

Individual Sewage Treatment System
Certificate of Compliance
Authorization to Use System

Site: EMMET J & JOAN M WIER
Address, 3163 RANDA ROAD
Ort, Mn 55771

WIER EMMET J & JOAN M
WIER SCOTT A & SHEILA S
3003 MONTEREY AVE S
ST LOUIS PARK MN 5541655416 0000

Permit Number: 14344
Date of Permit: 08/13/2004
Date of Inspection: 10/01/2004
Parcel Code: 698-10-1626
Township: UNORGANIZED TWP (6317)
Designer: VIITAS EXCAVATING, INC
Installer:

Legal Description:

THAT PART OF LOT 5 COMM AT NW COR THENCES89DEG30'03"E ALONG N LINE 1016.11 FT TO THE INTERSECTION OF N LINE OF LOT 5 & THE EXTENSION OF E LINE OF LOT 5 IN ROBERGS ACRES PLAT & PT OF BEG THENCE S64DE

The system was sized for a Single Family Dwelling with 3 Bedrooms.

The permit was granted for:

A New Standard System

ONE 1,000 Gallon Septic Tank(s) ONE 1,000 Gallon Pump Chamber(s)

System consists of 187 Feet of 3 Foot wide Chambered System

AUTHORIZATION TO USE THIS SYSTEM IS:

- Approved upon completion of the final cover.
 Approved upon completion of the following items as noted in comments.
 Denied
 Allowed because of the following items as noted in comments.

Comments:

DISCLAIMER: St. Louis County issues Certificates of Compliance as part of its discretionary activities on behalf of the public. St. Louis County disavows and assumes no liability for damages to person or property in any manner or form resulting from the issuance of this Certificate of Compliance. St. Louis County cannot and does not guarantee the successful operation of the system.

This Certificate of Compliance is valid for five years unless the system fails and becomes a public health hazard or nuisance.

By: Gary Collyard
GARY COLLYARD 218-262-0143

St. Louis County Department of Public Health
215 Courthouse
1810 12th Avenue East
Hibbing, MN 55746



St. Louis County

5

INDIVIDUAL SEWAGE TREATMENT SYSTEM DRAWING

Name: EMMET & JOAN WIER Address: RANDA ROAD City: COCK ZIP _____

Sketch # _____
(FOR OFFICE USE ONLY)

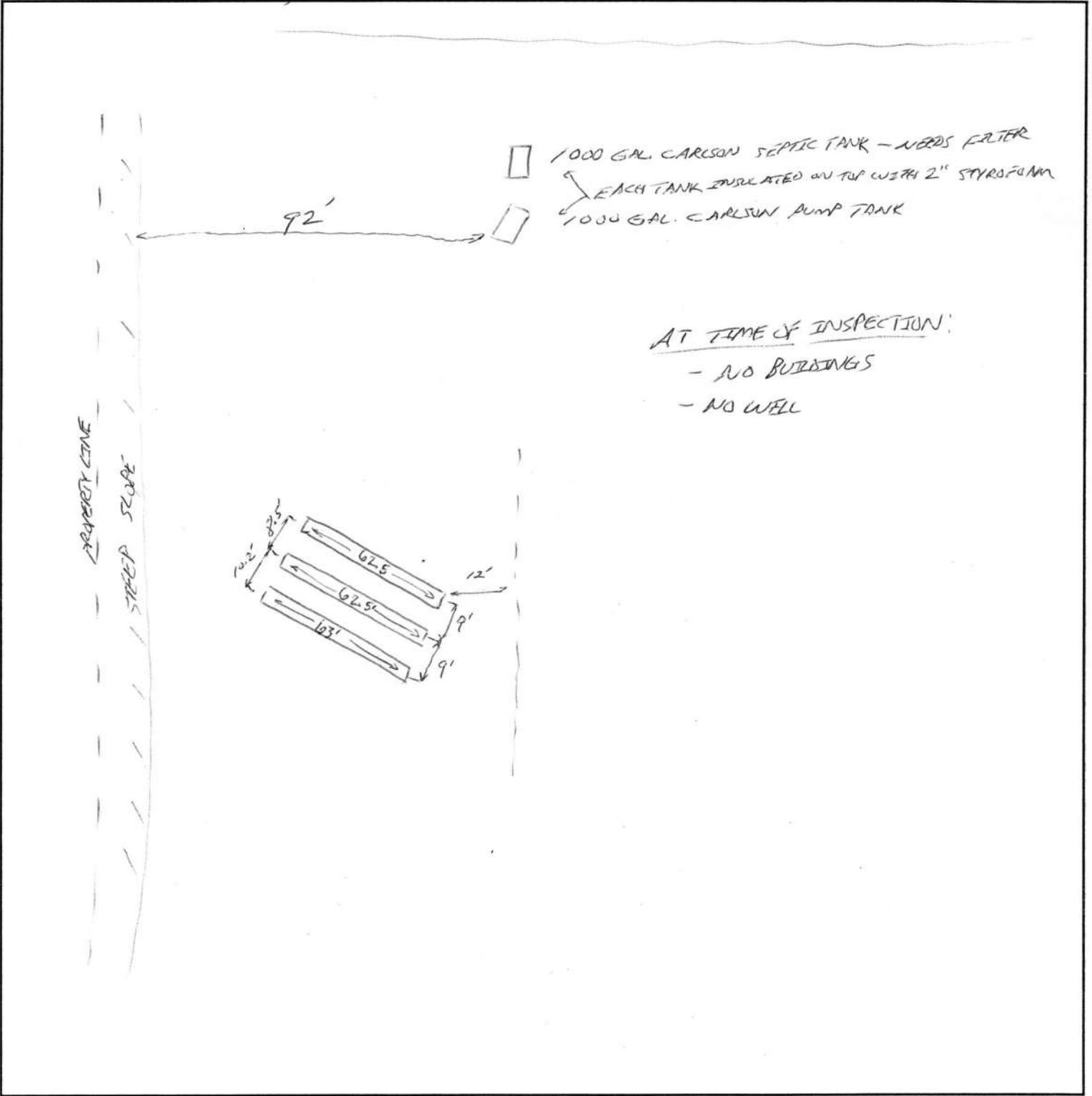
CVT PLAT PARCEL # 698 - 10 - 1626 TWN # 63 RNG # 17

Drawing Type: (A) Design (B) Final Inspection (C) As-Built (D) Site Eval. (E) Other _____

Submitted By: (A) Owner (B) Designer (C) Installer (D) SLCHD (E) Other _____

Signature: [Signature] Date: 1 / 12004

Checklist of items to be included on drawing is on reverse side of this page



**Individual Sewage Treatment System
Permit to Construct**

Site: EMMET J & JOAN M WIER
Address: 99999 RANDA ROAD
, MN 0

WIER EMMET J & JOAN M
WIER SCOTT A & SHEILA S
3003 MONTEREY AVE S
ST LOUIS PARK MN 5541655416 0000

Permit Number: 14344
Date of Permit: 08/13/2004
Permit expires on: 08/13/2006
Parcel Code: 698-10-1626
Township: UNORGANIZED TWP (6317)
Designer:
VIITAS EXCAVATING, INC.

Legal Description:

THAT PART OF LOT 5 COMM AT NW COR THENCES89DEG30'03"E ALONG N LINE 1016.11 FT TO THE INTERSECTION OF N LINE OF LOT 5 & THE EXTENSION OF E LINE OF LOT 5 IN ROBERGS ACRES PLAT & PT OF BEG THENCE S64DE

Sewage Treatment System plans for the following system meet the minimum standards of St. Louis County Ordinance No: 55. All sewage treatment system construction must be done in accordance with St. Louis County Ordinance No: 55.

The system was sized for a Single Family Dwelling with 3 Bedrooms.

The permit was granted for:

A New Standard System

ONE 1,000 Gallon Septic Tank(s) ONE 500 Gallon Pump Chamber(s)

System consists of 187 Feet of 3 Foot wide Chambered System

Comments:

IF YOU ENCOUNTER ANY UNFORSEEN PROBLEM SUCH AS HIGH WATER TABLE, LEDGE ROCK, CHANGE IN SOIL CONDITIONS, OR CHANGES TO THE SYSTEM OR ITS LOCATION, YOU MUST OBTAIN APPROVAL FROM THE HEALTH DEPARTMENT BEFORE CONTINUING WITH THE CONSTRUCTION OF THE SYSTEM.

FINAL INSPECTION: A final inspection must be made prior to backfilling and must be scheduled a minimum of 14 hours in advance, excluding weekends and holidays. Office hours are 8 a.m. to 4:30 p.m.

DISCLAIMER: St. Louis County issues sewage treatment system permits as part of its discretionary activities on behalf of the public. St. Louis County disavows and assumes no liability for damages to person or property in any manner or form resulting from the issuance of this permit or subsequent authorization to use the system. St. Louis County cannot and does not guarantee successful operation of the system.

****THIS PERMIT IS NOT TRANSFERABLE****

By: Ryan Trenberth
RYAN TRENBERTH 218-262-0253 *Rew*

St. Louis County Department of Public Health
215 Courthouse
1810 12th Avenue East
Hibbing, MN 55746

Saint Louis County

Department of Public Health - Environmental Health Division

Duluth: 218-725-5200 • Ely: 218-365-8220 • Hibbing: 218-262-0142 • Virginia: 218-749-0625
1-800-450-9777

RECEIVED
AUG - 3 2004

APPLICATION FOR RESIDENTIAL INDIVIDUAL SEWAGE TREATMENT SYSTEM (ISTS)

Order 911 sign <input checked="" type="radio"/> Y <input type="radio"/> N	FOR OFFICE USE ONLY	Permit No. <u>14344</u>
Revenue Code(s) <u>1160</u>	Amount Rcv'd <u>285-</u>	Receipt No. <u>29862</u>
Received by <u>116</u>	Date Received <u>8-3-04</u>	

*** THE FOLLOWING INFORMATION IS TO BE COMPLETED ***
BY THE OWNER OR THE OWNER'S AGENT

(Please Print)

Applicant Name Emmet Jack Wier Home Phone (952) 927-0281
Work Phone (952) 927-0281
Mailing Address 3003 Monterey Avenue South E-Mail jwier@mn.rr.com
City St. Louis Park State MN Zip 55416

Does the site have an address? Y N

If not, please call (218)726-2920 or 1-800-450-9777 (911 Communications) and one will be assigned.

Site Address pending (Road name) Randa Road
City _____ Zip _____ Site Ph (None) _____

Property Information

Property Tax Parcel Code (This is a split off an existing parcel. Code for existing parcel is 698-0010-01625)

Township Name unorganized use 698-10-1626 (Rhonda Woodman)

Please print out the entire legal description or attach a photocopy. The legal description can be found on the deed, abstract, or property tax statement.

Legal description of property Attached

Section 11 Township 63 North Range 17 West Block _____ Lot _____
Plat Name Roberg's Acres

Lot Width irregular ft. Depth _____ ft. Area _____ sq. ft. Acres 2.5

Is there Shoreland frontage? Y / N Is the property located within 1,000 ft of a Lake or 300 ft of a River? Y / N

Name of River, Stream or Lake Lake Vermilion

Property Water Supply

Type of water supply: [drilled well] [sand point well] [dug well] [surface (lake) water
[Municipal water] [Hand carried

Well Depth not yet drilled ft. Cased Depth ft. Unique Well # (If applicable)

Building Type and Use

Type: [Single Family House] [Multi Family House] [Recreational Cabin] [Sauna
Other(specify) Square feet of structure sq.ft.

Use: year round seasonal (specify dates)

Flows: # of bedrooms 3 # of people using system 6 Garbage disposal Y /
Bathtub >75 gal? Y / gallons Other

Basement Y / Plumbing in basement Y / Grinder sewage sump Y /

Is this an application for a: new sewage treatment system replacement of an existing system

Comments / Reason for application

Checklist of required attachments:

- Site Map*
- Soils worksheet*
- System design (may be on site map)*
- Applicable design worksheets*

*These are generally prepared by licensed site evaluator/designers, however the applicant is responsible for the contents.

I, the undersigned, as owner or agent of the owner, of the above described property do hereby release St. Louis County and its employees from any and all liability and claims for damages to person or property in any manner or form that may accrue from the approval of plans, issuance of a permit and the subsequent location, construction, alterations, repair, extension, operation or maintenance of the Individual Sewage Treatment System for which this permit application has been made. An approved permit does not guarantee construction practices, or that the system will continue to function properly when built.

Enclosed is the Permit fee of \$ 285.00 (Make checks and/or money orders payable to St. Louis County Auditor). See attached fee schedule.

Applicant's Signature Rick Zizzo Date 8-2-04

System Design Summary Sheet



Date: 5-11-04

Property Owner: Scott Wain

Phone: (____) ____ - ____

Property Address: No Address onsite yet

Township: Greenwood

System Designer: Vitza's Excavating Inc.

Phone: (218) 666-2916

Type of Use: Residential: Y / N # of Bedrooms: 3 Commercial: Y / N Type _____

Design Max Flow: 450 gal./day Average Flows: 450 gal./day

System Description: 1000 gallon septic tank to 500 lift pumping up to
187' infiltrator

Predominate Soil Type: Gravel Seasonal High Water Table: >60 inches from surface

Linear Loading Rate: 10 gal./ft./day Soil Loading Rate: 1.27 gal./ft.²/day

Water Meter: Y / N Plumbing Pressure Test: Y / N

TANKS (Circle Choice)

Number of septic tanks/chambers 1

Septic Tank(s)/chamber(s) size(s) 1000 gal. & ____ gal.

Number of pump tanks/chambers 1

Pump tank(s) / chamber(s) size(s) 500 gal. ____ gal.

Tank(s) sand/rock bedded: Y / N &/or Insulated: Y / N

ATU - Manufacturer _____ Model _____

MOUND

Bed Width _____ feet

Bed Length _____ feet

Uphill fill depth _____ inches

Downhill fill depth _____ inches

Downhill berm width _____ feet

Uphill berm width _____ feet

Adjusted Sand Volume _____ cubic yards

IN GROUND (Circle Type)

Graveless / Rock Trench / Chamber / Bed

Other or EZ Flow

Total area of trenches 187' lineal feet

Total length of trenches 562.5 square feet

Trench width 3 square feet

Number of trenches 3'

Distribution		Laterals	
Drop Box	<input checked="" type="checkbox"/>	Gravity	<input checked="" type="checkbox"/>
Distribution Box		Pressurized	
Pressure Manifold			

Pre-Engineered filter on back. (check if applicable)

AT GRADE

Rock cell length _____ feet

Rock width _____ feet

Downhill berm width _____ feet

PRESSURE DISTRIBUTION

Pump performance requirements:

30 gallons/minutes @ 43 feet of head

Pump type and size (if known) WE07H

3/4 hp Goulds

Pump to field line diameter 2 inch(es)

Manifold diameter _____ inch(es)

Manifold location: Center Feed ____ End Feed ____

Number of laterals _____

Diameter of laterals _____ inch(es)

Orifice size ____ / ____ inch Spacing ____ inches

Dose volume: To Network _____ gallons

For Drainback _____ gallons

Lateral flush valves Y / N

Orifice shields: Y/N

Time Dose Panel: Y / N

Specify type of known: _____

Event Counter: Y / N Elapsed Time Counter: Y / N

Site Evaluation

Property owner(s): Scott Weir

Address: _____

P.I.D. _____ Section: 11 Township 63 N Range 17 W

Date: _____ Time: 3:55 Weather conditions: partly sunny

Check all that apply: shoreland x dwelling in wellhead protection area food, bev. or lodging estab.
 new x existing class V

Soil Survey Data

	Soil #1	Soil #2	Soil #3
Map Unit Sym & Name			
Landscape Position			
Flooding			
Slope			
Watertable depth			
Bedrock Depth			

	Soil #1	Soil #2	Soil #3
Possible system depth	60"	60"	
Texture at depth	gravely sand	gravely sand	
Permeability	1.2	1.2	
Permeabilityx60=Perc(MPI)	.1-5	.1-5	
NRCS onsite suitability	yes	yes	

Soil Classification: gravely sand

Unsuitable/Disturbed/Compacted: yes or no

Type of observation: Probe Pit Boring _____

Parent material: Till Outwash Loess Bedrock Alluvium

Vegetation type: Wet Dry Unknown

Slope form: 10

Drainage (select one): Good Fair Poor Ponding Flooding

Floodplain: yes or no

Elevation of Boring(s): _____ feet Location: _____

Depths Information: Standing water: >60 inches

Bedrock: >60 inches

Saturated soil: >60 inches

Maximum depth of system: 2 inches

Maximum Elevation of bottom of system: 2 feet

Well Casing depth (from well log): NA feet

Flow Information:

No. of bedrooms: 3

Garbage disposal: yes or no

Home Classification # I II III IV

Design flow: 450 gpd

Soil sizing factor (SSF): 1.27 gpd/ft²

Linear loading rate (LLR): 10 gpd/ft

Percolation Test Data Was a perc test done? NO YES

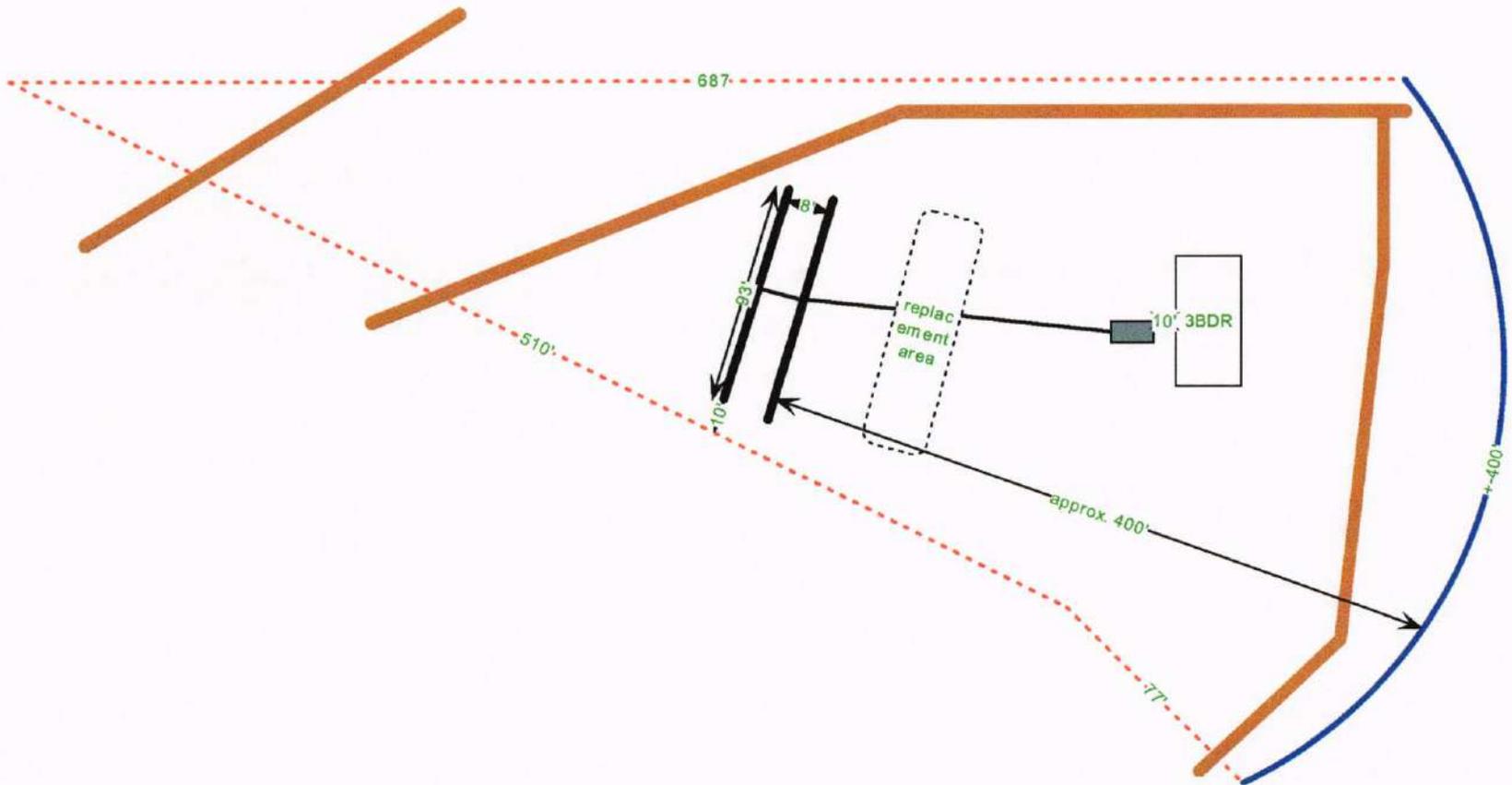
Results if available

	Location	Depth	MPI
Hole #1			
Hole #2			
Hole #3			

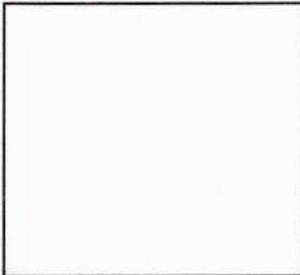
Soil Boring Data

Boring 1					Boring 2				
Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence	Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence
0-4"	topsoil	10yr2/2	blocky	loose	0-2"	topsoil	10yr2/2	blocky	loose
5"-25"	sandy loam	10yr4/6	blocky	loose	3"-25"	sandy loam	10yr4/6	blocky	loose
26"-60"	gravely sand	2.5yr5/4	granular	loose	26"-60"	gravely sand	2.5yr5/4	granular	loose
Boring 3					Boring 4				
Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence	Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.
Yick White (signature) 1724 (license #) 5-11-04 (date)
10520 Buhalte Rd Cook address (218) 666-2916 phone number



Drawing Title



Viita's Excavating Inc.
 10520 Buboltz Rd.
 Cook, Mn. 55723
 (218)666-2916

Project Designer:	
Rick Viita	
Project Contact:	
Project #	WO#
Weir	
Date:	Rev. Date:
5-7-04	