



030009000

# System Application

Becker County Planning & Zoning  
915 Lake Ave, Detroit Lakes, MN 56501  
Phone (218)-846-7314; Fax (218)-846-7266

PARCEL	
APP	SEPTIC
YEAR	
SCANNED	
LAKE	

### 1. PROPERTY DATA (as it appears on the tax statement, purchase agreement or deed)

Parcel Number(s) of property where the system will be installed: 030009000

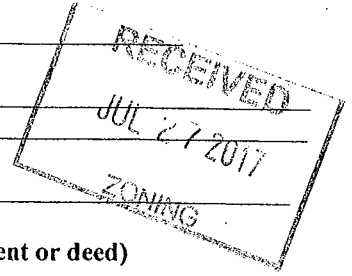
Is this a split of an existing property? Yes  No   
(If yes and a parcel number has not yet been assigned, indicate the main parcel number from which the new parcel was split.)

Section 2 Township 138 Range 040 Township Name Burlington

Lake Name Pearce Lake Lake Classification NE

Legal Description: Lot 3 except west 660'

Project Address: 15872 Co Hwy 29



### 2. PROPERTY OWNER INFORMATION (as it appears on the tax statement, purchase agreement or deed)

Owner's First Name Thomas Owner's Last Name Vonruden

Mailing Address 15886 Co Hwy 29 City, State, Zip Frazee Mn

Phone Number 218-841-0499

### 3. DESIGNER/INSTALLER INFORMATION

Designer Name Richard Vareberg Company Name Vareberg Backhoe License # 1910

Address 19458 US Hwy 59 Phone Number 218-847-7372

Installer Name Same Company Name \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### 4. SYSTEM DESIGN INFORMATION

System Status What will new system serve? Check one

Vacant Lot-No existing system-new structure  Dwelling 7-11-17 Date of site evaluation

Replacement - structure removed and being rebuilt  Resort/Commercial

Failing -Replacement- cesspool/seepage pit or other  Commercial (Non-resort)

Enlargement of system-Undersized  Other - explain below

Repairs Needed to existing

Additional system on property

Design Flow 450 Gallons Per Day

Number of Bedrooms 3

Garbage Disposal Yes  No

Dishwasher Yes  No

Lift station in House Yes  No

Grinder pump in House Yes  No

Well Depth > 50

Depth of other wells within 100 ft of system None

Original Soil  Compacted Soil \_\_\_\_\_

Type of Soil Observation \_\_\_\_\_

\_\_\_\_\_ Pit \_\_\_\_\_ Probe  Boring

Depth to Restricting Layer > 84"

Maximum Depth of System 48"

Size of All Tanks to be installed

1600 gal Single Compartment Septic Tank \_\_\_\_\_ gal Separate Lift Station \_\_\_\_\_ Existing tank w/new Additional Tank \_\_\_\_\_

\_\_\_\_\_ gal Compartmented Tank \_\_\_\_\_ gal Holding Tank \_\_\_\_\_ Existing tank w/new Lift Station \_\_\_\_\_

\_\_\_\_\_ Pit Privy \_\_\_\_\_ Existing Tank to be used \_\_\_\_\_ Holding Tank with Privy \_\_\_\_\_

Total Number of tanks to be installed in this system 1 (This # will be reported to MPCA at end of year.)

PARCEL	
APP	SERTIC
YEAR	

Type of Drainfield X Chamber Trench Full Size of Drainfield 375 sq ft Reduced/Warrantied size \_\_\_\_\_ sq ft  
 \_\_\_\_\_ Rock Trench \_\_\_\_\_ sq ft \_\_\_\_\_ sq ft  
 \_\_\_\_\_ Gravelless \_\_\_\_\_ sq ft \_\_\_\_\_ sq ft  
 \_\_\_\_\_ Mound \_\_\_\_\_ sq ft \*\*\*  
 \_\_\_\_\_ Pressure Bed \_\_\_\_\_ sq ft \*\*\*  
 \_\_\_\_\_ Seepage Bed \_\_\_\_\_ sq ft \*\*\*  
 \_\_\_\_\_ At-grade \_\_\_\_\_ sq ft \*\*\*  
 \_\_\_\_\_ Alternative / \_\_\_\_\_ sq ft \*\*\* \*\*Attach Worksheets  
 Performance

Type of chamber Q-4  
 Depth of Rock \_\_\_\_\_

Alarm? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Type of Alarm \_\_\_\_\_  
 Size of Lift Pump \_\_\_\_\_  
 Size of Lift Line \_\_\_\_\_

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	> 50'	> 30'
Distance to Building	> 10'	> 20'
Distance to Property Line	> 10'	> 10'
Distance to OHW of Lake	> 150'	> 150'
Distance to Pressure Line	> 20'	> 20'
Distance to Wetland/Protected Water	> 30'	> 30'

Perc Rate \_\_\_\_\_ Soil Sizing Factor .83 \*If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
1-9	TOP Soil	10YR 2/1	Blocky		1-11	TOP Soil	10YR 2/1	Blocky
9-21	Sand	10YR 6/6	None		11-25	Sand	10YR 6/6	None
21-84	Sand	10YR 6/4	None		25-84	Sand	10YR 6/4	None

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

5. REQUIRED DOCUMENTS

U of MN worksheets are required for mounds, pressure beds, seepage beds, at-grades or Type IV or Type V systems. Are the required worksheets attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. DESIGNER'S CERTIFIED STATEMENT

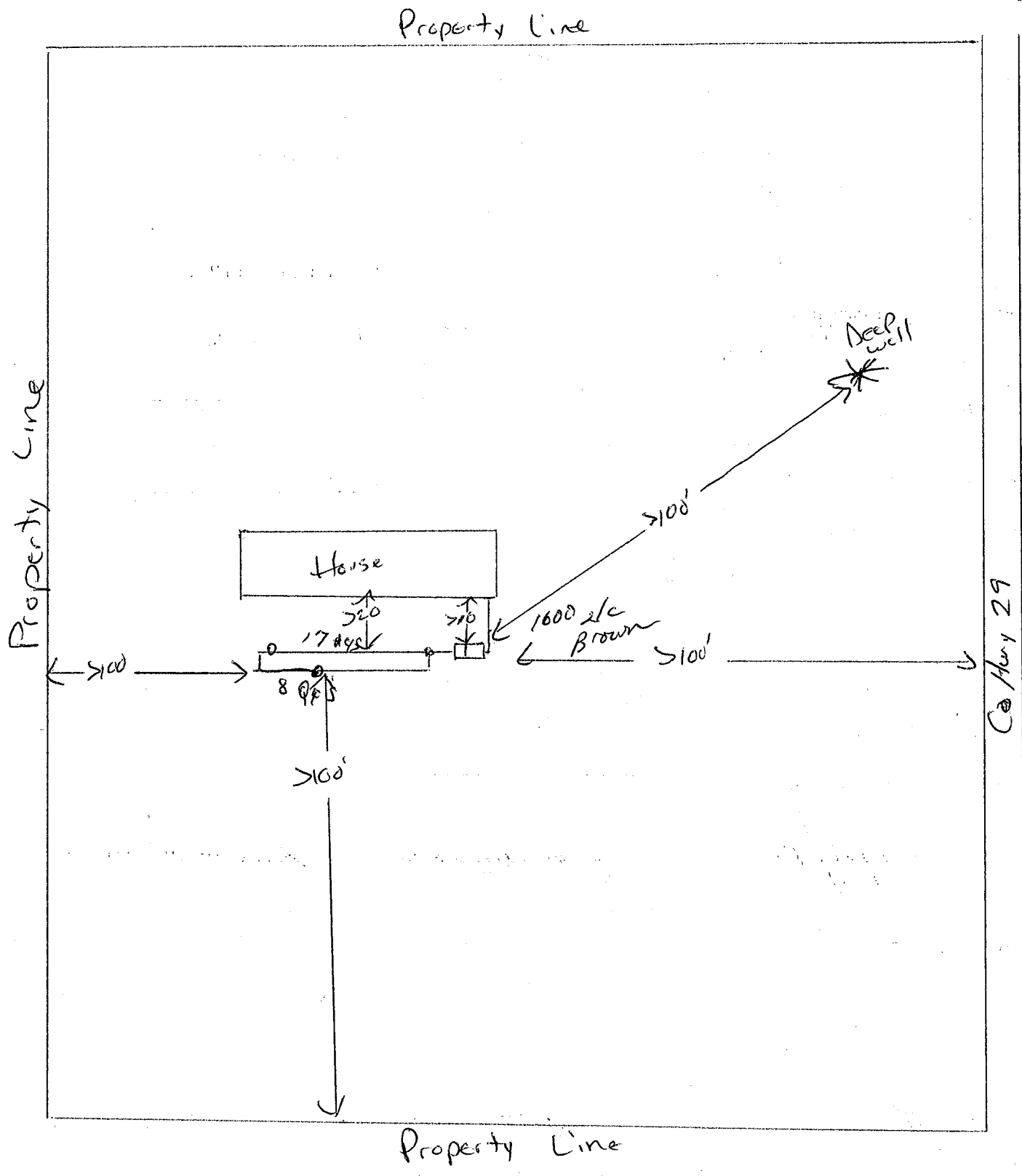
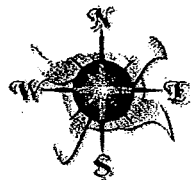
I, Richard Vareberg certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

Signature of Designer [Signature] Date 2 27 17

# SKETCH OF PROPERTY

Please sketch all structures and septic systems on the property;  
Include setbacks and wells within 100 feet of the property.

PARCEL	
APP	SEPTIC INSPECTION
YEAR	



\*\*\*\*\* (FOR OFFICE USE ONLY) \*\*\*\*\*

Application Approved by: [Signature] Date: 7/28/17  
 Amount Paid 150.00 Receipt Number \_\_\_\_\_ Permit Number \_\_\_\_\_

NOTES: #101580 - 656582

\*\*\*\*\*

**INSPECTION REPORT**

**Home Information**

Does the structure contain any of the following elements?  
 Garbage disposer  Yes  No Dishwasher  Yes  No  
 Grinder pump  Yes  No Lift pump in basement  Yes  No  
 Effluent screen installed?  Yes  No Effluent screen manufacturer \_\_\_\_\_  
 Alarm required?  Yes  No Alarm Type \_\_\_\_\_ Alarm manufacturer \_\_\_\_\_  
 Lift pump in system?  Yes  No Pump manufacturer \_\_\_\_\_  
 Number of bedrooms 3

**Component Information**

Tank size 1600 2/2 Tank manufacturer Brow  
 Drainfield size 375 sq. ft. Medium manufacturer 25 High caps  
 Drainfield medium \_\_\_\_\_  
 Drainfield medium size/depth \_\_\_\_\_

**Soil Verification**

Vertical separation verified for Boring #1 on \_\_\_\_\_ Depth +36"  
 Vertical separation verified for Boring #2 on \_\_\_\_\_ Depth \_\_\_\_\_  
 Vertical separation verified for Boring #3 on \_\_\_\_\_ Depth \_\_\_\_\_

**Setback Verification**

	TANK	DRAINFIELD
Distance to Well	<u>no well on site</u>	
Distance to Building	<u>+10</u>	<u>+20</u>
Distance to Property Line	<u>+10</u>	<u>+10</u>
Distance to OHW of Lake	<u>N/A</u>	<u>N/A</u>
Distance to Pressure Line	<u>N/A</u>	<u>N/A</u>
Distance to Wetland/Protected Water	<u>N/A</u>	<u>N/A</u>

Date System Installed 7/31/17 Installer R. Voreberg EIC Inspector [Signature]

\*\*\*\*\*

**CERTIFICATE OF COMPLIANCE**

( ) Certificate Is Hereby Denied  
 (X) Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data.  
 With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Signature [Signature] Title 2575 inspector Date 7/31/17

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

**Certificate of  
Compliance Inspection  
Report**

Last\_Name   
 First\_Name   
 Mailing\_Address   
 Mailing\_City   
 Mailing\_State   
 Mailing\_Zip

**BECKER COUNTY ZONING**

**915 LAKE AVE  
 DETROIT LAKES, MN 56501  
 (218) 846-7314**

Parcel\_Number  Legal\_Description   
 Additional\_Parcel:   
 Sec\_Twn\_Rge  Designer\_Name\_and\_Li   
 Township\_Name  Inspection- Installer Name and Lic

Insp- Effluent Screen Installed  Insp- Tank Size   
 Insp- Alarm Required  Inspection- Type\_of\_Drainfield:   
 Insp- Lift Pump in System  Insp- Size of Drainfield   
 Insp- Number of Bedrooms  Insp- Soil Verification

Insp- Tank\_Dist\_to\_Well  Insp- Drainfield\_Dist\_to\_Well   
 Insp- Tank\_Dist\_to\_Bldg  Insp- Drainfield\_Dist\_to\_Bldg   
 Insp- Tank\_Dist\_to\_Property\_Line  Insp- Drainfield\_Dist\_to\_Property\_Line   
 Insp- Tank\_Dist\_to\_OHW  Insp- Drainfield\_Dist\_to\_OHW   
 Insp- Tank\_Dist\_to\_Pressure\_Line  Insp- Drainfield\_Dist\_to\_Pressure\_Line   
 Insp- Tank\_Dist\_to\_Wetland\_Protected  Insp- Drainfield\_Dist\_to\_Wetland\_Protecte

Inspection Notes:

**Certificate of Compliance**



Certificate is Hereby Denied.

Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data. With Property maintenance, this system can be expected to function satisfactory, however this is not a guarantee.

Certification\_Date

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)



**PERMIT MUST BE  
POSTED AT THE  
CONSTRUCTION SITE**

Becker County Planning & Zoning  
835 Lake Ave, P O Box 787  
Detroit Lakes, MN 56502-0787  
Phone (218)-846-7314; Fax (218)-846-7266

Onsite Septic System Site Evaluation/Design Tax Parcel Number 123.0009.000 911 Address 15998 Cty Hwy 29

Legal Description: West 660' of Out lot 34 All 60' out lot 4 Section 2 TWP 138N Range 40W

Lake Name NA Lake Classification NA Township Name Burlington

Owner's Name Thomas Von Ruden Address 15886 Cty Hwy 29

City Frazee State/Zip MN 56544 Phone Number 847-8096

Number of Bedrooms 3 Well Casing Depth 73' Garbage Disposal (Yes) (No)  
Design Flow 450 GPD Depth of other Wells within 100 ft of system \_\_\_\_\_ Grinder Pump/Lift Station \_\_\_\_\_  
In House (Yes) (No)

Type of Observation: Probe Pit Boring  
Original Soil (Yes) (No) Compacted Soil (Yes) (No) Proposed Design  
Depth to Restricting Layer 62" ( ) Replace Septic Tank (X) Standard (gravelless chamber)  
Maximum of Depth of System 26" (X) Septic Tank/Drainfield ( ) Standard (rock depth) \_\_\_\_\_  
Perc Rate \_\_\_\_\_ Soil Sizing Factor \_\_\_\_\_ ( ) Drainfield Only ( ) Standard Bed  
( ) Holding Tank ( ) Mound ( ) At Grade  
( ) Lift Station ( ) Pressurized Bed

**SOIL BORING LOG**

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-5	top soil		BLOCKY PLATY PRISMATIC NONE
5-24	Sand loam	10YR 4/3	BLOCKY PLATY PRISMATIC NONE
24-50	Sand	10YR 5/3	BLOCKY PLATY PRISMATIC NONE
50-60	Sand	10YR 6/4	BLOCKY PLATY PRISMATIC NONE

**SOIL BORING LOG**

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-4	top soil		BLOCKY PLATY PRISMATIC NONE
4-22	Sand loam	10YR 4/3	BLOCKY PLATY PRISMATIC NONE
24-50	Sand	10YR 5/3	BLOCKY PLATY PRISMATIC NONE
50-60	Sand	10YR 6/4	BLOCKY PLATY PRISMATIC NONE

Attach Perc Test Information If Required

Name and Address of Designer Tim Stenser 35 295 Hwy 34 East DL, Phone 847-2912

MPCA Number 553 Date of Site Evaluation 4-24-00 Signature of Designer Tim Stenser

Name of Installer (if different from Designer) \_\_\_\_\_ MPCA Number \_\_\_\_\_

**\*FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY\***

- \*\*\* Any changes to the permit must first be approved by Becker County Planning & Zoning. No system shall be covered up without inspection by Becker County Planning & Zoning.
- \*\*\* Inspections must be scheduled at least 24 hours prior to time requested.

Date Received 4/25/00 Application Fee 75<sup>00</sup> State Surcharge 50 Total 75<sup>50</sup>

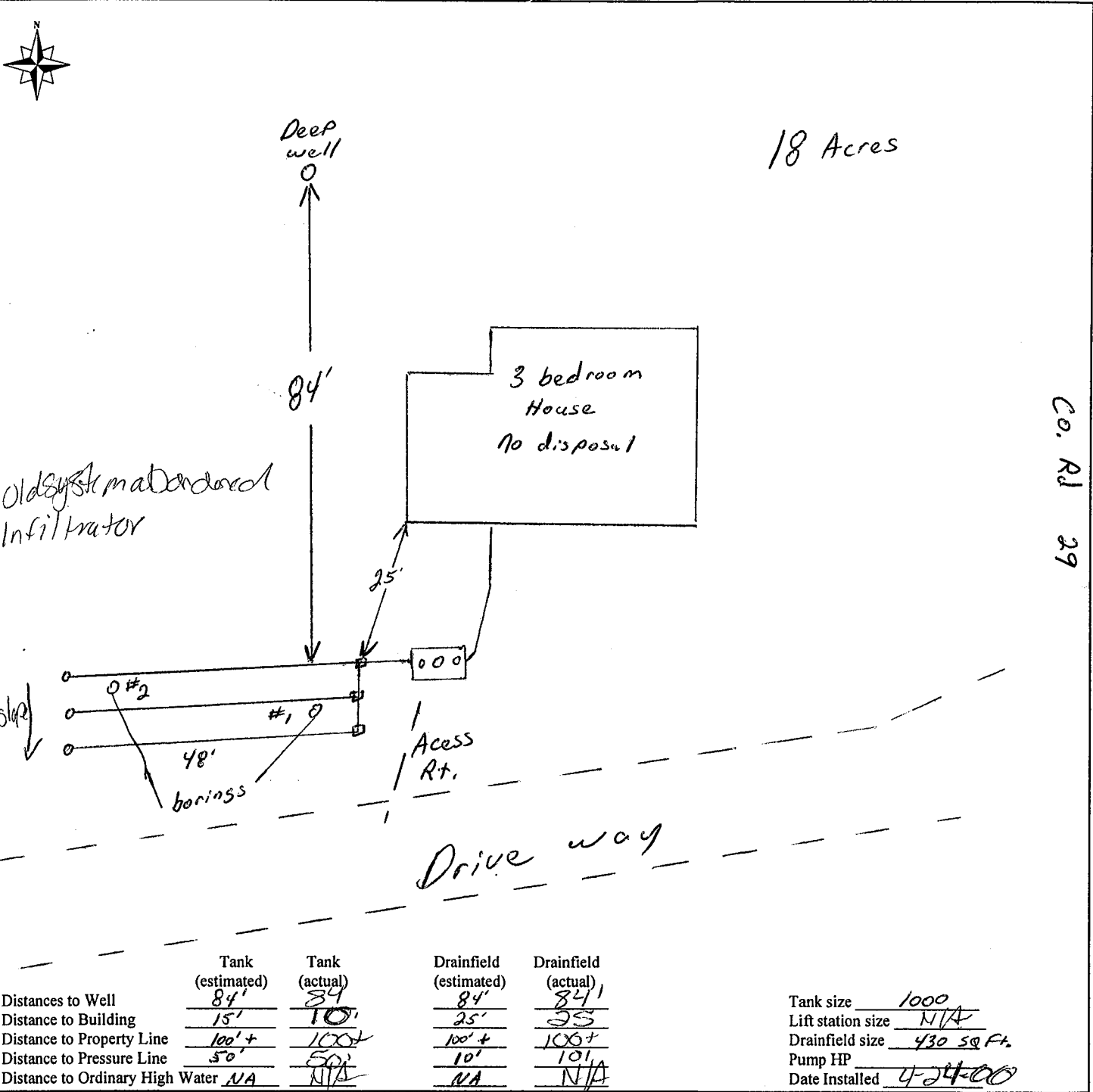
[ ] Application is hereby denied  
 [X] Application is hereby granted to T. Von Ruden to install an individual septic system according to the specifications of the site evaluation and design submitted to the Becker County Environmental Services Office. By Order of: Lebi Mottz

Signature of Becker County Qualified Employee Lebi Mottz Date Permit Issued 4/25/00 Permit Number 14547  
 This permit expires on 4/25/01

The site plan must be drawn to dimension or to scale:

- \*Dimensions of Lot
- \*Existing & Proposed Buildings
- \*Easements & setbacks
- \*Well & Water Line Locations
- \*Distance from Property Lines
- \*Tank Access Route
- within 100 ft of System
- \*Distance from OHWM
- \*Distance from buildings

- \*Scale - One inch = 25 ft
- \*Location of any Unsuitable Soil
- \*Soil Borings & Per Test Locations
- \*Alternate Drainfield Location



**\*FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY\***

CERTIFICATE OF COMPLIANCE

- Certificate is Hereby Denied
- Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data. With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Signature: Jatricia Schae Title: Deputy S.A. Date: 4-27-00

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

# BECKER COUNTY

Permit Number 9-15868-36 Date 6-29-87

Building Addition Sewage System \_\_\_\_\_

Township Burlington Sec. 2 Description T138 R40

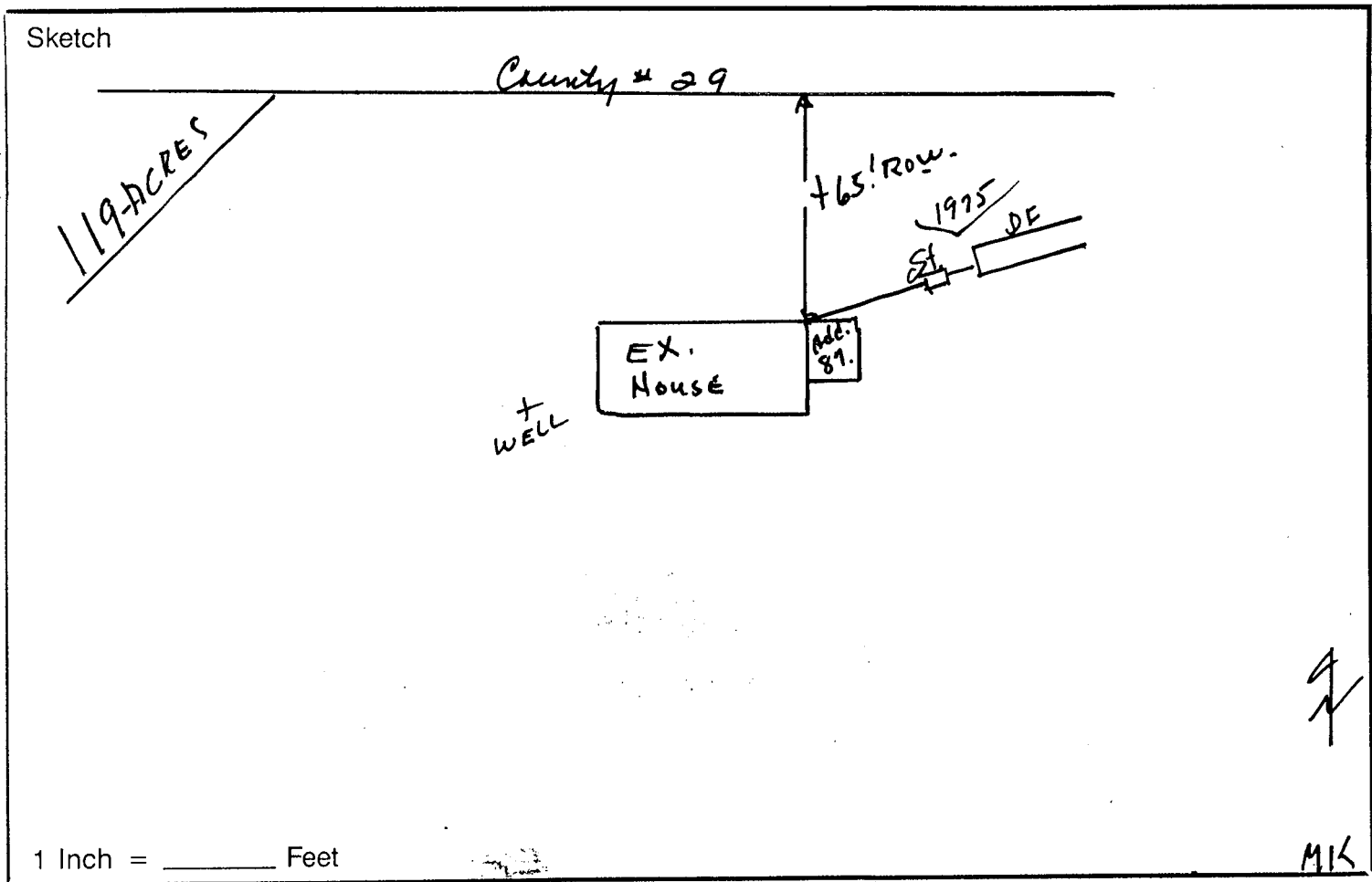
N 1/2 of NW 1/4

Work Authorized Addition to house 16 x 16

Issued to: Name Thos. E. Von Ruden

Address: Rt 1 Box 41 Town Frazee

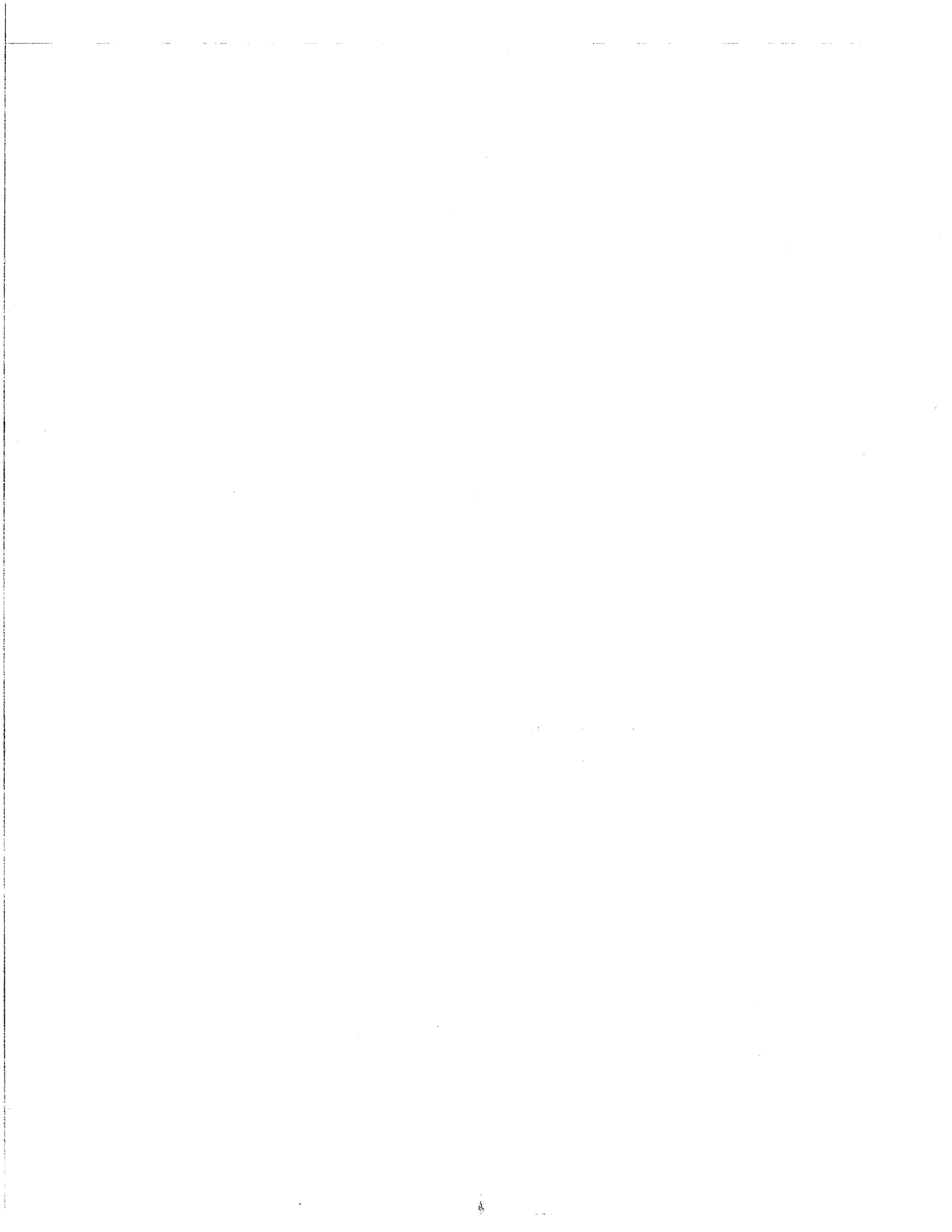
State Minnesota Zip 56544



NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. Notify Becker County Zoning Administrator (847-4427) before building footings have been completed. No part of the sewage system shall be covered until it has been inspected and approved. Notify the Zoning Administrator 24 hours before the job is ready for inspection.

Floyd Swartz  
Becker County Zoning Administrator

BECKER COUNTY  
DETROIT LAKES, MN 56501



Yellow - Owner  
Pink - Assessor  
Blue - Inspector

BECKER COUNTY ZONING ADMINISTRATION

COUNTY COURT HOUSE - Phone 218-847-7721 - Detroit Lakes, Minn. 56501

Permit No. \_\_\_\_\_ Date 10-1-75

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION	<u>N 1/2 of NW 1/4</u>					
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range
				<u>2</u>	<u>138</u>	<u>40 Burlington</u>

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address-- No. Street, City and State	Zip No.	Tel. No.
	<u>Von Ruden, Thomas</u>			<u>Rt 1</u>		
Contractor	Name <u>Stinger, Joe</u>			<u>FRAZER, MN. 56544</u>		

928

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
( ) New Building ( ) Alteration Other _____	( ) One Family Dwelling ( ) Multiple Dwelling _____ Units	Specify: _____ Size: _____

ESTIMATED COST OF IMPROVEMENT \$ _____	Construction Starting Date: _____	
PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:
( ) Masonry ( ) Wood Frame ( ) Structural Steel ( ) Other - Specify _____	( ) Public <input checked="" type="checkbox"/> Individual Septic Tank, etc.	Basement: ( ) Yes ( ) No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____
Type of Roof: _____	WATER SUPPLY: ( ) Public ( ) Individual Well	HEATING: ( ) Electric ( ) Gas ( ) Oil ( ) Coal ( ) None Other: _____
	MECHANICAL EQUIPMENT : Elevator: ( ) Yes ( ) No Air Conditioning: ( ) Yes ( ) No ( ) Central ( ) Unit	

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity <u>12-3210-36</u>	<u>750</u> Gls.	<u>200</u> Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>over 50</u> Ft.	<u>over 75</u> Ft.	Ft.
Distance from lake or stream	_____ Ft.	_____ Ft.	Ft.
Distance from occupied building	<u>over 10</u> Ft.	<u>over 20</u> Ft.	Ft.
Distance from property line	<u>over 10</u> Ft.	<u>over 10</u> Ft.	Ft.
Distance from bottom to Water Table	_____ Ft.	<u>over 4</u> Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is \_\_\_\_\_ square feet. Water frontage is \_\_\_\_\_ feet.

Building set back from high water mark is \_\_\_\_\_ feet. (Building Line)

Land height above high water mark at building line is \_\_\_\_\_ feet

Building set back from State highway is \_\_\_\_\_ feet - from road or street is \_\_\_\_\_ feet.

Side yard is \_\_\_\_\_ and \_\_\_\_\_ feet. Rear yard is \_\_\_\_\_ feet.

Building will be located \_\_\_\_\_ feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located \_\_\_\_\_ feet from soil absorption system (Cesspool, Drainfield, etc.).

Agreement: I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Becker County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that this permit is valid for a period of six (6) months. Applicant further agrees that no part of the sewage system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the County Zoning Administrator, 48 hours before the job is ready for inspection.

Dated \_\_\_\_\_

Thomas Von Ruden  
Signature of Owner

Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

Dated 10-1-75

Floyd Suenby  
Becker County Zoning Administrator

Permit Fee \$ 30 State Surcharge \$ 50

Comments: \_\_\_\_\_



# BECKER COUNTY

Sewage Permit No. SP No. \_\_\_\_\_

SP No. 1778

Location: Lake No. \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Range \_\_\_\_\_ Twp. Name \_\_\_\_\_

Issued \_\_\_\_\_ 19\_\_\_\_, To \_\_\_\_\_  
Work Authorized \_\_\_\_\_

NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. No part of system shall be covered until it has been inspected and approved. Notify Zoning Administrator, (847-7721) office when job is ready for inspection.

*Floyd Swanby*

*Floyd Swanby*  
Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA  
Board of County Commissioners

