

# Onsite Septic System Ap

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



060915000

SCANNED  
RECEIVED

OCT 09 2012

ZONING

## 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: 060915000

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 7 Township 138 Range 43 Township Name Cormorant

Lake Name Turtle Lake Classification \_\_\_\_\_

Legal Description: Ness Beach Lot 1

Project Address: 14658 Thomas Rd, Lake Park

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

Owner's First Name Bill Owner's Last Name Mattson

Mailing Address 802 Morning Side Dr. City, State, Zip Cassellton ND 58012

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

## 3. DESIGNER/INSTALLER INFORMATION

Designer Name Rick Renner Company Name Renner Exc. LLC License # 2567

Address Adrian Phone Number 439-3514

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  
☐ Replacement - structure removed and being rebuilt  
☐ Failing -Replacement- cesspool/seepage pit or other  
☐ Enlargement of system-Undersized  
☐ Repairs Needed to existing  
☐ Additional system on property

- ☒ Dwelling  
☐ Resort/Commercial  
☐ Commercial (Non-resort)  
☐ Other - explain below

9-29-12 Date of site  
evaluation

Design Flow 600 Gallons Per Day

Number of Bedrooms 4

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 \_\_\_\_\_

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

Type of Soil Observation

☐ Pit ☐ Probe ☒ Boring

Depth to Restricting Layer 7' +

Maximum Depth of System 4'

### Size of All Tanks to be installed

1600 gal Single Compartment Septic Tank \_\_\_\_\_ gal Separate Lift Station

\_\_\_\_\_ gal Compartmented Tank \_\_\_\_\_ gal Holding Tank

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

\_\_\_\_\_ Existing tank w/new Additional Tank

\_\_\_\_\_ Existing tank w/new Lift Station

\_\_\_\_\_ 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	SEPTIC
YEAR	

Type of Drainfield      Full Size of Drainfield      Reduced/Warrantied size

\_\_\_\_\_ Chamber Trench      \_\_\_\_\_ sq ft      \_\_\_\_\_ sq ft

\_\_\_\_\_ Rock Trench      \_\_\_\_\_ sq ft      \_\_\_\_\_ sq ft

\_\_\_\_\_ Gravelless      \_\_\_\_\_ sq ft      \_\_\_\_\_ sq ft

\_\_\_\_\_ Mound      \_\_\_\_\_ sq ft \*\*\*

X \_\_\_\_\_ Pressure Bed      500 sq ft \*\*\*

\_\_\_\_\_ Seepage Bed      \_\_\_\_\_ sq ft \*\*\*

\_\_\_\_\_ At-grade      \_\_\_\_\_ sq ft \*\*\*

\_\_\_\_\_ Alternative /      \_\_\_\_\_ sq ft \*\*\*      \*\*\*Attach Worksheets

Performance

Type of chamber \_\_\_\_\_

Depth of Rock 12"

Alarm? Yes X No \_\_\_\_\_

Type of Alarm indoor

Size of Lift Pump 1/4

Size of Lift Line 2"

PROPOSED SETBACKS	
TANK	DRAINFIELD
<u>60'</u>	<u>70'</u>
<u>10'</u>	<u>20'</u>
<u>20'</u>	<u>5'</u>
<u>100'</u>	<u>120'</u>
<u>20'</u>	<u>30'</u>
_____	_____

*Row*

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
<u>0-10"</u>	<u>Top Soil</u>	<u>10YR 2/2</u>	<u>weak</u>			<u>Same</u>		
<u>10"-14"</u>	<u>Loam</u>	<u>10YR 3/4</u>	<u>weak</u>					
<u>14"-84"</u>	<u>Coarse Sand</u>	<u>10YR 4/6</u>						

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
	<u>Same</u>							

## 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

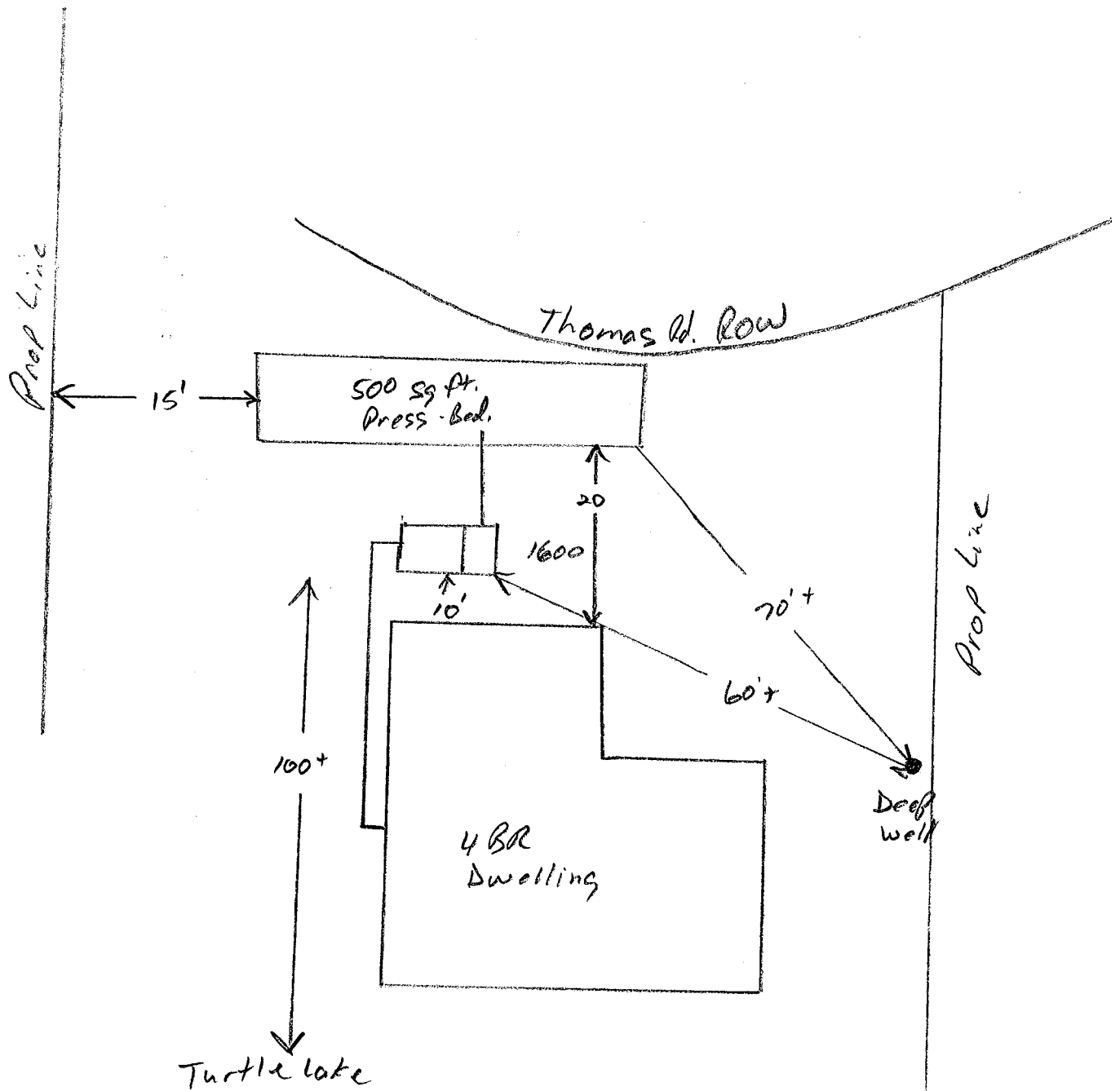
## 6. DESIGNER'S CERTIFIED STATEMENT

I, Rick Renner 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).

Rick Renner  
Signature of Designer

10-7-12  
Date

(N)





# COUNTY OF BECKER

## Planning and Zoning

915 Lake Ave, Detroit Lakes, MN 56501  
Phone: 218-846-7314 ~ Fax: 218-846-7266

### SSTS STATEMENT - # OF BEDROOMS AND WATER-USE APPLIANCES

Note: Form must be legible and completed in ink

Property Owner Name(s): Bill Mattson

Address: 802 Normanside Dr. City, State, Zip: Cass Lake MN

Phone: 201-238-9994 Alt. Phone: \_\_\_\_\_

Legal Description: Ness Beach Lot 1

Lake/River: Turtle Tax Parcel No. 060915000

Property Address: 14658 Thomas Rd.

#### Definitions:

**Bedroom** – any room or unfinished area within a dwelling that might reasonably be used as a sleeping room. Lofts and unfinished basements (with at least one egress window and/or door) are counted as bedrooms.

**Water-use Appliances** – installed or anticipated: e.g. automatic washer, dishwasher, water conditioning unit, whirlpool bath, garbage disposal, or self-cleaning humidifier in furnace.  
Note: A dishwasher with a built-in garbage disposal counts as two (2) water-use appliances.

Existing # of bedrooms: 4 + # of bedrooms yet to be constructed: 0 = Total # of bedrooms to be serviced by the SSTS: 4 (min. # bedrooms allowed by State is two)

Existing # of water-use appliances: 3 List each: Dishwasher / Washing Machine / Softener  
+ # of water-use appliances yet to be installed: 0 List each: \_\_\_\_\_  
3 = Total # of water-use appliances to be serviced by the SSTS: \_\_\_\_\_

I (we) do hereby swear and affirm that the above-stated number of bedrooms and water-use appliances exist and/or will be installed in the residence located on the property listed on this document such that they will be serviced by the subsurface sewage treatment system (SSTS) that will be designed for and connected to said residence and installed on said property.

William Mattson  
Property Owner(s) Signature(s)

10/2/2012  
Date

Complete, sign & Return



## SEWER & DRAINFIELD in or near ROAD RIGHT OF WAY AGREEMENT

Cormorant Township has no objections in having:

Doug + Kristi Ohnstad (owner of property)

206.0915.000 (parcel number)

14658 Thomas Road (address)  
Lake Park MN

drainfield or sewer system near or in the road right of way of

Thomas Road (name of road)

with the stipulation that Cormorant Township or any contractor hired by Cormorant Township shall not be liable for any damage done to the above mentioned drainfield because of placement of said drainfield.

X Tim Erickson Chairman 7/13/11 Date  
C. Erickson Clerk 7/13/2011 Date

• Supervisor  
Tim Erickson  
11387 County Hwy. 5  
Pelican Rapids, MN 56572  
Phone: 218-532-3649

• Supervisor  
Bruce Danielson  
14652 Thomas Road  
Lake Park, MN 56554  
Phone: 218-532-2671

• Supervisor  
Steve Sorenson  
10194 Sherbrooke Bch. Ln.  
Pelican Rapids, MN 56572  
Phone: 218-532-7717

• Clerk  
Claudia Hanson  
14321 Oak Ridge Rd.  
Lake Park, MN 56554  
Phone: 218-532-3644

• Treasurer  
Susie Braseth  
12787 Braseth Bay Rd.  
Lake Park, MN 56554  
Phone: 218-532-2404

Application Approved by:

Amount Paid

NOTES:

150.00

Receipt Number

104017

Date:

10-9-12

Permit Number

\*\*\*\*\*

### 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 indoor Alarm manufacturer

Lift pump in system? Yes ☒ No ☐ Pump manufacturer

Number of bedrooms 4

#### Component Information

Tank size 1600 g/c

Tank manufacturer Brown & Wilbur

Drainfield size 500

Drainfield medium rock pressure bed

Drainfield medium size/depth

Medium manufacturer

#### 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

Distance to Well

Distance to Building

Distance to Property Line

Distance to OHW of Lake

Distance to Pressure Line

Distance to Wetland/Protected Water

TANK

DRAINFIELD

60

70

10

20

20

5 to ROW 10 to Property line

100

120

20

30

Date System Installed 10/29/12

Installer Rick Kerner

Inspector Mike

\*\*\*\*\*

### 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.

Hebi Mottzan

Signature

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

Supervisor of Inspectors

Title

Date

10/29/12

White - Office  
Yellow - Owner  
Pink - Assessor  
Goldenrod - Inspector

# BECKER COUNTY ZONING ADMINISTRATION

12-11,631-23  
Permit No. 8-31-82  
Date

COUNTY COURT HOUSE - Phone 218-847-3938 - Detroit Lakes, Minn. 56501

## APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

7703

LEGAL DESCRIPTION AND LOCATION	LOT # <u>1</u> NESS BEACH						
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
		<u>Turtle</u>	<u>RD</u>		<u>138</u>	<u>43</u>	<u>CORMANAT</u>

IDENTIFICATION: Please Print All Information								
Owner	Last Name	First	Initial	Mailing Address - No. Street, City and State			Zip No.	Tel. No.
	<u>PAULSON</u>	<u>Clifford</u>	<u>W</u>	<u>Box 98</u> <u>Stornton, Mn</u>			<u>55988</u>	<u>507 689 2834</u>
Contractor	Name	Address			City and State			Zip No.
	<u>Richard Westlund</u>	<u>Lake Park, Mn</u>			<u>56554</u>			<u>238 5540</u>

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 \$ 1150.00 Construction Starting Date: 31 AUG 82

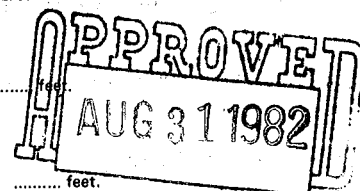
PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:
( ) Masonry ( ) Wood Frame ( ) Structural Steel ( ) Other - Specify _____	( ) Public ( ) Individual Septic Tank, etc. WATER SUPPLY: ( ) Public ( ) Individual Well MECHANICAL EQUIPMENT: Elevator: ( ) Yes ( ) No Air Conditioning: ( ) Yes ( ) No ( ) Central ( ) Unit	Basement: ( ) Yes <input checked="" type="checkbox"/> No Stories above basement: <u>ONE</u> Sq. feet (outside dimension) _____ Bedrooms <u>3</u> Baths <u>1</u> HEATING: ( ) Electric ( ) Gas ( ) Oil ( ) Coal ( ) None Other: <u>Bed</u>
Type of Roof: _____		

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	375 Sq. Ft.	300 Sq. Ft.
Distance from nearest well	50 Ft.	+ 75 Ft.	50 Ft.
Distance from lake or stream	120 Ft.	+ 75 Ft.	120 Ft.
Distance from occupied building	10 Ft.	+ 10 Ft.	10 Ft.
Distance from property line	10 Ft.	+ 10 Ft.	10 Ft.
Distance from bottom to Water Table	8 Ft.	4 Ft.	8 Ft.

All distances are shortest distance between nearest points

### CHARACTERISTICS:

Lot Area is 100 X square feet. Water frontage is 100 feet.  
Building set back from high water mark is EX. 64 feet. (Building Line)  
Land height above high water mark at building line is + 6 feet.  
Building set back from State highway is \_\_\_\_\_ feet - from road or street is \_\_\_\_\_ feet.  
Side yard is + 10 and + 10 feet. Rear yard is + 40 feet.  
Building will be located + 10 feet from septic tank (Sewage System Permit must be obtained before installation).  
Building will be located + 10 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 31 Aug 82 Signature of Owner Clifford W. Paulson

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. 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.

### MUST BE POSTED AT THE BUILDING SITE

Dated 8-31-82 Becker County Zoning Administrator [Signature]  
Permit Fee \$ 10.00 State Surcharge \$ .50

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

**INSPECTOR'S CHECK LIST**  
*Make all measurements and computations*

	ACTUAL IS ↓	MINIMUM Shall Be ↓ Sq. Ft.
Building Set Back from High Water Mark	Ft.	Ft.
Building Set Back from State Highway	Ft.	Ft.
Side Yard	& Ft.	& Ft.
Rear Yard	Ft.	Ft.
Elevation at Building Line above High Water Mark	Ft.	Ft.

**SEWAGE DISPOSAL SYSTEM STATISTICS**

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity		Gls.		Gls.		S F		S F		S F		S F
Distance from Nearest Well		F		F		F	75	F		F	50	F
Distance from Lake or Stream		F		F		F		F		F		F
Distance from Occupied Building		F	10	F		F	20	F		F	20	F
Distance from Property Line		F	10	F		F	10	F		F	10	F
Distance from Bottom to Water Table	---	F	---	F		F	4	F		F	4	F

Inspector's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INTERPRETATION  
OF ABBREVIATIONS**

Gls — Gallons  
 SF — Square Feet  
 F — Linear Feet

Inspection  
 Dated

19

Inspector's Signature

Title

Agency



**CERTIFICATE OF COMPLIANCE**  
**SEWAGE SYSTEM**

This certificate has been issued this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_,  
to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as:

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

Owner: Name \_\_\_\_\_

Address \_\_\_\_\_

Zip No. \_\_\_\_\_

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

Signed by: \_\_\_\_\_  
Zoning Administrator  
Becker County, Minnesota



# INSPECTOR'S CHECK LIST

Make all measurements and computations

LOCATION	MINIMUM Shall Be	ACTUAL IS
Building Set Back from High Water Mark	Ft.	Ft.
Building Set Back from State Highway	Ft.	Ft.
Side Yard	& Ft.	& Ft.
Rear Yard	Ft.	Ft.
Elevation at Building Line above High Water Mark	Ft.	Ft.

## SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	1000		300			
Distance from Nearest Well	55		70		50	
Distance from Lake or Stream	75		90			
Distance from Occupied Building	15	10	25	20	20	
Distance from Property Line	18	10	10	10	10	
Distance from Bottom to Water Table				4		4

Inspector's Comments: 12 yds Rock, Much wetland (Horseshoe)  
 Sandy soil

### INTERPRETATION OF ABBREVIATIONS

- Gls — Gallons
- SF — Square Feet
- F — Linear Feet

Mark Kuehn

Inspection Dated 9-10-82

Title

Agency

White — Office  
Yellow — Owner  
Pink — Assessor  
Goldenrod — Inspector

# BECKER COUNTY ZONING ADMINISTRATION

Permit No. \_\_\_\_\_

COUNTY COURT HOUSE — Phone 218-847-3938—Detroit Lakes, Minn. 56501

Date \_\_\_\_\_

## APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION							
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

### IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
Contractor	Name					

### TYPE OF IMPROVEMENT:

( ) New Building ( ) Alteration  
Other \_\_\_\_\_

### RESIDENTIAL PROPOSED USE:

( ) One Family Dwelling  
( ) Multiple Dwelling \_\_\_\_\_ Units

### NON-RESIDENTIAL PROPOSED USE:

Specify: \_\_\_\_\_  
Size: \_\_\_\_\_

### ESTIMATED COST OF IMPROVEMENT \$

Construction Starting Date: \_\_\_\_\_

### PRINCIPAL TYPE OF FRAME:

( ) Masonry  
( ) Wood Frame  
( ) Structural Steel  
( ) Other — Specify \_\_\_\_\_

Type of Roof: \_\_\_\_\_

### TYPE OF SEWAGE DISPOSAL:

( ) Public  
( ) Individual Septic Tank, etc.

### WATER SUPPLY:

( ) Public  
( ) Individual Well

### MECHANICAL EQUIPMENT :

Elevator: ( ) Yes ( ) No  
Air Conditioning: ( ) Yes ( ) No  
( ) Central ( ) Unit

### DIMENSIONS:

Basement: ( ) Yes ( ) No  
Stories above basement: \_\_\_\_\_  
Sq. feet (outside dimension) \_\_\_\_\_  
Bedrooms \_\_\_\_\_ Baths \_\_\_\_\_

### HEATING:

( ) Electric ( ) Gas ( ) Oil  
( ) Coal ( ) None  
Other: \_\_\_\_\_

### SEWAGE DISPOSAL SYSTEM DATA:

### SEPTIC TANK

### SEEPAGE PIT

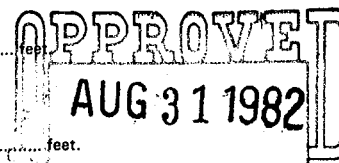
### DRAIN FIELD

Capacity	Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well	Ft.	Ft.	Ft.
Distance from lake or stream	Ft.	Ft.	Ft.
Distance from occupied building	Ft.	Ft.	Ft.
Distance from property line	Ft.	Ft.	Ft.
Distance from bottom to Water Table	Ft.	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.).



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Dated \_\_\_\_\_

Signature of Owner \_\_\_\_\_

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. 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.

### MUST BE POSTED AT THE BUILDING SITE

Dated \_\_\_\_\_

Becker County Zoning Administrator \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ State Surcharge \$ \_\_\_\_\_

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