FIELD EVALUATION SHEET

PRELIMINARY EVALUAT PROPERTY OWNER: <u>G</u> ADDRESS: <u>22165 450th</u> LEGAL DESCRIPTION: <u>.</u>	ION DATE: <u>May 2, 201</u> ary Brown Ave 75 Ac of Lot 1 in Doc 29	6	FIEL	D EVA	LUATION DATE: <u>May 2, 2016</u> PHONE: TATE,ZIP: <u>Aitkin, MN 56431</u>
PIN#: 11-0-069100	SEC _32	T 45	R	27	TWP NAME: Hazelton
FIRE#: N/A LAKE/	RIVER: Round		LAKE CL	ASS:	RD OHWL FT.
ſ	DESCRIPTION OF SOIL	TREATMEN	T AREAS		
	AREA #1	ARE	A #2		
DISTRUBED AREAS	YES NO	_ YES	NO	REFE	ERENCE BM ELEV. 100 FT.
COMPACTED AREAS	YES NO	YES	NO	REFE	ERENCE BM DESCRIPTION
FLOODING	YES NO	YES	NO	E	levation of ground at soil bore T-1.
RUN ON POTENTIAL	YES NO	YES	NO		
SLOPE %					
DIRECTION OF SLOPE					
LANDSCAPE POSITION					
VEGETATION TYPES					
DEPTH TO STANDING W	ATER OR MOTTLED S	OIL: BORIN	G	1	1A22A
BOTTOM ELEVATION F	FIRST TRENCH OR BO	TTOM OF RO	OCK BED:		1FT 2FT
SOIL SIZING FACTOR:	SITE #1	SITE	E #2		
CONSTRUCTION RELATI	E D ISSUES: S	See Notes			
LIC# 2129		SITE EVAL	UATOR SIG	SNATU	RF: Martloy
SITE EVALUATION NAME					Cell - 218-820-2621 TEL EPHONE # 218-765-3992
LUG REVIEW					
	SRADE. PUMP AND RE	EMOVE EXIS	TING TANK.	. INST.	ALL NEW 1500 COMBO S/L.
CONNECT	ING TO THE EXISTING	G DRAINFIFI		RRENT	CLEROM 5/2/2016
11-1-					
NEW Z	Bedwoon Ho	use			

Assuming - Enisting Mound PRESSURE DISTRIBUTION SYSTEM

- 1. Select number of perforated laterals ____
- 2. 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.

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

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

Perforation spacing = $\frac{73}{12}$ ft ÷ $\frac{3}{12}$ ft = $\frac{7}{12}$ 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.

_____ spaces + 1 =
$$\mathcal{I}_{perforations/lateral}$$

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

$$\frac{9}{2}$$
 perfs/lat x $\frac{3}{2}$ lat = $\frac{24}{2}$ 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) <u>10</u> ft x <u>25</u> ft = <u>250</u> sqft Square foot per perforation = Rock bed area ÷ number of perfs (6) <u>250</u> sqft ÷ <u>24</u> perfs = <u>10</u> sqft/perf
- 7. Determine required flow rate by multiplying the total number of perforations (6A) by flow per perforation (*see figure E-6*)

$$24$$
 perfs x $.74$ gpm/perfs = $.18$ 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 = <u>17</u> 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.

Geotextile fabric

Quarter inch perforations spaced @ 3' ______ 12 "______ 9" of rock

> 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						
bead	perforation diameter (inches)					
(feet)	1/8 3/16 7/32 1/4					
).0a	0.18	0.42	0.56	0.74		
2.0 ^b 0.26 0.59 0.80 1.0				1.04		
5.0 0.41 0.94 1.26 1.65						
^a Use 1.0 foot for single-fomily homes.						

^b Use 2.0 feet for anything else

MANIFOLD LOCATED AT END OF PRESSURE DISTRIBUTION SYSTEM



AYOUT OF PERFORATED PIPE LATERALS FOR PRESSURE DISTRIBUTION IN MOUND



I hereby certify that I have completed this work in acco	ordance with applicable ordina	inces, rules and lav	vs.
Mart Joy (signature)	LZ(Z9 (license #)	512/16	(date)
			219

Gary Brown PUMP SELECTION PROCEDURE



I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws. (license #) 5/2/16 62123 (date) (signature)

3319

soil treatment system & point of discharge

0 ft

5 ft

3"

0.11

0.16

0.23

0.30

0.39

0.48

0.58

0.70

0.82

0.95

1.09

019090 01

Subsurface Sewage Treatment System Management Plan

Property Owner: Brown	Phone:	Date:
Mailing Address: 22165 - 45014 Ame	City: Aitluin	Zip:56 Y 31
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.

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

My System needs to be checked every <u>36</u> 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 readings be conducted (circle one: <u>DAILY</u> <u>WEEKLY</u> <u>MONTHLY</u>)

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 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:	Date:
Designer Signature: Marthe	Date:

See Reverse Side for Management Log

Maintenance Log

Activity		Dat	e Accom	plished	1	
Check frequently:						
Leaks: check for plumbing leaks						
Soil treatment area check for surfacing						
Lint filter: check, clean if needed				1		
Effluent screen: if owner-maintained						
Water usage rate (monitor frequency)						
Check annually:						
Caps: inspect, replace if needed						
Sludge & Scum/Pump						
Inlet & Outlet baffles	baffles					
Drainfield effluent leaks						
Pump, alarm, wiring						
Flush & clean laterals if cleanouts exists						
Other:						
Other:						

Notes:_____

Mitigation/corrective action plan:_____

P:\PZSHARE\Forms\SSTS Management Plan.docx

(RO)	Minnesot	a Pollution		Complia	nce Inspection Form
	Control A	gency	Existing	Subsurface Sewage	Treatment Systems (SSTS)
	520 Lafayette St. Paul, MN 5	Road North 5155-4194			Doc Type: Compliance and Enforcement
Inspection requiremen	results based of the section of the	on Minnesota Pollution C forms - additional local r	ontrol Agency (MPCA) equirements may also apj	ply.	For local tracking purposes: Hazelton
Submit cor	npleted form to	Local Unit of Governn	nent (LUG) and system o	owner	Sec 32 Twp 45 Rg 27
System	Status				
Syste	em Status on da	ate (mm/dd/vvv):	5/2/2016		• · · · · · · · · · · · · · · · · · · ·
✓ C (\ fr	Compliant - C /alid for 3 years ame outlined in	ertificate of Compl from report date, unless Local Ordinance.)	iance - Moand shorter time	Noncompliant - No (See Upgrade Requiren	otice of Noncompliance nents on page 3)
Rea:	son(s) for no Impact on Publi Other Compliar Tank Integrity (Other Compliar Soil Separation Operating perm	ncompliance (chec c Health (Compliance Compliance Conditions (Compliance Compliance Component ice Conditions (Complian (Compliance Component it/monitoring plan require	ck all applicable) omponent #1) - <i>Imminent</i> nce Component #3) - <i>Imm</i> #2) - <i>Failing to protect gro</i> nce Component #3) - <i>Fail</i> nt #4) - <i>Failing to protect</i> g ements (Compliance Com	threat to public health and safety ninent threat to public health and oundwater ing to protect groundwater groundwater nponent #5) - Noncompliant	v safety
Property	/ Informatio	'n		Parcel ID# or Sec/Twp/Range	e: <u>11-0-069100</u>
Property ad	dress:	22165 450th Ave, Aitkir	n, MN 56431	Reason for inspection:	Permit
Property ow	ner:	Gary Brown		Owner's phone:	
or				Descretations above	010 051 7010
Owner's rep	presentative:	Aitkin	struction Services	Representative priorie.	
Brief system	a description.	Gravity from the house 10' X 25' rock bed.	to precast Jacobson sept	tic/lift tank. This tank will be repla	ace. Pumps to a mound drainfield with a
Comments First onsite in it. Also s lived in for a At the curre	or recommend 3/23/2016. Fou aw some pondir approx. a week p nt time they are	ations: nd that the float switch w ig in the inspection pipe prior. The mound is in cc going to keep it and hoo	as stuck on in the lift. Flo in the rock bed. 5/2/2016 ompliance (seperation and k up it with the new tank.	pat cord was stiff and no moving , found the water in the inspectio d not surfacing). Talked to the co	correctly. The lift tank had some sludge in pipe was gone. House had not been ontractor and owner about the mound.
Certifica	ation				
l hereby cer determination possible ab	rtify that all the n on of future syste use of the syste	ecessary information ha am performance has bee m, inadequate maintena	s been gathered to detern en nor can be made due to nce, or future water usage	nine the compliance status of this o unknown conditions during sys a.	s system. No tem construction,
Inspector na	ame: Martin	loyce		Certification numbe	r: <u>5453</u>
Business na	ame: Martin	loyce Septic Service, LL		License numbe	r: 2129
Inspector si	gnature:	Mark	lenger	Phone numbe	r: <u>218-820-2621</u>
Necessa Soil b	ary or Local poring logs r information (lis	Iy Required Attac	Chments	awing 🗸	Forms per local ordinance
www.pca.stat wq-wwists4-3	te.mn.us 651-: 31 3/16/12	296-6300 800-657-386	4 TTY 651-282-5332	or 800-657-3864 Available in alter	native formats Page 1 of 4

Other methods not listed (See Comments/Explanation)

1. Impact on Public Health - Compliance component #1 of 5

Compliance criteria:		Verification method(s):
System discharge sewage	🗌 Yes 🗹 No	Searched for surface outlet
to the ground surface.		Searched for seeping in yard/backup in home
System discharge sewage to	🗌 Yes 🗹 No	Excessive ponding in soil system/D-boxes
drain tile or surface waters.		Homeowner testimony (See Comments/Explanation)
System causes sewage backup	🗌 Yes 🗹 No	□ "Black soil" above soil dispersal system
into dwelling or establishment.		System requires "emergency" pumping
Any "yes" answer above indicates	the system is	Performed dye test
an Imminent Threat to Public Healt	h and Safety.	Unable to verify (See Comments/Explanation)

Comments/Explanation:

See notes. Check the inspection pipe.

2. Tank Integrity - Compliance component #2 of 5

Compliance criteria:		Verification method(s):
System consists of a seepage pit, cesspool, drywell, or leaching pit.	🗌 Yes 🗹 No	Probed tank(s) bottom
Seepage pits meeting 7080,2550 may be compliant if allowed in local ordinance.		 Examined construction records Examined Tank Integrity Form (Attach) Observed correct operating depth
Sewage tank(s) leak below their designed operating depth.	🗌 Yes 🗹 No	 Examined empty (pumped) tank(s) Probed outside tank(s) for "black soil"
If yes, which sewage tank(s) leaks:		Unable to verify (See Comments/Explanation)
Any "yes" answer above indicates the system is Failing to Protect Groundwate	<i>r</i> .	Other methods not listed (See Comments/Explanation)

Comments/Explanation:

wq-wwists4-31 3/16/12

The existing tank will be pumped and removed. New tank to be installed and lowered due to the elevation of the new house.

3. Othe	er Compl	iance Condi	tions - Complia	ance component #3 of 5			
a. M	aintenance ł	nole covers are d	amaged, cracked, ı	unsecured, or appear to be structure	ally unsound.	Yes* √No	Jnknown
b. Of * S	ther issues (System is ar	Yes* √No	Jnknown				
E>	xplain:						
c. Sy * S Ex	ystem is non S ystem is fa xplain:	-protective of gro iling to protect <u>c</u>	und water for other g roundwater	conditions as determined by inspec	tor	☐ Yes* 🗸	No
www.pca.sta	ate.mn.us	651-296-6300	800-657-3864	TTY 651-282-5332 or 800-657-3864	Available in altenative form	ats	

Property a	address:
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22165 450th Ave, Aitkin, MN 56431

Inspector initials/Date: MJ

849

Date of installation: 8/1/1994 Shoreland/Wellhead protection/Food Beverage Lodging?	Unknown	No	Ver Soil obse	ification method(s): I observation does not expire. Previ ervations by two independent partie	ous soil s are sufficient.	
Compliance criteria:	unless site conditions have been altered or local requirements differ					
For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment: Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	Yes	No	7046	 Conducted soil observation(s) (Attach boring logs) Two previous verifications (Attach boring logs) Not applicable (Holding tank(s), no drainfield) Unable to verify (See Comments/Explanation) Other (See Comments/Explanation) Comments/Explanation:		
Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:	✓ Yes	No				
Drainfield has a three-foot vertical separation distance from periodically saturated soil bedrock. *						
"Experimental", "Other", or "Performance"	Yes	No	Indi	cate depths of elevations		
systems built under pre-2008 Rules; Type IV			A. Bottom of distribution media		+12"	
2350 or 7080.2400 (Advanced Inspector License required)			B. Pe	24"		
			C. Sys	stem separation	36"	
Drainfield meets the designed vertical						
saturated soil or bedrock.			D. Re	36"		
Any "no" answer above indicates the system is Failing to Protect Groundwater. Operating Permit and Nitrogen BMP	* - Compliand	ce #5 of 5	Ordina	ance.		
Is the system operated under an Operating Permit?		□ Yes		o If "yes", A below is requ	lired	
Is the system required to employ a Nitrogen BMP?				 If "yes", B below is requ 	lired	
BMP=Best Management Practice(s) specified in	the system de	sign	140			
If the answer to both questions is "no" this sect	ion does not	need to be	complete	ed.		
Compliance criteria:						
a. Operating Permit number:	IL Y	es 📋 NO				
have the operating Permit requirements been m						
b. is the required introgen BMP in place and proper	iy iuncuoning?					
Upgrade Requirements (Minn. Stat. 115.55) An imminer use discontinued within ten months of receipt of this notice to protect ground water, the system must be upgraded, rep wisting system is not failing as defined in law, and has at l	t threat to public or within a shorte lace, or its use d	health and s er period if re iscontinued v	afety (ITP) quired by I vithin the til	HS) must be upgraded, replaced, or its local ordinance. If the system is failing ime required by local ordinance. If an hen the system need not be upgraded		

800-657-3864

651-296-6300

in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law. TTY 651-282-5332 or 800-657-3864 Available in altenative formats

			Site	Sketch: Tan	k noods to be	lower d. Ja H
				The ele	vation of	the new here
	Name:	Gary Brown	/	Re Code:	11-0-069100	the the house.
	Site Address:	22165 450th Ave, Aitkin,	MN 56431			
	North	4" Sewer Line from How	su to)	Proposed	Tank	Existing Tank
		Tank will need	tos	-1500 Lo	mbo Septic/Life	+ Puss and I
	1	he pressure tech	ed?		lin)	D
				- Loul	I he larger	Remove /
				$\backslash \backslash$	and for	
		Fridi. Duinlas	2			
		Est thing Deap Well	· 42.1	H- BACK		
× *				301		Į,
				330'	,50	silBore
		- MO. Hours	1201			N N
1		5×151101		50 11 -		25' 10'
		frogosed	19'	70 0	OF RI	3 of T
1001	1	112-7-0HW		±60	m	Insp.
190]			18' Para 11 50	Porch.	New Pipe	, pipe
F	6 <u></u>	Existing	(slab)1	/	G bit	Support
Dound	Rinne 9'			*/		
F.V.	F7-Porro		27 10 W	POLE BARD	28'	
V.	878	[[] _12'	1 20%	الصر	DRIVE	James and the second se
		10' SHEP	XII	124		1701
-	ŷ	C GET MC		250'	, ULTANDISE	
		0 20'	2 		WTILITY POLE	
		EPALAL PERINAVA				
		pront resider	e she put	<u>у</u> гу		

Soil Borings (BR #): Locate each boring on the map above, indicate on the right of the column the soil texture, structure, color, depth of each different soil type, evidence of mottling, bedrock and standing water. Also, indicate if the material is fill.

SB #1 0 " - 6 " Topsoil 6 " - 28 " Sandy Loam 28 " - 32 " Fine Sandy Loam w/mottles

10YR 3/3 10YR 4/4 10YR 4/4

SB #2 * Eristing Mound +12" Sand

28" Restrictive Layer +12" Bottom of Drainfield

Mait Joyn

5/2/2016

419

+36" of Seperation

RECORD DEPTH OF MOTTLING, SEASONAL, SEASONAL HIGH WATER (AS INDICATED USING THE MUNSELL COLOR BOOK) OR BEDROCK ON ABOVE LINES

Comments:

What needs to be completed to bring the above system into compliance if found not in compliance? Nothing