



280159000-2021



Becker County Planning & Zoning
915 Lake Ave
Detroit Lakes, MN 56501
(218) 846-7314
www.co.becker.mn.us

Certificate of Compliance

Inspection Report - Permit #: SS2021-958

Owner & Property Information

Owner Name:	KURT JANKOWSKI	Site Address:	23309 BASS LAKE RD
Mailing Address:	KURT JANKOWSKI 1523 14 1/2 ST S FARGO ND 58103	Township - Sec/Twp/Rng:	SHELL LAKE - 25/140/038
Parcel #:	280159000	Legal Description:	25-140-38 PT GOVT LOT 6, PT SE1/4 SW1/4: BEG NW COR LOT 12 BLK 1 THE TIMBERS, S 221.47', SE 64.93', SW 24.41' TO CTR RD, N AL CTR RD 408.2' NE 69.20', ELY 315.80' TO BASS LK, SL AL LK 98.86', W 248. TO POB.
Secondary Parcel #:		Designer:	JenCo Services, LLC, L4041 (James Piper)
		Installer:	Jason Niemi, L3225 (Jason Niemi)

Inspector Verified Specifications

Insp- Effluent Screen Installed:	No	Insp- Tank Nbr/Size:	1/1500/2
Insp- Alarm Required:	Yes	Insp- Drainfield Type:	No Drainfield
Insp- Lift Pump in System:	No	Insp- Drainfield Size:	
Insp- Number of Bedrooms:	2	Insp- Soil Verification:	#1:N/A #2:N/A #3:N/A

Inspector Verified Setbacks

Insp- Tank Dist to Road	50+	Insp- Drainfield Dist to Road	
Insp- Tank Dist to Nearest Prop Line	20+	Insp- Drainfield Dist to Nearest Prop Line	
Insp- Tank Dist to Nearest Structure	20	Insp- Drainfield Dist to Nearest Structure	
Insp- Tank Dist to Well	50+	Insp- Drainfield Dist to Well	
Insp- Tank Dist to OHW	200+	Insp- Drainfield Dist to OHW	
Insp- Tank Dist to Pond/Wetland		Insp- Drainfield Dist to Pond/Wetland	
Insp- Tank Dist to Pressure Line		Insp- Drainfield Dist to Pressure Line	

Certificate of Compliance

(Yes) Certificate is hereby granted based upon the application, addendum from, plans, specifications and all other supporting data. With proper maintenance, this system can be expected to function satisfactory, however this is not a guarantee.

Certification Date: 6/25/2021

Zoning Office Signature:

Denise Gubrud

Denise Gubrud - ISTS Inspector

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

Field Review Form

Permit # SS2021-958

Property and Owner

Owner: KURT JANKOWSKI

Parcel Number: 280159000

Site Address: 23309 BASS LAKE RD

Secondary Parcel:

Home Information

Does the structure contain any of the following elements?

Designer submitted

Inspector verified

Garbage disposal: No
Dishwasher: Invalid Field
Grinder pump: Invalid Field
Lift pump in bsmt: Invalid Field

Garbage disposal? Y ☒
Dishwasher? Y ☒
Grinder pump? Y ☒
Lift pump in basement? Y ☒

Number of bedrooms: 2

Review - Number of bedrooms: 2

Effluent screen

Effluent screen installed? Y ☒ Mfr:

Alarm: Yes Type: VISUAL

Review - Alarm? Y ☒ N Type & Mfr: manual float

Lift pump in system: No

Review - Lift pump in system? Y ☒ Mfr:

Component Information

Tank size: 2000

Review - Tank nbr: 1 size: 1500/2 Mfr: Brown

Drainfield type:

Review - Drainfield type:

Drainfield size: Full size -
Reduced/warr. size -

Review - Drainfield status: none / installed / next spring
Review - Drainfield size:

Absorption area size:

Review - Absorption area size:

Chamber type/num:
Trench sqft/chamber -

Review - Chamber type: Num:
Review - Trench sqft/chamber:

Drainfield rock depth:

Review - Rock depth:

Soil Verification

Vertical separation verified

Boring #1:
Boring #2:
Boring #3:

Holding Tank

Setback Verification

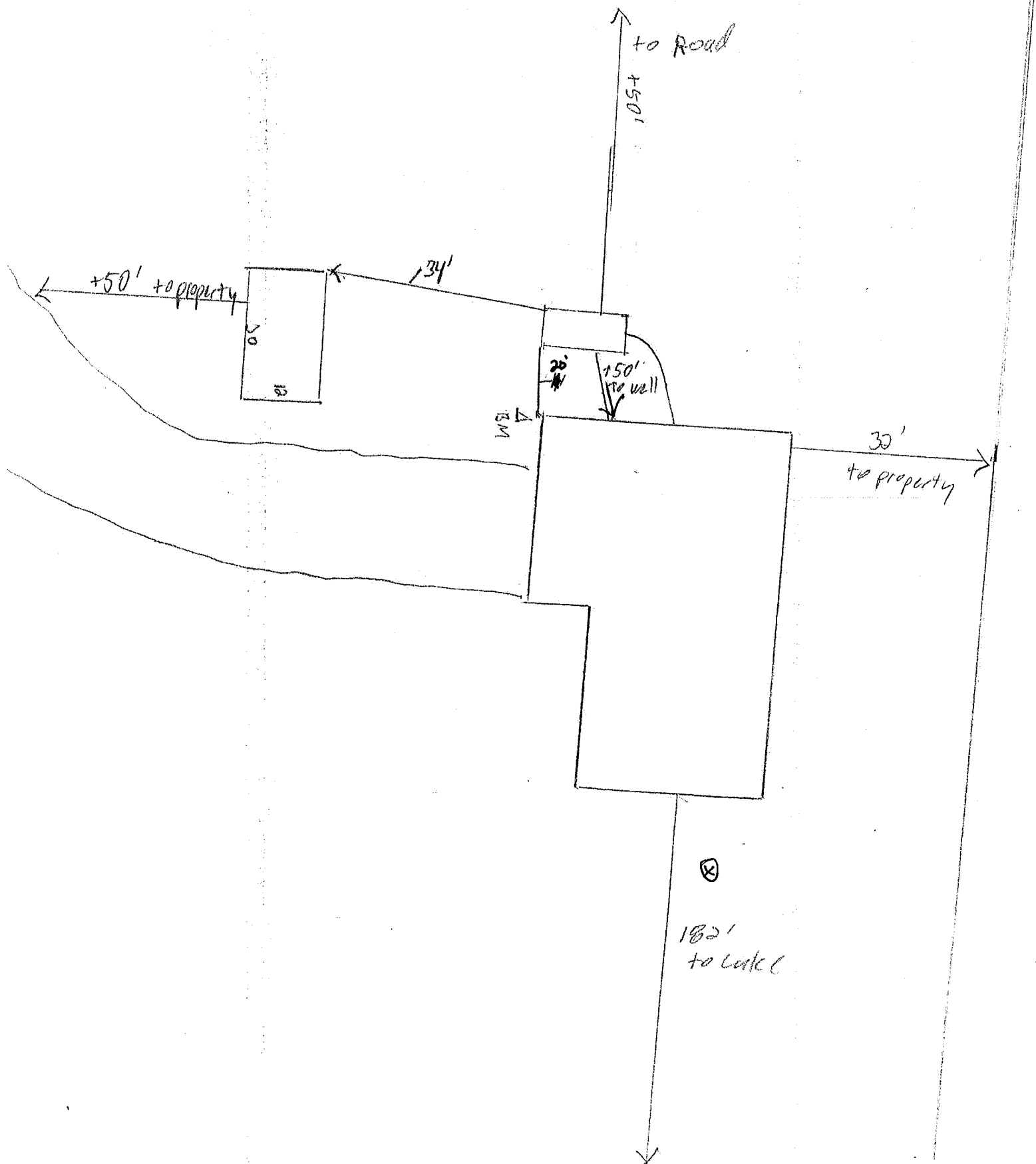
Distance to...	Designer submitted		Inspector verified	
	Tank	Drainfield	Tank	Drainfield
Road	+50'		50'	
Nearest prop line	+20'		20'	
Nearest structure	11'		20'	
Well	+50'	N/A	50'	
OHW	+100'	NA	200'	
Pond/Wetland				
Pressure line	+20'			

Date System Installed: 6/25/2021 Installer: Jason Niemi

Inspector: Denise Gubrud

Long = 97.5'

same type
1" = 20' \rightarrow
958





Preliminary Evaluation Worksheet

1. Contact Information

v 04.01.2020

Property Owner/Client: **KURT JANKOWSKI & ANNETTE JANKOWSKI** Date Completed: **5/24/2021**

Site Address: **23309 BASS LAKE RD, OSAGE, MN** Project ID:

Email: **kjankowski@unitedautotech.com** Phone:

Mailing Address: **1523 14 1/2 ST S, FARGO, ND 58103**

Legal Description: **25-140-38 PT GOVT LOT 6**

Parcel ID: **280159000** SEC: **25** TWP: **140** RNG: **038**

2. Flow and General System Information

A. Client-Provided Information

Project Type: ☒ New Construction ☐ Replacement ☐ Expansion ☐ Repair

Project Use: ☒ Residential ☐ Other Establishment:

Residential use: # Bedrooms: **2** Dwelling Sq.ft.: **728** Unfinished Sq. Ft.:

Adults: **2** # Children: # Teenagers:

In-home business (Y/N): **No** If yes, describe:

Water-using devices: (check all that apply)

☐ Garbage Disposal/Grinder ☐ Dishwasher ☐ Hot Tub*

☐ Sewage pump in basement ☒ Water Softener* ☐ Sump Pump*

☐ Large Bathtub >40 gallons ☐ Iron Filter* ☐ Self-Cleaning Humidifier*

☐ Clothes Washing Machine ☐ High Eff. Furnace* ☐ Other:

* Clear water source - should not go into system

Additional current or future uses: **NONE**

Anticipated non-domestic waste: **NONE**

The above is complete & accurate:

Client signature & date

B. Designer-determined flow Information

Attach additional information as necessary.

Design Flow: **300** GPD Anticipated Waste Type: **Residential**

BOD: **<170** mg/L TSS **<60** mg/L Oil & Grease **<25** mg/L

3. Preliminary Site Information

A. Water Supply Wells

#	Description	Mn. ID#	Well Depth (ft.)	Casing Depth (ft.)	Confining Layer	STA Setback	Source
1	deep well		>50				OWNER
2							
3							
4							

Additional Well Information:

Preliminary Evaluation Worksheet

Site within 200' of noncommunity transient well (Y/N)	<input type="text" value="No"/>	Yes, source:	<input type="text"/>
Site within a drinking water supply management area (Y/N)	<input type="text" value="No"/>	Yes, source:	<input type="text"/>
Site in Well Head Protection inner wellhead management zone (Y/N)	<input type="text" value="No"/>	Yes, source:	<input type="text"/>
Buried water supply pipes within 50 ft of proposed system (Y/N)	<input type="text" value="No"/>		
B. Site located in a shoreland district/area?	<input type="text" value="Yes"/>	Yes, name:	<input type="text" value="BASS LAKE"/>
Elevation of ordinary high water level:	<input type="text" value="1542"/> ft	Source:	<input type="text" value="GIS"/>
Classification: <input type="text" value="Lake- Recreational"/>	Tank Setback: <input type="text" value="75"/> ft.	STA Setbk:	<input type="text" value="75"/> ft.
C. Site located in a floodplain?	<input type="text" value="No"/>	Yes, Type(s):	<input type="text" value="N/A"/>
Floodplain designation/elevation (10 Year):	<input type="text" value="N/A"/> ft	Source:	<input type="text" value="N/A"/>
Floodplain designation/elevation (100 Year):	<input type="text" value="N/A"/> ft	Source:	<input type="text" value="N/A"/>
D. Property Line Id / Source:	<input type="checkbox"/> Owner	<input type="checkbox"/> Survey	<input checked="" type="checkbox"/> County GIS
		<input type="checkbox"/> Plat Map	<input type="checkbox"/> Other: <input type="text"/>
E. ID distance of relevant setbacks on map:	<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Easements	<input checked="" type="checkbox"/> Well(s)
	<input checked="" type="checkbox"/> Building(s)	<input checked="" type="checkbox"/> Property Lines	<input type="checkbox"/> OHWL
		<input type="checkbox"/> Other:	<input type="text"/>

4. Preliminary Soil Profile Information From Web Soil Survey (attach map & description)

Map Units:	<input type="text"/>	Slope Range:	<input type="text"/> %
List landforms:	<input type="text"/>		
Landform position(s):	<input type="text"/>		
Parent materials:	<input type="text"/>		
Depth to Bedrock/Restrictive Feature:	<input type="text"/> in	Depth to Watertable:	<input type="text"/> in
Map Unit Ratings	Septic Tank Absorption Field- At-grade:	<input type="text"/>	
	Septic Tank Absorption Field- Mound:	<input type="text"/>	
	Septic Tank Absorption Field- Trench:	<input type="text"/>	

5. Local Government Unit Information

Name of LGU:	<input type="text" value="BECKER COUNTY"/>
LGU Contact:	<input type="text" value="KYLE VAREBERG"/>
LGU-specific setbacks:	<input type="text"/>
LGU-specific design requirements:	<input type="text"/>
LGU-specific installation requirements:	<input type="text"/>
Notes:	<input type="text"/>



Field Evaluation Worksheet

m MINNESOTA POLLUTION
CONTROL AGENCY

1. Project Information

v 04.01.2020

Property Owner/Client: KURT JANKOWSKI & ANNETTE JANKOWSKI

Project ID:

Site Address: 23309 BASS LAKE RD, OSAGE, MN

Date Completed: 5/24/2021

2. Utility and Structure Information

Utility Locations Identified ☐ Gopher State One Call #

☐ Any Private Utilities:

Locate and Verify (see Site Evaluation map)

☒ Existing Buildings

☐ Improvements

☐ Easements

☒ Setbacks

3. Site Information

Vegetation type(s): Grass

Landscape position: Toe Slope

Percent slope: 3 %

Slope shape: Convex, Linear

Slope direction: east

Describe the flooding or run-on potential of site: NONE

Describe the need for Type III or Type IV system: NONE

Note:

Proposed soil treatment area protected? (Y/N):

If yes, describe:

4. General Soils Information

Filled, Compacted, Disturbed areas (Y/N):

If yes, describe:

Soil observations were conducted in the proposed system location (Y/N):

A soil observation in the most limiting area of the proposed system (Y/N):

Number of soil observations:

Soil observation logs attached (Y/N):

Percolation tests performed & attached (Y/N):

5. Phase I. Reporting Information

Limiting Condition*:

Depth

Elevation

Periodically saturated soil:

Standing water:

Bedrock:

Benchmark Elevation:

100.0

ft

Elevations and Benchmark on map? (Y/N):

Yes

*Most Restrictive Depth Identified from List Below

Soil Texture:

Percolation Rate:

min/inch

Soil Hyd Loading Rate:

gpd/ft²

Benchmark Elevation Location:

GARAGE SLAB

Differences between soil survey and field evaluation:

Site evaluation issues / comments:

Anticipated construction issues:



Design Summary Page

1. PROJECT INFORMATION		v 04.01.2020
Property Owner/Client: <input type="text" value="KURT JANKOWSKI & ANNETTE JANKOWSKI"/>		Project ID: <input type="text"/>
Site Address: <input type="text" value="23309 BASS LAKE RD, OSAGE, MN"/>		Date: <input type="text" value="06/07/21"/>
Email Address: <input type="text" value="kjankowski@unitedautotech.com"/>		Phone: <input type="text"/>
2. DESIGN FLOW & WASTE STRENGTH <i>Attach data / estimate basis for Other Establishments</i>		
Design Flow: <input type="text" value="300"/>	GPD	Anticipated Waste Type: <input type="text" value="Residential"/>
BOD: <input type="text" value="<170"/>	mg/L	TSS: <input type="text" value="<60"/>
		mg/L
Oil & Grease: <input type="text" value="<25"/>	mg/L	
Treatment Level: <input type="text" value="C"/>	<i>Select Treatment Level C for residential septic tank effluent</i>	
3. HOLDING TANK SIZING		
Minimum Capacity: Residential = 400 gal/bedroom, Other Establishment = Design Flow x 5.0, Minimum size 1000 gallons		
Code Minimum Holding Tank Capacity: <input type="text" value="1000"/>	Gallons	in <input type="text" value="1"/> Tanks or Compartments
Recommended Holding Tank Capacity: <input type="text" value="2000"/>	Gallons	in <input type="text" value="1"/> Tanks or Compartments
Type of High Level Alarm: <input type="text" value="VISUAL"/>	(Set @ 75% tank capacity)	
Comments: <input type="text"/>		
4. SEPTIC TANK SIZING		
A. Residential dwellings:		
Number of Bedrooms (Residential): <input type="text" value="2"/>		
Code Minimum Septic Tank Capacity: <input type="text"/>	Gallons	in <input type="text"/> Tanks or Compartments
Recommended Septic Tank Capacity: <input type="text"/>	Gallons	in <input type="text"/> Tanks or Compartments
Effluent Screen & Alarm (Y/N): <input type="text"/>	Model/Type: <input type="text"/>	
B. Other Establishments:		
Waste received by: <input type="text"/> <input type="text"/> GPD x <input type="text"/> Days Hyd. Retention Time		
Code Minimum Septic Tank Capacity: <input type="text"/>	Gallons	In <input type="text"/> Tanks or Compartments
Recommended Septic Tank Capacity: <input type="text"/>	Gallons	In <input type="text"/> Tanks or Compartments
Effluent Screen & Alarm (Y/N): <input type="text"/>	Model/Type: <input type="text"/>	
5. PUMP TANK SIZING		
Pump Tank 1 Capacity (Minimum): <input type="text"/>	Gal	Pump Tank 2 Capacity (Minimum): <input type="text"/>
Pump Tank 1 Capacity (Recommended): <input type="text"/>	Gal	Pump Tank 2 Capacity (Recommended): <input type="text"/>
Pump 1 <input type="text"/> GPM	Total Head <input type="text"/> ft	Pump 2 <input type="text"/> GPM
		Total Head <input type="text"/> ft
Supply Pipe Dia. <input type="text"/> in	Dose Vol: <input type="text"/> gal	Supply Pipe Dia. <input type="text"/>
		Dose Vol: <input type="text"/> Gal

6. SYSTEM AND DISTRIBUTION TYPE

Project ID: _____

Soil Treatment Type: _____

Distribution Type: _____

Elevation Benchmark: _____ 100 ft

Benchmark Location: GARAGE SLAB

MPCA System Type: Type II

Distribution Media: _____

Type III/IV Details: _____

7. SITE EVALUATION SUMMARY:

Describe Limiting Condition: _____

Layers with >35% Rock Fragments? (yes/no) _____ If yes, describe below: % rock and layer thickness, amount of soil credit and any additional information for addressing the rock fragments in this design.

Note: _____

	Depth	Depth	Elevation of Limiting Condition
Limiting Condition:	_____ inches	_____ ft	_____ ft
Minimum Req'd Separation:	_____ inches	_____ ft	Elevation <i>Critical for system compliance</i>
Code Max System Depth:	_____ inches	_____ ft	_____ ft

This is the maximum depth to the bottom of the distribution media for required separation. Negative Depth (ft) means it must be a mound.

Soil Texture: _____

Soil Hyd. Loading Rate: _____ GPD/ft²

Percolation Rate: _____ MPI

Contour Loading Rate: _____

Note: _____

Measured Land Slope: 3.0 %

Note: _____

Comments: _____

8. SOIL TREATMENT AREA DESIGN SUMMARY

Trench:

Dispersal Area _____ ft² Sidewall Depth _____ in Trench Width _____ ft

Total Lineal Feet _____ ft No. of Trenches _____ Code Max. Trench Depth _____ in

Contour Loading Rate _____ ft Length _____ ft Designed Trench Depth _____ in

Bed:

Dispersal Area _____ ft² Sidewall Depth _____ in Maximum Bed Depth _____ in

Bed Width _____ ft Bed Length _____ ft Designed Bed Depth _____ in

Mound:

Dispersal Area _____ ft² Bed Length _____ ft Bed Width _____ ft

Absorption Width _____ ft Clean Sand Lift _____ ft Berm Width (0-1%) _____ ft

Upslope Berm Width _____ ft Downslope Berm _____ ft Endslope Berm Width _____ ft

Total System Length _____ ft System Width _____ ft Contour Loading Rate _____ gal/ft

Project ID: _____



Design Summary Page

At-Grade:

Bed Width ft Bed Length ft Finished Height ft
Contour Loading Rate gal/ft Upslope Berm ft Downslope Berm ft
Endslope Berm ft System Length ft System Width ft

Level & Equal Pressure Distribution

No. of Laterals Perforation Spacing ft Perforation Diameter in
Lateral Diameter in Min Dose Volume gal Max Dose Volume gal

Non-Level and Unequal Pressure Distribution

	Elevation (ft)	Pipe Size (in)	Pipe Volume (gal/ft)	Pipe Length (ft)	Perf Size (in)	Spacing (ft)	Spacing (in)	
Lateral 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Minimum Dose Volume <input type="text"/> gal
Lateral 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Lateral 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Lateral 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Maximum Dose Volume <input type="text"/> gal
Lateral 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Lateral 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

9. Additional Info for At-Risk, HSW or Type IV Design

A. Starting BOD Concentration = Design Flow X Starting BOD (mg/L) X 8.35 ÷ 1,000,000

gpd X mg/L X 8.35 ÷ 1,000,000 = lbs. BOD/day

B. Target BOD Concentration = Design Flow X Target BOD (mg/L) X 8.35 ÷ 1,000,000

gpd X mg/L X 8.35 ÷ 1,000,000 = lbs. BOD/day

Lbs. BOD To Be Removed:

PreTreatment Technology: *Must Meet or Exceed Target

Disinfection Technology: *Required for Levels A & B

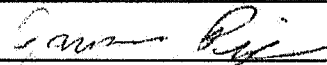
C. Organic Loading to Soil Treatment Area:

mg/L X gpd x 8.35 ÷ 1,000,000 ÷ ft² = lbs./day/ft²

10. Comments/Special Design Considerations:

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

JAMES PIPER
(Designer)


(Signature)

L4041
(License #)

6/7/2021
(Date)

1. Tank Specifications

Project ID:

v 04.01.2020

A. Tank Manufacturer: **BROWN PRECAST** Tank Model: **2000 HT**

B. Outside Tank Dimensions and Specifications: Tank Use: **Holding Tank**

Length: **156** in Width: **84** in Height: **57.75** in Diameter: in

Length: **13.0** ft Width: **7.0** ft Height: **4.8** ft Radius of Tank: in

2. Outside Volume of Tank

Rectangular Tank	Circular Tank
A. Area of Tank = Length (ft) X Width (ft)	A. Area of Tank = πr^2 (3.14 X (Radius of Tank) ²)
13.0 ft X 7.0 ft = 91.0 ft ²	3.14 X ft ² = ft ²
B. Volume of Tank = Area of Tank (2.A) X Height (ft)	B. Volume of Tank = Area of Tank X Height (ft)
91.0 ft X 4.8 ft = 437.9 ft ³	 ft ² X ft = ft ³

3. Force of Tank Weight (F_{TW})

Weight of Tank (provided by manufacturer) **16,800** lbs/ft³

4. Force of Soil Weight Over Tank (F_{SW})

Soil Type	Weight of Soil (lbs/ft ³)
Sandy	120
Loamy	100
Clay	90

A. Depth of Cover Over Tank: **24** in **2.0** ft

B. Weight of Soil Per Cubic Foot: **120** lbs/ft³

C. Volume of Soil Over Tank = Depth of Cover (ft) X Area of Tank (ft²)

2.0 ft X **91.0** ft² = **182.0** ft³

D. Weight of Soil Over Tank = Volume of Soil Over Tank X Weight of Soil Per Cubic Foot

182.0 ft³ X **120** lbs/ft³ = **21,840.0** lbs

Note: Assumes saturation does not get over the lid of the tank

5. Buoyant Force (F_B)

Buoyant Force (F_B) = Outside Volume of Tank X Weight of Water Per Cubic Foot (62.4 lbs/ft³) X 1.2 (Safety Fctr)

438 X 62.4 lbs/ft³ X 1.2 = **32,792.8** lbs

6. Evaluation of Net Forces

A. Downward Force = Force of Tank Weight (F_{TW}) + Force of Soil Weight of Soil (F_{SW})

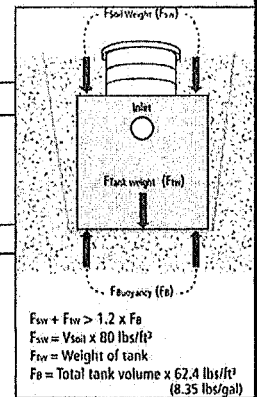
16800 lbs + **21840** lbs = **38,640.0** lbs

B. Net Difference = Downward Force - Buoyant Force Including Safety Factor

38640 lbs - **32793** lbs = **5,847.2** lbs

If the Net Difference is negative, countermeasures will need to be taken to prevent the tank from floating out of the ground.

Comments/Solution:





Becker County Planning & Zoning
915 Lake Ave
Detroit Lakes, MN 56501
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Septic Permit

Permit #: SS2021-958

Owner & Property Information

Owner Name:	KURT JANKOWSKI	Parcel #:	280159000
Mailing Address:	KURT JANKOWSKI 1523 14 1/2 ST S FARGO ND 58103	Secondary Parcel #:	
Phone #:	UNKOWN	Site Address:	23309 BASS LAKE RD
Lake/River(1000/300):	Yes	Township - Sec/Twp/Rng:	SHELL LAKE - 25/140/038
Lake/River Name:	Bass (Forest) [RD]	Designer:	JenCo Services, LLC, L4041 (James Piper)
Pond/Wetland(50):	No	Installer:	Jason Niemi, L3225 (Jason Niemi)

Specifications

Tank to be Installed:	Holding Tank	Type of Drainfield:	
Total # Tanks Installed:	1	Full Size of Drainfield:	
System Status:	No Existing System	Reduced/Warrantied Size:	
System Serves:	Seasonal Dwelling	Absorbtion Area Size:	
Number of Bedrooms:	2	Rock Depth:	
Design Flow/GPD:	300	Chamber Type and Number:	
Garbage Disposal?	No	Chamber Trench SqFt/Chamber:	
Size of Lift Pump:		Is System Pressurized?	
Size of Lift Line:		Alarm?	Yes
Soil Sizing Factor:		Type of Alarm:	VISUAL

Setbacks

Road Type:	Public / Township	Right of Way Marked:	No
Tank Dist to Road:	+50'	Drainfield Dist to Road:	
Tank Dist to Closest Prop Line:	+20'	Drainfield Dist to Closest Prop Line:	+20'
Tank Dist to Nearest Structure:	11'	Drainfield Dist to Nearest Structure:	
Tank Dist to Well:	+50'	Drainfield Dist to Well:	N/A
Tank Dist to OHW:	+100'	Drainfield Dist to OHW:	NA
Tank Dist to Pond/Wetland:		Drainfield Dist to Pond/Wetland:	
Tank Dist to Pressure Line:	+20'	Drainfield Dist to Pressure Line:	

Other Information

Date Approved:	6/7/2021
Permit Fee:	225.00
Receipt Number:	250214449
Date Paid:	6/9/2021
Notes:	Install a 2000 gallon holding tank with a manual alarm

Zoning Office Signature:

Denise Gubrud

PERMIT MUST BE POSTED AT JOB SITE. PERMIT EXPIRES ONE YEAR FROM DATE PAID.

** Please schedule for inspection prior to installation! **