to be installed

<u>1500</u> gal Single Compartment Septic Tank	_____ gal Separate Lift Station	_____ Existing tank w/new Additional Tank
_____ gal Compartmented Tank	_____ gal Holding Tank	_____ Existing tank w/new Lift Station
_____ Pit Privy	_____ Existing Tank to be used	_____ 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.)

PARCE L	
APP	SEPTIC
YEAR	

Type of Drainfield
 Chamber Trench
 Rock Trench
 Gravelless
 Mound
 Pressure Bed
 Seepage Bed
 At-grade
 Alternative / Performance

Full Size of Drainfield
760 sq ft
 _____ sq ft
 _____ sq ft
 _____ sq ft ***
 _____ sq ft ***
 _____ sq ft ***
 _____ sq ft ***
 _____ sq ft ***

Reduced/Warrantied size
 _____ sq ft
 _____ sq ft
 _____ sq ft

***Attach Worksheets

Type of chamber 04 High caps
 Depth of Rock _____
 Alarm? Yes _____ No _____
 Type of Alarm _____
 Size of Lift Pump _____
 Size of Lift Line _____

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>60</u>	<u>120</u>
Distance to Building	<u>20</u>	<u>80</u>
Distance to Property Line	<u>10+</u>	<u>10+</u>
Distance to OHW of Lake	<u>90</u>	<u>200</u>
Distance to Pressure Line	<u>NA</u>	<u>NA</u>
Distance to Wetland/Protected Water	<u>NA</u>	<u>NA</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>0-3</u>	<u>Topsoil</u>	<u>10yr 3/3</u>	<u>Fine</u>		<u>0-3</u>	<u>Topsoil</u>	<u>10yr 3/3</u>	<u>Fine</u>
<u>3-24</u>	<u>Sand</u>	<u>10yr 4/6</u>	<u>Fine</u>		<u>3-24</u>	<u>Sand</u>	<u>10yr 4/6</u>	<u>Fine</u>
<u>24-46</u>	<u>Sand</u>	<u>10yr 5/6</u>	<u>Fine</u>		<u>24-46</u>	<u>Sand</u>	<u>10yr 5/6</u>	<u>Fine</u>
<u>46-84</u>	<u>Sand</u>	<u>10yr 6/6</u>	<u>Fine</u>		<u>46-84</u>	<u>Sand</u>	<u>10yr 6/6</u>	<u>Fine</u>

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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, Leonard Thelen Jr. 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).

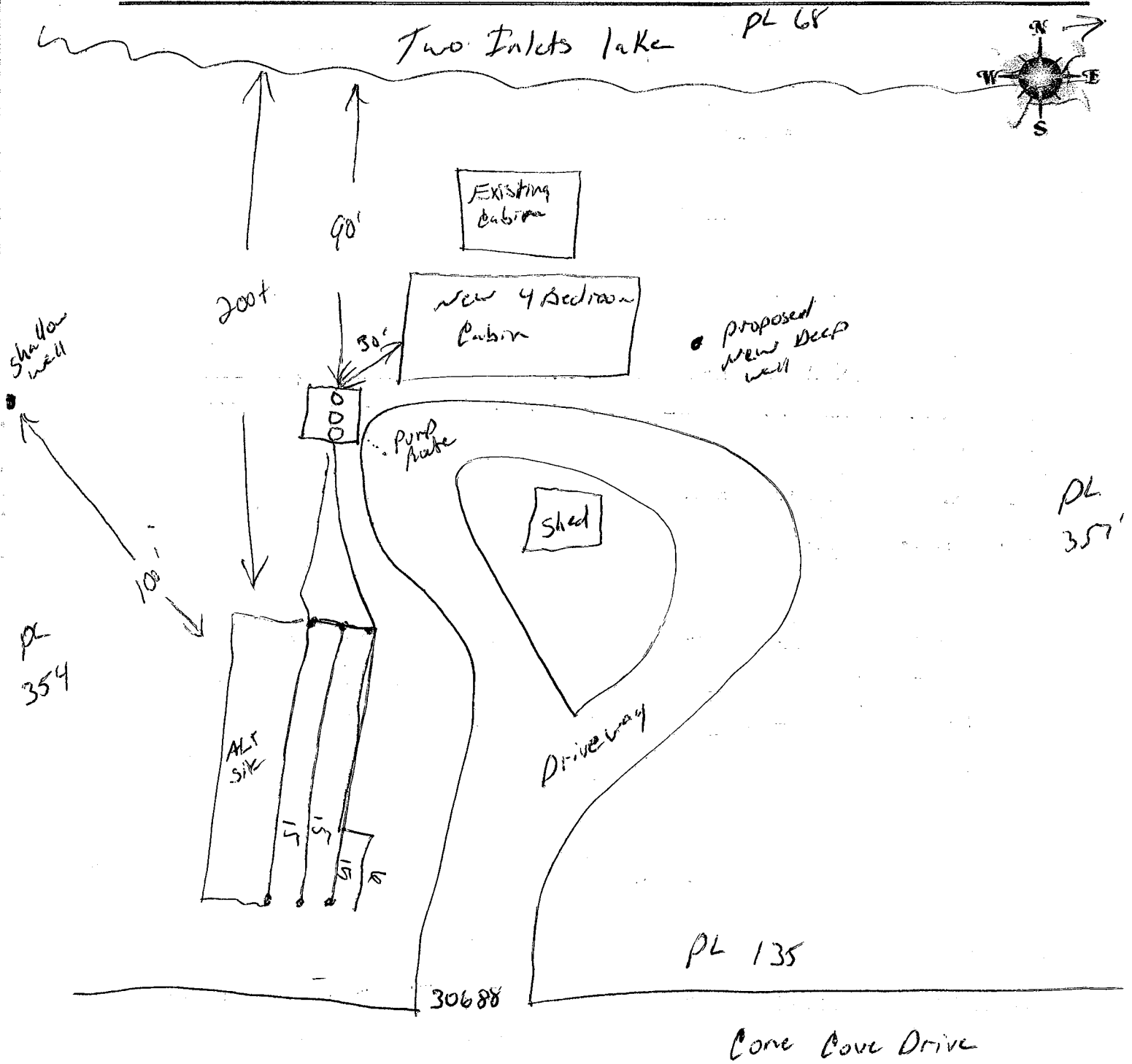
Leonard Thelen Jr.
 Signature of Designer

10-11-13
 Date

SKETCH OF PROPERTY

PARCEL	
APP	SITE
YEAR	

1. Please sketch all impervious coverage on your property; include dimensions.
2. Sketch roadways adjacent to property - Include driveway location.
3. If you will be exceeding 15% impervious surface coverage, include a copy of your stormwater management plan. This applies to ANY lot that exceeds 15% coverage.
4. If proposed project is a detached garage/storage shed that will exceed 1 story, include detailed design.



Remember EROSION CONTROL!

Please use best management practices and/or silt fence to control erosion on all projects.



COUNTY OF BECKER

Planning and Zoning

915 Lake Ave, Detroit Lakes, MN 56501
Phone: 218-846-7314 ~ Fax: 218-846-7266

Fax 507-532-5788

SSTS STATEMENT - # OF BEDROOMS AND WATER-USE APPLIANCES

Note: Form must be legible and completed in ink

Property Owner Name(s): Tom and Michael Ellingsen

Address: 304 N Whitney ST City, State, Zip: Marshall MN 56258

Phone: 218-732-9804 Alt. Phone: ---

Legal Description: CONE LAKE SHORES FIRST ADDN BLOCK 001 LOT 5

Lake/River: Two Inlets Tax Parcel No. 34019306

Property Address: 30688 Cone Lake Lane

Definitions:

Bedroom - any room or unfinished area within a dwelling that might reasonably be used as a sleeping room. Lofts and unfinished basements (with at least one egress window and/or door) are counted as bedrooms.

Water-use Appliances - installed or anticipated: e.g. automatic washer, dishwasher, water conditioning unit, whirlpool bath, garbage disposal, or self-cleaning humidifier in furnace.
Note: A dishwasher with a built-in garbage disposal counts as two (2) water-use appliances.

Existing # of bedrooms: 0 + # of bedrooms yet to be constructed: 4 = Total # of bedrooms to be serviced by the SSTS: 4 (min. # bedrooms allowed by State is two)

Existing # of water-use appliances: 0 List each: _____
+ # of water-use appliances yet to be installed: 3 List each: Washer, Dishwasher, Clothes Dryer
= Total # of water-use appliances to be serviced by the SSTS: 3

I (we) do hereby swear and affirm that the above-stated number of bedrooms and water-use appliances exist and/or will be installed in the residence located on the property listed on this document such that they will be serviced by the subsurface sewage treatment system (SSTS) that will be designed for and connected to said residence and installed on said property.

X Thomas J Ellingsen
Property Owner(s) Signature(s)

X 10/15/14
Date

mailed COC 7-11-14

APP	SEPTIC
YEAR	

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

Application Approved by: Hebi Mollzan Date: 10-17-13
 Amount Paid 150.00 Receipt Number 135663 Permit Number _____
 NOTES: Thelen PAID
mailed to ↑ 548155

(faxed one into office 10/14/13)
(original mailed 10/21/13)

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 _____ Alarm manufacturer _____

Lift pump in system? Yes No Pump manufacturer _____

Number of bedrooms 4

Component Information

Tank size 1500 Tank manufacturer Thelen
 Drainfield size 760 sq ft. Medium manufacturer 51-Q4 High caps
 Drainfield medium _____
 Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth +36"
 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>	<u>+100</u>
Distance to Building	<u>+10</u>	<u>+20</u>
Distance to Property Line	<u>+10</u>	<u>-10 papers attached</u>
Distance to OHW of Lake	<u>+100</u>	<u>+100</u>
Distance to Pressure Line	<u>-</u>	<u>-</u>
Distance to Wetland/Protected Water	<u>-</u>	<u>-</u>

Date System Installed 6/10/14 Installer Thelen Exc. Inspector Jacob Stoll

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 Jacob Stoll Title ITS Inspector Date 6/10/14

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

PROPERTY LINE AGREEMENT

RECEIVED
JUL 03 2014
ZONING

I, GREGORY KJELB EPC

owner of the property described as:

30688 Cone Cove DR

Parcel Number: _____ give

Tom Ellingson

owner of the property described as:

30688 Cone Cove Drive Park Rapids, MN

Parcel Number: 30688 Cone Cove DR

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

Signed: [Signature]

Dated: 5/21/2014

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

Notary

Rhönée L. Freeman

From: Ben Ellingson <BELLingson@eidebailly.com>
Sent: Thursday, July 03, 2014 9:57 AM
To: 7314VoiceMail
Cc: Ben Ellingson
Subject: Fwd: Property Line Agreement - Jul 3, 2014, 9:33 AM
Attachments: Property Line Agreement - Jul 3, 2014, 9-33 AM.pdf; ATT00001.htm

As requested by Tom Ellingson, attached please find the requested property line agreement. If you have any questions, please contact Tom at 507.531.0562. If you are unable to reach Tom, you can reach me at 605.201.6834. Thank you,

Ben Ellingson
Partner
Eide Bailly LLP

Begin forwarded message:

From: Ben Ellingson <BELLingson@eidebailly.com<mailto:BELLingson@eidebailly.com>>
Date: July 3, 2014 at 9:35:12 AM CDT
To: Ben Ellingson <BELLingson@eidebailly.com<mailto:BELLingson@eidebailly.com>>
Subject: Property Line Agreement - Jul 3, 2014, 9:33 AM

Confidentiality Note: This email message, including any attachment(s), is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise protected by law. Any unauthorized use, disclosure, or distribution of this communication is strictly prohibited. If you have received this communication in error, please contact the sender immediately by reply email and destroy the original and all copies of the email, including any attachment(s).

**CERTIFICATE OF COMPLIANCE
SEWAGE DISPOSAL SYSTEM**

This certificate has been issued this 15 day of May 19 91

to certify compliance on described premises and has been inspected by myself or my assigns on
May 15, 1991 and that the applicable codes, ordinances, and supporting data on
file were correct.

Parcel # 34.0183.000

Property description CONE COVE SHORE 1ST ADD LOT 5 BLOCK 1

TWO INLETS TOWNSHIP

SECTION 23

Lake Name: TWO INLETS

All horizontal distances meet the Becker County Zoning Ordinance and codes. With proper
maintenance this system can be expected to function satisfactorily, however this is not a
guarantee.

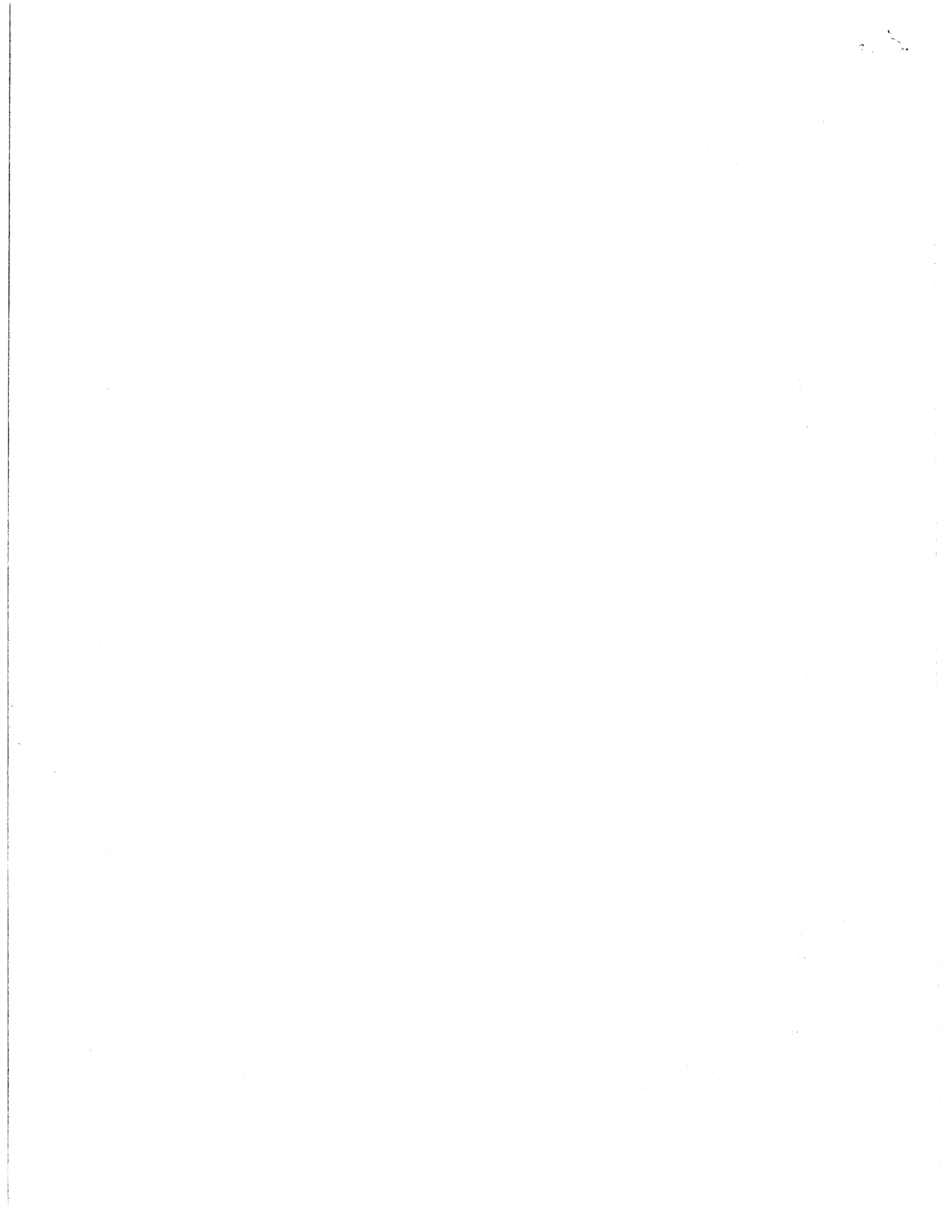
This certificate was issued to: Name: DIANE MILBURN

Address: 439 PAR LANE

City, State, & Zip: KIRKWOOD, MO 63122

PERMIT NO. 19693

Signed by Diane Milburn
Zoning Administrator Becker County



LEQ-1
DESCRIPTION
AND
LOCATION

INSPECTION REPORT

FIRE NUMBER _____

Lake No. _____ Lake Name _____ Lake Classif. _____ Sec. _____ TWP _____ Range _____ TWP Name _____

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address - No. Street, City, and State	Zip No.	Tel. No.
	<i>Deane Melburn</i>			<i>439 Oak Lane Berkeley, MO 63122</i>		
Contractor	Name _____					

	ACTUAL IS ↓	MINIMUM Shall Be ↓	Sq. Ft.
Building Set Back From High Water Mark			
Building Set Back From Highway			
Side Yard	_____ & _____ Ft.	_____ & _____ Ft.	
Rear Yard			
Elevation above High Water Mark at Building Setback Line			

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK				SEEPAGE BED				DRAIN FIELD			
	Actual		Minimum		Actual		Minimum		Actual		Minimum	
Capacity	<i>500</i>	<i>1000</i>	Gls.	Gls.	<i>525</i>	SF	SF			SF	SF	
Distance from Nearest Well	<i>75'</i>	F	F	<i>75'</i>	F	F			F	F		
Distance from Lake or Stream	<i>475</i>	F	F	<i>475</i>	F	F			F	F		
Distance from Occupied Building	<i>10</i>	F	10	F	<i>20</i>	F	20	F	F	20	F	
Distance from Property Line	<i>10</i>	F	10	F	<i>10</i>	F	10	F	F	10	F	
Distance from Bottom to Water Table	--	F	--	F	<i>4</i>	F	4	F	F	4	F	

Inspector's Comments:

INTERPRETATION
OF ABBREVIATIONS

Gls -- Gallons
SF -- Square Feet
F -- Linear Feet

Margaret M. Foster
Inspector's Signature & Title

Inspection Dated May 15, 1991