



ST. LOUIS COUNTY PLANNING COMMISSION STAFF REPORT

INSPECTION DATE: 5-18-21

REPORT DATE: 5-25-21

MEETING DATE: 6-10-21

APPLICANT INFORMATION

APPLICANT NAME: Bayview Fireside LLC

APPLICANT ADDRESS: 2001A Bayview Dr. Tower, MN 55790

OWNER NAME: BAYVIEW FIRESIDE LLC and PETERSON ROY & DOROTHY DENISE

SITE ADDRESS: 2001B Bayview Drive, 2001A Bayview Drive, and 1999 Bayview Drive, Tower, MN 55790

LEGAL DESCRIPTION: Lots 23, 24, 25, 26, 27, & 28, Plat of Birchwood, S16, T62N, R16W (Greenwood)

PARCEL IDENTIFICATION NUMBER (PIN): 387-0080-00230, 387-0080-00240, 387-0080-00250, 387-0080-00260, 387-0080-00270, 387-0080-00280

NATURE OF REQUEST: A conditional use permit for multiple rental units and RV sites as a Planned Development Use-Class II.

PROPOSAL DETAILS: The applicant owns six contiguous platted lots on Lake Vermilion next to the Bayview RV Resort. The six lots contain three separate dwellings and three RV sites. Of the three dwellings, two of them are rented and the third one is used as a primary residency by the applicant. The RV sites are primarily used by family and friends, but they are required to be calculated in with the overall density of the parcel under the commercial planned development standards. Approval of a conditional use permit for the request does not require that the RV sites be rented.

PARCEL AND SITE INFORMATION

ROAD ACCESS NAME/NUMBER: Bayview Dr.

ROAD FUNCTIONAL CLASS: Private Rd.

LAKE NAME: Lake Vermilion

LAKE CLASSIFICATION: GD

RIVER NAME: N/A

RIVER CLASSIFICATION: N/A

DESCRIPTION OF DEVELOPMENT ON PARCEL: Development on the property consists of three residential dwellings (two of which are rentals), three RV sites, accessory structures and septic systems.

ZONE DISTRICT: LCO 9

PARCEL ACREAGE: 2.84 Acres

LOT WIDTH: 300 FEET

FEET OF ROAD FRONTAGE: 354 FEET

FEET OF SHORELINE FRONTAGE: 330 FEET

PARCEL AND SITE INFORMATION

VEGETATIVE COVER/SCREENING: The property has good screening from the shoreline with limited screening from adjacent properties.

TOPOGRAPHY: The area within approximately 40 feet of the shoreline on the property is steep with a slope of approximately 50 percent. The rest of the property is fairly flat.

FLOODPLAIN ISSUES: The existing development on the property is several feet above the base flood elevation.

WETLAND ISSUES: It does not appear there are wetland issues on the property.

ADDITIONAL COMMENTS ON PARCEL: The applicant's residence and the rental to the east share a septic system. The rental to the west has its own septic system and there is a holding tank for the RV sites.

FACTS AND FINDINGS

A. Plans and Official Controls:

1. St. Louis County Zoning Ordinance allows a Commercial Planned Development in a LCO zone district with a Conditional Use Permit.
2. The property is located within a Lakeshore Development Area of the Future Land Use map of the Comprehensive Land Use Plan.
 - a. This category recognizes the ability of existing recreational or tourist facilities to grow and for new complimentary uses to be developed.
 - b. Instrumental to Lakeshore Development Areas is the flexibility to allow for the evolving and eclectic nature of the rural economy.
 - c. The St. Louis County Comprehensive Land Use Plan describes the lodging industry as foundational to county tourism.

B. Neighborhood Compatibility:

1. The property adjacent to the east is the remaining portion of Bayview Lodge.
 - a. This property was approved a CUP for an RV park as a planned development in December 2018.
2. Much of this general area was part of the historic Bayview Lodge. The proposed planned development fits in with the historic seasonal and transient use in the immediate area.

C. Orderly Development:

1. The cabins have been located on the property for many years.
2. They were old resort cabins from Bayview Lodge.
 - a. Each cabin is located on a property that is approximately one acre in size.
 - b. Each of these properties, if owned separately, would be allowed one RV in addition to the residential dwelling on each.
3. The rental of these cabins would not impede the orderly development of the area.
4. The number of dwellings and RV sites currently on the property meets the density requirements of St. Louis County Zoning Ordinance 62.

D. Desired Pattern of Development:

1. The desired pattern of development would typically be considered residential in this zone district.

2. The lakeshore commercial overlay zoning allows existing reports to continue operation and expand in the lakeshore commercial overlay designated area.
 - a. The lakeshore commercial overlay zone districts are intended to keep commercial uses in areas around Lake Vermilion that were historically commercial in nature.
 - b. The lakeshore commercial overlay district in this area is because of Bayview Resort.

E. Other Factor(s):

1. Had these properties remained part of the Bayview Resort property (adjacent to the east), a conditional use permit would not be required for the rental units because of the prior approvals for Bayview Resort.

PLANNING COMMISSION CRITERIA FOR APPROVAL OF A CONDITIONAL USE PERMIT

- 1. Does the use conform to the land use plan?**
- 2. Is the use compatible with the existing neighborhood?**
- 3. Will the use impede the normal and orderly development and improvement of the surrounding area?**
- 4. Is the location and character of the proposed use considered consistent with a desirable pattern of development?**
- 5. What, if any, other factors should be taken into consideration on this case?**

RECOMMENDED CONDITIONS, IF APPROVED

In the event that the Planning Commission determines that the proposal meets the criteria for granting a conditional use permit to allow multiple rental units and RV sites as a Planned Development Use-Class II, the following standards shall apply:

1. Additional RV sites or cabins may be added but shall not exceed the commercial planned development density standards on the parcel.
2. St. Louis County On-Site Wastewater SSTS standards shall be followed.
3. Recreational vehicles shall have a current motor vehicle license.
4. The applicant shall comply with all local, county, state, and federal regulations.



Conditional Use Permit (CUP)

Permit #

APPLICATION St. Louis County, Minnesota

Permit #

About: This application is used to apply for a Land Use Permit. Applicants will need to attach the appropriate worksheet(s) in order to process. For more information, see our website at: www.stlouiscountymn.gov/land-use

PROPERTY IDENTIFICATION NUMBER (PIN) PIN is found on your Property Tax Statement

*Primary PIN	387 - 0080 - 00230	Associated PIN	387 - 0080 - 00270
Associated PIN	387 - 0080 - 00260	Associated PIN	

E.g. 123-1234-12345. Primary PIN: Parcel where Structure/SSTS are located. Associated PIN: Additional and/or adjacent property that you own or that is related to the project.
County Land Explorer: <https://gis.stlouiscountymn.gov/landexplorer/> Property Lookup: <http://apps.stlouiscountymn.gov/auditor/parcelInfo20051frame/>

APPLICANT

*Applicant Name	I am a... <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Homeowner <input type="checkbox"/> Other	*Daytime #	Date
Bayview Fireside LLC		218-277-9761	05-24-2021
*Applicant Address	*City	*State	*ZIP
2001A Bayview Dr Tower MN 55790	Tower	MN	55790
Applicant Email roy.peterson1@gmail.com			
Contact Person <small>If applicable.</small>	Contact Person #		
Mailing Address <small>If different than above.</small>		City	State
			ZIP
Email Address <small>Where to email permit. Providing an email address will expedite the time in which a permit is received by an applicant.</small>			

SITE INFORMATION

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Is there a site address for this property? (If no, the application will be forwarded to 911/Communications to assign one.)
If yes above, please list site address: 7199, 2001A, 2001B Bayview Dr	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*Is this leased property? If yes, leased from: <input type="checkbox"/> MN Power <input type="checkbox"/> MN DNR <input type="checkbox"/> US Forest Service <input type="checkbox"/> St Louis County <input type="checkbox"/> Other
<input type="checkbox"/> Yes <input type="checkbox"/> No	*Do you have written authorization from the leased property owner? If yes, you must attach written authorization form.
*How is the property accessed? <input type="checkbox"/> Public Road <input checked="" type="checkbox"/> Private Road <input type="checkbox"/> Easement <input type="checkbox"/> Water <input type="checkbox"/> Other	

PROJECT INFORMATION

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*Is this project on a parcel less than 2.5 acres?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Is this project within 300 feet of a stream/river or 1,000 feet of a lake?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*Is this project adding a bedroom? Include home, garage, & accessory dwelling.
# 11	*Total # of bedrooms on property after project completion. Include home, garage, & accessory dwelling.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*Does this project include plumbing or pressurized water in proposed structure? If yes, please explain:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*Is the property connected to a municipal or sanitary district system?

If you answered "Yes" to any of the project information questions above, it is required that you submit a copy of a septic permit to construct or certificate of compliance approval or municipal/sanitary district approval when applying for a land use permit.

AGREEMENT

By submitting this application, I certify and agree that I am the owner or the authorized agent of the owner of the above property, and that all uses will conform to the provisions of St. Louis County. I further certify and agree that I will comply with all conditions imposed in connection with the approval of the application. Applicants may be required to submit additional property descriptions, property surveys, site plans, building plans and other information before the application is accepted or approved. **Intentional or unintentional falsification of this application or any attachments thereto will make the application, any approval of the application and any resulting permit invalid.** I authorize St. Louis County staff to inspect the property to review the application and for compliance inspections. Furthermore, by submitting this application, I 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 arise from the approval of the application or any related plans, the issuance of any resulting permit or the subsequent location, construction, alteration, repair, extension, operation or maintenance of the subject matter of the application.

*Indicates required field. Incomplete applications will be returned.



Conditional Use Permit (CUP)

WORKSHEET St. Louis County, Minnesota

Conditional Use Permits are issued for all proposed projects where the project may create and/or have employee and customer traffic. A CUP needs additional controls or provisions to protect the public health and the neighborhood. They are also required for a variety of other uses.

For more information, please visit the St. Louis County website at www.stlouiscounty.org/development/conditional-use-permit

WHAT ARE YOU APPLYING FOR? check all that apply to the project

- ☐ New business
☐ Expansion of existing business
☒ Replace existing business
☐ Submittal to Non-Comprehensive Review (Group) Bill
Applicants must submit a completed bill of materials to the Planning Department. Please see the St. Louis County Non-Comprehensive Review Bill of Materials form.
☐ Other
If Other, please explain

ABOUT THE BUSINESS

TYPE OF BUSINESS

How is the property currently being used? *3 cabins, w/ residence in one and rent the other 2. There are 3 RV sites w/ friends campers on them*

What type of business/use is being applied for? (List all uses that will take place)
Planned Development w/ multiple Rentals and family use

HOURS OF OPERATION

(Proposed) Monday through Friday	Saturday	Sunday	Comments
Start: End:	Start: End:	Start: End:	<i>NA</i>

TRAFFIC, PARKING, AND/OR DOCKAGE

☐ Yes ☒ No Will the proposal generate an increase in traffic? (Boat, snowmobile, truck, bus, car, etc.)

If yes, estimated increase: ☐ 10 vehicles or less ☐ 11-25 vehicles ☐ Greater than 25 vehicles

☐ Yes ☒ No Does the proposal require parking? (Please include employees, visitors, and other parking)

If Yes, how many parking spaces are available on the property?

APPROVAL FROM LOCAL ROAD AUTHORITY REQUIRED

☐ Yes (Please attach approval letter)
☒ No

SIGNAGE AND LIGHTING

☐ Yes ☒ No Does your proposal include signage? (Include any off-site signs)

If Yes, please list number of signs, size, location, and illumination of each sign:

☐ Yes ☒ No Will there be lighting (including security lighting) that may be visible from roads, waterways, and adjacent properties?

If Yes, please explain:

TYPE OF PROPOSED STRUCTURES Check all that apply to the project.

☒ No New Structures

<input type="checkbox"/> New Structure(s)	Structure Type	Foundation Type (Basement, Slab, Pier, etc)	Maximum Length (Exterior Footprint Only)	Maximum Width (Exterior Footprint Only)	Maximum Sq. ft (Exterior footprint only)	Maximum Height (Ground Level to Roof Peak)
			Feet	Feet	Sq. ft.	Feet
			Feet	Feet	Sq. ft.	Feet
			Feet	Feet	Sq. ft.	Feet
			Feet	Feet	Sq. ft.	Feet
			Feet	Feet	Sq. ft.	Feet
			Feet	Feet	Sq. ft.	Feet
	Other					

<input type="checkbox"/> Structure Additions	Structure Type	Foundation Type (Basement, Slab, Pier, etc)	Maximum Length (Exterior Footprint Only)	Maximum Width (Exterior Footprint Only)	Maximum Sq. ft (Exterior footprint only)	Maximum Height (Ground Level to Roof Peak)
			Feet	Feet	Sq. ft.	Feet
			Feet	Feet	Sq. ft.	Feet
			Feet	Feet	Sq. ft.	Feet
			Feet	Feet		Feet
	Other					

OUTDOOR BUSINESS ACTIVITY Check all that apply to the project.

Will there be any outdoor work or storage areas such as: rock piles, assembly sites, tank storage, equipment parking, etc?

☐ Yes ☒ No

If Yes, please explain:

WASTEWATER TREATMENT

Will wastewater will be generated?

☒ Yes ☐ No

If Yes, what type of system will be used to handle wastewater treatment?

☒ Private Septic System

☐ Municipal

☐ Other, please explain:



Conditional Use Permit (CUP)

WORKSHEET St. Louis County, Minnesota

About: Land Use Permits are required for most building construction activities. They are also required for a variety of other uses. For more information, check out our website at: www.stlouiscountymn.gov/land-use

WHAT ARE YOU APPLYING FOR Check all that apply to the project. PLEASE MAKE CHECKS TO: ST. LOUIS COUNTY AUDITOR

#1 New Buildings Less than/equal to 1,200 square feet-\$160 Greater than 1,200 square feet-\$315

☐ Dwelling-Home, Mobile Home, Hunting Shack, or Cabin. (Includes attached deck, if applicable.)

☐ Replacement of Existing Dwelling-Home, Mobile Home, Hunting Shack, or Cabin. Will the old dwelling be removed from the property? ☐ Yes ☐ No

If an affidavit must be filed out stating when the old dwelling will be removed.

If this dwelling is a mobile home, there is a mobile home affidavit to be filled out.

☐ Accessory Dwelling-Guest cottage or bunkhouse. Must follow administrative standards.

☐ Accessory Structure- Garage, Pole Building, shed, sauna, screenhouse or gazebo that either meets lake or river setback or not located in a shoreline area.

☐ Water-oriented Accessory Structure-Boathouse, Sauna, Screenhouse/gazebo on a lake or river located at reduced shoreline setback. Must follow administrative standards.

☐ Commercial Structure

☐ Other Principal Structure

#2 Other Construction/Change in Use-\$80

☐ Addition(s) to Dwelling

Is the dwelling location on a lake or river? ☐ Yes ☐ No
If Yes above, does the structure meet the required shoreline setback? ☐ Yes ☐ No If No, structure does not meet the shoreline setback, a performance standard permit or variance may be required. See box #4 or #7.

☐ Addition(s) to Accessory Structure

☐ New Deck Only or Deck Replacement

☐ Combination Addition(s) & Deck on the same structure

☐ Moving a Structure

☐ Sign

☐ Structure Alteration or Component Replacement

☐ Change in Use (i.e. converting an old cabin to storage)

What will the new use of the structure be?

Explain the current and proposed use.

Current:

Proposed:

Other-\$55

☐ Permit extension beyond 2 years

#3 Subdivisions/Parcel Reviews

Additional Worksheets Required

☐ Plat-Minor Subdivision-\$630

☐ Conventional Plat-Less than or equal to 3 lots-\$630

☐ Conventional Plat-Greater than 3 Lots-\$1,260

☐ Conservation Plat-\$1,260

☐ Lot Line Adjustment-\$80

☐ Parcel Review-\$80

☐ Performance Standard Subdivision-\$370

#4 Performance Standard-\$370

Additional Worksheets Required

☐ Borrow/Gravel Pit

☐ Home Business

☐ Land Alteration

☐ Nonconforming Structure Replacement

☐ Addition to a structure that does not meet shoreline setback

☐ Other

#5 Site Evaluation

☐ Site Visit/Evaluation-\$160

#6 Wetland Reviews

Additional Worksheets Required

☐ No Loss/Exemption/Replacement Plan-\$150

☐ Wetland Delineation Review-\$370

☐ Wetland Banking Plan Review-\$1,100

#7 Public Hearings

Additional Worksheets Required

☐ Administrative Appeal-\$1,100

☐ Environmental Assessment-\$1,100

☐ Conditional Use Permit-\$630

☐ Conditional Use Permit Rehearing-\$200

☐ Interim Use Permit-\$630

☐ Interim Use Permit Rehearing-\$200

☐ General Purpose Borrow Pit-\$630

☐ Variance-\$630

☐ Variance Rehearing-\$200

☐ Multiple Hearing (Variance/conditional use)-\$950

TYPE OF PROPOSED STRUCTURES

Check all that apply to the project.

<input type="checkbox"/> New Structure(s)	*Structure Type (Same as box #1 or 2 above)	*Foundation Type (Basement, Slab, Pier, etc)	*Maximum Length (Exterior Footprint Only)	*Maximum Width (Exterior Footprint Only)	*Maximum Sq. ft (Exterior footprint only)	*Maximum Height (Ground Level to Roof Peak)
			Feet	Feet	Sq. ft.	Feet
<input type="checkbox"/> Structure Additions			Feet	Feet	Sq. ft.	Feet
			Feet	Feet	Sq. ft.	Feet
			Feet	Feet	Sq. ft.	Feet

*Indicates required field. Incomplete applications will be returned.

CONTACT: Planning and Community Development Department

Technical Assistance
Toll Free: 1-800-450-9777
Land Use Information
www.stlouiscountymn.gov/land-use

Duluth
Government Services Center
320 West 2nd Street, Suite 301
Duluth, MN 55802
(218) 725-5000

Virginia
Government Services Center
201 South 3rd Avenue West
Virginia, MN 55792
(218) 749-7103

Office Use Only

Receipt # _____

Receipt Date _____

Payment Amount _____

Paid By _____

Particular for
Office

single station across Highway 17

PERMITTING MANAGEMENT

Will there be more than one area of proposed activity?

Can you have an MPA & MPE's permit? (also attach permit)

CONTACT: Planning and Community Development Department

Signatures of Submitter

Signature of Submitter

Signature of Submitter

www.stlouiscounty.gov/submit

Duluth

Government Services Center
320 West 2nd Street, Suite 301
Duluth, MN 55802
(218) 725-5000

Virginia

Government Services Center
201 South 3rd Avenue West
Virginia, MN 55792
(218) 749-7103

Office Use Only

Receipt # _____

Receipt Date _____

Payment Amount _____

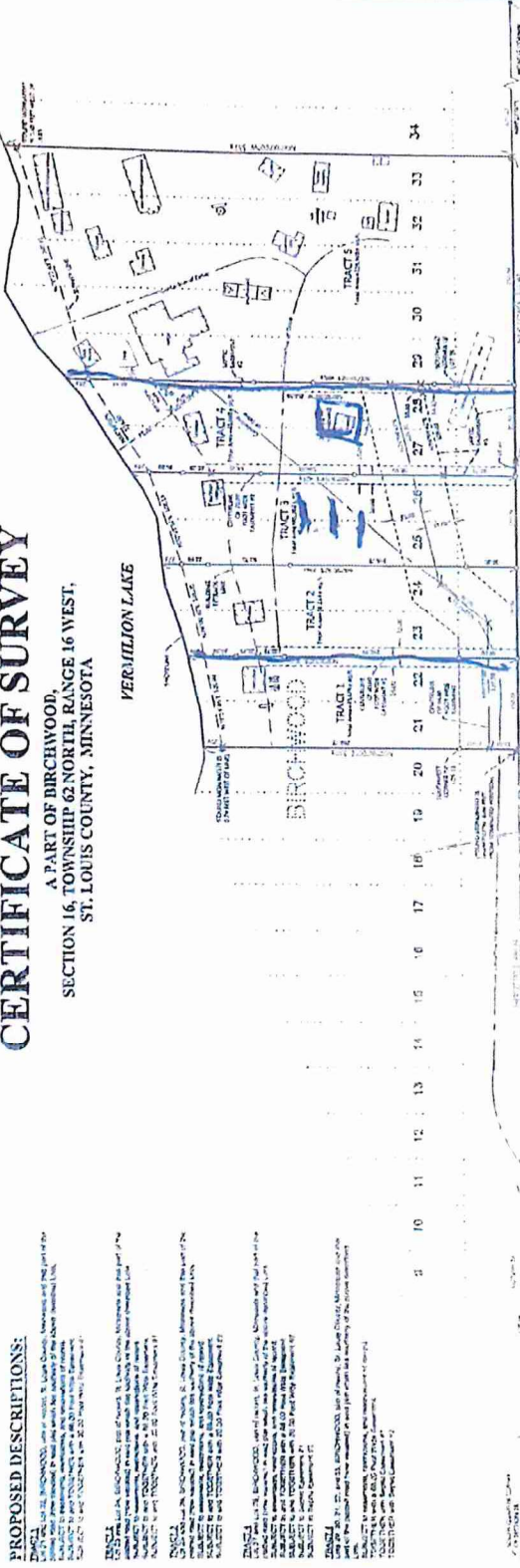
Paid By _____

Copyright © 2004 by John Wiley & Sons, Inc.

CERTIFICATE OF SURVEY

A PART OF BIRCHWOOD,
SECTION 16, TOWNSHIP 62 NORTH, RANGE 16 WEST,
ST. LOUIS COUNTY, MINNESOTA

VERMILION LAKE



PROPOSED DESCRIPTIONS:

- TRACT 1:** That portion of the NW 1/4 of Sec. 10, T. 62 N., R. 16 W., S. 10 E., containing 1.25 acres, more or less, as shown on the attached plat.
- TRACT 2:** That portion of the SE 1/4 of Sec. 11, T. 62 N., R. 16 W., S. 10 E., containing 1.25 acres, more or less, as shown on the attached plat.
- TRACT 3:** That portion of the SW 1/4 of Sec. 12, T. 62 N., R. 16 W., S. 10 E., containing 1.25 acres, more or less, as shown on the attached plat.
- TRACT 4:** That portion of the NE 1/4 of Sec. 13, T. 62 N., R. 16 W., S. 10 E., containing 1.25 acres, more or less, as shown on the attached plat.
- TRACT 5:** That portion of the SE 1/4 of Sec. 14, T. 62 N., R. 16 W., S. 10 E., containing 1.25 acres, more or less, as shown on the attached plat.



D & Company, Inc.
Surveyors
North Branch, Minn. 55056
SAB 1 St. Croix Trail, Suite 200

PROPOSED EASEMENT DESCRIPTIONS:

- EASEMENT 1:** A right of way easement for a 20-foot wide strip of land, more or less, running north and south through the center of Tract 1, to the center line of Vermilion Lake.
- EASEMENT 2:** A right of way easement for a 20-foot wide strip of land, more or less, running east and west through the center of Tract 2, to the center line of Vermilion Lake.
- EASEMENT 3:** A right of way easement for a 20-foot wide strip of land, more or less, running north and south through the center of Tract 3, to the center line of Vermilion Lake.
- EASEMENT 4:** A right of way easement for a 20-foot wide strip of land, more or less, running east and west through the center of Tract 4, to the center line of Vermilion Lake.
- EASEMENT 5:** A right of way easement for a 20-foot wide strip of land, more or less, running north and south through the center of Tract 5, to the center line of Vermilion Lake.

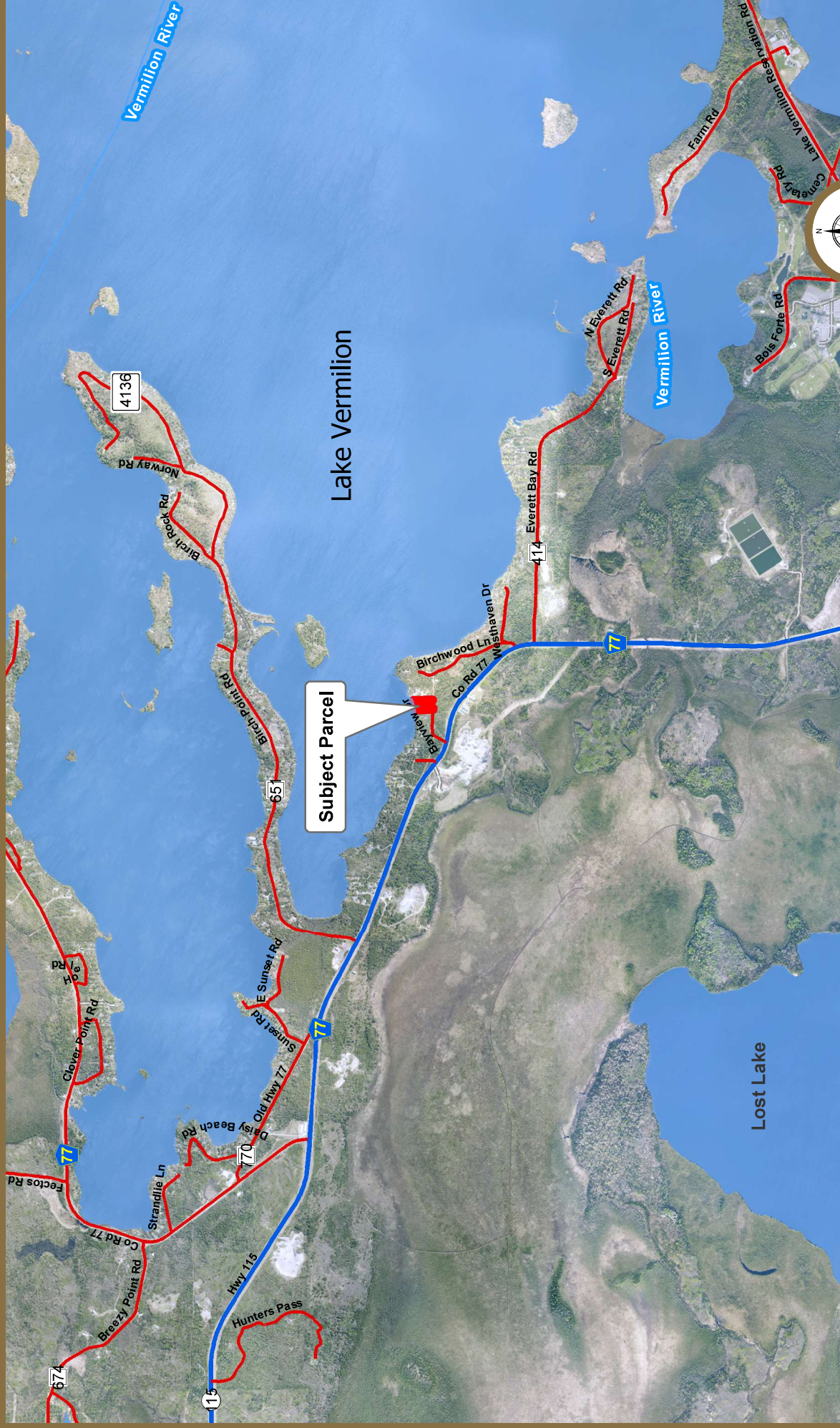
LEGEND

- 1. Surveyed boundary lines.
- 2. Unsurveyed boundary lines.
- 3. Easement lines.
- 4. Right of way lines.
- 5. Vermilion Lake.
- 6. Birchwood.
- 7. Section lines.
- 8. Township and Range lines.
- 9. North arrow.
- 10. Scale bar.



St. Louis County

June PC Meeting



Prepared By: **Planning & Community Development**
(216) 728-5000
www.stlouiscountymn.gov

Source: **St. Louis County**

Map Created: **5/14/2021**

Disclaimer: This is a compilation of records as they appear in the St. Louis County Offices affecting the area shown. This drawing is to be used only for reference purposes and the County is not responsible for any inaccuracies herein contained.

© Copyright St. Louis County All Rights Reserved

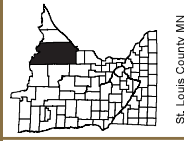
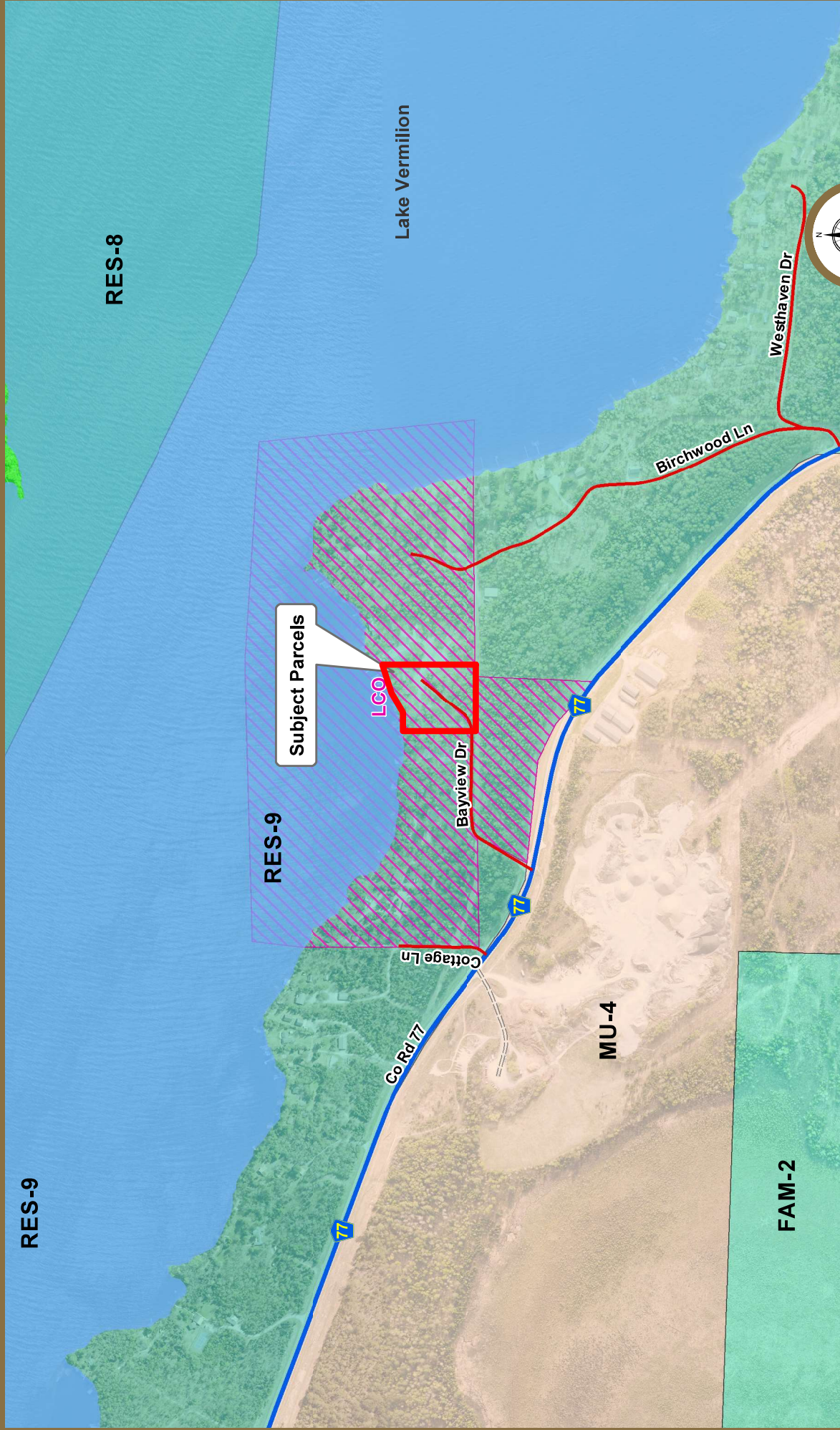
Bayview Fireside LLC
Location Map
PIN:387-0080-00230 Through 387-0080-00280

1
0.5
0
Miles



St. Louis County

June PC Meeting



Bayview Fireside LLC

Zoning Map

PIN:387-0080-00230 Through 387-0080-00280



Prepared By: Planning & Community Development
(216) 728-5000
www.stlouiscountymn.gov

Source: St. Louis County

Map Created: 5/24/2021

Disclaimer: This is a compilation of records as they appear in the St. Louis County Offices affecting the area shown. This drawing is to be used only for reference purposes and the County is not responsible for any inaccuracies herein contained.

© Copyright St. Louis County All Rights Reserved



**Individual Sewage Treatment System
Certificate of Compliance
Authorization to Use System**

Site: DF & COMPANY INC
2063 BAYVIEW DR
Address: TOWER MN 55790

DF & COMPANY INC
5481 ST CROIX TRAIL
SUITE 200
NORTH BRANCH MN 55056

Permit Number: 29545

Date of Permit: 05/10/2017

Date of Inspection: 06/06/2017

Parcel Code: 387-80-230

Township: GREENWOOD (6216)

Designer:
Josh Antus Construction Co Inc

Installer:
Josh Antus Construction Co Inc

Legal Description:

INC VAC RD ADJ

The system was sized for a Single Family Dwelling with 4 Bedrooms.

The permit was granted for:

A New Standard System

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

System consists of 60 Feet of 10 Foot wide Seepagebed with a total of 12 Inches of Rock

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: Donna J O'Connor /ks
DONNA J O'CONNOR 218-749-0630
Environmental Specialist Senior

St. Louis County Environmental Services
Northland Office Center - Suite 115
307 First Street South
Virginia, MN 55792

**Individual Sewage Treatment System
Permit to Construct**

Site: & COMPANY INC DF
Address: 2063 BAYVIEW DR
TOWER MN 55790

DF & COMPANY INC
5481 ST CROIX TRAIL
SUITE 200
NORTH BRANCH MN 55056

Permit Number: 29545
Date of Permit: 05/10/2017
Permit expires on: 05/10/2019
Parcel Code: 387 - 0080 - 00230
Township: GREENWOOD (6216)
Designer: Josh Antus Construction Co
Inc

Legal Description:
INC VAC RD ADJ

Sewage Treatment System plans for the following system meet the minimum standards of St. Louis County Ordinance No: 61. All sewage treatment system construction must be done in accordance with St. Louis County Ordinance No: 61.

The system was sized for a Single Family Dwelling with 4 Bedrooms.

The permit was granted for:

A New Standard System

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

System consists of 60 Feet of 10 Foot wide Seepagebed with a total of 12 Inches of Rock

Comments: MAXIMIZE LENGTH OF BED BUT MAINTAIN 10' TO LOT LINES

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 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 48 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: Donna J O'Connor
DONNA J O'CONNOR 218-749-0630
Environmental Specialist Senior

St. Louis County Environmental Services
Northland Office Center - Suite 115
307 First Street South
Virginia, MN 55792



SSTS Construction Permit Application

Subsurface Sewage Treatment System

St. Louis County, MN

Find your Parcel ID #(s) on your Property Tax Statement in the upper right corner (Property ID). Or at www.stlouiscountymn.gov and click on County Land Explorer										
Parcel ID #(s): 387 - 0080 - 00230				#: 387 - 0080 - 00240		#: - -				
Parcel ID #(s): - -				#: - -		#: - -				
<input type="checkbox"/> Check here to request a 911 address number and sign for this site. See www.stlouiscountymn.gov/landproperty for addressing information.										
Applicant Name (property owner) DF & Company					Applicant Name (if other than owner) Josh Antus					
Site Address 2063 1. Bayview Dr					City tower		MN MN		Zip 55790	
Acreage: .8		Lot Size: 100x350			Township Name: Greenwood			Sec 16	Twn 62	Rge 16
Legal Description or Plat Name/Block #/Lot #: Birchwood NW 1/4 of NW 1/4 Lots 23 & 24										
CONTACT INFORMATION:										
Send the Permit by: <input checked="" type="checkbox"/> Mail; or by <input checked="" type="checkbox"/> Email address: dolson@dfandcompany.com								Other:		
Name (if different than above): Denise Olson					Primary Phone: 651-242-5813			Secondary Phone:		
Mailing Address (if different than above) 5481 St.Croix Trail, Suite 200,					City North Branch		ST MN	Zip 55056		
PERMIT APPLICATION IS FOR:										
<input checked="" type="checkbox"/> New SSTS <input type="checkbox"/> Replacing the Existing SSTS. Why: <input type="checkbox"/> Point of Sale Requirement										
<input type="checkbox"/> Holding Tank <input type="checkbox"/> Component Addition or Replacement <input type="checkbox"/> Greywater <u>without</u> Pressure <input type="checkbox"/> Greywater <u>with</u> Pressure										
<input type="checkbox"/> Privy (Outhouse) <input type="checkbox"/> Privy & Greywater <u>without</u> Pressure <input type="checkbox"/> SSTS Variance <input type="checkbox"/> Commercial SSTS										
SITE INFORMATION: (Check all that apply)										
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has this parcel been divided recently? Or in the process of being divided? When:										
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this project within 300 ft of a stream/river or 1,000 ft of a lake? Lake/River/Stream Name: Vermilion										
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the property connected to a CIC (Common Interest Community)? If yes, include the Associated PIN on this Application.										
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this serving multiple dwellings sharing a SSTS component? If yes, explain:										
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this leased property? If yes, you must obtain & attach the Lessor's written authorization for this project.										
Leased From: <input type="checkbox"/> MN Power <input type="checkbox"/> SLC Land & Minerals Dept. <input type="checkbox"/> MN DNR <input type="checkbox"/> US Forest Service <input type="checkbox"/> Other										
COMPLETE PAGE 2 NEXT: (Be sure to sign and date, then submit this form with the permit fee and design paperwork).										

Office Use Only

Fees are payable to St. Louis County Auditor

Permit #

29545

Amt Paid **520.**

Paid by

Josh Antus Const.

Date RIO

MAY 05 2017

Rev Code

Cash

Check #: **5705**

Recd By **1/3**

☒ Mail

☐ IP



SSTS Construction Permit Application

Subsurface Sewage Treatment System

St. Louis County, MN

Page 2

SSTS DESIGNER: (Permits for privies or graywater systems do not require the services of a licensed designer).

Licensed Business or Certified Individual Name: Josh Antus Construction Lic. # 2705 Cert. #

Designer's comments to Environmental Health Staff regarding this permit application:

Water Source ☒ Proposed Well ☐ Existing Well ☐ Hand Carried ☐ Surface/Lake Water ☐ Municipal

Well Type ☐ Sandpoint ☒ Drilled ☐ Dug Well Depth Ft: Cased Depth Ft: Unique Well #:

The number of people who will be using this system: 2-4 *no per Jos M*

Building Type and Water Uses Check all that apply	# of Bdrms	Seasonal Use Only	PLBG	Bsmt PLBG	Garb Disp	Clothes Wshr	Dish Wshr	Water Condr	Furnac e w/Hum	Bathtub > 40 gal	GSP
<input checked="" type="checkbox"/> Single Family	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Multi-Family		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cabin or RV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Garage with <input type="checkbox"/> Bedroom <input type="checkbox"/> Sink <input type="checkbox"/> Shower <input type="checkbox"/> Toilet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guest House		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bunk House		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sauna		<input type="checkbox"/>	<input type="checkbox"/>								

Bdrms = bedrooms PLBG = plumbing Bsmt PLBG = basement plumbing Garb Disp = garbage disposal Wshr = washing machine
Condr = water conditioner Furn w/Hum = self-cleaning humidifier in furnace GSP = sewage grinder pump OWD=onsite wastewater division

Other information to be considered for this application:

APPLICANT SIGNATURE: *Josh Antus* **FEE:** 520⁰⁰ **DATE:** 5-2-17

APPLICANT AGREEMENT: By submitting this application, I certify and agree that I am the owner or the authorized agent of the owner of the above property, and that all uses will conform to the provisions of St. Louis County. I further certify and agree that I will comply with all conditions imposed in connection with the approval of the application. Applicants may be required to submit additional property descriptions, property surveys, site plans, building plans and other information before the application is accepted or approved. **Intentional or unintentional falsification of this application or any attachments thereto will make the application, any approval of the application and any resulting permit invalid.** I authorize St. Louis County staff to inspect the property to review the application and for compliance inspections. Furthermore, by submitting this application, I 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 arise from the approval of the application or any related plans, the issuance of any resulting permit or the subsequent location, construction, alteration, repair, extension, operation or maintenance of the subject matter of the application.

Duluth Office:
Environmental Services OWD
Government Services Center
320 W 2nd Street, Suite 301
Duluth, MN 55802

218-725-5200
Onsite Wastewater Dept. Toll Free 1-800-450-9278
www.stlouiscountymn.gov/septic

Virginia Office:
Environmental Services OWD
Northland Office Center
307 First Street S, Suite 115
Virginia, MN 55792

218-749-0625



Saint Louis County

Environmental Services Department - Onsite Wastewater Division 1-800-450-9278

Duluth: 320 W 2nd St., Suite 301, Duluth, MN 55802 (218) 725-5200

Virginia: 307 First St. So., Suite 115, Virginia, MN 55792 (218) 749-0625

PHASE I SOILS WORKSHEET

Sheet 1 of 1

Applicant Name: DF and Company Parcel ID: 387-0080-00230-00290

Address of property: 2063 Bay View Dr Tower

Evaluator: Josh Antus Const Date: 5-2-17 Time: 10 AM

Excavation type: Pit Excavation number and location: See map

Site conditions: Sunny

Vegetation: Birch, Balsam

Landscape position: Side slope Slope: 6%

Depth Inches	Texture	Structure Unstructured Structured Platy	Consistence Loose Friable Firm	Color Munsell	Confining Layer Y/N	Mottles Y/N	Roots Y/N	Comments
<u>Pit #1</u>								
<u>0-2</u>	<u>top soil</u>	<u>struct.</u>	<u>Fr.</u>	<u>10YR 3/1</u>	<u>N</u>	<u>N</u>	<u>Y</u>	
<u>2-9</u>	<u>Loamy SAND</u>	<u>Unstruct</u>	<u>Fr.</u>	<u>3/2</u>	<u>N</u>	<u>N</u>	<u>Y</u>	
<u>9-48</u>	<u>Coarse SAND</u>	<u>Unstruct.</u>	<u>Loose</u>	<u>3/4</u>	<u>N</u>	<u>N</u>	<u>Y</u>	
<u>Pit #2</u>								
<u>0-2</u>	<u>top</u>	<u>struct</u>	<u>Fr.</u>	<u>10YR 3/1</u>	<u>N</u>	<u>N</u>	<u>Y</u>	
<u>2-10</u>	<u>Loamy SAND</u>	<u>Unstruct</u>	<u>Fr.</u>	<u>3/2</u>	<u>N</u>	<u>N</u>	<u>Y</u>	
<u>10-48</u>	<u>Coarse SAND</u>	<u>Unstruct</u>	<u>Loose</u>	<u>3/4</u>	<u>N</u>	<u>N</u>	<u>Y</u>	

Seasonal High Water Conditions: +48" Inches from surface

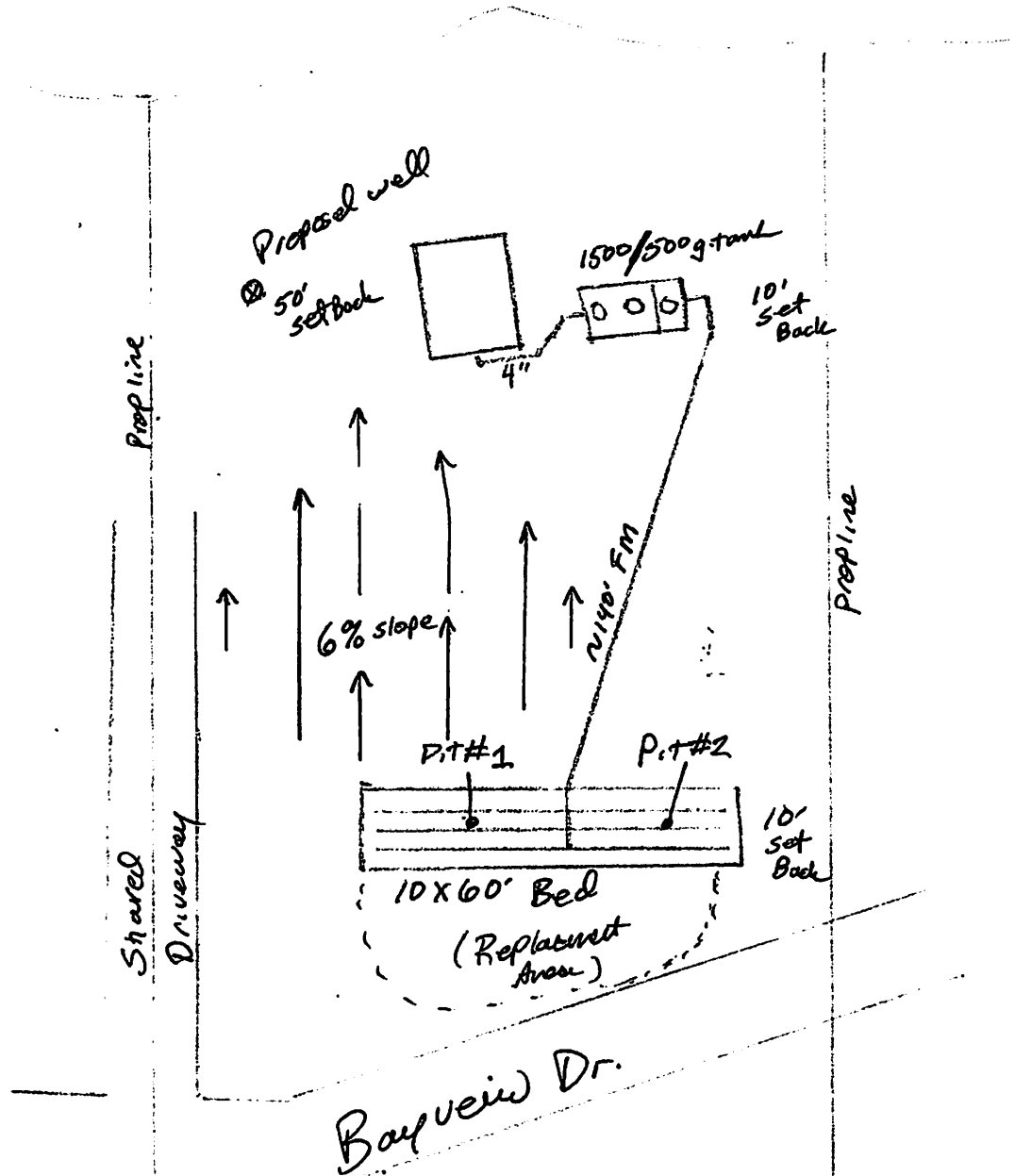
Soil Wastewater Loading Rate: 1 Gallons per square foot per day

Hydraulic Linear Loading Rate: 10 Gallons per linear foot

Site map for Septic Design
Lots 23 & 24, Tract 2
Bayview Drive, Tower

5-217
D.F. & Company
4 Bedroom Septic

Lake Vermilion



Designer:
Josh Antus Construction
L.# 2705

OSTP Design Summary Worksheet



Property Owner/Client: DF & Company

Project ID: v 04.06.2017

Site Address: Lot 23 & 24 Bayview Dr Tower

Date: 5/2/17

Email Address:

Phone Number:

1. DESIGN FLOW, STRENGTH OF WASTE, AND TANKS

A. Residential Design Flow: 600 Gallons Per Day (GPD) Number of Bedrooms (Residential): 4

Type of Wastewater: Residential Treatment Level: C Select Treatment Level C for residential septic tank effluent

Other Est. flow (select method and provide data): ☐ Measured Flow: GPD ☐ Estimated Flow: GPD

Waste strength (attach data/estimate basis for Other Est.): BOD: mg/L TSS: mg/L Oil&Grease: mg/L

B. Septic Tank Sizing

1. Residential dwellings

Min Code Required Septic Tank Capacity: 1500 Gallons, in 1 Tanks or Compartments

Recommended Septic Tank Capacity: 1500 Gallons, in 1 Tanks or Compartments

2. Other Establishments

Waste received by:

Min Code Required Septic Tank Capacity: GPD X = Gallons, in Tanks or Compartments

Designer Recommended Septic Tank Capacity: Gallons, in Tanks or Compartments

3. Effluent Screen & Alarm (Y/N):

Yes

Manufacturer/Model:

C. Holding Tanks Only: Minimum Capacity: Residential = 400 gal/bedroom, Other Establishment = Design Flow x 5.0, Minimum size 1000 gallons

Minimum Code Required Capacity: Gallons, in Tanks Type of High Level Alarm:

Designer Recommended Capacity: Gallons, in Tanks

D. Pump Tank 1 Capacity (Code Minimum): 500 Gallons Pump Tank 2 Capacity (Code Minimum): Gallons

Pump Tank 1 Capacity (Designer Rec): #REF! Gallons Pump Tank 2 Capacity (Designer Rec): Gallons

Pump 1 45.0 GPM Total Head 23.8 ft Pump 2 GPM Total Head ft

Supply Pipe Dia. 2.00 in Dose Volume: 150.0 gal Supply Pipe Dia. in Dose Volume: gal

2. SYSTEM AND DISTRIBUTION TYPE

Soil Treatment Area Type: Bed

Distribution Type: Pressure Distribution-Level

Benchmark Reference Elevation: ft

Benchmark Location:

MPCA System Type: Type I

Type of Distribution Media: Rock

Type III/IV Details:

3. SITE EVALUATION SUMMARY:

A. Depth to Limiting Layer: 48 in 4.0 ft

G. Soil Texture: Loamy Sand

B. Elevation of Limiting Layer:

H. Soil Hyd. Loading Rate: 10.00 GPD/ft²

C. Loc. of Restrictive Elevation:

I. Perc Rate: MPI

D. Minimum Required Separation: 36 in 3.0 ft

J. Soil with >35% Rock Fragments Present? No

E. Code Maximum Depth of System: 12 in

If yes describe below: % rock and layer thickness, amount of soil credit and any additional information for addressing the rock fragments in this design.

F. Measured Land Slope: 6.0 %

Comments:



4. SOIL TREATMENT AREA DESIGN SUMMARY

Trench Design Summary

Dispersal Area ft² Sidewall Depth in Trench Width ft
 Total Lineal Feet ft Number of Trenches Code Maximum Trench Depth in
 Contour Loading Rate ft Min Trench Length ft Designer's Max Trench Depth in

Bed Design Summary

Absorption Area 600 ft² Depth of sidewall 12.0 in Code Maximum Bed Depth 12.0 in
 Bed Width 10 ft Bed Length 60.0 ft Designer's Max Bed Depth 16.0 in

Mound Design Summary

Absorption Bed Area ft² Bed Length ft Bed Width ft
 Absorption Width ft Clean Sand Lift ft Berm Width (0-1%) ft
 Upslope Berm Width ft Downslope Berm Width ft Endslope Berm Width ft
 Total System Length ft Total System Width ft Contour Loading Rate gal/ft

At-Grade Design Summary

Absorption Bed Width ft Absorption Bed Length ft System Finished Height ft
 Contour Loading Rate gal/ft Upslope Berm Width ft Downslope Berm Width ft
 Endslope Berm Width ft System Length ft System Width ft

Level & Equal Pressure Distribution Summary

No. of Perforated Laterals 3 Perforation Spacing 3 ft Perforation Diameter 1/4 in
 Lateral Diameter 2.00 in Min. Delivered Volume 118 gal Maximum Delivered Volume 150 gal

Non-Level and Unequal Pressure Distribution Summary

	Elevation (ft)	Pipe Size (in)	Pipe Volume (gal/ft)	Pipe Length (ft)	Perforation Size (in)	Spacing (ft)	Spacing (in)
Lateral 1							
Lateral 2							
Lateral 3							
Lateral 4							
Lateral 5							
Lateral 6							

Minimum Delivered Volume

gal

Maximum Delivered Volume

gal

5. Additional Info for At-Risk, HSW or Type IV Design

A. Calculate the organic loading

1. Organic Loading to Pretreatment Unit = Design Flow X Estimated BOD in mg/L in the effluent X 8.35 ÷ 1,000,000

gpd X mg/L X 8.35 ÷ 1,000,000 = lbs. BOD/day

2. Type of Pretreatment Unit Being Installed:

3. Calculate Soil Treatment System Organic Loading: BOD concentration after pretreatment ÷ Bottom Area = lbs./day/ft²

mg/L X 8.35 ÷ 1,000,000 ÷ ft² = lbs./day/ft²

Comments/Special Design Considerations:

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

Josh Antus Const.
(Designer)

Josh Antus
(Signature)

2705
(License #)

5-2-17
(Date)

OSTP Bed Design Worksheet



1. SYSTEM SIZING:	Project ID:	v 04.06.2017
<p>A. Design Flow (Design Sum.1A): <input style="width: 80px;" type="text" value="600"/> GPD</p> <p>B. Code Maximum Depth*: <input style="width: 80px;" type="text" value="24"/> inches Designers Maximum Depth: <input style="width: 80px;" type="text" value="16"/> inches</p> <p>C. Soil Loading Rate: <input style="width: 80px;" type="text" value="1.00"/> GPD/ft²</p> <p>D. Required Bottom Area: Design Flow (1.A) ÷ Loading Rate (1.C) = Initial Required Bottom Area <input style="width: 80px;" type="text" value="600"/> GPD ÷ <input style="width: 80px;" type="text" value="1.00"/> GPD/ft² = <input style="width: 80px;" type="text" value="600"/> ft²</p> <p>E. Select Distribution Method: <input checked="" type="checkbox"/> Pressure <input type="checkbox"/> Gravity <input style="width: 300px;" type="text"/></p> <p>F. Select Dispersal Type: <input checked="" type="checkbox"/> Rock <input type="checkbox"/> Registered <input style="width: 300px;" type="text"/></p> <p>G. If distribution media is installed in contact with sand or loamy sand or with a percolation rate of 0.1 to 5 mpi indicate distribution or treatment method: <input style="width: 300px;" type="text"/></p>		
2. BED CONFIGURATION: (for sites with less than 6% slope)		
<p>A. Select size Multiplier: <input style="width: 80px;" type="text" value="1.0"/> 1.0 = pressurized or 1.5 = gravity</p> <p>B. Req'd Bottom Area = Bottom Area (1.D) X Size Multiplier = <input style="width: 80px;" type="text" value="600.0"/> ft² X <input style="width: 80px;" type="text" value="1.0"/> ft = <input style="width: 80px;" type="text" value="600"/> ft²</p> <p>C. Designed Bottom Area: <input style="width: 80px;" type="text" value="600"/> ft <i>Optional upsizing of bed area</i></p> <p>D. Select Bed Width: <input style="width: 80px;" type="text" value="10"/> ft</p> <p>E. Calculate Bed Length: Designed Bottom Area ÷ Bed Width = Bed Length <input style="width: 80px;" type="text" value="600"/> ft² ÷ <input style="width: 80px;" type="text" value="10.0"/> ft = <input style="width: 80px;" type="text" value="60.0"/> ft</p>		
3. MATERIAL CALCULATION: ROCK		
<p>A. If drainfield rock is being used, select sidewall height <input style="width: 80px;" type="text" value="12"/> in <input style="width: 80px;" type="text" value="1.00"/> ft</p> <p>B. Media Volume: (Media Depth + depth to cover pipe) X Designed Bottom Area = ft³ (<input style="width: 80px;" type="text" value="1.00"/> ft + <input style="width: 80px;" type="text" value="1.00"/> ft) X <input style="width: 80px;" type="text" value="600.0"/> ft² = <input style="width: 80px;" type="text" value="600"/> ft³</p> <p>C. Calculate Volume in cubic yards: Media volume in cubic feet ÷ 27 = cubic yards <input style="width: 80px;" type="text" value="600"/> ft³ ÷ 27 = <input style="width: 80px;" type="text" value="22"/> yd³</p>		
4. MATERIAL CALCULATION: REGISTERED PRODUCTS - CHAMBERS AND EZFLOW		
<p>A. Registered Product: <input style="width: 250px;" type="text"/></p> <p>B. Component Length: <input style="width: 80px;" type="text"/> ft</p> <p>C. Component Width: <input style="width: 80px;" type="text"/> ft</p> <p>D. Component depth (louver or depth of sidewall loading) <input style="width: 80px;" type="text"/> in</p> <p>E. Number of Components per Row = Bed Length divided by Component Length (Round up) <input style="width: 80px;" type="text"/> ft ÷ <input style="width: 80px;" type="text"/> ft = <input style="width: 80px;" type="text"/> components</p> <p>F. Actual Bed Length = Number of Components X Component Length: <input style="width: 80px;" type="text"/> components X <input style="width: 80px;" type="text"/> ft = <input style="width: 80px;" type="text"/> ft</p> <p>G. Number of Rows = Bed Width divided by Component Width <input style="width: 80px;" type="text"/> ft ÷ <input style="width: 80px;" type="text"/> ft = <input style="width: 80px;" type="text"/> rows <i>Adjust width so this is an whole number.</i></p> <p>H. Total Number of Components = Number of Components per Row X Number of Rows <input style="width: 80px;" type="text"/> X <input style="width: 80px;" type="text"/> = <input style="width: 80px;" type="text"/> components</p>		



OSTP Pressure Distribution Design Worksheet



Project ID:

v 04.06.2017

1. Media Bed Width: ft
2. Minimum Number of Laterals in system/zone = Rounded up number of $[(\text{Media Bed Width} - 4) \div 3] + 1$.

$$[(\text{10} - 4) \div 3] + 1 = \text{3} \text{ laterals} \quad \text{Does not apply to at-grades}$$

3. Designer Selected Number of Laterals: laterals
- Cannot be less than line 2 (accept in at-grades)
4. Select Perforation Spacing: ft

5. Select Perforation Diameter Size: in

6. Length of Laterals = Media Bed Length - 2 Feet.

$$\text{60} - 2\text{ft} = \text{58} \text{ ft} \quad \text{Perforation can not be closer then 1 foot from edge.}$$

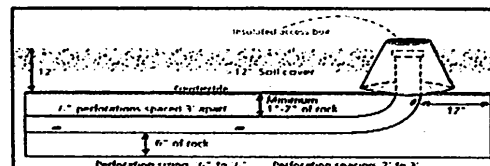
7. Determine the Number of Perforation Spaces. Divide the Length of Laterals by the Perforation Spacing and round down to the nearest whole number.

$$\text{Number of Perforation Spaces} = \text{58} \text{ ft} \div \text{3} \text{ ft} = \text{19} \text{ Spaces}$$

Number of Perforations per Lateral is equal to 1.0 plus the Number of Perforation Spaces. Check table

8. below to verify the number of perforations per lateral guarantees less than a 10% discharge variation. The value is double with a center manifold.

$$\text{Perforations Per Lateral} = \text{19} \text{ Spaces} + 1 = \text{20} \text{ Perfs. Per Lateral}$$



Maximum Number of Perforations Per Lateral to Guarantee <10% Discharge Variation											
1/4 Inch Perforations						7/32 Inch Perforations					
Perforation Spacing (Feet)	Pipe Diameter (Inches)					Perforation Spacing (Feet)	Pipe Diameter (Inches)				
	1	1¼	1½	2	3		1	1¼	1½	2	3
2	10	13	18	30	60	2	11	16	21	34	68
2½	8	12	16	28	54	2½	10	14	20	32	64
3	8	12	16	25	52	3	9	14	19	30	60
3/16 Inch Perforations						1/8 Inch Perforations					
Perforation Spacing (Feet)	Pipe Diameter (Inches)					Perforation Spacing (Feet)	Pipe Diameter (Inches)				
	1	1¼	1½	2	3		1	1¼	1½	2	3
2	12	18	26	46	87	2	21	33	44	74	149
2½	12	17	24	40	80	2½	20	30	41	69	135
3	12	16	22	37	75	3	20	29	38	64	128

9. Total Number of Perforations equals the Number of Perforations per Lateral multiplied by the Number of Perforated Laterals.

$$\text{20} \text{ Perf. Per Lat.} \times \text{3} \text{ Number of Perf. Lat.} = \text{60} \text{ Total Number of Perf.}$$

10. Select Type of Manifold Connection (End or Center):

11. Select Lateral Diameter (See Table): in

OSTP Pressure Distribution Design Worksheet



12. Calculate the *Square Feet per Perforation*. Recommended value is 4-11 ft² per perforation.

Does not apply to At-Grades

a. *Bed Area* = Bed Width (ft) X Bed Length (ft)

$$\boxed{10} \text{ ft} \times \boxed{60} \text{ ft} = \boxed{600} \text{ ft}^2$$

b. *Square Foot per Perforation* = *Bed Area* divided by the *Total Number of Perforations*.

$$\boxed{600} \text{ ft}^2 \div \boxed{60} \text{ perforations} = \boxed{10.0} \text{ ft}^2/\text{perforations}$$

13. Select *Minimum Average Head*: $\boxed{1.0}$ ft

14. Select *Perforation Discharge* (GPM) based on Table: $\boxed{0.74}$ GPM per Perforation

15. Determine required *Flow Rate* by multiplying the *Total Number of Perfs.* by the *Perforation Discharge*.

$$\boxed{60} \text{ Perfs} \times \boxed{0.74} \text{ GPM per Perforation} = \boxed{45} \text{ GPM}$$

16. *Volume of Liquid Per Foot of Distribution Piping* (Table II): $\boxed{0.170}$ Gallons/ft

17. *Volume of Distribution Piping* =

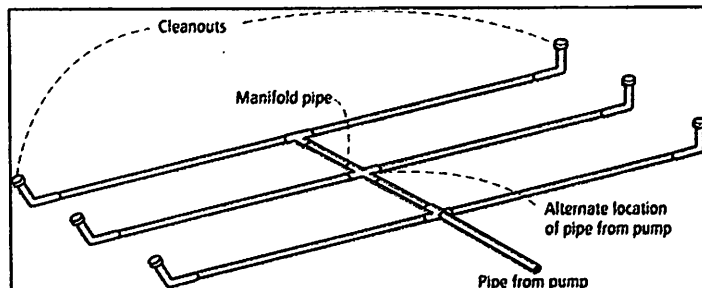
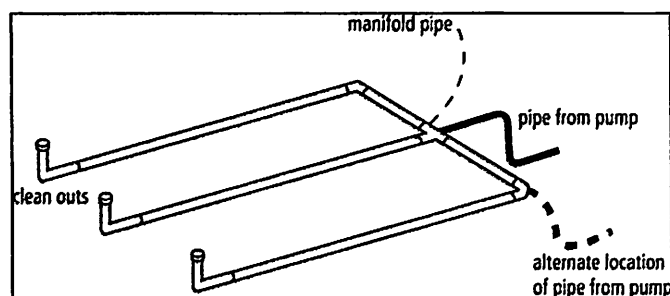
= [Number of Perforated Laterals X Length of Laterals X (Volume of Liquid Per Foot of Distribution Piping)]

$$\boxed{3} \times \boxed{58} \text{ ft} \times \boxed{0.170} \text{ gal/ft} = \boxed{29.6} \text{ Gallons}$$

Table II Volume of Liquid in Pipe	
Pipe Diameter (inches)	Liquid Per Foot (Gallons)
1	0.045
1.25	0.078
1.5	0.110
2	0.170
3	0.380
4	0.661

18. Minimum Delivered Volume = Volume of Distribution Piping X 4

$$\boxed{29.6} \text{ gals} \times 4 = \boxed{118.3} \text{ Gallons}$$



Comments/Special Design Considerations:

OSTP Basic Pump Selection Design Worksheet



1. PUMP CAPACITY

Project ID:

v 04.06.2017

Pumping to Gravity or Pressure Distribution:

Pressure

1. If pumping to gravity enter the gallon per minute of the pump: GPM (10 - 45 gpm)

2. If pumping to a pressurized distribution system: 45.0 GPM

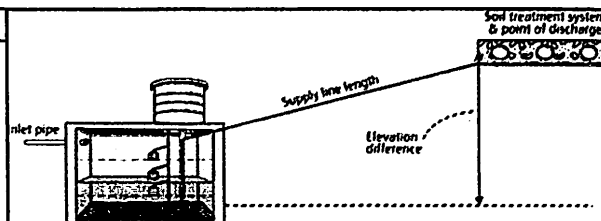
3. Enter pump description: zoller 152

2. HEAD REQUIREMENTS

A. Elevation Difference 10 ft
between pump and point of discharge:

B. Distribution Head Loss: 5 ft

C. Additional Head Loss: ft (due to special equipment, etc.)



Distribution Head Loss	
Gravity Distribution = 0ft	
Pressure Distribution based on Minimum Average Head Value on Pressure Distribution Worksheet:	
Minimum Average Head	Distribution Head Loss
1ft	5ft
2ft	6ft
5ft	10ft

D. 1. Supply Pipe Diameter: 2.0 in

2. Supply Pipe Length: 140 ft

E. Friction Loss in Plastic Pipe per 100ft from Table I:

Friction Loss = 5.02 ft per 100ft of pipe

F. Determine *Equivalent Pipe Length* from pump discharge to soil dispersal area discharge point. Estimate by adding 25% to supply pipe length for fitting loss. *Supply Pipe Length (D.2) X 1.25 = Equivalent Pipe Length*

140 ft X 1.25 = 175.0 ft

G. Calculate *Supply Friction Loss* by multiplying *Friction Loss Per 100ft* (Line E) by the *Equivalent Pipe Length* (Line F) and divide by 100.

Supply Friction Loss =

5.02 ft per 100ft X 175.0 ft + 100 = 8.8 ft

H. *Total Head* requirement is the sum of the *Elevation Difference* (Line A), the *Distribution Head Loss* (Line B), *Additional Head Loss* (Line C), and the *Supply Friction Loss* (Line G)

10.0 ft + 5.0 ft + ft + 8.8 ft = 23.8 ft

3. PUMP SELECTION

A pump must be selected to deliver at least 45.0 GPM (Line 1 or Line 2) with at least 23.8 feet of total head.

Comments:

Table I. Friction Loss in Plastic Pipe per 100ft

Flow Rate (GPM)	Pipe Diameter (inches)			
	1	1.25	1.5	2
10	9.1	3.1	1.3	0.3
12	12.8	4.3	1.8	0.4
14	17.0	5.7	2.4	0.6
16	21.8	7.3	3.0	0.7
18		9.1	3.8	0.9
20		11.1	4.6	1.1
25		16.8	6.9	1.7
30		23.5	9.7	2.4
35			12.9	3.2
40			16.5	4.1
45			20.5	5.0
50				6.1
55				7.3
60				8.6
65				10.0
70				11.4
75				13.0
85				16.4
95				20.1

OSTP Pump Tank Design Worksheet (Demand Dose)



DETERMINE TANK CAPACITY AND DIMENSIONS Project ID: v 04.06.2017

1. A. Design Flow (Design Sum. 1A): GPD

B. Min. required pump tank capacity: Gal C. Recommended pump tank capacity: Gal

2. A. Tank Manufacturer: B. Tank Model:

C. Capacity from manufacturer: Gallons

D. Gallons per inch from manufacturer: Gallons per inch

E. Liquid depth of tank from manufacturer: inches

Note: Design calculations are based on this specific tank. Substituting a different tank model will change the pump float or timer settings. Contact designer if changes are necessary.

DETERMINE DOSING VOLUME

3 Calculate Volume to Cover Pump (The inlet of the pump must be at least 4-inches from the bottom of the pump tank & 2 inches of water covering the pump is recommended)

(Pump and block height + 2 inches) X Gallons Per Inch (2C or 3E)

(in + 2 inches) X Gallons Per Inch = Gallons

4 Minimum Delivered Volume = 4 X Volume of Distribution Piping:

- Line 17 of the Pressure Distribution or Line 11 of Non-level Gallons (minimum dose)

5 Calculate Maximum Pumpout Volume (25% of Design Flow)

Design Flow: GPD X 0.25 = Gallons (maximum dose)

6 Select a pumpout volume that meets both Minimum and Maximum: Gallons

7 Calculate Doses Per Day = Design Flow ÷ Delivered Volume

gpd ÷ gal = Doses

8 Calculate Drainback:

A. Diameter of Supply Pipe = inches

B. Length of Supply Pipe = feet

C. Volume of Liquid Per Lineal Foot of Pipe = Gallons/ft

D. Drainback = Length of Supply Pipe X Volume of Liquid Per Lineal Foot of Pipe

ft X gal/ft = Gallons

9. Total Dosing Volume = Delivered Volume plus Drainback

gal + gal = Gallons

10. Minimum Alarm Volume = Depth of alarm (2 or 3 inches) X gallons per inch of tank

in X gal/in = Gallons

Pipe Diameter (inches)	Liquid Per Foot (Gallons)
1	0.045
1.25	0.078
1.5	0.110
2	0.170
3	0.380
4	0.661

DEMAND DOSE FLOAT SETTINGS

11. Calculate Float Separation Distance using Dosing Volume .

Total Dosing Volume / Gallons Per Inch

gal ÷ gal/in = Inches

12. Measuring from bottom of tank:

A. Distance to set Pump Off Float = Pump + block height + 2 inches

in + in = Inches

B. Distance to set Pump On Float = Distance to Set Pump-Off Float + Float Separation Distance

in + in = Inches

C. Distance to set Alarm Float = Distance to set Pump-On Float + Alarm Depth (2-3 inches)

in + in = Inches

Inches for Dose: in

Alarm Depth in

Pump On in

Pump Off in

37.5 Gal

174 Gal

163 Gal



Tank Worksheet

Applicant name: DF & Company Address of site: 2063 Bayview Dr.

System designer: Josh Antus Date: 5-2-17

What type of use are these tanks servicing? 4 Bdrm seasonal cabin

Feed into septic tanks: Gravity X Pressure Both

What is the design flow for the treatment system? 600 gallons per day

Describe flow train (order) of tanks: 1500 g septic tank 500 g Pump tank

Garbage disposal Y (N) Bath > 75 gallons Y (N)

Septic tanks for project

Proposed number of septic tanks 1 Depth of cover 12" inches Septic tank alarm (Y) (N)

Anchoring requirements Y (N) If yes, specify

Septic Tank # 1

Size of septic tank 1st compartment 1500 gals. 2nd compartment gals.

Proposed tank material Concrete Existing or new tank X

Seam locations on tank Lid.

Elevation of seams above seasonal high water table +12" inches

Risers cast into lid? (Y) (N) If no method of attachment?

Filter supplied? (Y) (N) Method of tank bedding SAND

Is tank to be insulated? (Y) (N) If yes, how 2" Dow Foam

Septic Tank # 2

Size of septic tank 1st compartment _____ gals. 2nd compartment _____ gals.

Proposed tank material _____ Existing _____ or new tank _____

Seam locations on tank _____

Elevation of seams above seasonal high water table _____ inches

Risers cast into lid ? Y / N If no method of attachment? _____

Filter supplied ? Y / N Method of tank bedding _____

Is tank to be insulated ? Y / N If yes, how _____

Pump vaults

Type and size of vault 500g concrete Manufacturer Delzotto

Pump tank or chambers

Size of tank or chamber 500g. gallons

Tank construction material concrete New X or existing _____

Are risers cast into lid? yes If no, method of attachment _____

Is riser lid insulated? (Y) N Are there anchoring requirements for this tank? Y (N)

Method of tank bedding? SAND

Time dose control panel Y (N) Event counter (Y) N Elapsed time meter (Y) N

Recirculation tanks

Size of tank _____ gallons New _____ or existing _____

Tank construction material _____

Are risers cast into lid? _____ If no, method of attachment _____

Is riser lid insulated.? Y/N

Are there anchoring requirements for this tank? Y / N

Method of tank bedding? _____

Time dose control panel Y / N Event counter Y / N Elapsed time meter Y / N

General:

Tank installation access:

Good

Drainage details:

Slope for surface water to Run Away
from Man hole lids

Pumping access route:

Driveway

General Comments:



Septic System Management Plan for Below Grade Systems

The goal of a septic system is to protect human health and the environment by properly treating wastewater before returning it to the environment. Your septic system is designed to kill harmful organisms and remove pollutants before the water is recycled back into our lakes, streams and groundwater.

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 maintainer or service provider. However, it is **YOUR** responsibility to make sure all tasks get accomplished in a timely manner.

The University of Minnesota's *Septic System Owner's Guide* contains additional tips and recommendations designed to extend the effective life of your system and save you money over time.

Proper septic system design, installation, operation and maintenance means safe and clean water!

Property Owner	<u>D.F. & Co.</u>	Email	<u>dolson@dfandcompany.com</u>
Property Address	<u>2063 Bayview Dr.</u>	Property ID	<u>387-0080-00230</u>
System Designer	<u>Josh Antus Const.</u>	Contact Info	<u>218-410-0611</u>
System Installer	<u>Josh Antus Const.</u>	Contact Info	<u>218-410-0611</u>
Service Provider/Maintainer	<u>Good to go Pumping</u>	Contact Info	<u>218-750-0103</u>
Permitting Authority	<u>St Louis Co.</u>	Contact Info	<u>218-749-0625</u>
Permit #		Date Inspected	

Keep this Management Plan with your Septic System Owner's Guide. The Septic System Owner's Guide includes a folder to hold maintenance records including pumping, inspection and evaluation reports. Ask your septic professional to also:

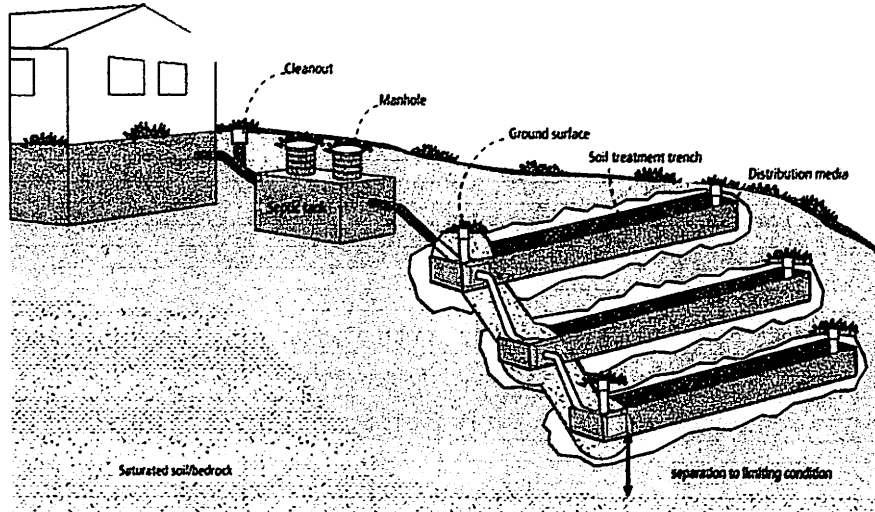
- Attach permit information, designer drawings and as-built of your system, if they are available.
- Keep copies of all pumping records and other maintenance and repair invoices with this document.
- Review this document with your maintenance professional at each visit; discuss any changes in product use, activities, or water-use appliances.

For a copy of the *Septic System Owner's Guide*, visit www.bookstores.umn.edu and search for the word "septic" or call 800-322-8642.

For more information see <http://septic.umn.edu>



Your Septic System



Septic System Specifics

System Type: I II III IV* V*
(Based on MN Rules Chapter 7080.2200 – 2400)
*Additional Management Plan required

☐ System is subject to operating permit*
☐ System uses UV disinfection unit*
Type of advanced treatment unit _____

Dwelling Type

Number of bedrooms: 4
System capacity/ design flow (gpd): 600
Average daily flow (gpd): 400
Comments _____
Business? Y (N) What type? _____

Well Construction

Well depth (ft): _____
☐ Cased well Casing depth: _____
☐ Other (specify): _____
Distance from septic (ft): _____
Is the well on the design drawing? Y N

Septic Tank

☒ First tank Tank volume: 1500 gallons
Does tank have two compartments? Y N
☐ Second tank Tank volume: _____ gallons
☒ Tank is constructed of Concrete
☒ Effluent screen: (Y) N Alarm (Y) N

☒ Pump tank (if one) 500 gallons
☒ Effluent pump make/model: Zoller 140
Pump capacity 45 GPM
TDH 23.8 Feet of head
☒ Alarm (Y) N Location 3' Below l.d.

Soil Treatment Area (STA)

Trenches: _____ total lineal feet
Number of trenches: _____ at _____ feet each
STA size (width x length): 10 ft x 60 ft
Location of additional STA: South of Bed
Type of distribution media: Rock

☐ Gravity distribution ☒ Pressure distribution
☒ Inspection ports ☒ Cleanouts
☐ Additional STA not available
☒ Surface water diversions



Homeowner Maintenance Log

Track maintenance activities here for easy reference. See list of management tasks on pages 3 and 4.

Activity	Date accomplished									
Check frequently:										
Leaks: check for plumbing leaks *										
Soil treatment area check for surfacing **										
Lint filter: check, clean if needed *										
Alarms **										
Check annually:										
Water usage rate (max gpd: _____)										
Caps: inspect, replace if needed										
Water use appliances – review use										
Other:										

*Monthly

** Quarterly

*** Bi-Annually

Notes: _____

"As the owner of this SSTS, 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 this 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: _____

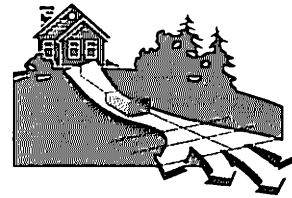
Date _____

Management Plan Prepared By: _____

Josh Angus Const.

Certification # 2705

Permitting Authority: _____



Homeowner Management Tasks

These operation and maintenance activities are your responsibility. Chart on page 6 can help track your activities.

Your toilet is not a garbage can. Do not flush anything besides human waste and toilet paper. No wet wipes, cigarette butts, disposal diapers, used medicine, feminine products or other trash!

The system and septic tanks needs to be checked
every 36 months

Your service provider or pumper/maintainer should evaluate if your tank needs to be pumped more or less often.

Seasonally or several times per year

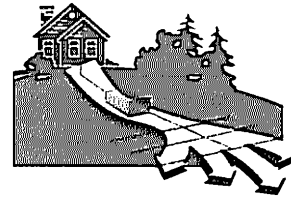
- **Leaks.** Check (listen, look) for leaks in toilets and dripping faucets. Repair leaks promptly.
- **Soil treatment area.** Regularly check for wet or spongy soil around your soil treatment area. If surfaced sewage or strong odors are not corrected by pumping the tank or fixing broken caps and leaks, call your service professional. *Untreated sewage may make humans and animals sick.* Keep bikes, snowmobiles and other traffic off and control borrowing animals.
- **Alarms.** Alarms signal when there is a problem; contact your service professional any time the alarm signals.
- **Lint filter.** If you have a lint filter, check for lint buildup and clean when necessary. If you do not have one, consider adding one after washing machine.
- **Effluent screen.** If you do not have one, consider having one installed the next time the tank is cleaned along with an alarm.

Annually

- **Water usage rate.** A water meter or another device can be used to monitor your average daily water use. Compare your water usage rate to the design flow of your system (listed on the next page). Contact your septic professional if your average daily flow over the course of a month exceeds 70% of the design flow for your system.
- **Caps.** Make sure that all caps and lids are intact and in place. Inspect for damaged caps at least every fall. Fix or replace damaged caps before winter to help prevent freezing issues.
- **Water conditioning devices.** See Page 5 for a list of devices. When possible, program the recharge frequency based on *water demand (gallons)* rather than *time (days)*. Recharging too frequently may negatively impact your septic system. Consider updating to demand operation if your system currently uses time,
- **Review your water usage rate.** Review the Water Use Appliance chart on Page 5. Discuss any major changes with your service provider or pumper/maintainer.

During each visit by a service provider or pumper/maintainer

- Make sure that your service professional services the tank through the manhole. (NOT though a 4" or 6" diameter inspection port.)
- Ask how full your tank was with sludge and scum to determine if your service interval is appropriate.
- Ask your pumper/maintainer to accomplish the tasks listed on the Professional Tasks on Page 4.



Professional Management Tasks

These are the operation and maintenance activities that a pumper/maintainer performs to help ensure long-term performance of your system. At each visit a written report/record must be provided to homeowner.

Plumbing/Source of Wastewater

- Review the Water Use Appliance Chart on Page 5 with homeowner.
Discuss any changes in water use and the impact those changes may have on the septic system.
- Review water usage rates (if available) with homeowner.

Septic Tank/Pump Tanks

- *Manhole lid.* A riser is recommended if the lid is not accessible from the ground surface. Insulate the riser cover for frost protection.
- *Liquid level.* Check to make sure the tank is not leaking. The liquid level should be level with the bottom of the outlet pipe. (If the water level is below the bottom of the outlet pipe, the tank may not be watertight. If the water level is higher than the bottom of the outlet pipe of the tank, the effluent screen may need cleaning, or there may be ponding in the soil treatment area.)
- *Inspection pipes.* Replace damaged or missing pipes and caps.
- *Baffles.* Check to make sure they are in place and attached, and that inlet/outlet baffles are clear of buildup or obstructions.
- *Effluent screen.* Check to make sure it is in place; clean per manufacturer recommendation. Recommend retrofitted installation if one is not present.
- *Alarm.* Verify that the alarm works.
- *Scum and sludge.* Measure scum and sludge in each compartment of each septic and pump tank, pump if needed.

Pump

- *Pump and controls.* Check to make sure the pump and controls are operating correctly.
- *Pump vault.* Check to make sure it is in place; clean per manufacturer recommendations.
- *Alarm.* Verify that the alarm works.
- *Drainback.* Check to make sure it is draining properly.
- *Event counter or elapsed time meter.* Check to see if there is an event counter or elapsed time meter for the pump. If there is one or both, calculate the water usage rate and compare to the anticipated use listed on Design and Page 2. Dose Volume: 150 gallons: Pump run time: _____ Minutes

Soil Treatment Area

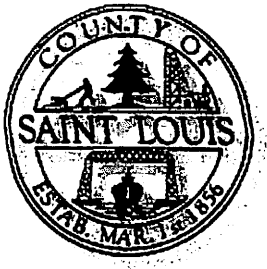
- *Inspection pipes.* Check to make sure they are properly capped. Replace caps and pipes that are damaged.
- *Surfacing of effluent.* Check for surfacing effluent or other signs of problems.
- *Gravity trenches and beds.* Check the number of gravity trenches with effluent ponded in distribution media. Identify the percentage of the system in use. Determine if action is needed.
- *Pressure trenches and beds - Lateral flushing.* Check lateral distribution; if cleanouts exist, flush and clean at recommended frequency.
- *Vegetation* - Check to see that a good growth of vegetation is covering the system.

All other components – evaluate as listed here:



Water-Use Appliances and Equipment in the Home

Appliance	Impacts on System	Management Tips
Garbage disposal	<ul style="list-style-type: none"> • Uses additional water. • Adds solids to the tank. • Finely-ground solids may not settle. Unsettled solids can exit the tank and enter the soil treatment area. 	<ul style="list-style-type: none"> • Use of a garbage disposal is not recommended. • Minimize garbage disposal use. Compost instead. • To prevent solids from exiting the tank, have your tank pumped more frequently. • Add an effluent screen to your tank.
Washing machine	<ul style="list-style-type: none"> • Washing several loads on one day uses a lot of water and may overload your system. • Overloading your system may prevent solids from settling out in the tank. Unsettled solids can exit the tank and enter the soil treatment area. 	<ul style="list-style-type: none"> • Choose a front-loader or water-saving top-loader, these units use less water than older models. • Limit the addition of extra solids to your tank by using liquid or easily biodegradable detergents. Limit use of bleach-based detergents and fabric softeners. • Install a lint filter after the washer and an effluent screen to your tank • Wash only full loads and think even – spread your laundry loads throughout the week.
Dishwasher	<ul style="list-style-type: none"> • Powdered and/or high-phosphorus detergents can negatively impact the performance of your tank and soil treatment area. • New models promote “no scraping”. They have a garbage disposal inside. 	<ul style="list-style-type: none"> • Use gel detergents. Powdered detergents may add solids to the tank. • Use detergents that are low or no-phosphorus. • Wash only full loads. • Scrape your dishes anyways to keep undigested solids out of your septic system.
Grinder pump (in home)	<ul style="list-style-type: none"> • Finely-ground solids may not settle. Unsettled solids can exit the tank and enter the soil treatment area. 	<ul style="list-style-type: none"> • Expand septic tank capacity by a factor of 1.5. • Include pump monitoring in your maintenance schedule to ensure that it is working properly. • Add an effluent screen.
Large bathtub (whirlpool)	<ul style="list-style-type: none"> • Large volume of water may overload your system. • Heavy use of bath oils and soaps can impact biological activity in your tank and soil treatment area. 	<ul style="list-style-type: none"> • Avoid using other water-use appliances at the same time. For example, don’t wash clothes and take a bath at the same time. • Use oils, soaps, and cleaners in the bath or shower sparingly.
Clean Water Uses	Impacts on System	Management Tips
High-efficiency furnace	<ul style="list-style-type: none"> • Drip may result in frozen pipes during cold weather. 	<ul style="list-style-type: none"> • Re-route water directly out of the house. Do not route furnace recharge to your septic system.
Water softener Iron filter Reverse osmosis	<ul style="list-style-type: none"> • Salt in recharge water may affect system performance. • Recharge water may hydraulically overload the system. 	<ul style="list-style-type: none"> • These sources produce water that is not sewage and should not go into your septic system. • Reroute water from these sources to another outlet, such as a dry well, draitile or old drainfield.
Surface drainage Footing drains	<ul style="list-style-type: none"> • Water from these sources will overload the system and is prohibited from entering septic system. 	<ul style="list-style-type: none"> • When replacing, consider using a demand-based recharge vs. a time-based recharge. • Check valves to ensure proper operation; have unit serviced per manufacturer directions



Saint Louis County

Environmental Services

**** Receipt ****

Current Date: 5/5/2017

CVT-Plat-Parcel: 387 - 80 - 230

& COMPANY INC DF
5481 ST CROIX TRAIL
SUITE 200
NORTH BRANCH, MN 55056

Type of Service	Units	Unit Amount	Discount %	Net	Paid	Balance
ISTS Permit Shoreland	1	520.00	0.00	520.00	520.00	0.00

pd by Josh Antus Const.

Total Due: 0.00