

3802-2

35-0-025406
35-0-025405

FIELD EVALUATION SHEET

PRELIMINARY EVALUATION DATE Fall 2015, FIELD EVALUATION DATE 4-23-16
 PROPERTY OWNER: Scott Nelson PHONE _____
 ADDRESS: 10039 209th Ave NW CITY, STATE, ZIP: Elk River, MN 55330
 LEGAL DESCRIPTION: _____
 PIN# 35-0-025406 SEC 16 T 49 R 26 TWP NAME Waukenabo
 FIRE# _____ LAKE/RIVER Round LAKE CLASS RD OHWL _____ FT.

DESCRIPTION OF SOIL TREATMENT AREAS

	AREA #1	AREA #2	REFERENCE BM ELEV. _____ FT.
DISTURBED AREAS	YES ___ NO <u>X</u>	YES ___ NO ___	REFERENCE BM DESCRIPTION _____
COMPACTED AREAS	YES ___ NO <u>X</u>	YES ___ NO ___	_____
FLOODING	YES ___ NO <u>X</u>	YES ___ NO ___	_____
RUN ON POTENTIAL	YES ___ NO <u>X</u>	YES ___ NO ___	_____
SLOPE %	<u>0</u>	_____	_____
DIRECTION OF SLOPE	<u>NA</u>	_____	_____
LANDSCAPE POSITION	_____	_____	_____
VEGETATION TYPES	<u>Ash trees</u>		

DEPTH TO STANDING WATER OR MOTTLED SOIL: BORING# 1 6", 1A _____, 2 6", 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: 3ft sand base mound

LIC# 211 SITE EVALUATOR SIGNATURE: Rod Kern

SITE EVALUATOR NAME: Rod Kern TELEPHONE# 8394735

LUG REVIEW PKS 4/29/16 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
0-4" Topsoil		
4-12" Sandyloam 10yr 6/3 Mottles		

2 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
0-4" Topsoil		
4-12" Sandyloam 10yr 6/3 Mottles fill		
12-16" Black dirt		

1 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR

2 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR

ADDITIONAL SOIL BORINGS MAY BE REQUIRED

MOUND DESIGN SHEET

PROPERTY OWNER Scott Nelson TOWNSHIP Waukena FIRE# _____
 PERMIT# _____ PIN# 35-0-02/5406 DATE 4-25-16
 DESIGNER NAME Rod Kern LICENSE # 211
 DESIGNER SIGNATURE: Rod Kern DATE _____

WATER USE APPLIANCES (CHECK ALL THAT APPLY)

CLOTHES WASHER WATER SOFTNER _____ DISHWASHER _____ WHIRLPOOL _____ HUMIDIFIER _____
 NUMBER OF BEDROOMS 2 TYPE: 1 GARBAGE DISPOSAL: YES _____ NO AIR TEST YES _____ NO
 WELL: DEEP (50'+) SHALLOW _____ SETBACKS: TANK 50 DRAINFIELD 50 SEWER LINE 50

FLOW

A. ESTIMATED 300 GPD OR MEASURED GPD _____
 B. SEPTIC TANK VOLUME 1130 GALLONS 1650 Combo
 C. MINIMUM PUMP TANK VOLUME 500 GALLONS
 C1. ALARM TYPE Post level

SOILS

D. DEPTH TO RESTRICTING LAYER 0 FEET
 E. DEPTH OF SAND ON UPSLOPE EDGE 3 FEET
 F. SOIL TEXTURE Sandy loam
 G. PERCOLATION RATE 6-15 MPI
 H. SOIL SIZING FACTOR 1.27 SQ FT/GPD
 I. LAND SLOPE 0 %

ROCK LAYER DIMENSIONS

J. (A) x 0.83 = 250 = SQ FT
 K. SELECT ROCK LAYER WIDTH 10 FT.
 L. LENGTH OF ROCK BED = (J) + (K) = 25 FT.

ROCK VOLUME

M. MULTIPLY ROCK AREA BY ROCK DEPTH = (J) x 1 FT =
250 FT x 1 FT = 250 CU. FT.
 N. DIVIDE (M) BY 27 = CU YD. = 250 CU FT + 27 = 9.2 CU YD.
 O. MULTIPLY (N) 9.2 x 1.4 = 12.88 TONS OF ROCK

ABSORPTION WIDTH

P. FOR TEXTURE, PERC. RATE, OR SOIL SIZING FACTOR
 IN (F) (G) OR (H) ABOVE, SELECT ABSORPTION WIDTH
 RATIO FROM TABLE 3 1.52
 Q. MULTIPLY ABSORPTION WIDTH RATIO (P) BY ROCK
 LAYER WIDTH (K) = 1.52 x 10 = 15.2 FT.
 ABSORPTION WIDTH

LUG APPROVAL: _____ DATE: _____

TABLE 1			
EST SEWAGE FLOW IN GALLONS/ DAY (GPD)			
NUMBER OF BEDROOMS	TYPE I	TYPE II	TYPE III
2	300	225	180
3	450	300	218
4	600	375	256
5	750	450	294
6	900	525	332
7	1050	600	370
8	1200	675	408

TABLE 2		
NUMBER OF BEDROOMS	MINIMUM TANK CAPACITY GALLONS	MINIMUM CAPACITY GARBAGE DISPOSAL
2 OR LESS	1000	1500
3 OR 4	1000	1500
5 OR 6	1500	2250
7 OR 8	2000	3000
OVER 9	SEE FIG C-6	(x 1.5)

TABLE 3				
PERC RATE P1	SOIL TEXTURE	SQFT GALLONS /DAY	GALLONS /DAY /SQFT	ABSORPTION WIDTH RATIO
< THAN 0.1	COARSE SAND	----	----	1.00
0.1 TO 5	SAND	0.83	1.20	1.00
0.1 TO 5	FINE SAND	1.67	0.60	2.00
6 TO 15	SANDY LOAM	1.27	0.79	<u>1.52</u>
16 TO 30	LOAM	1.67	0.60	2.00
31 TO 45	SILT LOAM	2.00	0.50	2.40
46 TO 60	CLAY LOAM	2.20	0.45	2.87
> THAN 60	CLAY	---	(0.24)	5.00
> THAN 120	CLAY	---	---	6.00

MINIMUM MOUND SIZE

1. Subtract rock layer width from absorption width to obtain minimum downslope berm toe

$$15.2 \text{ ft} - 10 \text{ ft} = 5.2 \text{ feet}$$

2. Determine depth of clean sand fill at upslope edge of rock layer:

$$\text{Separation } 3' - 0 \text{ ft} = 3 \text{ feet}$$

3. Add depth of clean sand for separation (2) at upslope edge, depth of rock layer (1 ft) to depth of cover (1 ft) to find the mound height at upslope edge of rock layer:

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

4. Enter table with landslope and upslope berm ratio.

Select berm multiplier 4.

5. Multiply berm multiplier by upslope mound height to find upslope berm width:

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

6. Multiply rock layer width (K) by landslope to determine drop in elevation:

$$10 \times 0 \% \div 100 = 0 \text{ feet}$$

7. Add depth of clean sand for slope difference (6) at downslope edge to the mound height at the upslope edge of rock layer (3) to find the downslope height:

$$5 \text{ ft} + 0 \text{ ft} = 5 \text{ feet}$$

8. Enter table with landslope and downslope berm ratio.

Select berm multiplier of 4.

9. Multiply berm multiplier by downslope mound height to get downslope berm width:

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

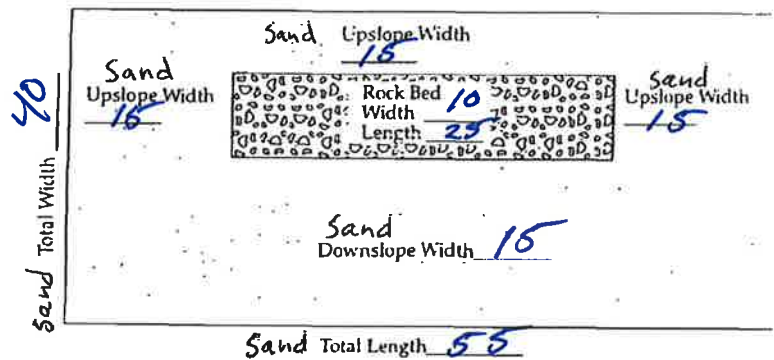
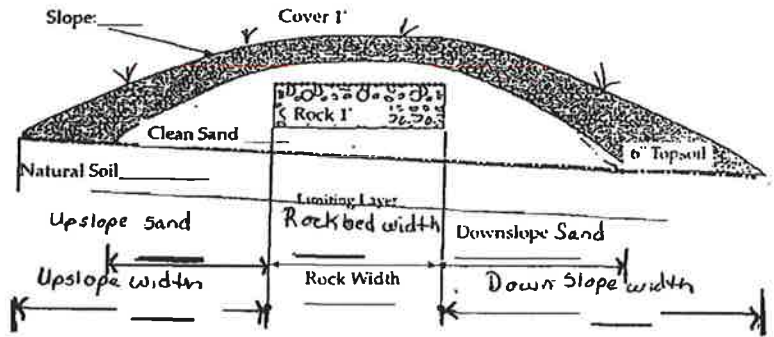
10. Compare the values of Step (1) 5.2 and Step(9) 20. Select the greater of the two values as the downslope berm width: 20 feet

11. Total mound width is the sum of upslope berm (5): width plus rock layer width (K) plus downslope berm width (9):

$$20 \text{ ft} + 10 \text{ ft} + 20 \text{ ft} = 50 \text{ feet}$$

12. Total mound length is the sum of upslope berm width (5) plus rock layer length (L) plus upslope berm width (5):

$$20 \text{ ft} + 25 \text{ ft} + 20 \text{ ft} = 65 \text{ feet}$$



BERM SLOPE MULTIPLIERS

Land Slope, in %	DOWNSLOPE berm multipliers for various berm slope ratios					UPSLOPE berm multipliers for various berm slope ratios					
	3:1	4:1	5:1	6:1	7:1	3:1	4:1	5:1	6:1	7:1	8:1
0	3.0	4.0	5.0	6.0	7.0	3.0	4.0	5.0	6.0	7.0	8.0
1	3.09	4.17	5.26	6.38	7.53	2.91	3.85	4.76	5.66	6.54	7.41
2	3.19	4.35	5.56	6.82	8.14	2.83	3.70	4.54	5.36	6.14	6.90
3	3.30	4.54	5.88	7.32	8.86	2.75	3.57	4.35	5.08	5.79	6.45
4	3.41	4.76	6.25	7.89	9.72	2.68	3.45	4.17	4.84	5.46	6.06
5	3.53	5.00	6.67	8.57	10.77	2.61	3.33	4.00	4.62	5.19	5.71
6	3.66	5.26	7.14	9.38	12.07	2.54	3.23	3.85	4.41	4.93	5.41
7	3.80	5.56	7.69	10.34	13.73	2.48	3.12	3.70	4.23	4.70	5.13
8	3.95	5.88	8.33	11.54	15.91	2.42	3.03	3.57	4.05	4.49	4.88
9	4.11	6.25	9.09	13.04	18.92	2.36	2.94	3.45	3.90	4.30	4.65
10	4.29	6.67	10.00	15.00	23.33	2.31	2.86	3.33	3.75	4.12	4.44
11	4.48	7.14	11.11	17.65	30.43	2.26	2.78	3.23	3.61	3.95	4.26
12	4.69	7.69	12.50	21.43	43.75	2.21	2.70	3.12	3.49	3.80	4.08

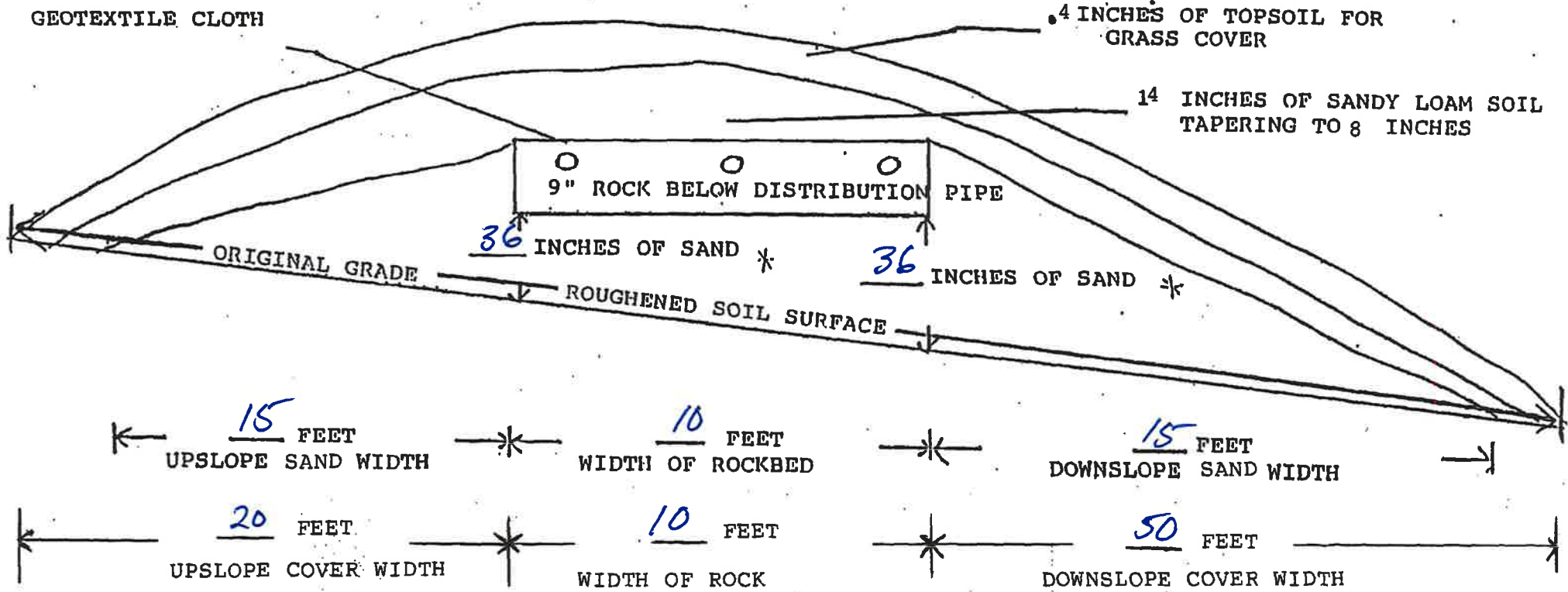
Note: The product of the multiplier and the height results in the horizontal distance to where the berm meets the original land slope. Example: Height at upper edge of rock layer is 3.0 feet, rock layer is 10 feet wide, land slope is 6% and berm slope ratio is 4:1. Upslope berm width is $3.23 \times 3.0 = 9.7$ ft; height at lower edge of rock layer is $3.0 + 10 \times 0.6 = 3.6$ ft and downslope berm width is $5.26 \times 3.6 = 18.9$ ft.

Final Cover Dimension

50 X 65

MOUND CROSS-SECTION

0 PERCENT SLOPE OF ORIGINAL SOIL 10 FT. X 25 FT. SIZE OF ROCKBED 40 FT. X 55 FT. SIZE OF SANDBASE



PUMP SELECTION PROCEDURE

A. Determine pump capacity

Gravity distribution

1. Minimum is 10 GPM
2. Maximum is 45 GPM

Pressure Distribution

3. a. Select number of perforated laterals = 3
- b. Select perforation spacing = 3 ft.
- c. Subtract 2 ft from rock layer length:
25 - 2 = 23 feet. (length of laterals)

ROCK LAYER LENGTH

- d. Determine the number of spaces between perfs:

$$\frac{\text{length of lateral}}{\text{perf. spacing}} = \frac{23}{3} = 7 \text{ spaces}$$

- e. 7 spaces + 1 = 8 perforations per lateral

- f. Multiply perforations per lateral by number of laterals to get total number of perforations:

$$\frac{\text{perfs/lateral}}{\text{perfs/lateral}} \times \frac{\text{laterals}}{\text{laterals}} = \frac{8}{8} \times \frac{3}{3} = \frac{24}{24} \text{ (perforations)}$$

- g. 24 X 0.74 = 17.76 GPM
(Perforations) x (gpm/perfs)

SELECTED PUMP CAPACITY 17.76 GPM

B. Determine head requirements:

1. Elevation difference between pump & point of discharge:

$$\underline{8} \text{ feet}$$

2. If pumping to a pressure distribution system, add 5 feet; for gravity add zero: 5 feet

3. Friction Loss

- a. Enter friction loss table with GPM and pipe diameter. Read friction loss in feet per 100 ft in table.

$$\text{F.L.} = \underline{1.73} \text{ ft/100 of pipe}$$

- b. Determine total pipe length from pump to discharge point. Add 25% to pipe length for fitting loss.

$$\underline{25} \text{ length} \times 1.25 = \underline{31.25} \text{ feet.}$$

- c. Calculate total friction loss by multiplying friction loss in 100 ft. of pipe by equivalent pipe length (B):

$$\text{Total friction loss} = \underline{31.25} \times \underline{1.73} / 100 = \underline{1.22} \text{ feet}$$

4. Total head required is the sum of the elevation difference, special head requirements and total friction loss:

$$\frac{8}{(1)} + \frac{5}{(2)} + \frac{.22}{(3c)} \text{ TOTAL HEAD } \underline{13.22}$$

SELECT A PUMP TO DELIVER AT LEAST 17.76 GPM WITH AT LEAST 13.22 FEET OF TOTAL HEAD.

If laterals are connected to a header pipe in a pressure system, select the minimum size lateral diameter; enter the table with perforation spacing and the number of perforations per lateral.

Select minimum size of lateral 1 1/2

For a center manifold system the values will be 1/2 of above.

Perforation Discharges in GPM

Head (feet)	Perforation diameter (inches)	
	7/32	1/4
1.0a	0.56	0.74
1.5	0.69	0.90
2.0b	0.80	1.04

a. Use 1.0 foot single homes

b. Use 2.0 feet for anything else

FRICITION LOSS IN PLASTIC PIPE

Flow Rate GPM	1.5"	2"	3"
20	2.47	<u>0.73</u>	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

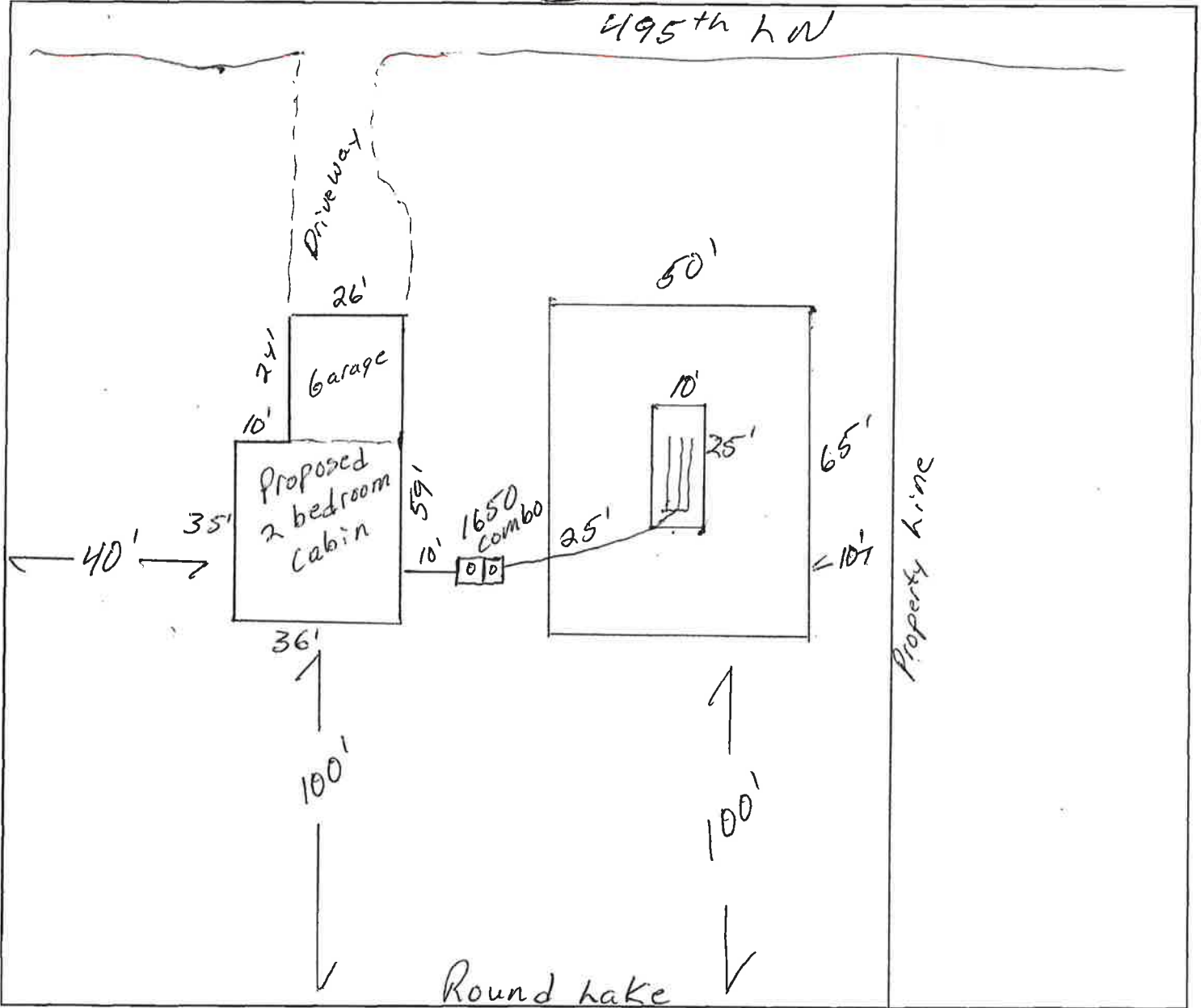
Max. No. of 1/4" perfs per lateral. (10%var)

Perforation spacing (feet)	1 1/4"	1 1/2"	2"
2.5 feet	14	18	28
3.0 feet	13	17	26
3.3 feet	12	16	25
4.0 feet	11	15	23
5.0 feet	10	14	22

CLIENT: Scott Nelson

DATE: 4-23-16

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:

DESIGNER SIGNATURE Rod K

LICENSE# 211

INDICATE ELEVATIONS

BENCHMARK

ELEVATION OF SEWER LINE @ HOUSE 100.15

ELEVATION @ TANK INLET 100.15

ELEVATION @ BOTTOM OF ROCK LAYER 97.5

ELEVATION @ BOTTOM OF BORING OR RESTRICTIVE LAYER 100.5

ELEVATION OF PUMP 104.5

ELEVATION OF DISTRIBUTION DEVICE 96.15

DATE 4-23-16

AITKIN COUNTY ENVIRONMENTAL SERVICES

APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

PERMITTEE Scott Nelson PARCEL NUMBER 35-0-025406

ADDRESS 37961 495th Ln

LEGAL DESCRIPTION APPROX 1/2 AC LOT 2 IN DOC 202633

TELEPHONE # 612-940-9540 GIS LOCATION _____

A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM:
(Attach ISTS site evaluation and design; estimated cost of system construction, operation, monitoring, service, component replacement, and management; anticipated system life, hydraulic and organic loading rates)

3' sandbase mound

B. MONITORING PLAN AND REPORTING FREQUENCY:

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	<u>300</u>	<u>event counter</u>	<u>monthly</u>	<u>record on log sheet</u>	<u>annually</u>
5-DAY BOD					
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS, OILS AND GREASE					
FECAL COLIFORM					
SEPARATION DISTANCE	<u>3'</u>	<u>dispersal system</u>	<u>annually</u>	<u>measure in field</u>	<u>annually</u>

_____ will perform the monitoring of this septic system.

C. MAINTENANCE PLANS

PARAMETER	LOCATION	FREQUENCY
Flow	event counter	monthly
Surface discharge	dispersal system	annually

D. MITIGATION PLAN:

IF system fails, holding tanks will be used.

I hereby certify with my signature as the designer, that all data for the operating permit application is true and correct to the best of my knowledge. I agree to indemnify and hold Aitkin County harmless from loses, damages, costs and charges that may be incurred by the County because of the information submitted with this application.

Rod Kern
Signature

211
License Number

4-29-16
Date

Rod Kern
Name (please print)

45399 US 169
Address

839-4735
Telephone #

AITKIN COUNTY ENVIRONMENTAL SERVICES

**OPERATING PERMIT FOR WASTEWATER
TREATMENT AND DISPERSAL**

OPERATING PERMIT #: 491

ORIGINAL DATE ISSUED: 4 /29/2016

ZONING PERMIT #:

RENEWAL PERIOD:

PARCEL #: 35-0-025406

RENEWAL EXPIRATION: 5 /31/2019

PERMITTEE: Scott Nelson

MAILING ADDRESS: 10039 209TH Ave NW
Elk River, MN 55330

PROPERTY ADDRESS:
37961 495th LN
Palisade, MN 56469

TELEPHONE: (612) 940-9540

LEGAL: APPROX 1/2 AC LOT 2 IN DOC 202633

FEE PAID: 100 **DATE PAID:** 4 /29/2016 **RECEIPT:** **CK #:**

Aitkin County Environmental Services authorizes the Permittee to operate a wastewater treatment and dispersal system located on the above described property in accordance with the requirements of this permit.

This permit is effective on the issuance date identified above.

This permit and the authorization to treat and disperse from the above system shall expire on the above expiration date. The Permittee is not authorized to discharge after the date of expiration. The Permittee shall submit such information and forms as required by Aitkin County Environmental Services no later than thirty (30) days prior to the expiration date. When the required information is submitted and approved by Aitkin County Environmental Services, the permit may be renewed. This permit is not transferable from owner to owner.

I hereby certify with my signature as the permittee that I understand the provisions of this permit including the maintenance and monitoring requirements. I agree to indemnify and hold Aitkin County harmless from all loss, damages, costs and charges that may be incurred by use of this system and if I fail to comply with the provisions of this Operating Permit. If I sell this property during the life of the permit, I will inform the new owner(s) of the permit requirements and the need to renew the permit.



Signature of Permittee

4-29-16

Date



Signature of Permitting Authority

4-29-16

Date

If you have any questions regarding this permit, including the specific permit requirements, permit reporting or permit compliance status, please contact Aitkin County Environmental Services at 218-927-7342.

E. MITIGATION PLAN:

If system fails, holding tank will be used.