

Becker County Plan
835 Lake Ave, P.O. Box 1000
Detroit Lakes, MN 56502-0787
Phone (218)-846-7314; Fax (218)-846-7266



Onsite Septic System Site Evaluation/Design

1. PROPERTY DATA (as it appears on the tax statement)

Parcel Number(s) of property system will be installed R 21,0201,000
(if parcel is a new split and a parcel number has not yet been issued, indicate the main parcel number from which the new parcel has been split from)

Section 20 Township 140 Range 36 Township Name Osage

Lake Name Straight Lake Classification _____

Legal Description: NE of NW 1/4 of SE 1/4 adjacent to N Boundary line of Squires point plat.

Project Address: 24227 McKinley St Osage MN

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

Owner's First Name Grant Peterman Owner's Last Name Peterman

Mailing Address 24227 McKinley St City, State, Zip Osage MN 56570

Phone Number 218-573-3245

3. DESIGNER/INSTALLER INFORMATION

Designer Name Todd Hinman Company Name Prairie Coast - Hinman Bros License # 2122

Address Osage MN Phone Number 218-252-2120

Installer Name SAME Company Name SAME License # _____

Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation _____

EXISTING SYSTEM STATUS – Check One

No existing system-new structure
 Cesspool/Seepage
 Failing (other than cesspool)
 Undersized
 Replacement or repair to existing

What will new system serve? Check one

Dwelling
 Resort/Commercial
 Commercial (non resort)
 Other – explain below

*Install New
Lift Grinder
Lift Tank Pump*

Design Flow _____ Gallons Per Day
Number of Bedrooms _____
Garbage Disposal _____ Yes _____ No
Grinder Pump in House _____ Yes _____ No
Lift station in House _____ Yes _____ No

Well Depth 15 ft
Depth of other wells within 100 ft of system _____

Original Soil Compacted Compacted Soil _____
Type of Soil Observation _____
Pit _____ Probe _____ Boring _____
Depth to Restricting Layer _____
Maximum Depth of System _____

Ex 511

Size of All Tanks to
Be installed
____ gal Septic Tank
500 gal Lift Station
____ gal Holding Tank
____ gal Other Tanks

Existing
Type of Drainfield Medium
to be used
____ Chamber
____ H10 EQ36
____ Drainfield Rock
____ Rock Depth
____ Gravelless
____ Experimental
____ No Drainfield

Type of Alarm 55 Rombous
Size of Lift Pump Zoller 264
Size of Lift Line 2"

Type of Drainfield to be installed
Trench
At-grade
Pressure Bed
Seepage Bed
Mound

Size of Drainfield sq ft to be installed
____ sq ft
N/A sq ft
____ sq ft
____ sq ft
____ sq ft

Distance to Well
Distance to Building
Distance to Property Line
Distance to OHW
Distance to Pressure Line

SETBACKS
TANK 50' DRAINFIELD N/A
20' Existing

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

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

*None
Done installed
Junk Lift Tank*

5. DESIGNER'S CERTIFIED STATEMENT

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

Jody Yliniemi
Signature of Designer

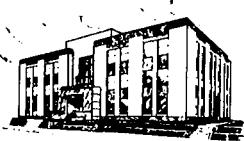
8/30/04
Date

*****FOR OFFICE USE ONLY*****
Application Approved by: Debi Molzon Date: 9-2-04
Amount Paid 100.00 Receipt Number _____ Permit Number _____

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.

Debi Molzon Supervisor of Inspectors 9-2-04
Signature Title Date
(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
Date System Installed 8-30-04 Inspected by Debi



BECKER COUNTY

829 LAKE AVENUE, P.O. BOX 787
DETROIT LAKES, MINNESOTA 56502-0787
(218) 846-7314

**SKETCH PLAN
FORM H**

Please be as complete as possible. Include all of the items listed below where applicable.

GENERAL CHECKLIST

- scale
- north arrow
- lot dimensions
- structure location
- side lot setback
- road setback
- septic tank location
- drainfield location
- location of all wells
within 100' of drainfield
- fill & grading limits
- vegetation alteration limits

WATER RESOURCE CHECK-LIST

- [] location of ordinary high water level (OHWL)
- [] location of present water line
- [] setback from OHWL
- [] location of highest known water level
- [] existing local drainage
- [] location of wetland areas

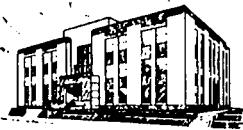
Remarks:

Scale of Diagram: 1 inch = 100 feet

Drawing By tran is edited

Date of Drawing: 9/15/19

Signature _____



BECKER COUNTY

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- existing local drainage
- location of wetland areas

Scale of Diagram: 1 inch = _____ feet

Drawing By: _____

Date of Drawing: _____

Remarks: _____

Signature

A hand-drawn sketch on grid paper showing a property layout. The property is roughly rectangular with a curved eastern boundary labeled "Straight Lake". Inside, a house is labeled "2 BR HOME". To the west of the house is a "Shallow well". To the north is a "Tank" with an arrow pointing to it labeled "Tank access". A "75' slope" is shown on the eastern side. A "500 gallon new tank" is located near the center, with an "Existing" pipe leading to it. A "Not sealed" pipe is shown leading from the tank area. A "75' x 10' x 10' tank" is shown at the top left, with an arrow pointing to it labeled "To Drain Field". A note on the left side of the sketch reads "Old Ring Black Lint Tank Full of Tree Roots!".

Deb - This is the system I talked to you about on
Mon, 8/30/04 ~~about~~!

Thank you
Jody

**APPLICATION
FOR SEWAGE SYSTEM
CERTIFICATE OF COMPLIANCE
With The Becker County Zoning Ordinance**

Application Number	8199
Tax Parcel Number	01.0001.000
Fire Number of Project Location	2202W

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <i>Batchman, Grant</i>	2. Authorized Agent (If applicable)
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) <i>P.O. Box 217 Osage, MN 56570</i>	
4. Day Phone	5. Evening Phone
6. Section <i>20</i>	7. Township <i>Osage</i>

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name <i>50 AC lying E of Road in NW 1/4 of SE 1/4</i>	2. Zoning <i>Rural Residential</i>
7. Note: If the property is a metes and bounds description, check here [] and attach a copy of the exact legal description.	
SEWAGE SYSTEM DATA Anticipated Use a. <input checked="" type="checkbox"/> Single Family b. <input type="checkbox"/> Multiple Family c. <input type="checkbox"/> Commercial d. <input type="checkbox"/> Agricultural e. <input type="checkbox"/> Other (specify) Type of System a. <input type="checkbox"/> Septic Tank Only b. <input type="checkbox"/> Drainfield Only c. <input checked="" type="checkbox"/> Septic Tank & Drainfield d. <input type="checkbox"/> Holding Tank e. <input type="checkbox"/> Alternative System (specify) Type of Drainfield a. <input checked="" type="checkbox"/> Standard System b. <input type="checkbox"/> Mound (pressure distribution) c. <input type="checkbox"/> Mound (gravity distribution) Well Data a. Depth: <u>30'</u> b. Diameter: <u>2"</u> Type of Well a. <input type="checkbox"/> Drilled b. <input checked="" type="checkbox"/> Sand Point	
DESIGN <p style="text-align: center;">1 Inch Equals DESIGN</p> <p style="text-align: center;">Show Distance Between Sewage System And Buildings, Property Lines, Lake, Roads And All Wells Within 125 Feet.</p>	

Distances to Well: <u>50'</u>	Drainfield: <u>100'</u>	Tank: <u>100</u>	Drainfield: <u>100</u>
Distance to Building: <u>130'</u>	Drainfield: <u>100</u>	Tank Capacity (gal.): <u>1000</u>	Drainfield: <u>400</u>
Distance to Property Line: <u>110'</u>	Drainfield: <u>110</u>	Distance to Ordinary High Water Level: <u>75'</u>	Drainfield: <u>75</u>
Distance to Suction Line: <u>N/A</u>	Drainfield: <u>N/A</u>	Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling: <u>41'</u>	

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct:

Signature of Applicant

Date

TO BE COMPLETED BY ZONING OFFICE

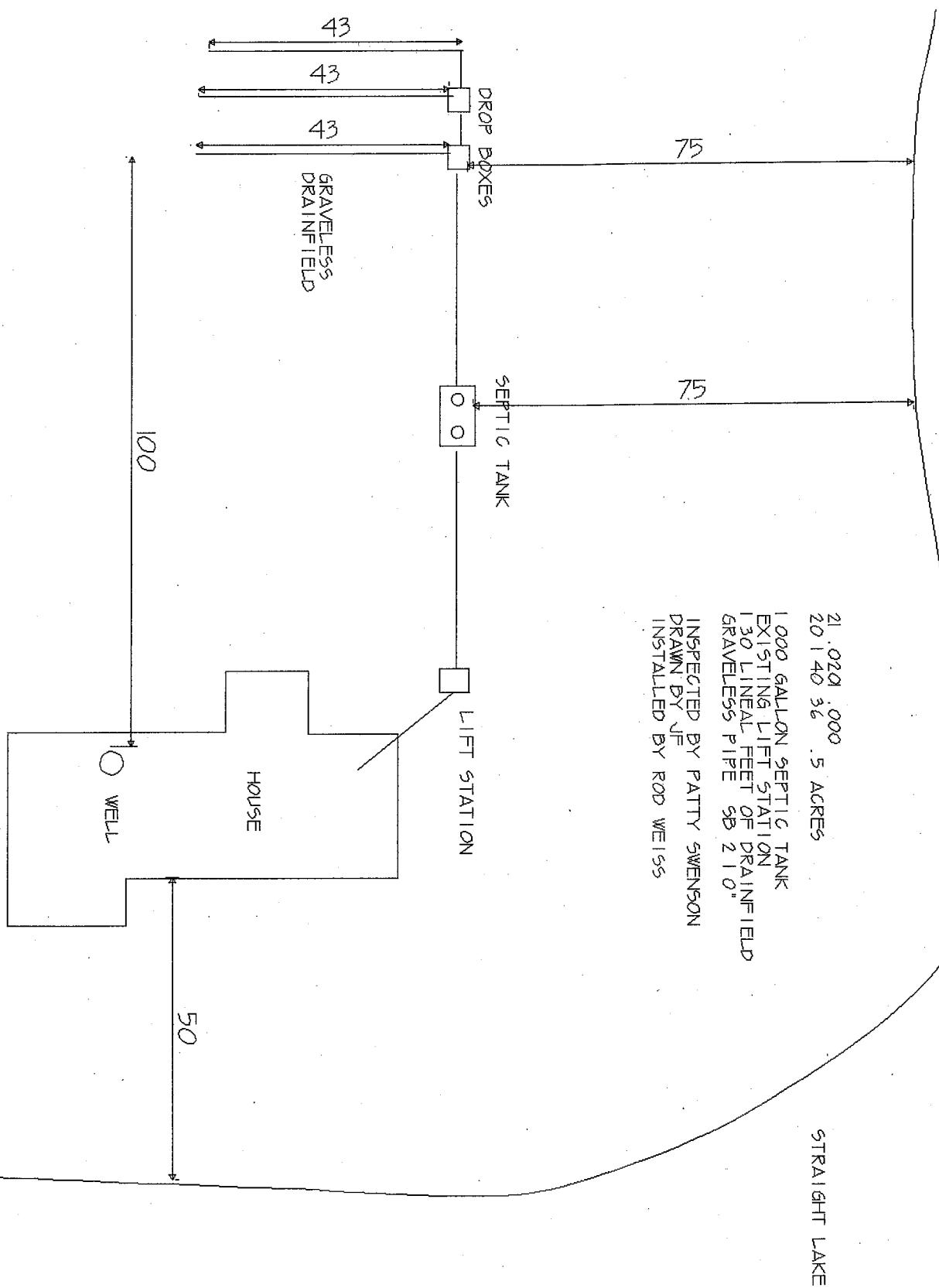
CERTIFICATE IS HEREBY DENIED: (See Back For Reasons)

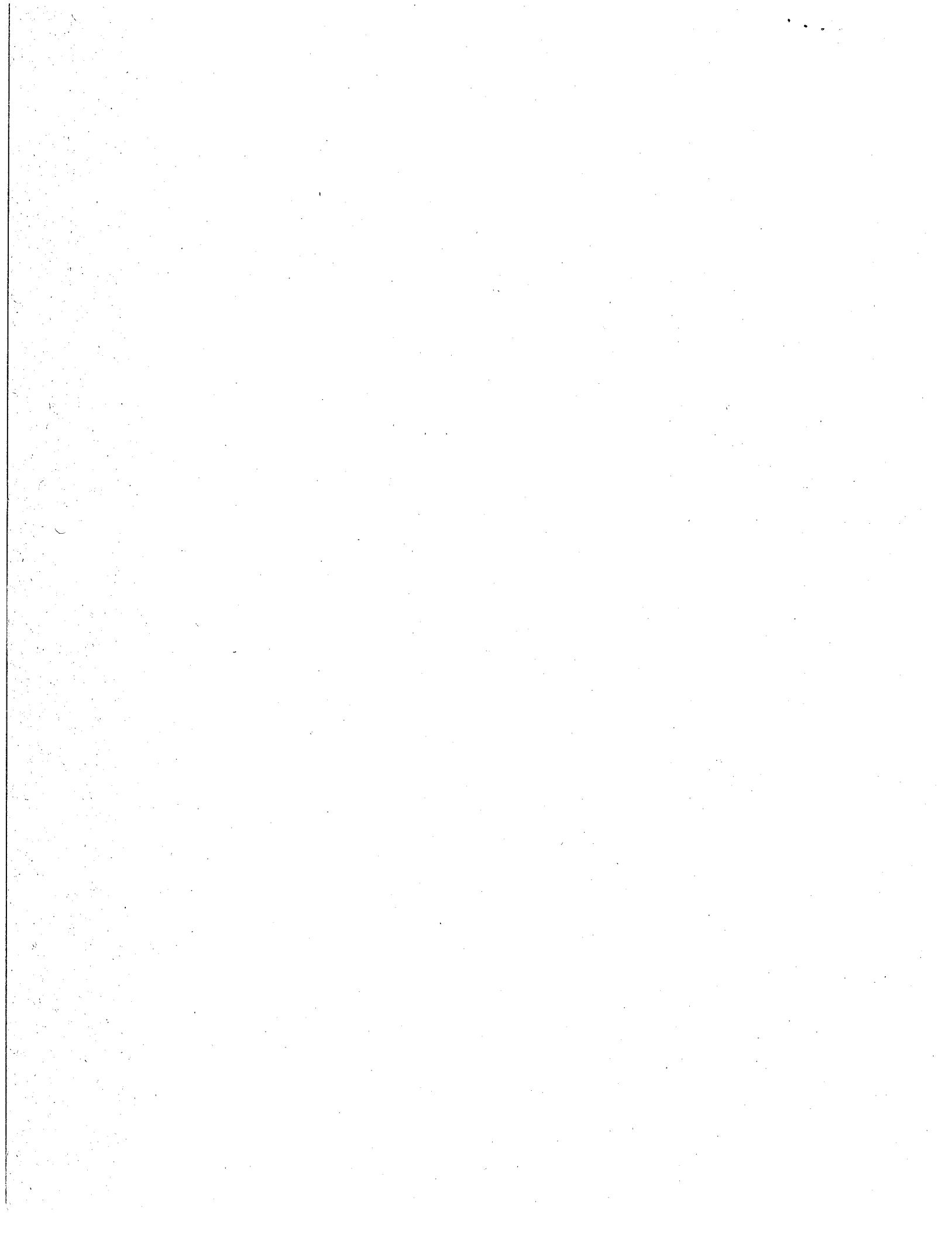
CERTIFICATE IS HEREBY GRANTED; Based upon the application, addendum form, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.

BECKER COUNTY ZONING OFFICE

Patricia Dr
Signature

Patricia Dr
Zoning Technician
Title
Date





**APPLICATION
FOR SEWAGE SYSTEM
CERTIFICATE OF COMPLIANCE
With The Becker County Zoning Ordinance**

Application Number	8199
Tax Parcel Number	01.0001.000
Fire Number of Project Location	3202W

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <i>Bateman, Grant</i>	2. Authorized Agent (If applicable)
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) <i>P.O. Box 217 Osage, MN 56570</i>	
4. Day Phone	5. Evening Phone
6. Section <i>80</i>	7. Township <i>Osage</i>

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name <i>50 AC Dying E of Road in NW 1/4 of SE 1/4</i>
--

7. Note: If the property is a metes and bounds description, check here [] and attach a copy of the exact legal description.

SEWAGE SYSTEM DATA

Anticipated Use

- a. Single Family
- b. Multiple Family
- c. Commercial
- d. Agricultural
- e. Other (specify)

Type of System

- a. Septic Tank Only
- b. Drainfield Only
- c. Septic Tank & Drainfield
- d. Holding Tank
- e. Alternative System (specify)

Type of Drainfield

- a. Standard System
- b. Mound (pressure distribution)
- c. Mound (gravity distribution)

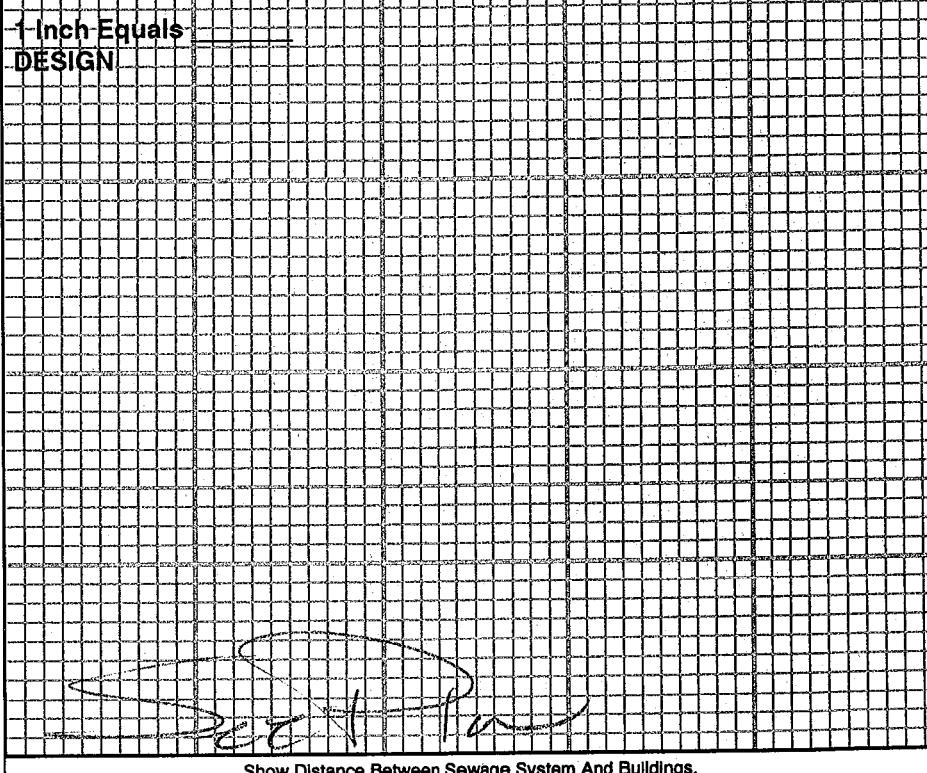
Well Data

- a. Depth: 30'
- b. Diameter: 2"

Type of Well

- a. Drilled
- b. Sand Point

1 Inch Equals
DESIGN



Show Distance Between Sewage System And Buildings,
Property Lines, Lake, Roads And All Wells Within 125 Feet.

Tank	Drainfield
50	100
120	100
110	410
N/A	N/A

Distance to Pressure Line:

Tank Capacity (gal.) & Area of Drainfield (ft. 2):

Distance to Ordinary High Water Level:

Drainfield Separation from Highest Known
Ground Water Level, Impervious Lens or
Soil Mottling:

Tank	Drainfield
110	110
100	400
115	115

I hereby certify with my signature that all data on my application forms,
plans and specifications are true and correct:

Signature of Applicant

Date

TO BE COMPLETED BY ZONING OFFICE

CERTIFICATE IS HEREBY DENIED: (See Back For Reasons)

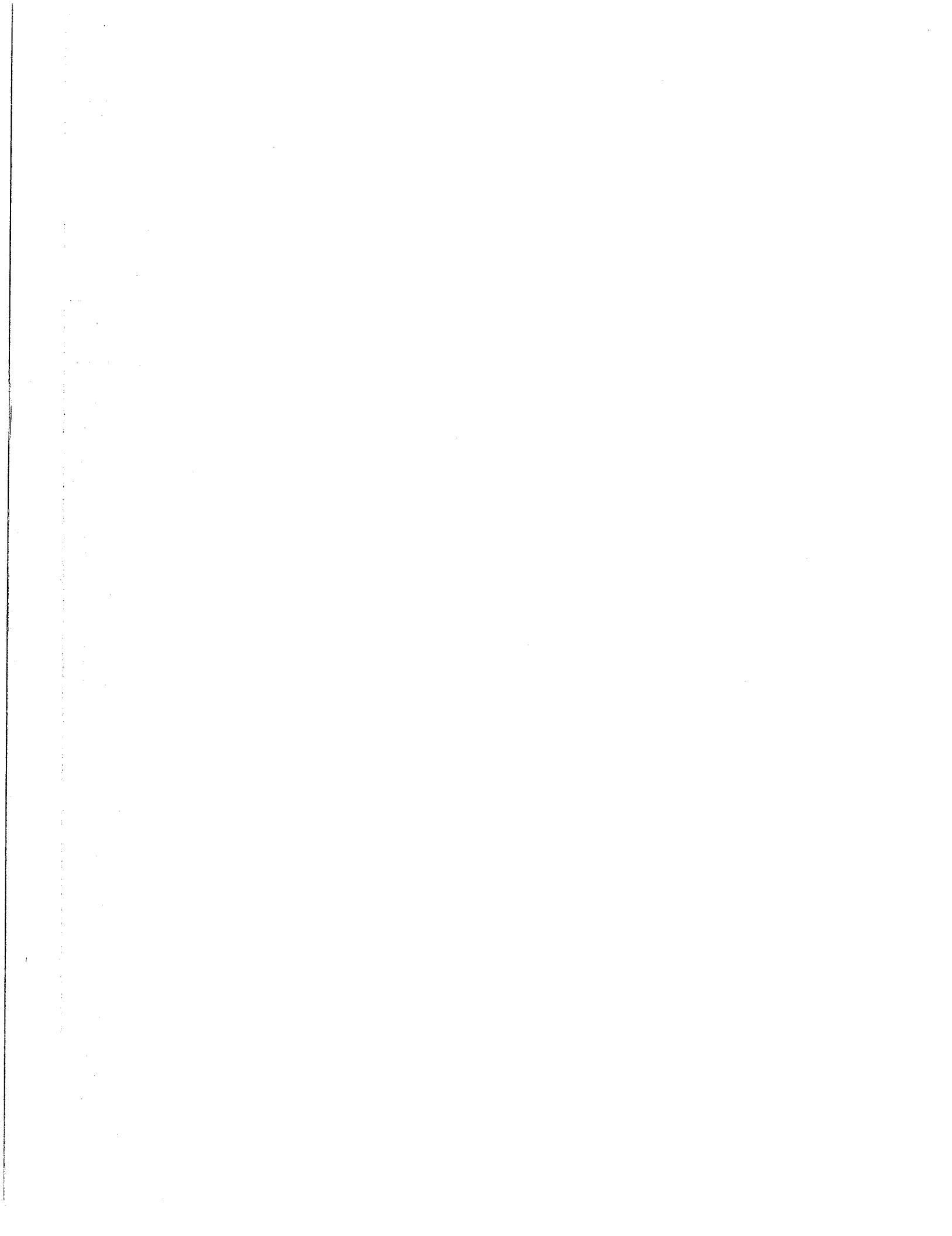
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BECKER COUNTY ZONING OFFICE

Signature

Date

John M. Dr
Planning Technich



~~21.0457.000~~ 21.0201.000

Appendix E

QUESTIONNAIRE SURVEY

SURVEY OF INDIVIDUAL SEPTIC SYSTEMS

ABC LAKE

BY THE

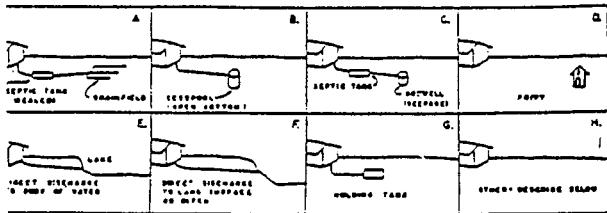
ABC LAKE ASSOCIATION

1. Name Johnnie Grant
last first mi

2. Phone: Residence (218) 573-3245
Lake Same

3. What type of wastewater disposal system do you have?

A B C D E F G H



Describe (other)

4. Do you have any problems with your system?
Yes No X

If yes, indicate problem. If no, proceed to #5.

	Spring	Summer	Fall	Winter
Ground wet over system	—	—	—	—
Sewage backs up into dwelling	—	—	—	—
Sewage surfaces near system	—	—	—	—
Toilets won't flush	—	—	—	—

Other

Have had root removal twice

5. What is the approximate age of your system?

Less than 2 years	2-5 years
5-10 years	10-20 years
<u>X</u> More than 20 years	Don't know

6. Type of dwelling:
Seasonal Permanent X Other

7. Number of weeks per year dwelling is occupied 18
Weekends only

8. Average number of occupants at residence 1

9. Does dwelling have a well? Yes X No
Type Sump point Shallow

10. How far is the well from the septic system?
50 feet

11. How far is the drainfield of the septic system from the lake?
80-90 feet

12. Do you suspect any systems on the lake that might cause a pollution or health problem? If so, please describe.

13. Are you willing to have your system inspected?
Yes X No
Any other comments:

14. Has your septic tank been pumped? Yes X No
If yes, when?

1989

BECKER COUNTY PLANNING & ZONING

829 LAKE AVENUE, P.O. BOX 787
 DETROIT LAKES, MN 56502-0787
 PHONE (218) 846-7314 - FAX (218) 846-7266

BUILDING PERMIT APPLICATION
 SEWAGE SYSTEM PERMIT APPLICATION

FIRE NUMBER 2202 W

TAX PARCEL NUMBER 21.0201.000

APPLICANT'S NAME

Grant Buterman MAILING ADDRESS P.O. Box 217 Osage, MN 56570

DAY PHONE

(218) 573-3245 Same

EVENING PHONE

SECTION

TOWNSHIP NAME

LAKE/STREAM

20 Osage Straight

LEGAL DESCRIPTION

.50 Ac Lying E of Road in NW 1/4 of SE 1/4

CONTRACTOR/INSTALLER

Rodney Weiss

LICENSE NUMBER

PROJECT EVALUATION

ZONING DISTRICT
 RESIDENTIAL
 BUSINESS
 COMMERCIAL
 INDUSTRIAL
 AGRICULTURAL
 SHORELAND

PROPOSED USE
 SINGLE FAMILY
 MULTIPLE FAMILY
 COMMERCIAL
 INDUSTRIAL
 OTHER

TYPE OF PROJECT
 NEW CONSTRUCTION
 ADDITION
 RELOCATION
 REPAIR
 OTHER

TYPE OF CONSTRUCTION
 WOOD/FRAME
 MASONRY
 METAL
 POLE BLDG.

STRUCTURE TYPE
 RESIDENCE
 GARAGE
 STORAGE
 OTHER

TYPE OF SYSTEM
 HOLDING TANK
 DRAINFIELD ONLY
 SEPTIC TANK &
 DRAINFIELD
 LIFT PUMP

WATER USES
 WATER SOFTNER
 WASHING MACHINE
 DISHWASHER
 GARBAGE DISPOSAL
 3 NO OF BEDROOMS
 1 NO OF BATHROOMS

WELL DATA
 DEPTH 30'
 DIAMETER
 DEPTH OF CASING
 DRILLED
 SANDPOINT

REQUIRED SUPPORTING DATA

FLOOR PLAN DESIGN ELEVATION
 SKETCH PLAN SOIL BORINGS
 TANK/DRAINFIELD PERCOLATION DATA
 DESIGN SHEETS

LOT DIMENSIONAL DATA

AREA IN SQ FEET
 OR ACRES .50 acre
 LOT WIDTH AT
 BLD LINE
 LOT DEPTH
 SETBACKS:
 LAKE/STREAM
 SIDE LOT LINE
 TWP ROAD(CL)
 COUNTY ROAD(CL)
 STATE ROAD(ROW)

	DISTANCE TO WELL	TANK <u>75'</u>	DRAINFIELD <u>75'</u>
BUILDING	<u>50</u>		<u>50</u>
PROPERTY LINE			
SUCTION LINE			
PRESSURE LINE			
LAKE/STREAM	<u>100'</u>		<u>100'</u>
TANK CAPACITY	<u>1000 gal.</u>		
AREA OF DRAINFIELD			<u>280 sq ft.</u>
DEPTH TO WATER TABLE			

SYSTEM DESIGN DATA

I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge.

date Sept 26, 1994

SIGNATURE

Application Fee _____ Township Fee _____ State Surcharge _____ Total _____
 Sewer _____