



080131000

**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 \_\_\_\_\_

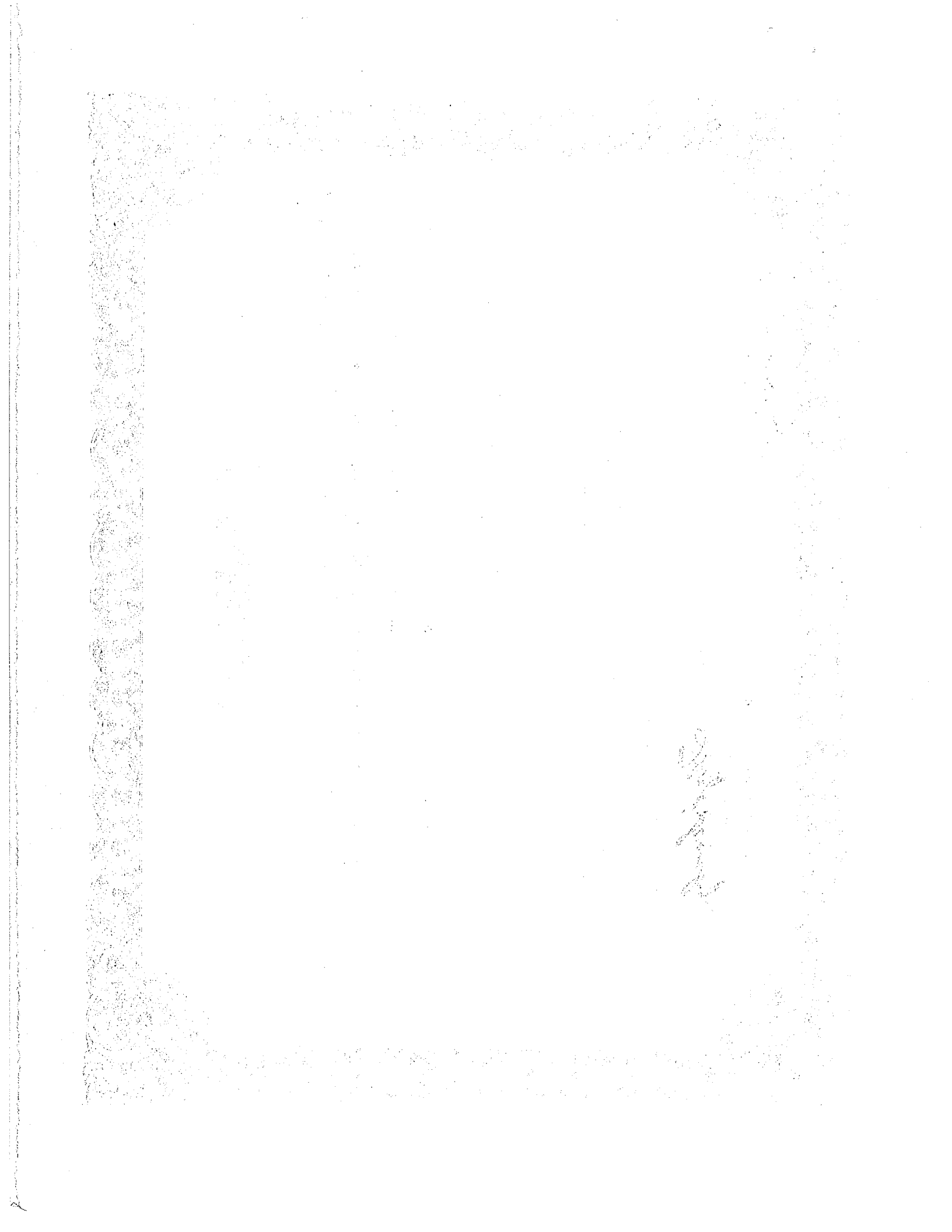
Owner: Name \_\_\_\_\_

Address \_\_\_\_\_

Zip No. \_\_\_\_\_

Permit No. SP \_\_\_\_\_

Signed by: *Thyde Swartz*  
Zoning Administrator  
Becker County, Minnesota



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

BECKER COUNTY ZONING ADMINISTRATION  
 COUNTY COURthouse - Phone 218-847-3938 - Detroit Lakes, MN 56501

Permit No. 17-414-00  
 Date 6-29-77

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

3096

LEGAL DESCRIPTION AND LOCATION: Beq 135 ft W and 2134.5 ft S of NW corner L1 railroad  
th 75 ft E 183.6 ft S 75 ft along, lake & W 189.1 ft to beg (at Lot 5)  
 LOCATION: 327 BF104d G-15 9 139 H1 DETROIT  
 Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name

IDENTIFICATION: Please Print All Information

Last Name	First	Initial	Mailing Address - No. Street, City and State	Zip No.	Tel. No.
Owner	<u>McCONVILLE</u>	<u>J</u>	<u>RR3 Box 90 DETROIT LAKES</u>	<u>56501</u>	<u>847-5316</u>
Contractor	Name				

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: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify	TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Well MECHANICAL EQUIPMENT: Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	DIMENSIONS: Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms <u>3</u> Baths <u>2</u> HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: <u>Bed 12 x 30</u>
--	---	---

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	Gls.	<u>360</u> Sq. Ft.	Sq. Ft.
Distance from nearest well	Ft.	<u>50</u> Ft.	Ft.
Distance from lake or stream	Ft.	<u>50</u> Ft.	Ft.
Distance from occupied building	Ft.	<u>10</u> Ft.	Ft.
Distance from property line	Ft.	<u>10</u> Ft.	Ft.
Distance from bottom to Water Table	Ft.	<u>+4</u> Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:  
 Lot Area is 25 x 189 square feet. Water frontage is 75 feet.  
 Building set back from high water mark is 100 feet. (Building Line)  
 Land height above high water mark at building line is 15 feet.  
 Building set back from State highway is \_\_\_\_\_ feet - from road or street is two min 10 feet.  
 Side yard is 10 and over 10 feet. Rear yard is \_\_\_\_\_ feet.  
 Building will be located over 10 feet from septic tank (Sewage System Permit must be obtained before installation).  
 Building will be located over 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 6-29-77

Helen McConville  
 Signature of Owner

Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

Dated 7-5-77

Mark Kuehne  
 Becker County Zoning Administrator

Permit Fee \$ 10.00 State Surcharge \$ 50

Comments: Permit 7-7-77 - Paid by mail

Faint header text at the top of the page, possibly including a date or reference number.

First main paragraph of text, containing several lines of faint, illegible characters.

Second main paragraph of text, continuing the faint, illegible content.

Third main paragraph of text, with some faint markings and possibly a signature or stamp.

Fourth main paragraph of text, appearing as a list or series of entries.

Final section of text at the bottom of the page, including a signature and possibly a date.

## INSPECTOR'S CHECK LIST

*Make all measurements and computations*

	ACTUAL IS ↓		MINIMUM Shall Be ↓	
Building Set Back from High Water Mark		Ft.		Ft.
Building Set Back from State Highway		Ft.		Ft.
Side Yard		& Ft.		& Ft.
Rear Yard		Ft.		Ft.
Elevation at Building Line above High Water Mark		Ft.		Ft.

## SEWAGE DISPOSAL SYSTEM STATISTICS

*Bed - 12 x 3'*

CATEGORY	SEPTIC TANK		SEEPAGE BED		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	Gls.	Gls.	375	S.F.	S.F.	S.F.
Distance from Nearest Well	Ft.	Ft.	75	Ft.	50	Ft.
Distance from Lake or Stream	Ft.	Ft.	190	Ft.	50	Ft.
Distance from Occupied Building	Ft.	10	60	Ft.	20	Ft.
Distance from Property Line	Ft.	10	10	Ft.	10	Ft.
Distance from Bottom to Water Table	Ft.	Ft.	4	Ft.	4	Ft.

Inspector's Comments: *Septic tank okay. Sept pump from septic to seepage bed on hill by road. Sept. O.K.*

**INTERPRETATION OF ABBREVIATIONS**

- Gls. = Gallons
- S.F. = Square Feet
- Ft. = Linear Feet

*Mark Kuehn*  
Inspector's Signature

Inspection Dated                      19                     

Title                       
Agency



LEGAL DESCRIPTION AND LOCATION

Tract No. \_\_\_\_\_ Lake Name \_\_\_\_\_ Lake Classif. \_\_\_\_\_ Sec. \_\_\_\_\_ TWP \_\_\_\_\_ Range \_\_\_\_\_ RWP Name \_\_\_\_\_

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address - (No., Street, City, and State)	Zip No.	Tele. No.
Contractor	Name					

TYPE OF IMPROVEMENT: ( ) New Building ( ) Alteration ( ) Other \_\_\_\_\_

RESIDENTIAL PROPOSED USE: ( ) One Family Dwelling ( ) Multiple Dwelling \_\_\_\_\_ Units

NON-RESIDENTIAL PROPOSED USE: Specify \_\_\_\_\_ State \_\_\_\_\_

ESTIMATED COST OF IMPROVEMENTS \_\_\_\_\_ Construction Starting Date \_\_\_\_\_

PRINCIPAL TYPE OF FRAME: ( ) Masonry ( ) Wood Frame ( ) Structural Steel ( ) Other - Specify _____	TYPE OF SEWAGE DISPOSAL: ( ) Public ( ) Individual Septic Tanks, etc.	DIMENSIONS: Basement ( ) Yes ( ) No Stories above basement _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____
MECHANICAL EQUIPMENT: Elevator ( ) Yes ( ) No Air Conditioning ( ) Yes ( ) No ( ) Central ( ) Unit	HEATING: ( ) Electric ( ) Gas ( ) Oil ( ) Coal ( ) None Other _____	

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 interest points*

CHARACTERISTICS:

Lot Area is \_\_\_\_\_ Square feet. Water frontage is \_\_\_\_\_ feet.

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

Land high above high water mark at building line is \_\_\_\_\_ feet.

Buildings set back from State highway is \_\_\_\_\_ feet - (from rock concrete curb)

Side yards \_\_\_\_\_ feet and \_\_\_\_\_ feet. Rear yards \_\_\_\_\_ feet.

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

Building will be located \_\_\_\_\_ feet from oil absorption system (Gas pool, Drain field, 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. It also understands 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 24 hours before the job is ready for inspection.

Dated \_\_\_\_\_ Signature of Owner \_\_\_\_\_

Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement; this permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

Dated \_\_\_\_\_ Becker County Zoning Administrator \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ State Surcharge \$ \_\_\_\_\_

Comments: \_\_\_\_\_