WASHINGTON COUNTY, MINNESOTA
Department of Public Health
and Environment 651/430-6688

Scanned 8/1/08 jm

STILLWATER TOWNSHIP

PERMIT NUMBER 001403010 SEWAGE PERMIT

Owner : PAUL OLSON
10300 PERKINS AVE N
STILLWATER MN 55082

Applicant : JOHN BURLOW

DRAINFIELD REPLACEMENT PERMIT	205.00
SEPTIC APPLICATION/SOIL REVIEW	195.00
Total Fees :	400.00
Total Paid :	400.00
Total Due :	.00

mailed 5/6/03

03-0220

PERMISSION IS HEREBY GRANTED

To execute the work specified in this permit on the following described property upon express condition that said persons and their agents, employees and workmen shall conform in all respects to the provisions of the Building Code, and/or Ordinances.
This permit may be revoked at any time upon the violation of any of the provisions of said code and ordinances.

Project Address : 10300 PERKINS AVE N STILLWATER MN 55082
Legal Description: LOT 004 BLOCK 001 ARCOLA HEIGHTS Geo : 10-030-20-42-0004
Flow Capacity 600 Gal/Day Tank Volume 2000
Soil Conditions: Depth to Restriction 00 Inches Perc Rate 5 Min/Inch

Soil Treatment Type:
Bottom Area 384 Rock Depth 12

Authorized Work / Special Conditions
- Execute proposed alterations to the existing individual sewage treatment system as per approved plans in the area shown on the site plan.
- Add 1000 gallon tank and 384 square ft drainfield.

** Permit Expiration Date : Sewage Treatment : 2004-05-03

A CERTIFICATE OF OCCUPANCY MUST BE REQUESTED AND ISSUED PRIOR TO USE OR OCCUPANCY OF WORK PERMITTED BY A BUILDING PERMIT.
** This permit shall expire and be null and void if the work authorized by the Building Permit is not commenced within 60 days of the date of issuance or if work is abandoned or suspended for a period of 120 days. Term of the Building Permit is 12 months from date of issue. Term of sewage treatment permit is 12 months from date of issue.
Penalty for violation of any of the provisions of building code: Fine not to exceed five hundred dollars ($500.00) or imprisonment for not more than ninety (90) days, or both.

Permit Issue Date 2003-05-03 Code Enforcement Officer P Clamzel

FILE

INSPECTION RECORD

BUILDING	DATE	INSP.	COMMENTS
Foundation			
Foundation Wall			
Plumbing (Groundwork)			
Heating (Groundwork)			
Rough Plumbing			
Rough Gas Piping			
Rough Heating and Ventilation			
Framing			
Insulation			
Fireplace			
Chimney			
Wallboard or Lath and Plaster			
Final Electrical			
Final Plumbing			
Final Gas Piping			
Final Heating and Ventilation			
Final Building			

SEWAGE TREATMENT SYSTEM	DATE	INSP.	COMMENTS
Installation	10-25-03	[illegible]	Tank Size: ~~[illegible]~~ 2-1000 Treatment Area: 762 ф
As Built			Installer: Bxelow

DRIVEWAY	DATE	INSP.	COMMENTS
Access			
Installation			

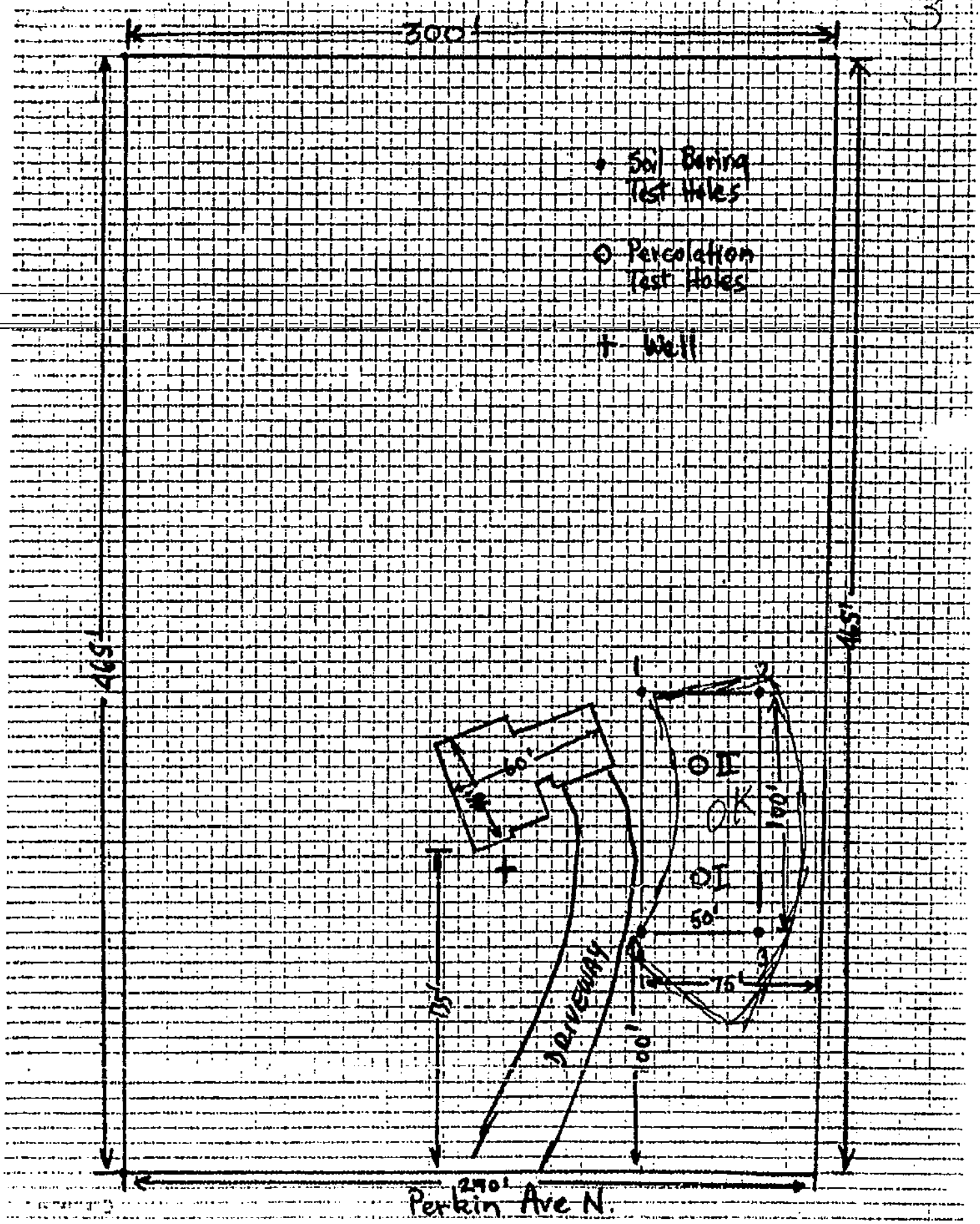
NOTES:

Chambers

RECORD SITE PLAN INFORMATION ON THIS SHEET

Site

33



STANDARD SYSTEM DESIGN
INDIVIDUAL SEWAGE TREATMENT SYSTEM

WASHINGTON COUNTY HEALTH, ENVIRONMENT & LAND MANAGEMENT
14900 N. 61ST STREET, P.O. BOX 3803, STILLWATER, MN 55082-3803
612/430-6708 OR 612/430-6656 FAX 612/430-6730

Owner's Name	
Job Site Address	10300 PERKINS AVE N
City or Township	STILLWATER TOWNSHIP
Use of Building	

Design Flow Rate: 600 GPD	Land Slope: 1% OR LESS Percent
Required Tank Sizes: 1200 ~~Gallons~~	and MINIMUM 1000 Gallons
Type of System (standard, at grade or bed): STD - UPGRADE	
System Size: 762 TOTAL Square Feet	Lineal Feet 36" Trench Width
Depth of rock below pipe: 12"	Depth of Rock Above Pipe: 2
MINimum Depth of Trench From Existing Grade: 6" Inches	MAXimum ~~Depth~~ COVER of Trench From Existing Grade: 24" Inches
Recommended Number of Trenches: ADD 1 TRENCH	Recommended Length of Trenches: 128 LIN FT
Trench Spacing Measured Center to Center	Feet
Any Other Special Conditions: ADD BEDROOM - UPGRADE 760 NEEDED/376 PRESENT = 384 ADD = 128 LIN FT AT 36 WIDTH PERC RATE TO 1.27 UP FROM ORIGINAL .83 -	

IF PRESSURE DISTRIBUTION IS USED, COMPLETE THE PRESSURE DISTRIBUTION WORK SHEET ATTACHED.

This design must be accompanied by a site plan that clearly shows the location of the area tested and approved by the following:

1. Use an appropriate scale and indicate direction by use of a north arrow.
2. Show ALL property boundaries, rights-of-way, easements, wetlands. If necessary, an enlarged detail of the house site may also be required.
3. Show location of house, garage, driveway and all other improvements existing or proposed.
4. Show location and layout of sewage treatment system.
5. Show location of water supply (well and/or community supply line).
6. Dimension all setbacks and separation distances.

This system has been designed by a Pollution Control Agency (PCA) Certified Professional.

Designer Name: ORIN KOECKERITZ — PCA Certification #: 1044

Address: 1118 NEAL AVE S AFTON MN — Phone #: 651-436-8820

Signature: Orin Koeckeritz — Date: 4-16-03

436 2100

INDIVIDUAL SEWAGE TREATMENT SYSTEM WORKSHEET

FLOW

A. Estimated 600 gpd
measured _____ x 1.5 = _____ gpd

SEPTIC TANK VOLUME

B. 1200 + New gallons – minimum 1000

SOILS (Site evaluation data)

C. Depth to restricting layer = _____ feet
D. Maximum depth of system C - 3 ft = _____ feet
E. Percolation rate 5 MPI – 6-15 – Loam/Sandy
F. Soil Sizing Factor 1.27 sq ft/gpd (See table 3)

TRENCH BOTTOM AREA

H. For trenches with 6 inches of rock below the pipe:
A x F = 600 x 1.27 = 762 sq ft of bottom area

I. For trenches with 12 inches of rock below the pipe:
A x F x 0.8 = ____ x ____ x 0.8 = ____ sq ft of bottom area

J. For trenches with 18 inches of rock below the pipe:
A x F x 0.66 = ____ x ____ x 0.66 = ____ sq ft of bottom area

K. For trenches with 24 inches of rock below the pipe:
A x F x 0.6 = ____ x ____ x 0.6 = ____ sq ft of bottom area

BED BOTTOM AREA

L. For seepage beds with 6 or 12 inches of rock below the pipe;
1.5 x A x F = 1.5 x ____ x ____ = ____ sq ft of bottom area

ROCK VOLUME IN CU FT

M. Rock depth below distribution pipe plus 0.5 foot times bottom area:
M = Rock depth (ft) + 6 inches x Area (H, I, J, L or K)
(____ ft + 0.5 ft) x ____ = ____ cu ft

ROCK VOLUME IN CU YDS

N. Volume in cu ft divided by 27
M ÷ 27 = cu yds ____ ÷ 27 = ____ cu yds

ROCK WEIGHT

O. Cubic yards times 1.4 = tons
N x 1.4 = tons ____ x 1.4 = ____ tons

DISTRIBUTION

(Check one based on slope)
____ Bed (less than 6% slope)
Trenches
X Drop boxes (any slope)
____ Distribution box (level to slightly sloping)

TRENCH LENGTH

P. Select trench width = 3 ft
Q. Divide bottom area by trench width: (H, I, J, or K) ÷ P = lineal feet
____ + ____ = ____ lineal feet

LAWN AREA

R. Select trench spacing, center to center = ____ feet
S. Multiply trench spacing by lineal feet R x Q = sq ft of lawn area
____ x ____ = ____ sq ft

LAYOUT (Use other side)

1. Select an appropriate scale; one square = _____ feet.
2. Show pertinent property boundaries, right-of-way, easements.
3. Show location of house, garage, driveway, and all other improvements, existing or proposed
4. Show location and layout of sewage treatment system.
5. Show location of water supply well.
6. Dimension all set backs and separation distances.

Estimated Sewage Flows in Gallons per day (gpd)

Number of Bedrooms	Type I	Type II	Type III	Type IV
2	300	225	180	
3	450	300	218	
4	600	375	256	60% of the values in Type I, II or III columns
5	750	450	294	
6	900	525	332	
7	1050	600	370	
8	1200	675	408	

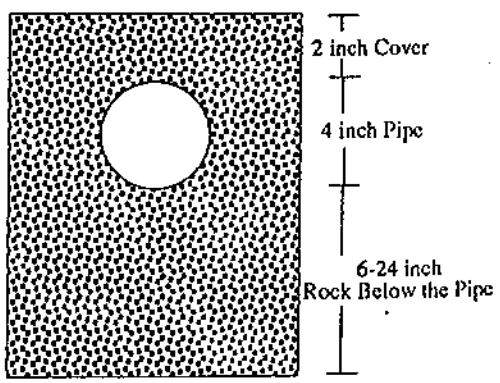
Septic Tank Capacities, in gallons

Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal
2 or less	750	1125
3 or 4	1000	1500
4 or 6	1500	2250
7, 8 or 9	2000	3000
over 9		.....

AND 2ND TANK OF MINIMUM 1000 GAL

Soil Characteristics and Required Areas for Sewage Treatment

Percolation Rate in Minutes per Inch (MPI)	Soil Texture	Square feet per gallon per day	Gallons per day per square foot
Faster than 0.1 *	Coarse Sand	-----	-----
0.1 to 5	Sand	0.83	1.20
0.1 to 5	Fine sand **	1.67	0.60
6 to 15	Sandy Loam	1.27	0.79
16 to 30	Loam	1.67	0.60
31 to 45	Silt Loam	2.00	0.50
46 to 60	Clay Loam	2.20	0.45
Slower than 60 ***	Clay	-----	-----



SITE REVIEW and/or SEPTIC PERMIT APPLICATION

Washington County Public Health & Environment
14949 62nd Street N, PO Box 3803
Stillwater, MN 55082-3803
651/430-6688 FAX 651/430-6730

Paid $ 400.00

Receipt # 45082

0014-03010

Make checks payable to WASHINGTON COUNTY

- $190 - New Home Drainfield
- $ 85 - Replace Existing System with a Drainfield System
- $315 - New Home Mound
- $210 - Replace Existing System with a Mound System
- $315 - Alternative/Experimental System
- $185 - Individual Lot
- $130 - Subdivision Soil/Site Review - Base fee Plus $55/lot
- $ 25 - Additional Review Fee (1 hour minimum)
- $ 30 - Renewal of Previous Permit Fee

Legal Description and Parcel Identification Number (especially if this is for a NEW SUBDIVISION OR MINOR SUBDIVISION)

Applicant	Address	City	State	Zip	Phone
	10300 Perkins				

Owner (if different from applicant)	Address	City	State	Zip	Phone
Paul Olson					

New Home ☐ Existing Home ☒ New Business ☐ Existing Business ☐ | Number Of Bedrooms: 4 | Gallons Per Day: 600

Check the following fixture(s) which are or will be installed: Garbage Disposal NO Recreational Bathing Facility: (jacuzzi, hot tub, etc.) NO

New Home ⇨ Drainfield System ☐ Mound System ☐ Alternate/Experimental System ☐ Existing Permit Renewal ☐

Existing Home Replacement System ⇨ Drainfield System ☒ Mound System ☐ Tank Replacement Only ☐

Site Approval Only ☒ If this site has been previously approved, attach copy of approval letter Additional Soil Test Data for Previously Approved Site ☐

The following exhibits are required as part of this application and shall be attached hereto: Percolation Test Reports; Soil Boring Logs; Site Plan drawn to scale showing location of buildings, lot lines, percolation test holes, soil boring holes, proposed location of system and well; one (1) copy of the System Design; and one (1) copy of the Final Building Plan. The house and the drainfield areas must be staked. Inaccurate or incomplete information will result in delays in processing.

AGREEMENT: The undersigned hereby makes Application for Permit to Install or Extend Sewage Treatment System herein specified, agreeing that all such work shall be done in strict accordance with ordinances and regulations of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches and Design submitted herewith, and which are reviewed by Washington County, together with any requirement and/or restriction made necessary by conditions peculiar to a particular location, shall become a part of the permit. Applicant further agrees to provide access, at reasonable times, to Washington County for the purpose of performing inspections required and that no part of the system shall be covered until it has been inspected and accepted. **APPLICATION IS FOR AN INSTALLATION AT A SPECIFIC LOCATION; ANY DEVIATION FROM THE APPROVED LOCATION WILL VOID THE PERMIT.** It shall be the responsibility of the applicant for the permit to notify the Office of the Washington County Dept. of Public Health & Environment that the installation is ready for inspection.

I hereby certify the above to be true and correct. In connection with your request for a soil review/septic permit, I hereby give Washington County Department of Public Health and Environment permission to enter upon my property during normal business hours for the purpose of determining the suitability of the location, design, and construction, which may include minor excavation or soil borings by the Department.

Signature of Applicant (Owner or Contractor) _____ Date _____

THE AREA BELOW IS FOR COUNTY USE ONLY

SITE EVALUATION: BY INSPECTOR P. Cox DATE 4-22-03

SETBACKS:	REQUIRED (CIRCLE APPROPRIATE ITEM(S))					ACTUAL
Well (including adjacent property)	50'	75'	100'	150'		
Wetland, Pond, Lake, Stream, River, or Bluffline	20'	40'	75'	100'	150'	

CONCLUSIONS: Site Suitable: ☐ Site Unsuitable: ☐ Additional Tests Required: ☐ Verify Use: _____ Bedrooms

NOTES: Lot Size _____ Year Built _____

10030 20420004

no site plan

3-4 BR

~~439-8381~~

Permit Fee $ 25 ~~00~~

OFFICE OF THE ZONING ADMINISTRATOR
WASHINGTON COUNTY, MINNESOTA
Tel. 439-3220

PERMIT TO INSTALL SEWAGE DISPOSAL SYSTEM

Owner PAUL E OLSON (NAME) Permit No. 1765

10300 PERKINS AVE NO, ARCOLA HGTS STILLWATER TWP (ADDRESS)

MINIMUM SYSTEM REQUIRED: 3 Bedrooms, Percolation Rate 5 M in/Inch

Septic Tank 1200 Gal. Liquid Capacity Lift Station _____ Gal.

Distribution Box — Drop Box concrete with removable cover

Absorption Trench – Square Feet 375 Lineal Feet 188 Width 24"

Depth of Rock Below Tile Lines 12 Inches, Above Tile 2 Inches

Depth of Trench – Minimum Cover 18 Inches, Maximum Cover 36 Inches

Minimum Number of Lines 2. Maximum Length of Individual Line 100 Ft.

Recommended Number of Lines 2 at 94'.

Minimum Spacing of Lines 6½ Ft. Center to Center.

Inspection of Installation Must Be Accomplished By This Office Before Any Portion of System Is Covered.

Special Conditions ~~dystem~~ system must go in area tested and shown on attached site plan. Line from house to tank must be cast iron.

System Inspected _____ (DATE).

Installation Approved _____ (INSPECTOR).

Comments _____

PERMIT: Permission is hereby granted to the above named applicant to perform the work described in the application, to the specifications shown under minimum system required. This permit is granted upon express condition that the person to whom it is granted, and his agents, employees and workmen shall conform in all respects to ordinances of Washington County, Minnesota. This permit may be revoked at any time upon violation of any said ordinance, and permit shall be void if work is not commenced within (6) months. **Installer must hold current Septic Installer License with Washington County.**

Approved: Al Goodman (ZONING ADMINISTRATOR) 2-9-78 (DATE)

WHITE COPY – APPLICANT CANARY COPY – FILE PINK COPY – INSPECTOR GOLDENROD – MUNICIPALITY

OFFICE OF THE ZONING ADMINISTRATOR
WASHINGTON COUNTY, MINNESOTA
Tel. 439-3220

Permit Fee $ _____

PERMIT TO INSTALL SEWAGE DISPOSAL SYSTEM

Owner PAUL I. OLSON (NAME) Permit No. 1765

10300 PERKINS (ADDRESS)

MINIMUM SYSTEM REQUIRED: 3 Bedrooms, Percolation Rate 5 M In/Inch

Septic Tank 1200 Gal. Liquid Capacity Lift Station _____ Gal.

Distribution Box _____ Drop Box _____

Absorption Trench -- Square Feet 375 Lineal Feet 188 Width 24

Depth of Rock Below Tile Lines 12 Inches, Above Tile 2 Inches

Depth of Trench -- Minimum Cover 12 Inches, Maximum Cover 36 Inches

Minimum Number of Lines 2. Maximum Length of Individual Line 1000 Ft.

Recommended Number of Lines 2 @ 94'.

Minimum Spacing of Lines 6½ Ft. Center to Center.

Inspection of Installation Must Be Accomplished By This Office Before Any Portion of System Is Covered.

Special Conditions _____

System Inspected 8-16-78 (DATE)

Installation Approved Rees Carlson (INSPECTOR)

Comments _____

PERMIT: Permission is hereby granted to the above named applicant to perform the work described in the application, to the specifications shown under minimum system required. This permit is granted upon express condition that the person to whom it is granted, and his agents, employees and workmen shall conform in all respects to ordinances of Washington County, Minnesota. This permit may be revoked at any time upon violation of any said ordinance, and permit shall be void if work is not commenced within (6) months. Installer must hold current Septic Installer License with Washington County.

Approved: _____ (ZONING ADMINISTRATOR) 2-9-78 (DATE)

WHITE COPY -- APPLICANT CANARY COPY -- FILE PINK COPY -- INSPECTOR GOLDENROD -- MUNICIPALITY

Site 5

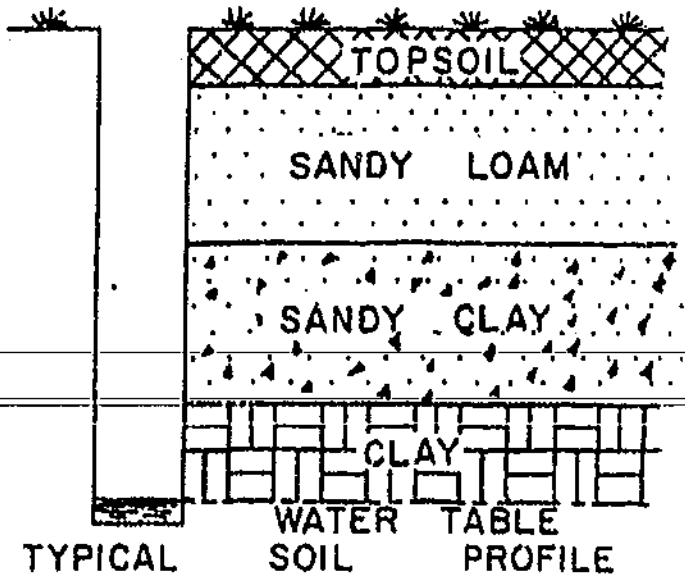
-SOIL BORINGS-

Soil borings are made in order to determine the type and structure of soils at various depths as well as the location of the water table, impervious strata or bedrock.

Borings are most easily made with a hand auger, however other expedients may be utilized - back hoe, post hole auger, etc.

Soils encountered at various depths should be listed as to appearance, texture and composition.

Depth at which water, bedrock or heavy clay layer is encountered should be recorded.



TYPICAL SOIL PROFILE

LOG OF SOIL BORINGS

BORING NO. 1		BORING NO. 2		BORING NO. 3		BORING NO. 4	
DEPTH IN FEET	SOIL DESCRIPTION	DEPTH IN FEET	SOIL DESCRIPTION	DEPTH IN FEET	SOIL DESCRIPTION	DEPTH IN FEET	SOIL DESCRIPTION
0	top soil	0	top soil	0	top soil	0	top soil
1/2		1/2		1/2	sand	1/2	
1		1	sand	1		1	
1 1/2	sandy loam (heavy)	1 1/2		1 1/2		1 1/2	
2		2		2		2	
2 1/2		2 1/2	sandy loam (heavy)	2 1/2		2 1/2	sandy loam (heavy)
3	sand	3		3		3	
3 1/2		3 1/2		3 1/2		3 1/2	
4		4	sand	4		4	
4 1/2		4 1/2		4 1/2		4 1/2	
5		5		5		5	
5 1/2		5 1/2		5 1/2		5 1/2	
6		6		6		6	sand
6 1/2		6 1/2		6 1/2		6 1/2	
7		7		7		7	
7 1/2		7 1/2		7 1/2		7 1/2	
8		8		8		8	
8 1/2		8 1/2		8 1/2		8 1/2	
9		9		9		9	

PERCOLATION TEST DATA SHEET

Test hole location (See attached diagram) Hole number II

Date test hole was prepared 1-7-78, Depth of hole bottom, 33 inches.

Diameter of hole, 6 inches.

Soil data from test hole:

Depth, inches	Soil texture
33	Sand

Method of scratching sidewall

Depth of pea-sized gravel in bottom of hole, 2 inches.

Date and hour of initial water filling 1-7-78 5:40 p.m.

Depth of initial water filling, (to test hole) inches above hole bottom.

Method used to maintain at least 12 inches of water depth in hole for at least 4 hours We poured about 3 buckets of water in at 5:40 p.m. - it drained out immediately to a depth of about 8 inches

Percolation test readings made by Paul & Hope Olsen on 1-8-78 (date) starting at (a.m.) p.m. Maximum water depth above gravel during test, 6 inches.

Time	Time Interval, Minutes	Measurement, inches	Drop in water level, inches	Remarks
12:55	—	31 3/4	—	Hole filled - ~~found empty~~
11:37	2 min	30 1/2	4 3/4"	Hole emptied shortly
1:22	—	30 1/4	—	Hole filled - ~~found empty~~
1:25	3 min	35	4 3/4	Hole emptied shortly
1:32	—	27 1/2	—	Hole filled - ~~found empty~~
1:56	4 min	34 1/4	6 3/4	Hole emptied shortly
2:18	—	28 3/4	—	Hole filled
2:21	3 1/2	32 1/4	5 1/2	Hole emptied shortly
2:59	—	27 7/8	—	Hole filled
3:03	4 min	32 3/8	7 1/2	Hole emptied shortly

PERCOLATION TEST DATA SHEET

Test hole location (See attached diagram) Hole number I

Date test hole was prepared 1-7-78, Depth of hole bottom, 34 inches.

Diameter of hole, 6 inches.

Soil data from test hole:

Depth, inches	Soil texture
34	Sandy loam - 1st 2 feet;
	Then sand

Method of scratching sidewall A stick with several nails driven in.

Depth of pea-sized gravel in bottom of hole, 2 inches.

Date and hour of initial water filling 1-7-78 5:40 p.m.

Depth of initial water filling, (Had to add more) inches above hole bottom.

Method used to maintain at least 12 inches of water depth in hole for at least 4 hours We poured about 5 buckets of water in at 5:40 -- it drained out immediately at a rate of about 4" every 2 min!

Percolation test readings made by Paul & Hope Olsen on 1-8-78 (date) starting at ____ a.m./p.m. Maximum water depth above gravel during test, 6 inches.

Time	Time Interval, Minutes	Measurement, inches	Drop in water level, inches	Remarks
12:40'45"	—	31 1/4	—	Hole filled with 1 bucket of water
12:42'30"	1 min 45 sec	36 3/4	5 1/2"	Hole Emptied rapidly
1:28'15"	—	31 1/2	—	Hole filled with 1 bucket of water
1:30'00"	1 min 45 sec	36	4 1/2"	Hole emptied rapidly
1:32'15"	—	32 1/4	—	Hole filled with a bucket of water
1:33'45"	1 min 30 sec	35	2 3/4"	Hole emptied rapidly
1:56'45"	—	30 5/8	—	Same as above
1:58'30"	1 min 15 sec	34 5/8	3 3/4"	" "
2:14'45"	—	30 3/4		" "
2:16'45"	2 min	35 1/2	4 3/4	" "
3:04'20"	—	29 1/4		" "
3:06'20	2 min	34 1/8	4 7/8	" "

* Sandy soil caved in when water was added first few times!

ENTERED

AS-BUILT REPORT
INDIVIDUAL SEWAGE TREATMENT SYSTEM

Washington County Public Health and Environment
14949 62nd Street North, PO Box 3803, Stillwater, MN 55082-3803
651/430-6655 FAX 651/430-6730

Legal Description or Complete Street Address of Septic System Installed		City or Township	
Owner Name	**Mail Address**	**City**	**State Zip**
PAUL + HOPE OLSON	18300 PERKINS AVE N	STILLWATER TOWNSHIP	
Installer	**Mail Address**	**City**	**State Zip**
BOBCAT EXC	13254 20TH ST N	STILLWATER	MN 55082

Septic Tank Information

Tank Manufacturer: PLASTEC Liquid Capacity: 1500

PUMP CHAMBER (if installed)

Tank Manufacturer:	Liquid Capacity:	Horsepower of Pump:	Type of Warning Device:

Pump Discharge in Gallons Per Minute: at Feet of Head | Number of Gallons Pumped Per Cycle:

DRAINFIELD TRENCH SYSTEM		BED OR MOUND SYSTEM		
Width: 36"	Length of Each Trench: VARIES	Rock Bed Length:	Width:	Area:
Depth of Trench Bottom from Finished Grade: 6-24"		Bed Depth from Grade:		
Method of Distribution: ☐ Pressure ☐ Distribution Box ☒ Drop Box		MOUND: Upslope Sand Base Depth:	Downslope Sand Base Depth:	
Depth of Rock Under Distribution Pipe: 12"		Depth of Rock Under Pipe:		
Square Footage of Tested Area Used: 820		PRESSURE DISTRIBUTION SYSTEM		
Trench Bottom Square Footage Required: 364	Area As Built:	Lateral Inside Diameter:	Length:	Perforation Size:
		Spacing:	Number:	Perforation Spacing:

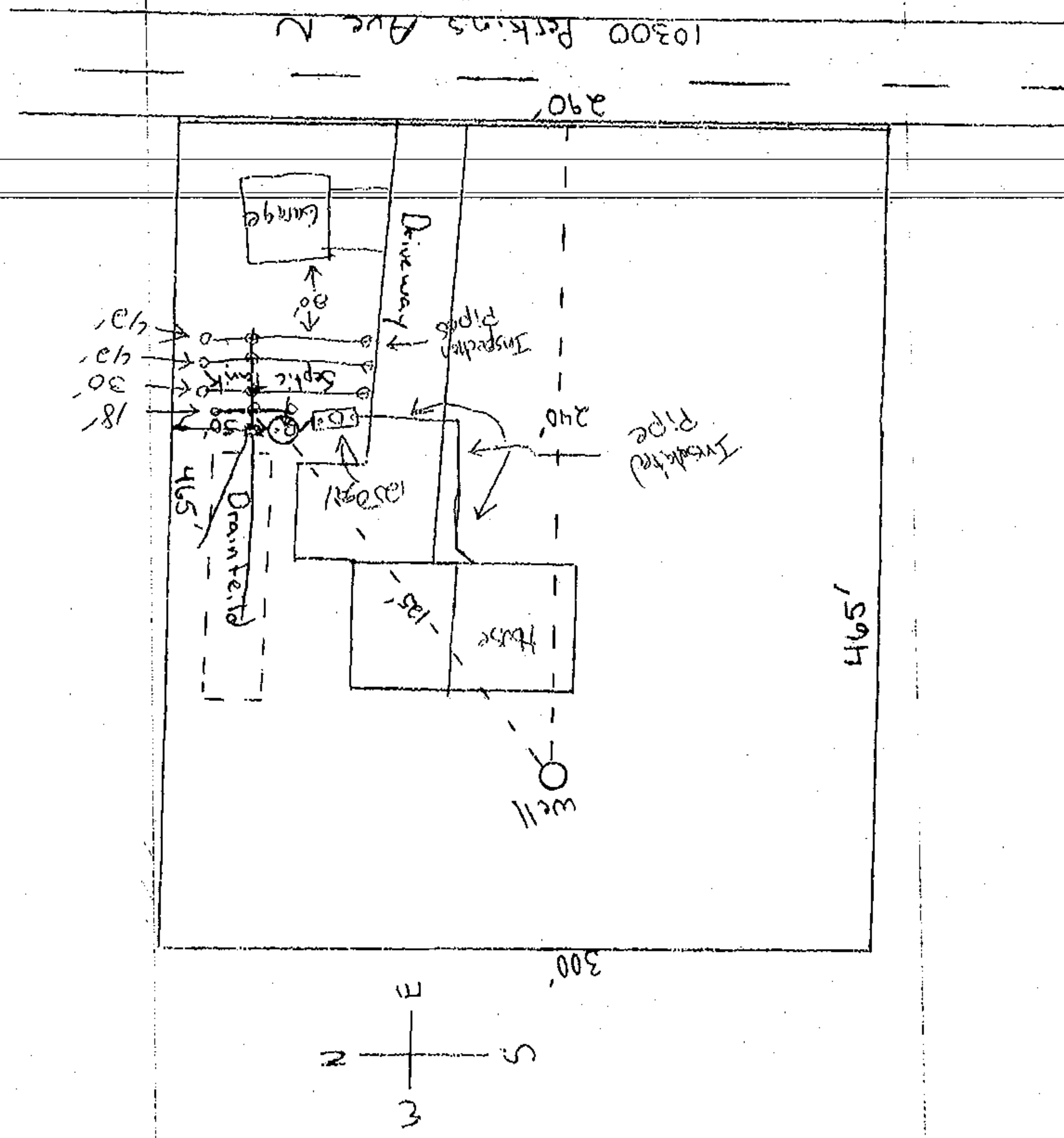
Complete site plan on attached sheet. On the site plan, include location of the following items.

Structures, septic tank, pump chamber, line from house to tank treatment system, distribution lines, distribution or drop boxes, well, and driveway. Show all distances applicable to the sewage treatment system (distance from structure to tank, tank to treatment system, distance between distribution lines, length of distribution lines, and distance between well and sewage treatment system). Indicate NORTH on the site plan and the scale of the plan.

I hereby certify that the system at the above referenced address was installed according to the Washington County Individual Sewage Treatment System Ordinance requirements.

Signed: [signature] MPCA License # 389 Dated: 10-03

WASHINGTON COUNTY SEPTIC PERMIT NUMBER: 01403010 INSTALLED DATE: 10-03



10300 Perkins Ave N
290'
Garage
Driveway
80'
Inspection Pipes
43'
43'
30'
18'
50'
Septic Tank
1350gal
Insulated Pipe
240'
465'
Drainfield
135'
House
Well
465'
300'
E
N
S
W