



210201000

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: PT 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 Bateman Owner's Last Name Bateman

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

Phone Number 218-573-3245

3. DESIGNER/INSTALLER INFORMATION

Designer Name Joely Vinnicom Company Name Rear Court-Vinnicom 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 Tank
& Grinder 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 _____
Depth of other wells within
100 ft of system _____

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

EXISTING

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 SS Rhombus

Size of Lift Pump Zeller 204

Size of Lift Line 2"

Type of Drainfield to be installed

____ Trench
N/A At-grade
N/A Pressure Bed
____ Seepage Bed
____ Mound

Size of Drainfield sq ft to be installed

N/A sq ft
N/A sq ft
N/A sq ft
N/A sq ft

SETBACKS

TANK

DRAINFIELD

Distance to Well

Distance to Building

Distance to Property Line

Distance to OHW

Distance to Pressure Line

50'

20'

N/A

N/A

Existing

Perc Rate

Soil Sizing Factor

*If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
<u>None Done Just Installed Just Lift Tank</u>							

5. DESIGNER'S CERTIFIED STATEMENT

I, Jody Yliniemi 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).

Jody Yliniemi
Signature of Designer

8/30/04
Date

*****FOR OFFICE USE ONLY*****

Application Approved by: Hebi Moltzen Date: 9-2-04
Amount Paid 1000 Receipt Number _____ Permit Number _____

CERTIFICATE OF COMPLIANCE

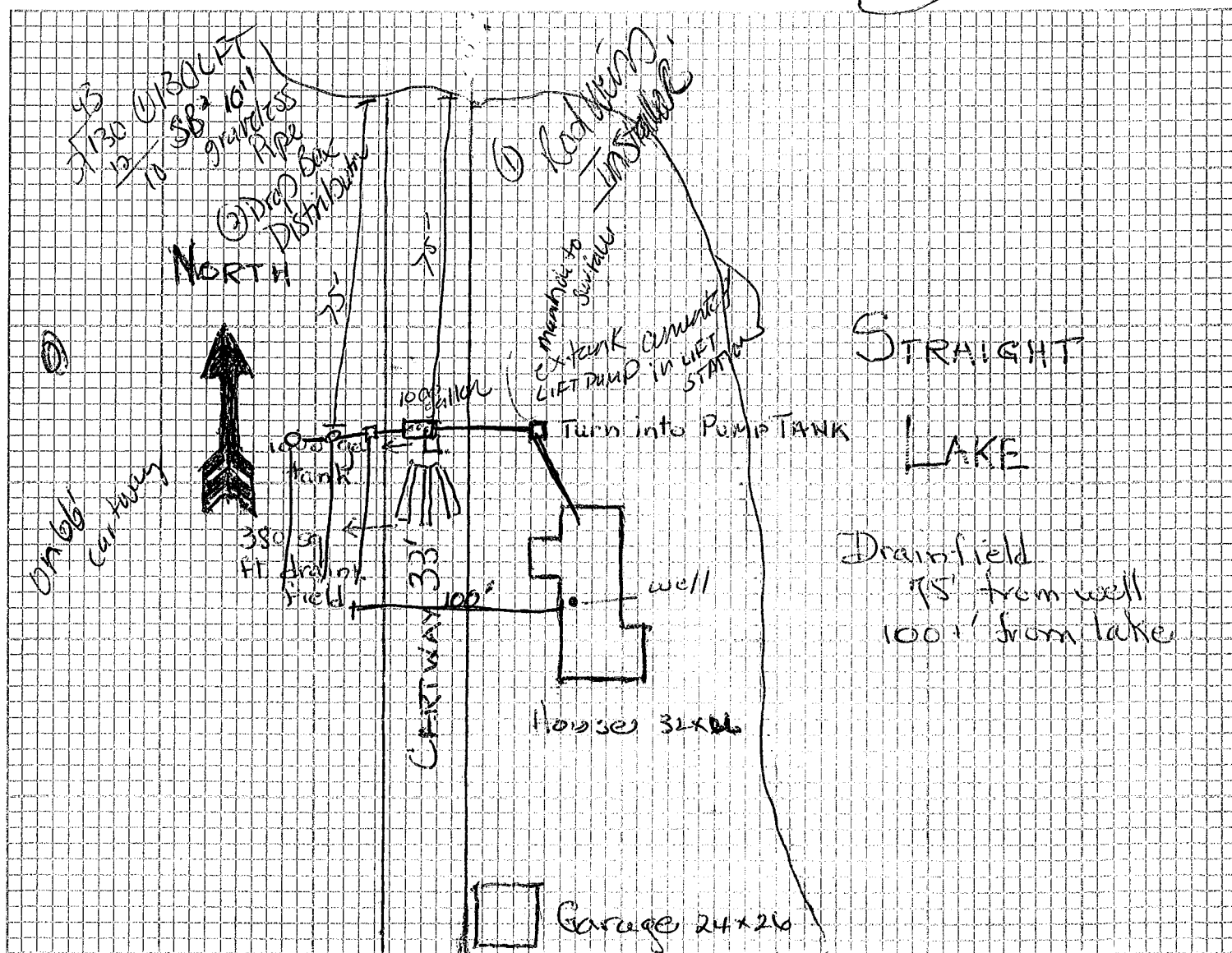
() Certificate Is Hereby Denied

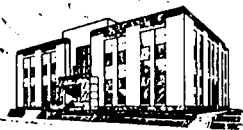
(X) Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data. With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Hebi Moltzen 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 Hebi





BECKER COUNTY

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

Application No.

Tax Parcel No.

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 CHECKLIST

- ☐ 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

Scale of Diagram: 1 inch = _____ feet

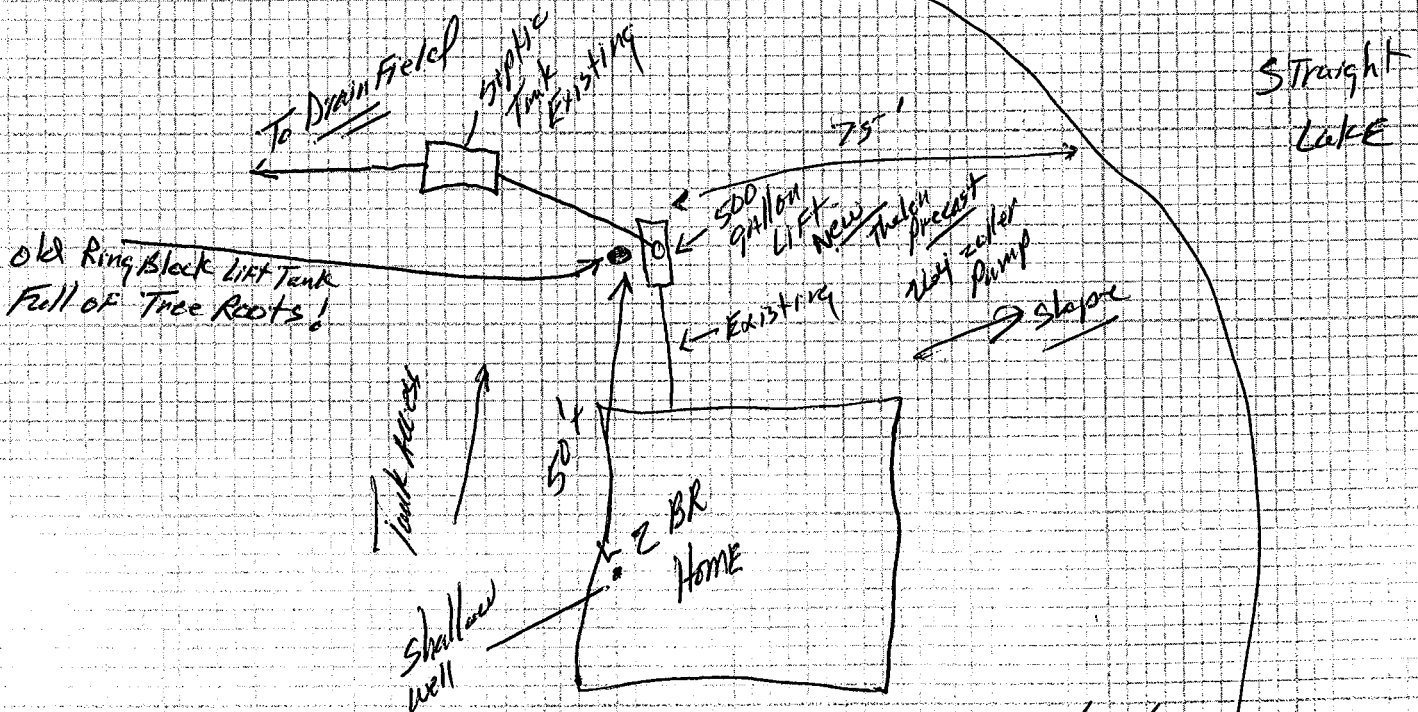
Drawing By: _____

Date of Drawing: _____

Remarks: _____

Signature

Jody Ylmarinen



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 21.0201.000
Fire Number of Project Location 2202W

A. GENERAL INFORMATION

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

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name 30 AC Lying E of Road in NW 1/4 of SE 1/4																												
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: 30' b. Diameter: 2" Type of Well a. <input type="checkbox"/> Drilled b. <input checked="" type="checkbox"/> Sand Point	<div style="text-align: center;">1 Inch Equals DESIGN</div> <div style="text-align: center;">Show Distance Between Sewage System And Buildings, Property Lines, Lake, Roads And All Wells Within 125 Feet.</div> <table border="0"><thead><tr><th></th><th>Tank</th><th>Drainfield</th></tr></thead><tbody><tr><td>Distances to Well:</td><td>30</td><td>100</td></tr><tr><td>Distance to Building:</td><td>130</td><td>100</td></tr><tr><td>Distance to Property Line:</td><td>110</td><td>110</td></tr><tr><td>Distance to Suction Line:</td><td>N/A</td><td>N/A</td></tr><tr><td>Distance to Pressure Line:</td><td>110</td><td>110</td></tr><tr><td>Tank Capacity (gal.) & Area of Drainfield (ft. 2):</td><td>1000</td><td>400</td></tr><tr><td>Distance to Ordinary High Water Level:</td><td>175</td><td>175</td></tr><tr><td>Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:</td><td></td><td>4'</td></tr></tbody></table>		Tank	Drainfield	Distances to Well:	30	100	Distance to Building:	130	100	Distance to Property Line:	110	110	Distance to Suction Line:	N/A	N/A	Distance to Pressure Line:	110	110	Tank Capacity (gal.) & Area of Drainfield (ft. 2):	1000	400	Distance to Ordinary High Water Level:	175	175	Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:		4'
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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)

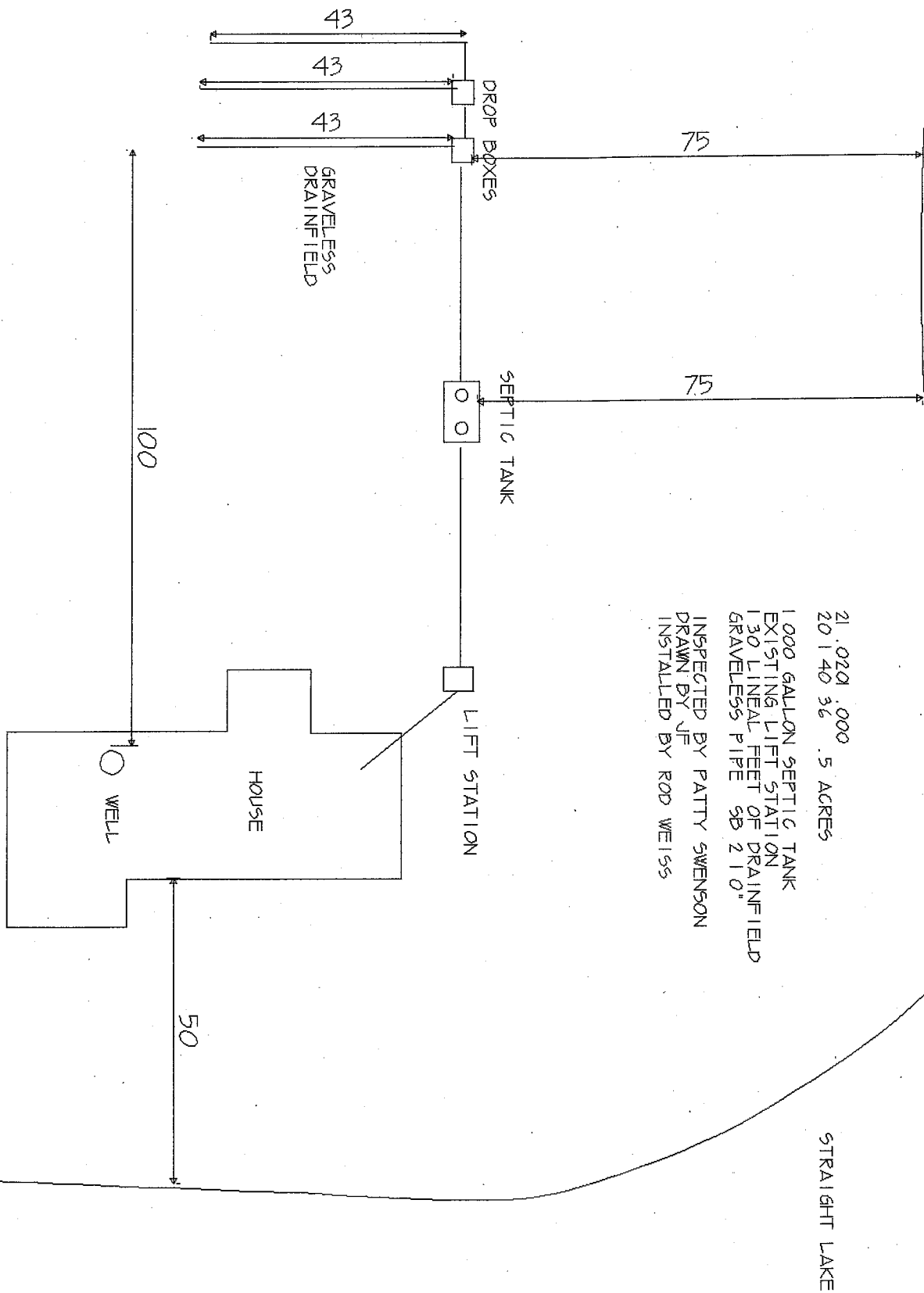
☒ CERTIFICATE IS HEREBY GRANTED; Based upon the application, addendum form, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.

BECKER COUNTY ZONING OFFICE

Signature

Title

Date



21.020 .000
 20.140 36 .5 ACRES
 1,000 GALLON SEPTIC TANK
 EXISTING LIFT STATION
 130 LINEAL FEET OF DRAINFIELD
 GRAVELESS PIPE SD 210"
 INSPECTED BY PATTY SWENSON
 DRAWN BY JF
 INSTALLED BY ROD WEISS

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

Application Number <u>8179</u>
Tax Parcel Number <u>21.0201.000</u>
Fire Number of Project Location <u>3202W</u>

A. GENERAL INFORMATION

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

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name <u>30 AC Lying E of Road in NW 1/4 of SE 1/4</u>
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)

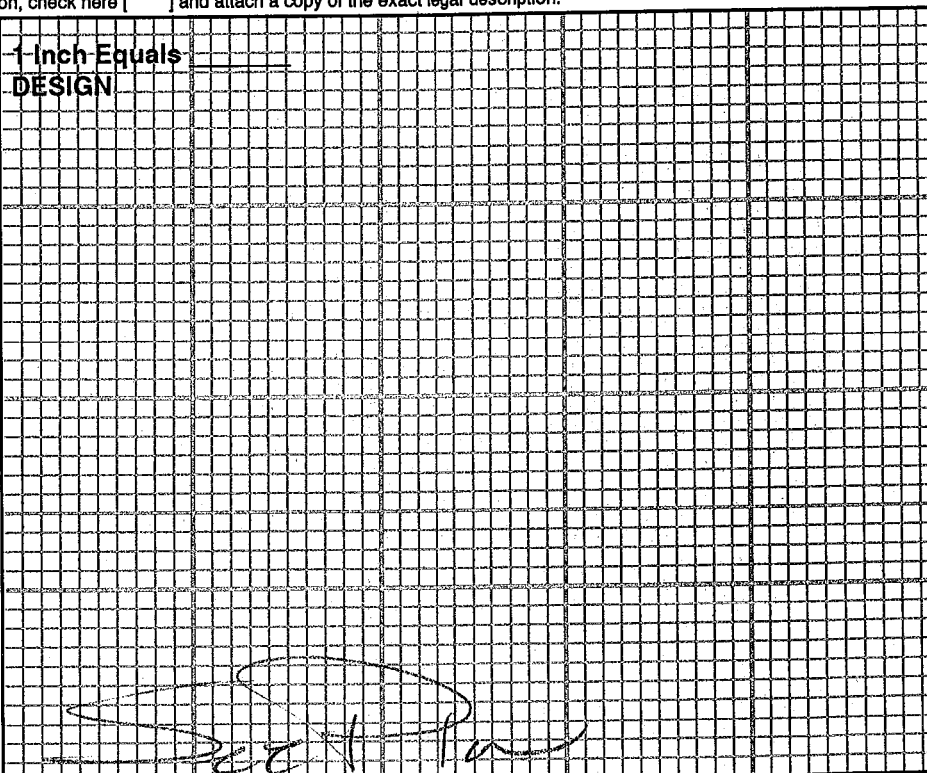
Well Data

- 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.

Distances to Well:

Distance to Building:

Distance to Property Line:

Distance to Suction Line:

	Tank	Drainfield
-	<u>50</u>	<u>100</u>
-	<u>130</u>	<u>100</u>
-	<u>110</u>	<u>110</u>
-	<u>N/A</u>	<u>N/A</u>

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
-	<u>110</u>	<u>110</u>
-	<u>1000</u>	<u>400</u>
-	<u>175</u>	<u>175</u>
-		<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)

[x] 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

Signature

Title

Date

Appendix E

QUESTIONNAIRE SURVEY

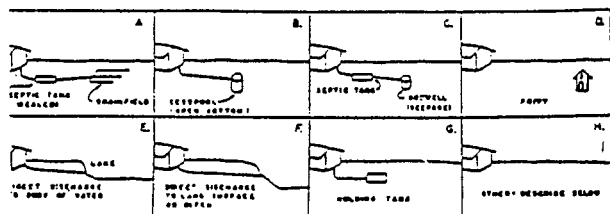
SURVEY OF INDIVIDUAL SEPTIC SYSTEMS
ABC LAKE
BY THE
ABC LAKE ASSOCIATION

1. Name Do Terrace Grant
last first mi

2. Phone: Residence (218) 593-3245
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
X More than 20 years ___ Don't know

6. Type of dwelling: Seasonal ___ Permanent X Other ___

7. Number of weeks per year dwelling is occupied 28
Weekends only ___

8. Average number of occupants at residence 1

9. Does dwelling have a well? Yes X No ___
Type Sanitary 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

FIRE NUMBER 2202 W

☒ SEWAGE SYSTEM PERMIT APPLICATION

TAX PARCEL NUMBER 21.0201.000

APPLICANTS NAME

MAILING ADDRESS

Grant Bateman

P.O. Box 217 Osage, MN 56570

DAY PHONE

EVENING PHONE

SECTION

TOWNSHIP NAME LAKE/STREAM

(218) 573-3245

Same

20

Osage Straight

LEGAL DESCRIPTION

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

CONTRACTOR/INSTALLER

LICENSE NUMBER

PROJECT EVALUATION

Rodney Weiss

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 1/2 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

LOT WIDTH AT

BLD LINE

LOT DEPTH

SETBACKS:

LAKE/STREAM

SIDE LOT LINE

TWP ROAD(CL)

COUNTY ROAD(CL)

STATE ROAD(ROW)

.50 acre

DISTANCE TO

WELL

BUILDING

PROPERTY LINE

SUCTION LINE

PRESSURE LINE

LAKE/STREAM

TANK CAPACITY

AREA OF DRAINFIELD

DEPTH TO WATER TABLE

TANK

75'

50

100

100 gal.

380 sq. ft.

DRAINFIELD

75'

50

100'

100'

100'

100'

100'

100'

100'

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