

13-2 ■ SECTION 13: Forms and Reference

UNIVERSITY OF MINNESOTA

OSTP Preliminary Evaluation Form



1. Contact Information v 11.09.16	
Property Owner/Client: <u>Rosalie Tebaza</u>	Client Phone Number: _____
Mailing Address: _____	
Site Address: <u>69172 US Highway 169 Hill City</u>	
Parcel I.D. <u>12-0003100</u>	Township # <u>52</u> Range # <u>26</u> Section _____
Date <u>6-25-2012</u>	Township name <u>Hill Lake</u> Legal Desc or Lat/Long _____
Evaluation for system type <input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Replacement	Parcel dimensions <u>100 x 250</u>
2. Flow Information	
Client-Provided Information	
Type(s) of use (all that apply) <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other Use (Specify) _____	
No. of bedrooms* (if applicable) <u>4</u>	Unfinished space (ft ²) _____
No. of residents in home <input checked="" type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Teenagers <input type="checkbox"/> Daycare	
Existing flow measurements <input type="checkbox"/> Yes (If Yes, attach readings) <input checked="" type="checkbox"/> No	
Water-using devices (check all that apply)	
<input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Water Softener* <input type="checkbox"/> Iron Filter*	<input type="checkbox"/> Dishwasher <input type="checkbox"/> Sump Pump* Other (specify) _____
<input type="checkbox"/> Large Bathtub/Jacuzzi <input type="checkbox"/> High Efficiency Furnace* <input type="checkbox"/> Clear water source	<input type="checkbox"/> Laundry/Large Tub on 2nd Floor <input type="checkbox"/> Hot Tub*
Water use concerns (check all that apply)	
<input type="checkbox"/> Faucet/Toilet <input type="checkbox"/> Multiple Loads of Laundry/Day <input type="checkbox"/> Long-Term Prescription Meds	<input type="checkbox"/> In-Home Business <input type="checkbox"/> No Lint Screen <input type="checkbox"/> Use of Anti-Bacterial Soap <input type="checkbox"/> Frequent Entertaining of Out-of-Town Guests
Any additional current or future uses on this parcel (specify) _____	
Any non-sewage discharges to system (specify) _____	
Sewage ejector or grinder pump in home <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I acknowledge the above is complete and accurate (Client(s) signature and date) _____	
Designer-determined Flow Information	
A. Estimated Design Flow (gallons per day) <u>75 x 4 = 300</u> Design for 4 Bed x 400 gpd	
Anticipated waste strength values: <input type="checkbox"/> Domestic <input type="checkbox"/> High Strength	BOD: _____ mg/L
CBOD: _____ mg/L (TSS): _____ mg/L	OGG: _____ mg/L
3. Preliminary Site Information	
B(1). Water supply well(s) within 100 ft of absorption area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Well(s) were located <input checked="" type="checkbox"/> Direct Observation <input type="checkbox"/> County Well Index Maps <input type="checkbox"/> Personal Communication	MN Unique Well Id #: _____
Depth of well(s) <u>50'</u> ft	Well casing depth(s) _____ ft Source _____
Impervious Layer <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, Define & Source: _____	Required Setback: _____ ft
B(2). Site within 200 ft of noncommunity transient supply well <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Source _____
B(3). Site within a drinking water supply management area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Source _____
B(4). Location of all existing and proposed buildings and improvements on lot (see Site Evaluation map)	
B(5). Buried water supply pipes within 50 ft of proposed system <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
C. Location of all easements on lot (see Site Evaluation map) Source _____	
D. Elevation of ordinary high water level (OWHL) - MN DNR (if adjacent to parcel) _____	
E. Floodplain designation and flood elevation _____ Source _____	
F. Determine property lines (see Site Evaluation map) <input type="checkbox"/> Survey <input type="checkbox"/> Plat Map <input checked="" type="checkbox"/> Other <u>OWNER</u>	
Site located in a shoreland district/area <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
G. Distance of setbacks <input checked="" type="checkbox"/> Property Lines <input type="checkbox"/> OHWL <input type="checkbox"/> Easements <input type="checkbox"/> Water Supply Pipes <input type="checkbox"/> Well(s) <input type="checkbox"/> Other Buildings	
H. Soil Survey Information (from web soil survey) <input type="checkbox"/> Map Map Units on Parcel <u>546</u> <u>Muck</u>	
List landforms <u>Top Slope</u>	Slope Range <u>4%</u>
Parent materials - check all that apply	
<input checked="" type="checkbox"/> Till <input type="checkbox"/> Outwash <input type="checkbox"/> Loess <input type="checkbox"/> Bedrock <input type="checkbox"/> Alluvium	Landscape Position (check all that apply)
<input type="checkbox"/> Colluvium <input type="checkbox"/> Lacustrine <input type="checkbox"/> Organic <input type="checkbox"/> Cut/Fill	<input type="checkbox"/> Summit <input type="checkbox"/> Shoulder <input type="checkbox"/> Backslope <input checked="" type="checkbox"/> Footslope <input type="checkbox"/> Toeslope
<input type="checkbox"/> Minimum bedrock depth: _____ inches	<input type="checkbox"/> Depression <input type="checkbox"/> Stream <input type="checkbox"/> Terrace <input type="checkbox"/> Manmade <input type="checkbox"/> Plain
<input type="checkbox"/> Maximum bedrock depth: _____ inches	<input type="checkbox"/> Minimum bedrock depth: _____ inches
<input type="checkbox"/> Maximum bedrock depth: _____ inches	<input type="checkbox"/> Maximum bedrock depth: _____ inches
Map Unit	Septic Tank Absorption Field - Trench (MN) <u>_____</u>
Ratings	Septic Tank Absorption Field - At-grade (MN) <u>_____</u>
	Septic Tank Absorption Field - Mound (MN) <u>_____</u>