



100324000

**CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM**

This certificate has been issued this 21 day of JUNE 19 77.

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

The premises covered by this certificate are legally described as: E½ of the SW¼ of Section 21

Lake No. _____ Sec. 21 Twp. 139 Range 40 Twp. Name ERIE

New sewer system has 1000 gal. septic tank, 50 ft. from nearest well; 30 ft. from occupied building, over 10 ft. from property line, seepage bed is 360 sq. ft., (12x30), 75 ft. from nearest well, 55 ft. from occupied building, over 10 ft. from property line, and over 4 ft. from bottom to water table.

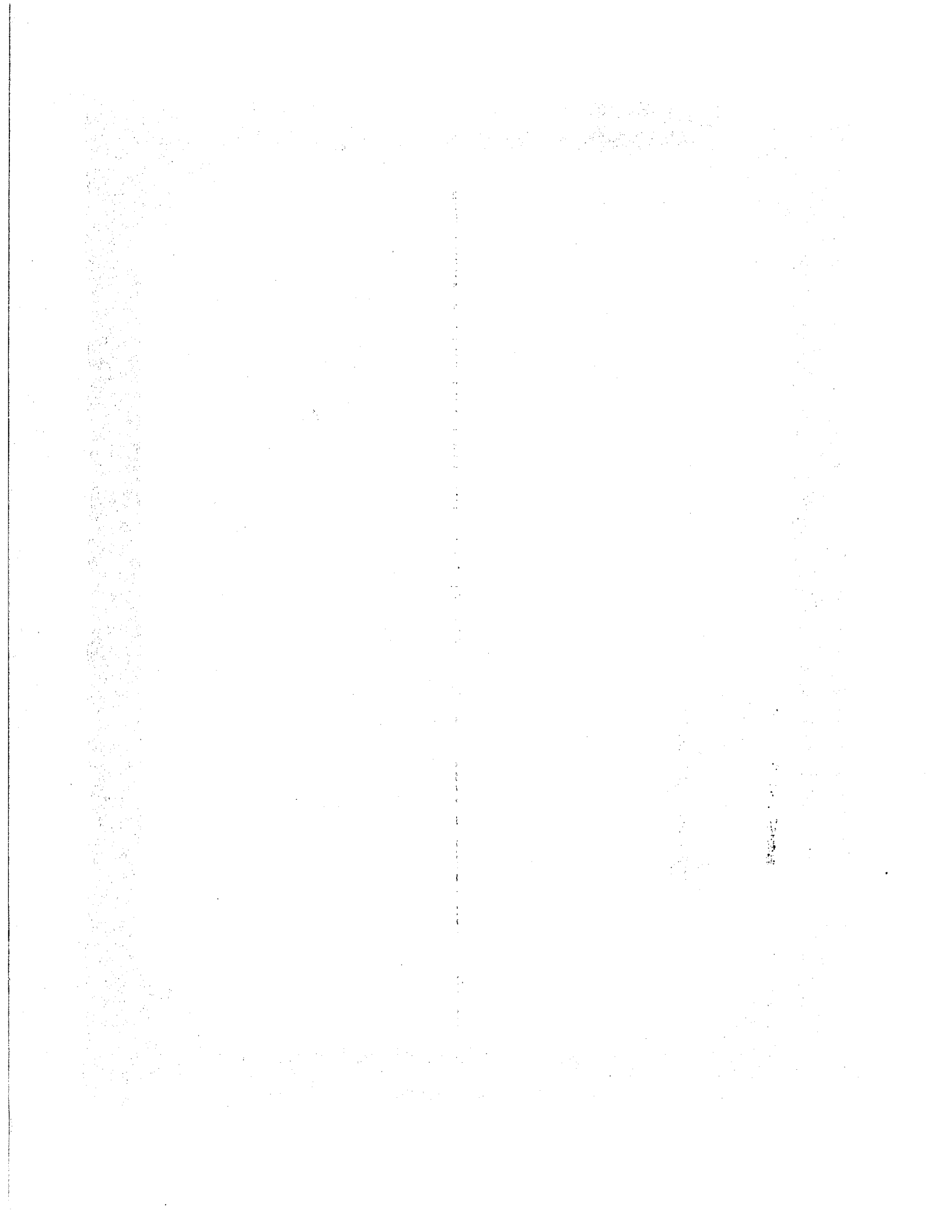
Owner: Name THOMAS LEITHEISER

Address STAR ROUTE BOX 15 DETROIT LAKES, MINN. 56501

Permit No. SP 12-6373-29 Zip No. _____

Signed by: _____

Zoning Administrator
Becker County, Minnesota



LEGAL DESCRIPTION AND LOCATION: East 1/2 of the SW 1/4 of Sec. 21
 Lake No. 21 Lake Name 139 Lake Classif. 40 Sec. 21 TWP 139 Range 40 TWP Name Cree

2315

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address— No, Street, City and State	Zip No.	Tel. No.
	<u>Leitner</u>	<u>Thomas</u>	<u>H</u>	<u>Har St. Box 15</u> <u>Detroit Lakes, Minn. 56501</u>		
Contractor	Name <u>Art Disset Tomlinson</u>					

TYPE OF IMPROVEMENT: New Building () Alteration Other _____

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

NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: attached garage 22x24

ESTIMATED COST OF IMPROVEMENT \$ 25,000.00 Construction Starting Date: _____

PRINCIPAL TYPE OF FRAME: Wood Frame () Masonry () 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: one story Sq. feet (outside dimension) 32x36 ft. Bedrooms 3 Baths _____

HEATING: () Electric () Gas Oil () Coal () None Other: WOOD

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1000</u> Gls.	Sq. Ft.	<u>360</u> Sq. Ft.
Distance from nearest well	<u>50</u> Ft.	Ft.	<u>over 50</u> Ft.
Distance from lake or stream	_____ Ft.	Ft.	_____ Ft.
Distance from occupied building	<u>over 10</u> Ft.	Ft.	<u>over 10</u> Ft.
Distance from property line	<u>over 10</u> Ft.	Ft.	<u>over 10</u> Ft.
Distance from bottom to Water Table	_____ Ft.	Ft.	<u>over 4</u> Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS: Lot Area is 2.6 acres 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 over 6 feet

Building set back from State highway is 34 feet — from road or street is 300 feet from center

Side yard is over 10 and over 10 feet. Rear yard is over 10 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 1-21-77

Thomas E. Leitner
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 1-21-77

Floyd Shively
Becker County Zoning Administrator

Permit Fee \$ 29.50 State Surcharge \$ 50

Comments: _____

10-0324-000 - Make all measurements and computations

INSPECTOR'S CHECK LIST

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

SEWAGE DISPOSAL SYSTEM STATISTICS

6' x 10' x 3' 6"

CATEGORY	SEPTIC TANK				SEWERAGE PHT				DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be	Actual	Should be		
Capacity	1000 Gls	1000 Gls	360 S.F.							
Distance from Nearest Well	50 F.	50 F.	7.5 F.	50 F.			50 F.			
Distance from Lake or Stream										
Distance from Occupied Building	30 F.	10 F.	5.5 F.	20 F.			20 F.			
Distance from Property Line	10 F.	10 F.	10 F.	10 F.			10 F.			
Distance from Bottom to Water Table				4 F.			4 F.			

Inspector's Comments: Joe Stenger installed heavy clay sub soil

INTERPRETATION OF ABBREVIATIONS

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

Mark Kudrinski
Inspector's Signature

Inspection Dated 6-13-77

Title

Agency

LEGAL DESCRIPTION AND LOCATION	Lake No. _____ Lake Name _____ Lake Class. _____ Site _____ W.P. _____ Range _____ N.W.P. Name _____
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IDENTIFICATION: Please Print All Information					
Owner	Last Name	First	Initial	Mailing Address, No., Street, City, and State	Zip No. & Tel. No.
Contractor	Name _____				

TYPE OF IMPROVEMENT <input type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	RESIDENTIAL PROPOSED USE <input type="checkbox"/> One Family Dwelling Units _____ <input type="checkbox"/> Multiple Dwelling Units _____	NON-RESIDENTIAL PROPOSED USE Specify _____
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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 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	DIMENSIONS: Basements <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement _____ Sq. feet (outside dimension) _____ Bedrooms _____ Bathrooms _____ HEATING <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other _____
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SEWAGE DISPOSAL SYSTEM DATA	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity _____	Gals. _____	Sq. Ft. _____	Sq. Ft. _____
Distance from nearest well _____	Feet _____	Feet _____	Feet _____
Distance from lake or stream _____	Feet _____	Feet _____	Feet _____
Distance from occupied building _____	Feet _____	Feet _____	Feet _____
Distance from property line _____	Feet _____	Feet _____	Feet _____
Distance from bottom to Water Table _____	Feet _____	Feet _____	Feet _____

All distances are shortest distance between nearest points.

CHARACTERISTICS:

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

Building setback from high water mark is _____ feet. (Building Line)

Setback from high water mark to building line is _____ feet.

Building setback from State highway is _____ feet. (from road or centerline)

Side yard setback _____ feet. Rear yard setback _____ 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.)

I, the undersigned, 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. If I further agree that any plans and specifications submitted herewith shall be complete part of this permit application, I do so understand that this permit shall be valid for a period of six (6) months. Applicant further agrees that the operator of the sewage system shall be covered until the basin is packed and repaired. I shall be the responsible party for the permit for the County Zoning Administrator 24 hours before the job is ready for inspection.

Date: _____ Signature of Owner: _____

Permit/Permission shall be 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 its conditions.

Date: _____ Becker County Zoning Administrator: _____

Permit Fee \$ _____ State Surcharge \$ _____

Comments: _____

Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated _____ 19 _____

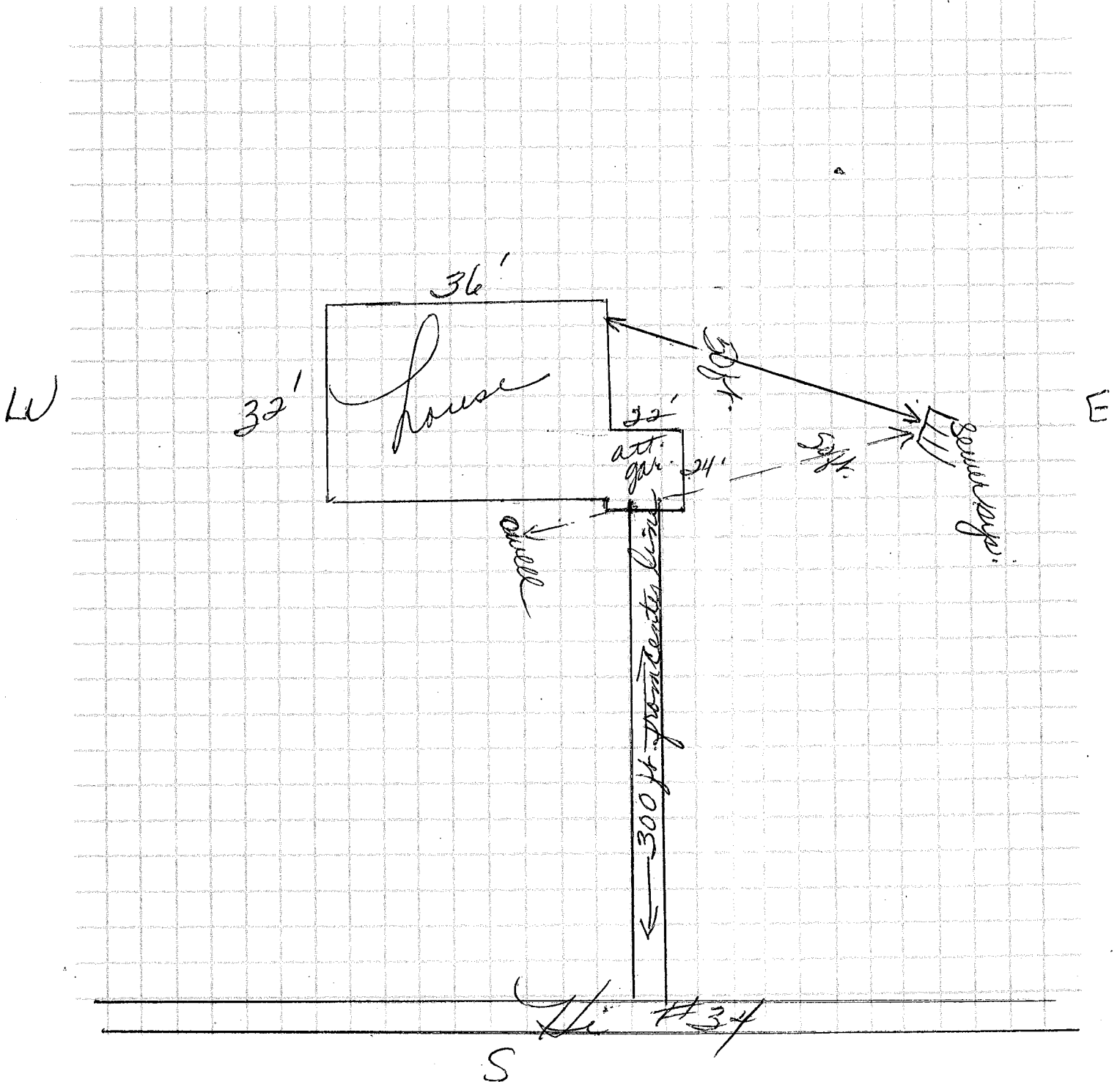
Application for Sewage System Permit Dated _____ 19 _____

Building Permit Number _____ Sewage System Permit Number _____

Applicant agrees that this plot plan is a part of application (s) indicated above.

Dated _____ 19 _____.

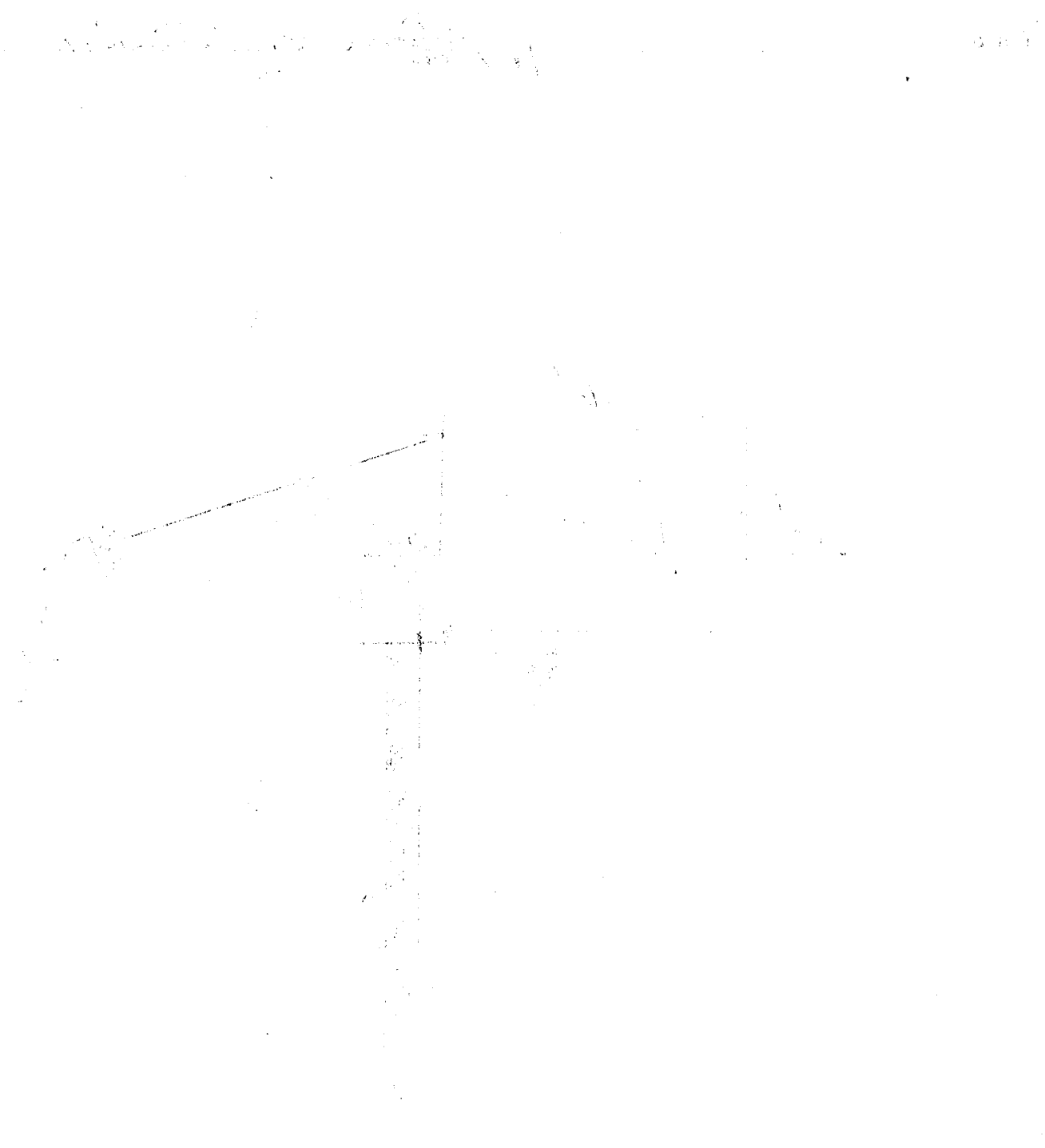
N Thomas E. J. [Signature]
Signature



- W — File
- Y — Owner
- B — Building Inspector

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