Minnesota Pollution Control Agency

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

061120000

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

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): 10/1/2018

☒ **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: 061120000

Property address: 13131 Bishop Rd. Lake Park, MN 56554
Reason for inspection: Sale

Property owner: Kemp Lass
Owner's phone:

or

Owner's representative:
Representative phone:

Local regulatory authority: Becker County
Regulatory authority phone: 218-846-7314

Brief system description: 1500 Holding Tank

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: Phil Stoll
Certification number: 7526

Business name: Stoll Inspections
License number: 2982

Inspector signature: Phil Stoll
Phone number: 218-839-1849

RECEIVED
OCT 04 2018

Necessary or Locally Required Attachments

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

☐ Other information (list):

Property address: 13131 Bishop Rd. Lake Park, MN 56554 Inspector initials/Date: PJS | 10/1/2018 (mm/dd/yyyy)

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

Compliance criteria:	
System discharges sewage to the ground surface.	☐ Yes ☒ No
System discharges sewage to drain tile or surface waters.	☐ Yes ☒ No
System causes 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. If yes, which sewage tank(s) leaks:	☐ Yes ☒ No

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 be 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: 13131 Bishop Rd. Lake Park, MN 56554 Inspector initials/Date: PJS | 10/1/2018 (mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____ (mm/dd/yyyy) ☒ 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:

Holding Tank Only

Indicate depths or elevations

A. Bottom of distribution media	
B. Periodically saturated soil/bedrock	
C. System separation	
D. Required compliance separation*	

*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.

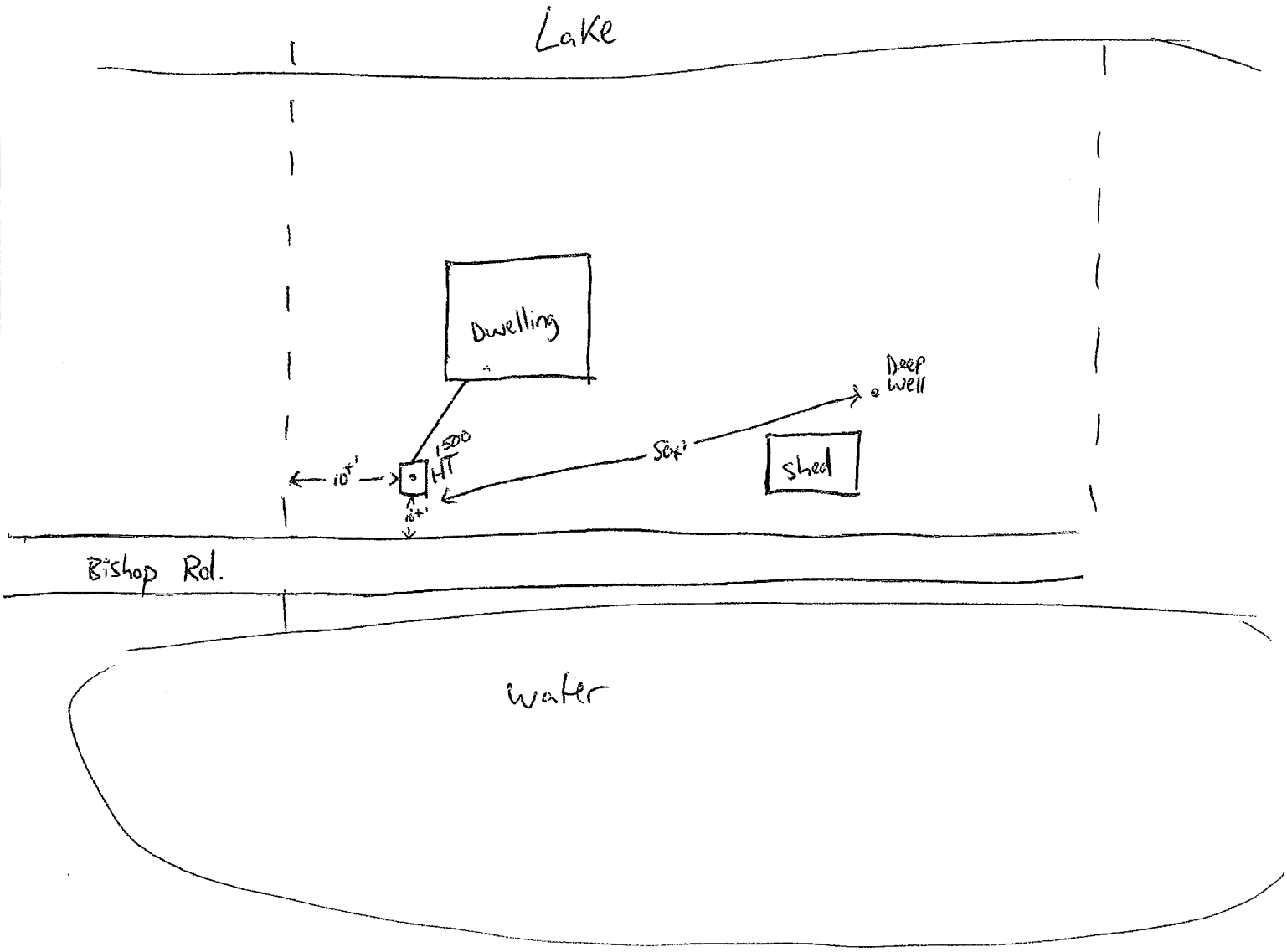
Upgrade Requirements *(Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, 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.*

Parcel Number: 061|20000

Date & Initial: 10-1-18 PJS

System Drawing

The system drawing which includes and identifies a graphic scale in feet or indicates all setback distances, all septic/holding/lift tanks, drainfields, wells within 100 feet of system (indicate depth of wells), dwelling and non-dwelling structures, lot lines, road right-of-ways, easements, OHWLs, wetlands, and topographic features (i.e. bluffs).



Additional Comments: Septic in compliance

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 06.1120.000 911 Address 13131 BISHOP RD

Legal Description: ULRICH BEACH LOT 3, 4, 5 Section 9 TWP 138N Range 43W

Lake Name UPPER CORMORANT Lake Classification RD Township Name CORMORANT

Owner's Name KEMP LASS Address 11325 HIGHWAY 10

City GLYNDON State/Zip MN Phone Number 218.498.2190

Number of Bedrooms 3
Design Flow 450 GPD

Well Casing Depth 250'
Depth of other Wells within 100 ft of system 250'

Garbage Disposal (Yes) (No)
Grinder Pump/Lift Station In House (Yes) (No)

Type of Observation: Probe Pit Boring NA
Original Soil (Yes) (No) Compacted Soil (Yes) (No)
Depth to Restricting Layer _____
Maximum of Depth of System _____
Perc Rate _____ Soil Sizing Factor _____
NA - HOLDING TANK

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

Type of Drainfield NA - HOLDING TANK
( ) Standard (gravelless/chamber)
( ) Standard (rock depth _____)
( ) Standard Bed
( ) Mound ( ) At Grade
( ) Pressurized Bed
NA

Attach Perc Test Information If Required

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
			BLOCKY PLATY PRISMATIC NONE
	NA		BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
			BLOCKY PLATY PRISMATIC NONE
	NA		BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE

Name and Address of Designer MICHAEL HOUGH PO BOX 2 D.L. Phone 218.847.7391

MPCA Number 770 Date of Site Evaluation 17SEPT.'01 Signature of Designer _____

Name of Installer (if different from Designer) HOUGH, INC. MPCA Number 770

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 9-26-01 Application Fee 75.00 State Surcharge .00 Total 75.00

[ ] Application is hereby denied
[ ] Application is hereby granted to Kemp Lass 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:

Patricia Ost
Signature of Becker County Qualified Employee

9-26-01
Date Permit Issued

16729
Permit Number

This permit expires on 9-26-02

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

- SEE ATTATCHED -

	Tank (estimated)	Tank (actual)	Drainfield (estimated)	Drainfield (actual)
Distances to Well		NA		NA
Distance to Building		+10'		
Distance to Property Line		10'		
Distance to Pressure Line				
Distance to Ordinary High Water		67'*	131'*	

Tank size 1500 1/c - Agg. Ind.
Lift station size _____
Drainfield size _____
Pump HP _____
Date Installed 9/26/01

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

* Best Placement as Per Patty Johnson

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 | Zoning Inspector (Title) | 9/27/01 (Date)

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

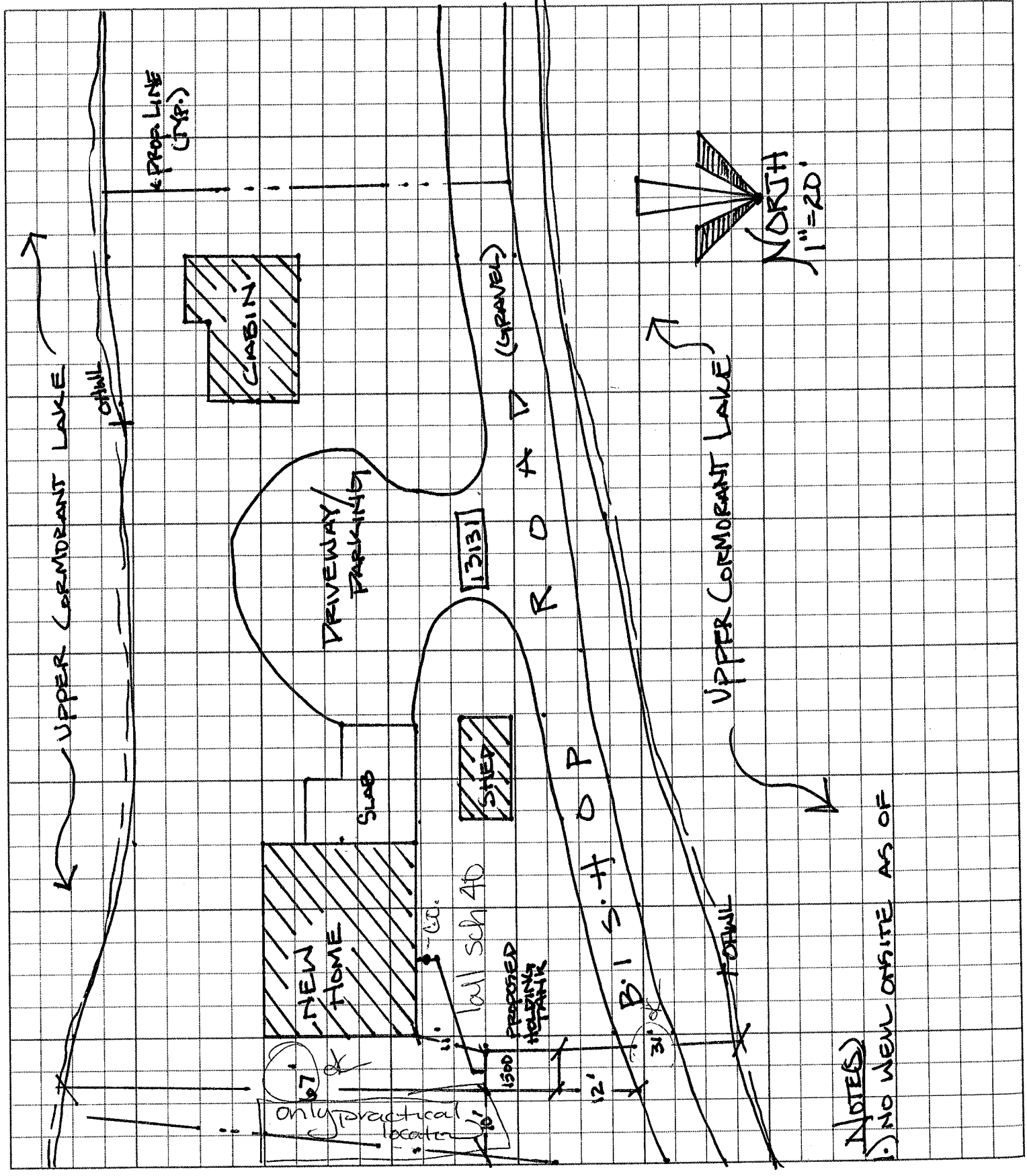
HOUGH INCORPORATED
P.O. Box 2
Detroit Lakes, MN
56502
218-847-7391 • Fax 218-847-2380

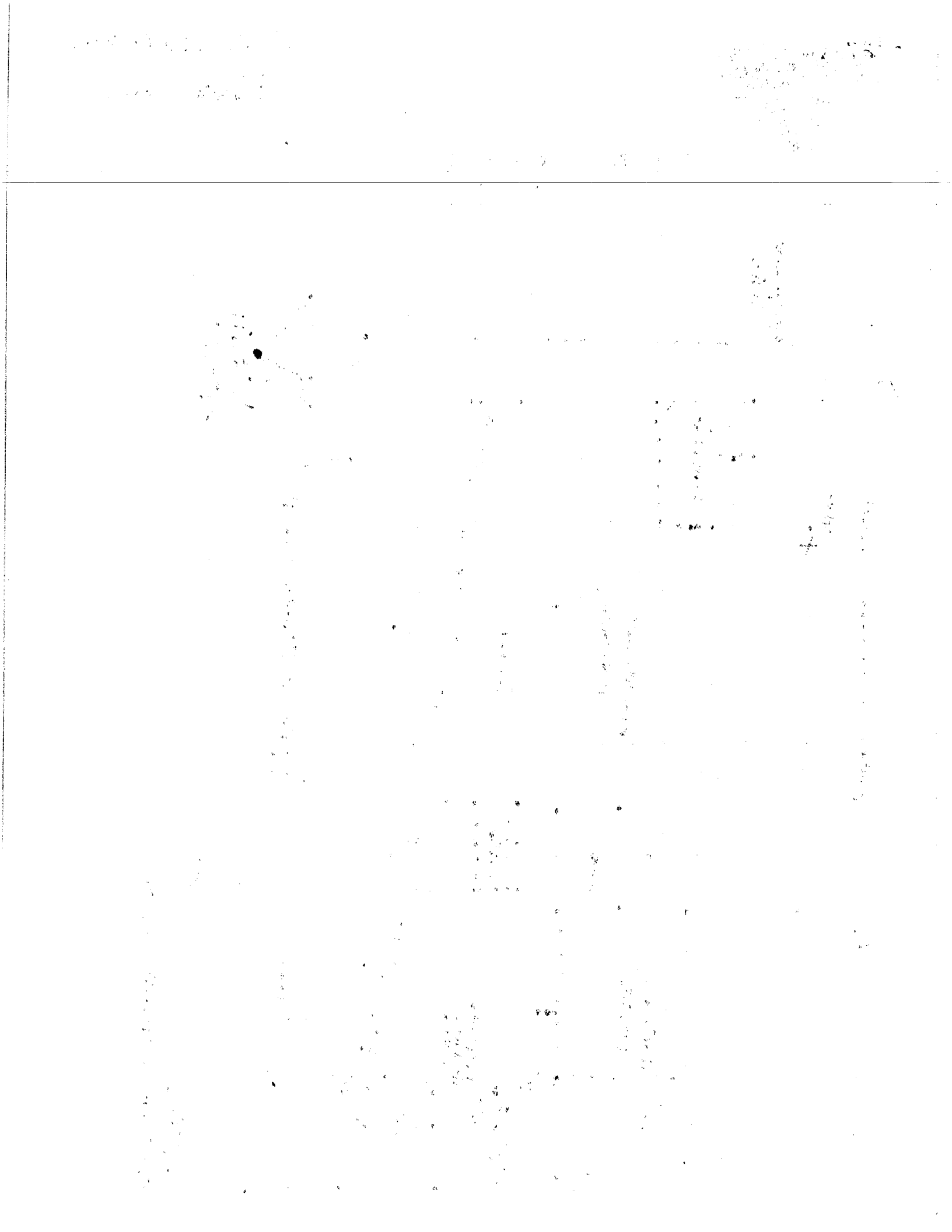
attachment to permit #16729

DATE: 25 SEPTEMBER 2001

PROJECT: KEMP LASS

PAGE 1 OF 1





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

RECEIVED
APR 27 2012
ZONING

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): 4-26-12

☒ **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: 06 11020-000

Property address: 13131 Bishop Rd

Reason for inspection: County

Property owner: Romp Lass

Owner's phone:

or

Owner's representative:

Representative phone:

Local regulatory authority:

Regulatory authority phone:

Brief system description: Concrete Holding Tank

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: David Ohm

Certification number: 2228

Business name: OHM Excavating

License number: 932

Inspector signature:

Phone number: 218-439-6428

Necessary or Locally Required Attachments

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

☐ Other information (list):

Property address: _____ Inspector initials/Date: JD 4-20-12

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: _____ Inspector initials/Date: CD 4-26-12

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:

Indicate depths of elevations

A. Bottom of distribution media	
B. Periodically saturated soil/bedrock	
C. System separation	
D. Required compliance separation*	

*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

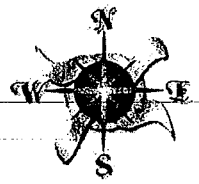
Any "no" answer indicates Noncompliance.

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.*

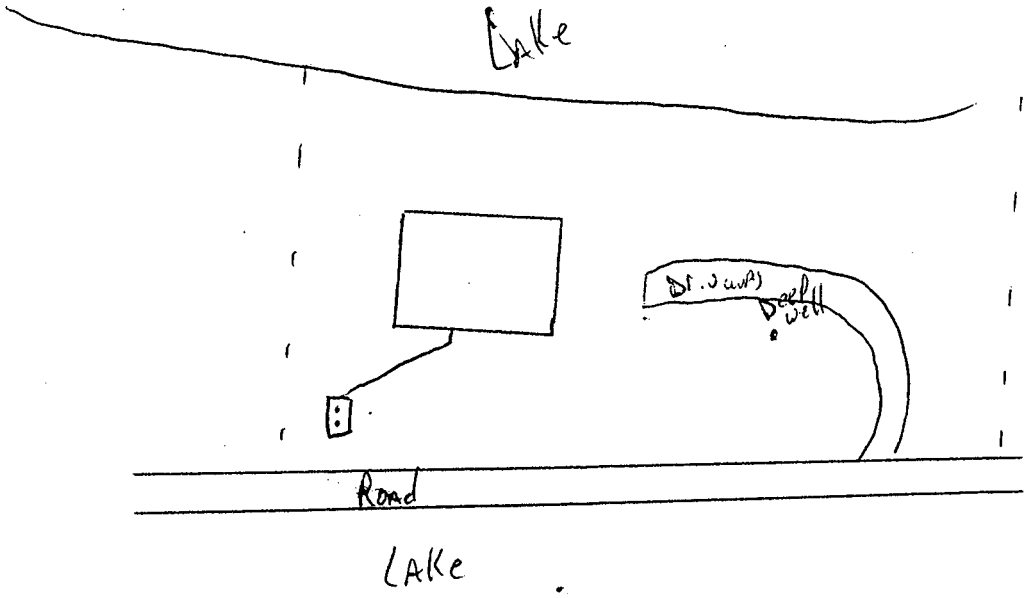
SKETCH OF PROPERTY

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

PARCEL	
APP	SEPTIC INSPECTION
YEAR	2012



LASS
13131
Bishop Rd
4-26-12



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

BECKER COUNTY ZONING ADMINISTRATION

829 LAKE A[illegible], BOX 787 — Phone 218-847-4427 — Detroit Lak[illegible] Minn. 56501

Permit No. [illegible] Date 7-20-88

APPLICATION FOR B[illegible]DING OR SEWAGE PERMIT AND CERTI[illegible]ATE OF OCCUPANCY

1677

LEGAL DESCRIPTION AND LOCATION

Ullrichs Beach Lots 4,3,42

FIRE NUMBER _____

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
_____	Cormorant	RD	_____	138	43	Cormorant

IDENTIFICATION: Please Print All Information

	Last Name	First	Initial	Mailing Address – No. Street, City and State	Zip No.	Tel. No.
Owner	LASS	Dan	W.	Kemp Lass 122 4th St. N Sabin MN 56580		
Contractor	Name Self					

TYPE OF IMPROVEMENT:
( ) New Building ( ) Alteration
Other Holding Tank

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

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

ESTIMATED COST OF IMPROVEMENT $

Construction Starting Date:

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

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

WATER SUPPLY:
( ) Public (X) 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 Holding Tank	75 Ft.	Ft.	Ft.
Distance from lake or stream	75 Ft.	X Ft.	X 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.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 150 X square feet. Water frontage is 150 feet.

Building set back from high water mark is 1X10 feet. (Building Line)

Land height above high water mark at building line is 2 feet

Building setback from ( ) State - ( ) County - (X) Township Highway 30 feet from the ( ) Center Line - (X) 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 +10 feet from soil absorption system (Cesspool, Drainfield, etc.).

APPROVED
JUL 22 1988

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 7 18 88

Dan Lass
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 7-20-88

Floyd Swenby
Becker County Zoning Administrator

Permit Fee $ 20.50 State Surcharge $ _____ Cormorant 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

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

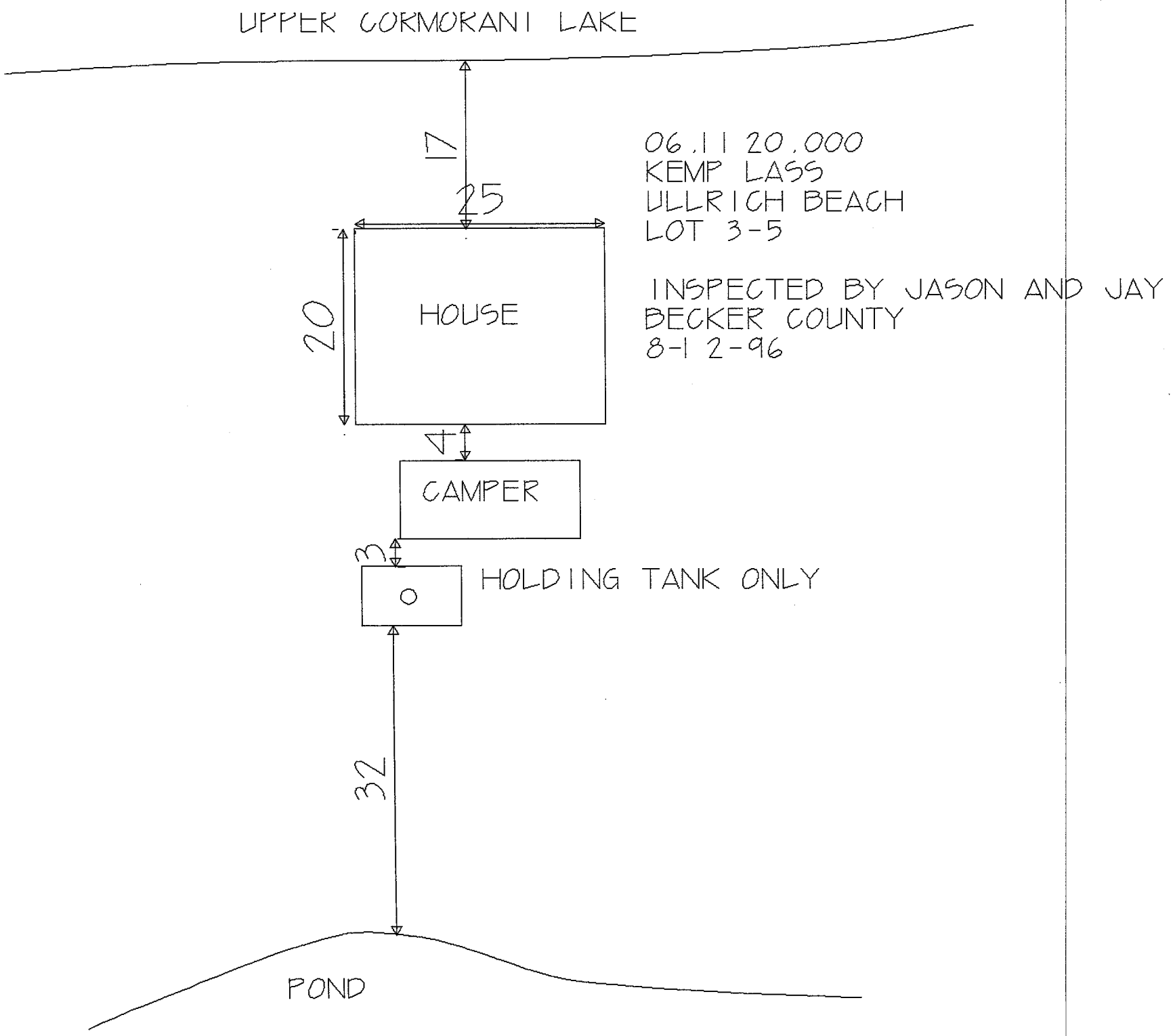
Gls — Gallons
SF — Square Feet
F — Linear Feet

_____
Inspector's Signature

_____
Title

Inspection
Dated _____ 19

_____
Agency


UPPER CORMORANT LAKE
17
25
20
HOUSE
4
CAMPER
3
HOLDING TANK ONLY
32
POND
06.11 20.000
KEMP LASS
ULLRICH BEACH
LOT 3-5
INSPECTED BY JASON AND JAY
BECKER COUNTY
8-12-96

K♠10♦K♥♠10

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

BECKER COUNTY ZONING ADMINISTRATION

829 LAKE AV... BOX 787 — Phone 218-847-4427 — Detroit Lak... Minn. 56501

Permit No. 7-100-[illegible] Date 8-10-87

APPLICATION FOR B... DING OR SEWAGE PERMIT AND CERTIF... ATE OF OCCUPANCY

721 /

LEGAL DESCRIPTION AND LOCATION

ULLRICH BEACH Lot 3

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
	Upper Cormorant RD	9	138	43		Cormorant

IDENTIFICATION: Please Print All Information

	Last Name First Initial	Mailing Address– No. Street, City and State	Zip No.	Tel. No.
Owner	LASS, KEMP	122 - 4th st. N.		
		SABIN MN.	56580	
Contractor	Name SEIF			

TYPE OF IMPROVEMENT:
( ) New Building ( ) Alteration
Other REPAIR EX. BOATHOUSE

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

NON–RESIDENTIAL PROPOSED USE:
Specify: REPAIR BOAT HOUSE
Size: 8X10'

ESTIMATED COST OF IMPROVEMENT $
Construction Starting Date:

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

Type of Roof: Asphalt

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

WATER SUPPLY:
( ) Public
( ) Individual Well

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

DIMENSIONS:
Basement: ( ) Yes ( ) No
Stories above basement: .....
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	EXISTING HOLDING Ft.	Ft.	Ft.
Distance from lake or stream	PRIVY Ft.	Ft.	Ft.
Distance from occupied building	WILL NEED Ft.	Ft.	Ft.
Distance from property line	TANK UNDER PRIVY Ft.	Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 150X ..... square feet. Water frontage is 120

Building set back from high water mark is EX. 10 ..... feet. (Building Line)

Land height above high water mark at building line is 3' ..... feet

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

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

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

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

APPROVED
AUG 12 1987

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 8-10-87

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 8-11-87

Becker County Zoning Administrator

Permit Fee $ 15.00 State Surcharge $ _____ Cormorant 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

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

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