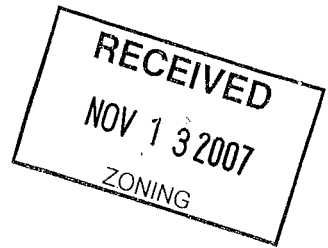




080877000

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

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

Parcel Number(s) of property system will be installed R080877000
(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 09 Township 139 Range 41 Township Name DETROIT
Lake Name FLOYD Lake Classification G17
Legal Description: ENGLEWOOD LOTS 34 & 35 & WLY 20' OF LOT 36

Project Address: 25629 ENGLEWOOD DR. - DETROIT LAKES, MN 56501

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

Owner's First Name MIKE Owner's Last Name WEINER
Mailing Address 707 BTH ST. S. City, State, Zip FARGO, ND 58103
Phone Number 701.235.2598

3. DESIGNER/INSTALLER INFORMATION

Designer Name MICHAEL HOBBS Company Name HOBBS, LLC License # 770
Address PO BOX 2 - DET. LKS., MN Phone Number 2188477391
Installer Name SAME Company Name _____ License # _____
Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 31 OCT 2007

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 600 Gallons Per Day
Number of Bedrooms 4
Garbage Disposal Yes X No
Grinder Pump in House Yes X No
Lift station in House Yes X No

* Well Depth 250'
Depth of other wells within 100 ft of system NONE

Original Soil Compacted Soil _____
Type of Soil Observation
Pit Probe _____ Boring _____
Depth to Restricting Layer 360"
Maximum Depth of System MUND

Acw

Size of All Tanks to Be installed
1300 gal Septic Tank
625 gal Lift Station
 _____ gal Holding Tank
 _____ gal Other Tanks

Type of Drainfield Medium to be used
 _____ Chamber
 H10 EQ36
 Drainfield Rock
12" Rock Depth (TOTAL)
 _____ Gravelless
 _____ Experimental
 _____ No Drainfield

Type of Alarm INDOOR/OUTDOOR E.
 Size of Lift Pump 1/4 HP
 Size of Lift Line 2" PVA.

Type of Drainfield to be installed Size of Drainfield sq ft to be installed
 _____ Trench _____ sq ft
 _____ At-grade _____ sq ft
 _____ Pressure Bed _____ sq ft
 _____ Seepage Bed _____ sq ft
 Mound 500 sq ft

SETBACKS
 TANK DRAINFIELD
 Distance to Well 55' 90'
 Distance to Building 40' 75'
 Distance to Property Line 15' 10'
 Distance to OHW 140' 180'
 Distance to Pressure Line 55' 90'

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

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-4	SANDY LOAM		NONE	0-5	SANDY LOAM		NONE
4-36	SAND		NONE	5-37	SAND		NONE

5. DESIGNER'S CERTIFIED STATEMENT

I, MICHAEL HUBERT 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 of Designer _____ Date 09 NOV 2007

*****FOR OFFICE USE ONLY*****
 Application Approved by: Debi Molygan (JA) Date: _____
 Amount Paid _____ Receipt Number 152638-376764 Permit Number 11/14/07

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 Jaud Stoll Title ITS Inspector Date 07/28/08

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed 7/28/08 Inspected by Jaud Stoll

09 NOV 07 - ADDED L.S.

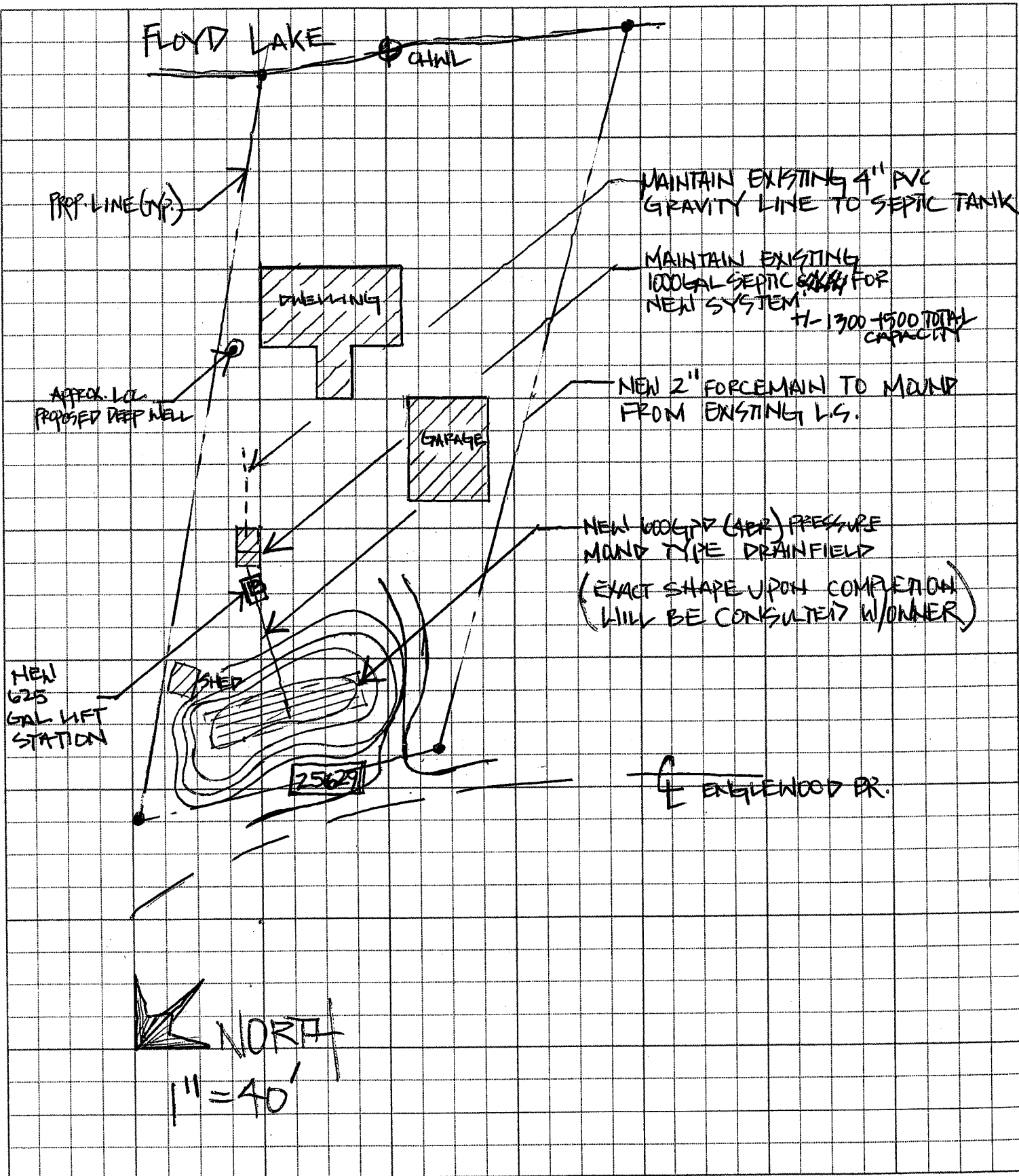


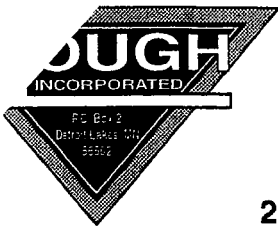
218-847-7391 • Fax 218-847-2380

DATE: 06 NOV 2007

PROJECT: WEINER, MIKE

PAGE _____ OF _____





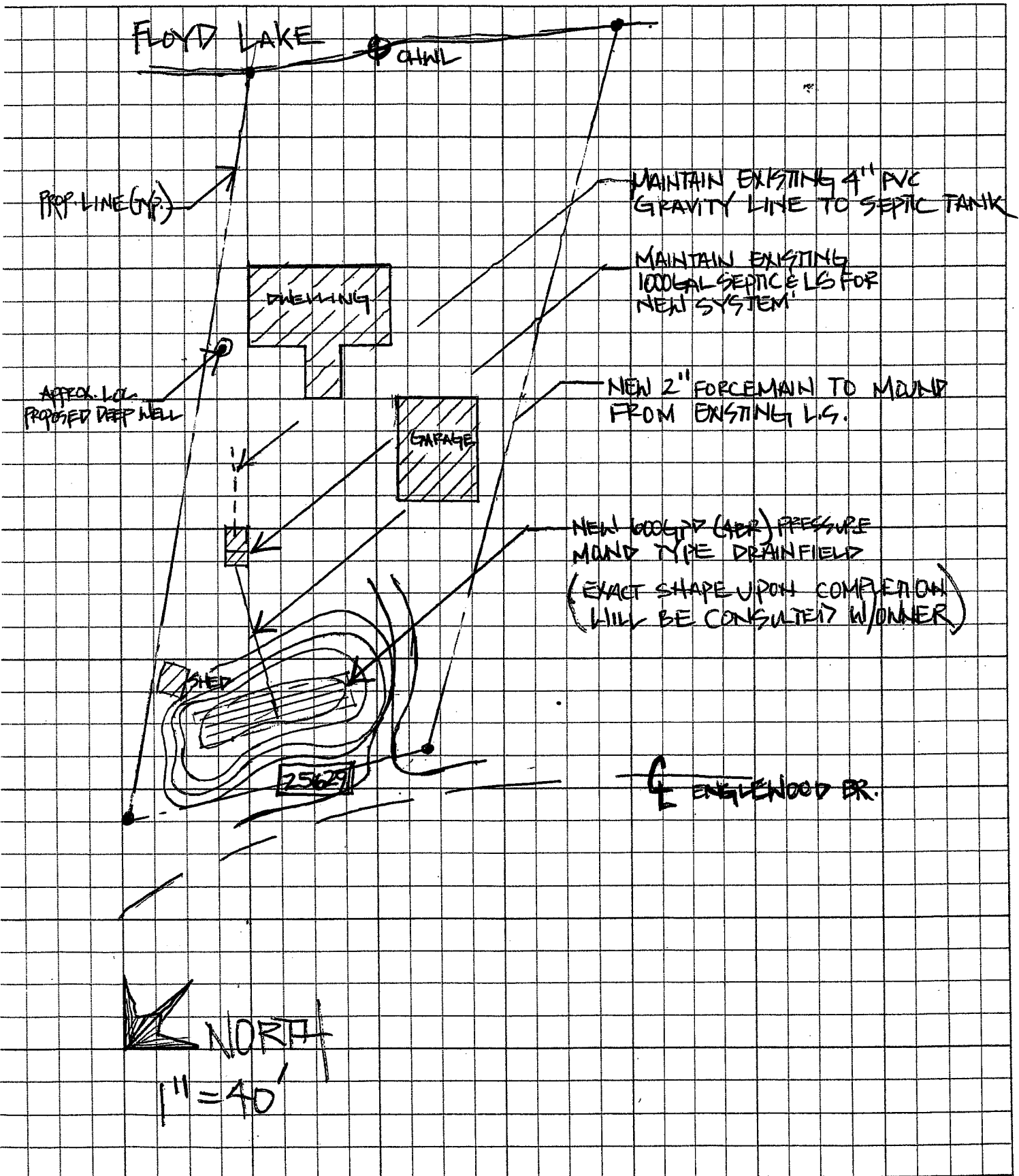
08-0877-006

DATE: 06 NOV 2007

PROJECT: WEINER, MIKE

PAGE _____ OF _____

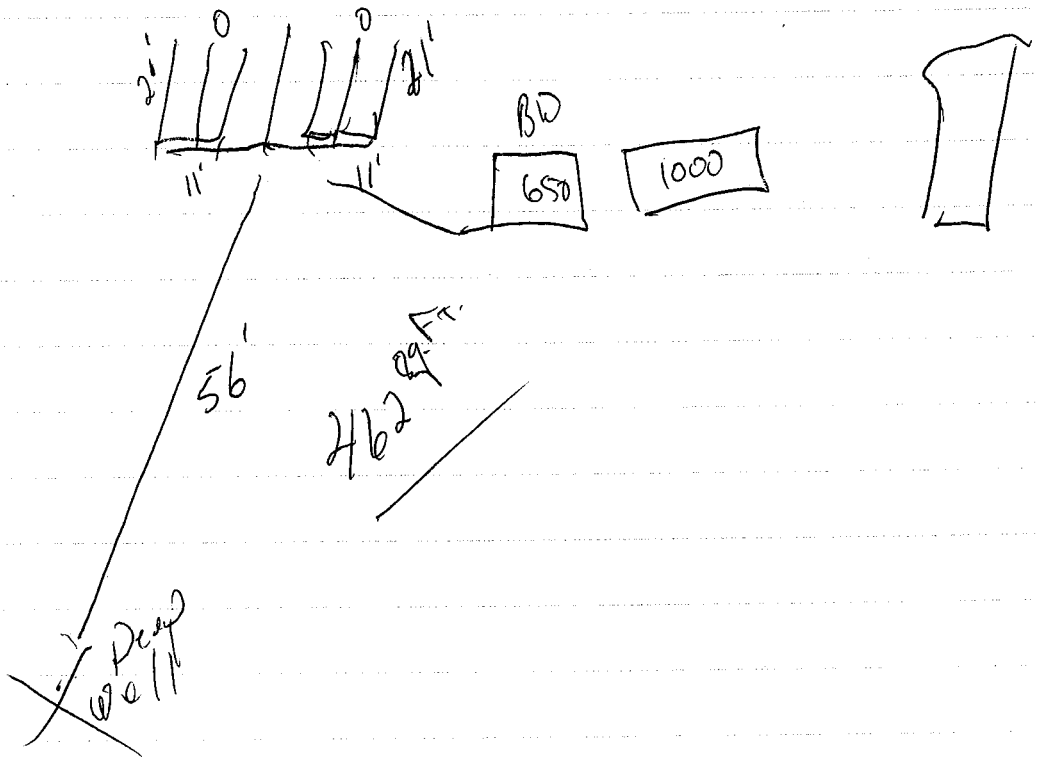
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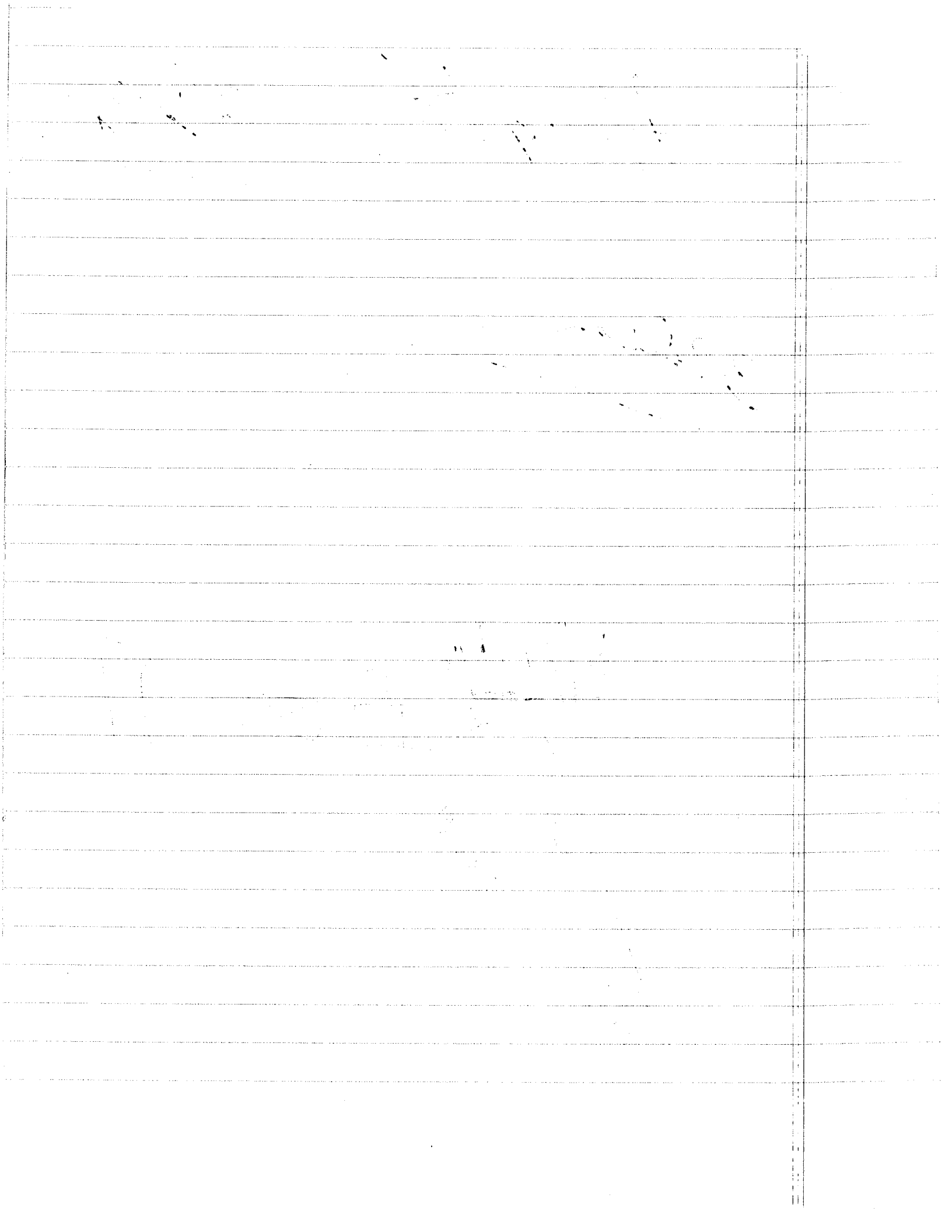


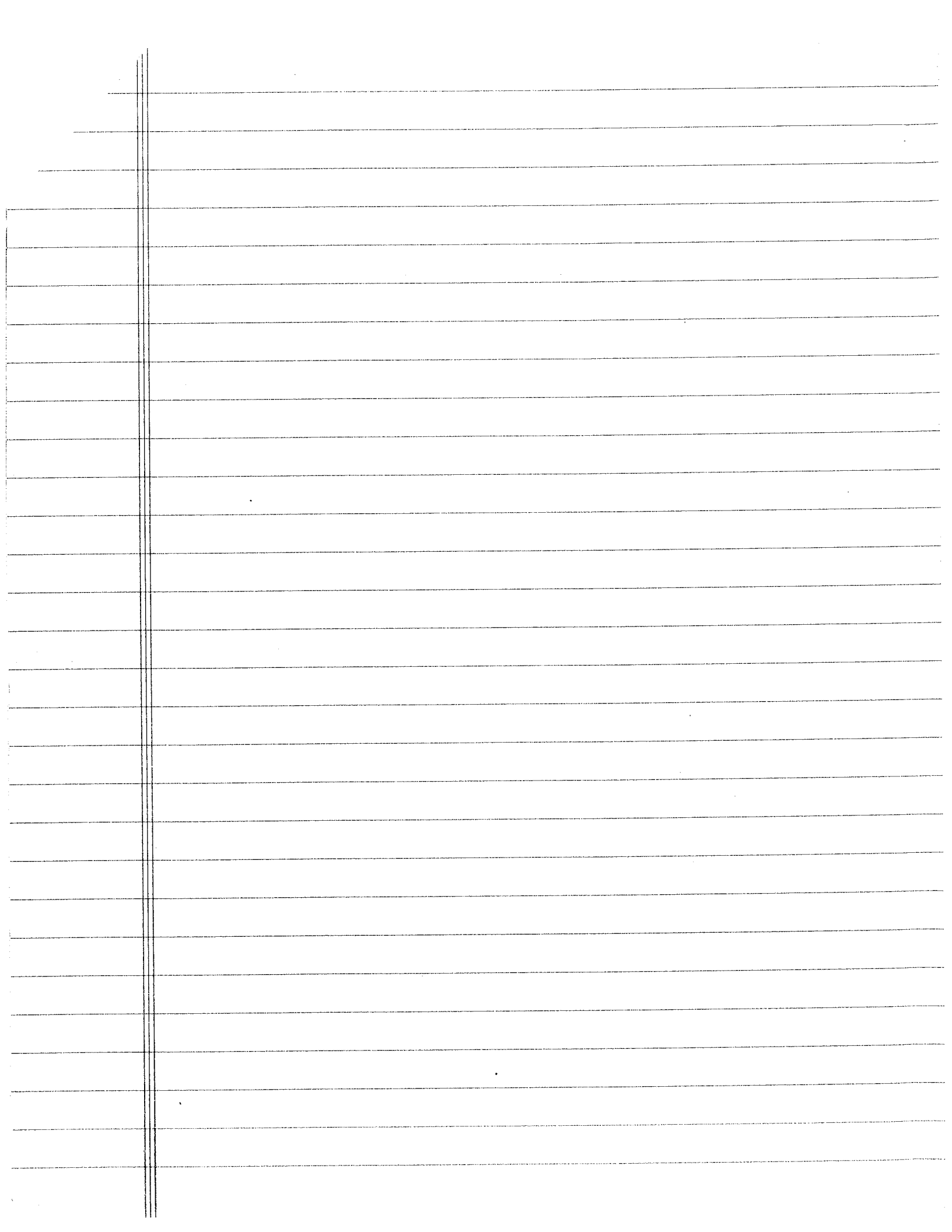
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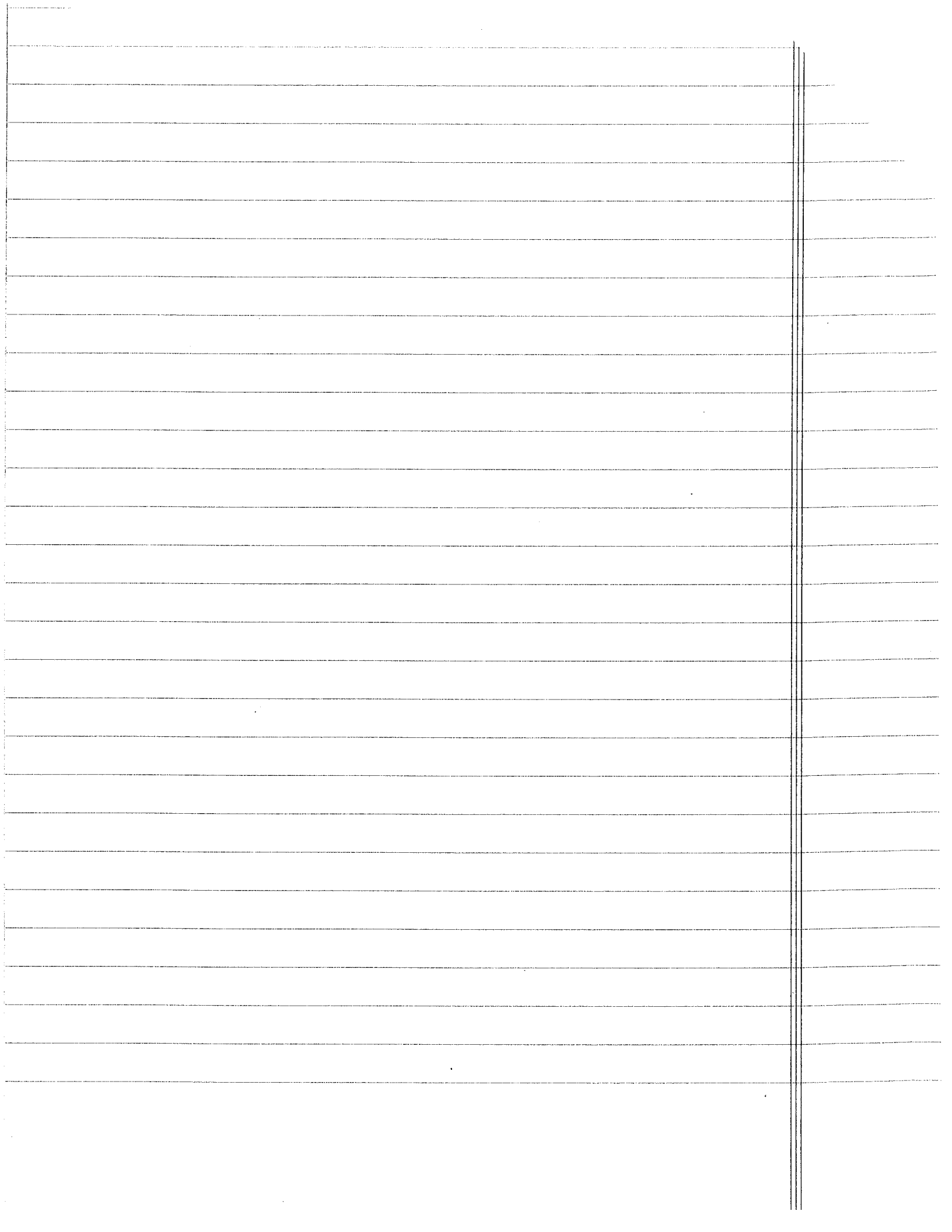
7/28/08

3 Bed Room









**CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM**

This certificate has been issued this 24 day of November 1987,
to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: Lots 34 35 & W1/4 20 ft of lot
36 ENGLEWOOD ESTATES

Lake No. Sec. 9 Twp. 139 Range 41 Twp. Name DETROIT
SEPTIC TANK
1000 gals 432 SF
CAPACITY FROM NEAREST WELL 55 F 73 F
DISTANCE FROM LAKE OR STREAM 165 F 183 F
DISTANCE FROM OCCUPIED BUILDING 45 F 53 F
DISTANCE FROM PROPERTY LINE 110 F 130 F

Owner: Name MIKE WEINER

Address 707 8th ST S

FARGO ND Zip No. 58103

Permit No. SP 12 16 246 30 Signed by: *Thyl Bundy*
LIFT STATION FROM SEPTIC TO MOUND
TYPE BED

Zoning Administrator
Becker County, Minnesota

1875

0894

LEGAL DESCRIPTION AND LOCATION: Lots 34-35 and wily 20 st. of Lot 36, ENGLEWOOD ESTATES
B. Floyd GD 9 139 41 DETROIT
 Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name <u>Mike Weiner</u>	First Initial <u></u>	Mailing Address— No. Street, City and State <u>RRI Box 325</u> <u>MOORHEAD MN</u>	Zip No. <u>56560</u>	Tel. No. <u></u>
Contractor	Name <u>Merle Naugh</u>	<u></u>	<u>D.L.</u>	<u></u>	<u></u>

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: _____

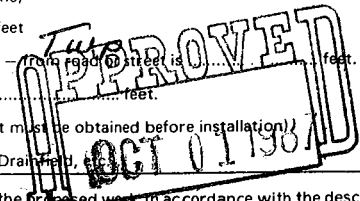
PRINCIPAL TYPE OF FRAME: () Masonry () Wood Frame () Structural Steel () Other - Specify _____	TYPE OF SEWAGE DISPOSAL: () Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: () Public <input checked="" type="checkbox"/> Individual Well MECHANICAL EQUIPMENT: Elevator: () 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: <u>Bed-mound type</u>
--	---	---

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PT	DRAIN FIELD
Capacity	<u>1000</u> Gls.	<u>400</u> Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>50-75</u> Ft.	<u>+75</u> Ft.	Ft.
Distance from lake or stream	<u>+75</u> Ft.	<u>+75</u> Ft.	Ft.
Distance from occupied building	<u>+10</u> Ft.	<u>+10</u> Ft.	Ft.
Distance from property line	<u>+10</u> 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 125 square feet. Water frontage is 125 feet.
 Building set back from high water mark is EX. 60 feet. (Building Line)
 Land height above high water mark at building line is +4 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, 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. 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 9-22-87
 Permit Fee \$ 30 State Surcharge \$.50 Cormorant Surcharge \$ _____

 Becker County Zoning Administrator

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	50	F		
Distance from Lake or Stream	F	F	F	F	F	F			
Distance from Occupied Building	F	10	F	20	F	20	F		
Distance from Property Line	F	10	F	10	F	10	F		
Distance from Bottom to Water Table	---	F	---	F	F	4	F	4	F

Inspector's Comments: _____

**INTERPRETATION
OF ABBREVIATIONS**

Gls — Gallons
 SF — Square Feet
 F — Linear Feet

Inspection
 Dated _____ 19 _____

 Inspector's Signature

 Title

 Agency

INSPECTOR'S CHECK LIST
Make all measurements and computations

120
45
125

	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.

165
18
183

36
15
18
36

540
55
18/3
18/5
45
18
53

45
18

18
55
73

SEWAGE DISPOSAL SYSTEM STATISTICS

Bed 12 x 36

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1000	Gls.		Gls.	432	SF		SF		SF		SF
Distance from Nearest Well	55	F		F	73	F	75	F		F	50	F
Distance from Lake or Stream	165	F		F	183	F		F		F		F
Distance from Occupied Building	45	F	10	F	53	F	20	F		F	20	F
Distance from Property Line	40	F	10	F	40	F	10	F		F	10	F
Distance from Bottom to Water Table	--	F	--	F	34	F	4	F		F	4	F

Inspector's Comments: Top station from Septic to mound type Bed. Muls
rough install - (Could have been a foot higher above water
table -)

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

Mack Kuehn
Inspector's Signature

_____ Title

Inspection Dated 9-17 19 87

_____ Agency

LEGAL DESCRIPTION AND LOCATION	
	Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
Contractor	Name					

707 8th St S

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE <i>Fargo ND</i> NON-RESIDENTIAL PROPOSED USE:
<input type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	<input type="checkbox"/> One Family Dwelling <i>5810</i> Specify: _____ <input type="checkbox"/> Multiple Dwelling _____ Units Size: _____

ESTIMATED COST OF IMPROVEMENT \$		Construction Starting Date:	
PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:	
<input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other — Specify _____	<input type="checkbox"/> Public <input type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input 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	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: _____	
Type of Roof: _____			

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.).

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 \$ _____ Cormorant Surcharge \$ _____

Comments: _____

BECKER COUNTY

Permit Number 12-16246-30 Date 9-18-87

Building _____ Sewage System 1000 GLS
400SF

Township Detroit Sec. 9 Description T139N R41W
Lots 34 & 35 W1/4 20' of Lot 36 Englewood Estates

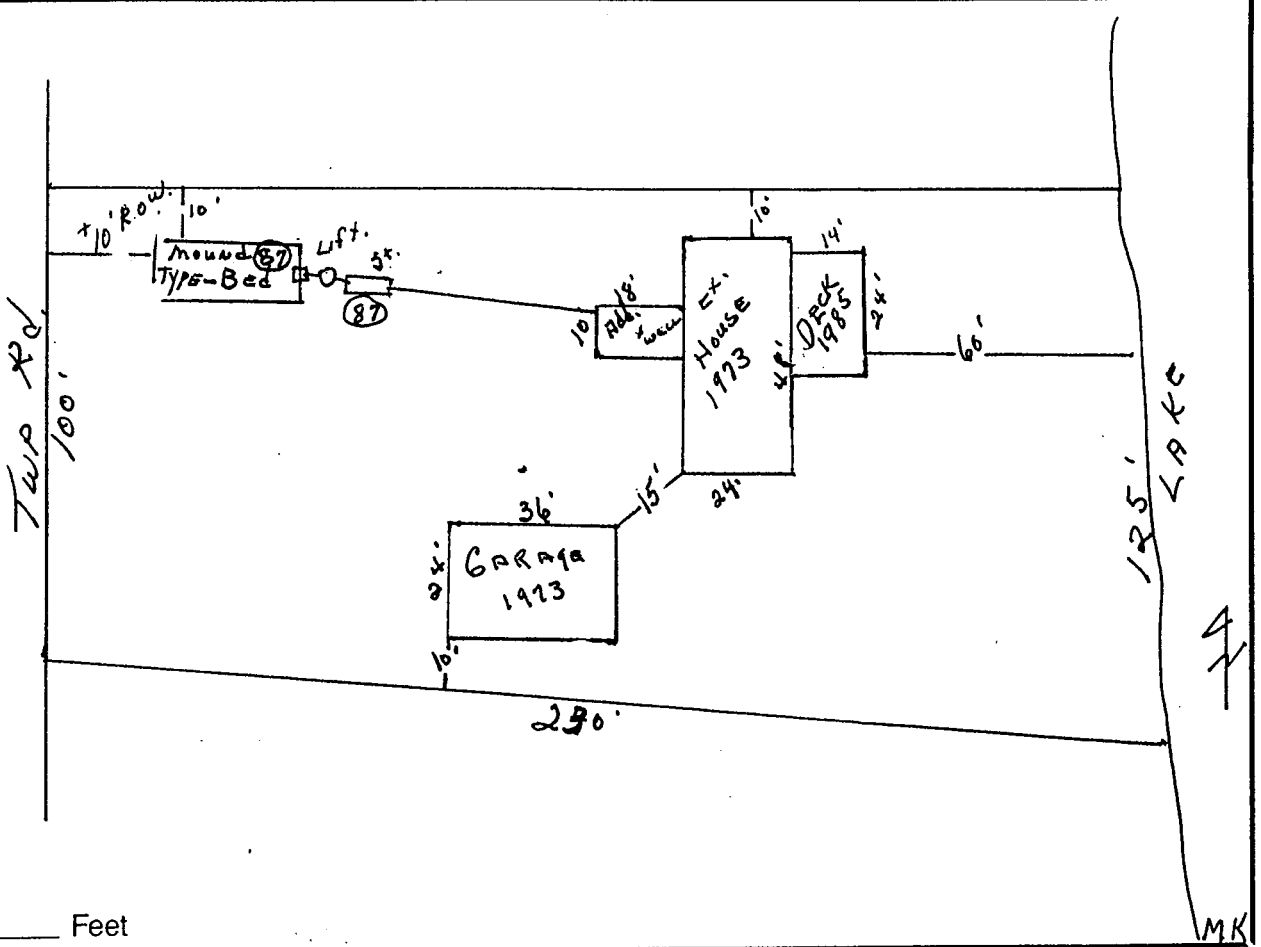
Work Authorized Sewer Sys 1000gls Septic Tank
& 400SF Seepage Bed. w/ Lift Station

Issued to: Name Mike Weiner

Address: RR1 Box 325 Town Moorhead

State MN Zip 56560

Sketch



1 Inch = _____ Feet

NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. Notify Becker County Zoning Administrator (847-4427) before building footings have been completed. No part of the sewage system shall be covered until it has been inspected and approved. Notify the Zoning Administrator 24 hours before the job is ready for inspection.

Becker County Zoning Administrator

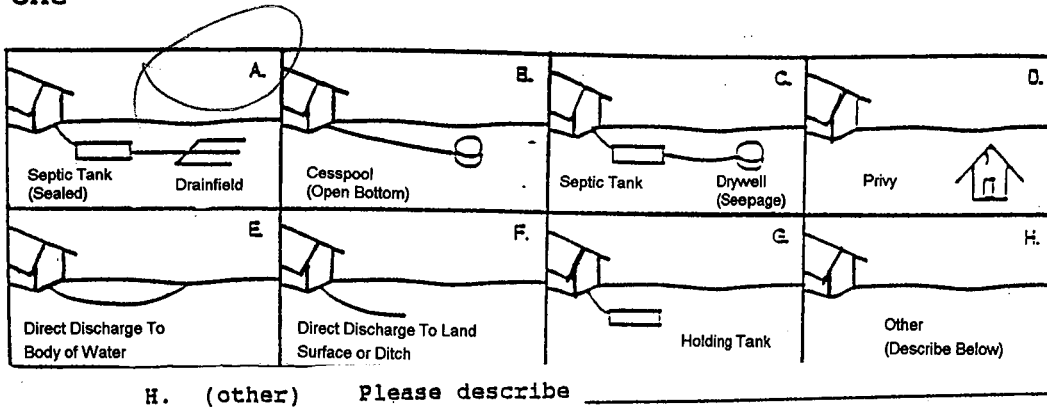
BECKER COUNTY
DETROIT LAKES, MN 56501

SEPTIC SYSTEM STUDY

Please complete Parts One, Two and Three of the Study for the review of your lot by the Zoning Office and your Lake Association. If you have any questions contact the Zoning Office (218) 846-7314.

Please circle the letter that best describes your system.

Part One



Part Two

SEPTIC SYSTEM STUDY

1. What is Septic Tank capacity? 1000 Gallons
2. Does your Septic Tank have a Lift Station? Yes No
3. Date of Septic System Installation: 9/18/87
4. Number of Bathrooms in home: 2
5. Number of Bedrooms in home: ~~2~~ 3
6. Dimensions of Home: 1400 sq ft
7. Number of people occupying the home: 4-5
8. Is your home/cabin used year around or seasonal? SEASONAL
9. Circle the following items that your home is equipped with:

<ul style="list-style-type: none"> <input checked="" type="radio"/> A. Garbage Disposal <input checked="" type="radio"/> B. Water Softener <input checked="" type="radio"/> C. Rain Gutters 	<ul style="list-style-type: none"> <input checked="" type="radio"/> D. Dishwasher <input type="radio"/> E. Foundation Drains <input checked="" type="radio"/> F. Washing Machine
--	---
10. List the above item letters that are connected to the Sewer System: D F
11. How often do you have your Septic System pumped? 1072 yr INTERVAL
12. Most recent date System was pumped? 1991
13. Most recent date of repair to the System? _____
14. Have you ever had any of the following problems with your system: (Circle them)

<ul style="list-style-type: none"> <input type="radio"/> A. Seasonal Spongy Ground <input type="radio"/> B. Backup in the Home 	<ul style="list-style-type: none"> <input type="radio"/> C. Discharge to Water Table <input type="radio"/> D. Other _____
--	---

BECKER COUNTY ZONING ADMINISTRATOR
 FLOYD SVENBY
 829 LAKE AVE
 PO BOX 787
 DETROIT LAKES, MN 56502-0787

MICHAEL J & GERRI R WEINER
 707 8TH ST S
 FARGO, ND 58103

R 08.0877.000

PLACE
 FIRST-CLASS
 STAMP
 HERE

I hereby certify with my signature that all data is true and correct:

Signature of Applicant: *Michael J. Weiner*
 Date: 7/10/93

Distances to Well: _____
 Distance to Building: _____
 Distance to Property Line: _____
 Distance to Suction Line: _____

Tank _____
 Drainfield _____

Distance to Pressure Line: _____
 Tank Capacity (gal.) & Area of Drainfield (R. 2): _____
 Distance to Ordinary High Water Level: _____
 Drainfield Separation from Highest Known Ground Water Level, Imperious Lens or Soil Mottling: _____

Draw All Building, Sewage Systems, Show Distance in Feet, Property Lines, Lake, Roads And All Wells Within 125 Feet.

1 inch Equals _____ FEET

SEWAGE SYSTEM DATA

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

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

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

Well Data
 a. Depth: _____
 b. Diameter: _____

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

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

BECKER COUNTY ZONING ADMINISTRATION
 829 LAKE AVE., BOX 787 - Phone 218-847-4427 - Detroit Lakes, Minn. 56501

Permit No. 12-162463
 Date 9-18-87

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

0894

LEGAL DESCRIPTION AND LOCATION
 Lots 34-35 and W 1/4 20st. of lot 36, ENGLEWOOD ESTATES
 B. Floyd G.D. 9 139 41 Detroit
 Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address - No. Street, City and State	Zip No.	Tel. No.
	MIKE	WERNER		RRT BOX 325 MOORHEAD MN	56560	
Contractor	Name	Ment Haugh			707 82 nd STS. FARGO ND	58103

TYPE OF IMPROVEMENT
 New Building Alteration
 Sewer System

RESIDENTIAL PROPOSED USE
 One Family Dwelling
 Multiple Dwelling _____ Units

NON-RESIDENTIAL PROPOSED USE:
 Specify _____
 Size _____

ESTIMATED COST OF IMPROVEMENTS _____ 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 checked="" type="checkbox"/> No Air Conditioning <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Central <input type="checkbox"/> Unit <input checked="" type="checkbox"/>	DIMENSIONS Basement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ HEATING <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other <u>Bed - Mound TYPE</u>
--	--	---

SEWAGE DISPOSAL SYSTEM DATA	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity _____	1000 Gls	400 Sq. Ft.	Sq. Ft.
Distance from nearest well _____	50 ^{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.

All distances are shortest distance between nearest points

CHARACTERISTICS

Lot Area is 125 x _____ square feet. Water frontage is 125 feet.

Building set back from high water mark is 60 feet (Building Line)

Land height above high water mark at building line is 4 feet

Building set back from State highway is _____ feet - from road or street is _____ feet

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

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

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



Agreement: I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Becker County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that this permit is valid for a period of six (6) months. Applicant further agrees that no part of the sewage system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the County Zoning Administrator 48 hours before the job is ready for inspection.

Dated _____ 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 agents, 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 ordinance.

MUST BE POSTED AT THE BUILDING SITE

Dated 9-22-87 _____
 Permit Fee \$ 30 State Surcharge \$ 50 Cormorant Surcharge \$ _____
 Becker County Zoning Administrator _____

Comments _____