



270127000

Minnesota Pollution Control Agency

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

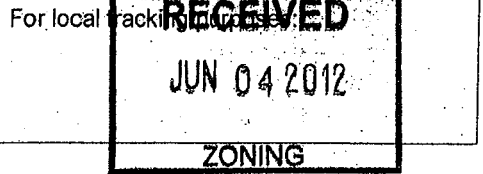
# Compliance Inspection Form

## Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

**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



### System Status

System status on date (mm/dd/yyyy): 5-14-12

**Compliant – Certificate of Compliance**

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

**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
- 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: 3600 3 Co Rd 46 Parcel ID# or Sec/Twp/Range: 27.01.27000

Property owner: Jeff Stone Reason for inspection: Real Estate

Owner's representative: \_\_\_\_\_ Owner's phone: \_\_\_\_\_

Local regulatory authority: \_\_\_\_\_ Regulatory authority phone: \_\_\_\_\_

Brief system description: \_\_\_\_\_

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: Don Umthun Phone number: 218-252-6411

### Necessary or Locally Required Attachments

- Soil boring logs
- System/As-built drawing
- Other information (list): \_\_\_\_\_
- Forms per local ordinance

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, which sewage tank(s) leaks:	

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

Comments/Explanation:

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: 27, 01, 27000

se/12

Inspector initials/Date: D. G. 5-14-12

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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:



Minnesota Pollution Control Agency

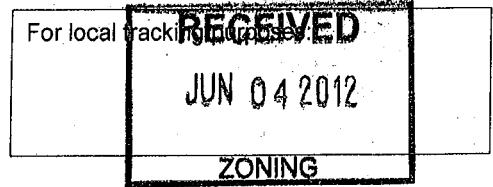
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St. Paul, MN 55155-4194

Compliance Inspection Form
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(See Upgrade Requirements on page 3)

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[ ] 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: 36603 Co Rd 46

Parcel ID# or Sec/Twp/Range: 27.01.27000

Reason for inspection: Real Estate

Property owner: Jeff Stone

Owner's phone:

Owner's representative:

Representative phone:

Local regulatory authority:

Regulatory authority phone:

Brief system description:

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: Don Umthun

Phone number: 218-252-6411

Necessary or Locally Required Attachments

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

27.0127.000  
self

5.4.12  
D.G.

Property address: 36663 E Rd 46

Inspector initials/Date: D.G.

4. Soil Separation – Compliance component #4 of 5

Date of installation: 2003  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.

Compliance criteria:  
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:  Yes  No  
Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

- 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)

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:  Yes  No  
Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.\*

Comments/Explanation:

"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)  Yes  No  
Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

Indicate depths of elevations	
A. Bottom of distribution media	32"
B. Periodically saturated soil/bedrock	68"+
C. System separation	36"
D. Required compliance separation*	36"

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: \_\_\_\_\_  Yes  No  
Have the Operating Permit requirements been met?
- b. Is the required nitrogen BMP in place and properly functioning?  Yes  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 groundwater, 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.

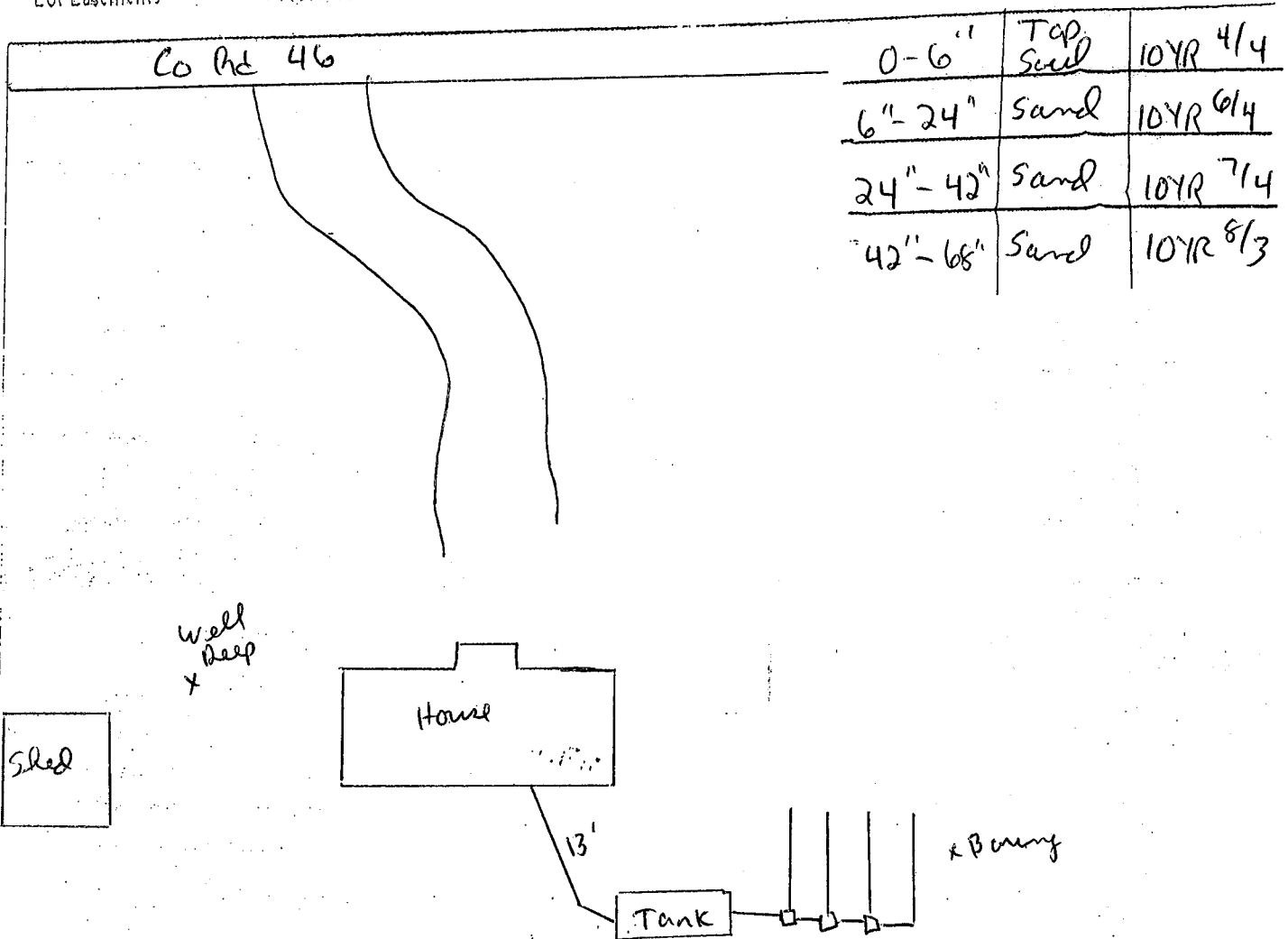
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SITE PLAN MUST BE DRAWN TO SCALE OR DIMENSION WITH NORTH ARROW.

Plan must include:

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

Soil Boring

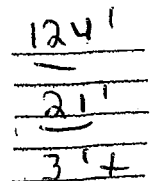
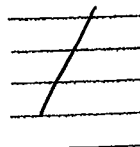
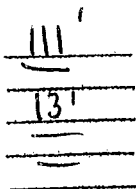


SEPTIC TANK

LIFT STATION

DRAINFIELD

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



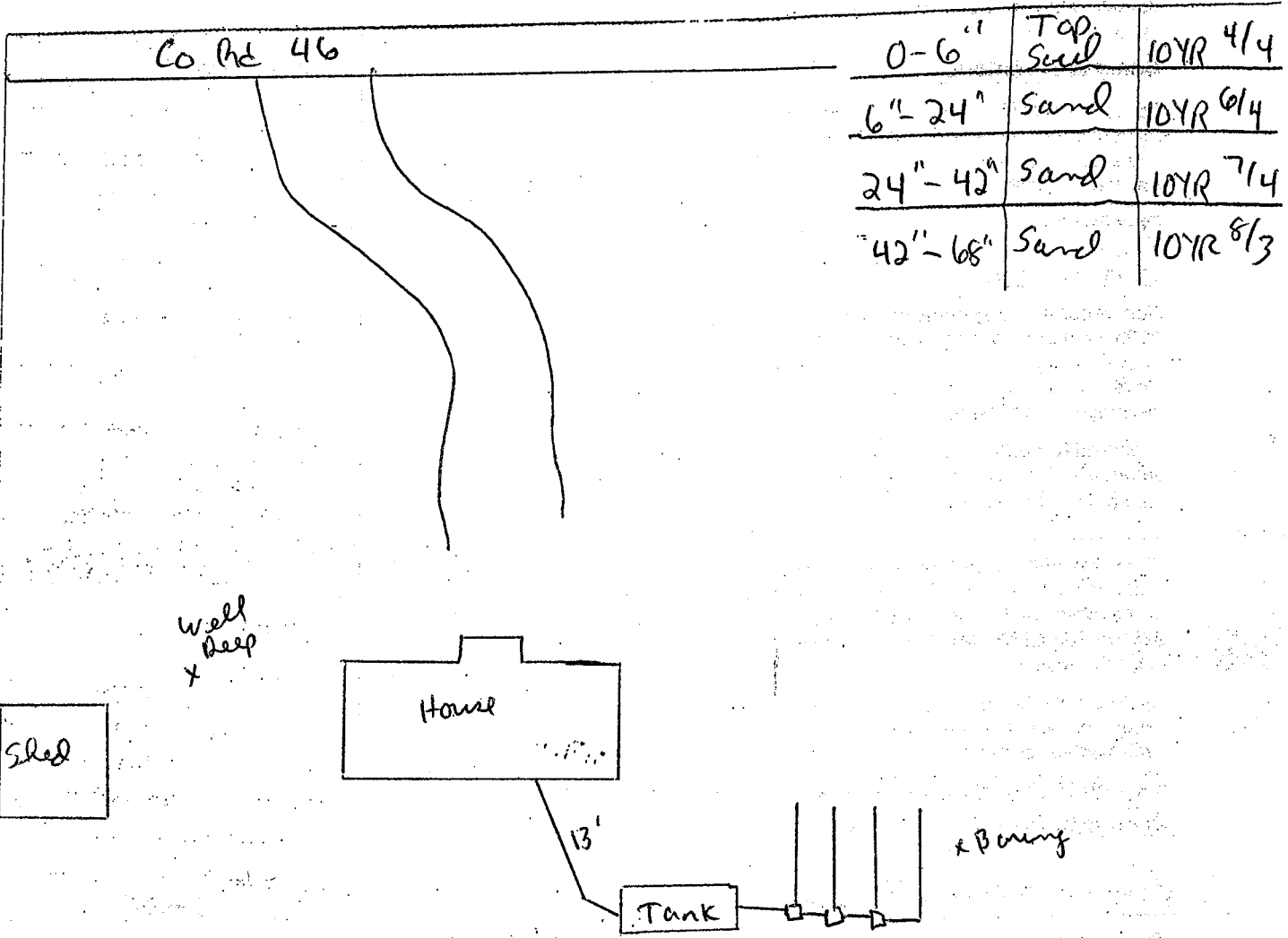
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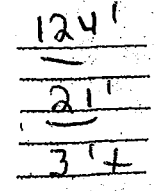
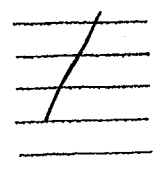
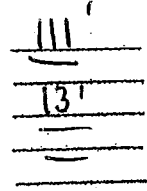


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- Distance from nearest well
- Distance from lake or stream
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Property address: 36663 E Rd 46

se/jr

Inspector initials/Date: RY

4. Soil Separation - Compliance component #4 of 5

Date of installation: 2003
Shoreland/Wellhead protection/Food Beverage Lodging?
Compliance criteria:

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.

Table with 2 columns: Compliance criteria and Yes/No checkboxes. Rows include criteria for systems built prior to April 1, 1996, and non-performance systems.

- 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)

Comments/Explanation:

Table with 2 columns: Indicate depths of elevations and depth values. Rows include Bottom of distribution media, Periodically saturated soil/bedrock, System separation, and 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 [X] Not applicable

Is the system operated under an Operating Permit?
Is the system required to employ a Nitrogen BMP?

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

Table with 2 columns: Compliance criteria and Yes/No checkboxes. Rows include Operating Permit number and required nitrogen BMP.

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...



**PERMIT MUST BE POSTED AT THE CONSTRUCTION SITE**

732-9074  
Becker County Planning & Zoning  
835 Lake Ave, P O Box 787  
Detroit Lakes, MN 56502-0787  
Phone (218)-846-7314; Fax (218)-846-7266

se/03

Onsite Septic System Site Evaluation/Design Tax Parcel Number 27.01.27000 911 Address \_\_\_\_\_

Legal Description: NE 1/4 of NW 1/4 Section 26 TWP 142 Range 36

Lake Name NA Lake Classification NA Township Name Savannah

Owner's Name Jeff Stone Address Co Rd 46 36663

City Park Rapids State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Number of Bedrooms 2 Well Casing Depth 50' + Deep Garbage Disposal (Yes)  (No)   
Design Flow 300 GPD Depth of other Wells within 100 ft of system \_\_\_\_\_ Grinder Pump/Lift Station In House (Yes)  (No)

Type of Observation: Probe Pit  Boring  
Original Soil  (Yes) (No)  Compacted Soil (Yes)  (No)   
Depth to Restricting Layer 72" Proposed Design  
Maximum of Depth of System 36"  Replace Septic Tank  
Perc Rate \_\_\_\_\_ Soil Sizing Factor .83  Septic Tank/Drainfield  
 Drainfield Only  
 Holding Tank  
 Lift Station  
Type of Drainfield  
 Standard (gravelless/chamber)  
 Standard (rock depth \_\_\_\_\_)  
 Standard Bed  
 Mound  At Grade  
 Pressurized Bed

**SOIL BORING LOG**

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-6	Top Soil	10YR 4/3	<del>BLOCKY</del> PLATY PRISMATIC NONE
6-12"	Sand	10YR 6/6	BLOCKY PLATY PRISMATIC NONE
12-24"	Sand	10YR 7/4	BLOCKY PLATY PRISMATIC NONE
24-72"	Sand	10YR 8/3	BLOCKY PLATY PRISMATIC NONE

**SOIL BORING LOG**

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-6"	Top Soil	10YR 4/3	<del>BLOCKY</del> PLATY PRISMATIC NONE
6-18"	Sand	10YR 6/6	BLOCKY PLATY PRISMATIC NONE
18-30"	Sand	10YR 7/4	BLOCKY PLATY PRISMATIC NONE
30-72"	Sand	10YR 8/3	BLOCKY PLATY PRISMATIC NONE

Type of alarm Device on lift Station or Holding tank

Attach perc test Information if Required

Name and Address of Designer Don Umthun P.O. Box 391 Newry Mn 56467 Phone 652-2798

MPCA Number 1867 Date of Site Evaluation 6-6-03 Signature of Designer Don Umthun

Name of Installer (if different from Designer) Roger Plumley MPCA Number 82

**\*FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY\***

\*\*\* Any changes to the permit must first be approved by Becker County Planning & Zoning. No system shall be covered up without inspection by Becker County Planning & Zoning.

\*\*\* Inspections must be scheduled at least 24 hours prior to time requested. PD receipt # 252890 6/9/03

Date Received 6/10/03 Application Fee 100<sup>00</sup> State Surcharge \_\_\_\_\_ Total 100<sup>00</sup>

Application is hereby denied  
 Application is hereby granted to J. Stone to install an individual septic system according to the specifications of the site evaluation and design submitted to the Becker County Environmental Services Office. By Order of: Hebi Moltzen 6/10/03

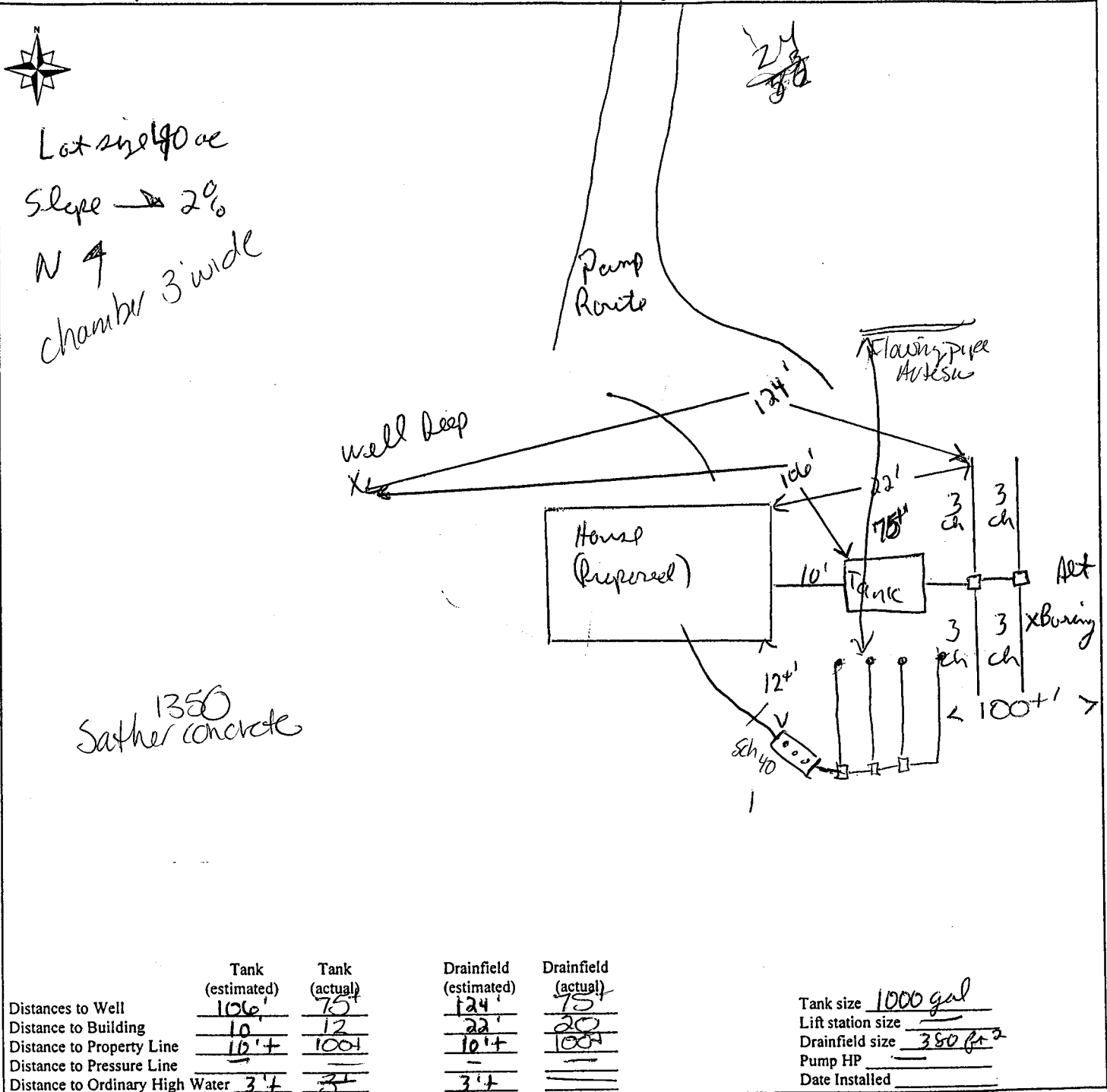
Signature of Becker County Qualified Employee \_\_\_\_\_ Date Permit Issued \_\_\_\_\_ Permit Number \_\_\_\_\_  
This permit expires on \_\_\_\_\_

RECEIVED  
JUN 10 2003  
ENV. SERVICES

The site plan must be drawn to dimension or to scale:

- \*Dimensions of Lot
- \*Existing & Proposed Buildings
- \*Easements & setbacks
- \*Scale - One inch = \_\_\_\_\_ ft
- \*Well & Water Line Locations within 100 ft of System
- \*Distance from Property Lines
- \*Tank Access Route
- \*Location of any Unsuitable Soil
- \*Soil Borings & Per Test Locations
- \*Distance from OHWM
- \*Distance from buildings
- \*Alternate Drainfield Location

5/10/03



	Tank (estimated)	Tank (actual)	Drainfield (estimated)	Drainfield (actual)	
Distances to Well	106'	75'	124'	75'	Tank size 1000 gal
Distance to Building	10'	12'	22'	20'	Lift station size
Distance to Property Line	10'+	100'	10'+	100'	Drainfield size 380 ft <sup>2</sup>
Distance to Pressure Line					Pump HP
Distance to Ordinary High Water	3'+	3'+	3'+		Date Installed

**\*FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY\***

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.

Signature: Patricia Johns Title: Zoning Adm Date: 7.21.03  
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

**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:

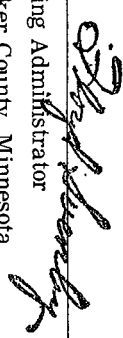
Lake No. \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Range \_\_\_\_\_ Twp. Name \_\_\_\_\_

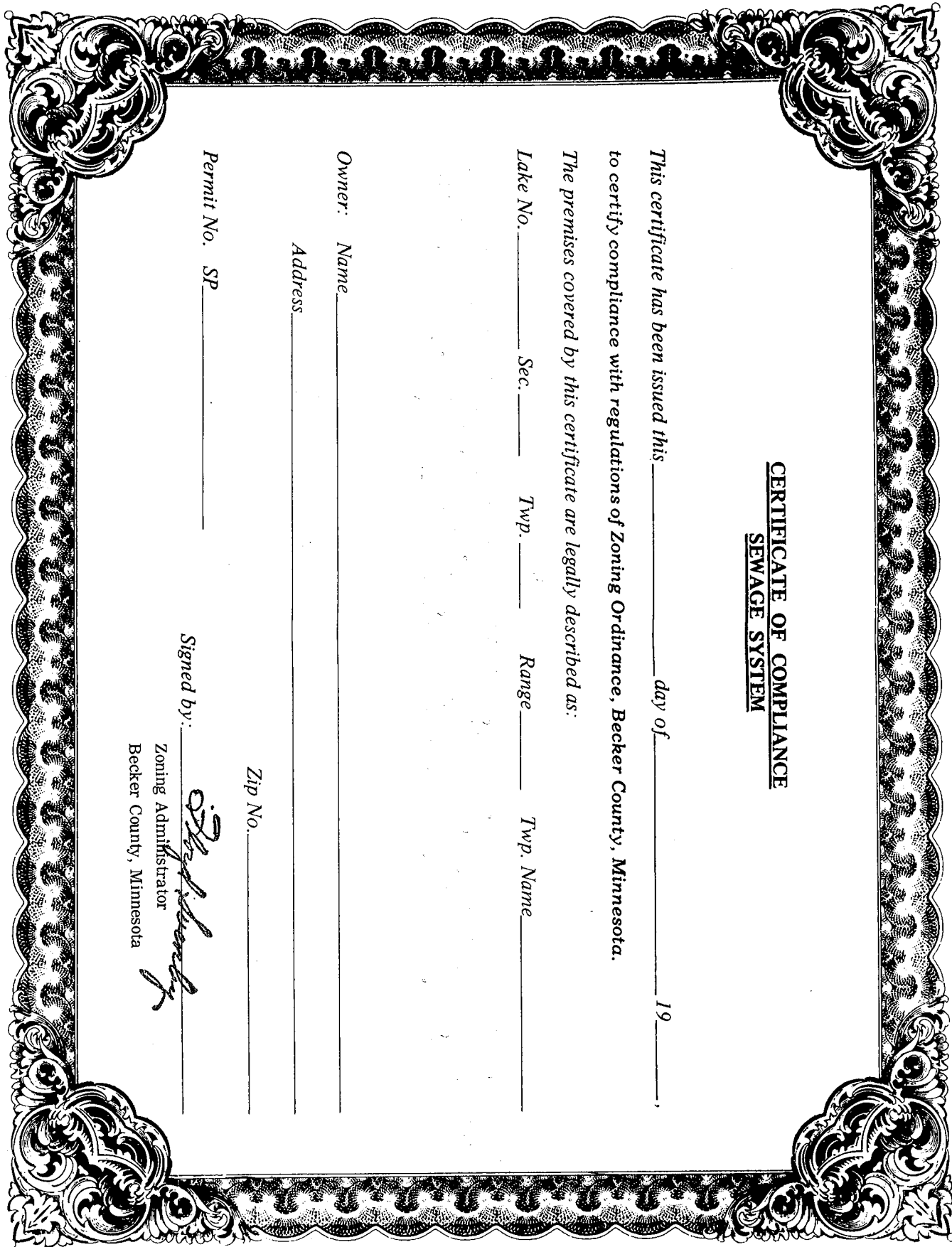
Owner: Name \_\_\_\_\_

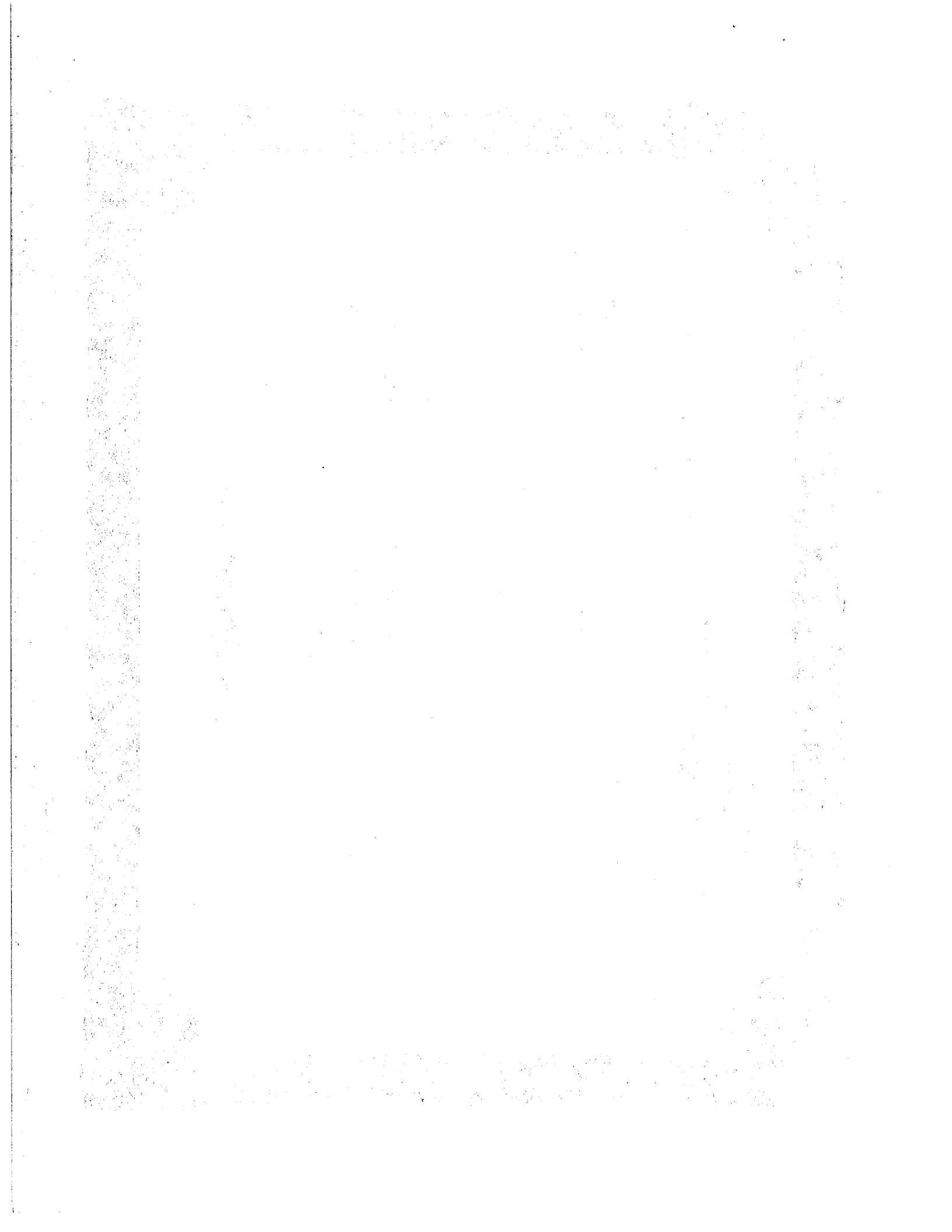
Address \_\_\_\_\_

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

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

Signed by:   
Zoning Administrator  
Becker County, Minnesota





5667

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

BECKER COUNTY ZONING ADMINISTRATION  
COUNTY COURT HOUSE - Phone 218-847-3938 - Detroit Lakes, Minn. 56501  
APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

Permit No. 13-9597-8  
Date 3-28-80

LEGAL DESCRIPTION AND LOCATION

NE 1/4 of NW 1/4

25 142 40 SAVANNAH

Lake No. Lake Name Lake Classif. Sec. TWF Range TWP Name

IDENTIFICATION: Please Print All Information

Owner: Last Name First Initial Mailing Address - No. Street, City and State Zip No. Tel. No.  
EAST, WALLACE 1501 14th AVE NE WILLMAR, MN. 56201

Contractor: Name KOEN CONST.

TYPE OF IMPROVEMENT:  New Building ( ) Alteration Other \_\_\_\_\_

RESIDENTIAL PROPOSED USE:  One Family Dwelling ( ) Multiple Dwelling \_\_\_\_\_ Units

NON-RESIDENTIAL PROPOSED USE: Specify: House Size: 26' x 32'

ESTIMATED COST OF IMPROVEMENT \$ 25,000 Construction Starting Date: \_\_\_\_\_

PRINCIPAL TYPE OF FRAME:  Masonry  Wood Frame ( ) Structural Steel ( ) Other - Specify \_\_\_\_\_

Type of Roof: Asphalt

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: 2 Sq. feet (outside dimension) 732 Bedrooms 3 Baths 2

HEATING:  Electric ( ) Gas ( ) Oil ( ) Coal ( ) None wood Other: Bud

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	375 Sq. Ft.	Sq. Ft.
Distance from nearest well	+ 75 Ft.	+ 75 Ft.	Ft.
Distance from lake or stream	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 40 AC square feet. Water frontage is N/A

Building set back from high water mark is N/A feet. (Building Line)

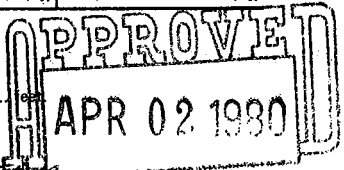
Land height above high water mark at building line is + 6 feet

Building set back from State highway is \_\_\_\_\_ feet. County # 44 150 ft from road or street is \_\_\_\_\_ feet.

Side yard is + 20 and + 20 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 3-28-80 Wallace East  
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 3-31-80  
Becker County Zoning Administrator Floyd Arenly

Permit Fee \$ 40.00 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		
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

5667

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. 18-95978  
Date \_\_\_\_\_

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION	N 1/4 Sec 25 T 25 R 36					
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range

**IDENTIFICATION: Please Print All Information**

Owner	Last Name	First	Initial	Mailing Address - No. Street, City and State	Zip No.	Tel. No.
	EAST WAHCONIA					
Contractor	Name	KERN				

<b>TYPE OF IMPROVEMENT:</b> <input checked="" type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	<b>RESIDENTIAL PROPOSED USE:</b> <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	<b>NON-RESIDENTIAL PROPOSED USE:</b> Specify: _____ Size: _____
--	--	---

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

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	Gls.	375 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)

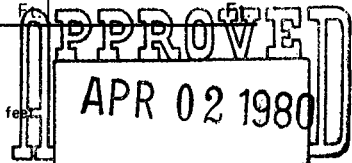
Land height above high water mark at building line is \_\_\_\_\_ feet

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.).



**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 3-28-80 \_\_\_\_\_  
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 3-31-80 \_\_\_\_\_  
Becker County Zoning Administrator

Permit Fee \$ 40.00 State Surcharge \$ \_\_\_\_\_

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

se/80

### 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

10x30

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	1000 Gls.	Gls.	300 SF	SF	SF	SF
Distance from Nearest Well	90 F	F	100 F	75 F	F	50 F
Distance from Lake or Stream	— F	F	— F	F	F	F
Distance from Occupied Building	75 F	10 F	90 F	20 F	F	20 F
Distance from Property Line	300 F	10 F	300 F	10 F	F	10 F
Distance from Bottom to Water Table	— F	— F	4 F	4 F	F	4 F

Inspector's Comments: Real fine sand, shallow drain field  
16 yds rock, new installer, not to bad.

**INTERPRETATION OF ABBREVIATIONS**  
Gls — Gallons  
SF — Square Feet  
F — Linear Feet

Mark Kuehn  
Inspector's Signature

Title

Inspection Dated 7-23-80

Agency



S/Se 20

BECKER COUNTY

Department \_\_\_\_\_

Becker County Courthouse

Detroit Lakes, MN 56501

Subject \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_

Location or Legal Description \_\_\_\_\_

Remarks:

Signature \_\_\_\_\_

