100684803

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Instructions on page 7

Parcel number: 100684803

System status: ☒ Compliant ☐ Noncompliant
(based on all compliance requirements)

PARCEL:
APP: SEPTIC
YEAR: 2000
SCANNED:

Summary Form

Property Information

Property owner name(s): Chuck Blonigan
Property address: 31378 SW Pickerel Lake Rd
Property owner's address (if different):
County: Becker Property owner phone: 847-3695 Permitting authority: Becker County Zoning
Date system constructed: ? Reason for inspection: Building Permit

System Description

Brief system description: Septic Tank, Lift Station & Drainfield
Local permit number: Number of bedrooms: 3 Design flow rate: 450

Is the system:

In Shoreland area? ☒ Yes ☐ No
In Wellhead Protection Area? ☐ Yes ☒ No
An U.S. Environmental Protection Agency (EPA) Class V Injection Well? ☐ Yes ☒ No
System serving a Minnesota Department of Heath (MDH) licensed facility? ☐ Yes ☒ No

Compliance Status (Based on state requirements – additional local requirements may also apply.)

Based on the information gathered and reported on attached forms, the compliance status of this system is (check one):

☒ Certificate of Compliance – valid until *(3 years from date of report)*:

☐ Notice of Noncompliance - For Noncompliant systems:

The reason for noncompliance is:

This noncompliant system is classified as (check one below):
☐ Imminent threat to public health & safety ☐ Failing to protect ground water ☐ Not in compliance with operating permit

Certification (Completed form must be submitted to the local unit of government within 15 days.)

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.

Name: Richard Vareberg Certification number:
Business license name and number: Vareberg Backhoe Service 1910 or
Name of local unit of government:
Signature: Date: 5-23-11

Required Attachments

Inspector Complete: **This Inspection Report is _____ pages long.**

Check compliance forms attached: ☐ Hydraulic Performance ☐ Tank Integrity ☐ Soil Separation ☐ Operating Permit Form (if applicable) ☐ System drawing/As-built drawing ☐ An assessment of any local requirements that are different from what is required on this form ☐ Soil Boring Logs ☐ Abandonment form (if appropriate) ☐ Other information (list):

Upgrade Requirements *(derived from 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: _____ System status: ☐ Compliant ☐ Noncompliant
(as determined by this form)

PARCEL:
APP: SEPTIC
YEAR: 2009
SCANNED:

Hydraulic Performance and Other Compliance

Compliance Issue #1 of 4

Date of observation: _____ Reason for observation: _____

This form expires upon next inspection or in three years, whichever occurs first: _____

Compliance questions/criteria: (Required)
(Check the appropriate box)

Does the system discharge sewage to the ground surface?	☐ Yes ☒ No
Does the system discharge sewage to drain tile or surface waters?	☐ Yes ☒ No
Does the system cause sewage backup into dwelling or establishment?	☐ Yes ☒ No
Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)?	☐ Yes ☒ No

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

Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	☐ Yes ☒ No

"Yes" indicates that the system is failing to protect ground water. If "yes", describe the condition noted:

_____

_____

Verification Method*: (Optional)
(Check the appropriate box)

- ☒ Searched for surface outlet
- ☐ Performed hydraulic test
- ☒ Searched for seeping in yard
- ☐ Checked for backup in home
- ☐ Excessive ponding in soil system/D-boxes
- ☒ Homeowner testimony
- ☐ Examined for surging in tank
- ☐ "Black soil" above soil dispersal system
- ☐ System requires "emergency" pumping
- ☐ Performed dye test
- ☐ Other: _____

_____

_____

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.*

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems.** Observations, interpretations, and conclusions must be completed by an inspector. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): _____

Property address: _____

Property owner's address (if different):

County: _____ Phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: _____ Certification number: _____

Business license name and number: _____ **or**

Name of local unit of government: _____

Signature: _____ Date: _____

Parcel number: _____ System status: ☐ Compliant ☐ Noncompliant
(as determined by this form)

PARCEL:
APP: SEPTIC
YEAR: 2009
SCANNED:

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: _____ Reason for observation: _____

This form expires on (three years): _____

Compliance questions/criteria: (Required)
(Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	☐ Yes ☒ No
Do any sewage tank(s) leak below their designed operating depth?	☐ Yes ☒ No

If yes, identify which sewage tank leaks. _____

Any "yes" answer indicates that the system is failing to protect ground water.

* Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.

Verification Method:** (Optional)
(Check the appropriate box)

- ☐ Probed tank bottom
- ☐ Observed low liquid level
- ☐ Examined construction records
- ☐ Examined empty (pumped) tank
- ☐ Probed outside tank for "black soil"
- ☐ Pressure/vacuum check
- ☐ Other: _____

** *No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.*

Safety Check

1.	Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound?	☐ Yes*	☒ No
2.	Were all maintenance hole covers replaced in a secured manner (e.g., **all** screws replaced)?	☒ Yes	☐ No*
3.	Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.	☐ Yes	☒ No
4.	Was any other safety/health issue present?	☐ Yes*	☒ No

Explain: _____

System is an imminent threat to public health and safety.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems.** Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): _____

Property address: _____

Property owner's address (if different): _____

County: _____ Phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: _____ Certification number: _____

Business license name and number: _____ **or**

Name of local unit of government: _____

Signature: _____ Date: _____

Parcel number: _____ System status: ☐ Compliant ☐ Noncompliant
(as determined by this form)

PARCEL: _____
APP: SEPTIC
YEAR: 2000
SCANNED: _____

Soil Separation Compliance and Other Compliance

Compliance Issue #3 of 4

Date of observation: _____ Reason for observation: _____

This information on this form does not expire.

Compliance questions/criteria: (Required)
(Check the appropriate box)

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:	
Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?	☐ Yes ☐ No
For 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:	
Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*	☒ Yes ☐ No
For reduced separation distance systems (i.e., "performance" systems under old 7080.0179 or Type IV or V system under new 7080. 2350 or 7080.2400):	
Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*	☐ Yes ☐ No

Any "no" answer indicates that the system is failing to protect ground water.

Verification Method:** (Optional)
(Check the appropriate box)

☒ Conducted soil observation(s) (attach boring logs)
☐ Two previous verifications (attach boring logs)
☐ Other: _____

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

* *May be reduced by up to 15 percent if allowed in local ordinance.*

** *No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.*

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems.** Observations, interpretations, and conclusions must be completed by an inspector or designer. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): _____

Property address: _____

Property owner's address (if different): _____

County: _____ Phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: _____ Certification number: _____

Business license name and number: _____ **or**

Name of local unit of government: _____

Signature: _____ Date: _____

APPLICATION
FOR SEWAGE SYSTEM
CERTIFICATE OF COMPLIANCE
With The Becker County Zoning Ordinance

Application Number	
Tax Parcel Number	10.0090.002
Fire Number of Project Location	

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.)	2. Authorized Agent (if applicable)		
Blonigen, Chuck.			
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)			
RR2 Box 77 Detroit Lakes MN. 56501			
4. Day Phone	5. Evening Phone	6. Section	7. Township
	847-3695	9	Erie

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name

Pt Lots 3+4 Beg. at SE Cor. L4 Th W 2704.92' N 300.01' E 1756.74'...

SEWAGE SYSTEM DATA

Anticipated Use
- a. (✓) Single Family
- b. ( ) Multiple Family
- c. ( ) Commercial
- d. ( ) Other (specify)

Type of Installation
- a. ( ) Septic Tank Only
- b. ( ) Drainfield Only
- c. (✓) Septic Tank & Drainfield
- d. ( ) Holding Tank
- e. ( ) Septic Tank/Drainfield Lift Station

Type of Drainfield
- a. ( ) Standard System
- b. (✓) Mound (pressure distribution)

Well Data
- a. Depth 75'
- b. Diameter

Type of Well
- a. (✓) Drilled
- b. ( ) Sand Point

1 Inch Equals

DESIGN

see drawing

installed by Nels Thorson

Show Distance Between Sewage System And Buildings, Property Lines, Lake, Road And All Wells Within 125 Feet.

	Tank	Drainfield		Tank	Drainfield
Distances to Well:	62'	>100'	Distance to Pressure Line:	60'	>100'
Distance to Building:	11'	>100'	Tank Capacity (gal.& Area of Drainfield (ft 2)	1000	1026 Ft 2
Distance to Property Line:	>10'	>10'	Distance to Ordinary High Water Level:	93'	>100'
Drainfield separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:		31"			

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct:

Signature of Applicant — Date

TO BE COMPLETED BY PLANNING AND ZONING

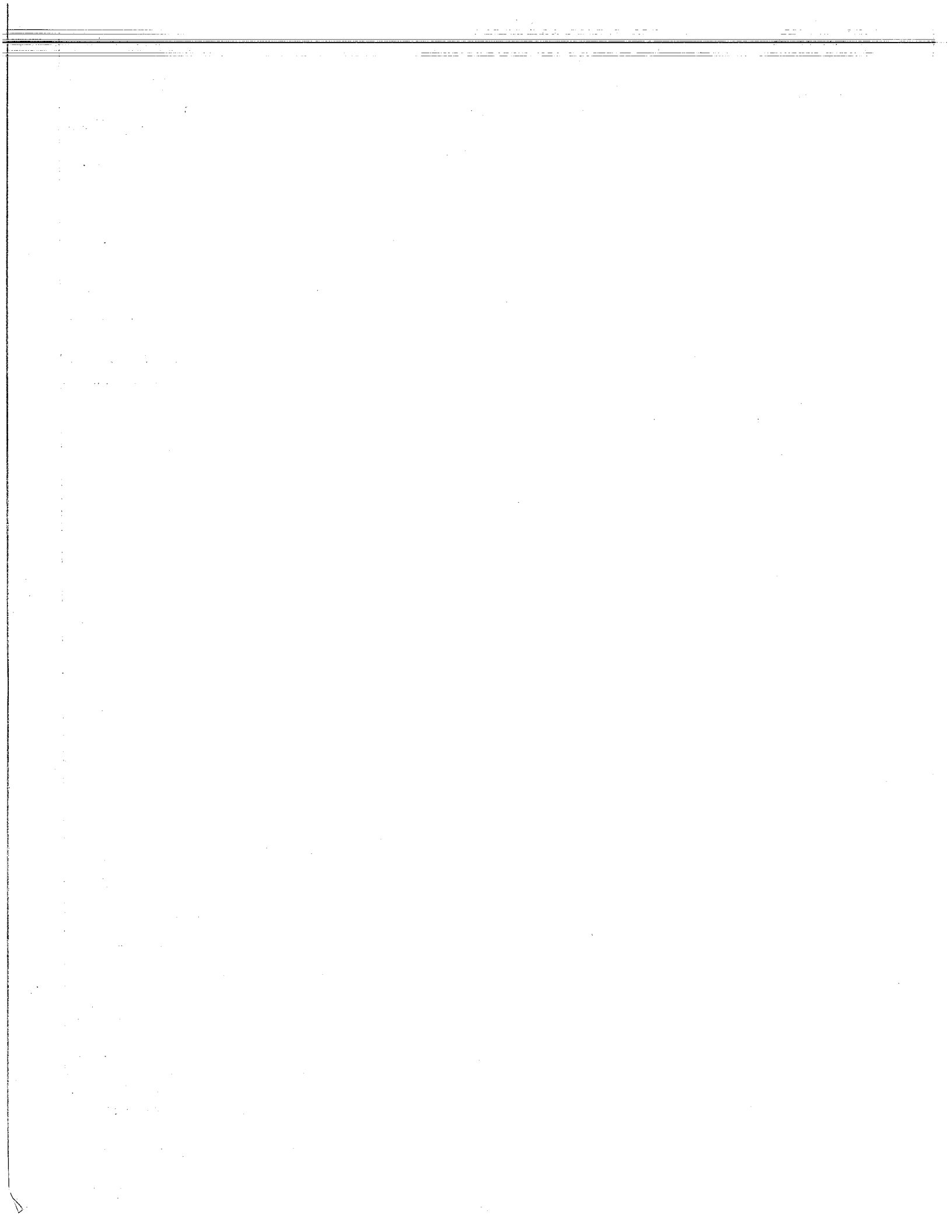
( ) CERTIFICATE IS HEREBY DENIED: (See back For Reasons)

(✓) CERTIFICATE IS HEREBY GRANTED: Based upon the application, addendum from, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactory, however this is not a guarantee.

BECKER COUNTY PLANNING AND ZONING

Jay D Hanson
Signature

Inspector — 08 Sept. 98
Title — Date



4:00

BECKER COUNTY PLANNING & ZONING

835 Lake Avenue, P O Box 787
Detroit Lakes, MN 56502-0787
Phone (218) 846-7314, Fax (218) 846-7266

Fire Number A 551C

Onsite Septic System Site Evaluation/Design

Tax Parcel Number ~~10.0090.002~~ 10.0684.803

Lot 3 Reillas Beach

Legal Description: ~~PT Lots 3+4 Beg. at SE Cor L4 Th W 2704.92' N 300.01' E 1756.99'...~~

Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name
Pickerel	RD	9	139	40W	ERIE

Property Owner	Address	City, State, Zip Code	Phone Number
Chuck Blonigan	RR2 bx 77	Detroit Lakes mn	847-3695

Name and Address of Designer

MPCA NUMBER	PHONE	Date of Site Evaluation
Randy Anderson	P.O. bx 1255 Detroit Lakes mn 56502	
6034	849-3072	8-25-98

Name and Address of Installer — MPCA Number

Nels

I certify that the site evaluation has been completed in accordance with all provisions of ISTS Minnesota Rules Chapter 7080.

Signature of Designer Randy Anderson Date 8-25-98

*FOR USE BY BECKER COUNTY
ENVIRONEMNTAL SERVICES DEPARTMENT ONLY*

Date Site Evaluation / Design received 02 Sept. 98 Received by Jay D Hanson

Date Site Evaluation approved 02 Sept. 98 Approved by Jay D Hanson

*** 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.

Application Fee 75.00 State Surcharge 0.50 Total 75.50

[ ] Application is hereby denied

[x] Application is hereby granted to Chuck Blonigan 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:

Jay D Hanson — 02 Sept. 98

Signature of Becker County Qualified Employee — Date

This permit expires on 02 March 99

Inspected by _____ Date _____ Permit # _____

SOIL INFORMATION

TEST HOLE #1				TEST HOLE #2			
DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE	DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
0-4	loAm	Topsoil	BLOCKY PLATY PRISMATIC NONE	0-4	loAm	Topsoil	BLOCKY PLATY PRISMATIC NONE
4-22	Silt with fine sand	2.5Y 4/3	BLOCKY PLATY PRISMATIC (NONE)	4-23	Silt	2.5Y 4/3	BLOCKY PLATY PRISMATIC (NONE)
22-34	clay loAm	2.5Y 4/4	(BLOCKY) PLATY PRISMATIC (NONE)	23-32	clay loAm	2.5Y 4/4	(BLOCKY) PLATY PRISMATIC NONE
34-40 40-48	sandy loAm clay	2.5Y 4/4 2.5Y 4/3	BLOCKY PLATY PRISMATIC NONE	32-38	loAm	2.5Y 4/4	(BLOCKY) PLATY PRISMATIC NONE
Depth to standing water	NF			Depth to standing water	NF		
Depth to mottling	32"			Depth to mottling	31"		

Describe the surface features (slope, runoff, weather conditions, vegetation type, evidence of compaction, etc.)

wooded Area by driveway 5% slope

WATER USES:

(X) Washing Machine
(X) Dishwasher
(X) Water Softner
NO (–) Garbage Disposal

DESIGN FLOW 450 GPD

NO. of Bedrooms 3
NO. of Bathrooms 2
SQ FT of Structure _____

GRINDER PUMP/LIFT STATION IN HOUSE
( ) YES (X) NO

WELL INFORMATION:
Property's Well - Depth 75 Drilled (X) Sandpoint ( )
Neighboring Well - Depth NA Drilled ( ) Sandpoint ( )
(within 100 feet of system)

Work Category Proposed	Type of System Proposed	Type of Drainfield Proposed
( ) NEW SYSTEM	(X) SEPTIC TANK/DRAINFIELD	( ) STANDARD (gravelless/chamber)
( ) REPAIR	( ) DRAINFIELD ONLY	( ) STANDARD (rock trench)
(X) REPLACEMENT	( ) HOLDING TANK	( ) STANDARD (bed)
	( ) LIFT STATION	(X) MOUND (pressure distb)
	( ) ALTERNATE (specify) _____	( )PRESSSURIZED BED
Perc Rate 32 mpi	Soil Sizing Factor 2	Depth to Restricting Layer 2'
Maximum Depth of System mound	Size of Tank 1000 gal	Size of Lift Station 500
	Size of Drainfield ~~1350~~ 1026 Sq Ft	Length of System 58'
Size of Gravelless Pipe —	Size of Mound Rock Bed 10x38	Depth of Clean Sand _____
Depth of Rock _____	Size of Lift Pump 30gpm 26' head	Length of Lift Line 213
Number of Trenches —	Size of Lift Line 2"	

Additional Information:

MOUND DESIGN WORKSHEET

(For Flows up to 1200 gpd)

A. FLOW

Estimated 450 gpd

or measured _____ x 1.5 = _____ gpd.

Estimated Sewage Flows in Gallons per day (gpd)				
Number of Bedrooms	Type I	Type II	Type III	Type 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

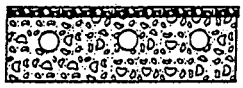
Septic Tank Capacities (in gallons)		
Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal
2 or less	750	1125
3 or 4	1000	1500
5 or 6	1500	2250
7, 8 or 9	2000	3000

C. SOILS (refer to site evaluation)

1. Depth to restricting layer = 31 inches _____ feet
2. Depth of percolation tests = 14 inches
3. Texture Silt Percolation rate 32 mpi
4. Land slope 5 %

D. ROCK LAYER DIMENSIONS

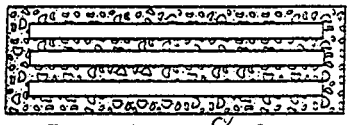
1. Multiply flow rate by 0.83 to obtain required area of rock layer: A x 0.83 = 450 gpd x 0.83 sq. ft./gpd = 380 sq. ft.
2. Select width of rock layer (max 10' if <120 mpi max 5') = 10 ft.
3. Length of rock layer = area ÷ width = 380 sq. ft. ÷ 10 ft. = 38 ft.



Width 10 ft

<120mpi <10'

>120mpi <5'



Length 38 ft

E. ROCK VOLUME

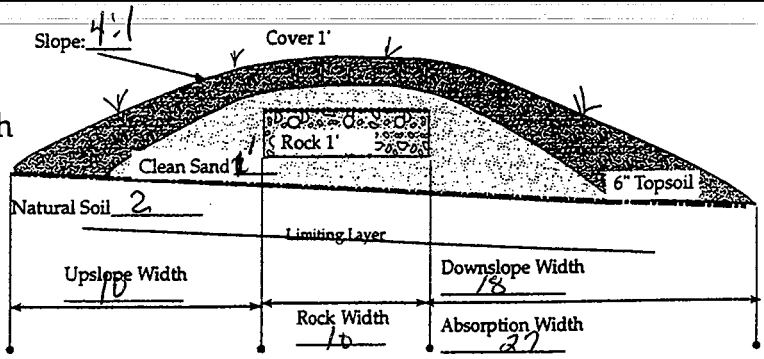
1. Multiply rock area by rock depth to get cubic feet of rock; ____ sq. ft. x ____ ft. = 380 cu. ft.
2. Divide cu. ft. by 27 cu. ft./cu. yd. to get cubic yards; 1407 cu. ft. ÷ 27 = 1407 cu. yd.
3. Multiply cubic yards by 1.4 to get weight of rock in tons; ____ cu. yd. x 1.4 ton/cu. yd. = 20 tons.

F. ABSORPTION WIDTH

1. Percolation rate in top 12 inches of soil is _____ mpi
   Texture _____
2. Select allowable soil loading rate from table;
   _____ gpd/ft²
3. Calculate adsorption width ratio by dividing rock layer loading rate of 1.20 gpd/ft2 by allowable soil loading rate;
   1.20 gpd/ft² ÷ _____ gpd/ft² = _____.
4. Multiply adsorption width ratio by rock layer width to get required adsorption width;
   10 x 2.67 ft = 27 ft

Absorption Width Sizing Table			
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
0.1 to 5	Sand	1.20	1.00
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
46 to 60	Clay Loam	0.45	2.67
60 to 120	Clay	0.24	5.00
Slower than 120	Clay	0.20	6.00

G. DOWNSLOPE BERM WIDTH

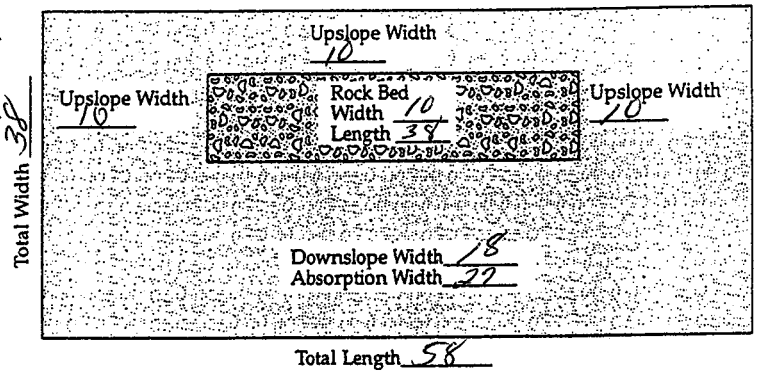


1. If landslope is **1% or more,** subtract rock layer width from adsorption width to obtain minimum downslope berm toe
27 ft - 10 ft = 17 **feet**

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 ft + 1ft + 1ft = 3 **feet**



c. Enter table with landslope and upslope berm ratio. Select berm multiplier of 3.33.

d. Multiply berm multiplier by upslope mound height to find upslope berm width:
3 x 3.33 = 10 **feet**

e. Multiply rock layer width by landslope to determine drop in elevation;
10 x 5 % ÷ 100 = .5 **feet**

f. Add depth of clean sand for slope difference (2e)at downslope edge, to the mound height at the upslope edge of rock layer (2b) to find the downslope height;
3 ft + .5 ft = 3.5 **feet**

g. Enter table with landslope and downslope berm ratio. Select berm multiplier of 5.

h. Multiply berm multiplier by downslope mound height to get downslope berm width:
3.5 x 5 = 18 **feet**

i. Compare the values of step G.1 17 and Step G.2h 18
Select the greater of the two values as the downslope berm width; 18 **feet**

j. Total mound width is the sum of upslope berm (G.2d) width plus rock layer width (D.2) plus downslope berm width(G.2i);
10 ft + 10 ft + 18 ft = 38 **feet**

k. Total mound length is the sum of upslope berm width (G.2d) plus rock layer length (D.3) plus upslope berm width (G.2d);
10 ft + 38 ft + 10 ft = 58 **feet**

BERM SLOPE MULTIPLIERS

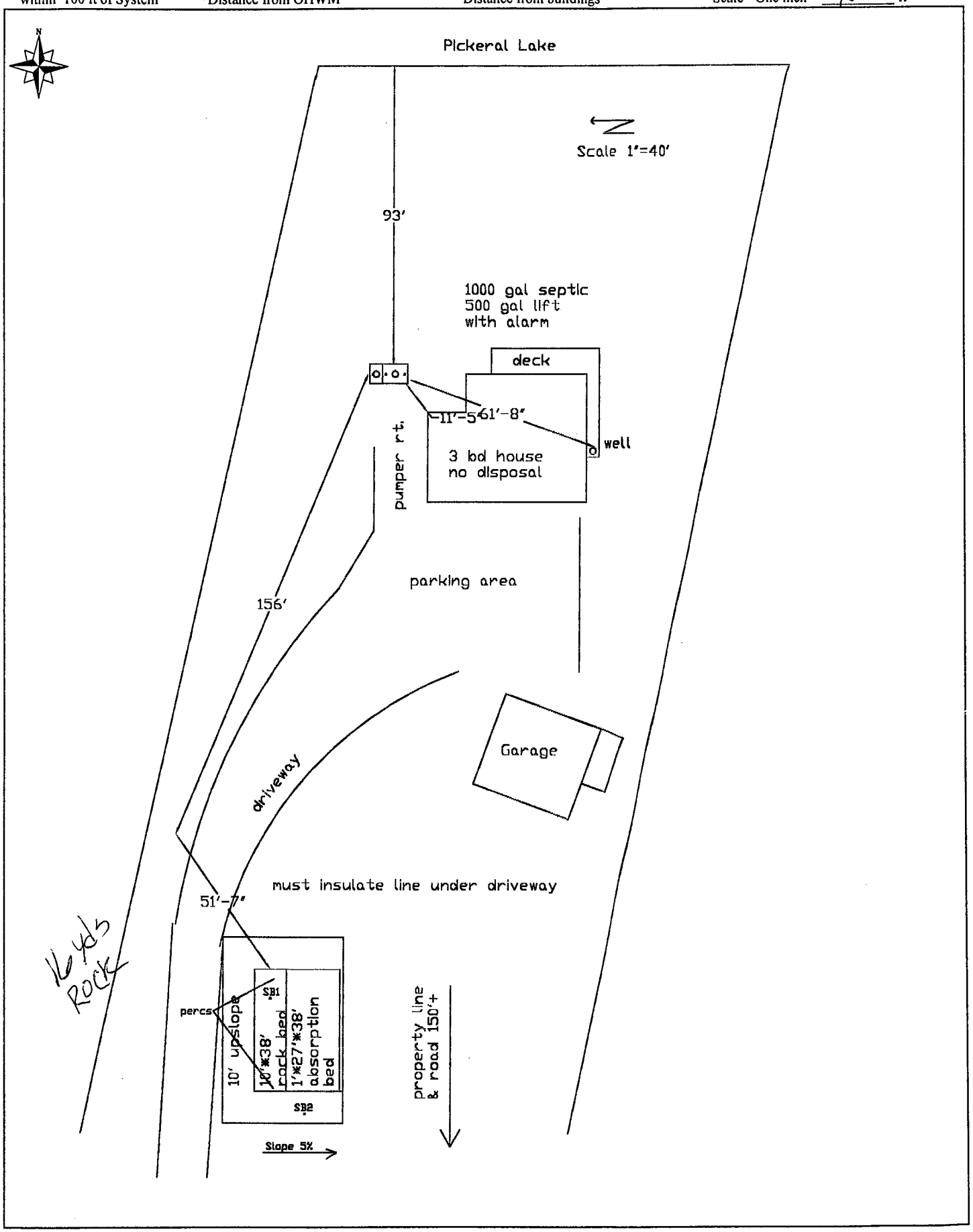
Land Slope, in %	DOWNSLOPE berm multipliers for various berm slope ratios					UPSLOPE berm multipliers for various berm slope ratios					
	3:1	4:1	5:1	6:1	7:1	3:1	4:1	5:1	6:1	7:1	8:1
0	3.0	4.0	5.0	6.0	7.0	3.0	4.0	5.0	6.0	7.0	8.0
1	3.09	4.17	5.26	6.38	7.53	2.91	3.85	4.76	5.66	6.54	7.41
2	3.19	4.35	5.56	6.82	8.14	2.83	3.70	4.54	5.36	6.14	6.90
3	3.30	4.54	5.88	7.32	8.86	2.75	3.57	4.35	5.08	5.79	6.45
4	3.41	4.76	6.25	7.89	9.72	2.68	3.45	4.17	4.84	5.46	6.06
5	3.53	(5.00)	6.67	8.57	10.77	2.61	(3.33)	4.00	4.62	5.19	5.71
6	3.66	5.26	7.14	9.38	12.07	2.54	3.23	3.85	4.41	4.93	5.41
7	3.80	5.56	7.69	10.34	13.73	2.48	3.12	3.70	4.23	4.70	5.13
8	3.95	5.88	8.33	11.54	15.91	2.42	3.03	3.57	4.05	4.49	4.88
9	4.11	6.25	9.09	13.04	18.92	2.36	2.94	3.45	3.90	4.30	4.65
10	4.29	6.67	10.00	15.00	23.33	2.31	2.86	3.33	3.75	4.12	4.44
11	4.48	7.14	11.11	17.65	30.43	2.26	2.78	3.23	3.61	3.95	4.26
12	4.69	7.69	12.50	21.43	43.75	2.21	2.70	3.12	3.49	3.80	4.08

Final Dimensions:
38 x 58

Septic System Design/Site Evaluation

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
*Location of any Unsuitable Soil
*Soil Borings & Per Test Locations
*Scale - One inch = 40 ft



- PERCOLATION TEST SHEET -

Test hole location: proposed site Hole #: 1 Date test hole was prepared: 6-24-98

Depth of hole bottom: 14 inches Diameter of hole: 6 inches

Soil Data from test hole:

depth, inches	soil texture:	soil color
0-4	loam	Topsoil
4-14	silt	2.5Y 4/3

Method of scratching sidewall: wire Depth of pea size gravel in bottom of hole: 14 inches

Date and hour of initial water filling: 6-24-9AM Depth of initial water filling: 12 above hole bottom

Method used to maintain 12" of water depth in hole for 4 hours: manual

Percolation test conducted by: Randy Anderson Percolation test started at 6 (am / pm)

Maximum water depth above hole bottom during test: 8 inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	conversions
	START	8				1/16 = .06
	25	7	1	1	25 TIME ÷ 1 DROP (Decimal) = 25 PERC A	1/8 = .13
	REFILL	8				3/16 = .19
	27	7	1	1	27 TIME ÷ 1 DROP (Decimal) = 27 PERC B	1/4 = .25
	REFILL	8				5/16 = .31
	27.5	7	1	1	27.5 TIME ÷ 1 DROP (Decimal) = 27.5 PERC C	3/8 = .38
	REFILL					7/16 = .44
					TIME ÷ DROP (Decimal) = PERC D	1/2 = .5
	REFILL					9/16 = .56
					TIME ÷ DROP (Decimal) = PERC E	5/8 = .63
	REFILL					11/16 = .69
					TIME ÷ DROP (Decimal) = PERC F	3/4 = .75
	REFILL					13/16 = .81
					TIME ÷ DROP (Decimal) = PERC G	7/8 = .88
	REFILL					15/16 = .94
					TIME ÷ DROP (Decimal) = PERC H	

Ten Percent Calculation *

A,B,C: Largest # of ABC − Smallest # of ABC = ____; Smallest # of ABC × 0.10 = ____	B,C,D: Largest # of BCD − Smallest # of BCD = ____; Smallest # of BCD × 0.10 = ____
C,D,E: Largest # of CDE − Smallest # of CDE = ____; Smallest # of CDE × 0.10 = ____	D,E,F: Largest # of DEF − Smallest # of DEF = ____; Smallest # of DEF × 0.10 = ____
E,F,G: Largest # of EFG − Smallest # of EFG = ____; Smallest # of EFG × 0.10 = ____	F,G,H: Largest # of FGH − Smallest # of FGH = ____; Smallest # of FGH × 0.10 = ____

* If the top number in each set of boxes is larger than the bottom number then take another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

- PERCOLATION TEST SHEET -

Test hole location: proposed site Hole #: 2 Date test hole was prepared: 6-24-98

Depth of hole bottom: 14 inches Diameter of hole: 6 inches

Soil Data from test hole:

depth, inches	soil texture:	soil color
0-4	loam	Topsoil
4-14	silt	2.5Y 4/3

Method of scratching sidewall: wire Depth of pea size gravel in bottom of hole: 14 inches

Date and hour of initial water filling: 6-24-9AM Depth of initial water filling: 12 above hole bottom

Method used to maintain 12" of water depth in hole for 4 hours: manual

Percolation test conducted by: Randy Anderson Percolation test started at 6 (am / pm)

Maximum water depth above hole bottom during test: 8 inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	conversions
	START	8				1/16 = .06
	33	7	1	1	33 TIME ÷ 1 DROP (Decimal) = 33 PERC A	1/8 = .13
	REFILL	8				3/16 = .19
	32	7	1	1	32 TIME ÷ 1 DROP (Decimal) = 32 PERC B	1/4 = .25
	REFILL	8				5/16 = .31
	15	7 1/2	1/2	.5	15 TIME ÷ .5 DROP (Decimal) = 30 PERC C	3/8 = .38
	REFILL					7/16 = .44
					TIME ÷ DROP (Decimal) = PERC D	1/2 = .5
	REFILL					9/16 = .56
					TIME ÷ DROP (Decimal) = PERC E	5/8 = .63
	REFILL					11/16 = .69
					TIME ÷ DROP (Decimal) = PERC F	3/4 = .75
	REFILL					13/16 = .81
					TIME ÷ DROP (Decimal) = PERC G	7/8 = .88
	REFILL					15/16 = .94
					TIME ÷ DROP (Decimal) = PERC H	

Ten Percent Calculation *

A,B,C: Largest # of ABC − Smallest # of ABC = ____; Smallest # of ABC × 0.10 = ____	B,C,D: Largest # of BCD − Smallest # of BCD = ____; Smallest # of BCD × 0.10 = ____
C,D,E: Largest # of CDE − Smallest # of CDE = ____; Smallest # of CDE × 0.10 = ____	D,E,F: Largest # of DEF − Smallest # of DEF = ____; Smallest # of DEF × 0.10 = ____
E,F,G: Largest # of EFG − Smallest # of EFG = ____; Smallest # of EFG × 0.10 = ____	F,G,H: Largest # of FGH − Smallest # of FGH = ____; Smallest # of FGH × 0.10 = ____

* If the top number in each set of boxes is larger than the bottom number then take another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

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 10.0684.803
Fire Number A5510

Legal Description: _____ Section 9 TWP 139 Range 40W

Lake Name Pickerel Lake Classification RD Township Name Erie

Owner's Name Chuck Blonigan Address RR 2 Box 77

City Detroit Lakes State/Zip Mn Phone Number 218-847-3695

Number of Bedrooms 3
Design Flow 450 GPD

Well Casing Depth >50
Depth of other Wells within 100 ft of system _____

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

Type of Observation: Probe Pit Boring
Original Soil (Yes) (No) Compacted Soil (Yes) (No)
Depth to Restricting Layer _____
Maximum of Depth of System _____
Perc Rate 1 Soil Sizing Factor _____

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

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

SOIL BORING LOG

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

Attach Perc Test Information If Required

Name and Address of Designer Richard Vareberg Phone 218-847-7372

MPCA Number 1910 Date of Site Evaluation 7-8-99 Signature of Designer Richard Vareberg

Name of Installer (if different from Designer) _____ MPCA Number _____

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.

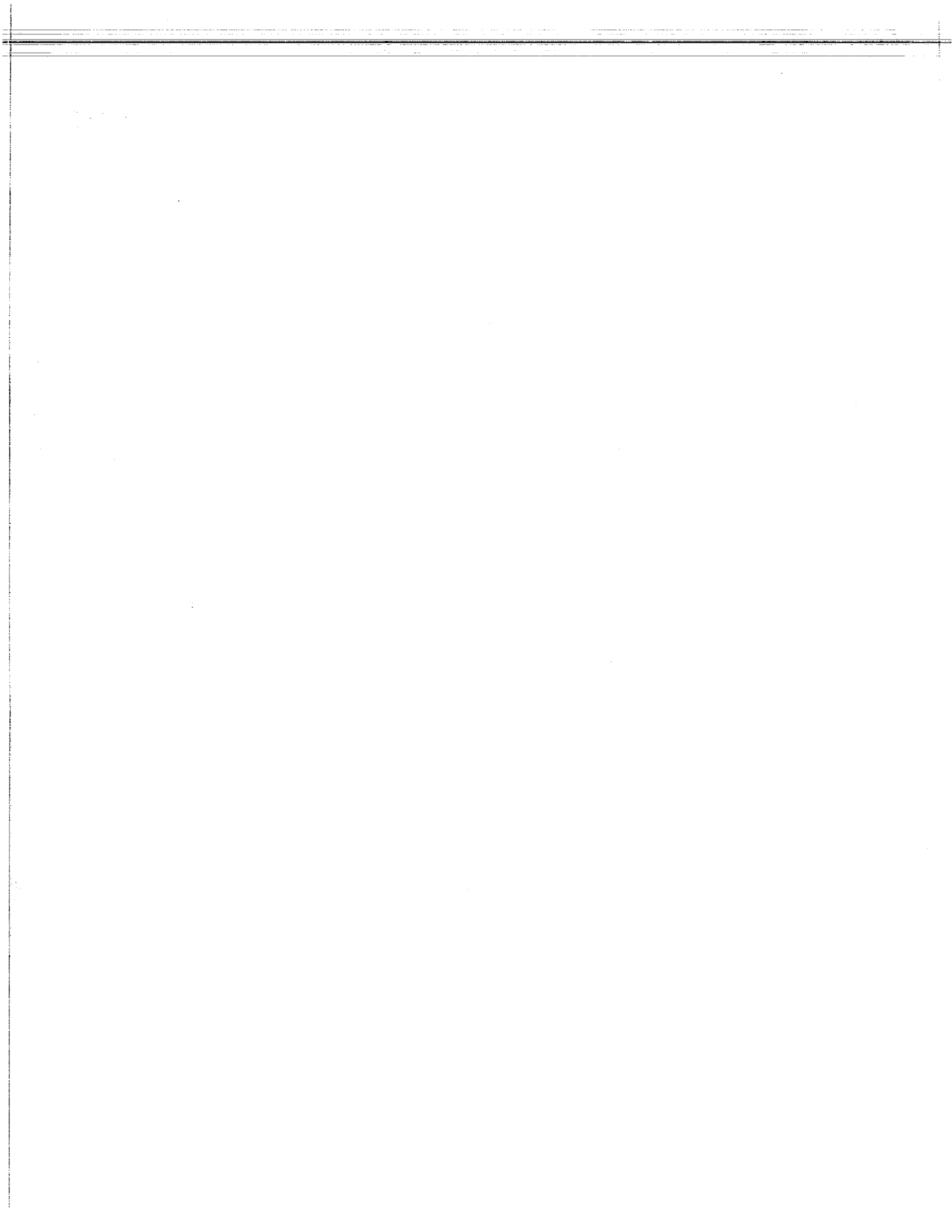
Date Received _____ Application Fee MC Paid State Surcharge _____ Total _____

[ ] Application is hereby denied
[X] Application is hereby granted to C. Blonigan 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: Debi Moltzan

Signature of Becker County Qualified Employee — Date Permit Issued — Permit Number

This permit expires on _____

Permit issued 9/98 - moving tank further from house



CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 22 *day of* November *19* 89,

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

The premises covered by this certificate are legally described as: Lot 3, Lolitas Beach, Gov Lot 2

Lake No. _____ *Sec.* 9 *Twp.* 139 *Range* 40 *Twp. Name* Erie

	SEPTIC TANK	SEEPAGE BED
CAPACITY	1000 gls	550 SF
DISTANCE FROM NEAREST WELL	53 F	75 F
DISTANCE FROM LAKE OR STREAM	105 F	85 F
DISTANCE FROM OCCUPIED BUILDING	10 F	30 F
DISTANCE FROM PROPERTY LINE	++ 10 F	+ 10 F
DISTANCE FROM BOTTOM TO WATER TABLE		4 F

Owner: *Name* STEVEN M. KALLIN

Address RT 2 Box 77

DETROIT LAKES MN *Zip No.* 56501

Permit No. SP 18,341-29

Clay sub soil

Signed by: Floyd Sverby by mf

Zoning Administrator
Becker County, Minnesota

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. [illegible] Date 11-13-89

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION: Lot 3, Leikas Beach, Govt. Lot 2, Sec. 9, Erie Twp., Becker Co.

FIRE NUMBER _____

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
3-287	Pickerel	Rec-Dev.	9	139	40	Erie

IDENTIFICATION: Please Print All Information

	Last Name	First	Initial	Mailing Address– No. Street, City and State	Zip No.	Tel. No.
Owner	Kallin	Steven	W.	Rt. 2, Box 77, Detroit Lakes, MN	56501	847-1927
Contractor	Name					
	Stringer	G. Joe				

2988

TYPE OF IMPROVEMENT:
( ) New Building ( ) Alteration
Other _____

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
(X) Wood Frame
( ) Structural Steel
( ) Other – Specify
Type of Roof:
( ) New Home
( ) Garage
( ) Mobile Home
Year _____
( ) Cottage
( ) Septic System
( ) Other

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

WATER SUPPLY:
( ) Public (X) Individual Well
Type 2" Depth 58'

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	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 setback from ( ) State - ( ) County - ( ) Township Highway _____feet from the ( ) Center Line - ( ) Right of Way

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 11/10/89

Steven W. Kallin
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 _____

Floyd Swenby my
Becker County Zoning Administrator

Permit Fee $ 30.00 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

Gls — Gallons
SF — Square Feet
F — Linear Feet

_____
Inspector's Signature

_____
Title

Inspection Dated _____ 19

_____
Agency

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

Bed

CATEGORY	SEPTIC TANK Actual		SEPTIC TANK Should be		SEEPAGE PIT Actual		SEEPAGE PIT Should be		DRAIN FIELD Actual	DRAIN FIELD Should be	
Capacity	1000	Gls.		Gls.	550	S F		S F	S F		S F
Distance from Nearest Well	53	F		F	75	F	75	F	F	50	F
Distance from Lake or Stream	185	F		F	85	F		F	F		F
Distance from Occupied Building	85	F	10	F	30	F	20	F	F	20	F
Distance from Property Line	40	F	10	F	*10	F	10	F	F	10	F
Distance from Bottom to Water Table	--	F	--	F	4	F	4	F	F	4	F

Inspector's Comments: Septic Installed 1983 - Clay soil

Sand

INTERPRETATION OF ABBREVIATIONS

Gls — Gallons
SF — Square Feet
Fnt — Linear Feet

Mark Graham
Inspector's Signature

Title

Inspection Dated 11-20 19 89

Agency

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. _____ Date _____

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION: Lot 3, Leikas Beach, Govt. Lot 2, Sec. 1, Erie Twp., Becker Co.

FIRE NUMBER _____

3-287 (Lake No.) Pickerel (Lake Name) Rec. Dev. (Lake Classif.) 9 (Sec.) 139 (TWP) 40 (Range) Erie (TWP Name)

IDENTIFICATION: Please Print All Information

	Last Name	First	Initial	Mailing Address – No. Street, City and State	Zip No.	Tel. No.
Owner	Kallin	Steven	W.	Rt. 2, Box 97, Detroit Lakes MN	56501	847-1127
Contractor	Name					
	Stenger	Joe				

TYPE OF IMPROVEMENT:
( ) New Building ( ) Alteration
Other _____

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
(X) Wood Frame
( ) Structural Steel
( ) Other – Specify
( ) New Home
( ) Garage
( ) Mobile Home
Year _____
( ) Cottage
( ) Septic System
( ) Other
Type of Roof: _____

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	1000 Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well	22 Ft.	Ft.	Ft.
Distance from lake or stream	281 Ft.	Ft.	Ft.
Distance from occupied building	28 Ft.	Ft.	Ft.
Distance from property line	28 Ft.	Ft.	Ft.
Distance from bottom to Water Table	4+ 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 setback from ( ) State - ( ) County - ( ) Township Highway _____ feet from the ( ) Center Line - ( ) Right of Way

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 11/10/89

Steven W. Kallin
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 _____

Becker County Zoning Administrator

Permit Fee $ 30.00 State Surcharge $ _____ Cormorant Surcharge $ _____

Comments: _____

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

BECKER COUNTY ZONING ADMINISTRATION

Permit No. 1-12289-29

COUNTY COURT HOUSE — Phone 218-847-3938—Detroit Lakes, Minn. 56501

Date 8/10/83

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

12-12289-29

8349

LEGAL DESCRIPTION AND LOCATION: The south 150 ft. of the north 480 ft. of G.L. 2, Sec. 9-139-40

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
3-287	Pickeral	Rec. Dev.	9	139	40	Erie

IDENTIFICATION: Please Print All Information

	Last Name, First, Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
Owner	Kallin, Steven W.	1307 Summit Ave.		847-1927 (Home)
	Kallin, Susan L.	Detroit Lakes, MN 56501		847-4431 (Office)
Contractor	Name John Knopf	109 Rossman Ave.		
		Detroit Lakes, MN	56501	

TYPE OF IMPROVEMENT:
(X) New Building ( ) Alteration
Other House

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

NON-RESIDENTIAL PROPOSED USE:
Specify: attached garage
Size: 24x28 ft.

ESTIMATED COST OF IMPROVEMENT $ 37,000.00

Construction Starting Date: 8-15-83

deck-8x30 ft.
4x30 ft.

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

3/12 railing on deck

Type of Roof: asphalt

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

WATER SUPPLY:
( ) Public
(X) Individual Well

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

DIMENSIONS:
Basement: (X) Yes ( ) No
Stories above basement: 1
Sq. feet (outside dimension) 1040 26x40 ft.
Bedrooms 2 Baths 2

HEATING:
( ) Electric (X) Gas ( ) Oil
( ) Coal ( ) None
Other: wood

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE ~~PIT~~ Bed	DRAIN FIELD
Capacity	1000 Gls.	550 Sq. Ft.	Sq. Ft.
Distance from nearest well	+50 ~~+75~~ 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

Joe Stengel
Clay Soil

APPROVED
AUG 11 1983

CHARACTERISTICS:

Lot Area is 97,400 square feet. Water frontage is 163 feet

Building set back from high water mark is 105 feet. (Building Line)

Land height above high water mark at building line is 25 feet

Building set back from State highway is ______ feet – from road ~~or street~~ is 575 feet.

Side yard is S-20-30', N-85' feet. Rear yard is +400 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.).

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 8/10/83

Steven W. Kallin
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 ______

Floyd Anerly
Becker County Zoning Administrator

Permit Fee $ 42.00 State Surcharge $ .50

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

DESIGN PAD

BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

Subject _____

Name _____

Address _____

Town _____ State _____ Zip _____ Date _____

Location or Legal Description _____

Remarks:

~~75~~ 75' from well to septic tank

Signature _____