020337000

PARCEL	
APP	SEPTIC
YEAR	
SCANNED	
LAKE	

ystem Application

Becker County Planning & Zoning
915 Lake Ave, Detroit Lakes, MN 56501
Phone (218)-846-7314; Fax (218)-846-7266

RECEIVED
AUG 09 2012
ZONING

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: 020 337000

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 32 Township 139 Range 42 Township Name Audubon

Lake Name Little Cormorant Lake Classification _____

Legal Description: 1st Add to Sugar Island Block 1 Lot 3

Project Address: 16431 Sugar Island Rd.

2. **PROPERTY OWNER INFORMATION (as it appears on the tax statement, purchase agreement or deed)**
Owner's First Name Jeffrey Owner's Last Name Campbell

Mailing Address 16431 Sugar Island Rd City, State, Zip Audubon Mn

Phone Number _____

3. **DESIGNER/INSTALLER INFORMATION**
Designer Name Rick Renner Company Name Renner Exc, LLC License # 2567

Address Audubon Mn. Phone Number 439-3514

Installer Name Same Company Name _____ License # _____

Address _____ Phone Number _____

4. **SYSTEM DESIGN INFORMATION**

System Status

_____ Vacant Lot-No existing system-new structure
_____ Replacement – structure removed and being rebuilt
X Failing –Replacement- cesspool/seepage pit or other
_____ Enlargement of system-Undersized
_____ Repairs Needed to existing
_____ Additional system on property

What will new system serve? Check one

X Dwelling
_____ Resort/Commercial
_____ Commercial (Non-resort)
_____ Other – explain below
_____

7-27-12 Date of site evaluation

Design Flow 600 Gallons Per Day
Number of Bedrooms 4
Garbage Disposal _____ Yes X No
Dishwasher X Yes ___ No
Lift station in House ___ Yes X No
Grinder pump in House ___ Yes X No

Well Depth >50'
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 _____

Size of All Tanks to be installed
1000 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
_____ Chamber Trench	_____ sq ft	_____ sq ft
_____ Rock Trench	_____ sq ft	_____ sq ft
_____ Gravelless	_____ sq ft	_____ sq ft
_____ Mound	_____ sq ft ***	
_____ Pressure Bed	_____ sq ft ***	
_____ Seepage Bed	_____ sq ft ***	
_____ At-grade	_____ sq ft ***	
_____ Alternative / Performance	_____ sq ft ***	

***Attach Worksheets

Type of chamber _____
Depth of Rock _____

Alarm? Yes _____ No _____
Type of Alarm _____
Size of Lift Pump _____
Size of Lift Line _____

Replacing septic tank only!

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	60' +	
Distance to Building	14'	
Distance to Property Line	10'	
Distance to OHW of Lake	85'	
Distance to Pressure Line	40'	
Distance to Wetland/Protected Water	—	

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

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

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, Rick Renner (Print Name of Designer) 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).

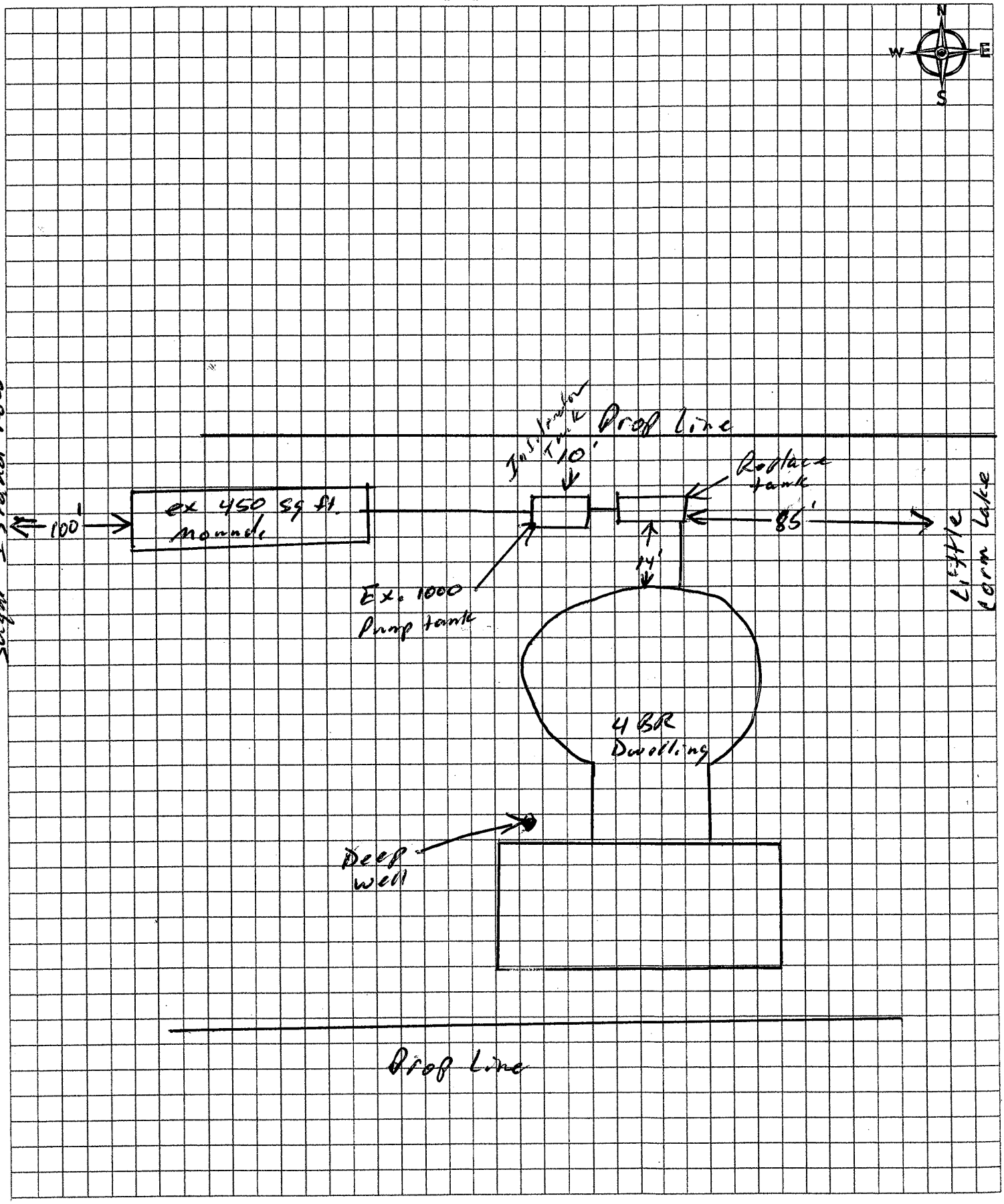
Rick Renner
Signature of Designer

8-9-12
Date

SKETCH OF PROPERTY

Please sketch all structures and septic systems on the property;
Include setbacks and wells within 100 feet of the property.

PARCEL	
APP	SEPTIC
YEAR	2012



COUNTY OF BECKER

Planning and Zoning
915 Lake Ave, Detroit Lakes, MN 56501
Phone: 218-846-7314 ~ Fax: 218-846-7266

SSTS STATEMENT - # OF BEDROOMS AND WATER-USE APPLIANCES
Note: Form must be legible and completed in ink

Property Owner Name(s): _____

Address: _____ City, State, Zip: _____

Phone: _____ Alt. Phone: _____

Legal Description: _____

Lake/River: _____ Tax Parcel No. _____

Property Address: _____

Definitions:

Bedroom – any room or unfinished area within a dwelling that might reasonably be used as a sleeping room. Lofts and unfinished basements (with at least one egress window and/or door) are counted as bedrooms.

Water-use Appliances – installed or anticipated: e.g. automatic washer, dishwasher, water conditioning unit, whirlpool bath, garbage disposal, or self-cleaning humidifier in furnace. **Note:** A dishwasher with a built-in garbage disposal counts as two (2) water-use appliances.

Existing # of bedrooms: 4 + # of bedrooms yet to be constructed: _____ = Total # of bedrooms to be serviced by the SSTS: _____ (min. # bedrooms allowed by State is two)

Existing # of water-use appliances: _____ List each: 3 toilet dishwasher
+ # of water-use appliances yet to be installed: _____ List each: _____
_____ = Total # of water-use appliances to be serviced by the SSTS: _____

I (we) do hereby swear and affirm that the above-stated number of bedrooms and water-use appliances exist and/or will be installed in the residence located on the property listed on this document such that they will be serviced by the subsurface sewage treatment system (SSTS) that will be designed for and connected to said residence and installed on said property.

Property Owner(s) Signature(s)

8/20/12
Date

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

Application Approved by: Debi Mold Date: 8-13-12

Amount Paid 160.00 Receipt Number 287607 Permit Number 511733

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 _____ Alarm manufacturer _____

Lift pump in system? _____ Yes _____ No Pump manufacturer _____

Number of bedrooms 4

Component Information

Tank size 1000 Plastic Tank manufacturer Infiltrator

Drainfield size _____

Drainfield medium _____ Medium manufacturer —

Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth _____ Tank only

Vertical separation verified for Boring #2 on _____ Depth _____

Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

	TANK	DRAINFIELD
Distance to Well	60	
Distance to Building	14	
Distance to Property Line	10	
Distance to OHW of Lake	85	
Distance to Pressure Line	40	
Distance to Wetland/Protected Water	N/A	

Date System Installed 8/20/12 **Installer** R. Renner Exc. **Inspector** Laurie Stoll

****

****

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.

Laurie Stoll — Signature

TSIS inspector — Title

8/20/12 — Date

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

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

For local tracking purposes:

System Status

System status on date (mm/dd/yyyy): 8-15-12

☒ **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

Parcel ID# or Sec/Twp/Range: 02033 7000

Property address: 16431 Sugar Island Rd. Reason for inspection: County Request

Property owner: Jeff Campbell Owner's phone:

or

Owner's representative: Representative phone:

Local regulatory authority: Becker Co Zoning Regulatory authority phone: 846-7314

Brief system description: 1000 gal Septic tank, 500 gal pump tank, 450 sq ft. Mound,

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: Rick Renner Certification number:

Business name: Renner Exc. LLC. License number: 2567

Inspector signature: Rick Renner Phone number: 218-439-3514

Necessary or Locally Required Attachments

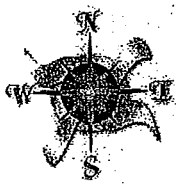
☒ Soil boring logs ☒ System/As-built drawing ☐ Forms per local ordinance

☐ Other information (list):

SKETCH OF PROPERTY

PARCEL	
APP	SITE
YEAR	2011

1. Please sketch all structures on the property; include setbacks And wells within 100 feet of the property.



See Permit AP

Remember EROSION CONTROL!

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

Property address: 020337000 Inspector initials/Date: AR 8-15-12

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

Compliance criteria:	
System discharge sewage to the ground surface.	☐ Yes ☒ No
System discharge sewage to drain tile or surface waters.	☐ Yes ☒ No
System cause sewage backup into dwelling or establishment.	☐ Yes ☒ 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. *Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.*	☐ Yes ☒ No
Sewage tank(s) leak below their designed operating depth.	☐ Yes ☒ 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: 020337000 Inspector initials/Date: AR 3-15-12

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____ ☒ Unknown

Shoreland/Wellhead protection/Food Beverage Lodging? ☒ Yes ☐ No

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

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

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)*

Comments/Explanation:

mound clay soil

Indicate depths of elevations

A. Bottom of distribution media	3'
B. Periodically saturated soil/bedrock	7' +
C. System separation	4'
D. Required compliance separation*	3'

*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?	☐ Yes ☐ No
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 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.*

PERMIT MUST BE POSTED AT THE CONSTRUCTION SITE

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

Onsite Septic System Site Evaluation/Design

Tax Parcel Number 02.0337.000

Fire Number _____

Legal Description: Lot 3 Block 1 1st Add to Sugar Island Section 32 TWP 139 Range 42

Lake Name Little Cormorant Lake Classification RD Township Name Audubon

Owner's Name Robert Wernert Address 16431 Sugar Island

City Audubon MN State/Zip 56511 Phone Number _____

Number of Bedrooms 4
Design Flow 600 GPD

Well Casing Depth deep
Depth of other Wells within 100 ft of system N/A

Garbage Disposal (Yes) (No)
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 2.5'
Maximum of Depth of System mound
Perc Rate 18.5 Soil Sizing Factor _____

Proposed Design
( ) Replace Septic Tank
( ) Septic Tank/Drainfield
( ) Drainfield Only
( ) Holding Tank
(X) Lift Station

Type of Drainfield
( ) Standard (gravelless/chamber)
( ) Standard (rock depth _____)
( ) Standard Bed
(X) Mound ( ) At Grade
( ) Pressurized Bed

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-10	clay	fill	BLOCKY PLATY PRISMATIC NONE
10-18	loam	Topsoil	BLOCKY PLATY PRISMATIC NONE
18-34	clay loam	2.5Y 4/3	BLOCKY PLATY PRISMATIC NONE
34-48	" "	2.5Y 4/4	
48-60	silt	2.5Y 4/3	BLOCKY PLATY PRISMATIC NONE

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-10	clay to be Removed	fill	BLOCKY PLATY PRISMATIC NONE
10-20	loam	Topsoil	BLOCKY PLATY PRISMATIC NONE
20-28	clay	10YR 3/4	BLOCKY PLATY PRISMATIC NONE
28-44	silt clay	10YR 4/4	
44-60	silt	2.5Y 5/2	BLOCKY PLATY PRISMATIC NONE

Attach Perc Test Information If Required

Name and Address of Designer Randy Anderson P.O. Box 1421 Detroit Lakes Phone 849-3072

MPCA Number 1634 Date of Site Evaluation 5-11-99 Signature of Designer Randy Anderson

Name of Installer (if different from Designer) _____ MPCA Number _____

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.

Date Received 5/14/99 Application Fee 75.00 State Surcharge .50 Total 75.50

[ ] Application is hereby denied
[X] Application is hereby granted to R. Wernert 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:

Debi Moltzan
Signature of Becker County Qualified Employee

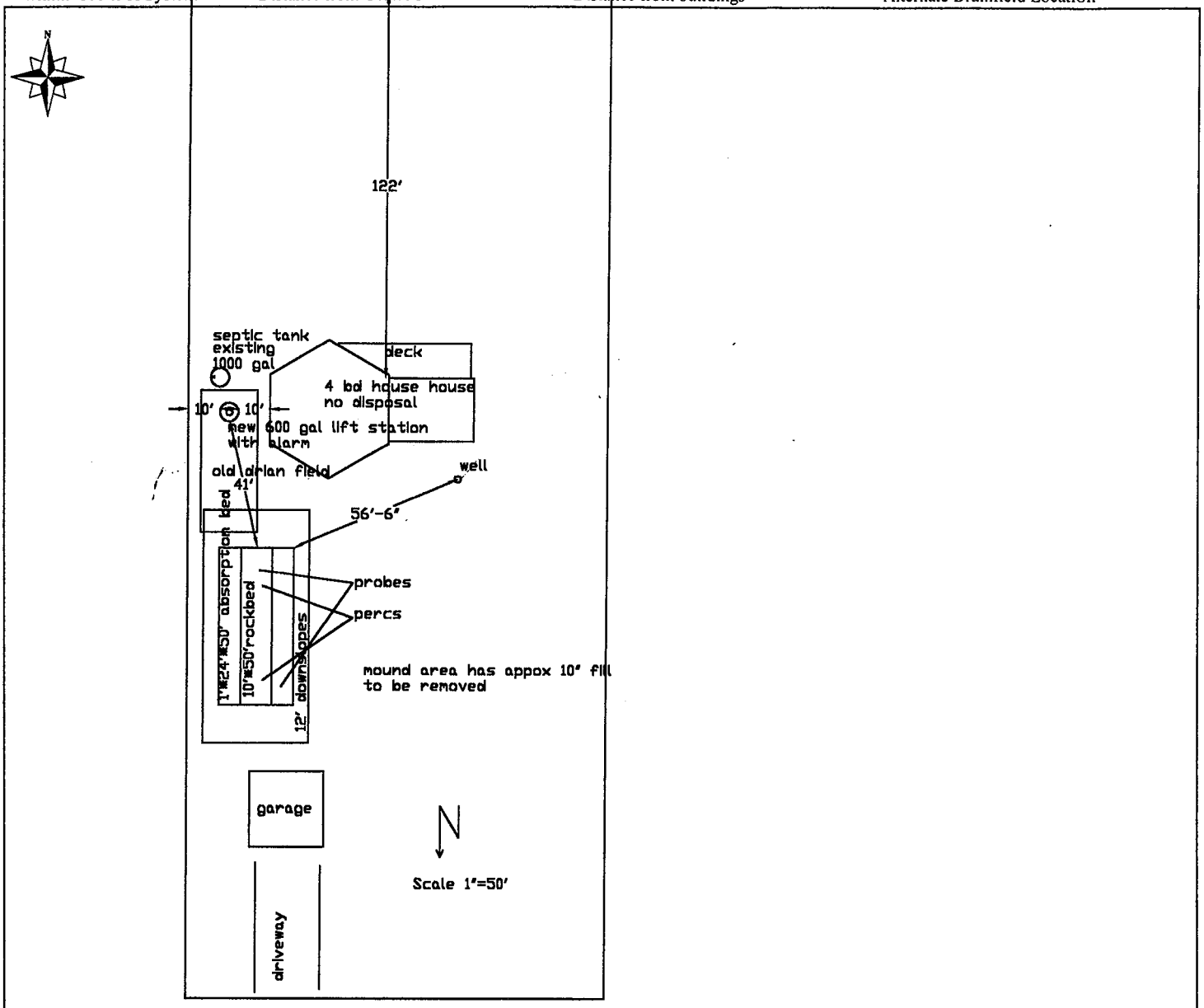
5/14/99
Date Permit Issued

13302
Permit Number

This permit expires on 5/14/00

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

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



	Tank (estimated)	Tank (actual)	Drainfield (estimated)	Drainfield (actual)
Distances to Well	_____	_____	_____	_____
Distance to Building	_____	_____	_____	_____
Distance to Property Line	_____	_____	_____	_____
Distance to Pressure Line	_____	_____	_____	_____
Distance to Ordinary High Water	_____	_____	_____	_____

Tank size _____
Lift station size _____
Drainfield size _____
Pump HP _____
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 _____ Title Inspector Date 10 June 99

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

- PERCOLATION TEST SHEET -

Test hole location proposed drainfield Hole # 2 Date test hole was prepared: 5-10-99

Depth of hole bottom: 12 inches Diameter of hole: 6 inches

Soil Data from test hole:

depth, inches	soil texture:	soil color
0-12	loam	10yr 5/1

Method of scratching sidewall: wire Depth of pea size gravel in bottom of hole: 12 inches

Date and hour of initial water filling: 5-10-99 Depth of initial water filling: 12 above hole bottom

Method used to maintain 12" of water depth in hole for 4 hours: manual

Percolation test conducted by; Randy Anderson Percolation test started at _____ (am / pm).

Maximum water depth above hole bottom during test: 8 inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION
	START	8			
	17.5	7	1	1	17.5 ÷ 1 = 17.5 A
	REFILL	8			
	19	7	1	1	19 ÷ 1 = 19 B
	REFILL	8			
	18.75	7	1	1	18.75 ÷ 1 = 18.75 C
	REFILL				÷ = D
	REFILL				÷ = E
	REFILL				÷ = F
	REFILL				÷ = G
	REFILL				÷ = H

(TIME ÷ DROP (Decimal) = PERC)

conversions: 1/16 = .06; 1/8 = .13; 3/16 = .19; 1/4 = .25; 5/16 = .31; 3/8 = .38; 7/16 = .44; 1/2 = .5; 9/16 = .56; 5/8 = .63; 11/16 = .69; 3/4 = .75; 13/16 = .81; 7/8 = .88; 15/16 = .94

Ten Percent Calculation *

A,B,C Largest # of ABC − Smallest # of ABC = _____ Smallest # of ABC × 0.10 = _____	**B,C,D** Largest # of BCD − Smallest # of BCD = _____ Smallest # of BCD × 0.10 = _____
C,D,E Largest # of CDE − Smallest # of CDE = _____ Smallest # of CDE × 0.10 = _____	**D,E,F** Largest # of DEF − Smallest # of DEF = _____ Smallest # of DEF × 0.10 = _____
E,F,G Largest # of EFG − Smallest # of EFG = _____ Smallest # of EFG × 0.10 = _____	**F,G,H** Largest # of FGH − Smallest # of FGH = _____ Smallest # of FGH × 0.10 = _____

* If the top number in each set of boxes is larger than the bottom number then take another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

- PERCOLATION TEST SHEET -

Test hole location Proposed Drainfield Hole # 1 Date test hole was prepared: 5.10.99

Depth of hole bottom: 12 inches Diameter of hole: 6 inches

Soil Data from test hole:

depth, inches	soil texture:	soil color
0-10	CLAY fill to be Removed	
10-22	loam	Topsoil

Method of scratching sidewall: WIRE Depth of pea size gravel in bottom of hole: 12 inches

Date and hour of initial water filling: 5.10.99 Depth of initial water filling: 8 above hole bottom

Method used to maintain 12" of water depth in hole for 4 hours: manual

Percolation test conducted by; Randy Anderson Percolation test started at _____ (am / pm).

Maximum water depth above hole bottom during test: _____ inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	
____	START	8				
____	16	7	1	1	16 / 1 = 16	A
____	REFILL	8				
____	16 1/2	7	1	1	16.5 / 1 = 16.5	B
____	REFILL	8				
____	17	7	1	1	17 / 1 = 17	C
____	REFILL					
____						D
____	REFILL					
____						E
____	REFILL					
____						F
____	REFILL					
____						G
____	REFILL					
____						H

(TIME ÷ DROP (Decimal) = PERC)

conversions

1/16 = .06
1/8 = .13
3/16 = .19
1/4 = .25
5/16 = .31
3/8 = .38
7/16 = .44
1/2 = .5
9/16 = .56
5/8 = .63
11/16 = .69
3/4 = .75
13/16 = .31
7/8 = .88
15/16 = .94

Ten Percent Calculation *

A,B,C Largest # of ABC − Smallest # of ABC = _____ Smallest # of ABC × 0.10 = _____	**B,C,D** Largest # of BCD − Smallest # of BCD = _____ Smallest # of BCD × 0.10 = _____
C,D,E Largest # of CDE − Smallest # of CDE = _____ Smallest # of CDE × 0.10 = _____	**D,E,F** Largest # of DEF − Smallest # of DEF = _____ Smallest # of DEF × 0.10 = _____
E,F,G Largest # of EFG − Smallest # of EFG = _____ Smallest # of EFG × 0.10 = _____	**F,G,H** Largest # of FGH − Smallest # of FGH = _____ Smallest # of FGH × 0.10 = _____

* If the top number in each set of boxes is larger than the bottom number then take another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

MOUND DESIGN WORKSHEET
(For Flows up to 1200 gpd)

A. FLOW
Estimated 1600 gpd
or measured _____ x 1.5 = _____ gpd.

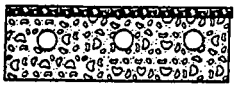
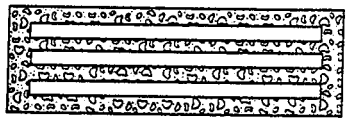
Estimated Sewage Flows in Gallons per day (gpd)				
Number of Bedrooms	Type I	Type II	Type III	Type IV
2	300	225	180	60% of the values in Type I, II or III columns
3	450	300	218	
4	600	375	256	
5	750	450	294	
6	900	525	332	
7	1050	600	370	
8	1200	675	408	

B. SEPTIC TANK LIQUID VOLUMES
1000 gallons

Septic Tank Capacities (in gallons)		
Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal
2 or less	750	1125
3 or 4	1000	1500
5 or 6	1500	2250
7, 8 or 9	2000	3000

C. SOILS (refer to site evaluation)
1. Depth to restricting layer = 34 inches _____ feet
2. Depth of percolation tests = 12 inches
3. Texture loam Percolation rate 18 mpi
4. Land slope 0-1 %

D. ROCK LAYER DIMENSIONS
1. Multiply flow rate by 0.83 to obtain required area of rock layer: A x 0.83 =
1600 gpd x 0.83 sq. ft./gpd = 500 sq. ft.
2. Select width of rock layer (max 10' if <120 mpi max 5') = 10 ft.
3. Length of rock layer = area ÷ width =
500 sq. ft. ÷ 10 ft. = 50 ft.

Width 10 ft
<120mpi <10'
>120mpi <5'
Length 50 ft

E. ROCK VOLUME
1. Multiply rock area by rock depth to get cubic feet of rock; ____ sq. ft. x ____ ft. = 500 cu. ft.
2. Divide cu. ft. by 27 cu. ft./cu. yd. to get cubic yards;
____ cu. ft. ÷ 27 = 185 cu. yd.
3. Multiply cubic yards by 1.4 to get weight of rock in tons; ____ cu. yd. x 1.4 ton/cu. yd. = 26 tons.

clean sand approx 185 cu. yds

F. ABSORPTION WIDTH
1. Percolation rate in top 12 inches of soil is _____ mpi
Texture_____

Absorption Width Sizing Table			
Percolation Rate in Minutes per Inch (MPI)	Soil Texture	Gallons per day per square foot	Ratio of Absorption width to Rock Layer Width
Faster than 0.1	Coarse Sand	1.20	1.00
0.1 to 5	Sand	1.20	1.00
0.1 to 5	Fine Sand	0.60	2.00
6 to 15	Sandy Loam	0.79	1.52
16 to 30	Loam	0.60	2.00
31 to 45	Silt Loam	0.50	2.40
46 to 60	Clay Loam	0.45	2.67
60 to 120	Clay	0.24	5.00
Slower than 120	Clay	0.20	6.00

2. Select allowable soil loading rate from table;
_____ gpd/ft²

3. Calculate adsorption width ratio by dividing rock layer loading rate of 1.20 gpd/ft2 by allowable soil loading rate;
1.20 gpd/ft² ÷ _____ gpd/ft² = _____.

4. Multiply adsorption width ratio by rock layer width to get required adsorption width;
10 x 2.4 ft = 24 ft

BECKER COUNTY

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

Fire No.
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

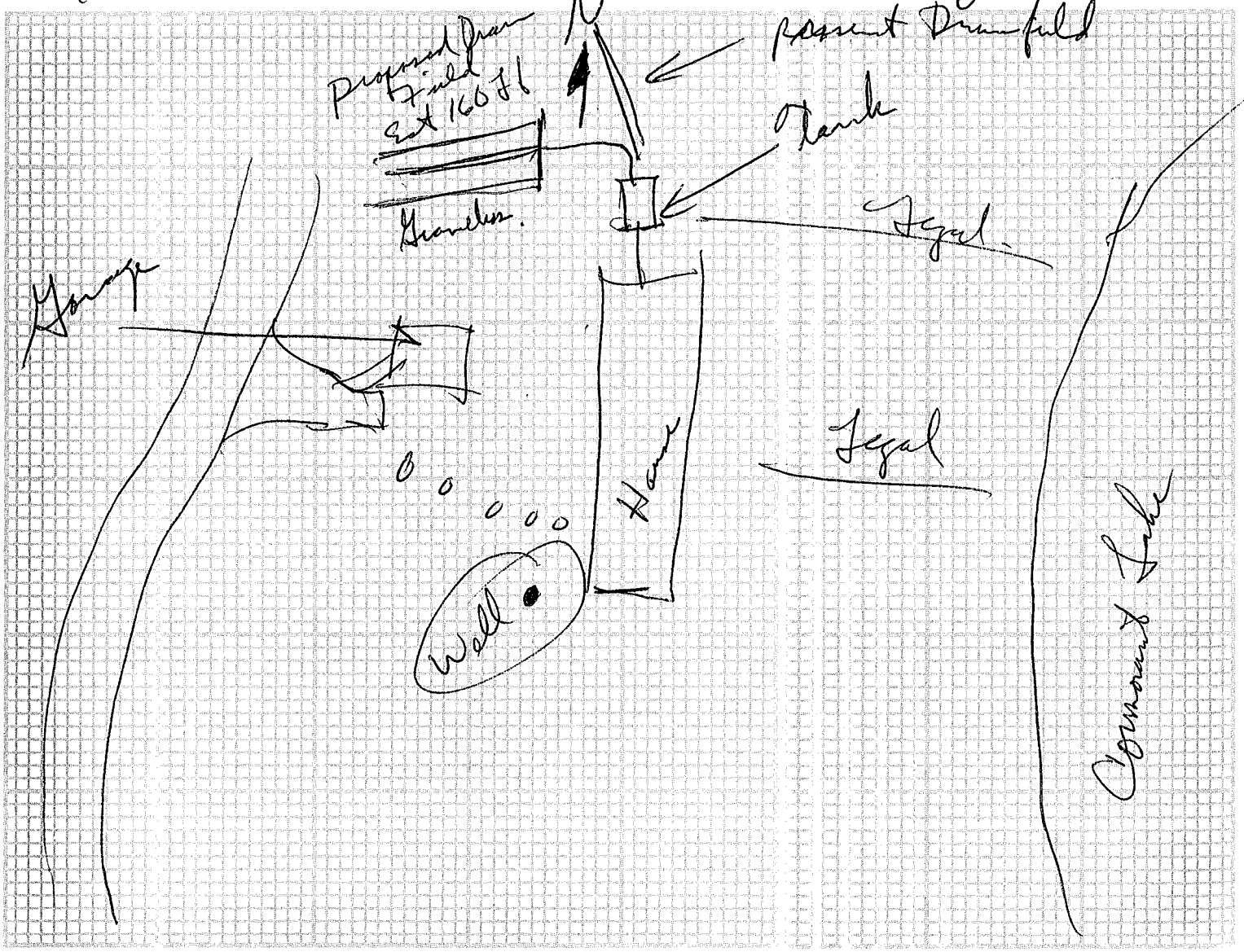
Drawing By: _____

Date of Drawing: _____

Remarks: Both Weinerts Command Lake. Install New Drainfield

11-10-94

Signature Elaine Jander



BECKER COUNTY

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

SKETCH PLAN
FORM H

Fire No.
Application No.
Tax Parcel No.

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
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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

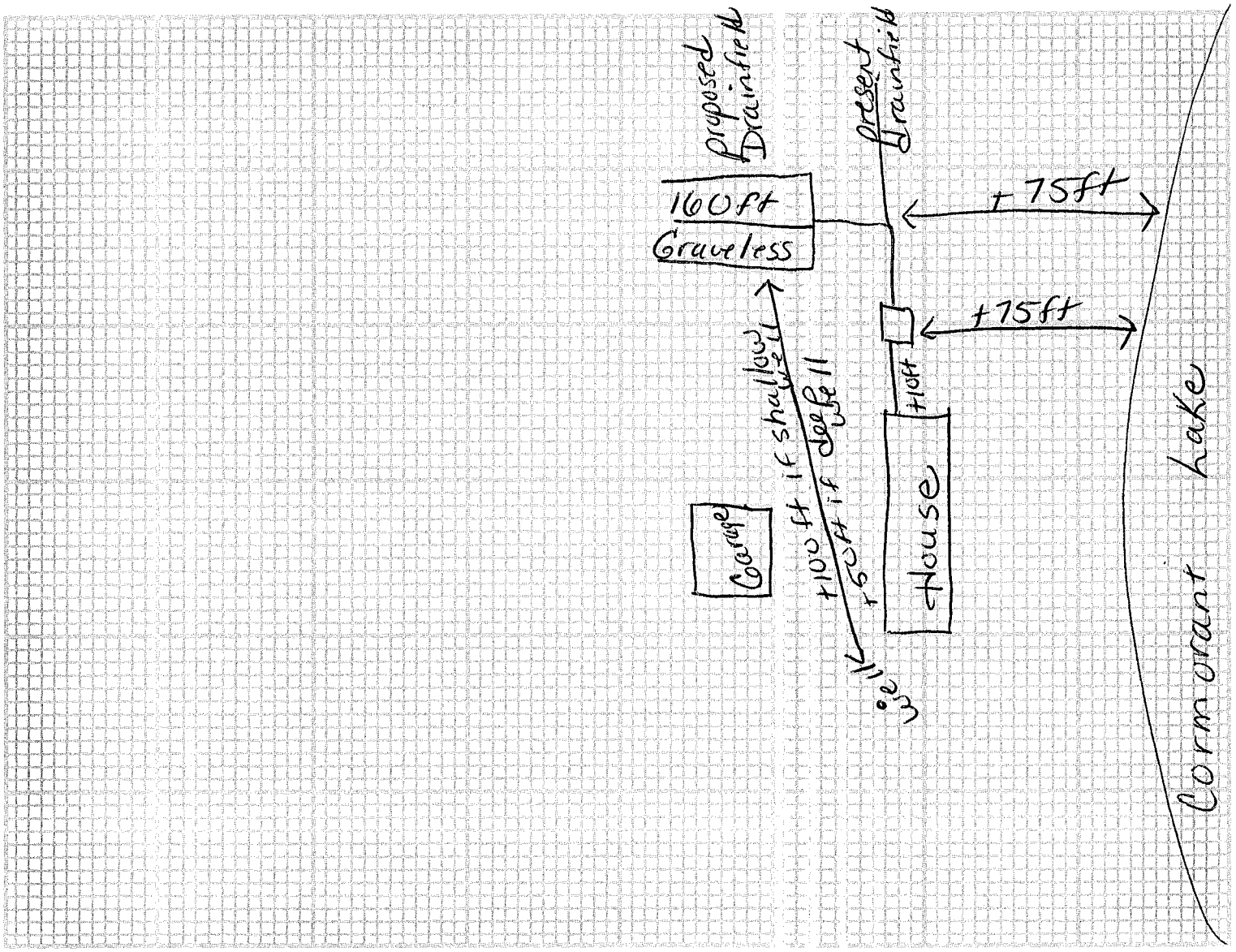
Scale of Diagram: 1 inch = _____ feet

Drawing By: _____

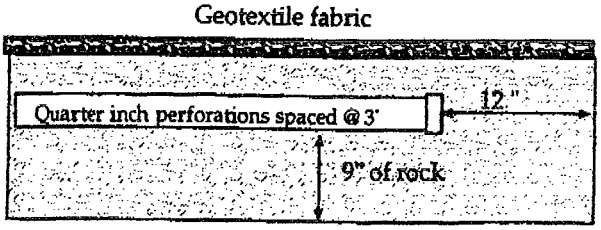
Date of Drawing: _____

Remarks: Bob Weinert

Signature _____



PRESSURE DISTRIBUTION SYSTEM



Perf Sizing 7/32" - 1/4"
Perf Spacing 1.5'- 5'

1. Select number of perforated laterals ___3___

2. Select perforation spacing = ___3.5___ **feet.**

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

   $\frac{\text{50}}{\text{Rock layer length}}$ - 2 ft. = ___48___ **feet.**

4. Determine the number of spaces between perforations. Divide the length above by perforation spacing and round down to nearest whole number.

   Length perf. spacing = $\frac{48}{(3)}$ ft. ÷ $\frac{3.17}{(2)}$ ft. = ___14___ **spaces**

5. Number of perforations is equal to one plus the number of perforation spaces .

   ___14___ spaces + 1 = ___15___ **perforations/lateral**

6. Multiply perforations per lateral by number of laterals to get total number of perforations.

   $\frac{3}{\text{laterals}}$ x $\frac{15}{\text{perfs/lateral}}$ = ___45___ **perforations.**

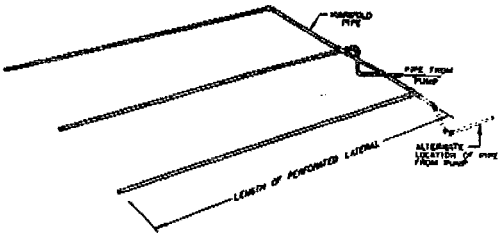
7. Determine required flow rate by multiplying number of perforations by flow per perforation

   $\frac{45}{\text{perfs}}$ x $\frac{.124}{\text{gpm/perf}}$ = ___33___ **gpm.**

Required Perforation Discharge in gallons per minute (gpm)		
Discharge Head (feet)	7/32 inch perf	1/4 inch perf
1.0a	0.56	0.74
2.0b	0.80	1.04
a. Use for single family homes b. Use for all other applications		

Maximum number of quarter inch perforations per lateral to guarantee < 10% discharge variation			
Perforation Spacing (feet)	1¼	1½	2
2.5	14	18	28
3.0	13	17	26
3.3	12	16	25
4.0	11	15	23
5.0	10	14	22

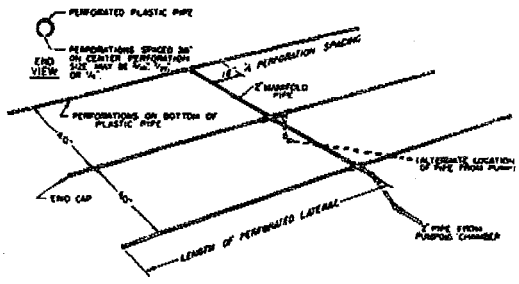
MANIFOLD LOCATED AT END OF PRESSURE DISTRIBUTION SYSTEM



8. If laterals are connected to header pipe as shown on upper example, to select minimum required lateral diameter; enter table with perforation spacing and number of perforations per lateral. Select minimum diameter for perforated lateral = ___1.5___ **inches.**

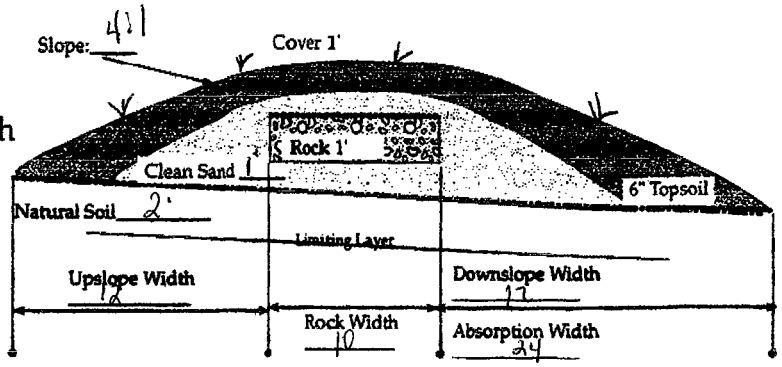
pump specs 33gpm At 14' of Head

LAYOUT OF PERFORATED PIPE LATERALS FOR PRESSURE DISTRIBUTION IN MOUND



9. If perforated lateral system is attached to manifold pipe near the center, lower diagram, perforated lateral length and number of perforations per lateral will be approximately one half of that in step 8. Using these values, select minimum diameter for perforated lateral = _____ **inches.**

G. DOWNSLOPE BERM WIDTH



1. If landslope is **1% or more,** subtract rock layer width from adsorption width to obtain minimum downslope berm toe
____ ft - ____ ft = ____ **feet**

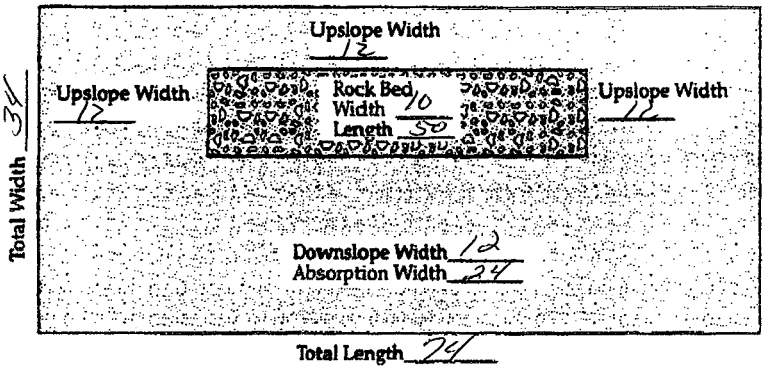
2. Calculate Minimum mound Size

a. Determine depth of clean sand fill at upslope edge of rock layer:
Separation 3' - 2 ft = 1 **feet**

b. Add depth of clean sand for separation (2a) at upslope edge, depth of rock layer (1 foot) to depth of cover (1 foot) to find the mound height at the upslope edge of rock layer;
1 ft + 1ft + 1ft = 3 **feet**

c. Enter table with landslope and upslope berm ratio. Select berm multiplier of 4.

d. Multiply berm multiplier by upslope mound height to find upslope berm width:
3 x 4 = 12 **feet**



e. Multiply rock layer width by landslope to determine drop in elevation;
____ x ____% ÷ 100 = ____ **feet**

f. Add depth of clean sand for slope difference (2e)at downslope edge, to the mound height at the upslope edge of rock layer (2b) to find the downslope height;
____ ft + ____ ft = ____ **feet**

g. Enter table with landslope and downslope berm ratio. Select berm multiplier of _____.

h. Multiply berm multiplier by downslope mound height to get downslope berm width:
3 x 4 = 12 **feet**

i. Compare the values of step G.1_____ and Step G.2h _____
Select the greater of the two values as the downslope berm width; 12 **feet**

j. Total mound width is the sum of upslope berm (G.2d) width plus rock layer width (D.2) plus downslope berm width(G.2i);
12 ft + 10 ft + 12 ft = 34 **feet**

k. Total mound length is the sum of upslope berm width (G.2d) plus rock layer length (D.3) plus upslope berm width (G.2d);
12 ft + 50 ft + 12 ft = 74 **feet**

BERM SLOPE MULTIPLIERS

Land Slope, in %	DOWNSLOPE berm multipliers for various berm slope ratios					UPSLOPE berm multipliers for various berm slope ratios					
	3:1	4:1	5:1	6:1	7:1	3:1	4:1	5:1	6:1	7:1	8:1
0	3.0	(4.0)	5.0	6.0	7.0	3.0	(4.0)	5.0	6.0	7.0	8.0
1	3.09	4.17	5.26	6.38	7.53	2.91	3.85	4.76	5.66	6.54	7.41
2	3.19	4.35	5.56	6.82	8.14	2.83	3.70	4.54	5.36	6.14	6.90
3	3.30	4.54	5.88	7.32	8.86	2.75	3.57	4.35	5.08	5.79	6.45
4	3.41	4.76	6.25	7.89	9.72	2.68	3.45	4.17	4.84	5.46	6.06
5	3.53	5.00	6.67	8.57	10.77	2.61	3.33	4.00	4.62	5.19	5.71
6	3.66	5.26	7.14	9.38	12.07	2.54	3.23	3.85	4.41	4.93	5.41
7	3.80	5.56	7.69	10.34	13.73	2.48	3.12	3.70	4.23	4.70	5.13
8	3.95	5.88	8.33	11.54	15.91	2.42	3.03	3.57	4.05	4.49	4.88
9	4.11	6.25	9.09	13.04	18.92	2.36	2.94	3.45	3.90	4.30	4.65
10	4.29	6.67	10.00	15.00	23.33	2.31	2.86	3.33	3.75	4.12	4.44
11	4.48	7.14	11.11	17.65	30.43	2.26	2.78	3.23	3.61	3.95	4.26
12	4.69	7.69	12.50	21.43	43.75	2.21	2.70	3.12	3.49	3.80	4.08

Final Dimensions:
34 x 74

COUNTY OF BECKER

Environmental Services
Dan A. Holm, Administrator

829 Lake Avenue • P.O. Box 787
Detroit Lakes, MN 56502-0787 • Fax 218-846-7266

November 18, 1996

Mr. Bob Weinert
Rt 1 Box 232
Audubon, MN 56511

RE: Lot 3, Block 1 First Addition to Sugar Island

Dear Mr. Weinert:

I received confirmation from Jerdee Bridge Company that they will be installing a new drainfield on your property in the Spring of 1997.

In the meantime, please continue to have the septic tank pumped at regular intervals, and thank you for your attention to the matter.

Sincerely,

Joyce Cieluch

Joyce Cieluch, Inspector
Environmental Services, Planning & Zoning

c: file

JERDEE BRIDGE COMPANY
ROUTE 1, BOX 225
LAKE PARK, MN 56554
(218) 238-5132

County of Becker
Environmental Services
Dan Holm, Adm.
829 Lake Ave.
Box 787
Detroit Lakes, MN 56502
FAX 218 846 7266

Attention: Joyce

This letter is to confirm that I will upgrade the ISTS on the Robert and Sue Weinert property in the Spring of 1997 to bring into compliance with statutes.

This will consist of design and installation of a new drainfield.

This property is located on Sugar Island of Little Cormorant Lake, Fire # A3534.

If you have any questions please contact me. Thank you.

Sincerely,

Edison V. D. Jerdee
Installer, DRP
License Number 1504

COUNTY OF BECKER

Environmental Services
Dan A. Holm, Administrator
829 Lake Avenue • P.O. Box 787
Detroit Lakes, MN 56502-0787 • Fax 218-846-7266

November 6, 1996

Mr. Bob Weinert
Rt 1 Box 232
Audubon, MN 56511

RE: Lot 3, Block 1 First Addition to Sugar Island

Dear Mr. Weinert:

This letter is intended to confirm our phone conversation regarding your non-conforming septic system that I observed on your property on November 5, 1996.

It is my understanding that you will be sending our office some sort of confirmation by a licensed sewer installer that you will be upgrading your system in the spring of 1997.

Your attention to this matter is greatly appreciated, I will keep a copy of this letter in your file should the office receive another complaint about the system.

Sincerely,

Joyce Cieluch

Joyce Cieluch, Inspector
Environmental Services, Planning & Zoning

c: file

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: Floyd Swenby

Zoning Administrator
Becker County, Minnesota

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

BECKER COUNTY ZONING ADMINISTRATION

Permit No. [illegible]

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

Date [illegible]

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

12-245-34

LEGAL DESCRIPTION AND LOCATION

Lake No. | Lake Name | Lake Class | Sec. | TWP. | Range | TWP. Name

IDENTIFICATION: Please Print All Information

	Last Name	First	Initial	Mailing Address — No. Street, City, and State	Zip No.	Tel. No.
Owner						
Contractor	Name					

TYPE OF IMPROVEMENT
( ) New Building ( ) Alteration
Other

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

DIMENSIONS
Basement ( ) Yes ( ) No
Stories above basement
Sq. feet (outside dimension)
Bedrooms ____ Baths

MECHANICAL EQUIPMENT
Elevator ( ) Yes ( ) No
Air Conditioning ( ) Yes ( ) No
( ) Central ( ) Unit

HEATING
( ) Electric ( ) Gas ( ) Oil
( ) Coal ( ) None
Other

Type of Roof

SEWAGE DISPOSAL SYSTEM DATA	SEPTIC TANK	SEEPAGE Pit	DRAIN FIELD
Capacity	Gl.	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 lines	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 here with 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 ____

Signature of Owner

Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. 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.

Dated ____

Becker County Zoning Administrator

Permit Fee $ ____ State Surcharge $ ____

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

Bed 18 x 34

CATEGORY	SEPTIC TANK				SEEPAGE ~~PIT~~				DRAIN FIELD		
	Actual		Should be		Actual		Should be		Actual	Should be	
Capacity	1000	Gls.		Gls.	374	S F		S F	S F		S F
Distance from Nearest Well	50	F		F	65	F	~~75~~ 50	F	F	50	F
Distance from Lake or Stream	125	F		F	135	F		F	F		F
Distance from Occupied Building	15	F	10	F	15	F	~~20~~ 10	F	F	20	F
Distance from Property Line	10	F	10	F ~~Occ~~	10	F	10	F	F	10	F
Distance from Bottom to Water Table	—	F	—	F	4	F	4	F	F	4	F

Inspector's Comments: Al Dahl Installer, Heavy Clay sub soil Lot is of Washed Rock.

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

Mark Kuehne
Inspector's Signature

Title

Inspection Dated 5-26 19 78

Agency

BECKER COUNTY

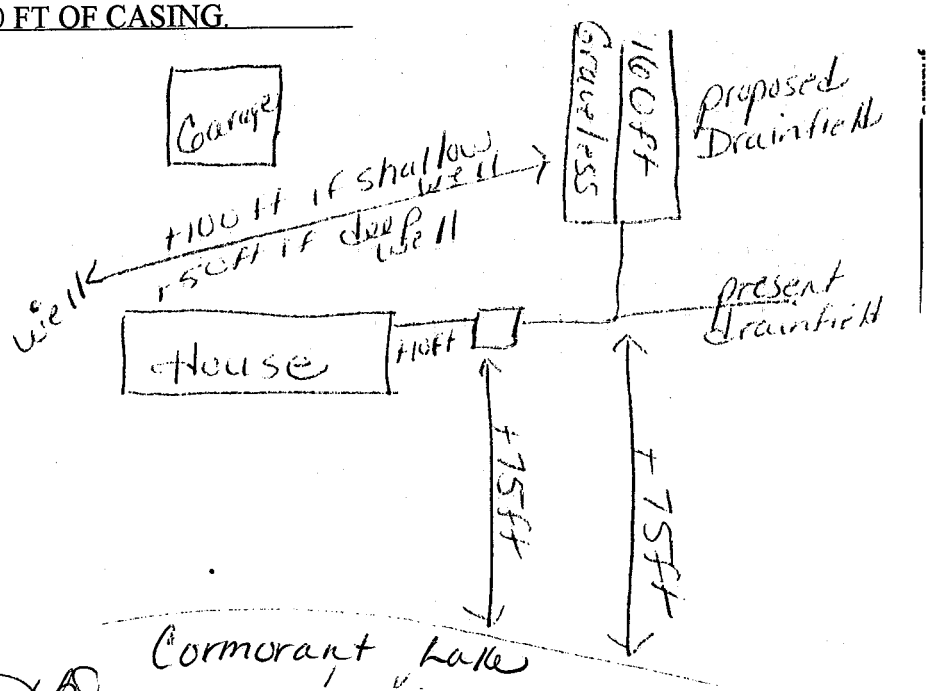
SEWER PERMIT NUMBER 8347

ISSUED TO: Bob Weinert DATE: November 21, 1994

WORK AUTHORIZED in acceptance with application on file in the Becker County Zoning Office, site plan and following data:

WORK CATAGORY	SYSTEM	DESIGN	DATA
[ ] NEW SYSTEM		TANK	DRAINFIELD
[X] REPAIR	DISTANCE TO WELL		**********
	DISTANCE TO BUILDING		20 FT +
ANTICIPATED USE	DISTANCE TO PROPERTY LINE		10 FT +
[X] SINGLE FAMILY	DISTANCE TO SUCTION LINE		50 FT +
[ ] MULTIPLE FAMILY	DISTANCE TO PRESSURE LINE		10 FT +
[ ] COMMERCIAL	DISTANCE TO LAKE/STREAM		75 FT +
[ ] OTHER	TANK CAPACITY (GALLONS)		
_____	AREA OF DRAINFIELD (SQ FT)		450 MINIMUM
	DEPTH TO WATER TABLE		4 FT +

*******50 FT TO ALL WELLS WITH MORE THAN 50 FT OF CASING, 100 FT TO ALL WELLS WITH LESS THAN 50 FT OF CASING.



Floyd Svenby PSA
Signature of Authorized Agent

Zoning Administrator
Title

November 21, 1994
Date

Permit Expires May 21, 1995

PERMIT MUST BE DISPLAYED AT JOB SITE

NO CHANGES may be made to this permit without written approval from the Becker County Zoning Office. No system shall be covered without inspection. Please notify Becker County Zoning Office one (1) working day prior to time inspection is needed.

BECKER COUNTY

Building Permit No. 9-17883-31 Sewage System Permit No. _____

Township Audubon Sec. 32 Description _____
SUGAR ISLAND - LOT 3 - BLOCK 1

Work Authorized Addition to existing House 20x26' - Deck 8x26'

TYPE OF IMPROVEMENT: ( ) New Building ( ) Alteration Other Addition to House

RESIDENTIAL PROPOSED USE: (✓) One Family Dwelling ( ) Multiple Dwelling _____ Units

NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____

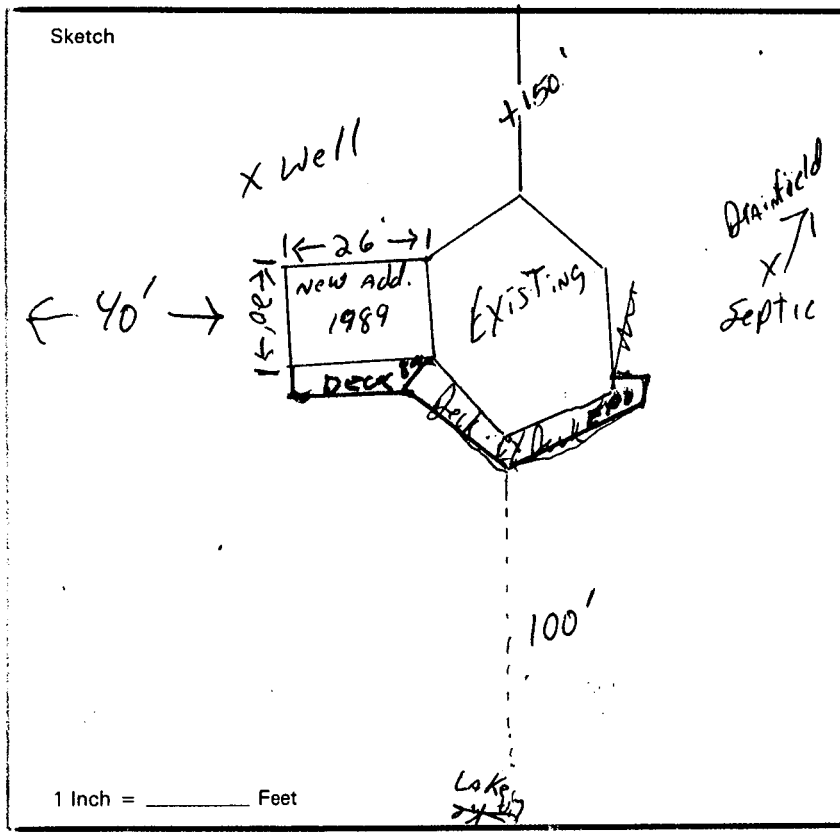
Stories ONE Basement (✓) Yes ( ) No Bedrooms 2 Bathrooms 1 1/2

Issued to: Name Robert Weinert

Address: Rt 1 - Box 129-M Town Audubon

State MN Zip 56511 Fire Number #3534

Sketch



1 Inch = _____ Feet

HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake	+100'
Side Lot Lines	+10' - +70'
Center Line of Public Road	+78'
Road Right of Way	
Septic Tank	Drain Field
Other	

SEWAGE DISPOSAL SYSTEM DATA

	Septic Tank	Drain Field
Capacity NEW IN 1978	Gls.	Sq. Ft.
Distance from nearest well	Ft.	Ft.
Distance from lake or stream	Ft.	Ft.
Distance from occupied building	Ft.	Ft.
Distance from property line	Ft.	Ft.
Distance from botton to Water Table	Ft.	Ft.

Lift Pump ( ) Yes (✓) No

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE. AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED BY A FINE NOT TO EXCEED $700.00 FOR EACH VIOLATION. NOTIFY THE BECKER COUNTY ZONING ADMINISTRATOR (847-4427) BEFORE BUILDING FOOTINGS HAVE BEEN COMPLETED. NO PART OF THE SEWAGE SYSTEM SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED AND APPROVED. NOTIFY THE ZONING ADMINISTRATOR 24 HOURS BEFORE THE JOB IS READY FOR INSPECTION.

X _____
SIGNATURE OF OWNER

Received By X _____

Floyd Swenby
Becker County Zoning Administrator

Date 6-22-89

BECKER COUNTY
DETROIT LAKES, MN 56501

BECKER COUNTY

Sewage Permit No. SP № _____

Location: Lake No._____ Sec._____ Twp._____ Range_____ Twp. Name_____

_____

_____

_____

Issued_____19___, To_____

Work Authorized_____

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NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. No part of system shall be covered until it has been inspected and approved. Notify Zoning Administrator, (847-3938) office when job is ready for inspection.

Floyd Svenby

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Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA
Board of County Commissioners