

Preliminary & Field Evaluation Form

www.SepticResource.com vers 12.4

Owner Information			
Date	<u>4/24/2023</u>	Sec / Twp / Rng	<u>S-7, T-47, R-26</u>
Parcel ID	<u>31-0-015302</u>	LUG (county, city, township)	<u>Aitkin Co.</u>
Property Owner:	<u>John Francis</u>	Owners address (if different)	
Property Address:	<u>39605 391st Ln. Aitkin Mn 56431</u>		
City / State / Zip:			

Flow Information and Waste Type / Strength			
Estimated Design flow	<u>600</u>	Anticipated Waste strength	<input type="checkbox"/> Hi Strength <input checked="" type="checkbox"/> Domestic
Comments: Existing mound is a 4 bedroom mound Existing Rockbed is 10' x 50', has Compliant inspection. Existing house is 3 bedrooms, adding a small 1 bedroom house. Design is for adding a septic tank to existing system.		Any Non-Domestic Waste	<input type="checkbox"/> Yes (class V) <input checked="" type="checkbox"/> No
		Sewage ejector/grinder pump	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Water softener	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Garbage Disposal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Daycare / In home business	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Site Information					
Existing & proposed lot improvements located (see site map)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Well casing depth	Existing deep well	
Easements on lot located (see site map)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Drainfield w/in 100' of residential well	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Property lines determined (see site map)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Site w/in 200' of transient noncommunity water supply (TNCWS)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Req'd setbacks determined (see site map)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Site w/in an inner wellhead mgmt zone (CWS/NTNCWS)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Utilities located & identified (gopher state one call)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Buried water supply pipe w/in 50' of system	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Access for system maintenance (shown on site map)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Site located in Shoreland (w/in 1000' of lake, 300' of river)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Soil treatment area protected	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Site map prepared with previous items included	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Construction related issues	<u>Existing system is compliant on 4/24/2023</u>				

Soil Information

Design is for adding a septic tank onto Existing system

Evidence of site:

Cut	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Filled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compacted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disturbed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Original soils Yes No

Soil logs completed and attached Yes No

Perk test completed and attached (if applicable) Yes No

Soil loading rate (gpd/ft²) _____

Percolation rate (if applicable) _____

Depth/elev to SHWT _____

Flooding or run-on potential (comments) Yes No

Depth to system bottom maximum (or elev minimum) _____

Flood elevation (if applicable) _____

Depth/elev to standing water (if applicable) _____

Elevation of ordinary high water level (if applicable) _____

Depth/elev to bedrock (if applicable) _____

Floodplain designation and elev - 100 yr/10 yr (if applicable) _____

Soil Survey information determined (see attachment) Yes No

Differences between soil survey and field evaluation (if applicable) _____

I hereby certify this evaluation was completed in accordance with MN 7080 and any local req's.



 Designer Signature

Brummer Septic LLC.

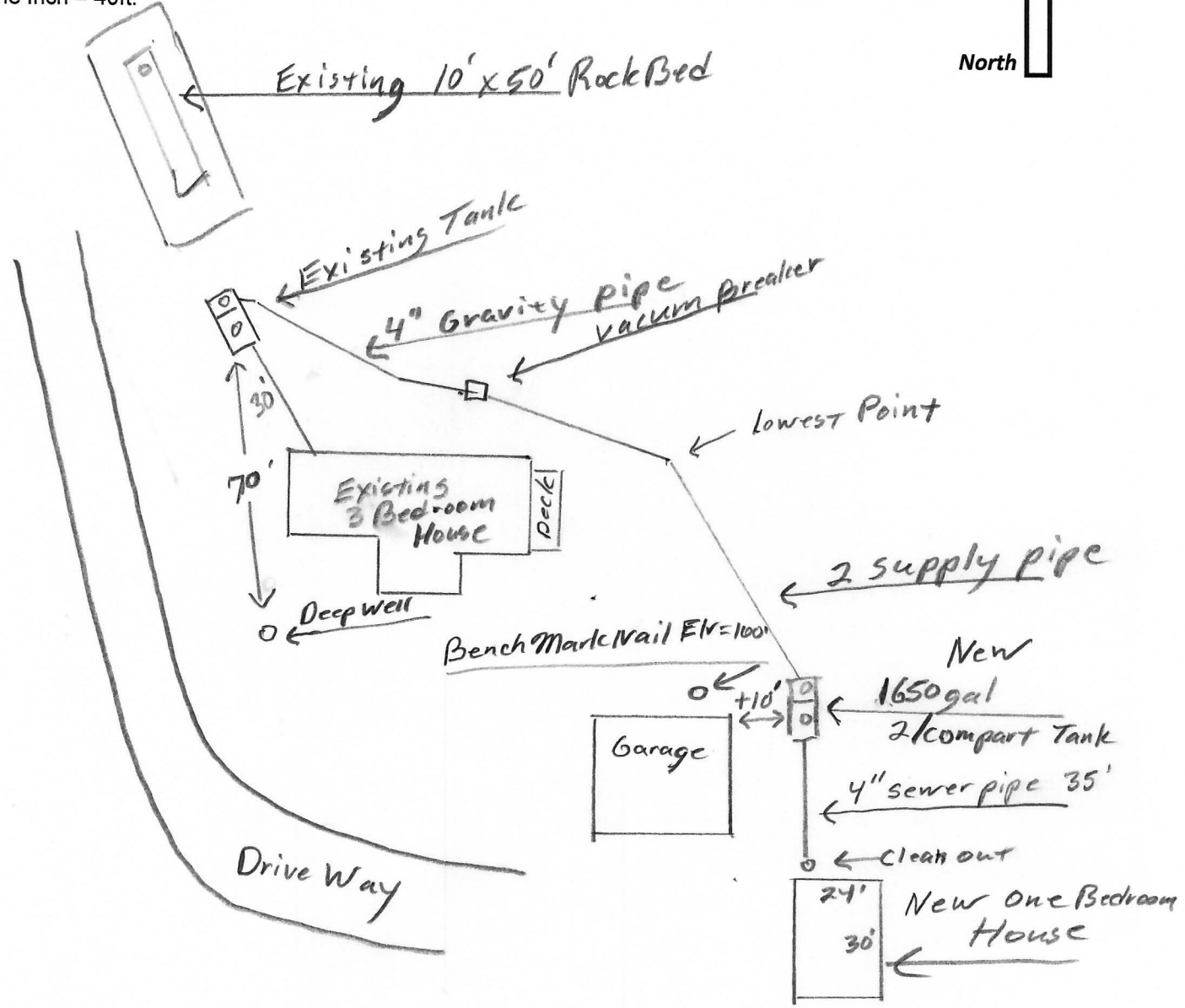
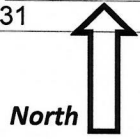
 Company

L-1347

 License #

{ Design Drawing }

Property Owner: John Francis Date: 4/24/23 Designer's Initials: JB
 Parcel ID. Number: 31-0-015302 Address: 39605 391st Ln. Aitkin Mn 56431
 one Inch = 40ft.



Grade at Existing septic/pump tank Elv. = 94.8' Top of existng tank cover Elv. = 93.7'
 Lowest point between Existing house grade and new septic/pump tank Elv. = 95.1'

Surface/ SHWT	Nail on power pole = Bench Mark 100'			Existing Grade	
Soil Bore 1	Bench Mark	100'		Existing house grade NE corner Elv. = 97'	
Soil Bore 2	Ground Elv. BM	96'		Approx. sewer pipe proposed house Elv. = 96.5'	
Soil Bore 3	Ground Elv. Tank	95.8'	New	New Septic Tank Inlet Elv. = 94'	
	Ground at Proposed house	97.7'	PAD		

Please show all that apply (Existing)
 Wells within 100ft. Of Drain field.
 Water lines within 10 ft. of Drain field.
 Drain field Areas:

Please Draw to Scale with North to Top or Left Side of Page:

Disturbed/Compacted Areas	Access Route for Tank Maintenance
Component Location	Property Lines
OHW ordinary high water	Structures
Lot Easements	Setbacks

Adding a Tank to Existing Septic System Design Notes - Aitkin county

Property Owner: John Francis

Date: 4/24/23

Site Address: 39605 391st Ln. Aitkin Mn 56431

PID: 31-0-015302

Comments: **Mound design may not follow Aitkin co. Auto fill form for mound design.**

- 1 Existing deep well location is SW of Existing house. + 50 ft to any part of septic system.
- 2 This system is Compliant on 4/24/2023. Existing mound is 4 bedroom mound (10' x 50') rockbed.
- 3 Existing house is 3 bedroom. Owner is adding a small 1 bedroom house to septic system.
Install clean-out near new house. Gravity flow to new septic tank.
- 4 Bench Mark Elevation is a nail on a power pole North side of newer garage. Nail at elevation 100'
Designer is NOT a Surveyor, nail is at approx. Elevation= 1207' (base on existing house main floor)
- 5 Install Jacobson 1650 Compartment tank for gravity flow from Slab on grade house (Elv. not set)
Install tank low enough for drainback from 2" supply pipe towards existing pump tank.
Lowest point between existing house and new tank is Elv.= 95.1' (Approx. 65 ft from new tank.)
- 6 Install 2" supply pipe around existing house North side. Dump new supply pipe into a 4" gravity flow pipe.
4" gravity flow pipe will discharge into existing pump tank, (probably through manhole riser).
Install a vacuum breaker at point of 2" supply pipe dumps into 4" gravity pipe.
- 7 The bench mark is the nail on the power pole North of newer garage. BM = Elv. 100'.
Installer to double check bench mark. Installer should confirm bench mark and sand height Elv. with inspector.
Installer should record bench mark Elv. and sand height on installation inspection form.
- 8 Install pump with minimum of 10 GPM at 15 ft head. Approx drainback 21 gallons.
- 9 The Jacobson 1650 compartment tank will be gravity flow from dwelling. Install the pump for 4 demand doses per day. approx. 35 gallons per dose, inches of tank level. Install alarm at 4.8 inches from pump on level.
Install all manholes, inspection pipes and clean-outs to grade or above, insulate top of tank.
- 10 Install a 2" supply pipe from tank to end manifold in rock bed, install so pipe drains back to tank.
- 11 Recommend Installing an Effluent filter and Alarm on septic tank outlet.

Designed to Aitkin Co. and MPCA recommendations and requirements.

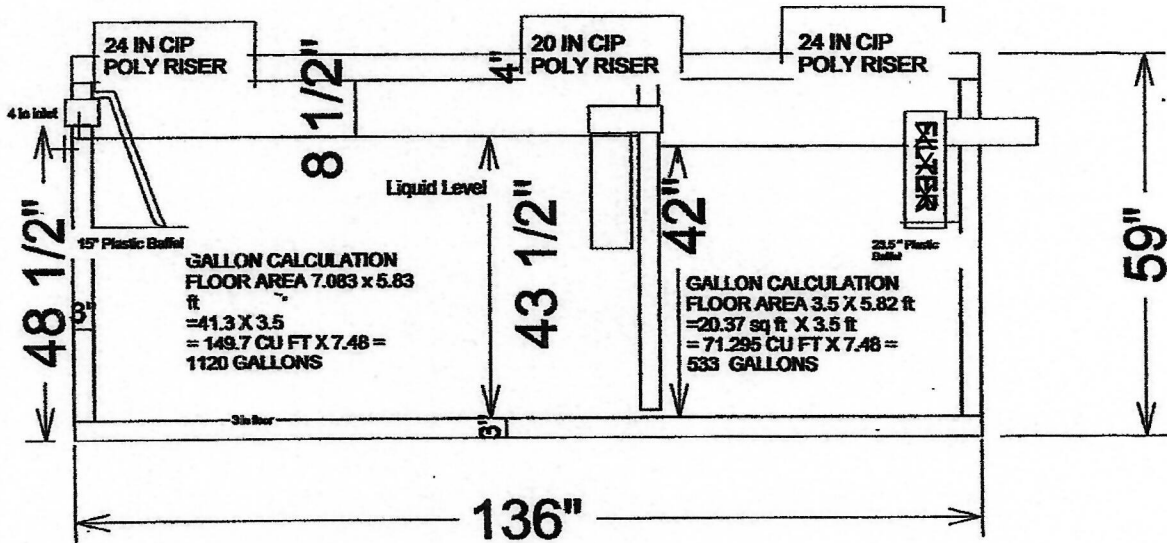
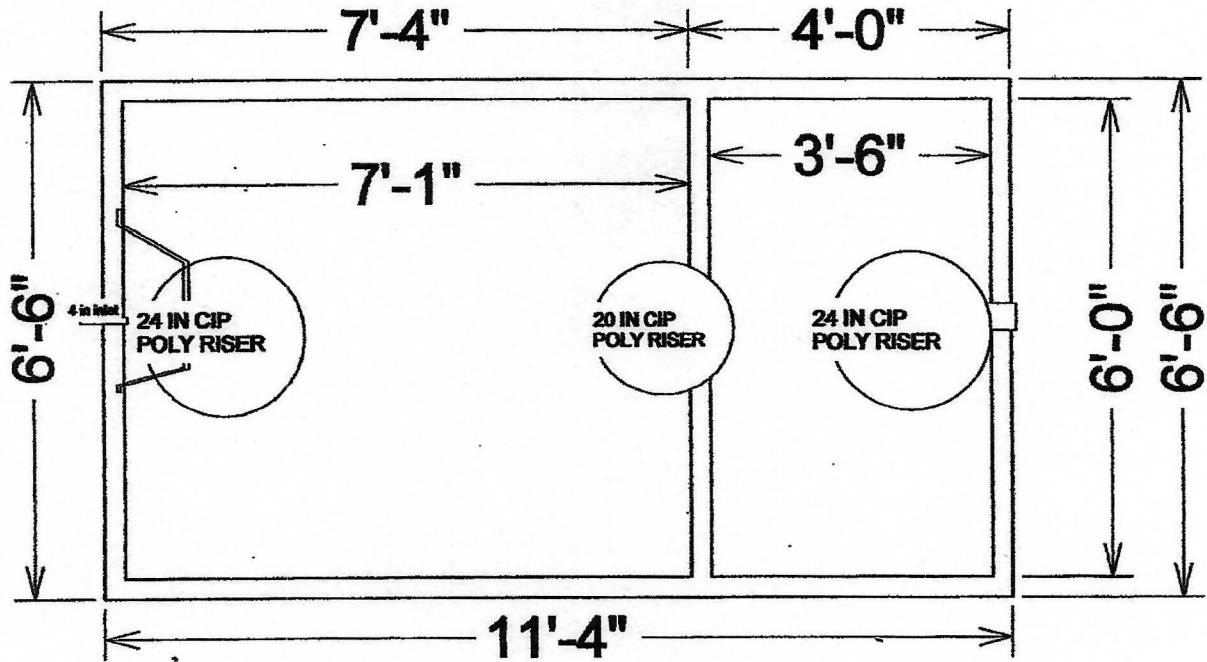

Designer Signature

Brummer Septic LLC.
Design Company

L-1347
License#

1650 Gallon 2 Compartment Septic Tank

TOP VIEW



$533 / 42" = 12.69 \text{ GPI}$

SIDE VIEW

Drawings Owned BY Jacobson Precast, Inc.
36641 HWY 169, Aitkin, Mn 56431



Minnesota Pollution Control Agency

520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply.

Submit completed form to Local Unit of Government (LUG) and system owner within 15 days

For local tracking purposes:

System Status

System status on date (mm/dd/yyyy): 04/30/2020

Compliant – Certificate of Compliance
(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)

Noncompliant – Notice of Noncompliance
(See Upgrade Requirements on page 3.)

Reason(s) for noncompliance (check all applicable)

- Impact on Public Health (Compliance Component #1) – Imminent threat to public health and safety
- Other Compliance Conditions (Compliance Component #3) – Imminent threat to public health and safety
- Tank Integrity (Compliance Component #2) – Failing to protect groundwater
- Other Compliance Conditions (Compliance Component #3) – Failing to protect groundwater
- Soil Separation (Compliance Component #4) – Failing to protect groundwater
- Operating permit/monitoring plan requirements (Compliance Component #5) – Noncompliant

Property Information

Parcel ID# or Sec/Twp/Range: 31-0-015302

Property address: 39605 391st Lane, Aitkin, MN 56431 Reason for inspection: Building Permit

Property owner: John and Pat Francis Owner's phone: 218-927-3217

Owner's representative: _____ Representative phone: _____

Local regulatory authority: Aitkin County Regulatory authority phone: 218-927-7342

Brief system description: 1000/500 Combo to a 10' X 50' Mound

Comments or recommendations:

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

Inspector name: Tim Woodrow Certification number: C7644

Business name: Gobles Sewer Service License number: L455

Inspector signature: Phone number: 218-927-6175

Necessary or Locally Required Attachments

- Soil boring logs
- System/As-built drawing
- Forms per local ordinance
- Other information (list): Tank report

ELEVATION CERTIFICATE

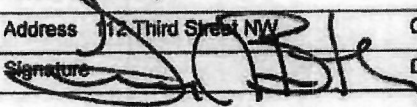
Important: Read the instructions on pages 1-9.

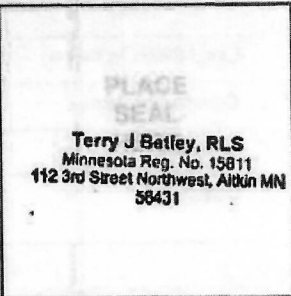
OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name John Francis		Policy Number: x x x x
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 39605 391st Lane		Company NAIC Number: x x x x
City Aitkin State MN ZIP Code 56431		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 20.5 Acre in NE of NW, Section 7, Township 47, Range 26. TPN: 31-0-015302		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>46.57603</u> Long. <u>-93.67916</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 2		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft		a) Square footage of attached garage <u>N/A</u> sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq ft		c) Total net area of flood openings in A9.b _____ sq ft
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Aitkin County 270628		B2. County Name Aitkin		B3. State MN	
B4. Map/Panel Number 270628 0245	B5. Suffix B	B6. FIRM Index Date March 15, 1982	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s) B	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1203.2
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input checked="" type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: <u>FIS PROFILE "X" SECTION "U"</u>					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: <u>ACBM</u> Vertical Datum: <u>1929</u> Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>1200.6</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>1207.0</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ <input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	_____ <input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>1203.6</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>1203.5</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>1203.6</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>1203.5</u> <input type="checkbox"/> feet <input type="checkbox"/> meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	
<input checked="" type="checkbox"/> Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Check here if attachments.	
Certifier's Name Terry J. Betley	License Number 15811
Title Land Surveyor	Company Name Aitkin County Abstract Company
Address 112 Third Street NW	City Aitkin State MN ZIP Code 56431
Signature 	Date August 14, 2014 Telephone 218-927-6359





Detailed Parcel Report

Parcel Number: 31-0-015302

General Information

Township/City: SPENCER TWP
Taxpayer Name: FRANCIS, JOHN W & KAROL P
Taxpayer Address: 39605 391ST LN
AITKIN MN 56431
Property Address: 39605 391st Ln
Township: 47 Lake Number: 1060400
Range: 26 Lake Name: Mississippi River
Section: 7 Acres: 20.50
Green Acres: No School District: 1.00
Plat:
Brief Legal Description: 20.50 AC IN NE OF NW

Tax Information

Class Code 1: Agricultural
Class Code 2: Ag Non-Productive Contiguous
Class Code 3: Unclassified
Homestead: Owner Homestead
Assessment Year: 2023

Estimated Land Value: \$46,200.00
Estimated Building Value: \$282,300.00
Estimated Total Value: \$328,500.00

Prior Year Total Taxable Value: \$264,664.00
Current Year Net Tax (Specials Not Included): \$1,012.00
Total Special Assessments: \$0.00
**Current Year Balance Not Including Penalty: \$1,012.00
Delinquent Taxes: No

*** For more information on delinquent taxes, please call the Aitkin County Treasurer's Office at 218-927-7325.**

**** Balance Due on a parcel does not include late payment penalties.**