

FIELD EVALUATION SHEET

PRELIMINARY EVALUATION DATE _____, FIELD EVALUATION DATE _____
 PROPERTY OWNER: KENT MAYO PHONE _____
 ADDRESS: 16632 326TH AVE CITY, STATE, ZIP: ISLE MN 56342
 LEGAL DESCRIPTION: _____
 PIN# _____ SEC 32 T 44 R 25 TWP NAME LAKE SIDE
 FIRE# _____ LAKE/RIVER NONE LAKE CLASS _____ OHWL _____ FT.

DESCRIPTION OF SOIL TREATMENT AREAS

	AREA #1	AREA #2	REFERENCE BM ELEV. <u>100</u> FT
DISTURBED AREAS	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	REFERENCE BM DESCRIPTION
COMPACTED AREAS	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<u>GROUND LEVEL AT NW</u>
FLOODING	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<u>CORNER OF EXISTING</u>
RUN ON POTENTIAL	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<u>TRAILER HOUSE</u>
SLOPE %	<u>0</u>		
DIRECTION OF SLOPE	<u>—</u>		
LANDSCAPE POSITION			
VEGETATION TYPES	<u>WOODED</u>		

DEPTH TO STANDING WATER OR MOTTLED SOIL: BORING# 1 —, 1A —, 2 —, 2A —

BOTTOM ELEVATION—FIRST TRENCH OR BOTTOM OF ROCK BED: #1 _____ FT., #2 _____ FT.

SOIL SIZING FACTOR: SITE #1 1.27, SITE #2 _____

CONSTRUCTION RELATED ISSUES: 2 BEDROOM - 1650 COMBO. 3' OF SAND UNDER ROCK. 10' x 25' ROCK BED

LIC# 127 SITE EVALUATOR SIGNATURE: Larry Liljengulst

SITE EVALUATOR NAME: LARRY LILJENGULST TELEPHONE# 218 820 8886

LUG REVIEW _____ DATE _____

Comments: _____

SOIL BORING LOGS ON REVERSE SIDE

Minimum 100 gpd (see figure A-1) Flows up to 1200 gpd

A. Average Design FLOW

Estimated 300 gpd (see figure A-1)
 or measured _____ x 1.5 (safety factor) = _____ gpd

A-1: Estimated Sewage Flows in Gallons per Day

number of bedrooms	Class I	Class II	Class III	Class IV
2	300	225	180	60%
3	450	300	218	of the
4	600	375	256	values
5	750	450	294	in the
6	900	525	332	Class I,
7	1050	600	370	II, or III
8	1200	675	408	columns.

B. SEPTIC TANK Capacity

1000 gallons (see figure C-1)

C. SOILS (refer to site evaluation)

1. Depth to restricting layer = 0 feet
2. Depth of percolation tests = _____ feet
3. Texture SANDY LDAM
 Percolation rate 6-15 mpi
4. Soil loading rate .79 gpd/sqft (see figure D-33)
5. Percent land slope 0 %

C-1: Septic Tank Capacities (in gallons)

Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal	Liquid capacity with disposal & lift inside
2 or less	750	1125	1500
3 or 4	1000	1500	2000
5 or 6	1500	2250	3000
7, 8 or 9	2000	3000	4000

D. ROCK LAYER DIMENSIONS

1. Multiply average design flow (A) by 0.83 to obtain required rock layer area.
300 gpd x 0.83 sqft/gpd = 250 sqft
2. Determine rock layer width = 0.83 sqft/gpd x linear Loading Rate (LLR)
 0.83 sqft/gpd x 12 gpd/sqft = 10 ft
3. Length of rock layer = area ÷ width =
250 sqft (D1) ÷ 10 ft (D2) = 25 ft

Mound LLR	
< 120 MPI	≤ 12
≥ 120 MPI	< 6

E. ROCK VOLUME

1. Multiply rock area (D1) by rock depth of 1 ft to get cubic feet of rock
250 sqft x 1 ft = 250 cuft
2. Divide cuft by 27 cuft/cuyd to get cubic yards
250 cuft ÷ 27 cuyd/cuft = 10 cuyd
3. Multiply cubic yards by 1.4 to get weight of rock in tons
10 cuyd x 1.4 ton/cuyd = 14 tons

F. SEWAGE ABSORPTION WIDTH

Absorption width equals absorption ratio (See Figure D-33) times rock layer width (D2)

1.5 x 10 ft = 15 ft

D-33: Absorption Width Sizing Table

Percolation Rate in Minutes per Inch (MPI)	Soil Texture	Loading Rate Gallons per day per square foot	Absorption Ratio
Faster than 5	Coarse Sand Medium Sand Loamy Sand Fine Sand	1.20	1.00
6 to 15	Sandy Loam	0.77	1.51
16 to 30	Loam	0.60	2.00
31 to 45	Silt Loam	0.50	2.40
46 to 60	Silt Sandy Clay Loam	0.45	2.67
61 to 120	Silty Clay Loam Clay Loam Silty Clay Sandy Clay	0.24	5.00
Slower than 120*	Clay		-

*System designed for these soils must be other or performance

G. Mound Slope Width and Length
(landslope less than or equal to 1%)

1. Absorption width (F) 15 ft

2. Calculate mound size

a. Determine depth of clean sand fill

at upslope edge of rock layer = 3 ft

minus the distance to restricting layer (C1)

3 ft - 0 ft = 3 ft

b. Mound height at the upslope edge of rock layer = depth of clean sand for separation (G2a)

at upslope edge plus depth of rock layer (1 ft) plus depth of cover (1 ft)

3 ft + 1ft + 1ft = 5 ft

c. Berm width = upslope mound height (G2b) times 4 (4 is recommended, but could be 3-12)

5 x 4 = 20 ft

d. The total landscape width is the sum of berm (G2c) width plus rock layer width (D2) plus berm width (G2c): 20 ft + 10 ft + 20 ft = 50 ft

e. Additional width necessary for absorption = absorption width (F) minus the landscape width (G2d)

_____ ft - _____ ft = _____ ft, if number is negative (<0) skip to g

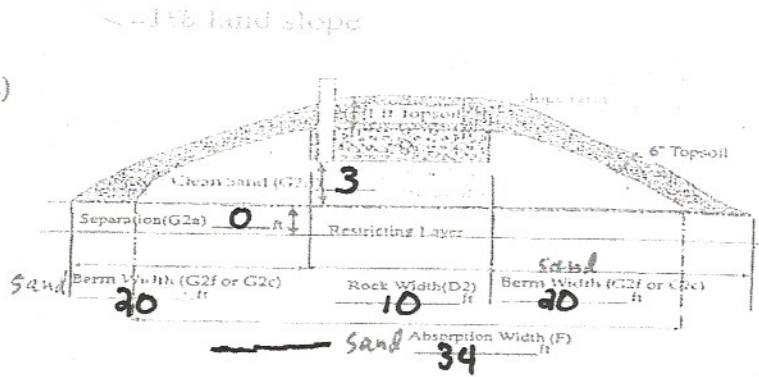
f. Final berm width = additional width (G2e) plus the berm width (G2c)

_____ ft + _____ ft = _____ ft

g. Total mound width is the sum of berm width (G2f or G2c) plus rock layer width (D2) plus berm width (G2f or G2c): 20 ft + 10 ft + 20 ft = 50 ft

h. Total mound length is the sum of berm (G2f or G2c) plus rock layer length (D3) plus berm (G2f or G2c): 20 ft + 25 ft + 20 ft = 65 ft

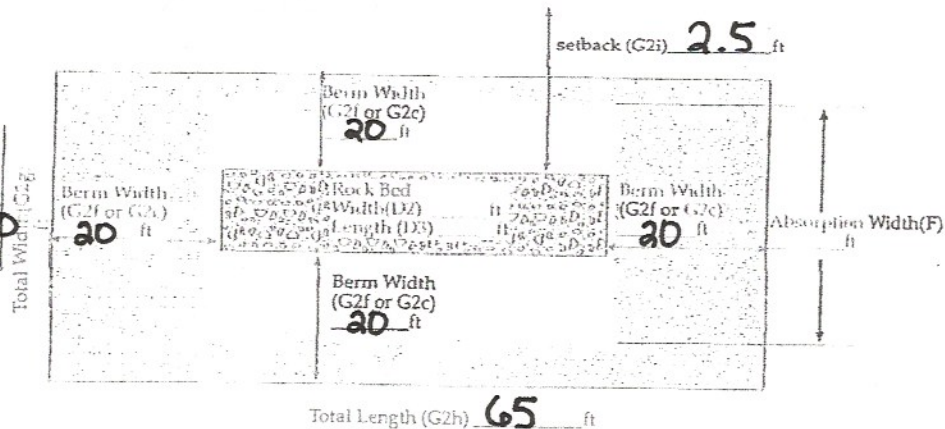
i. Setbacks from the rockbed are calculated as follows: the absorption width (F) minus the rock bed width (D2) divided by 2: (15 ft - 10 ft) ÷ 2 = 2.5 ft



Final Dimensions:

50 x 65

SANDBASE: 34' x 49'



I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

Jarvis Lyngstad

(signature)

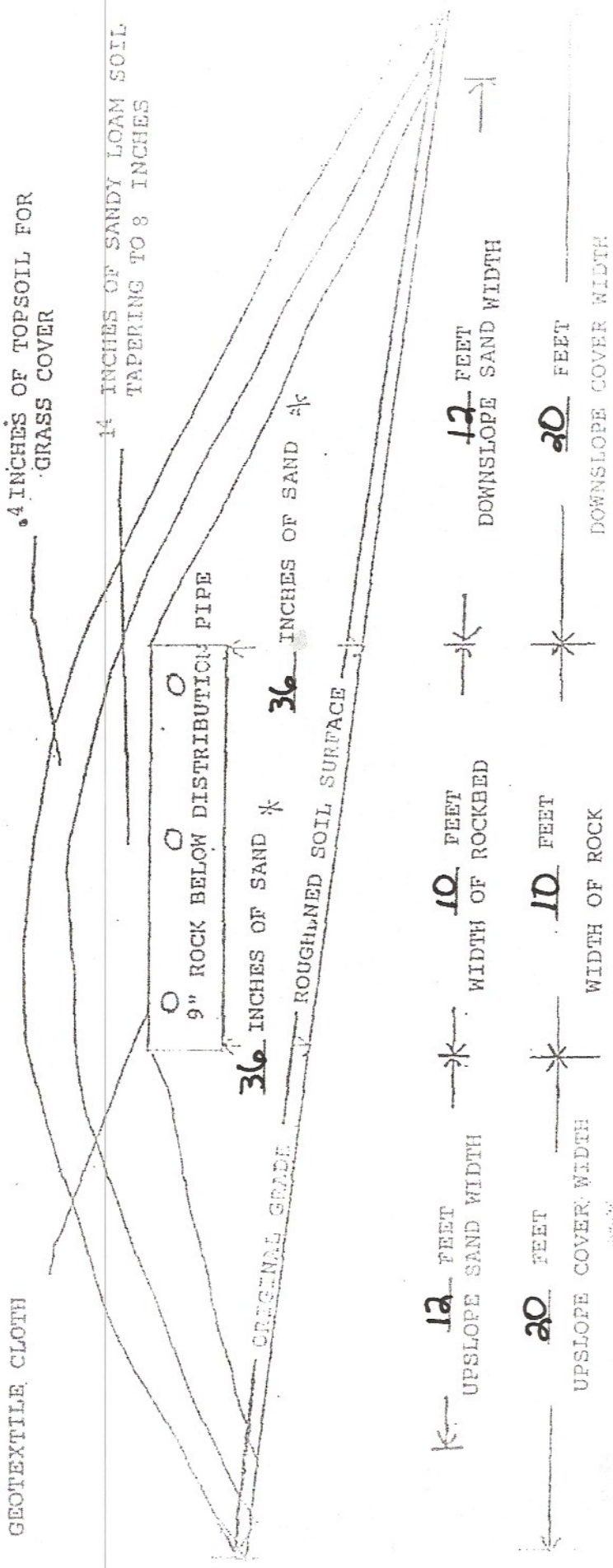
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(license #)

6-15-19 (date)

GROUND CROSS-SECTION

0 PERCENT SLOPE OF ORIGINAL SOIL
 10 FT. x 25 FT. SIZE OF ROCKBED 34 FT. x 49 FT. SIZE OF SANDBASE



2. Select perforation spacing = **2.5** ft
3. Since perforations should not be placed closer than 1 foot to the edge of the rock layer (see diagram), subtract 2 feet from the rock layer length.

$$\frac{25}{\text{Rock layer length}} - 2 \text{ ft} = 23 \text{ ft}$$

4. Determine the number of spaces between perforations. Divide the length (3) by perforation spacing (2) and round down to nearest whole number.

$$\text{Perforation spacing} = \frac{23 \text{ ft}}{2.5 \text{ ft}} = 9 \text{ spaces}$$

5. Number of perforations is equal to one plus the number of perforation spaces(4). Check figure E-4 to assure the number of perforations per lateral guarantees <10% discharge variation.

$$9 \text{ spaces} + 1 = 10 \text{ perforations/lateral}$$

6. A. Total number of perforations = perforations per lateral (5) times number of laterals (1)

$$10 \text{ perfs/lat} \times 3 \text{ lat} = 30 \text{ perforations}$$

- B. Calculate the square footage per perforation.

Should be 6-10 sqft/perf. Does not apply to at-grades.

Rock bed area = rock width (ft) x rock length (ft)

$$10 \text{ ft} \times 25 \text{ ft} = 250 \text{ sqft}$$

Square foot per perforation = Rock bed area ÷ number of perfs (6)

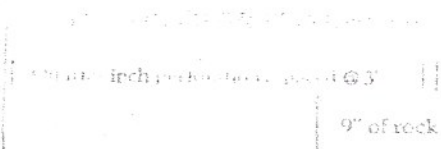
$$\frac{250 \text{ sqft}}{30 \text{ perfs}} = 8.3 \text{ sqft/perf}$$

7. Determine required flow rate by multiplying the total number of perforations (6A) by flow per perforation (see figure E-6)

$$30 \text{ perfs} \times .74 \text{ gpm/perfs} = 22 \text{ gpm}$$

8. If laterals are connected to header pipe as shown on upper example, to select minimum required lateral diameter; enter figure E-4 with perforation spacing (2) and number of perforations per lateral (5) Select minimum diameter for perforated lateral = **1 1/4** inches.

9. If perforated lateral system is attached to manifold pipe near the center, lower diagram, perforated lateral length (3) and number of perforations per lateral (5) will be approximately one half of that in step 8. Using these values, select minimum diameter for perforated lateral = _____ inches.



Perf Sizing 3/16" - 1/4"
Perf Spacing 1.5' - 5'

E-4: Maximum allowable number of 1/4-inch perforations per lateral to guarantee <10% discharge variation

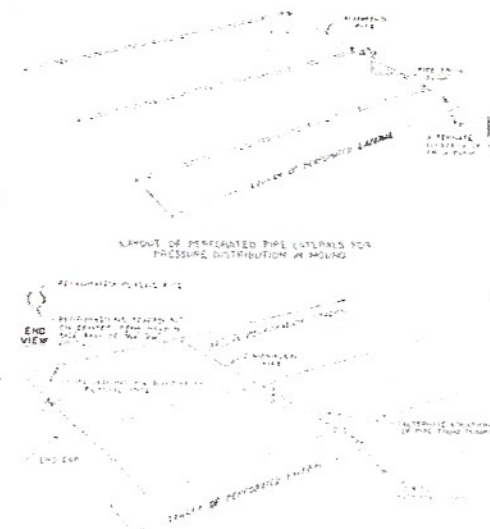
perforation spacing (feet)	1 inch	1.25 inch	1.5 inch	2.0 inch
2.5	8	14	18	28
3.0	8	13	17	26
3.3	7	12	16	25
4.0	7	11	15	23
5.0	6	10	14	22

E-6: Perforation Discharge in gpm

head (feet)	perforation diameter (inches)			
	1/8	3/16	7/32	1/4
1.0 ^a	0.18	0.42	0.56	0.74
2.0 ^b	0.26	0.59	0.80	1.04
5.0	0.41	0.94	1.26	1.65

^a Use 1.0 foot for single-family homes.
^b Use 2.0 feet for anything else.

MANIFOLD LOCATED AT END OF PRESSURE DISTRIBUTION SYSTEM



I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws

Darryl Lelyngisil

(signature)

127

(license #)

6-15-19

(date)

1. Determine pump capacity:

A. Gravity distribution

1. Minimum required discharge is 10 gpm
2. Maximum suggested discharge is 45 gpm. For other establishments at least 10% greater than the water supply rate, but no faster than the rate at which effluent will flow out of the distribution device.

B. Pressure distribution

See pressure distribution work sheet

From A or B Selected pump capacity: 22 gpm

2. Determine pump head requirements:

A. Elevation difference between pump and point of discharge?

8 feet

B. Special head requirement? (See Figure at right - Special Head Requirements)

5 feet

C. Calculate Friction loss

1. Select pipe diameter 2 in

2. Enter Figure E-9 with gpm (1A or B) and pipe diameter (C1).

Read friction loss in feet per 100 feet from Figure E-9

Friction Loss = 1.11 ft/100ft of pipe

3. Determine total pipe length from pump discharge to soil treatment discharge point. Estimate by adding 25 percent to pipe length for fitting loss. Total pipe length times 1.25 = equivalent pipe length

25 feet x 1.25 = 31 feet

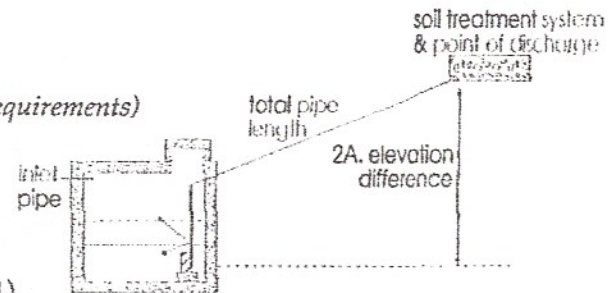
4. Calculate total friction loss by multiplying friction loss (C2) in ft/100 ft by the equivalent pipe length (C3) and divide by 100.

= 1.11 ft/100ft x 31 ÷ 100 = .35 ft

D. Total head required is the sum of elevation difference (A), special head requirements (B), and total friction loss (C4)

8 ft + 5 ft + .5 ft =

Total head: 13.5 feet



Special Head Requirements	
Gravity Distribution	0 ft
Pressure Distribution	5 ft

flow rate gpm	E-9: Friction Loss in Plastic Pipe Per 100 feet		
	nominal pipe diameter		
	1.5"	2"	3"
20	2.47	0.73	0.11
25	3.73	<u>1.11</u>	0.16
30	5.23	1.55	0.23
35	6.96	2.06	0.30
40	8.91	2.64	0.39
45	11.07	3.28	0.48
50	13.46	3.99	0.58
55		4.76	0.70
60		5.60	0.82
65		6.48	0.95
70		7.44	1.09

3. Pump selection

A pump must be selected to deliver at least 22 gpm (1A or B) with at least 13.5 feet of total head (2D)

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

Larry Lyngstad

(signature)

127

(license #)

6-15-19

(date)

SOILS CHARTS FOR BOTH PROPOSED AND ALTERNATE SITES

1 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
0-5	TOPSOIL	10YR 4/3 10YR 5/1
5-12		
MOTTLING @ 8"		

2 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
0-5	TOPSOIL	10YR 4/3 10YR 5/1
5-12		
MOTTLING @ 8"		

1 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR

2 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR

ADDITIONAL SOIL BORINGS MAY BE REQUIRED

Maintenance Log

Activity	Date Accomplished
Check frequently:	
Leaks: check for plumbing leaks	
Soil treatment area check for surfacing	
Lint filter: check, clean if needed	
Effluent screen: if owner-maintained	
Water usage rate (monitor frequency _____)	
Check annually:	
Caps: inspect, replace if needed	
Sludge & Scum/Pump	
Inlet & Outlet baffles	
Drainfield effluent leaks	
Pump, alarm, wiring	
Flush & clean laterals if cleanouts exists	
Other: _____	
Other: _____	

Notes: _____

Mitigation/corrective action plan: _____

Call a licensed septic professional with problems.

Subsurface Sewage Treatment System Management Plan

Property Owner: _____ Phone: _____ Date: _____
Mailing Address: _____ City: _____ Zip: _____
Site Address: _____ City: _____ Zip: _____

This management plan will identify the operation and maintenance activities necessary to ensure long-term performance of your septic system. Some of these activities must be performed by you, the homeowner. Other tasks must be performed by a licensed septic service provider.

System Designer: check every 36 months.
Local Government: check every 36 months.
State Requirement: check every 36 months.

My System needs to be checked every 36 months.

(State requirements are based on MN Rules Chapter 7080.2450, Subp 2 & 3)

Homeowner Management Tasks

- Leaks – Check (look, listen) for leaks in toilets and dripping faucets. Repair leaks promptly.
- Surfacing sewage – Regularly check for wet or spongy soil around your soil treatment area.
- Effluent filter – Inspect and clean twice a year or more.
- Alarms – Alarm signals when there is a problem. Contact a service provider any time an alarm signals.
- Event counter or water meter – Record your water use.
-recommend meter reading: be conducted (circle one): DAILY - WEEKLY - MONTHLY

Professional Management Tasks

- Check to make sure tank is not leaking
- Check and clean the in-tank effluent filter
- Check the sludge/scum layer levels in all septic tanks
- Recommend if tank should be pumped
- Check inlet and outlet baffle:
- Check the drainfield effluent levels in the rock layer
- Check the pump and alarm system functions
- Check wiring for corrosion and function
- Check dissolved oxygen and effluent temperature in tank
- Provide homeowner with list of results and any action to be taken
- Flush and clean laterals if cleanouts exist

"I understand it is my responsibility to properly operate and maintain the sewage treatment system on this property, utilizing the Management Plan. If requirements in the Management Plan are not met, I will promptly notify the permitting authority and take necessary corrective actions. If I have a new system, I agree to adequately protect the reserve area for future use as a soil treatment system."

Property Owner Signature: _____ Date: _____

Designer Signature: Jerry Lyng _____ Date: _____

See Reverse Side for Management Log

1" = 30'

NORTH LOT LINE

