mail when approved

need ✓ 5e/10

2008 Onsite Septic System Application

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

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: R350.133.000

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 34 Township 142 Range 43 Township Name Walworth

Lake Name N/A Lake Classification NA

Legal Description: 8 AC. E½ SW ¼

Project Address: 13796 340 ST Ulen, MN.

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

Owner's First Name Elpha (Ed) Owner's Last Name Gunderson

Mailing Address 65 S. Woodcrest DR. N. City, State, Zip Fargo, ND 58102

Phone Number 701-232-7325

3. **DESIGNER/INSTALLER INFORMATION**

Designer Name Dan Schlauderaff Company Name Dan Schlauderaff Services License # HIB

Address 20393 Oakside TRL. Det. Lakes, MN Phone Number 218-847-6247

Installer Name Lunde Company Name Lunde Excav. Co. License #

Address 113 S. Hwy 30 Flom MN 56541 Phone Number

4. **SYSTEM DESIGN INFORMATION**

Existing System Status?

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

What will new system serve? Check one

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

7-19-10 Date of site evaluation

Design Flow 300 Gallons Per Day
Number of Bedrooms 2
Garbage Disposal ____ Yes X No
Dishwasher X Yes ____ No
Lift station in House ____ Yes X No
Grinder pump in House ____ Yes X No

Well Depth 70'
Depth of other wells within 100 ft of system N/A

Original Soil X Compacted Soil ____
Type of Soil Observation
____ Pit ____ Probe X Boring
Depth to Restricting Layer 5'
Maximum Depth of System 2'

Size of All Tanks to be installed
1000 gal Septic Tank
____ gal Holding Tank
____ gal Lift Station
____ Other Tank
____ Existing tank to be used

Compartmented tank ____ Yes X No Multiple Tanks ____ Yes X No
Total Number of tanks to be installed in this system 1 (This # will be reported to MPCA at end of year.)

✓

Sec 35.013

Type of Drainfield	Full Size of Drainfield	Reduced/Warrantied size	
X Chamber Trench	500 sq ft	12 sq ft	Type of chamber Q-4 STD.
____ Rock Trench	____ sq ft	____ sq ft	Depth of Rock ____
____ Gravelless	____ sq ft	____ sq ft	
____ Mound	____ sq ft ***		
____ Pressure Bed	____ sq ft ***		Alarm? Yes ____ No X
____ Seepage Bed	____ sq ft ***		Type of Alarm ____
____ At-grade	____ sq ft ***		Size of Lift Pump ____
____ Alternative / Performance	____ sq ft ***	***Attach Worksheets	Size of Lift Line ____

SETBACKS

	TANK	DRAINFIELD
Distance to Well	150'	130'
Distance to Building	10'	24'
Distance to Property Line	>100'	>100'
Distance to OHWof Lake	N/A	N/A
Distance to Pressure Line	N/A	N/A
Distance to Wetland/Protected Water	N/A	N/A

Perc Rate 22.4 Soil Sizing Factor 1.67 *If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
0-20	Sandy Loam	Top Soil			0-20	Sandy Loam	Top Soil	
20-36	Loam	10YR 4/3	Blocky		2-32	Loam	10YR 4/3	Blocky
36-60	Loam	10YR 5/4	Blocky		32-60	Loam	10YR 5/4	Blocky

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

Dan Schlauderaff
Signature of Designer

7-19-10
Date

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

Application Approved by: Meb Mott Date: 7-26-10

Amount Paid 100.00 Receipt Number 230789 Permit Number 454915

NOTES:

mailed c/c to homeowner 9/17/10

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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 Signaled Alarm manufacturer _____

Lift pump in system? _____ Yes _____ No Pump manufacturer _____

Number of bedrooms _____

Component Information

Tank size 1000 Tank manufacturer Fergus Falls mona.

Drainfield size 500 Sq.ft.

Drainfield medium _____ Medium manufacturer Q45

Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth _____ Good Separation

Vertical separation verified for Boring #2 on _____ Depth _____

Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

	TANK	DRAINFIELD
Distance to Well	+50'	+100'
Distance to Building	+10'	+20'
Distance to Property Line	+10'	+10'
Distance to OHW of Lake	—	—
Distance to Pressure Line	—	—
Distance to Wetland/Protected Water	—	—

Date System Installed 8/16/10 Installer Jason Lunde Exc Inspector Paul A Stoll

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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.

Paul A Stoll — Signature

ETS inspector — Title

8/16/10 — Date

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

35.0133.01
SE/10

BECKER COUNTY

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

Application No.

Tax Parcel No. 35013300O

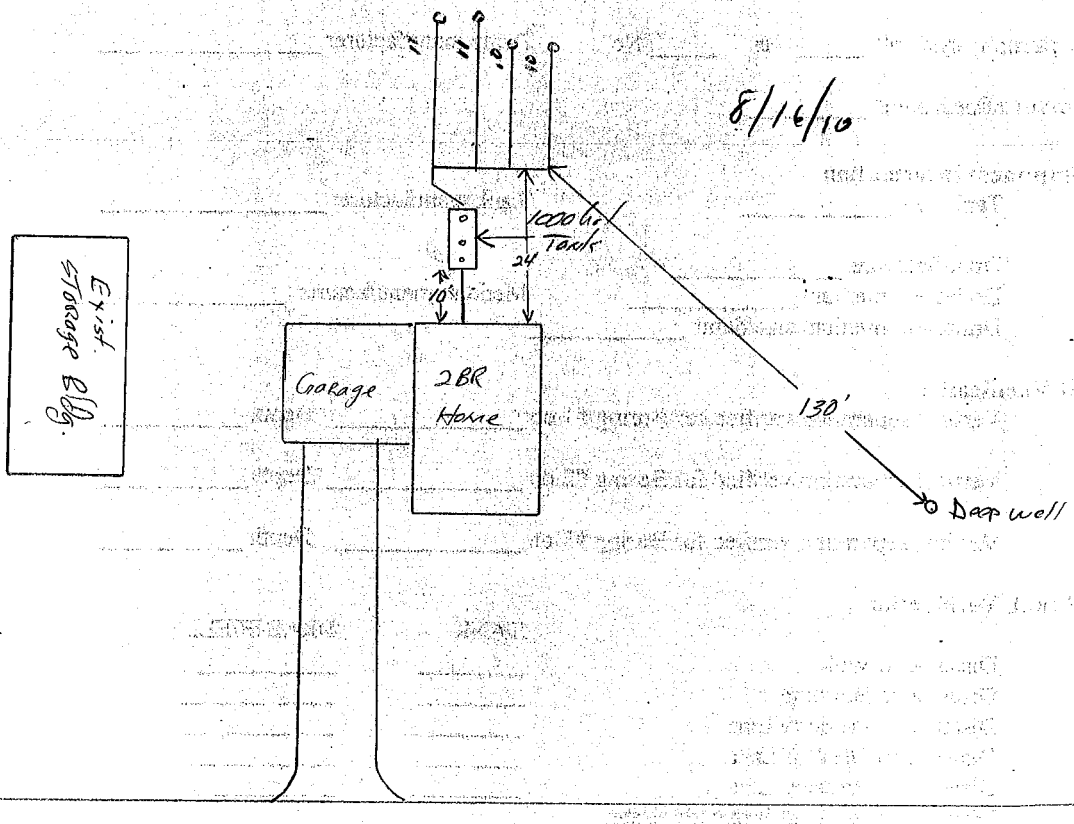
SKETCH PLAN

500-SQ. FT. DRY Field
42- Q-4 STD. Chambers
2 - 44 FT. TRENCHES
2 - 40 FT. TRENCHES
1 - 1000 Gal TANK

Drawing By: Dan Schlauderaff

Date of Drawing: 7-19-10

8/16/10



340 FT.

35.0133.000 SC/10

- PERCOLATION TEST SHEET -

Test hole location DRN Field Hole # 1&2 Date test hole was prepared: 7-19-10

Depth of hole bottom: 26 inches Diameter of hole: 5 inches

Method of scratching sidewall: Rake/Nails Depth of pea size gravel in bottom of hole: 2 inches

Date and hour of initial water filling: 7-19-10 Depth of initial water filling: 12" above hole bottom

Method used to maintain 12" of water depth in hole for 4 hours: Manual

Percolation test conducted by: Dan Schwanderlik Percolation test started at 12 (am) (pm)

Maximum water depth above hole bottom during test: 8 inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	
	START 30	0 / 6 5/8	1 3/8	1.38	30 TIME ÷ 1.38 DROP (Decimal) = 22 PERC	A
	REFILL 30	0 / 6 5/8	1 3/8	1.38	30 TIME ÷ 1.38 DROP (Decimal) = 22 PERC	B
	REFILL 29	0 / 6 3/4	1 1/4	1.25	29 TIME ÷ 1.25 DROP (Decimal) = 23 PERC	C
	REFILL				TIME ÷ DROP (Decimal) = PERC	D
	REFILL				TIME ÷ DROP (Decimal) = PERC	E
	REFILL 30	0 / 6 5/8	1 3/8	1.38	30 TIME ÷ 1.38 DROP (Decimal) = 22 PERC	F
	REFILL 31	0 / 6 5/8	1 3/8	1.38	31 TIME ÷ 1.38 DROP (Decimal) = 22.4 PERC	G
	REFILL 29	0 / 6 3/4	1 1/4	1.25	29 TIME ÷ 1.25 DROP (Decimal) = 23 PERC	H

22.4

conversions
1/16 = .06
1/8 = .13
3/16 = .19
1/4 = .25
5/16 = .31
3/8 = .38
7/16 = .44
1/2 = .5
9/16 = .56
5/8 = .63
11/16 = .69
3/4 = .75
13/16 = .81
7/8 = .88
15/16 = .94

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
			BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
			BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE

Type of alarm Device on lift Station or Holding tank

Attach perc test Information if Required