030039000

TION SYSTEM

CERTIFICATE OF COMPLIANCE
With The Becker County Zoning Ordinance

Application Number	9669
Tax Parcel Number	03.0039.000
Fire Number of Project Location	

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.)	2. Authorized Agent (if applicable)
Hedstrom Steve	

3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code): RR 4 Detroit Lakes MN 56501

4. Day Phone	5. Evening Phone	6. Section	7. Township
847-2700		6	Burlington

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name: Pt NE¼ SW¼ Beg 618' NE of 698.25' SE of NW Cor SW¼

SEWAGE SYSTEM DATA

Anticipated Use
- a. (X) Single Family
- b. ( ) Multiple Family
- c. ( ) Commercial
- d. ( ) Other (specify)

Type of Installation
- a. ( ) Septic Tank Only
- b. ( ) Drainfield Only
- c. (X) Septic Tank & Drainfield
- d. ( ) Holding Tank
- e. ( ) Septic Tank/Drainfield Lift Station

Type of Drainfield
- a. (X) Standard System
- b. ( ) Mound (pressure distribution)

Well Data
- a. Depth -50'
- b. Diameter

Type of Well
- a. ( ) Drilled
- b. (X) Sand Point

1 Inch Equals

DESIGN

Show Distance Between Sewage System And Buildings, Property Lines, Lake, Road And All Wells Within 125 Feet.

	Tank	Drainfield		Tank	Drainfield
Distances to Well:	50'	100'	Distance to Pressure Line:	NA	NA
Distance to Building:	±50'	±20'	Tank Capacity (gal.& Area of Drainfield (ft 2)	1000	600
Distance to Property Line:	±10'	10'	Distance to Ordinary High Water Level:	NA	NA

Drainfield separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling: ±3ft

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct: X Steve E. Hedstrom — Signature of Applicant — 5/3/96 Date

TO BE COMPLETED BY PLANNING AND ZONING

( ) CERTIFICATE IS HEREBY DENIED: (See back For Reasons)

(X) 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.

BECKER COUNTY PLANNING AND ZONING

Signature

Title: Inspector — Date

829 Lake Avenue, P O Box 787
Detroit Lakes, MN 56502-0787
Phone (218) 846-7314, Fax (218) 846-7266

Onsite Septic System Site Evaluation/Design

Fire Number B6-40
Tax Parcel Number 03.0039000

Legal Description: PT NE¼ SW¼ Beg 618'NE & 698.25 FT SE OF NW Cor SW¼ TH SE

Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name
NA		6	138N	40W	Burlington

Property Owner	Address	City, State, Zip Code	Phone Number
Steve Hedstrom	RR4	Detroit Lakes MN 56501	847-2700

ISTS Designer I / Designer II	License Number	Address	Phone Number
Randy Anderson	634	Detroit Lakes MN	849-1143

Site Plan

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

*All Wells within 100 feet of the System	*Existing & Proposed Buildings	*Distance from OHW	*Soil Boring & Perc Test Locations
*Distance from all Wells within 100 ft of System	*Easements	*Distance from Property Lines	*Dimensions of Lot
	*Distance from Water Lines within 50 ft of System(existing & proposed)	*Location of any Unsuitable Disturbed/Compacted Soil	*Tank Access Route
			*Scale - One inch = _____ ft

Attached Drawing

- PERCOLATION TEST SHEET -

Test hole location _____ Hole # 1 Date test hole was prepared: 4-22-96

Depth of hole bottom: 30" inches Diameter of hole: 6" inches

Soil Data from test hole:

depth, inches	soil texture:	soil color
1-10	SANDY CLAY LOAM	
10-20	SANDY CLAY	10YR 4/3
20-30	" "	10YR 4/4

Method of scratching sidewall: SMALL BOARD Depth of pea size gravel in bottom of hole: 30 inches

Date and hour of initial water filling: 4/22/96 3pm Depth of initial water filling: 10" 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 7:11 (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	
7:11 7:21	START 10		1 5/8	1.63	10 (TIME) ÷ 1.63 (DROP Decimal) = 6.1 (PERC)	A
7:22 7:32	REFILL 10		1 3/8	1.38	10 (TIME) ÷ 1.38 (DROP Decimal) = 7.25 (PERC)	B
7:33 7:34	REFILL 10		1 7/16	1.44	10 (TIME) ÷ 1.44 (DROP Decimal) = 6.9 (PERC)	C
7:35 7:45	REFILL 10		1 5/16	1.31	10 (TIME) ÷ 1.31 (DROP Decimal) = 7.6 (PERC)	D
____ ____	REFILL ____				____ (TIME) ÷ ____ (DROP Decimal) = ____ (PERC)	E
____ ____	REFILL ____				____ (TIME) ÷ ____ (DROP Decimal) = ____ (PERC)	F
____ ____	REFILL ____				____ (TIME) ÷ ____ (DROP Decimal) = ____ (PERC)	G
____ ____	REFILL ____				____ (TIME) ÷ ____ (DROP Decimal) = ____ (PERC)	H

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 1.44 − Smallest # of BCD 1.31 = .13

Smallest # of BCD 1.31 × 0.10 = .13

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.

INDIVIDUAL SEWAGE TREATMENT SYSTEM WORKSHEET

FLOW

A. Estimated 450 gpd
measured 450 x 1.5= 675 gpd

SEPTIC TANK VOLUME

B. 1000 gallons

SOILS (Site evaluation data)

C. Depth to restricting layer = 6' feet
D. Maximum depth of system C - 3 ft = 3 feet
E. Texture Sandy Clay Percolation rate 7.2 MPI
F. SSF 1.27 sq ft/gpd
G. Slope 3 %

TRENCH BOTTOM AREA

H. For trenches with 6 inches of rock below the pipe:
A x F = 450 x 1.27 = 570 sq ft of bottom area

I. For trenches with 12 inches of rock below the pipe:
A x F x 0.8 = ____ x ____ x 0.8 = ____ sq ft of bottom area

J. For trenches with 18 inches of rock below the pipe:
A x F x 0.66 = ____ x ____ x 0.66 = ____ sq ft of bottom area

K. For trenches with 24 inches of rock below the pipe:
A x F x 0.6 = ____ x ____ x 0.6 = ____ sq ft of bottom area

BED BOTTOM AREA

L. For seepage beds with 6 or 12 inches of rock below the pipe;
1.5 x A x F = 1.5 x ____ x ____ = ____ sq ft of bottom area

ROCK VOLUME IN CU FT

M. Rock depth below distribution pipe plus 0.5 foot times bottom area:
M =Rock depth + 6 inches x Area (H,I,J,L,K)
(____ + 0.5 ft) x ____ = ____ cu ft

ROCK VOLUME IN CU YDS

N. Volume in cu ft divided by 27
M ÷ 27 = cu yds ___ ÷ 27 = ____ cu yds

ROCK WEIGHT

O. Cubic yards times 1.4 = tons
N x 1.4 = tons ____ x 1.4 = ____ tons

SYSTEM LENGTH

P. Select trench width = ____ ft

Q. Divide bottom area by trench width: (H, I, J, or K) ÷ P = lineal feet
___ ÷ ___ = ___ lineal feet

Q1. Gravelless Design
A x F ÷ (3 for 10" pipe, 2 for 8" pipe , width of the Chamber)
450 x 1.27 ÷ 3 = 190 feet

LAWN AREA

R. Select trench spacing, center to center = ____ feet

S. Multiply trench spacing by lineal feet R x Q = sq ft of lawn area
____ x ____ = ____ sq ft

If the site evaluation determines a mound system, please attach the mound design worksheets.

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	

Septic Tank Capacities (in gallons)

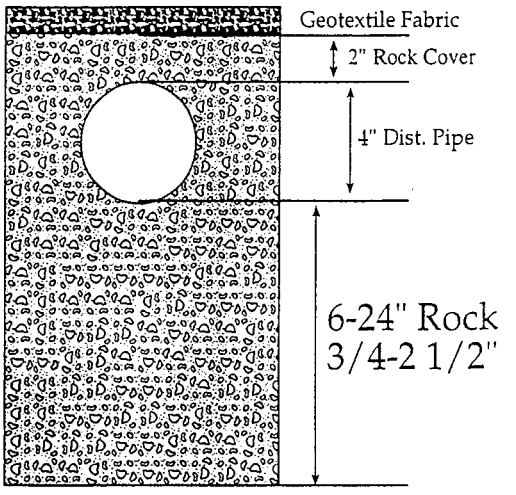
Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal
2 or less	750	1125
3 or 4	1000	1500
5 or 6	1500	2250
7, 8 or 9	2000	3000

Soil Characteristics and Required Areas for Sewage Treatment

Percolation Rate in Minutes per Inch (MPI)	Soil Texture	Square feet per gallon per day
Faster than 0.1 *	Coarse Sand	-----
0.1 to 5	Sand	0.83
0.1 to 5	Fine Sand **	1.67
6 to 15	Sandy Loam	1.27
16 to 30	Loam	1.67
31 to 45	Silt Loam	2.00
46 to 60	Clay Loam	2.20
Slower than 60***	Clay	-----

* Soil too coarse for sewage treatment. Use systems for rapidly permeable soils.
** Soil having 50% or more of fine sand plus very fine sand.
***Soil with too high a percentage of clay for installation of an inground standard system.

6 inches= 0% Reduction*
12 inches= 20% Reduction
18 inches= 34% Reduction
24 inches= 40% Reduction
* sizing for gravelless trench



18-36" Width

SOIL INFORMATION

TEST HOLE #1				TEST HOLE #2			
DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE	DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
1-10	SANDY CLAY LOAM		BLOCKY PLATY PRISMATIC NONE	1-6	SANDY LOAM		BLOCKY PLATY PRISMATIC NONE
10-20	SANDY LOAM	10YR 4/3	BLOCKY PLATY PRISMATIC NONE	6-25	SANDY LOAM	10YR 4/3	BLOCKY PLATY PRISMATIC NONE
20-52	SANDY LOAM	10YR 4/4	BLOCKY PLATY PRISMATIC NONE	25-54	SANDY LOAM	10YR 4/4	BLOCKY PLATY PRISMATIC NONE
52-72	SANDY LOAM	10YR 4/3	BLOCKY PLATY PRISMATIC NONE	54-72	SANDY LOAM	10YR 4/3	BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
Depth to standing water	—			Depth to standing water	—		
Depth to mottling	—			Depth to mottling	—		

Describe the surface features (slope, runoff, weather conditions, vegetation type, evidence of compaction, etc.)

slope 5% weather clear - lawn Area

SYSTEM IS (X) NEW ( ) REPAIR

SYSTEM DESIGN (X) GRAVITY FLOW ( ) PRESSURE DISTRIBUTION

WATER USES:
(X) WASHING MACHINE
( ) DISHWASHER
( ) WATER SOFTENER
( ) GARBAGE DISPOSAL

TYPE OF RESIDENCE
(X) TYPE I ( ) TYPE II
( ) TYPE III ( ) TYPE IV

NUMBER OF BEDROOMS 3
NUMBER OF BATHROOMS 2
TOTAL SQ. FT OF STRUCTURE 1152
TANK SIZE 1000
LIFT STATION SIZE —
SOIL TREATMENT AREA SIZE 570 SQ FT
DOSE VOLUME —

DEPTH OF SYSTEM max 3'
SYSTEM DESIGN FLOW 450 GPD
SOIL SIZING FACTOR 1.27
PUMP SIZE —
LENGTH OF LIFT LINE —
TOTAL DYNAMIC HEAD —

Name of Designer I
Designer II Randy Anderson

Date of Site Evaluation 4-22-96

MPCA Number 634

Phone 849-1143

I certify that the site evaluation has been completed in accordance with all provisions of ISTS Minnesota Rules Chapter 7080.

Signature of Evaluator Randy Anderson Date 4-22-96

For Office Use Only

Date Site Evaluation / Design received 5/3/96 Received by L Moltzan

Date Site Evaluation approved 5/3/96 Approved by L Moltzan

BECKER COUNTY PLANNING & ZONING

829 LAKE AVENUE, PO BOX 787
DETROIT LAKES, MN 56502-0787
PHONE (218) 846-7314 - FAX (218) 846-7266

INSTALLATION PERMIT FOR
INDIVIDUAL SEWAGE TREATMENT

FIRE NO. _____

PERMIT/RECEIPT NO. 9669

TAX PARCEL NUMBER 03003900 0

LEGAL DESCRIPTION

Pt NE¼ SW¼ Beg 618' NE & 698.5' SE of NW Cor SW¼ TH SE

LAKE/STREAM NAME	LK/STR CLASS	SECTION	TWP	RANGE	TOWNSHIP NAME
NA		6	138	40	Burlington

PROPERTY OWNER	ADDRESS/ CITY/ STATE	PHONE NO
Steve Hedstrom	RR4 Detroit Lakes, Mn 56501	847-2700

INSTALLER	LICENSE NO	PHONE NO
Nels Thorson		

SEWAGE TREATMENT SYSTEM DATA

WORK CATEGORY

(X) NEW SYSTEM
( ) REPAIR

TYPE OF SYSTEM

(X) SEPTIC TANK/DRAINFIELD
( ) DRAINFIELD ONLY
( ) HOLDING TANK
( ) ALTERNATE (specify)
_____
( ) LIFT STATION

SIZE OF TANK
1000 GALLONS

SIZE OF DRAINFIELD
370 FT2

SYSTEM LENGTH
48' FT

NUMBER OF TRENCHES 4

ESTIMATED FLOW 450 GPD

TYPE OF DRAINFIELD

(X) STANDARD (gravelless)
( ) STANDARD (rock trench)
( ) STANDARD (bed)
( ) MOUND (pressure distb)

SIZE OF LIFT STATION
NA GALLONS

SIZE OF PUMP
NA

DEPTH TO RESTRICTING LAYER + 6ft

MAXIMUM DEPTH OF SYSTEM 3ft

PERC RATE 7.2

SSF 1.27

SIZE OF GRAVELLESS PIPE 10 inch

DEPTH OF ROCK NA

I hereby certify with my signature that all the data contained herein as well as all supporting data are true and correct to the best of my knowledge.

X Steve E. Hedstrom
Signature

5/3/96
Date

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.

Site Plan as approved on Site Evaluation.

For Office Use Only

Application Fee $45.00 State Surcharge .50 Total $45.50

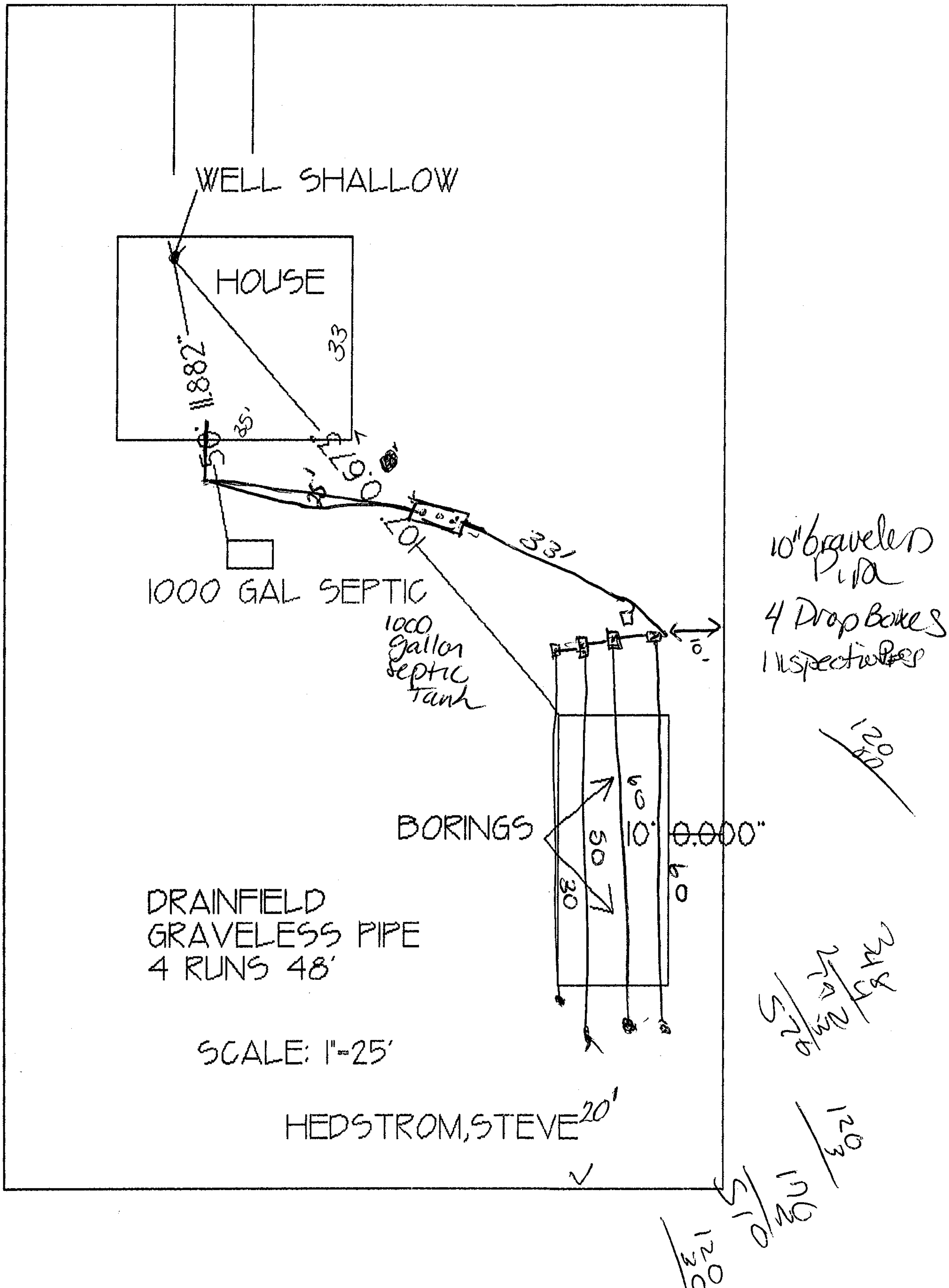
[ ] Application is hereby denied

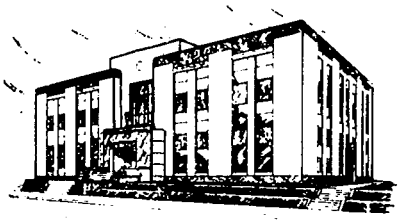
[X] Application is hereby granted to Steve Hedstrom to install an individual septic system according to the specifications of the site evaluation and design submitted to the Becker County Environmental Services Office. By Order of:

Debi Moltzan 5/3/96

Signature of Becker County Qualified Employee Date

This permit expires on 11/3/96


WELL SHALLOW
HOUSE
33
11.882"
1000 GAL SEPTIC
1000 gallon septic Tank
10" graveless Pipe
4 Drop Boxes
BORINGS
DRAINFIELD
GRAVELESS PIPE
4 RUNS 48'
SCALE: 1"=25'
HEDSTROM,STEVE
20'



OFFICE OF
COUNTY ZONING ADMINISTRATOR
FLOYD SVENBY

BECKER COUNTY

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

November 9, 1992

First American Bank
Kristie McKenzie
115 E Holmes Street
Detroit Lakes, MN 56501

RE: Hedstrom/Hedstrom

Dear Ms. McKenzie:

The sewage disposal system on Hedstroms is a seepage pit which is nonconforming.

Ms. Hedstrom said her son is aware of the system because it was installed when he was around. This is one of those problems that we have on pit installation because the code changed in 1989.

The system will eventually plug and come to the top of the ground especially if there will be heavier use than previously used.

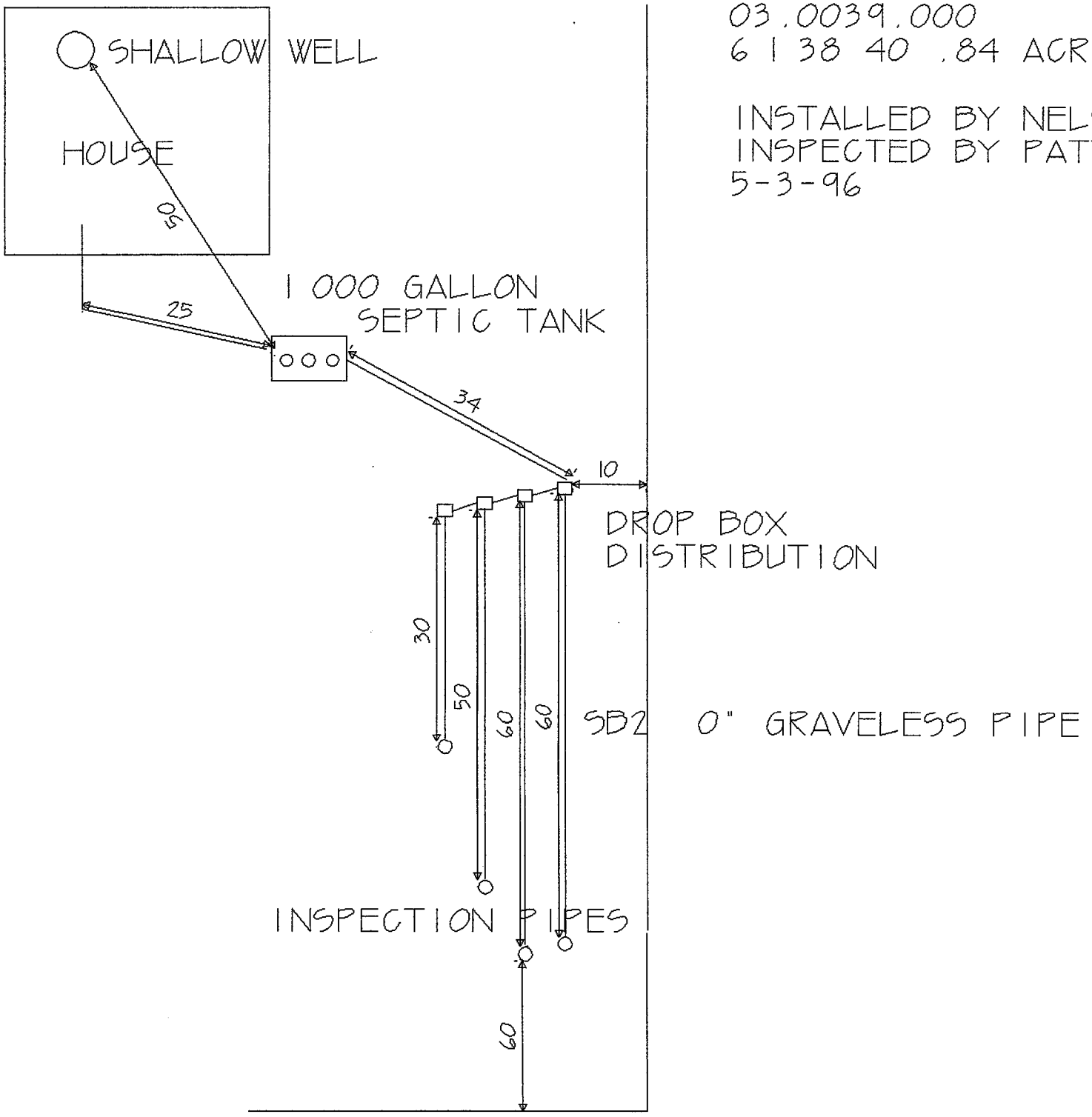
Because it does not meet codes we can not certify this system. A water supply well constructed without at least 10 feet of confining materials or without 50 feet of watertight casing must be located at least 150 feet from a cesspool, leaching pit or dry well.

Sincerely,

Margaret M. Foster

Margaret M Foster
Becker County Inspector

MMF:pls



03.0039.000
6 1 38 40 .84 ACRES

INSTALLED BY NELS THORSON
INSPECTED BY PATTY SWENSON
5-3-96

K♠1⊙♦K♥♠1⊙

Arvid Hedstrom

BECKER COUNTY

SEWAGE SYSTEM PERMIT APPLICATION

1. Location of property: Lake _____ Sec. 7 Twp 138 N Range 40 W
   Legal description _____

2. Lot length _____ width _____ lot size area _____
3. Contour of property: Approximate elevation above water table at building site _____ sewage system site _____ adjacent property _____
4. Type of building: residential X commercial _____ accessory _____
5. Location of roads: County 116 Township _____ State _____
6. Type of sewage system planned: Tank size _____
   Number of tanks _____ Drainfield _____ Lineal feet 40'
7. Type of soil: Sand X Clay _____ Other _____
8. Location of sewage system on adjacent property _____
   Number of feet
9. Location of well on your property _____ (Sketch on reverse side). On adjacent property _____
10. Name of sewage system contractor Modern Htg & Appliance
    Well drilling contractor _____
    Note: If making either of the above installations yourself indicate _____

11. Minimum set back:	Building	Sewage System
From Road R.O.W.		
Adjacent Property		
Lakeshore (High Water Mark)		

12. Any other information: _____

Permit Issued 9/8/71

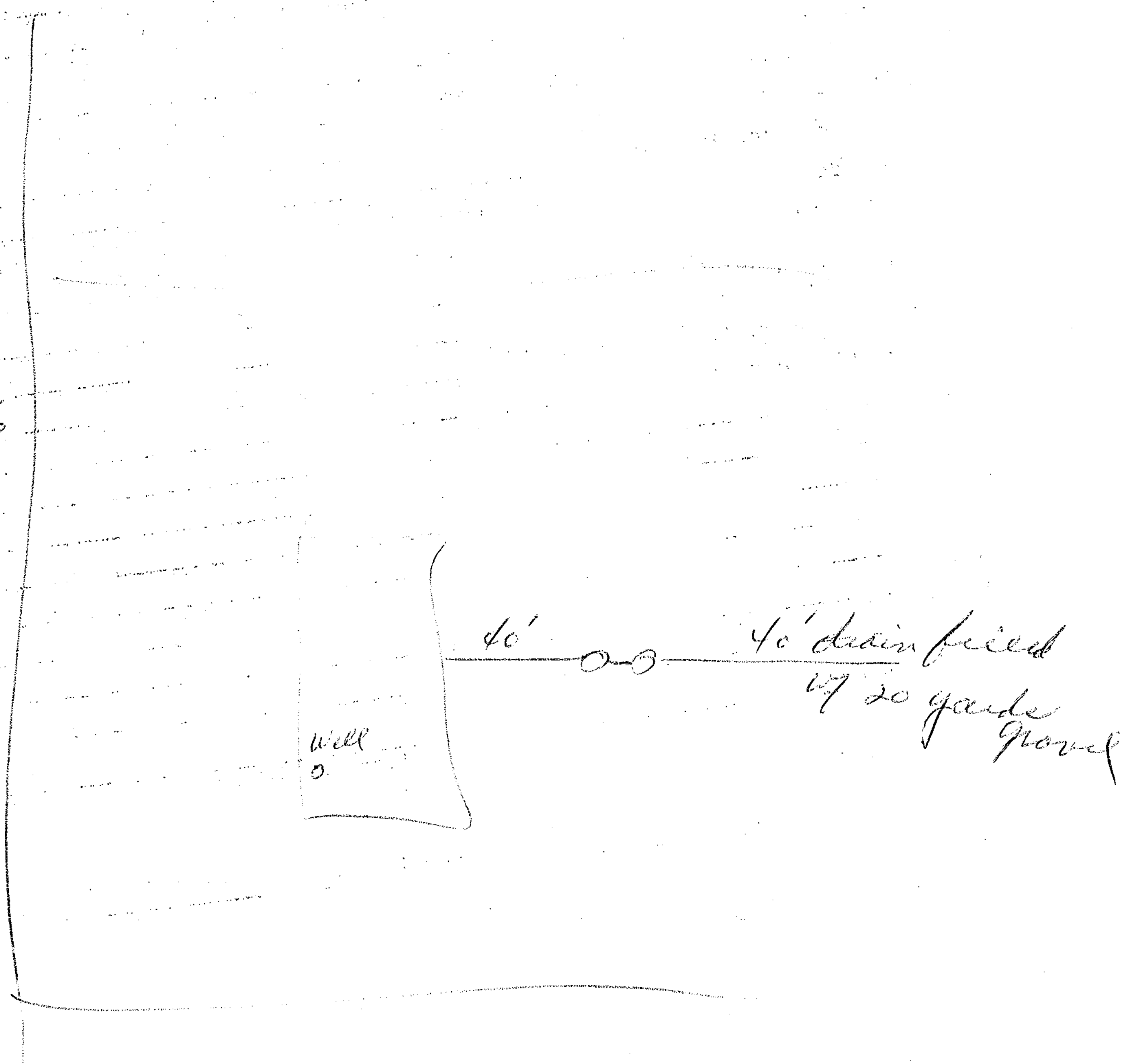
Dated 9-3-71

Arvid Hedstrom
Applicants signature

Permit No. 158

Permit Fee _____

#116



BECKER COUNTY

Sewage Permit No. SP № _____

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

_____

_____

_____

Issued _____ **19**___, **To** _____

Work Authorized _____

_____

_____

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 Swenby

_____

Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA
Board of County Commissioners

APPLICATION FOR SEWAGE SYSTEM

CERTIFICATE OF COMPLIANCE
With The Becker County Zoning Ordinance

Application Number	6150
Tax Parcel Number	3-39

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.)	2. Authorized Agent (If applicable)
Hedstrom, Steven E.	

3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)
Route 4, Box 46, Detroit Lakes MN 56501

4. Day Phone	5. Evening Phone	6. Fire Number of Project Location	
218-847-3193 W 218-847-2710 H	847-2710		

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name	2. Section	3. Township	4. Range	5. Qtr./Qtr.	6. Gov. Lot No.
	6	138N	40W		

7. Note: If the property is a metes and bounds description, check here [ ] and attach a copy of the exact legal description.

SEWAGE SYSTEM DATA

Anticipated Use
a. [✓] Single Family
b. [ ] Multiple Family
c. [ ] Commercial
d. [ ] Agricultural
e. [ ] Other (specify)

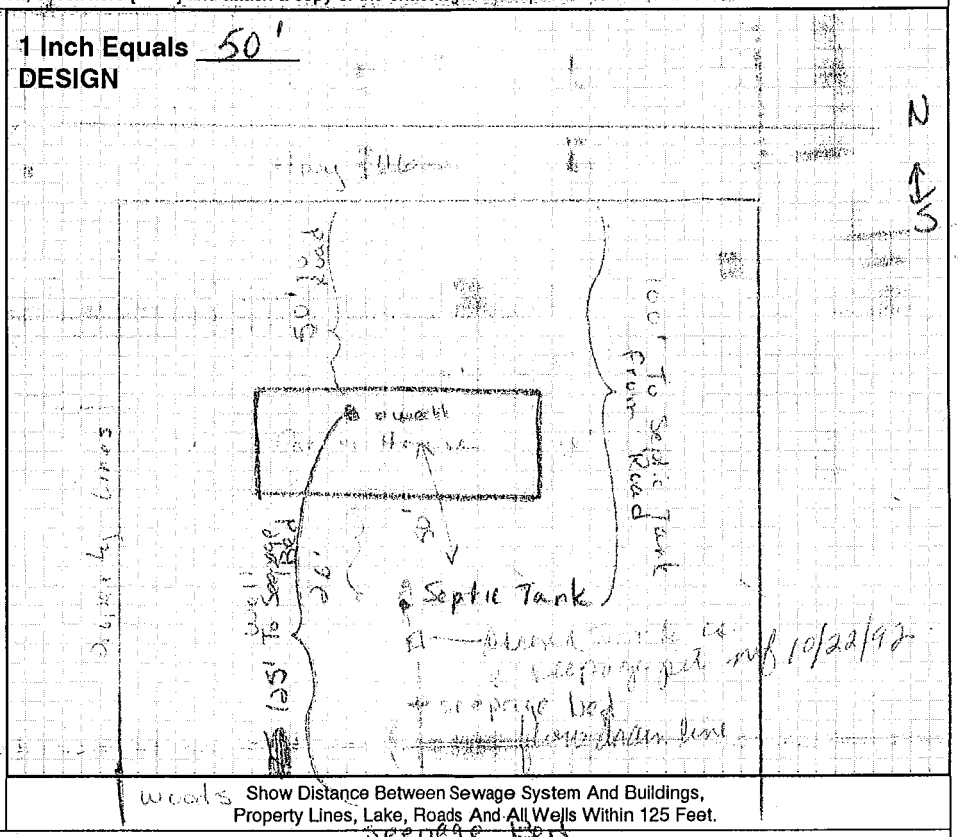
Type of System
a. [ ] Septic Tank Only
b. [ ] Drainfield Only
c. [✓] Septic Tank & Drainfield
d. [ ] Holding Tank
e. [ ] Alternative System (specify)

Type of Drainfield
a. [✓] Standard System
b. [ ] Mound (pressure distribution)
c. [ ] Mound (gravity distribution)

Well Data
a. Depth: 30'
b. Diameter: 3 1/4"

Type of Well
a. [ ] Drilled
b. [X] Sand Point

1 Inch Equals 50'
DESIGN



Show Distance Between Sewage System And Buildings, Property Lines, Lake, Roads And All Wells Within 125 Feet.

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge: Elizabeth P Hedstrom 10/20/93
Signature of Applicant — Date

TO BE COMPLETED BY ZONING OFFICE

SEWAGE SYSTEM DATA	Tank	Drainfield
Distances to Well:		
Distance to Building:		
Distance to Property Line:		
Distance to Suction Line:		
Distance to Pressure Line:		
Tank Capacity (gal.)and Area of Drainfield (ft. 2):		
Distance to Lake or Stream (from Ordinary High Water Level):		
Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:		

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

BECKER COUNTY ZONING OFFICE

Signature

Title — Date

INSPECTOR'S CHECK LIST

Make all measurements and computations

	ACTUAL IS ↓	MINIMUM Shall Be ↓
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 Actual	SEPTIC TANK Should be	SEEPAGE PIT Actual	SEEPAGE PIT Should be	DRAIN FIELD Actual	DRAIN FIELD Should be
Capacity	Gls.	Gls.	150 S.F.	S.F.	S.F.	S.F.
Distance from Nearest Well	F	F	125 75 F	F	F	50 F
Distance from Lake or Stream	F	F	F	F	F	F
Distance from Occupied Building	F	10 F	Adobe 20 F	F	F	20 F
Distance from Property Line	F	10 F	Adobe 10 F	F	F	10 F
Distance from Bottom to Water Table	— F	— F	Adobe 4 F	F	F	4 F

Inspector's Comments: Adobe

INTERPRETATION OF ABBREVIATIONS

Gls — Gallons

SF — Square Feet

LF — Linear Feet

Inspector's Signature

Title

Inspection Dated May 14 19 78

Agency

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

LEGAL DESCRIPTION AND LOCATION

[illegible]

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 Nos.	Tel. No.
Owner	Hedstrom	Bud		[illegible]		
Contractor	Name [illegible]			[illegible]		

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

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

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

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

Type of Roof

SEWAGE DISPOSAL SYSTEM DATA

	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	Gals.	[illegible] 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 [illegible]

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 [illegible]

Becker County Zoning Administrator

Permit Fee $ [illegible] State Surcharge $ [illegible]

Comments:

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