**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

060142000

## INSPECTION RESULTS

*Inspector must make all measurements*

## 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 | 100 ~~S~~F | 100 | ~~S F~~ |
| Distance from Nearest Well | | F | | F | | F | 75 | F | 400 F | 50 | F |
| Distance from Lake or Stream | | F | | F | | F | | F | 450 F | | F |
| Distance from Occupied Building | | F | 10 | F | | F | 20 | F | 300 F | 20 | F |
| Distance from Property Line | | F | 10 | F | | F | 10 | F | 25 F | 10 | F |
| Distance from Bottom to Water Table | — | F | — | F | | F | 4 | F | over 4 F | 4 | F |
| | | | | | | | | | | | |

Inspector's Comments: Just added drainfield. the first unit was a tight tank.

Date of Inspection 6 - 19 1973

Time of Inspection _____ M

Mark Kuehne
Signature of Inspector

Bldg. Inspector
Job Title

Becker County
Agency

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

White – Office
Yellow – Inspector
Pink – Owner

# BECKER COUNTY ZONING ADMINISTRATOR

COUNTY COURT HOUSE
Phone 218-847-7721 — Detroit Lakes, MN 56501

## *APPLICATION FOR PERMIT TO INSTALL SEWAGE DISPOSAL SYSTEM*

Permit No. _____
Date _____

**LEGAL DESCRIPTION AND LOCATION**

| Lake No. | Lake Name | Lake Classif. | Sec. | TWP | Range | TWP Name |
|---|---|---|---|---|---|---|
| | | | | | | |

**IDENTIFICATION:** Please Print All Information.

| | Last Name | First | Initial | Mailling Address —No. Street, City and State | Zip No. | Tel. No. |
|---|---|---|---|---|---|---|
| OWNER | | | | | | |
| | | | | | | |
| SEWAGE SYSTEM INSTALLER | Name | | | | | |
| | | | | | | |

*This System will be ready for inspection on* _____, 19____ _____

*This space for office use only*

_____ 19____ _____ M _____
Date Rec'd — Time Rec'd — Phone Call Rec'd By

_____
Owner or Agent Signature

**SEWAGE DISPOSAL SYSTEM DATA:**

| | SEPTIC TANK | SEEPAGE PIT | DRAIN FIELD |
|---|---|---|---|
| Capacity | Gls. | 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*

**RECORD OF TESTS:**

Inspection was made on ....., 19....., Time .....M By .....

PERCOLATION TEST DATA: Date of First Test ....., 19 ....., Rate .....

_____ Date of Second Test ....., 19 ....., Rate .....
1st Test Taken By

_____ First Test ..... + 2nd Test ..... = ..... = .....
2nd Test Taken By — 2 — Rate

**Agreement:** The undersigned hereby makes application for permit to install or extend Sewage Disposal System herein specified, agreeing to do all such work in strict accordance with ordinances of the County of Becker, Minnesota and Minnesota Individual Sewage Disposal Code Minimum Standards set forth by Minnesota Department of Health. Applicant agrees that plot plan, sketches and specifications submitted herewith and which are approved by Zoning Administrator shall become a part of the permit. Applicant further agrees that no part of the 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

**Permit:** Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon express condition that the person to whom it is granted, and his agents, employees and workmen shall conform in all respects to ordinances of Becker County Minnesota.
**NOTE: Permit void if work is not commenced within (6) months.**

Issued Date: _____ _____
Becker County Zoning Administrator

Fee $ _____ Surcharge $ _____

Comments: _____

White — Office
Yellow — Inspector
Pink — Owner

# BECKER COUNTY ZONING ADMINISTRATOR

COUNTY COURT HOUSE
Phone 218-847-7721 — Detroit Lakes, MN 56501

*APPLICATION FOR PERMIT TO INSTALL SEWAGE DISPOSAL SYSTEM*

Permit No. 1273 S
Date 6-12-73

**LEGAL DESCRIPTION AND LOCATION**

Murphins Resort

| Lake No. | Lake Name | Lake Classif. | Sec. | TWP | Range | TWP Name |
|---|---|---|---|---|---|---|
| 3-588 | Upper Cormorant | R.D | 8 | 138 N | 43 W | Cormorant |

**IDENTIFICATION:** Please Print All Information.

| | Last Name | First | Initial | Mailling Address —No. Street, City and State | Zip No. | Tel. No. |
|---|---|---|---|---|---|---|
| OWNER | Peterson | Earl | | Lake park R. R. #2 | 56554 | 532-2365 |
| SEWAGE SYSTEM INSTALLER | Name | | | | | |

This System will be ready for inspection on _____, 19____

*This space for office use only*

_____ 19____ Date Rec'd
_____ M Time Rec'd
_____ Phone Call Rec'd By

_____ Owner or Agent Signature

**SEWAGE DISPOSAL SYSTEM DATA:**

| | SEPTIC TANK | SEEPAGE PIT | DRAIN FIELD |
|---|---|---|---|
| Capacity | Gls. | Sq. Ft. | 100 Sq. Ft. |
| Distance from nearest well | Ft. | Ft. | 400 Ft. |
| Distance from lake or stream | Ft. | Ft. | 450 Ft. |
| Distance from occupied building | Ft. | Ft. | 300 Ft. |
| Distance from property line | Ft. | Ft. | 25 Ft. |
| Distance from bottom to Water Table | Ft. | Ft. | 8 Ft. |

*All distances are shortest distance between nearest points*

**RECORD OF TESTS:**

Inspection was made on ....., 19....., Time .....M By .....

PERCOLATION TEST DATA: Date of First Test ....., 19 ....., Rate .....

_____ 1st Test Taken By — Date of Second Test ....., 19 ....., Rate .....

_____ 2nd Test Taken By — First Test ..... + 2nd Test ..... = ..... / 2 = ..... Rate

**Agreement:** The undersigned hereby makes application for permit to install or extend Sewage Disposal System herein specified, agreeing to do all such work in strict accordance with ordinances of the County of Becker, Minnesota and Minnesota Individual Sewage Disposal Code Minimum Standards set forth by Minnesota Department of Health. Applicant agrees that plot plan, sketches and specifications submitted herewith and which are approved by Zoning Administrator shall become a part of the permit. Applicant further agrees that no part of the 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 ~~May~~ June 1 - 1973

Earl Peterson
Signature

**Permit:** Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon express condition that the person to whom it is granted, and his agents, employees and workmen shall conform in all respects to ordinances of Becker County Minnesota.
**NOTE: Permit void if work is not commenced within (6) months.**

Issued Date: 6-12-73

Mark Kuehne Bldg Inspector
Becker County Zoning Administrator

Fee $ 3.50 Surcharge $ _____

Comments: Will have to Build up drainfield — M.L.K.

minnesota department of health
717 s.e. delaware st. p.o. box 9441 minneapolis 55440
(612) 623-5000

June 9, 1989

Mr. Earl Peterson
Route Two
Lake Park, Minnesota 56554

Dear Mr. Peterson:

Subject: Plumbing and Sewage Treatment for End of the Road Resort, Lake Park, Becker County, Minnesota. Plan No. 91394.

We are enclosing a copy of our report covering an examination of plans and specifications on the above-designated project.

Your attention is directed to the attached statement pertaining to the inspection on plumbing. It is important that we receive the information indicated in order that the necessary inspection may be made.

If you have any questions in regard to the information contained in this report, please contact Gerald G. Smith at 612/623-5643.

Sincerely yours,

Gary L. Englund, P.E., Chief
Section of Water Supply
and Engineering

GLE:GGS:mjk
Enclosure
cc: City of Lake Park
Becker County Zoning Office

MINNESOTA DEPARTMENT OF HEALTH
Division of Environmental Health
REPORT ON PLANS

Plans and specifications on Sewage Treatment for End of the Road Resort, new cabin addition

Location: Lake Park, Becker County, Minnesota  Date Examined: May 3, 1989

Prepared and Submitted by: Mr. Earl Peterson, Route Two, Lake Park, Minnesota 56554

Date Received: May 1, 1989  Plan File No. 91394

Ownership: Mr. Earl Peterson, Route Two, Lake Park, Minnesota 56554

SCOPE: - This examination pertains to the design of the sanitary features of a sewage disposal system, and is based upon Minn. Rules, Ch. 7080, "Individual Sewage Treatment System Standards." The examination of plans is based upon the supposition that the data on which the design is based are correct, and that necessary legal authority has been obtained to construct the project. The responsibility for the design of structural features and the efficiency of equipment must be taken by the project designer. Approval is contingent upon satisfactory disposition of any requirements included with this report.

TYPE: - Sanitary. Design to collect and treat domestic sewage and basement drainage only. Storm water connections should not be made.

Treatment - One (1) - 1,250-gallon septic tank

Final Disposal - 400 square foot drainfield bed

REQUIREMENTS:

1. The 4-inch plastic sewer pipe shall be protected as it passes under the driveway.

2. The left station shall be sized so that no more than 25 percent of the daily sewage flow is pumped each cycle.

3. Where sewage tank effluent is delivered to the distribution box by pump, either a baffle wall shall be installed in the distribution box or the pump discharge shall be directed against a wall or side of the box which has no outlet.

4. The lift station shall be vented.

A properly designed and maintained soil treatment system can provide reliable and efficient wastewater treatment. If the system fails, the plumbing fixtures should not be used until adequate soil adsorption capacity can be provided or other corrective action taken. Consideration should be given to connecting to the municipal sewerage system when it becomes available.

Authorization for construction in accordance with the approved plans may be withdrawn if construction is not undertaken within a period of two years. The fact that plans have been approved does not necessarily mean that recommendations or requirements for change will not be made at some later time when changed conditions, additional information or advanced knowledge make improvements necessary.

Gerald G. Smith
Public Health Engineer
Section of Water Supply and Engineering
(612/623-5643)

MINNESOTA DEPARTMENT OF HEALTH
Division of Environmental Health
REPORT OF PLANS

Plans and specifications on Plumbing for End of the Road Resort

Location: Lake Park, Becker County, Minnesota  Plan File No. 91394

Prepared and submitted by: Mr. Earl Peterson, Route Two, Lake Park, Minnesota 56554

Ownership: Mr. Earl Peterson, Route Two, Lake Park, Minnesota 56554

Date Examined: May 3, 1989  Date Received: May 1, 1989

SCOPE: This examination is limited to the design of this particular project only insofar as the provisions of the Minnesota Plumbing Code, as amended, apply, and does not cover the water supply or sewerage system to which this plumbing system is connected. The examination of plans is based upon the supposition that the data on which the design is based are correct, and that necessary legal authority has been obtained to construct the project. The responsibility for the design of structural features and the efficiency of equipment must be taken by the project designer. Approval is contingent upon satisfactory disposition of any requirements included in this report.

INSPECTIONS: Special care should be taken to insure that the material and installation of the plumbing system are in accordance with the provisions of the Minnesota Plumbing Code. It is necessary that the State Health Department make roughing-in and final inspections of the plumbing system to determine whether it complies with the Code. Provisions should be made for applying an air test at the time of the roughing-in inspection as outlined in Minn. Rules, p. 4715.2820, of the Code. In order to facilitate this work, a self-addressed card is attached which should be returned to this office. The name of the plumbing contractor should be indicated so arrangements can be made for him to notify the State Health Department that the installation will be ready for a test and inspection.

No acceptance of the plumbing installation can be given until inspection and testing of the roughing-in work (Minn. Rules, p. 4715.2820, subp. 2), finished plumbing (Minn. Rules, p. 4715.2820, subp. 3), and inspection of the completed installation by a representative of the State Health Department indicates compliance with the provisions of the Code.

REQUIREMENTS:

1. The cold water branch shall continue 3/4-inch to the connection of the water closet.
2. The water piping system shall be disinfected in accordance with Minn. Rules, p. 4715.2250.
3. Solder material and flux used to join copper potable water piping must contain less than 0.2 percent lead.
4. Interior PVC plastic drain, waste and vent pipe shall comply with ASTM D2665.
5. The plumbing fixtures were not specified. Verify fixtures installed to comply with the provision of the Minnesota Plumbing Code.
6. The material for 3/4-inch water service pipe was not specified. Verify pipe materials and joints to comply with the Minnesota Plumbing Code.

Authorization for construction in accordance with the approved plans may be withdrawn if construction is not undertaken within a period of two years. The fact that plans have been approved does not necessarily mean that recommendations or requirements for change will not be made at some later time when changed conditions, additional information or advanced knowledge make improvements necessary.

Gerald G. Smith

Gerald G. Smith
Public Health Engineer
Section of Water Supply and Engineering
(612/623-5643)

BECKER COUNTY

SEWAGE SYSTEM PERMIT APPLICATION

1. Location of property: Lake UPPER CORMORANT Sec. 9 Twp 138 Range 43
   Legal description Murfin's Resort
2. Lot length _____ Width _____ Lot size area 6 Acres
3. Contour of property: Approximate elevation above water table at building site 4' to 5' sewage system site SAME adjacent property —
4. Type of building: residential ✓ Commercial ~~✓~~ ascessory _____
5. Location of roads: County _____ Township ✓ State _____
6. Type of sewage system planned: Tank size 1200
   Number of tanks 1 Drainfield Pump Lineal feet _____
7. Type of soil: Sand | Clay ✓ Other _____
8. Location of sewage system on adjacent property _____ Number of feet
9. Location of well on your property 100' (Sketch on reverse side). On adjacent property ~~NA~~ NONE
10. Name of sewage system contractor ? Gordon C Ebe ~~t~~ ~~c~~
    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: _____

Dated August 25, 1972 Applicants Signature Earl L Peterson

Permit No. _____ Permit Fee _____

**DESIGN PAD**

16
3
24

**BECKER COUNTY**

Department

Becker County Courthouse

Detroit Lakes, MN 56501

Subject SEWER SYSTEM

Name EARL PETERSON

Address

Town LAKE PARK State MN. Zip Date 5-12-80

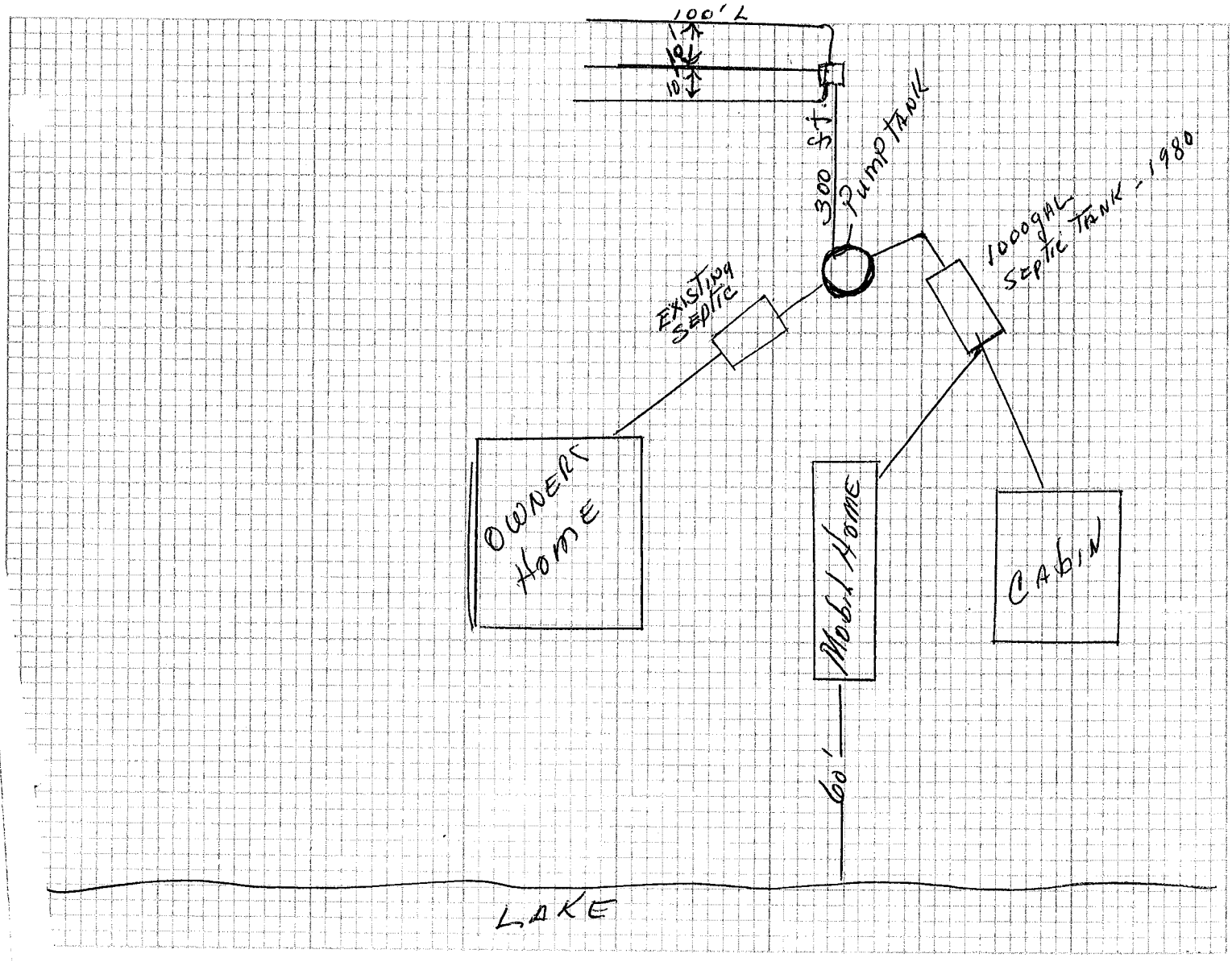
Location or Legal Description UPPER CORN LAKE - RESORT

Remarks:

ONE NEW SEPTIC TANK FOR THE (2) MOBIL HOMES WHICH ARE ONLY USED 3 MONTHS DURING THE YEAR, ONE PUMP TANK FOR (2) tanks. WILL PUMP UP ON HILL 300 FT. FROM EXISTING TANKS - HEAVY CLAY SUB-SOIL -

MARK —

Signature



Yellow — Owner
Pink — Assessor
Goldenrod — Inspector

# BECKER COUNTY ZONING ADMINISTRATION

829 LAKE AVE., BOX 787 — Phone 218-847-4427 — Detroit Lakes, Minn. 56501

## APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

Permit No. _____

Date 4-5-89

2204

LEGAL DESCRIPTION AND LOCATION: Govt Lot 4

FIRE NUMBER 1300

| Lake No. | Lake Name | Lake Classif. | Sec. | TWP | Range | TWP Name |
|---|---|---|---|---|---|---|
| 588 | Upper Corm. | RD | 8 | 138 | 43 | Cormorant |

**IDENTIFICATION:** Please Print All Information

| | Last Name First Initial | Mailing Address– No. Street, City and State | Zip No. | Tel. No. |
|---|---|---|---|---|
| Owner | PETERSON, EARL (End of the Road Resort) | RTE 2 LAKE PARK MN. | | |
| Contractor | Name | | | |

**TYPE OF IMPROVEMENT:**
(✓) New Building ( ) Alteration
Other _____

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

**~~NON~~-RESIDENTIAL PROPOSED USE:**
Specify: Cabin
Size: 24'x24'

**ESTIMATED COST OF IMPROVEMENT $** Construction Starting Date:

**PRINCIPAL TYPE OF FRAME & BUILDING**
( ) Masonry ( ) New Home
(✓) Wood Frame ( ) Garage
( ) Structural Steel ( ) Mobile Home
( ) Other – Specify Year _____
(✓) Cottage
( ) Septic System
( ) Other _____
Type of Roof: Asphalt

**TYPE OF SEWAGE DISPOSAL:**
( ) Public
(✓) Individual Septic Tank, etc.

**WATER SUPPLY:**
( ) Public (✓) Individual Well
Type _____ Depth _____

**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:

| SEWAGE DISPOSAL SYSTEM DATA: | SEPTIC TANK | SEEPAGE PIT | DRAIN FIELD |
|---|---|---|---|
| Capacity | 1600 Gls. | Sq. Ft. | Sq. Ft. |
| Distance from nearest well | 100 Ft. | Ft. | Ft. |
| Distance from lake or stream | 100 Ft. | Ft. | Ft. |
| Distance from occupied building | 10 Ft. | Ft. | Ft. |
| Distance from property line | 10 Ft. | Ft. | Ft. |
| Distance from bottom to Water Table | Ft. | Ft. | Ft. |

Holding Tank with

*All distances are shortest distance between nearest points*

**CHARACTERISTICS:**

Lot Area is 6-ACS. square feet. Water frontage is 575 feet.

Building set back from high water mark is EX. 52 feet. (Building Line)

Land height above high water mark at building line is +5 feet

Building setback from ( ) State - ( ) County - (✓) Township Highway 300 feet from the ( ) Center Line - (✓) Right of Way

Side yard is +10 and +10 feet. Rear yard is ..... feet.

Building will be located +10 feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located NONE 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 4-5-89

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.

Dated _____

Floyd Swenby

Becker County Zoning Administrator

Permit Fee $ 118.00 State Surcharge $ _____ Cormorant Surcharge $ 5.00

Comments: 113.00

## 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 | | 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

_____
Inspector's Signature

_____
Title

Inspection
Dated _____ 19

_____
Agency

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. 12-12-277-33

Date 8-4-83

## APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

08337

LEGAL DESCRIPTION AND LOCATION: Govt Lot #4

| Lake No. | Lake Name | Lake Classif. | Sec. | TWP | Range | TWP Name |
|---|---|---|---|---|---|---|
| 3-588 | UPPER CORM. | RD | 8 | 138 | 43 | CORMORANT |

**IDENTIFICATION:** Please Print All Information

| | Last Name First Initial | Mailing Address– No. Street, City and State | Zip No. | Tel. No. |
|---|---|---|---|---|
| Owner | PETERSEN, EARL | RT #2 | | |
| | (END of the ROAD RESORT) | LAKE PARK MN. | 56554 | |
| Contractor | Name SELF | | | |

**TYPE OF IMPROVEMENT:** (X) New Building ( ) Alteration
Other: MOBIL HOME

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

**~~NON~~-RESIDENTIAL PROPOSED USE:** Specify: MOBIL HOME
Size: 14' X 60' – 1975

**ESTIMATED COST OF IMPROVEMENT $** Construction Starting Date:

**PRINCIPAL TYPE OF FRAME:**
( ) Masonry
( ) Wood Frame
(X) Structural Steel
( ) Other – Specify

Type of Roof: METAL

**TYPE OF SEWAGE DISPOSAL:**
( ) Public
(X) Individual Septic Tank, etc.

**WATER SUPPLY:**
( ) Public
(X) Individual Well

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

**DIMENSIONS:**
Basement: ( ) Yes (X) No
Stories above basement: .....
Sq. feet (outside dimension) .....
Bedrooms 2 Baths 1

**HEATING:**
( ) Electric (X) Gas ( ) Oil
( ) Coal ( ) None
Other: Bed

| SEWAGE DISPOSAL SYSTEM DATA: | SEPTIC TANK | SEEPAGE PIT | DRAIN FIELD |
|---|---|---|---|
| Capacity | 1000 Gls. | 500 Sq. Ft. | Sq. Ft. |
| Distance from nearest well | +75 Ft. | +75 Ft. | Ft. |
| Distance from lake or stream | +75 Ft. | +75 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. |

Lift Station

*All distances are shortest distance between nearest points*

APPROVED AUG 09 1983

**CHARACTERISTICS:**

Lot Area is 6 AC square feet. Water frontage is 575 feet.

Building set back from high water mark is +100 feet. (Building Line)

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

Building set back from State highway is — feet – from road or street is ..... feet. Twp

Side yard is +10 and +10 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 8-4-83

X Earl L Petersen
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 8-5-83

Floyd Swenly
Becker County Zoning Administrator

Permit Fee $ 20.00 State Surcharge $ .50

Comments: pd 8-4-83 Rec'd by Drake

## 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 | | 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

_____
Inspector's Signature

_____
Title

Inspection
Dated _____ 19

_____
Agency

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

5803

# BECKER COUNTY ZONING ADMINISTRATION

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

Permit No. 12-9733-33

Date 5-12-80

## APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| LEGAL DESCRIPTION AND LOCATION | Lot Lot #4 | | | | | | |
| | Lake No. | Lake Name: Carmonant | Lake Classif.: RD | Sec.: 9 | TWP: 138 | Range: 43 | TWP Name: Carmonant |

**IDENTIFICATION:** Please Print All Information

| | Last Name | First Initial | Mailing Address– No. Street, City and State | Zip No. | Tel. No. |
|---|---|---|---|---|---|
| Owner | PETERSON, | EARL | R2 | | |
| | | | LAKE PARK MN. | 56554 | |
| Contractor | Name Grant Ohm | | | | 532-2365 |

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

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

**NON–RESIDENTIAL PROPOSED USE:**
Specify: _____
Size: _____

**ESTIMATED COST OF IMPROVEMENT $** Construction Starting Date:

**PRINCIPAL TYPE OF FRAME:**
( ) Masonry
( ) Wood Frame
( ) Structural Steel
( ) Other – Specify

Type of Roof:

**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 6 Baths .....

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

| SEWAGE DISPOSAL SYSTEM DATA: | SEPTIC TANK | SEEPAGE PIT | DRAIN FIELD |
|---|---|---|---|
| Capacity | 1250 Gls. | 750 Sq. Ft. | Sq. Ft. |
| Distance from nearest well | 50 Ft. | 50 Ft. | Ft. |
| Distance from lake or stream | 75 Ft. | 75 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*

Maybe lift pump to drainfield

**CHARACTERISTICS:**

Lot Area is 6 AC square feet. Water frontage is 575 feet.

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

Land height above high water mark at building line is 5-? feet

Building set back from State highway is ..... feet – from road or street is ..... feet.

Side yard is +10 and +10 feet. Rear yard is ..... feet.

Building will be located +10 feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located +10 feet from soil absorption system (Cesspool, Drainfield, etc.).

APPROVED
MAY 12 1980

**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 5-12-80

Earl Peterson
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 5-12-80

Floyd Juenly
Becker County Zoning Administrator

Permit Fee $ 10.00 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 | | 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

_____
Inspector's Signature

_____
Title

Inspection
Dated _____ 19

_____
Agency

**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 Svenby

Zoning Administrator
Becker County, Minnesota

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

# BECKER COUNTY ZONING ADMINISTRATION

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

Permit No. 12-97333

Date

## APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

5803

| LEGAL DESCRIPTION AND LOCATION | |
|---|---|
| | Lake No. / Lake Name / Lake Classif. / Sec. / TWF / 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 Roof:

**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:

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

APPROVED
MAY 12 1980

**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

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

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 - 10'X60'

| CATEGORY | SEPTIC TANK | | | | SEEPAGE ~~PIT~~ | | | | DRAIN FIELD | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Actual | | Should be | | Actual | | Should be | | Actual | Should be | |
| Capacity | 1250 | Gls. | | Gls. | 600 | S F | | S F | S F | | S F |
| Distance from Nearest Well | 500 | F | | F | 500 | F | 75 | F | F | 50 | F |
| Distance from Lake or Stream | 250 | F | | F | 250 | F | | F | F | | F |
| Distance from Occupied Building | 50 | F | 10 | F | 65 | F | 20 | F | F | 20 | F |
| Distance from Property Line | 50 | F | 10 | F | 50 | F | 10 | F | F | 10 | F |
| Distance from Bottom to Water Table | -- | F | -- | F | 4 | F | 4 | F | F | 4 | F |
| | | | | | | | | | | | |

Inspector's Comments: 24 yds Rock, Dick Westlund Installer Hauled in fill to bring up lot height above land level

**INTERPRETATION OF ABBREVIATIONS**

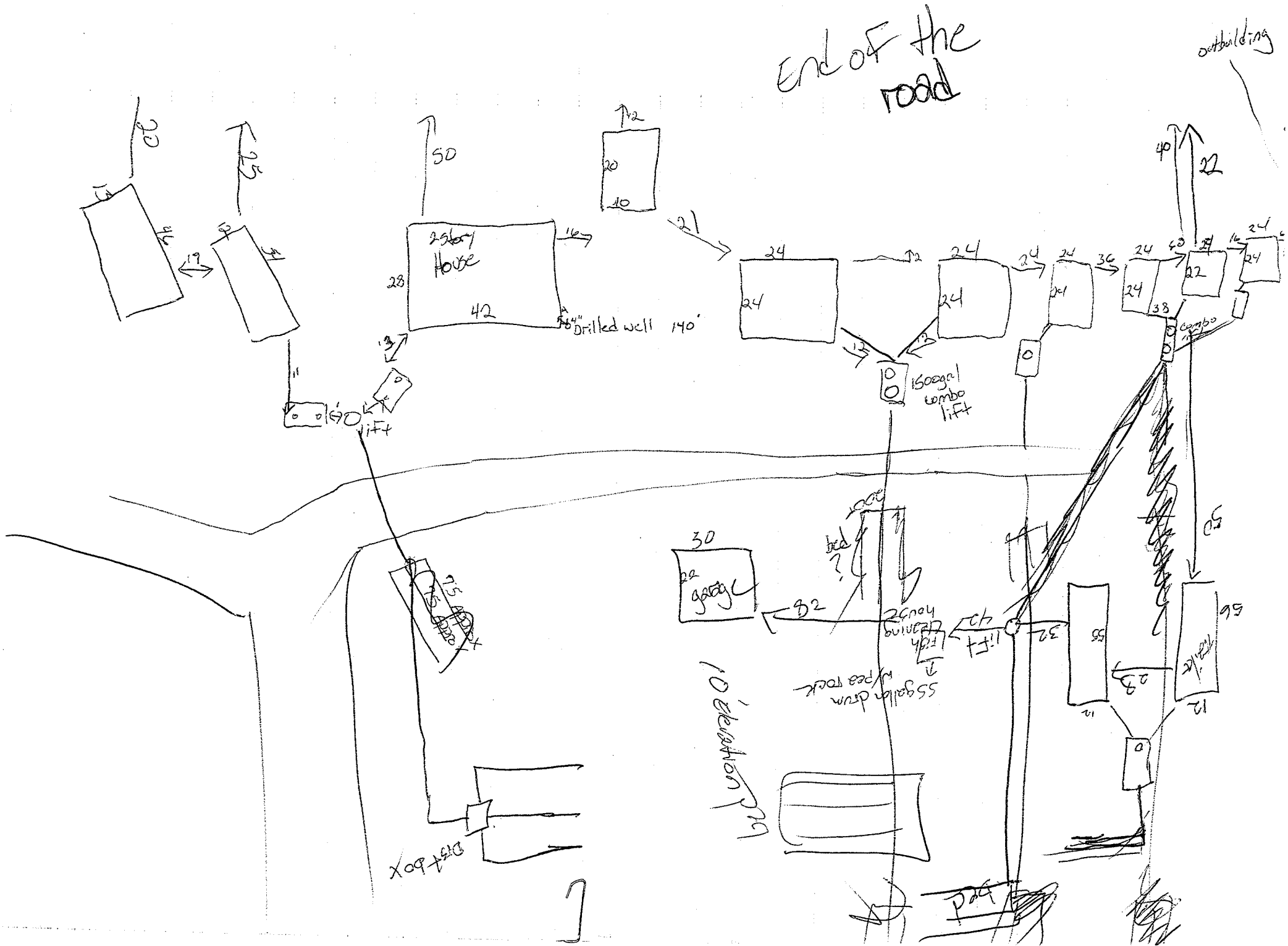
Gls — Gallons
SF — Square Feet
F — Linear Feet

Mark Kuehne
Inspector's Signature

Title

Agency

Inspection Dated 9-27 1983


bed
55gallon drum w/pee pouch
lift
lift
garage
30
bed ?
2story House
42
28
4" drilled well 140'
150gal combo lift
150 lift
75 gallon
combo
outbuilding
End of the road
50
22
40
12
55
24
36
38
16
21
13
11
19
25
20
10
12
Bed

**CERTIFICATE OF COMPLIANCE**
**SEWAGE SYSTEM**

*This certificate has been issued this* 8th *day of* September *19* 86,

*to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.*

*The premises covered by this certificate are legally described as:*

*Lake No.* 3-588 *Sec.* 8 *Twp.* 138N *Range* 43W *Twp. Name* Cormorant

Gov't Lot 4

*Owner: Name* EARL PETERSEN, dba END OF THE ROAD RESORT

*Address* ROUTE 2 LAKE PARK, MN 56554

*Zip No.*

*Permit No. SP* 12-12,277-33

*Signed by:* Floyd Swanberg

Zoning Administrator
Becker County, Minnesota