



Approval: _____ Denial: _____

Date: _____

Zoning Administrator

Planning and Zoning Department

Mound(Chamber) Septic System Application

Page 1

Applicant(s)/Owner(s):

Name(s) _____

Address _____

City _____ State _____ Zip _____

Cell # _____ Email _____

Installer/Designer:

Name(s): _____

License Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell#: _____ Email: _____

Parcel Information:

Property ID#(s): _____ Parcel Size: _____

Complete Legal Description: _____

Septic System Design Information:

1. Septic Tank Capacity: _____ gallons. (See Table 1.)

Table 1. CAPACITY OF SEPTIC TANKS *

	Multiple	Other Uses -	Minimum
Single-Family	Dwelling Units or	Maximum	Septic Tank
Dwellings - Number	Apartments - One	Fixture	Working
of Bedrooms	Bedroom Each	Units Served	Capacity in
			Gallons
1-3		20	1000
4	2	25	1200
5 or 6	3	33	1500
7 or 8	4	45	2000

2. Soils.

Depth to restrictive layer or mottled soils: _____ inches.

Maximum depth of system: _____ inches. (Depth to restrictive layer / mottled soils = 24")

Soil Classification or Texture: _____.

Percolation rate: _____ MPI.

Soil Loading Rate: _____ gal/ft²/day. (See Table 3 on next page)

Percent Land Slope: _____ %.

3. Mound Area.

Estimated Design Flow: _____ gallons per day. (see Figure A-2)

Figure A-2 - Estimated Sewage Flows

Number of Bedrooms	Gallons Per Day
2	300
3	450
4	600
5	750
6	900

Septic System Design Information (Continued):

Sand Base Area Calculation:

_____ gpd(Design Flow) / 0.25 gal/ft²/day(Soil Loading Rate) = _____ ft².(Sand Base Area)

Chamber Area Calculation:

_____ gpd(Design Flow) / 1.2 gal/ft²/day(Soil Loading Rate) = _____ ft².(Rock Base Area)

4. Dosing Chamber.

Minimum Pump Tank Size = _____ gallons. (Design Flow)

Maximum Pump Discharge: _____ gpm. (must be greater than 7.5 gpm per 100 ft² of rock bed area)

Pump Lift Capacity: _____ feet. (must be 5 feet greater that elevation change plus pipe friction loss)

Change in elevation from pump to the top of chamber bed: _____ feet.

5. Sketch of Proposed System:

Select an appropriate scale; one inch = _____ feet.

Show pertinent property boundaries, rights-of-way, easements.

Show location of house, garage, driveway, and all other improvements, existing or proposed.

Show location and layout of sewage treatment system, wells, setbacks and separation distances.

Use attached mound diagram for detailed dimensions of rock bed and sand base area.

Application Fee: \$250 (\$150 w/o Soil Testing)

I hereby authorize Grand Forks County Planning Staff to enter upon property subject to this application to gather information pertinent to this request.

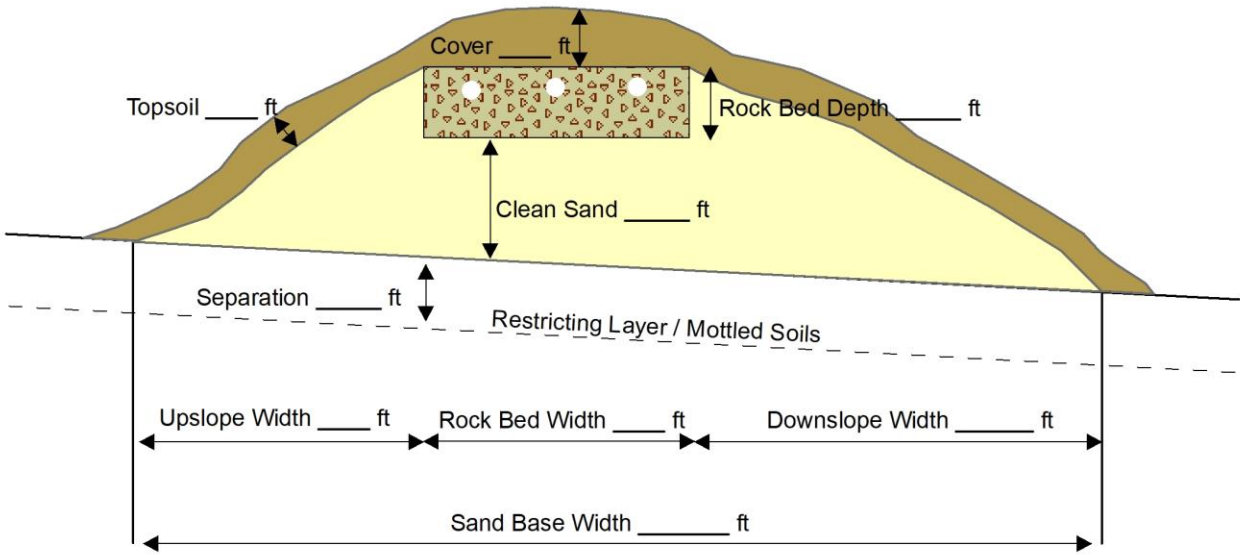
Signature(s) of Applicant(s): _____ Date: _____

_____ Date: _____

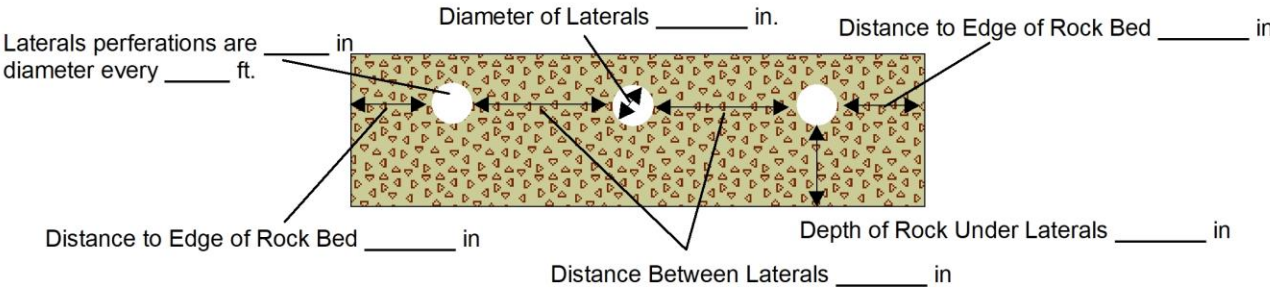
Signature(s) of Owner(s): _____ Date: _____

_____ Date: _____

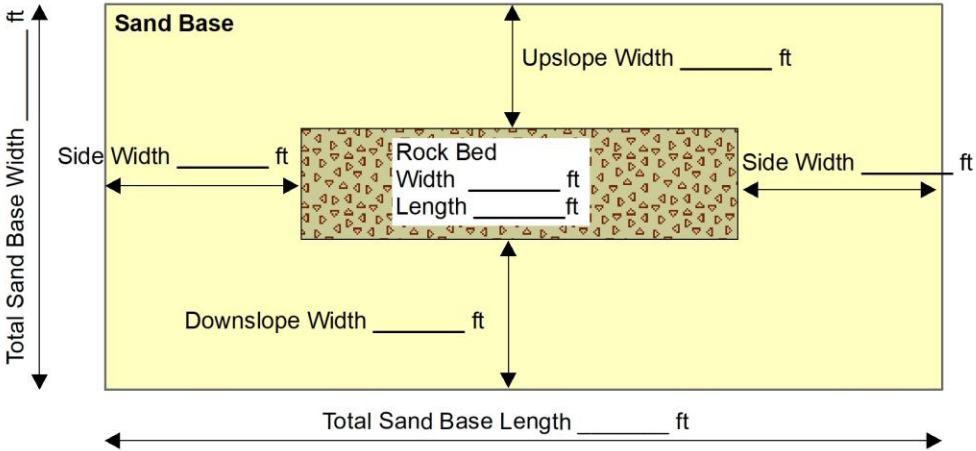
Mound System Cross-Section



Rock Bed Cross-Section



Mound System Overview



Soil Boring Log

Client: _____

Address: _____

Date: _____

Location: _____

Soil Type: _____

Disturbed/ Compacted yes no

of Bedrooms: _____

Type of observation: Probe Pit Boring

Garbage Disposal: yes no

Type: I II III IV

Flow: _____

Parent Material: Till Outwash Loess Bedrock Alluvium

Vegetation: Wet Dry Unknown

Slope Form: _____

Slope: _____ %

Drainage: Good Problems Solutions _____

Floodplain: yes no

Elevation of Boring: _____

Depth of Water: _____

Depth to Bedrock: _____

Depth of Sat. Soil: _____

Max Depth of System: _____

Soil Sizing Factor: _____

Linear Loading Rate: _____

Well Information:

Location: _____

Depth: _____

Casing Depth: _____

10' of Imp. material: yes no

Depth (inches)	Texture	Color	Structure
			Blocky Platy Prismatic None
			Blocky Platy Prismatic None
			Blocky Platy Prismatic None
			Blocky Platy Prismatic None
			Blocky Platy Prismatic None
			Blocky Platy Prismatic None

Additional Notes: _____

Preliminary design:

Trench _____ Bed _____ Atgrade _____ Mound _____ Holding Tank _____

Gravity Dist. _____ Pressure Dist. _____

Sand: Serial _____ Pressure _____ Liner _____ Clay: Liner _____