HUBBARD COUNTY ENVIRONMENTAL SERVICES UNIFORM RECORD OF INDIVIDUAL SEWAGE TREATMENT SYSTEM

PRESSURIZED MOUND SYSTEM

DATE 9/28/22 PERMIT NO. 197-SS-22

OWNER Michael Clemens

LAKE NAME N/A PARCEL NO. 17.14.00700

LEGAL DESCRIPTION W1/2 - NE1/4 Sec 14 T143 R34

LEGAL DESCRIPTION W1/2 - NE1/4 Sec 14 T INSTALLER Corson Inc. # 334

NEW TANKS

SEPTIC TANK

a. Permit required (size)
b. Size/Type/Manufacturer
1650 gal. (added to existing tank)
1000/650 gal. precast - Wippler

c. Distance from well 50ft+
d. Distance from house 45ft
e. Distance from property line 10ft+

ABSORPTION AREA Sized for: 4br type 1 @ 600 gpd

a. Permit required (size)
b. Depth to restricting layer
c. Distance from lake
d. Distance from house
e. Distance from well
f. Distance from property line

g. Distance from wetland **PUMPING STATION**

a. Permit required (size) 650 gal. (P/O combo tank)

N/A

b. Distance from well 50ft+
c. Distance from house 45ft+
d. Distance from property line 10ft+

PUMPING STATION

a. Pump model & size
b. Distance to absorption
c. Size of line
BN 137
25ft
2in.

ROCK BED

a. Length
b. Width
c. Inches of rock
d. Amount of rock
e. Distance to water table
50ft
12in.
20 cu yds
3ft+

DISTRIBUTION PIPES

a. Size of line 2in. - 3ea. w/clean outs

b. Perforations & spacing 1/4in. @ 3ft

c. Distance between laterals 3ft

d. Distance from rock bed edge 2ft

MOUND

a. Lengthb. Width

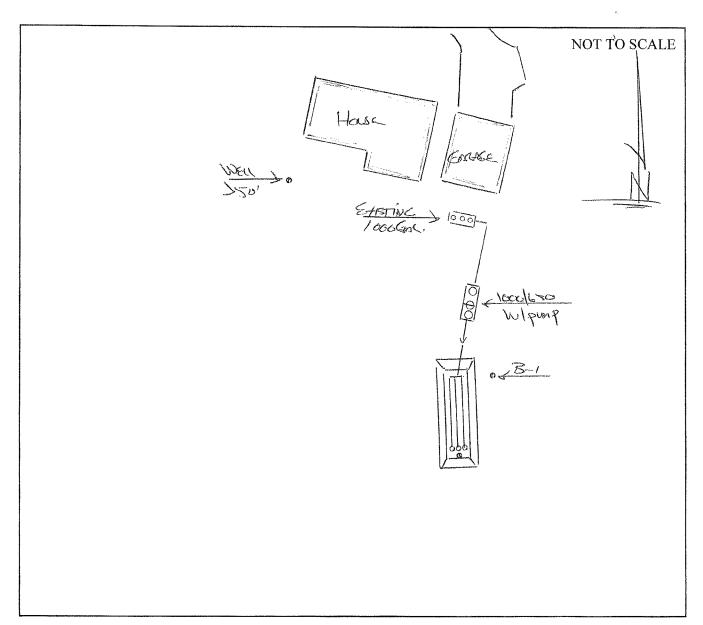
c. Depth of clean sand

25in.

TYPE OF SOIL/SLR 1.67 loamy fine sand

SEE REVERSE SIDE FOR PLAN LAYOUT

| L | NEIGHBORS' WELL DRAWN |
|-----------------------------------|---|
| DUND | PUMP CURVE |
| SITE ROUGHENED | PRESSURE TEST BLDG SEWER |
| 4" INSP. PIPE | PRESSURE TEST PUMP LINE |
| TOP SOIL (6" MIN) | TANK INSULATED |
| OMBO TANK | YES NO |
| MANHOLE IN EACH COMPARTMENT | Enteropped 3 |
| _ | Note: |
| ATUS OF OLD TANKS/SYSTEM | 17.14.00700 |
| l drainfield - abandoned in place | |
| | DUND SITE ROUGHENED 4" INSP. PIPE TOP SOIL (6" MIN) MBO TANK MANHOLE IN EACH COMPARTMENT ATUS OF OLD TANKS/SYSTEM |



| INSPECTOR: Al Winterberger MPC | A # 1565 OTH | IER INSP.# |
|--------------------------------|--------------|------------|
| SIGNATURE: | SYS | TEM: 🔽 A |
| , | | 1 1 |

SYSTEM: APPROVED NOT APPROVED

<u>C9531</u>

WINTERBERGER INSPECTIONS

Al Winterberger – Inspector / Designer

State License # 1565

24685 Washington Drive

Osage MN 56570

Telephone: 218-255-1722 E-mail: winterberger@arvig.net

| Date: 9/28/ | 22 | | | | |
|---------------|---------------------|-----------------|------------------|------------|---------------|
| Property (| Owner Michael Cleme | ens | | | |
| Permit # | 197-SS-22 | | | | |
| Parcel # | 17.14.00700 | | | | |
| Installer (| Corson Inc. # 334 | | | | |
| B-1 | | | B-2 | | |
| Depth, inches | Texture | Munsell Color | Depth, Inches | Texture | Munsell Color |
| 0-6 | fine sandy loam | 10yr 3/2 | | | |
| 6-20 | loamy fine sand | 10yr 5/3 | | | |
| 20-35 | fine sandy loam | 10yr 5/6 | | | |
| | w/ reddish | 5yr 5/2 mottles | | | |
| | | | | | |
| Depth to sys | stem bottom +25in. | | Depth to sys | tem bottom | |
| Auger 🗸 | Soil Pit | | Auger | Soil Pit | |

This soil report satisfies the requirements as outlined in Minnesota Rules, Chapter 7082.0700 Inspection Program, subpart 4, item B, sub item 2.

SOIL VERIFIED

CERTIFIED STATEMENT

| \emph{I} , the undersigned \emph{D} | esignated Registered Professional Installer party to Minnesota State |
|---|--|
| Licence # <u>``S`</u> | do hereby certify that the installation of this onsite |
| system is in accorda | nce with all provisions of ISTS Minnesota Rules Chapter 7080 and |
| all applicable Hubbo | ard County Ordinances. I also certify that the inspectors as-built |
| schematic will serve | as the construction as-built schematic. |
| 9/780/71 | DESIGNATED REGISTERED PROFESSIONAL |
| DATE | DESIGNATED REGISTERED PROFESSIONAL |
| | |
| SANITARY PERMI | T# M-55-22 |
| • | |
| PROPERTY OWNE | er M. Clemer |
| LAKE / RIVER NA | |
| <i>LAKE / RIVER NA</i> | ME |
| LEGAL DESCRIPT | TION 17-14-60700 |

RECEIVED BY 1 Wis 2.7

HUBBARD COUNTY

CERTIFICATE OF COMPLIANCE OR NOTICE OF NONCOMPLIANCE FOR INDIVIDUAL SEWAGE TREATMENT SYSTEMS (ISTS)

| PROPERTY OWNER: Michael Clemens |
|---|
| ADDRESS: 37952 201st Ave Lake George MN 56458 |
| LEGAL DESCRIPTION: W1/2 - NE1/4 Sec 14 T143 R34 |
| PARCEL NUMBER: 17.14.00700 |
| LAKE NAME: N/A |
| STATUS OF SYSTEM: |
| Based on the compliance inspection conducted on 9/28/22 the SSTS is, In Compliance therefore, this document is a Certificate of Compliance. |
| CERTIFICATION: I hereby certify as a State of Minnesota Licensed Inspector, Designer 1, or qualified employee that my observations recorded on this form are accurate as the inspection date of the individual sewage treatment system for the site stated above. This certificate is valid for 5 years from the date of issuance unless the |
| L.U.G. finds evidence of imminent threat to public health or safety. No determination of future hydraulic performance can be made due to unknown conditions during system construction, future water usage over the life of the system, abuse of the system, and/or inadequate maintenance all of which will adversely affect the life of the system. |
| Electrical components and systems must be compliant with applicable rules and regulations of the State of Minnesota, as detailed in Minnesota Rule Section 7080.0700. It is the owner's responsibility to insure that any electrical work is compliant with the law and inspected as required under state law. This certificate of compliance does not extend to any electrical components and work and the County has undertaken no inspection of any electrical system or components thereof. |
| INSPECTOR'S NAME: AL WINTERBERGER PHONE: 218-573-2275 |
| LICENSE AND/OR REGISTRATIONS NUMBER: 1565 |
| INSPECTOR'S SIGNATURE: DATE: 9/28/22 |
| |

Septic Inspection Request

| Date Received | 9/28/2022 | Time Received | | 2:00:00 PM | | | |
|--------------------------|-----------------|------------------------|------|-------------|--|------------|--|
| Date Needed | 9/28/2022 | Time Needed 4:00:00 PM | | Time Needed | | 4:00:00 PM | |
| Date Rescheduled | | Time Rescheduled | | | | | |
| Installer Name | Corson Inc. | | | | | | |
| Installer Lic | 334 | | | | | | |
| Contact | David Corson | | | | | | |
| Phone | | | | | | | |
| Property Owner Phone | Clemens | | | | | | |
| Lake Name Pressure Test | Permit Number | 197-SS-22 | PIN# | 17.14.00700 | | | |
| Comments 3 | 7952 201st. Ave | | | | | | |
| Initials S | EL | | | | | | |



