

Cass County Mound Design

Property Owner: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Driving directions if no address issued: _____

Legal Description: _____

Sec: _____ Twp: _____ Range: _____ Twp Name: _____

Parcel Number: _____

Lake/ River: _____

Lake/River Classification:

Flow Data

Number of Bedrooms: _____

Dwelling Classification:

System Type:

GPD: _____

Estimated Flow in Gallons per Day (GPD)			
Bedrooms	Class I	Class II	Class III
2	300	225	180
3	450	300	218
4	600	375	256
5	750	450	294
6	900	525	332
7	1050	600	370
8	1200	675	408

Wells

Deep Well:

Shallow Well:

Wells to be sealed (if applicable)? _____

Setbacks

Tank(s) to: Well _____

Drainfield to: Well _____

Sewer Line to well: _____

House _____

House _____

Air Test:

Property Line _____

Property Line _____

Additional System Notes and Information: _____

Designer Name: _____

License Number: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone Number: _____

Cell: _____

E-Mail Address: _____

Designer Signature: _____

Date: _____

Cass County Mound Design

Parcel Number: _____

Property Owner: _____

Date: _____

Tank Sizing

Designer Initials: _____

- A. Septic Tank Capacity: _____ Gallons
 Tank Type: _____ Filter: _____
 Garbage Disposal/Basement Lift Station: _____
- B. Pump Tank Capacity: _____ Gallons (7080.2100)
 a. Alarm Type: _____

Septic Tank Capacity		
Bedrooms	Minimum	GD/BL
3 or less	1,000	1,500
4 or 5	1,500	2,250
6 or 7	2,000	3,000

Soils

- C. Depth to Restricting Layer: _____ ft.
 D. Depth of Clean Sand at Upslope Edge: _____ ft.
 E. Native SSF: _____ (Perc. Rate [Optional] _____ MPI)
 F. Land Slope: _____ %

<u>A</u> bsorption <u>W</u> idth <u>R</u> atio Table		
Texture	SSF	AWR
Sand	0.83	1.00
Fine Sand	1.67	2.00
Sandy Loam	1.27	1.52
Loam	1.67	2.00
Silt Loam	2.00	2.40
Clay Loam	2.20	2.67

Rock Bed Dimensions

- G. GPD ____ × .83 = ____ sq. ft.
 H. Rock Bed Width: _____ ft.
 I. Rock Bed Length: _____ ft.
 J. Cubic Yards of Rock (H) ____ × (I) ____ × Rock Depth _____ ft. ÷ 27 = _____ yds³

Mound Size Calculations

- K. AWR (from table): _____ × Rock Bed Width (H) ____ = _____ ft. (Absorption Width)
 L. Absorption Width (K): _____ ft. – Rock Bed Width (H): _____ ft. = _____ ft. (Downslope Minimum)
 M. Depth of washed sand (D): _____ + 1 ft. of rock + 1 ft. of cover = _____ ft. (Upslope Height)
 N. Enter upslope berm value from Berm Multiplier Table (below): _____
 O. Upslope berm multiplier (N): _____ × upslope height (M): _____ = _____ ft. (Upslope Width)
 P. Rock bed width (H): _____ ft. × land slope (F): _____ % × 0.01 = _____ ft. (Drop in Elevation)
 Q. Upslope height (M): _____ ft. + drop in elevation (P): _____ ft. = _____ ft. (Downslope Height)
 R. Enter downslope berm value from Berm Multiplier Table (below): _____
 S. Downslope height (Q): _____ × Downslope berm multiplier (R): _____ = _____ ft. (Downslope Width)
 T. Select the larger number of Step (L) and Step (S): _____ ft.
 U. Upslope width (O): ____ + rock bed width (H): ____ + downslope width (T): ____ = ____ ft. (Mound Width)
 V. Upslope width (O): ____ + rock bed length (I): ____ + Upslope width (O): ____ = ____ ft. (Mound Length)
 W. Final Mound Dimensions Are: Width (U): ____ ft. by Length (V): ____ ft.

Berm Multiplier Table

Land Slope→	0%	1%	2%	3%	4%	5%	6%	7%	8%	9%	10%	11%	12%
Upslope Berm ↓ 3/1	3.00	2.91	2.83	2.75	2.68	2.61	2.54	2.48	2.42	2.36	2.31	2.26	2.21
4/1	4.00	3.85	3.70	3.57	3.45	3.33	3.23	3.12	3.03	2.94	2.86	2.78	2.70
5/1	5.00	4.76	4.54	4.35	4.17	4.00	3.85	3.70	3.57	3.45	3.33	3.23	3.12
6/1	6.00	5.66	5.36	5.08	4.84	4.62	4.41	4.23	4.05	3.90	3.75	3.61	3.49
7/1	7.00	6.54	6.14	5.79	5.46	5.19	4.93	4.70	4.49	4.30	4.12	3.95	3.80
Downslope Berm ↓ 3/1	3.00	3.09	3.19	3.30	3.41	3.53	3.66	3.80	3.95	4.11	4.29	4.48	4.69
4/1	4.00	4.17	4.35	4.54	4.76	5.00	5.26	5.56	5.88	6.25	6.67	7.14	7.69
5/1	5.00	5.26	5.56	5.88	6.25	6.67	7.14	7.69	8.33	9.09	10.00	11.11	12.50
6/1	6.00	6.38	6.82	7.32	7.89	8.57	9.38	10.34	11.54	13.04	15.00	17.65	21.43
7/1	7.00	7.53	8.14	8.86	9.72	10.77	12.07	13.73	15.91	18.92	23.33	30.43	43.75

Cass County Mound Design

Parcel Number: _____ Property Owner: _____

Date: _____

Designer's Initials: _____

Determine Pump Capacity

1) Gravity Distribution Pump Capacity Range: 10 - 45 GPM

*Skip to Pump Head Requirements if pumping to gravity

2) Pressure Distribution:

a) Number of laterals: _____

b) Lateral Size: _____ in.

c) Perforation spacing: _____ ft.

d) Check Table 4 to see the maximum number of perforations per lateral.

3) Lateral Length (choose):

a) End manifold: rock bed length: _____ - 2 ft. = _____ ft.

b) Center manifold: rock bed length /2: _____ - 1 ft. = _____ ft.

c) Choose 3a or 3b: _____ ft.

4) Total Perforation Determination:

a) Length (3c) ÷ Spacing (2c): _____ + 1 = _____ Perforations / Lateral

b) (4a): _____ × (2a): _____ = _____ Total Number of Perforations

c) Select perforation discharge from Table 1 = _____ GPM/Perf.

d) (4b): _____ × (4c): _____ GPM/Perf. = _____ GPM

PUMP HEAD REQUIREMENTS

5) Elevation difference:

a) Elevation difference between pump and point of discharge _____ ft.

b) If pumping to a pressure distribution system, (5a) _____ + 5 = _____ ft.

c) Choose 5a if pumping to gravity or 5b for pressure: _____ ft.

6) Friction loss:

a) Select a value from Table 2: _____ ft. / 100 ft. of pipe

b) Pipe length to drainfield: _____ ft. × 1.25 = _____ ft.

c) (6a): _____ × (6b): _____ ÷ 100 = _____ Total Friction Loss

7) Drainback:

a) Actual Pipe length _____ ft. × _____ gal/ft. (Table 3) = _____ gal

8) (5c): _____ ft. + (6c): _____ ft. = _____ Total Head Required

9) Minimum Pump Size _____ GPM (4d) & _____ ft. of dynamic head (8)

Ft. of Head	7/32 Perf Diameter	1/4 Perf Diameter
1.0	0.56 in.	0.74 in.
2.0	0.80 in.	1.04 in.

Flow (GPM)	1.5"	2"	3"
20	2.47	0.73	0.11
25	3.73	1.11	0.16
30	5.23	1.55	0.23
35	6.96	2.06	0.30
40	8.91	2.64	0.39
45	11.07	3.28	0.48
50	13.46	3.99	0.58
55		4.76	0.70
60		5.60	0.82
65		6.48	0.95
70		7.44	1.09

Use 1.0 for single homes, 2.0 for everything else

Pipe Diameter	Gal/Ft.
1.25 in.	0.078
1.5 in.	0.11
2.0 in.	0.17

Perf. Spacing	1.25" Pipe	1.5" Pipe	2" Pipe
2.5 ft.	14	18	28
3 ft.	13	17	26
3.3 ft.	12	16	25
4 ft.	11	15	23
5 ft.	10	14	22

Cass County Mound Design

Parcel Number: _____ Property Owner: _____ Date: _____

Designer's Initials: _____

Proposed Site Boring #1

Depth (in)	Texture	Coarse Frag. %	Color	Structure	Redox

Proposed site Boring #2

Depth (in)	Texture	Coarse Frag. %	Color	Structure	Redox

Alternate Site Boring #1

Depth (in)	Texture	Coarse Frag. %	Color	Structure	Redox

Alternate Site Boring #2

Depth (in)	Texture	Coarse Frag. %	Color	Structure	Redox

Soil Sizing Factors/Hydraulic Loading Rates

Perc. Rate	Texture	SSF	HLR	Perc. Rate	Texture	SSF	HLR
<0.1	Coarse Sand			16 to 30	Loam	1.67	0.60
0.1 to 5	Sand	0.83	1.20	31 to 45	Silt Loam	2.00	0.50
0.1 to 5	Fine Sand	1.67	0.60	46 to 60	Clay Loam	2.20	0.45
6 to 15	Sandy Loam	1.27	0.78	> 60	Clay Loam	****	0.24

Description of Soil Treatment Areas

	Proposed #1:	Proposed #2:	Alternate #1:	Alternate #2:
Limiting Layer Depth				
Slope % and Direction				
Landscape Position				
Soil Texture				
Soil Sizing Factor				
Disturbed Areas?				
Compacted Areas?				
Flooding Potential?				
Run-on Potential?				
Vegetation Types?				

Cass County Mound Design

Parcel Number: _____ Property Owner: _____ Date: _____

Please Draw to Scale with North Arrow to top or Left Side of Page



*Click in the sketch area below to import an existing sketch (PDF or JPG format).
Drawing tools are also available in the Comments Toolbar of Adobe Reader.*

Please show all that apply (Existing or Proposed):

Wells within 100 ft. of a Drainfield	Disturbed/Compacted Areas	Access Route for Tank Maintenance
Water lines within 10 ft. of a Drainfield	Component Location	Property Lines
Drainfield Areas	OHW	Structures
Boring Locations	Lot Easements	Setbacks

Elevations:

Benchmark Elevation: _____	Pump Elevation: _____
Elevation of Sewer Line at House: _____	Pump Discharge Elevation: _____
Tank Inlet Elevation: _____	Restricting Layer Elevation: _____
Drainfield Elevation: _____	

Designer Signature: _____ Date: _____ License Number: _____

SSTS Management Plan required to be submitted with this design

Minnesota Pollution Control Agency Rules Sections 7082.0600 Subp. 1. A and B, and Section 7082.0100 Subpart3. J