

Certificate of Compliance Report



210450000

Last\_Name: Crandall
First\_Name: Tom and Jill
Mailing\_Address: 54862 West Main
Mailing\_City: Osage
Mailing\_State: MN
Mailing\_Zip: 56570

BECKER COUNTY ZONING

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

Parcel\_Number: 210450000
Additional\_Parcel:
Sec\_Twn\_Rge: 20-140-36
Township\_Name: Cormorant

Legal\_Description: TOWNSITE OF OSAGE Block 005 LOTS 3 & 4

Designer\_Name\_and\_Li: Thelen's Excavating L534
Inspection- Installer Name and Lic: Thelen Excavating L534

Insp- Effluent Screen Installed: No
Insp- Alarm Required: Yes
Insp- Lift Pump in System: Yes
Insp- Number of Bedrooms: 3
Insp- Tank Size: 1500
Inspection- Type\_of\_Drainfield: Pressure Bed
Insp- Size of Drainfield: 570
Insp- Soil Verification: +36

Insp- Tank\_Dist\_to\_Well: +50
Insp- Tank\_Dist\_to\_Bldg: +10
Insp- Tank\_Dist\_to\_Property\_Line: +10
Insp- Tank\_Dist\_to\_OHW: +150
Insp- Tank\_Dist\_to\_Pressure\_Line:
Insp- Tank\_Dist\_to\_Wetland\_Protected:
Insp- Drainfield\_Dist\_to\_Well: +50
Insp- Drainfield\_Dist\_to\_Bldg: +20
Insp- Drainfield\_Dist\_to\_Property\_Line: <10papers attac
Insp- Drainfield\_Dist\_to\_OHW: +150
Insp- Drainfield\_Dist\_to\_Pressure\_Line:
Insp- Drainfield\_Dist\_to\_Wetland\_Protecte:

Inspection Notes:

Certificate of Compliance

( ) Certificate is Hereby Denied.

(Yes) 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: [Handwritten Signature]

Certification\_Date: 01/18/17
Inspector: [Handwritten Signature]

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

*needs Township papers  
I called Lenny 11/30/16 JAS he will get on it.*

**Onsite Septic 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: 210450000

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 20 Township 140 Range 36 Township Name osage

Lake Name Straight Lake Classification Rd

Legal Description: \_\_\_\_\_

Project Address: 54862 west main Osage, MN 56570

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

Owner's First Name Jill Owner's Last Name Crandall

Mailing Address P.O Box 412 City, State, Zip Milaca, Mn 56353

Phone Number 320-296-2704

**3. DESIGNER/INSTALLER INFORMATION**

Designer Name Leonard Thelen Jr Company Name Thelens Exc. Inc. License # L534

Address 32996 Co RD 135 Phone Number 218-732-0015 218-252-2100

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

5-23-16 Date of site evaluation

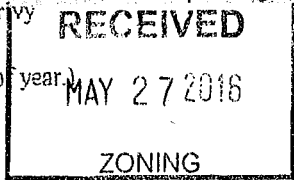
Design Flow 450 Gallons Per Day  
Number of Bedrooms 3  
Garbage Disposal  Yes  No  
Dishwasher  Yes  No  
Lift station in House  Yes  No  
Grinder pump in House  Yes  No

Well Depth deep  
Depth of other wells within 100 ft of system \_\_\_\_\_

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  
 gal Single Compartment Septic Tank  
 gal Compartmented Tank  
 Pit Privy  
 gal Separate Lift Station  
 gal Holding Tank  
 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	Type of chamber
_____ Chamber Trench	_____ sq ft	_____ sq ft	_____
_____ Rock Trench	_____ sq ft	_____ sq ft	Depth of Rock <u>12"</u>
_____ Gravelless	_____ sq ft	_____ sq ft	
_____ Mound	_____ sq ft ***		
<input checked="" type="checkbox"/> Pressure Bed	<u>570</u> sq ft ***		Alarm? Yes <input checked="" type="checkbox"/> No _____
_____ Seepage Bed	_____ sq ft ***		Type of Alarm <u>PS Patrol</u>
_____ At-grade	_____ sq ft ***		Size of Lift Pump <u>BN 53</u>
_____ Alternative / Performance	_____ sq ft ***	***Attach Worksheets	Size of Lift Line <u>2</u>

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>80</u>	<u>90</u>
Distance to Building	<u>10</u>	<u>20</u>
Distance to Property Line	<u>45</u>	<u>10</u>
Distance to OHW of Lake	<u>150+</u>	<u>150+</u>
Distance to Pressure Line	<u>na</u>	<u>na</u>
Distance to Wetland/Protected Water	<u>na</u>	<u>na</u>

Perc Rate \_\_\_\_\_ Soil Sizing Factor 1.27 \*If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-10	topsoil	10yr3/4	fine	0-10	topsoil	10yr3/4	fine
10-24	db sand	10yr4/2	fine	10-24	db sand	10yr4/2	fine
24-48	lb sand	10yr5/4	fine	24-48	lb sand	10yr5/4	med
48-84	sand	10yr6/6	fine	48-84	sand	10yr6/6	fine

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-10	topsoil	10yr3/4	fine				
10-24	db sand	10yr4/2	fine				
24-48	lb sand	10yr5/4	fine				
48-84	sand	10yr 6/4	fine				

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, Leonard Thelen Jr 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).

Leonard Thelen Jr  
Signature of Designer

5-23-16  
Date

# University of Minnesota Pressure Distribution System Design - 10/25/04

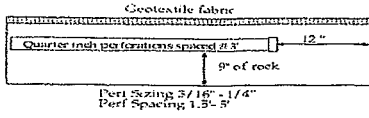
All boxed rectangles must be entered, the rest will be calculated.



1. Select number of perforated laterals: 3

2. Select perforation spacing = 3 ft

3. Since perforations should not be placed closer than 1 foot to the edge of the rock layer (see diagram), subtract 2 feet from the rock layer length  
32 - 2 ft = 30 ft



4. Determine the number of spaces between perforations.  
 Divide the length (3) by perforation spacing (2) and round down to nearest whole number.  
 Perforation spacing = 30 ft / 3 ft = 10

5. Select perforation size 1/4 inch

6. Number of perforations is equal to one plus the number of perforation spaces (4).  
 \* Check figure E-4 to assure the number of perforations per lateral guarantees < 10% discharge variation.  
10 spaces + 1 = 11 perforations/lateral

Perforation Spacing ft	Pipe Diameter			
	1 inch	1.25 inch	1.5 inch	2.0 inch
2.5	8	14	18	28
3.0	8	13	17	26
3.3	7	12	16	25
4.0	7	11	15	23
5.0	6	10	14	22

Perforation Spacing feet	Pipe Diameter			
	1 inch	1.25 inch	1.5 inch	2.0 inch
2.5	12	19	25	39
3	11	18	24	37
3.3	10	17	23	36
4	10	16	21	33
5	9	15	20	31

7. A. Total number of perforations = perforations per lateral (5) times number of laterals (1).  
11 perfs/ lat x 3 laterals = 33 perforations

B. Calculate the square footage per perforation.  
 Recommended value is 6-10 sqft/perf. Does not apply to at-grades.

1. Rock bed area = rock width (ft) x rock length (ft)  
18 ft x 32 ft = 576 ft<sup>2</sup>

2. Square foot per perforation = Rock Bed Area / number of perfs (6)  
576.0 ft<sup>2</sup> / 33 perfs = 17.5 ft<sup>2</sup>/perf

8. Determine required flow rate by multiplying the total number of perforations (6A) by flow per perforations (see figure E-6)  
33 perfs x 0.74 gpm / perfs = 24.4 gpm

Head (feet)	Perforations diameter (inches)		
	3/16	7/32	1/4
1 <sup>a</sup>	0.42	0.56	0.74
2 <sup>a</sup>	0.59	0.80	1.04
5	0.94	1.26	1.65

a. Use 1.0 foot for single-family homes.  
 b. Use 2.0 feet for anything else

BN 53 Pump



Figure E-1: Manifold Located at End of System

9. Determine Minimum Pipe Size

A. **Manifold on End.** If laterals are connected to header pipe as shown in Figure E-1, to select minimum required lateral diameter; enter figure E-4 or E-5 with perforation spacing and number of perforations per lateral. Select minimum diameter for perforated laterals = 1 inches

B. **Center Manifold.** If perforated lateral system is attached to manifold pipe near the center, like Figure E-2, perforated lateral length (3) and number of perforations per lateral (5) will be approximately one half of that in step A. Using these values, select minimum diameter for perforated lateral = 1 inches

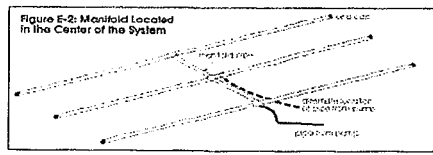


Figure E-2: Manifold Located in the Center of the System

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.  
[Signature] (signature) L534 (license #) 5/23/2016 (date)

# University of Minnesota Pump Selection Procedure - 10/25/04

All boxed rectangles must be entered, the rest will be calculated.



## 1. Determine pump capacity:

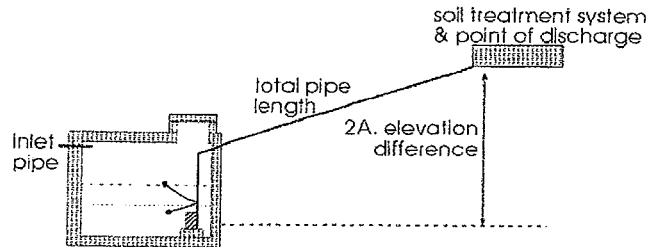
### A. Gravity Distribution

1. Minimum required discharge is 10 gpm
2. Maximum suggested discharge is 45 gpm

For other establishments at least 10% greater than the water supply rate, but no faster than the rate at which effluent will flow out of the distribution device.

### B. Pressure Distribution - see pressure design worksheet

Selected Pump Capacity:  gpm



## 2. Determine Total Dynamic Head (TDH)

### A. Elevation difference between pump and point of discharge.

feet

### B. Special head requirement? (See Figure - Special Head Requirements)

feet

Special Head Requirements	
Gravity Distribution	0ft
Pressure Distribution	5ft

### C. Friction loss in supply pipe

1. Select pipe diameter  in

2. Enter Figure E-9 with gpm (1A or B) and pipe diameter (C1)

Read friction loss in feet per 100 feet from Figure E-9

Friction loss =  ft/ 100 ft of pipe

3. Determine total pipe length from pump discharge to soil system discharge point.

Estimate by adding 25 percent to pipe length for friction loss in fittings.

Pipe length times 1.25 = equivalent pipe length

ft x 1.25 =  feet

4. Calculate total friction loss by multiplying friction loss (C2)

by the equivalent pipe length (C3) and divide by 100.

Friction Loss =  ft/100ft X  ft / 100 =  feet

Flow Rate (gpm)	nominal pipe diameter		
	1.5"	2.0"	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	0.3
40	8.91	2.64	0.39
45	11.07	3.28	0.48
50	13.46	3.99	0.58
55		4.76	0.7
60		5.6	0.82
65		6.48	0.95
70		7.44	1.09

### D. Total head requirement is the sum of elevation difference (A), special head requirements (B), and total friction loss (C4).

ft +  ft +  ft

Total Head:  feet

BN 53

## 3. Pump Selection

1. A pump must be selected to deliver at least  gpm (1A or B) with at least  feet of total head (2D).

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

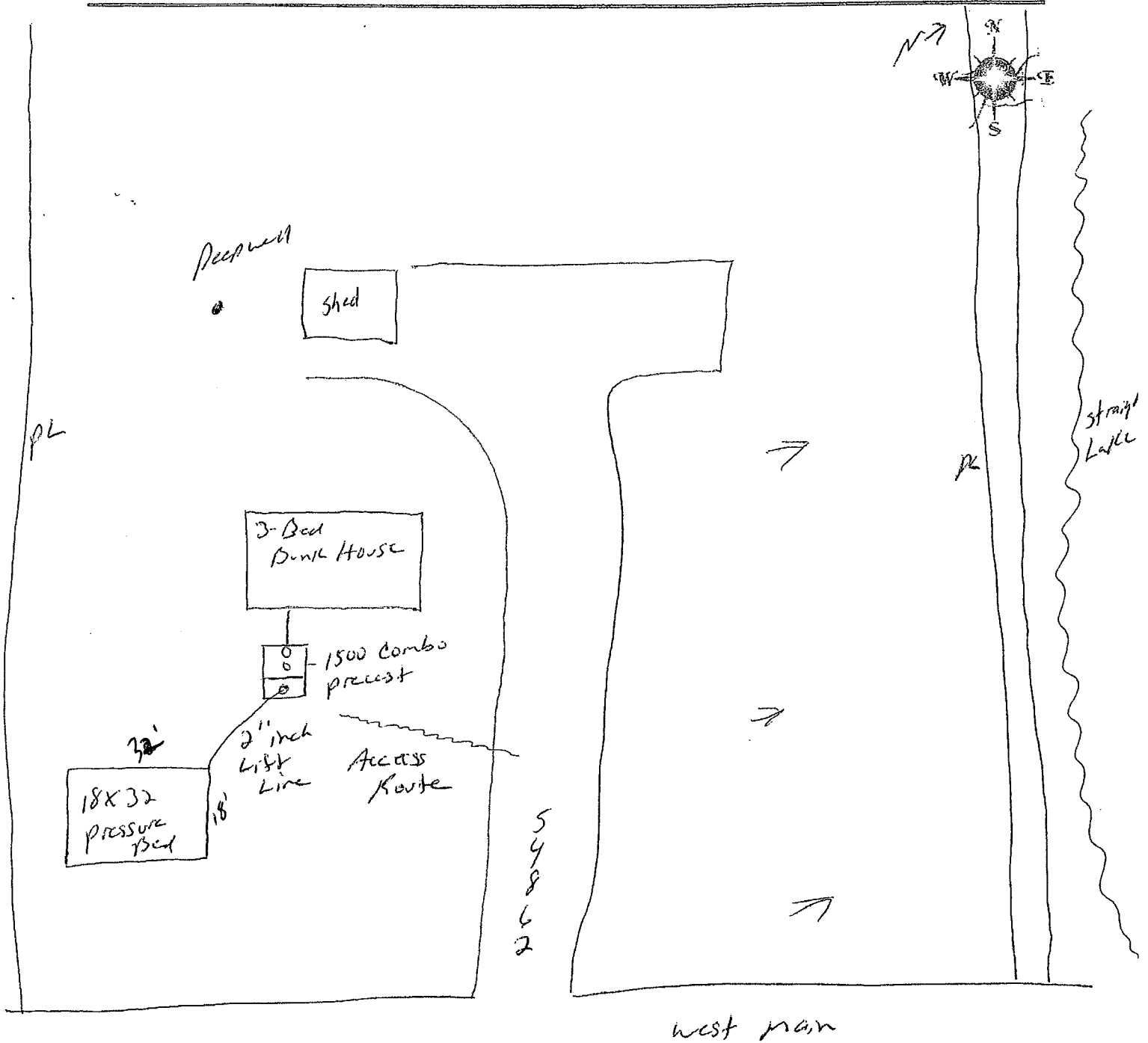
(signature)

(license #)

**SKETCH OF PROPERTY**

PARCEL	
APP	SITE
YEAR	

1. Please sketch all impervious coverage on your property; include dimensions.
2. Sketch roadways adjacent to property - **Include driveway location.**
3. If you will be exceeding 15% impervious surface coverage, include a copy of your stormwater management plan. This applies to ANY lot that exceeds 15% coverage.
4. If proposed project is a detached garage/storage shed that *will exceed 1 story*, include detailed design.



**Remember EROSION CONTROL!**

Please use best management practices and/or silt fence to control erosion on all projects.

PARCEL	
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YEAR	

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

Application Approved by: Jaind Stall Date: 5/27/16  
 Amount Paid \$150.00 Receipt Number 5/21/16 Permit Number 2091230  
1021 1015

NOTES: \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*

**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 PS Patrol Alarm manufacturer \_\_\_\_\_  
 Lift pump in system?  Yes  No Pump manufacturer BN 53  
 Number of bedrooms 3

**Component Information**

Tank size 1500 d/c Tank manufacturer Thelen  
 Drainfield size 570 sq ft. Medium manufacturer 18'x32' Rockbed  
 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>+50</u>	<u>+50</u>
Distance to Building	<u>+10</u>	<u>+20</u>
Distance to Property Line	<u>10</u>	<u>410</u> Township papers
Distance to OHW of Lake	<u>+150</u>	<u>+150</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 6/17/16 Installer Thelen EKC Inspector Jaind Stall

\*\*\*\*\*

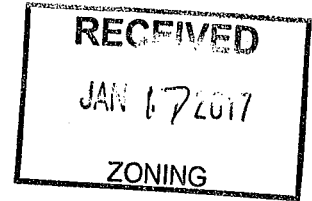
**CERTIFICATE OF COMPLIANCE**

( ) 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.

Jathen Sun Inspector #2303 1/18/17  
 Signature Title Date

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

Osage TOWNSHIP  
BECKER COUNTY MINNESOTA



R/W ENCROACHMENT

The Town Board of Osage Township hereby grants permission to

Name: Tom Crandall + Jill Crandall

Address: 54862 West Main, Osage Mn 56570

Location Description: Sect 20 Twp 140 Range 36 Township of Osage Block 005 Lots 3 & 4

place drainfield up to the road right-of-way

OR

to extend the Drainfield for SEWER no more than \_\_\_\_\_ feet into the township right-of-way.

The township will not be liable for any damages to said sewer system by further road construction.

PERMIT NUMBER: 210450000

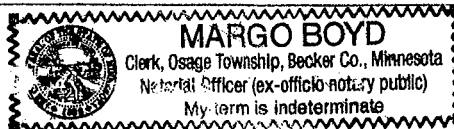
SIGNATURES:

Landowner: Tom Crandall Jill Crandall

Township Chairperson: [Signature]

Township Clerk: Margo Boyd

Date: \_\_\_\_\_







Minnesota Pollution Control Agency

520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance Inspection Form
Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

21.0450.000

Instructions: Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms - additional local requirements may also apply.

Submit completed form to Local Unit of Government (LUG) and system owner within 15 days

For local tracking purposes:

System Status

System status on date (mm/dd/yyyy): 11-4-15

[ ] Compliant - Certificate of Compliance

(Valid for 3-years from report date, unless shorter time frame outlined in Local Ordinance.)

[X] Noncompliant - Notice of Noncompliance

(See Upgrade Requirements on page 3)

Reason(s) for noncompliance (check all applicable)

- [ ] Impact on Public Health (Compliance Component #1) - Imminent threat to public health and safety
[ ] Other Compliance Conditions (Compliance Component #3) - Imminent threat to public health and safety
[X] Tank Integrity (Compliance Component #2) - Failing to protect groundwater
[ ] Other Compliance Conditions (Compliance Component #3) - Failing to protect groundwater
[ ] Soil Separation (Compliance Component #4) - Failing to protect groundwater
[ ] Operating permit/monitoring plan requirements (Compliance Component #5) - Noncompliant

Property Information

Property address: 54862 W main

Parcel ID# or Sec/Twp/Range: 21.0450000

Reason for inspection: Real Estate Sale

Property owner: Donald Blauvelt

Owner's phone:

Owner's representative:

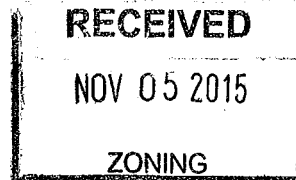
Representative phone:

Local regulatory authority: Becker Co

Regulatory authority phone:

Brief system description: Round Black Tank/sand bottom

Comments or recommendations:



Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

Inspector name: Don Umthun

Certification number: C4549

Business name:

License number: L1867

Inspector signature: [Signature]

Phone number: 218-252-6411

Necessary or Locally Required Attachments

- [ ] Soil boring logs
[X] System/As-built drawing
[ ] Forms per local ordinance
[ ] Other information (list):

Property address: 54862 u main

Inspector initials/Date: NH 11-4-19

### 1. Impact on Public Health – Compliance component #1 of 5

**Compliance criteria:**

System discharge sewage to the ground surface.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System discharge sewage to drain tile or surface waters.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System cause sewage backup into dwelling or establishment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Any "yes" answer above indicates the system is an Imminent Threat to Public Health and Safety.**

Comments/Explanation:

**Verification method(s):**

- Searched for surface outlet
- Searched for seeping in yard/backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony (See Comments/Explanation)
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

### 2. Tank Integrity – Compliance component #2 of 5

**Compliance criteria:**

System consists of a seepage pit, cesspool, drywell, or leaching pit. <i>Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which sewage tank(s) leaks:	

**Any "yes" answer above indicates the system is Failing to Protect Groundwater.**

Comments/Explanation:

*Sand bottom  
Tank Dry*

**Verification method(s):**

- Probed tank(s) bottom
- Examined construction records
- Examined Tank Integrity Form (Attach)
- Observed liquid level below operating depth
- Examined empty (pumped) tanks(s)
- Probed outside tank(s) for "black soil"
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

### 3. Other Compliance Conditions – Compliance component #3 of 5

- a. Maintenance hole covers are damaged, cracked, unsecured, or appear to structurally unsound.  Yes\*  No  Unknown
- b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety.  Yes\*  No  Unknown  
**\*System is an imminent threat to public health and safety**

Explain:

- c. System is non-protective of ground water for other conditions as determined by inspector  Yes\*  No  
**\*System is failing to protect groundwater**

Explain:

Property address: 54862 W Main

Inspector initials/Date: 11-4-15 024

**4. Soil Separation – Compliance component #4 of 5**

Date of installation: \_\_\_\_\_  Unknown  
Shoreland/Wellhead protection/Food Beverage Lodging?  Yes  No

Verification method(s):  
*Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.*  
 Conducted soil observation(s) (Attach boring logs)  
 Two previous verifications (Attach boring logs)  
 Not applicable (Holding tank(s), no drainfield)  
 Unable to verify (See Comments/Explanation)  
 Other (See Comments/Explanation)

<b>Compliance criteria:</b> For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:  Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:  Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080.2350 or 7080.2400 (Advanced Inspector License required)  Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments/Explanation:

**Indicate depths of elevations**

A. Bottom of distribution media	
B. Periodically saturated soil/bedrock	
C. System separation	
D. Required compliance separation*	

**Any "no" answer above indicates the system is Failing to Protect Groundwater.**

\*May be reduced up to 15 percent if allowed by Local Ordinance.

**5. Operating Permit and Nitrogen BMP\* – Compliance component #5 of 5**  Not applicable

Is the system operated under an Operating Permit?  Yes  No If "yes", A below is required  
Is the system required to employ a Nitrogen BMP?  Yes  No If "yes", B below is required

BMP=Best Management Practice(s) specified in the system design

*If the answer to both questions is "no", this section does not need to be completed.*

**Compliance criteria**

a. Operating Permit number: _____ Have the Operating Permit requirements been met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the required nitrogen BMP in place and properly functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No

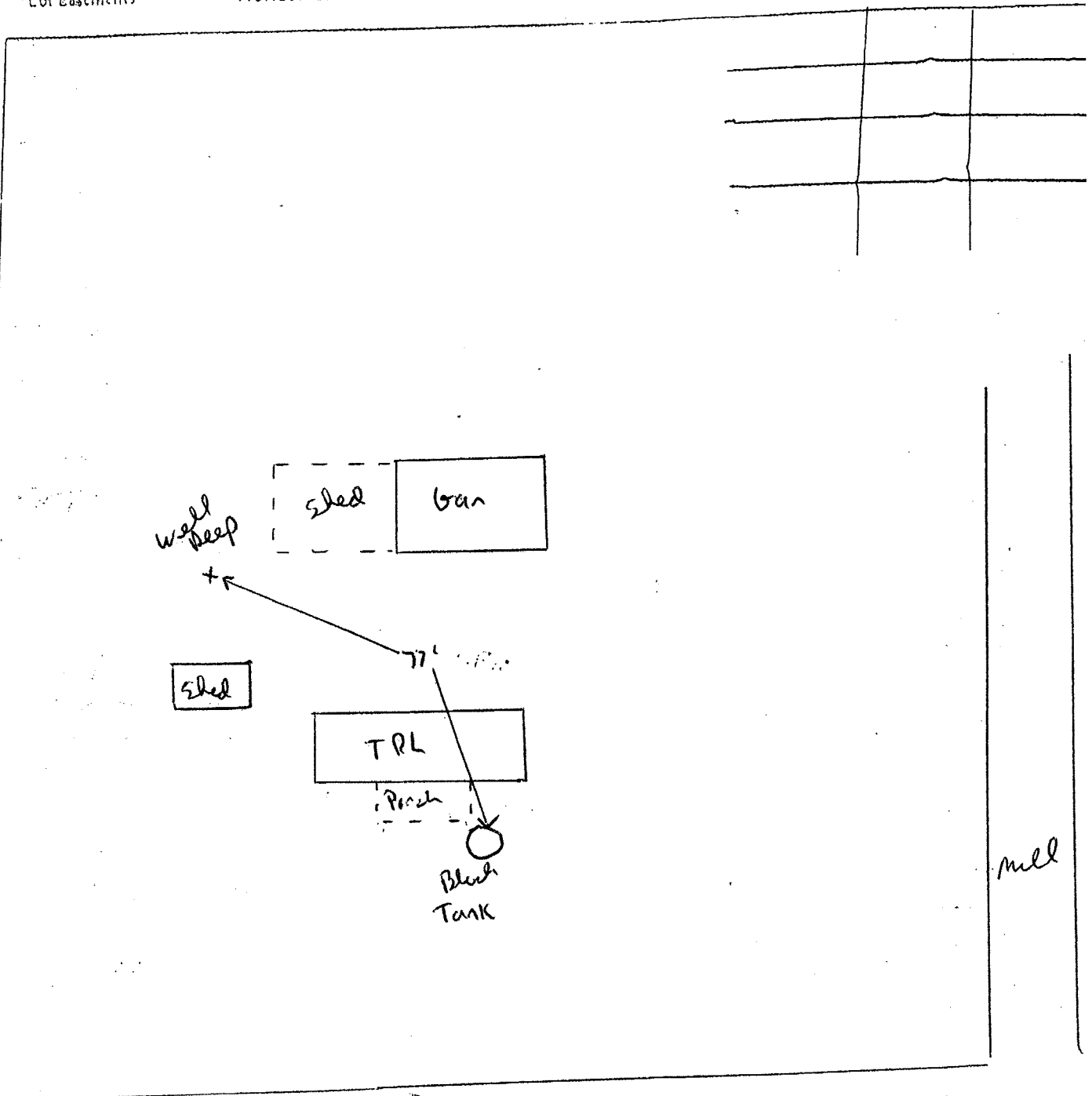
**Any "no" answer indicates Noncompliance.**

**Upgrade Requirements (Minn. Stat. § 115.55)** An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.

SITE PLAN MUST BE DRAWN TO SCALE OR DIMENSION WITH NORTH ARROW.

Plan must include:

- \* Lot Dimensions
- \* Tank Access Route
- \* Alternate Drainfield Site
- \* Lot Basements
- \* Wells Within 100 feet of System
- \* Slope & Direction
- \* All ISTS Components
- \* Horizontal Setbacks
- \* Existing & Proposed Buildings
- \* Soil Borings
- \* Disturbed/Compacted Areas



W Main

SEPTIC TANK

LIFT STATION

DRAINFIELD

- Distance from nearest well
- Distance from lake or stream
- Distance from occupied building
- Distance from property line
- Distance from bottom of water table

77'  
 —  
 1' to Porch  
 —  
 —

\_\_\_\_\_  
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**CERTIFICATE OF COMPLIANCE**  
**SEWAGE SYSTEM**

This certificate has been issued this 20 day of JULY 1933  
to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: LOTS 3 and 4, BLOCK 5, OSAGE TWP.  
Lake No. 20 Sec. 20 Twp. 140 Range 36 Twp. Name OSAGE  
New sewer system has 1000 gal. septic tank, 865 ft. from nearest well, 50 ft. from occupied building, 10 ft. from property line, seepage bed is 375 sq. ft., 75 ft. from nearest well, 65 ft. from occupied building, 10 ft. from property line, and 4 ft. from bottom to water table. Twelve (12) yards of rock.

Owner: Name TERRY KIMBALL  
OSAGE, MN.  
Address 56570

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

Permit No. SP 12-12, 091-24

Signed by: [Signature]  
Zoning Administrator  
Becker County, Minnesota

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

BECKER COUNTY ZONING ADMINISTRATION

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

Permit No. 10-15071-01  
 Date 6/8/83

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

8151

LEGAL DESCRIPTION AND LOCATION  
 Lot 3 & 4 Block 5 Osage Township  
 Lake No. \_\_\_\_\_ Lake Name \_\_\_\_\_ Lake Classif. \_\_\_\_\_ Sec. 20 TWP 140 Range 36 Osage TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name: Kimball, First: Kerry	Initial: _____	Mailing Address: Osage, Minn. 56570	Zip No. 56570	Tel. No. _____
Contractor	Name _____				

TYPE OF IMPROVEMENT: ( ) New Building ( ) Alteration Other: Sewer System

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 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 3 Baths _____ HEATING: ( ) Electric ( ) Gas ( ) Oil ( ) Coal ( ) None Other: _____
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SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PITS	DRAIN FIELD
Capacity	1000 Gls.	375 Sq. Ft.	Sq. Ft.
Distance from nearest well	+75 Ft.	+75 Ft.	Ft.
Distance from lake or stream	4 Ft.	_____ Ft.	Ft.
Distance from occupied building	+10 Ft.	+10 Ft.	Ft.
Distance from property line	+10 Ft.	+10 Ft.	Ft.
Distance from bottom to Water Table	_____ Ft.	+4 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)

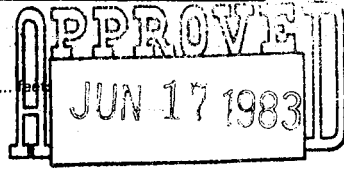
Land height above high water mark at building line is \_\_\_\_\_ feet

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

Side yard is +10 and +10 feet. Rear yard is + \_\_\_\_\_ 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 6/8/83 Signature of Owner: Diana Kimball

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 6/8/83 Permit Fee \$ 10.00 State Surcharge \$ .50

Signature of Zoning Administrator: Floyd Sweeney

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.	SF	SF	SF	SF				
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	20	F	F	20	F		
Distance from Property Line	F	10	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