

07.0317.080



Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance Inspection Form

Existing Subsurface Sewage Treatment System (TS)



ment

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:

RECEIVED

JUN 08 2016

ZONING

System Status

System status on date (mm/dd/yyyy): 6/7/2016

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: 070317000

Property address: 14375 Leisure Lane, Lake Park, MN 56554 Reason for inspection: Sale

Property owner: Paul Sander Owner's phone: _____

Owner's representative: _____ Representative phone: _____

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

Brief system description: 1500/2 comp tank with lift to mound drainfield.

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

Necessary or Locally Required Attachments

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

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

Compliance criteria:

System discharges sewage to the ground surface.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System discharges sewage to drain tile or surface waters.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System causes sewage backup into dwelling or establishment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Any "yes" answer above indicates the system is an imminent threat to public health and safety.

Comments/Explanation:

Verification method(s):

- Searched for surface outlet
- Searched for seeping in yard/backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony (See Comments/Explanation)
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

2. Tank Integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, or leaching pit. <i>Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

4. Soil Separation – Compliance component #4 of 5

Date of installation: 8/26/2007 Unknown
(mm/dd/yyyy)

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: Yes No

Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment: Yes No

Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*

"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080.2350 or 7080.2400 (Advanced Inspector License required) Yes No

Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

Verification method(s):

Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.

- Conducted soil observation(s) (Attach boring logs)
- Two previous verifications (Attach boring logs)
- Not applicable (Holding tank(s), no drainfield)
- Unable to verify (See Comments/Explanation)
- Other (See Comments/Explanation)

Comments/Explanation:

Mound height Approx. 36"

Indicate depths or elevations

A. Bottom of distribution media	18"
B. Periodically saturated soil/bedrock	>54"
C. System separation	>36"
D. Required compliance separation*	36"

*May be reduced up to 15 percent if allowed by Local Ordinance.

Any "no" answer above indicates the system is failing to protect groundwater.

5. Operating Permit and Nitrogen BMP* – Compliance component #5 of 5 Not applicable

Is the system operated under an Operating Permit? Yes No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP? Yes No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria

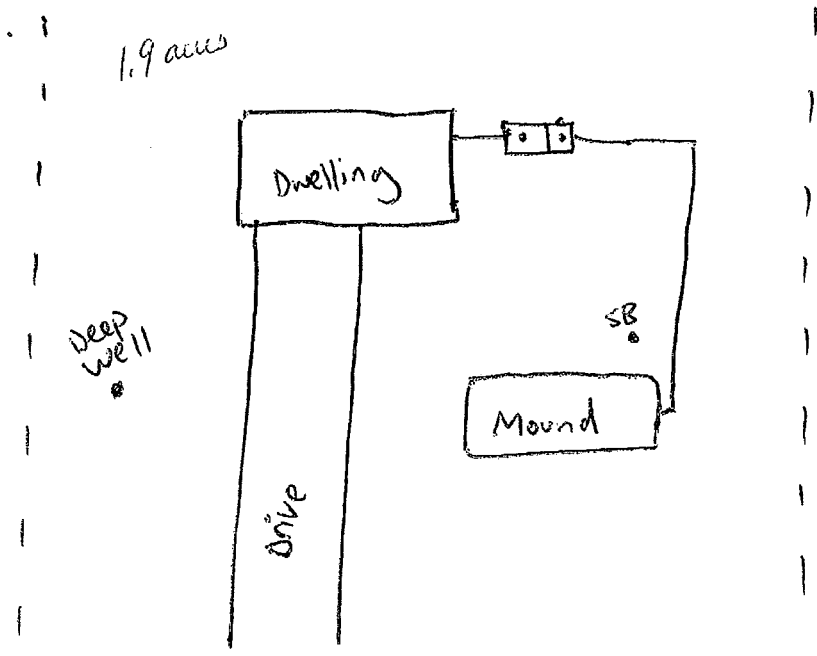
- a. Operating Permit number: _____ Yes No
Have the Operating Permit requirements been met?
- b. Is the required nitrogen BMP in place and properly functioning? Yes No

Any "no" answer indicates Noncompliance.

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

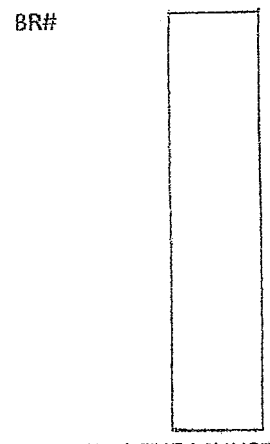
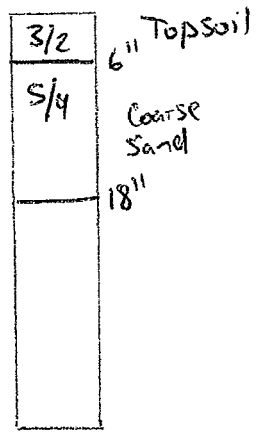
Name Paul Sander

RE Code 070317000



Soil Borings (BR#): Locate each boring on the map above, indicate on right of the column the soil texture, structure, color, depth of each soil type, evidence of mottling, bedrock and standing water. Also indicate if the material is fill.

BR#
10YR



RECORD DEPTH OF MOTTLING, SEASONAL HIGH WATER (AS DETERMINED USING THE MUNSELL COLOR BOOK) OR BEDROCK ON ABOVE LINES.

Comments: Septic in compliance

What needs to be completed to bring the above system into compliance if found not in compliance?

Septic 2007 07.0317.000

next to 14355 →

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

SEP 11 2007

Onsite Septic System Site Evaluation/Design

1. PROPERTY DATA (as it appears on the tax statement)

Parcel Number(s) of property system will be installed 07.0317.000
(if parcel is a new split and a parcel number has not yet been issued, indicate the main parcel number from which the new parcel has been split from)

Section 34 Township HON Range 4NW Township Name CUDA

Lake Name _____ Lake Classification _____

Legal Description: Lot 7 Block 3 Serenity Shores 1.9 Acres

Project Address: 14375 Leisure Lane Lake Park 56554

2. PROPERTY OWNER INFORMATION (as it appears on the tax statement, purchase agreement or deed).

Owner's First Name Karen Owner's Last Name Setvig

Mailing Address 5424 11th St S City, State, Zip Storge ND 58104

Phone Number _____

3. DESIGNER/INSTALLER INFORMATION

Designer Name Richard Voreberg Company Name Voreberg Brothers License # 1910

Address 22344 Road 104 Phone Number 218-849-2177

Installer Name Same Company Name _____ License # _____

Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 8-26-07

EXISTING SYSTEM STATUS - Check One

What will new system serve? Check one

- No existing system-new structure
- Cesspool/Seepage
- Failing (other than cesspool)
- Undersized
- Replacement or repair to existing

- Dwelling
- Resort/Commercial
- Commercial (non resort)
- Other - explain below

Design Flow 450 Gallons Per Day
Number of Bedrooms 3
Garbage Disposal Yes No
Grinder Pump in House Yes No
Lift station in House Yes No

Well Depth >50
Depth of other wells within
100 ft of system NONE

Original Soil Compacted Soil _____
Type of Soil Observation
 Pit Boring
Depth to Restricting Layer >48"
Maximum Depth of System none

for

Septic 07 02.0317-000

Size of All Tanks to Be installed
1000 gal Septic Tank
500 gal Lift Station
 ___ gal Holding Tank
 ___ gal Other Tanks

Type of Drainfield Medium to be used
 ___ Chamber
 ___ H10 EQ36
 Drainfield Rock
 ___ Rock Depth
 ___ Gravelless
 ___ Experimental
 ___ No Drainfield

Type of Alarm SJ Electro
 Size of Lift Pump 1/4 hp
 Size of Lift Line 2

Type of Drainfield to be installed
 ___ Trench
 ___ At-grade
 ___ Pressure Bed
 ___ Seepage Bed
 Mound

Size of Drainfield sq ft to be installed
375 sq ft
 ___ sq ft
 ___ sq ft
 ___ sq ft
 ___ sq ft

SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>>50</u>	<u>>50</u>
Distance to Building	<u>>10</u>	<u>>30</u>
Distance to Property Line	<u>>50</u>	<u>>30</u>
Distance to OHW	<u>>84"</u>	<u>>84"</u>
Distance to Pressure Line	<u>>30</u>	<u>>50</u>

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

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
1-18	TOP Soil	10YR 2/1	Blocky	1-21	TOP Soil	10YR 2/1	Blocky
18-24	Clay Loam	10YR 5/6	Blocky	21-24	Clay Loam	10YR 5/6	Blocky

5. DESIGNER'S CERTIFIED STATEMENT

I, Richard Vareberg certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance)

[Signature] Signature of Designer 8-27-07 Date

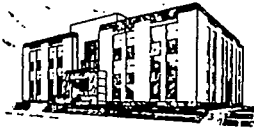
*****FOR OFFICE USE ONLY*****
 Application Approved by: [Signature] Date: 9/11/07
 Amount Paid: 100.00 Receipt Number: 146142-370268 Permit Number: 9/11/07

CERTIFICATE OF COMPLIANCE

() Certificate Is Hereby Denied
 (X) Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data. With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

[Signature] Signature ISTS Inspector Title 9/11/07 Date
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed 9/11/07 Inspected by [Signature]

Septic 07.0317.000 2007



BECKER COUNTY

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

Application No.
Tax Parcel No.

SKETCH PLAN FORM H

Please be as complete as possible. Include all of the items listed below where applicable.

GENERAL CHECKLIST

- scale
- north arrow
- lot dimensions
- structure location
- side lot setback
- road setback
- septic tank location
- drainfield location
- location of all wells within 100' of drainfield
- fill & grading limits
- vegetation alteration limits

WATER RESOURCE CHECKLIST

- location of ordinary high water level (OHWL)
- location of present water line
- setback from OHWL
- location of highest known water level
- existing local drainage
- location of wetland areas

Scale of Diagram: 1 inch = 30 feet

Drawing By: Richard Vareberg

Date of Drawing: 8-27-07

Impervious surface coverage calculation

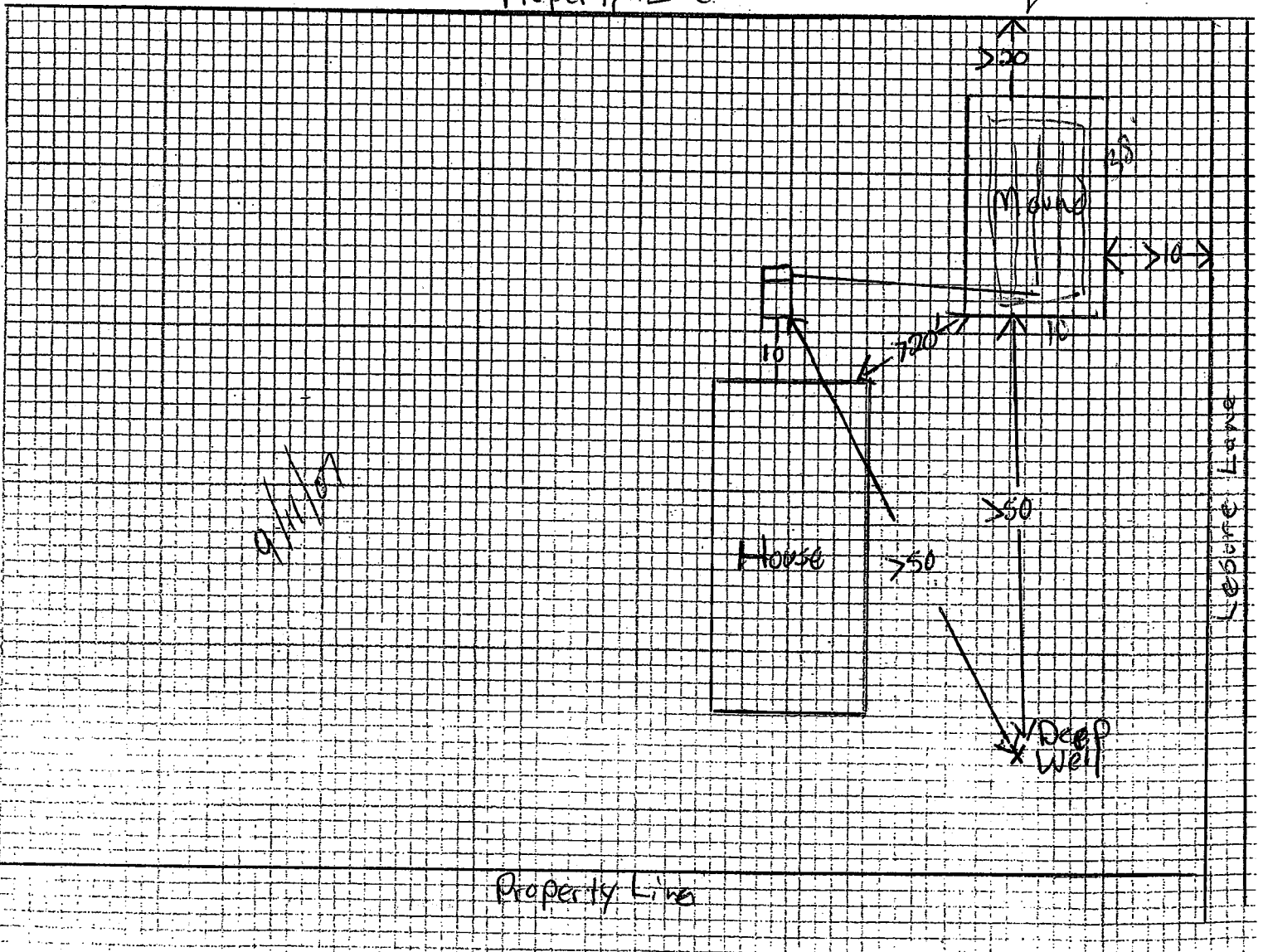
Impervious surface onsite \div Total Lot area

= _____ x 100 = _____ %

Total percentage of impervious coverage

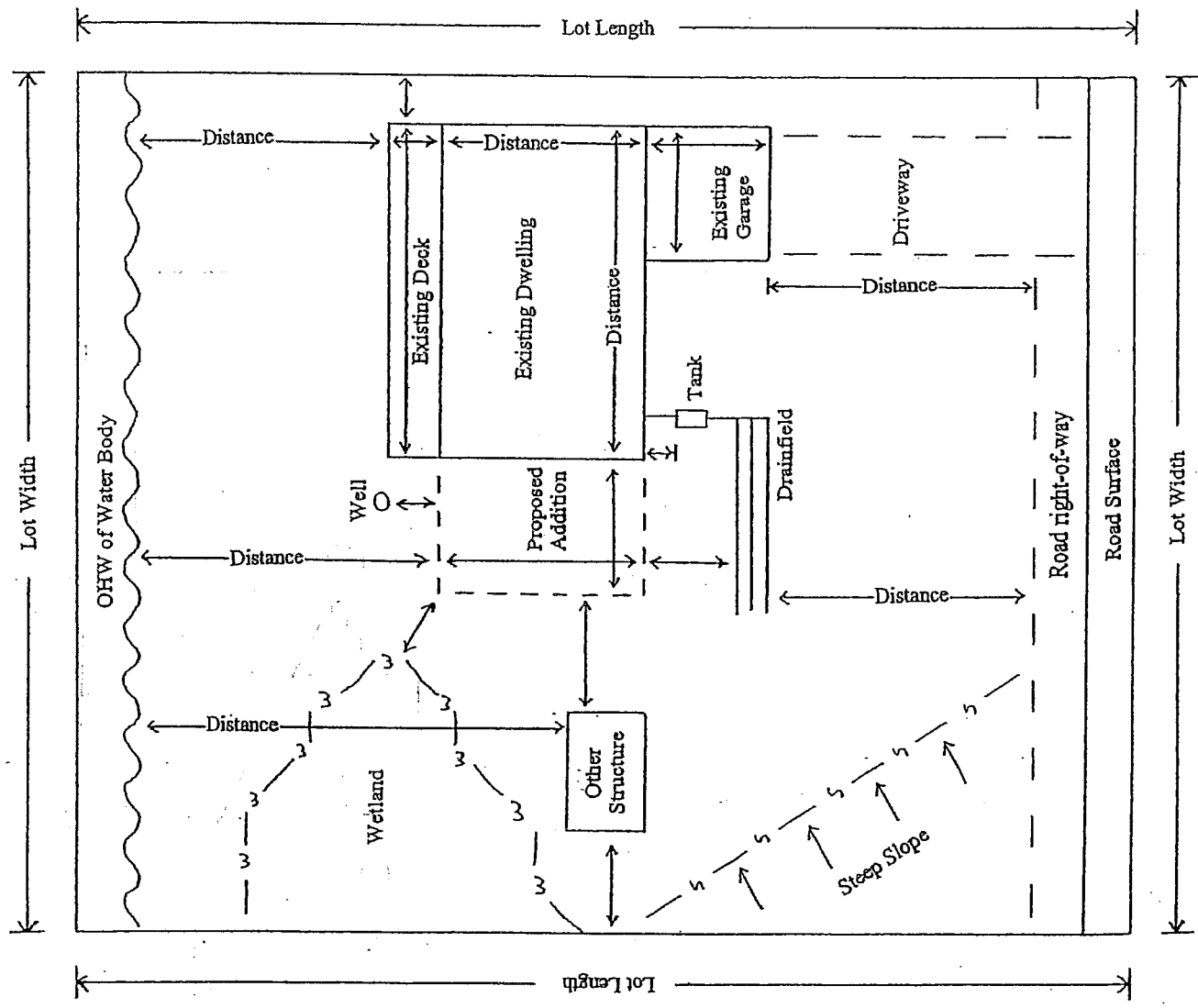
Remarks: _____

Property Line Signature [Signature]



SITE PLAN EXAMPLE

N ↑



MOUND DESIGN WORKSHEET

(For Flows up to 1200 gpd)

A. FLOW

Estimated 450 gpd
 or measured _____ x 1.5 = _____ gpd.

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

B. SEPTIC TANK LIQUID VOLUMES

1000 gallons

C. SOILS (refer to site evaluation)

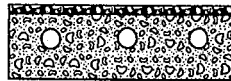
- Depth to restricting layer = 24 inches _____ feet
- Depth of percolation tests = 12 inches
- Texture Loam Percolation rate 23 mpi
- Land slope 2 %

Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal	Liquid capacity with disposal & lift inside
2 or less	750	1125	1500
3 or 4	1000	1500	2000
5 or 6	1500	2250	3000
7, 8 or 9	2000	3000	4000

D. ROCK LAYER DIMENSIONS

- Multiply flow rate by 0.83 to obtain required area of rock layer: $A \times 0.83 =$
 $\frac{450 \text{ gpd}}{0.83 \text{ sq. ft./gpd}} = 375 \text{ sq. ft.}$
- Determine width of rock layer = $0.83 \text{ sq. ft./gpd} \times \text{Linear Loading Rate (LLR)}$
 $0.83 \text{ sq. ft./gpd} \times 12 = 9.98 \text{ ft}$
- Length of rock layer = $\text{area} \div \text{width} =$
 $\frac{375 \text{ sq. ft.}}{10 \text{ ft.}} = 37 \text{ ft.}$

Perc Rate	LLR
<120 MPI	≤ 12
>120 MPI	≤ 6



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



Length 37 ft

E. ROCK VOLUME

- Multiply rock area by rock depth to get cubic feet of rock; $375 \text{ sq. ft.} \times 1 \text{ ft.} =$
 375 cu. ft.
- Divide cu. ft. by 27 cu. ft./cu. yd. to get cubic yards;
 $375 \text{ cu. ft.} \div 27 = 14 \text{ cu. yd.}$
- Multiply cubic yards by 1.4 to get weight of rock in tons; _____ cu. yd. x 1.4 ton/

F. ABSORPTION WIDTH

- Percolation rate in top 12 inches of soil is 23 mpi
 Texture Loam
- Select allowable soil loading rate from table;
2 gpd/ft²
- Calculate absorption width ratio by dividing rock layer loading rate of 1.20 gpd/ft² by allowable soil loading rate;
 $1.20 \text{ gpd/ft}^2 \div 2 \text{ gpd/ft}^2 = 6$
- Multiply absorption width ratio by rock layer width to get required absorption width;
6 x 10 ft = 60 ft

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

G. MOUND SLOPE WIDTH & LENGTH
(landslope 1% or more)

1. Subtract rock layer width from absorption width to obtain minimum downslope width

$60 \text{ ft} - 10 \text{ ft} = 50 \text{ feet}$

2. Calculate minimum mound size

a. Determine depth of clean sand fill at upslope edge of rock layer:

Separation 3' - 2 ft = 1 feet

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

$1 \text{ ft} + 1 \text{ ft} + 1 \text{ ft} = 3 \text{ feet}$

c. Enter table with landslope and upslope ratio. Select berm multiplier of 3.45.

d. Multiply berm multiplier by upslope mound height to find upslope width:

$3.45 \times 3 = 10 \text{ feet}$

e. Multiply rock layer width by landslope to determine drop in elevation;

$10 \times 4 \% \div 100 = .4 \text{ feet}$

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

$.4 \text{ ft} + 3 \text{ ft} = 3.4 \text{ feet}$

g. Enter table with landslope and downslope ratio. Select downslope multiplier of 4.76.

h. Multiply downslope multiplier by downslope mound height to get downslope width:

$4.76 \times 3.4 = 16 \text{ feet}$

i. Compare the values of step G.1 50 and Step G.2h 16

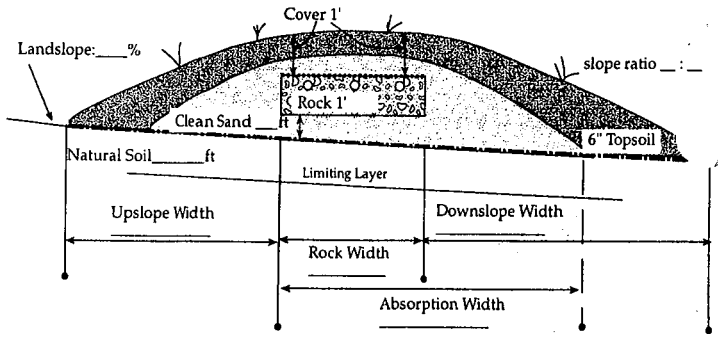
Select the greater of the two values as the downslope width: 50 feet

j. Total mound width is the sum of upslope (G.2d) width plus rock layer width (D.2) plus downslope width(G.2i);

$10 \text{ ft} + 10 \text{ ft} + 50 \text{ ft} = 70 \text{ feet}$

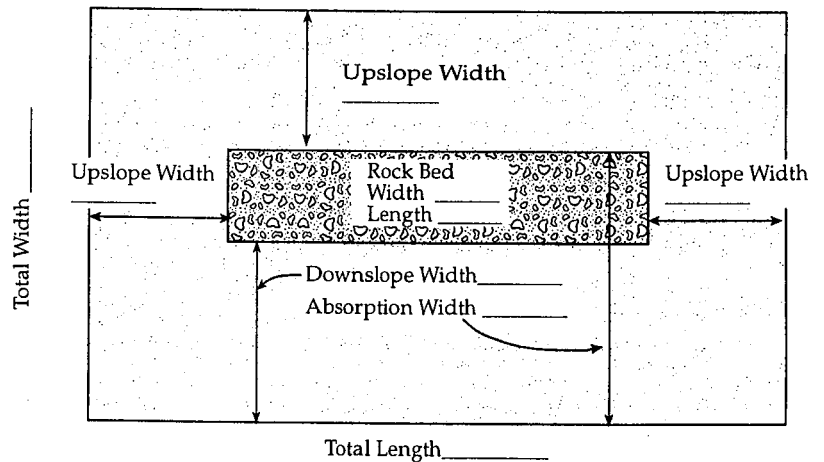
k. Total mound length is the sum of upslope width (G.2d) plus rock layer length (D.3) plus upslope width (G.2d);

$10 \text{ ft} + 37 \text{ ft} + 10 \text{ ft} = 57 \text{ feet}$



SLOPE MULTIPLIER TABLE

Land Slope, in %	UPSLOPE multipliers for various slope ratios						DOWNSLOPE multipliers for various slope ratios				
	3:1	4:1	5:1	6:1	7:1	8:1	3:1	4:1	5:1	6:1	7:1
0	3.0	4.0	5.0	6.0	7.0	8.0	3.0	4.0	5.0	6.0	7.0
1	2.91	3.85	4.76	5.66	6.54	7.41	3.09	4.17	5.26	6.38	7.53
2	2.83	3.70	4.54	5.36	6.14	6.90	3.19	4.35	5.56	6.82	8.14
3	2.75	3.57	4.35	5.08	5.79	6.45	3.30	4.54	5.88	7.32	8.86
4	2.68	3.45	4.17	4.84	5.46	6.06	3.41	4.76	6.25	7.89	9.72
5	2.61	3.33	4.00	4.62	5.19	5.71	3.53	5.00	6.67	8.57	10.77
6	2.54	3.23	3.85	4.41	4.93	5.41	3.66	5.26	7.14	9.38	12.07
7	2.48	3.12	3.70	4.23	4.70	5.13	3.80	5.56	7.69	10.34	13.73
8	2.42	3.03	3.57	4.05	4.49	4.88	3.95	5.88	8.33	11.54	15.91
9	2.36	2.94	3.45	3.90	4.30	4.65	4.11	6.25	9.09	13.04	18.92
10	2.31	2.86	3.33	3.75	4.12	4.44	4.29	6.67	10.00	15.00	23.0
11	2.26	2.78	3.23	3.61	3.95	4.26	4.48	7.14	11.11	17.65	30.0
12	2.21	2.70	3.12	3.49	3.80	4.08	4.69	7.69	12.50	21.43	43.75



Final Dimensions:
57 x 70

MOUND DESIGN WORKSHEET

(For Flows up to 1200 gpd)

A. FLOW

Estimated 450 gpd
 or measured _____ x 1.5 = _____ gpd.

Number of Bedrooms	Class I	Class II	Class III	Class IV
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1000 gallons

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- Land slope 2 %

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- Multiply flow rate by 0.83 to obtain required area of rock layer: $A \times 0.83 =$
 $\frac{450}{\text{gpd}} \times 0.83 \text{ sq. ft./gpd} = \underline{375} \text{ sq. ft.}$
- Determine width of rock layer = $0.83 \text{ sq. ft./gpd} \times \text{Linear Loading Rate (LLR)}$
 $0.83 \text{ sq. ft./gpd} \times \underline{12} = \underline{9.98} \text{ ft}$
- Length of rock layer = $\text{area} \div \text{width} =$
 $\frac{375}{\text{sq. ft.}} \div \underline{10} \text{ ft.} = \underline{37} \text{ ft.}$

Perc Rate	LLR
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 Texture Loam
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0.1 to 5	Medium Sand	1.20	1.00
	Loamy Sand		
0.1 to 5	Fine Sand	0.60	2.00
6 to 15	Sandy Loam	0.79	1.52
16 to 30	Loam	0.60	2.00
31 to 45	Silt Loam	0.50	2.40
	Silt		
46 to 60	Clay Loam(CL)	0.45	2.67
	Silty CL		
	Sandy CL		
60 to 120	Clay	0.24	5.00
Slower than 120	Clay	0.20	6.00

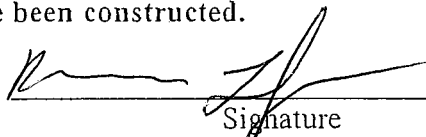
BECKER COUNTY PLANNING & ZONING

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

SITE PERMIT APPLICATION

PARCEL NUMBER	SECTION	TWP	RANGE	TOWNSHIP NAME
07.0317.000	34	140	43	Cuba
[] split *If no parcel number has been assigned, use the Parcel Number from which the property has been split				
LEGAL DESCRIPTION (see Tax Statement)				
Lot 7 Block 3 Serenity Shores				
PROPERTY OWNER	MAILING ADDRESS, CITY STATE ZIP CODE			PHONE NO
Loren Jetrig	PO Box 339 Hawley MN 56549			701-219-0036
PROJECT ADDRESS: [X] check if new address is needed				
14375 Leisure DN				
CONTRACTOR	LICENSE NO		PHONE NO	
Kevin Lefebvre Construction	20580124		218-530-0238	

I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge. I also understand that, once issued, a permit is valid for a period of six (6) months, with a six (6) month extension if footings are in place. If my property is located within the shoreland district, I understand that it is my responsibility to inform the Planning & Zoning Office once the building footings have been constructed.


 Signature

Date 4-1-07

**A Site Permit may be revoked at any time upon violation of said Ordinances and approved setbacks. Any changes to this site permit results in nullification of this permit and a new permit will have to be obtained.

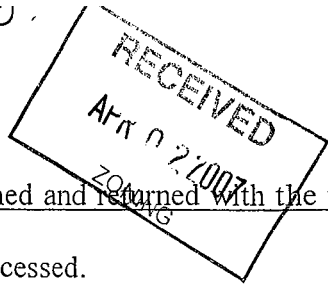
For Office Use Only

Application 366⁰⁰ Cormorant
 Fee 366⁰⁰ Surcharge _____ Fine _____ Total 366⁰⁰

[] Application is hereby denied based on _____
 [X] Application is hereby granted in accordance with the application, addendum form, plans, specifications and all other supporting data. By order of:
Debi Molligan Signature of Becker Co. Planning & Zoning Department

Date of pre-inspection _____ by _____
 Date permit approved/denied 4/5/07 Date permit issued _____ Receipt Number _____
 Date of footing location inspection _____ by _____

Office Notes:
 Mail to Kevin Lefebvre @ ~~PO Box~~ 17171 200th St
 Audubon MN 56571
 mailed permit
 A.V. Debi



**SITE PERMIT APPLICATION
INSTRUCTIONS TO APPLICANT**

This instruction sheet, the permit application, and the sketch plan must be signed and returned with the permit application.

All of the following items must be completed before this application will be processed.

1. In conjunction with this application, either a valid certificate of compliance for the septic system must be on file with the BCPZ. If there is a non-complying system, an Individual Sewage Treatment System Permit must be applied for, including a site evaluation and design. The sewage treatment upgrade must be completed and a certificate of compliance issued within one year from the date the system design is approved. Copies of the sewage treatment site evaluation and design must be completed by a state licensed designer and must be included with this application.
2. UNDEVELOPED PARCELS – A sewage treatment site evaluation and design must be submitted with permit prior to any development. Also an Enhanced 911 system sign must be applied for.
3. A site plan must accompany each application:
 - a. The site plan must show all existing and proposed buildings, giving all dimensions including height.
 - b. Well and septic system locations.
 - c. Driveways, roads and highway.
 - d. Pertinent setback information such as distance to road centerline, road right of way, wells, septic systems, lakes, wetlands, and side lot lines.
 - e. Show elevation levels above the lake at the building setback line.
 - f. State “proposed new” or “existing” on buildings, wells and septic systems.
 - g. Indicate North point and slope of land.
 - h. Must show the location of wells on all adjacent properties.
 - i. In shoreland areas, show the location and setbacks of structures on adjoining properties.
4. Accurate property descriptions (Parcel ID#) must be given. These are usually found on your tax statement or deed. Applicant must own property, have a valid lease, or be an authorized agent.
5. **Please include your property address.** Distance from town and directions to property from a prominent point or landmark should be written out in order for our personnel to be directed to your property for inspections.
6. Physically locate and mark property lines or corner markers with stakes. Stake out areas of proposed buildings, septic systems, and wells.
7. When you have completed the application and all accompanying plans, etc., mail or deliver in person to the Becker County Planning and Zoning Office, 835 Lake Avenue, PO Box 787, Detroit Lakes, MN 56502.
8. Accurate information must be given. A permit is granted upon the express conditions that the person to whom it is granted, his agent, employees/and or workmen shall conform in all respects to all Becker County Ordinances. **This permit may be suspended at any time upon violation of any ordinance or if the information provided in this application is found to be misleading or inaccurate.**
9. Permits will be issued once the application fee has been paid. The application fee will be determined upon approval of the application.
10. All septic system installers must be licensed and certified by the State of Minnesota.
11. Prior to any cover up of a sewage system, a 24 hour notice must be given to the Becker County Planning and Zoning Office in order for inspection to be made.
12. A certificate of compliance will be issued for septic systems after inspection and approval by a Planning and Zoning Department Official.
13. Site permits are valid for six months from the date of issuance. Sewage Treatment Permits are valid for one year from the date of issuance.

I have read and fully understand the above instructions. I hereby swear that all information provided in this application is true and correct.

Applicant or Agent

4-1-07

Date

Site 2007 07.0317-000

Type of Project <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition to existing structure <input type="checkbox"/> Relocation of structure	Type of Construction <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Metal <input type="checkbox"/> Pole Building <input type="checkbox"/> Other	Type of Well <u>Deep</u> Depth of Well _____ Type of Septic System <u>Tanks + Drain Field</u> Year of Septic Installation _____
Structure Type (check all that apply) <input checked="" type="checkbox"/> House/Cabin <input type="checkbox"/> Full Basement <input type="checkbox"/> Walk-out Basement <input type="checkbox"/> New Manufactured Home <input type="checkbox"/> Used Manufactured Home <input checked="" type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Storage Shed <input type="checkbox"/> Deck <input type="checkbox"/> Other _____	Size of Each Improvement (x ft by x ft) <u>28x58</u> _____ _____ <u>22x24</u> _____ _____	Height & Pitch of Roof <u>5/12</u> _____ _____ <u>5/12</u> _____ _____
Roof Change [] Yes [] No Foundation Change [] Yes [] No		Number of Stories <u>1</u> _____ _____ <u>1</u> _____ _____
Addition of Bedrooms [] Yes [] No		Is there another dwelling on the property [] Yes <input checked="" type="checkbox"/> No
\$ Evaluation of Project <u>\$102,000</u>		

Lot Dimensional Data **NON SHORELAND**
 Area in Sq Ft or Acreage 1.95 Acre Lot Width at Bldg Line 300' Lot Depth 350'

PROPOSED STRUCTURE:
 Distance to Pond or Wetland _____ Distance to Rear Lot Line 118'
 Distance to Township Road ROW 155' Distance to County Road ROW _____
 Distance to State Road ROW _____ Distance to Septic Tank 10'
 Distance to Side Lot Line 48' Distance to Septic Drainfield 25'
 Total Impervious area on site 8000 sqft Total Lot area 85215 sqft = .0938902 x
 100 = 9.38 % lot coverage

SHORELAND (within 1000 feet of water body) Lake Name _____ Lake Classification _____
 Lot Area in Sq Ft _____ Lot Width at Bldg Line _____ Lot Depth _____

PROPOSED STRUCTURE:
 Distance to Lake/Stream _____ ft Distance to Pond/Wetland _____ ft
 Distance to Bluff _____ ft Distance to Side Lot Line _____ ft
 Distance to Rear Lot Line _____ ft Distance to Township Road ROW _____ ft
 Distance to County Road ROW _____ ft Distance to State Road ROW _____ ft
 Distance to Septic Tank _____ ft Distance to Septic Drainfield _____ ft
 Elevation above OHW _____ ft Elevation above/below Road _____ ft

Topographic Alteration/Earthmoving
 None 10 cubic yards or less 11-50 cubic yards More than 50 cubic yards*
 *Must include drainage plan

Total Impervious area on site _____ ÷ Total Lot area _____ = _____ x
 100 = _____ % lot coverage

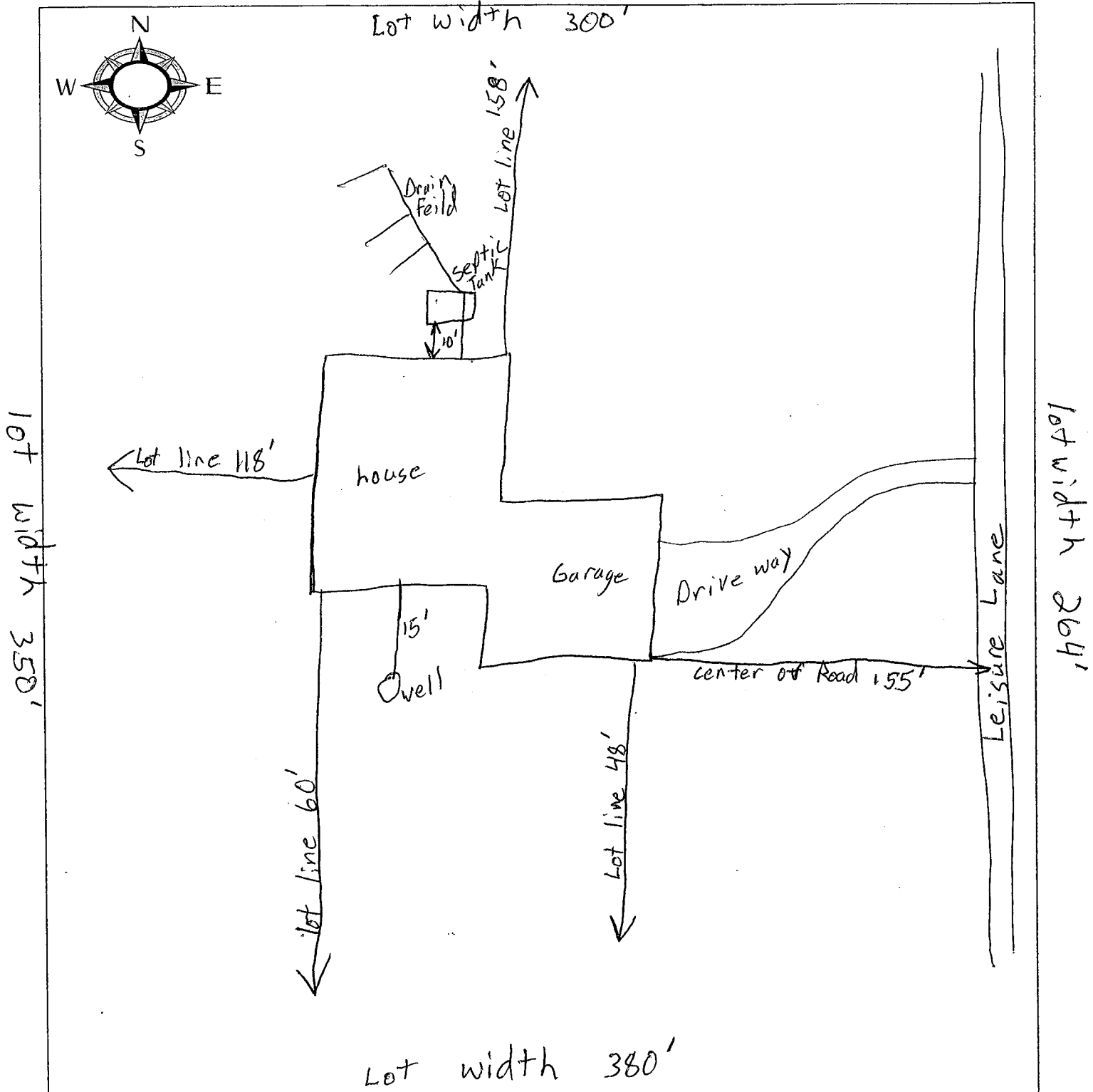
Mitigation required [] Yes [] No If yes, attached mitigation worksheet.

SITE PLAN

I hereby agree to have flags, lathes, or ribbons in place for inspection by date: 4-1-07

I understand that Becker County will not issue the permit until staking has been approved.

Signature _____



I hereby certify and agree that the above sketch accurately represents the work to be done in conjunction with this permit.

Kevin Lefebvre
Applicant or Agent

Date 4-1-07

Type of Project	Type of Construction	Type of Well <u>Deep</u>	
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Wood Frame	Depth of Well _____	
<input type="checkbox"/> Addition to existing structure	<input type="checkbox"/> Masonry	Type of Septic System <u>Tank + Drain Field</u>	
<input type="checkbox"/> Relocation of structure	<input type="checkbox"/> Metal	Year of Septic Installation _____	
<input type="checkbox"/> Pole Building	<input type="checkbox"/> Other		
Structure Type	Size of Each	Height & Pitch of Roof	Number of Stories
(check all that apply)	Improvement (x ft by x ft)		
<input checked="" type="checkbox"/> House/Cabin	<u>28x58</u>	<u>5/12</u>	<u>1</u>
<input type="checkbox"/> Full Basement	_____	_____	_____
<input type="checkbox"/> Walk-out Basement	_____	_____	_____
<input type="checkbox"/> New Manufactured Home	_____	_____	_____
<input type="checkbox"/> Used Manufactured Home	_____	_____	_____
<input checked="" type="checkbox"/> Attached Garage	<u>22x24</u>	<u>5/12</u>	<u>1</u>
<input type="checkbox"/> Detached Garage	_____	_____	_____
<input type="checkbox"/> Storage Shed	_____	_____	_____
<input type="checkbox"/> Deck	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____
Roof Change <input type="checkbox"/> Yes <input type="checkbox"/> No Foundation Change <input type="checkbox"/> Yes <input type="checkbox"/> No Addition of Bedrooms <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there another dwelling on the property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
\$ Evaluation of Project <u>102,000</u>			

Lot Dimensional Data NON SHORELAND

Area in Sq Ft or Acreage 1.95 Acre Lot Width at Bldg Line 300' Lot Depth 350'

PROPOSED STRUCTURE:

Distance to Pond or Wetland _____	Distance to Rear Lot Line <u>118'</u>
Distance to Township Road ROW <u>155'</u>	Distance to County Road ROW _____
Distance to State Road ROW _____	Distance to Septic Tank <u>10'</u>
Distance to Side Lot Line <u>48'</u>	Distance to Septic Drainfield <u>25'</u>

Total Impervious area on site 8000 sqft Total Lot area 85,215 sqft = .0939902 x 100 = 9.39 % lot coverage

SHORELAND (within 1000 feet of water body) Lake Name _____ Lake Classification _____

Lot Area in Sq Ft _____ Lot Width at Bldg Line _____ Lot Depth _____

PROPOSED STRUCTURE:

Distance to Lake/Stream _____ ft	Distance to Pond/Wetland _____ ft
Distance to Bluff _____ ft	Distance to Side Lot Line _____ ft
Distance to Rear Lot Line _____ ft	Distance to Township Road ROW _____ ft
Distance to County Road ROW _____ ft	Distance to State Road ROW _____ ft
Distance to Septic Tank _____ ft	Distance to Septic Drainfield _____ ft
Elevation above OHW _____ ft	Elevation above/below Road _____ ft

Topographic Alteration/Earthmoving

None 10 cubic yards or less 11-50 cubic yards More than 50 cubic yards*

*Must include drainage plan

Total Impervious area on site _____ ÷ Total Lot area _____ = _____ x 100 = _____ % lot coverage

Mitigation required Yes No If yes, attached mitigation worksheet.

2007 07.0317.000 site



COUNTY OF BECKER

Becker County

P.O. Box 787 • Detroit Lakes, MN 56502-0787

April 3, 2007

Loren Jetvig
P O Box 339
Hawley, MN 56549

RE: PID Numbers 07.421.000 & 07.0317.000

Dear Mr. Jetvig:

Your site permit applications have been received and reviewed. Upon review, it was found that both applications are incomplete due to missing information. Enclosed please find both permit applications. Please complete the highlighted areas and resubmit the applications to our office.

If you have any questions, please contact our office.

Sincerely,

Debi Moltzan,
Supervisor of Inspectors

Cc: 07.0421.000 & 07.0317.000

