

FIELD EVALUATION SHEET

PRELIMINARY EVALUATION DATE 11-12-23 , FIELD EVALUATION DATE 7-16-24
PROPERTY OWNER: MIKE KIELTY PHONE _____
ADDRESS: 39817 ST HWY 18 CITY, STATE, ZIP: AITKIN MN 56431
LEGAL DESCRIPTION: LOT 8
PIN# 36-1-076200 SEC 30 T 45 R 76 TWP NAME WEALTHWOOD
FIRE# _____ LAKE/RIVER MILLE LACS LAKE CLASS _____ OHWL _____ FT.

DESCRIPTION OF SOIL TREATMENT AREAS

	AREA #1	AREA #2	REFERENCE BM ELEV. <u>100</u> FT
DISTURBED AREAS	YES <input checked="" type="checkbox"/> NO _____	YES <input checked="" type="checkbox"/> NO _____	REFERENCE BM DESCRIPTION _____
COMPACTED AREAS	YES _____ NO <input checked="" type="checkbox"/>	YES _____ NO <input checked="" type="checkbox"/>	<u>CORNER OF SLAB AREA</u>
FLOODING	YES _____ NO <input checked="" type="checkbox"/>	YES _____ NO <input checked="" type="checkbox"/>	_____
RUN ON POTENTIAL	YES _____ NO <input checked="" type="checkbox"/>	YES _____ NO <input checked="" type="checkbox"/>	_____
SLOPE %	<u>0</u>	_____	_____
DIRECTION OF SLOPE	_____	_____	_____
LANDSCAPE POSITION	_____	_____	_____
VEGETATION TYPES	<u>LAWN</u>		

DEPTH TO STANDING WATER OR MOTTLED SOIL: BORING# 1 14 , 1A 16 , 2 14 , 2A 15

BOTTOM ELEVATION--FIRST TRENCH OR BOTTOM OF ROCK BED: #1 103 FT., #2 _____ FT.

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

CONSTRUCTION RELATED ISSUES: MOUND IS ON FILL 3 BEDROOM
REUSE EXISTING 1250 TANK - ADD 1650 COMBD. 3' SANDBASE

LIC# 177 SITE EVALUATOR SIGNATURE: Larry Liljenzvist

SITE EVALUATOR NAME: LARRY LILJENZVIST TELEPHONE# 718 820 8886

LUG REVIEW _____ DATE _____

Comments: _____

SOIL BORING LOGS ON REVERSE SIDE

SOILS CHARTS FOR BOTH PROPOSED AND ALTERNATE SITES

1 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
0-2	TOPSOIL	
2-14	SANDY LOOSE	10YR 4/4
REDOX 15-16" FILL		

2 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
0-4	TOPSOIL	
4-16	SAND LOOSE	10YR 4/4 10YR 4/6
REDOX 16" FILL		

1 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
0-2	TOPSOIL	
2-14	SANDY LOOSE	10YR 4/4
FILL		

2 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
0-4	TOPSOIL	
4-16	SANDY LOOSE	10YR 4/4
FILL		

ADDITIONAL SOIL BORINGS MAY BE REQUIRED

MOUND DESIGN WORK SHEET (For Flows up to 1200 gpd)

A. Average Design FLOW

Estimated 450 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-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

C. SOILS (refer to site evaluation)

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

D. ROCK LAYER DIMENSIONS

- Multiply average design flow (A) by 0.83 to obtain required rock layer area.
450 gpd x 0.83 sqft/gpd = 380 sqft
- Determine rock layer width = 0.83 sqft/gpd x linear Loading Rate (LLR)
 0.83 sqft/gpd x 17 gpd/sqft = 10 ft
- Length of rock layer = area ÷ width =
380 sqft (D1) ÷ 10 ft (D2) = 38 ft

Mound LLR

< 120 MPI ≤ 12

≥ 120 MPI ≤ 6

E. ROCK VOLUME

- Multiply rock area (D1) by rock depth of 1 ft to get cubic feet of rock
380 sqft x 1 ft = 380 cuft
- Divide cuft by 27 cuft/cuyd to get cubic yards
380 cuft ÷ 27 cuft/cuyd = 14 cuyd
- Multiply cubic yards by 1.4 to get weight of rock in tons
14 cuyd x 1.4 ton/cuyd = 19.6 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	0.79	1.50
16 to 30	Loam	0.60	2.00
31 to 45	Silt Loam Silt	0.50	2.40
46 to 60	Sandy Clay Loam Silty Clay Loam Clay Loam	0.45	2.67
61 to 120	Silty Clay Sandy Clay Clay	0.24	5.00
Slower than 120*			

*System designed for these soils must be other or performance

= 1% land slope

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)

$3 \text{ ft} - 0 \text{ ft} = 3 \text{ ft}$

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)

$3 \text{ ft} + 1 \text{ ft} + 1 \text{ ft} = 5 \text{ ft}$

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

$5 \times 4 = 20 \text{ ft}$

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

e. Additional width necessary for absorption = absorption width (F) minus the landscape width (G2c)

$15 \text{ ft} - 20 \text{ ft} = -5 \text{ ft}$, if number is negative (<0) skip to g

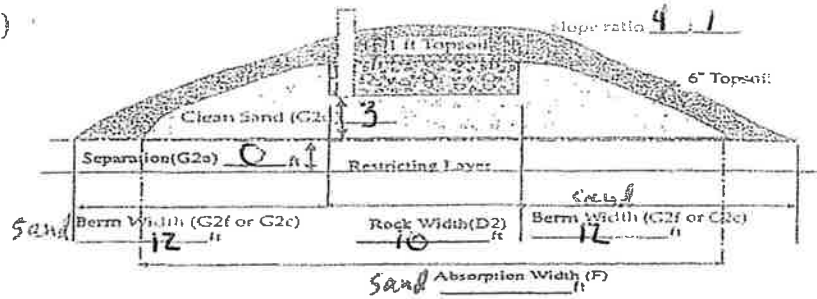
f. Final berm width = additional width (G2e) plus the berm width (G2c)

$\text{ft} + \text{ft} = \text{ft}$

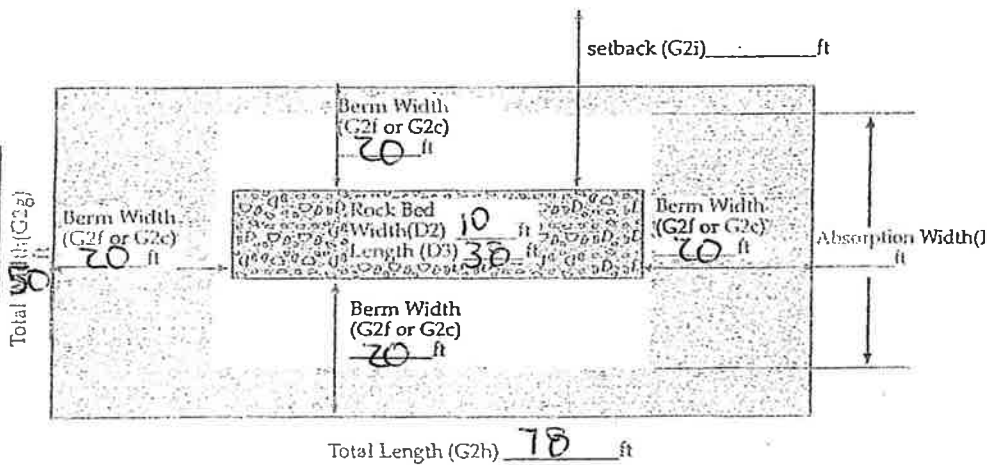
g. Total mound width is the sum of berm width (G2f or G2c) plus rock layer width (D2) plus berm width (G2f or G2c): $20 \text{ ft} + 10 \text{ ft} + 20 \text{ ft} = 50 \text{ ft}$

h. Total mound length is the sum of berm (G2f or G2c) plus rock layer length (D3) plus berm (G2f or G2c): $20 \text{ ft} + 38 \text{ ft} + 20 \text{ ft} = 78 \text{ ft}$

i. Setbacks from the rockbed are calculated as follows: the absorption width (F) minus the rock bed width (D2) divided by 2: $(15 \text{ ft} - 10 \text{ ft}) \div 2 = 2\frac{1}{2} \text{ ft}$



Final Dimensions:
50 x 78



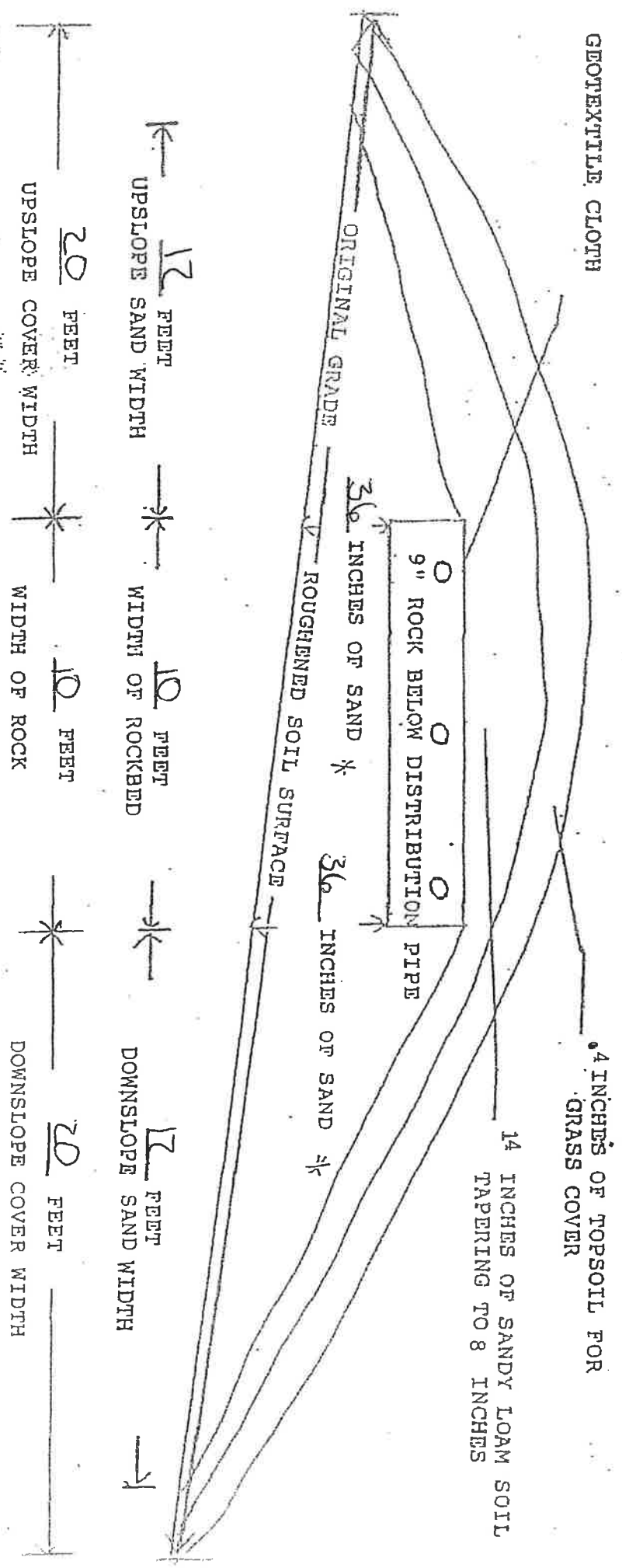
SANDBASE 34' x 62'

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.
 Larry Lyngard (signature) 127 (license #) 7-16-24 (date)

MOUND CROSS-SECTION

0 PERCENT SLOPE OF ORIGINAL SOIL

10 FT. x 38 FT. SIZE OF ROCKBED 34 FT. x 62 FT. SIZE OF SANDBASE



12 FEET
UPPER SLOPE SAND WIDTH

20 FEET
UPPER SLOPE COVER WIDTH

10 FEET
WIDTH OF ROCKBED

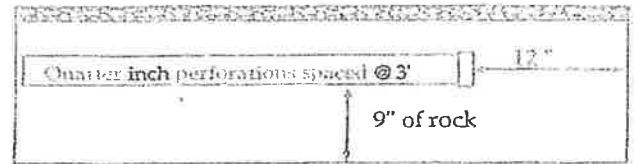
10 FEET
WIDTH OF ROCK

12 FEET
DOWN SLOPE SAND WIDTH

20 FEET
DOWN SLOPE COVER WIDTH

PRESSURE DISTRIBUTION SYSTEM

Geotextile fabric



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

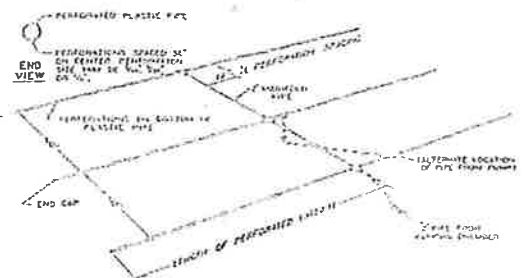
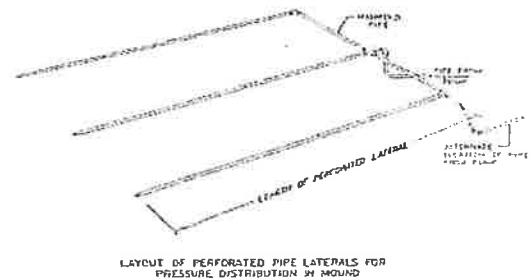
perforation spacing (feet)	1 inch	1.25 inch	1.5 inch	2.0 inch
2.5	8	14	18	28
3.0	8	13	17	26
3.3	7	12	16	25
4.0	7	11	15	23
5.0	6	10	14	22

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



- Select number of perforated laterals 3
- Select perforation spacing = 3 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.

$$\frac{38}{\text{Rock layer length}} - 2 \text{ ft} = 36 \text{ ft}$$

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

$$\text{Perforation spacing} = 36 \text{ ft} \div 3 \text{ ft} = 12 \text{ spaces}$$

- 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.

$$12 \text{ spaces} + 1 = 13 \text{ perforations/lateral}$$

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

$$13 \text{ perms/lat} \times 3 \text{ lat} = 39 \text{ perforations}$$

- 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)

$$10 \text{ ft} \times 38 \text{ ft} = 380 \text{ sqft}$$

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

$$380 \text{ sqft} \div 39 \text{ perms} = 9.74 \text{ sqft/perf}$$

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

$$39 \text{ perms} \times 9.74 \text{ gpm/perfs} = 79 \text{ gpm}$$

- 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.

- 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.

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

Larry Lyngquist (signature)

(signature)

127 (license #)

(license #)

7-15-24 (date)

(date)

PUMP SELECTION PROCEDURE

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: 29 gpm

2. Determine pump head requirements:

A. Elevation difference between pump and point of discharge?

10 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 = 1.55 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

70 feet x 1.25 = 87.5 feet

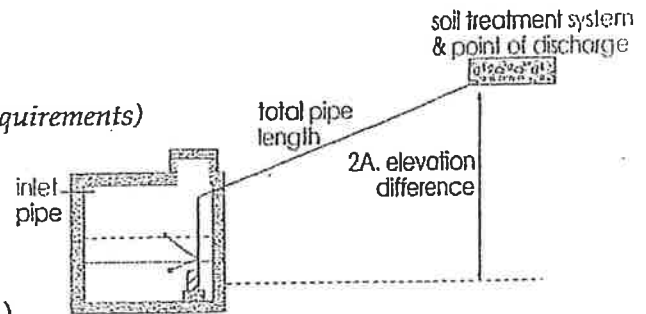
4. Calculate total friction loss by multiplying friction loss (C2) in ft/100 ft by the equivalent pipe length (C3) and divide by 100.

= 1.55 ft/100ft x 87.5 ÷ 100 = 1.36 ft

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

10 ft + 5 ft + 1.36 ft =

Total head: 16.36 ¹⁷ feet



Special Head Requirements	
Gravity Distribution	0 ft
Pressure Distribution	5 ft

flow rate gpm	Per 100 feet nominal pipe diameter		
	1.5"	2"	3"
20	2.47	0.73	0.11
25	3.73	1.11	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

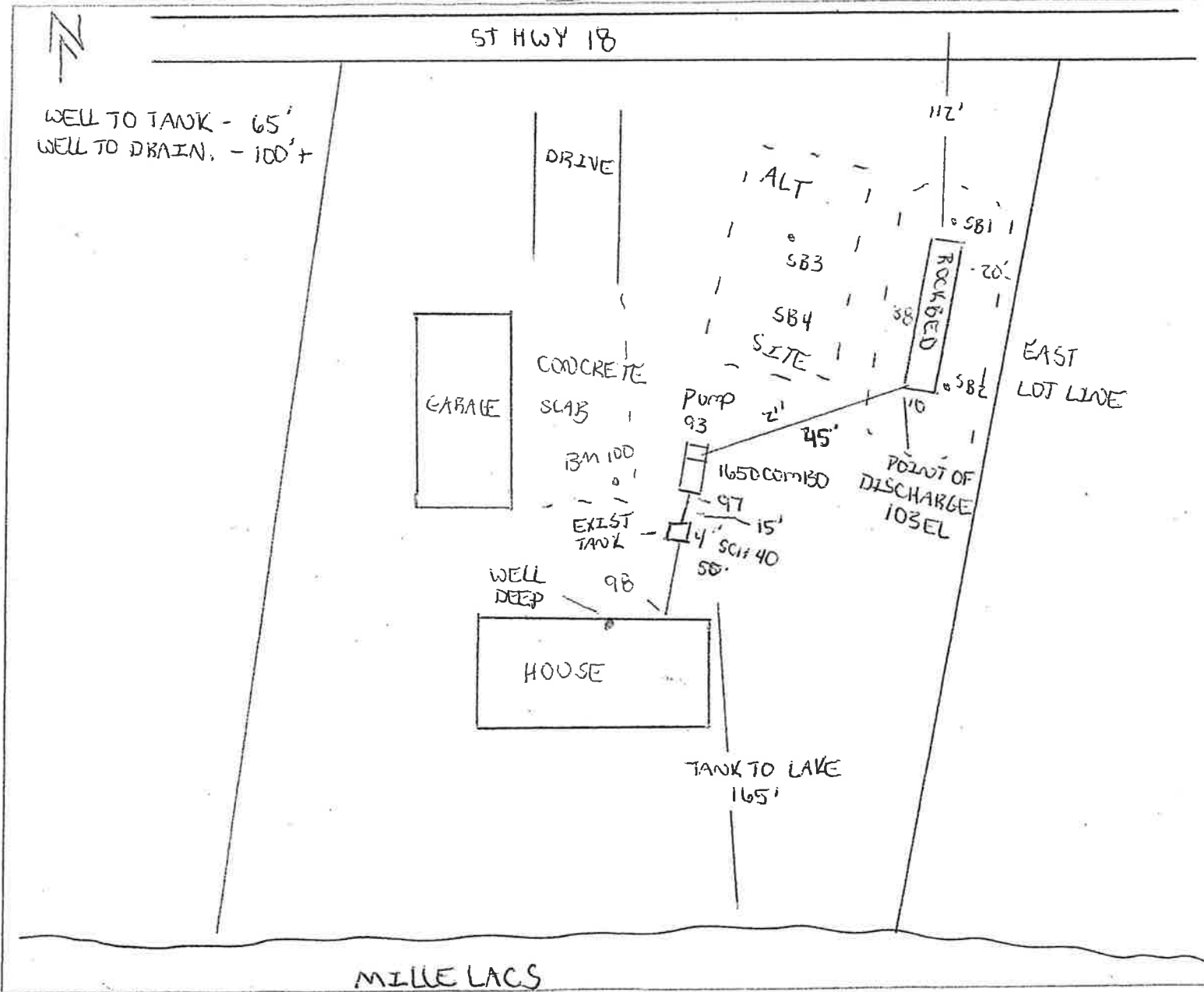
3. Pump selection

A pump must be selected to deliver at least 29 gpm (1A or B) with at least 17 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 #) 7-16-24 (date)

MAP DRAWN TO SCALE WITH A NORTH ARROW



CHECK OFF LIST--HAVE ALL OF THE FOLLOWING BEEN DRAWN ON THE MAP??

SHOW EXISTING OR PROPOSED

- WATER WELLS WITHIN 100 FT OF TREATMENT AREAS
- PRESSURE WATER LINES WITHIN 10 FT OF TREATMENT AREAS
- STRUCTURES
- ALL SOIL TREATMENT AREAS
- HORIZONTAL AND VERTICAL REFERENCE
- POINT OF SOIL BORINGS
- LOT EASEMENTS
- DISTURBED/ COMPACTED AREAS
- SITE PROTECTION--LATHE AND RIBBON EVERY 15 FT
- ACCESS ROUTE FOR TANK MAINTENANCE
- LOT IMPROVEMENTS
- ALL ISTS COMPONENTS
- DIRECTION OF SLOPE
- ALL LOT DIMENSIONS

REQUIRED SETBACKS

- STRUCTURES
- OHWL
- PROPERTY LINES

COMMENTS:

INDICATE ELEVATIONS

- BENCHMARK 100
- ELEVATION OF SEWER LINE @ HOUSE 98
- ELEVATION @ TANK INLET 97
- ELEVATION @ BOTTOM OF ROCK LAYER 102
- ELEVATION @ BOTTOM OF BORING OR RESTRICTIVE LAYER 99
- ELEVATION OF PUMP 93
- ELEVATION OF DISTRIBUTION DEVICE 103

DESIGNER SIGNATURE *Larry Lyman*
LICENSE# 127

DATE 7-16-24

Subsurface Sewage Treatment System Management Plan

Property Owner: MIKE KIELTY Phone: _____ Date: 7-16-24
Mailing Address: 39817 ST HWY 47 City: AITKIN Zip: 56431
Site Address: SAME 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 or maintenance provider.

System Designer: Recommends SSTS check every _____ months.
Local Government: Recommends SSTS check every _____ months.
State Requirement: Requires SSTS check every 36 months.
(State requirements are based on MN Rules Chapter 7080.2450, Subp. 2 & 3)

**My System needs to be checked
every 36 months.**

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 or maintenance provider any time an alarm signals.

Event counter or water meter – Record your water use.

-recommend meter readings be conducted (circle one: DAILY WEEKLY MONTHLY N/A)

Licensed septic service provider or maintenance provider (Check all that apply):

- Check to make sure tank is not leaking
- Check and clean the in-tank effluent filter (if exists)
- Check the sludge/scum layer levels in all septic tanks
- Recommend if tank should be pumped
- Check inlet and outlet baffles
- 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: Mike Kielty Date: 7-16-24

Designer Signature: Garry Johnson Date: 7-16-24

See Reverse Side for Management Log



Sewage tank integrity assessment form

Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

Purpose: This form may be used to certify the compliance status of the sewage tank components of the SSTS. This form is not a complete SSTS inspection report, only a tank integrity assessment, and may only certify sewage tank compliance status when entirely completed and signed by a qualified professional. SSTS compliance inspection report forms can be found at: <https://www.pca.state.mn.us/water/inspections>.

Instructions: This form may be completed, and signed, by a Designated Certified Individual (DCI) of a licensed SSTS inspection, maintenance, installation, or service provider business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system. Only a licensed maintenance business is authorized to pump the tank for assessment. A copy of this information should be submitted to the system owner and be maintained by the licensed SSTS business for a period of five (5) years from the assessment date.

When this form is signed by a qualified certified professional, it becomes necessary supporting documentation to an Existing System Compliance Inspection Report: [Compliance inspection form - Existing system \(wq-wwists4-31b\)](https://www.pca.state.mn.us/water/inspections). This form can be found on the MPCA website at <https://www.pca.state.mn.us/water/inspections>.

The information and certified statement on this form is required when existing septic tank compliance status is determined by an individual other than the SSTS Inspector that submits an inspection report. This form represents a third party assessment of SSTS component compliance and is allowable under Minn. R. 7082.0700, subp. 4(B)(1). This form is valid for a period of three years beyond the signature date on this form unless a new evaluation is requested by the owner or owner's agent or is required according to local regulations. Additional Administrative Rule references for this activity can be found at Minn. R. 7082.0700, subp. 4(B),(C), and (D) and; Minn. R. 7083.0730(C).

Owner information

Owner/Representative: MIK KIELTY
Property address: 39817 ST HWY 18
Local Regulatory Authority: A.C.P. - 2 Parcel ID: 36-1-076200

System status

System status on date (mm/dd/yyyy): 7-17-24
 Certificate of sewage tank compliance Notice of sewage tank non-compliance

Compliance criteria:

The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - "Failure to Protect Groundwater."	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
The SSTS has a sewage tank that leaks below the designed operating depth - "Failure to Protect Groundwater."	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
The SSTS presents a threat to public safety by reason of structurally unsound (damaged, cracked, or weak) maintenance hole cover(s) or lids or any other unsafe condition - "Imminent Threat to Public Health or Safety."	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No

Any "yes" answer above indicates sewage tank non-compliance.

Company information

Company name: LILJENQUIST
Business license number: 177

Designated Certified Individual (DCI) information

Print name: LARRY LILJENQUIST
Certification number: 767

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS inspection, maintenance, installation, or service provider Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Designated Certified Individual's signature: [Signature] Date (mm/dd/yyyy): 7-17-24
(This document has been electronically signed.)

PUMPED BY TIMBERLAKES L455