



Minnesota Pollution Control Agency

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



120118000

orm

Existing Subsurface Sewage Treatment Systems (SSTS)

Instructions on page 7

Parcel number: 12.01.18000

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

RECEIVED <u>000000</u> ZONING	For Local Tracking Purposes:	
ZONING	ZONING	ZONING

Summary Form

Property Information

Property owner name(s): JAROSLAV + JARMILA SOLC
 Property address: 37129 Red Top Road, Pondsford, MN.
 Property owner's address (if different): 2645 S 19th St, GRAND FORKS, ND, 58201
 County: BECKER Property owner phone: _____ Permitting authority: BECKER COUNTY
 Date system constructed: 1978? Reason for inspection: HOMEOWNER REQUEST

System Description

Brief system description: SEALED PRECAST TANK, DRAINFIELD
 Local permit number: _____ Number of bedrooms: _____ Design flow rate: _____

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 Health (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: RON GIRTZ Certification number: 826
 Business license name and number: _____ or _____
 Name of local unit of government: BECKER COUNTY
 Signature: Ron Girtz Date: 12-23-2011

Required Attachments

Inspector Complete: This inspection report is 5 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: 12.01.18000

System status: Compliant Noncompliant
(as determined by this form)

Hydraulic Performance and Other Compliance

Compliance Issue #1 of 4

Date of observation: 12-23-2011 Reason for observation: COMPLIANCE CHECK

This form expires upon next inspection or in three years, whichever occurs first: 12-23-014

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

Does the system discharge sewage to the ground surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system discharge sewage to drain tile or surface waters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system cause sewage backup into dwelling or establishment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Any "yes" answer indicates that the system is an imminent threat to public health and safety.</i>	
Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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): JARO + JARMILA SOLC

Property address: 37129 Red Top Road, Rosdsford, MN.

Property owner's address (if different): 2645 S 19th St., GRAND FOLKS, ND 58201

County: BECKER Phone: _____

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

Name: Ron Girtz Certification number: 826

Business license name and number: _____ or

Name of local unit of government: BECKER County

Signature: Ron Girtz Date: 12-23-2011

Parcel number: 12.01.18000

System status: Compliant Noncompliant
(as determined by this form)

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: 12-23-2011 Reason for observation: COMPLIANCE INSP.

This form expires on (three years): 12-23-2014

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

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do any sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

- Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound? Yes* No
- Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)? Yes No*
- Was secondary access restraint present (safety pan, second cover, or safety netting) - highly recommended. Yes No
- 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): JAROSLAV & JARMILOVA Sole

Property address: 37129 Red Top Road, PONDERSFORD MN

Property owner's address (if different): 2645 S 19th ST. GRAND FORKS, ND

County: BECKER Phone: _____

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

Name: Ron Girtz Certification number: 826

Business license name and number: _____ or

Name of local unit of government: BECKER County

Signature: Ron Girtz Date: 12-23-2011

Parcel number: 12.01.18000

System status: Compliant Noncompliant
(as determined by this form)

Soil Separation Compliance and Other Compliance

Compliance Issue #3 of 4

Date of observation: 12-23-2011 Reason for observation: COMPLIANCE Insp.
This information on this form does not expire.

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

Verification Method:** (Optional)
(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

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

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?*

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

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?*

* 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.

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

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): JAROSLAV + JARMIJA SOLC
Property address: 37129 RED TOP ROAD, Ponds Ford, MN.
Property owner's address (if different): 2645 S 19th ST, GRAND FORKS, ND. 58201
County: BECKER Phone: _____

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

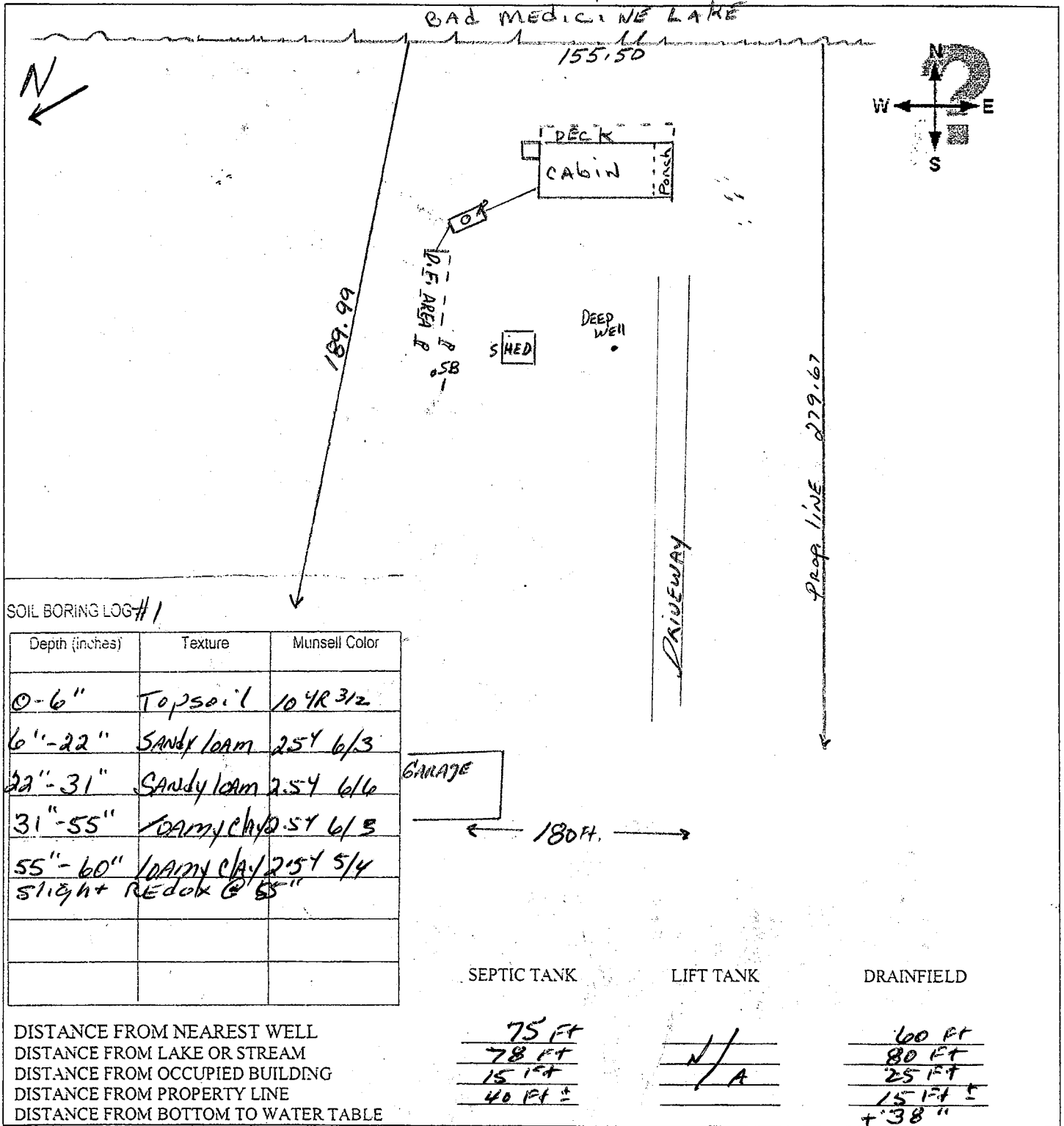
Name: RON BIRTZ Certification number: 826

Business license name and number: _____ or

Name of local unit of government: BECKER COUNTY

Signature: Ron Birtz Date: 12-23-2011

COMPLIANCE INSPECTION SKETCH



INSPECTOR'S NAME: Ronald Girtz
 INSPECTOR'S SIGNATURE: Ron Girtz

DATE: 12-23-2011
 MPCA LIC. #: 826



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

Parcel number(s) of property system will be installed on: R12.0118.000
 (if parcel is a new split and a parcel number has not yet been issued, indicate the main parcel number from which the new parcel was split from)

Legal Description and Sect - Twp - Range: 18-142-37 BEG. 1059.02'E & 497.95' NE ALONG SELY LN OF PUBLIC RD OF SW SEC. COR, TH CONT NE 180', SE 189.99' TO WTR EDGE, TH SWLY TO PT SE. OF POB & NW 279.67' TO POB, 90 AC

Parcel Address: 37129 RED TOP RD PONSFORD, MN 56575

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

First name DAVID & EDITH Last Name WATSON

Mailing Address 37129 RED TOP RD City, State Zip PONSFORD, MN 56575

Phone Number 218-573-3709

3. DESIGNER/INSTALLER INFORMATION

Company Name: Thelen Excavating

License #: 534 Address: 33438 535th Ave PARK RAPIDS MN 56470

Designer Name: Leonard Thelen SR

Registration #: 534 Telephone Number 218-732-5345

PLEASE REMEMBER TO SIGN THIS APPLICATION ON THE BACK PAGE!

Will the system be installed by the designer? (circle one) YES NO Unknown/To be bid

COMPLETE INSTALLER INFORMATION IF INSTALLER IS KNOWN AND DIFFERENT THAN THE DESIGNER!

Company Name: Thelens Excavating

License #: 534 Address: 33438 535th Ave PARK RAPID MN 56470

Designer Name: Leonard Thelen SR

Registration #: 534 Telephone Number 218-732-5345

4. SYSTEM DESIGN INFORMATION

Existing System Status - CHECK ONE

Date of Site Evaluation 5-18-04 moul

- No existing system - new home/structure
- Cesspool/Seepage
- Failing (other than cesspool/seepage pit)
- Undersized (addition to drainfield/tanks needed)
- Repairs needed to existing system
- Replacement needed of existing system
- Unknown
- Other - explain below

Gallons Per Day 300

What will new system serve? CHECK ONE

- Dwelling
- Resort/Campground
- Commercial (non-resort)
- other - explain below

Check ALL tank types to be installed:

- Septic Tank
- Lift Station
- Holding Tank
- Other Tanks

Check type of drainfield medium to be used:

- Chamber
- Drainfield Rock
- Gravelless
- No drainfield

Check type of drainfield to be installed:

- Trench
- At-grade
- Pressure Bed
- Seepage Bed
- Mound

Explanation: moul septic tank 20' to allow for addition

Check box if system will be experimental

Design Flow	GPD	Well Depth	Original Soil or Compacted Soil	Depth to Restricting Layer	6
Number of Bedrooms	2	Depth of wells of	Type of Soil Observation	Maximum Depth of System	3
Jarbage Disposal	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	within 100 feet	PROBE PIT <input checked="" type="checkbox"/> BORING	Perc Rate	6-15
Grinder pump/lift station in house	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	system <i>dup</i>		Soil Sizing Factor	1.27

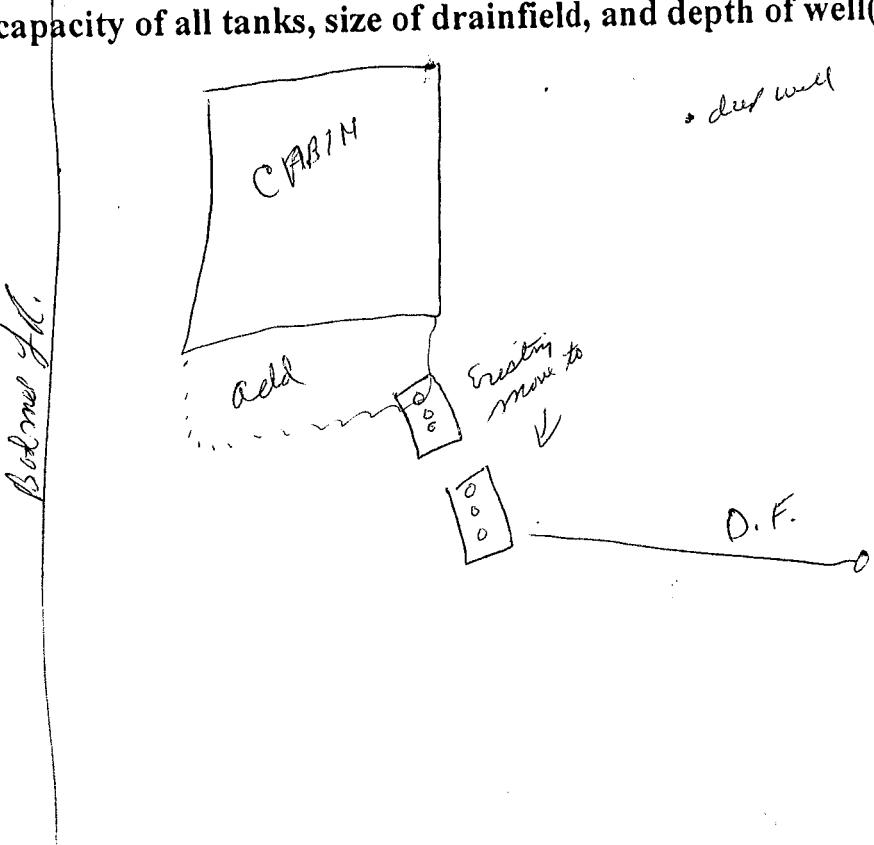
	Tank	Drainfield
Distance to well	65'	80
Distance to Building	50	20
Distance to Property Line	20	107
Distance to OHW	50	75
Distance to Pressure Line	30	50

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
4	fin	10YR	3/2				
18	med	10YR	4/3				
30"	med	10YR	4/4				
rock at 30"							

5. SITE PLAN - indicate capacity of all tanks, size of drainfield, and depth of well(s)

SHOW PROPOSED AND/OR EXISTING:

- Water supply wells w/in 100' of the proposed ISTS
- Buildings or improvements on the lot
- Buried water pipes w/in 50' of the proposed ISTS
- Easements on the lot
- Ordinary high water level of public waters
- Property lines
- ALL required setbacks from the system
- ALL required setbacks from the system
- Site contours
- ISTS
- Alternative site if lot was created after January 23rd, 1996.
- Other site characteristics pertinent to system design



7. CERTIFIED STATEMENT

I, Leonard Thelen Sr. 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).

Leonard Thelen (SIGNATURE) 5-18-04 (DATE)

For Office Use Only

7. SUBMITTAL INFORMATION

Check all documents included in submittal

Design Sheets Perc. Monitoring and Disposal Contract Application Fee Other (see below)

Application reviewed by: _____

Notes:

12.0118.000

LARRY J SMITH
3608 FAIRWAY ROAD
FARGO, ND 58102

IT'S FIFTY FIVE FEET FROM THE WELL TO THE TANK. THE WELL IS 158 FEET DEEP AND IT HAS A FOUR INCH CASING ON IT. THERE IS A 1500 GALLON SEPTIC TANK, TEN INCH OF PIPE BETWEEN THE DISTRIBUTION BOX. THERE IS ONLY 2 LINES GOING OUT AND THE BED IS 11X40. IT HAS GEOTEXTILE FABRIC ON TOP AND 12 INCHES OF ROCK.

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

Application Number: 3477
Tax Parcel Number: 12018.00

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <u>Smith, Amy</u>		2. Authorized Agent (If applicable)	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) <u>305 Tammy Road Fargo ND 58102</u>			
4. Day Phone <u>701-235-1300</u>	5. Evening Phone <u>same</u>	6. Fire Number of Project Location	

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name	2. Section	3. Township	4. Range	5. Qtr./Qtr.	6. Gov. Lot No.
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7. Note: If the property is a metes and bounds description, check here [] and attach a copy of the exact legal description. 10

<p>SEWAGE SYSTEM DATA</p> <p>Anticipated Use</p> <p>a. <input checked="" type="checkbox"/> Single Family</p> <p>b. <input type="checkbox"/> Multiple Family</p> <p>c. <input type="checkbox"/> Commercial</p> <p>d. <input type="checkbox"/> Agricultural</p> <p>e. <input type="checkbox"/> Other (specify)</p> <p>Type of System</p> <p>a. <input type="checkbox"/> Septic Tank Only</p> <p>b. <input type="checkbox"/> Drainfield Only</p> <p>c. <input checked="" type="checkbox"/> Septic Tank & Drainfield</p> <p>d. <input type="checkbox"/> Holding Tank</p> <p><input type="checkbox"/> Alternative System (specify)</p> <p>Type of Drainfield</p> <p>a. <input checked="" type="checkbox"/> Standard System</p> <p>b. <input type="checkbox"/> Mound (pressure distribution)</p> <p>c. <input type="checkbox"/> Mound (gravity distribution)</p> <p>Well Data</p> <p>a. Depth: <u>158'</u></p> <p>b. Diameter: <u>4"</u></p> <p>Type of Well</p> <p>a. <input checked="" type="checkbox"/> Drilled</p> <p>b. <input type="checkbox"/> Sand Point</p>	<p>1 Inch Equals 100'</p> <p>DESIGN</p> <p align="center">Show Distance Between Sewage System And Buildings, Property Lines, Lake, Roads And All Wells Within 125 Feet.</p>
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I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge: Ron Bend Bloom (Installer) 6/15/92
Signature of Applicant Date

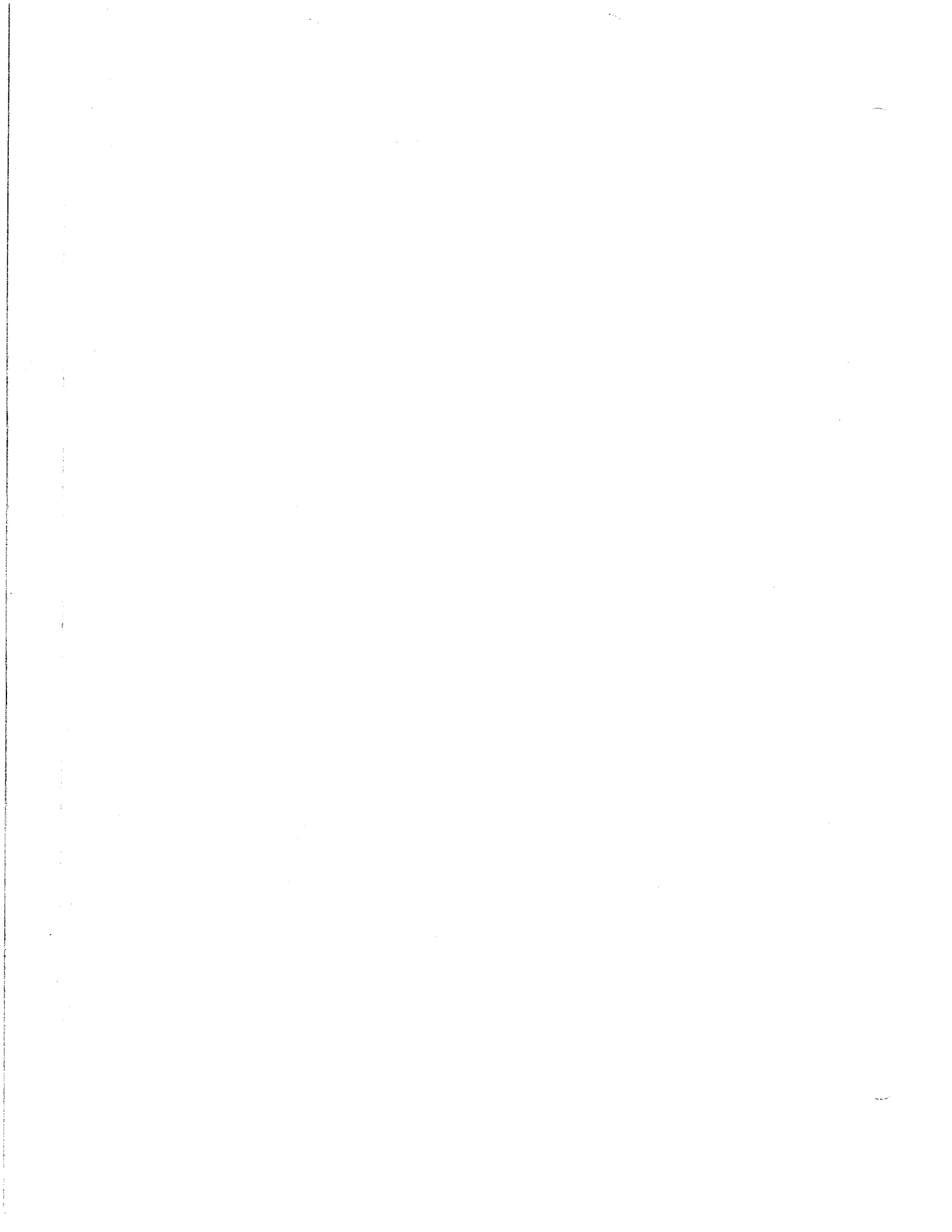
158' 4" casing TO BE COMPLETED BY ZONING OFFICE PR Tank

SEWAGE SYSTEM DATA	Tank	Drainfield
Distances to Well:	<u>55</u>	<u>75</u>
Distance to Building:	<u>10</u>	<u>32</u>
Distance to Property Line:	<u>10</u>	<u>10</u>
Distance to Suction Line:		
Distance to Pressure Line:		
Tank Capacity (gal.) and Area of Drainfield (ft. 2):	<u>1500</u>	<u>440</u>
Distance to Lake or Stream (from Ordinary High Water Level):	<u>75'</u>	<u>85'</u>
Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:		<u>+3</u>

CERTIFICATE IS HEREBY DENIED
 CERTIFICATE IS HEREBY GRANTED
Based upon the application, addendum form, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.

BECKER COUNTY ZONING OFFICE

Margaret M. Foster
Signature
Inspector 6/15/92
Title Date





BECKER COUNTY

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

Application No.
Tax Parcel No. 12.0118.000

SKETCH PLAN FORM H

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

GENERAL CHECKLIST

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

WATER RESOURCE CHECKLIST

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

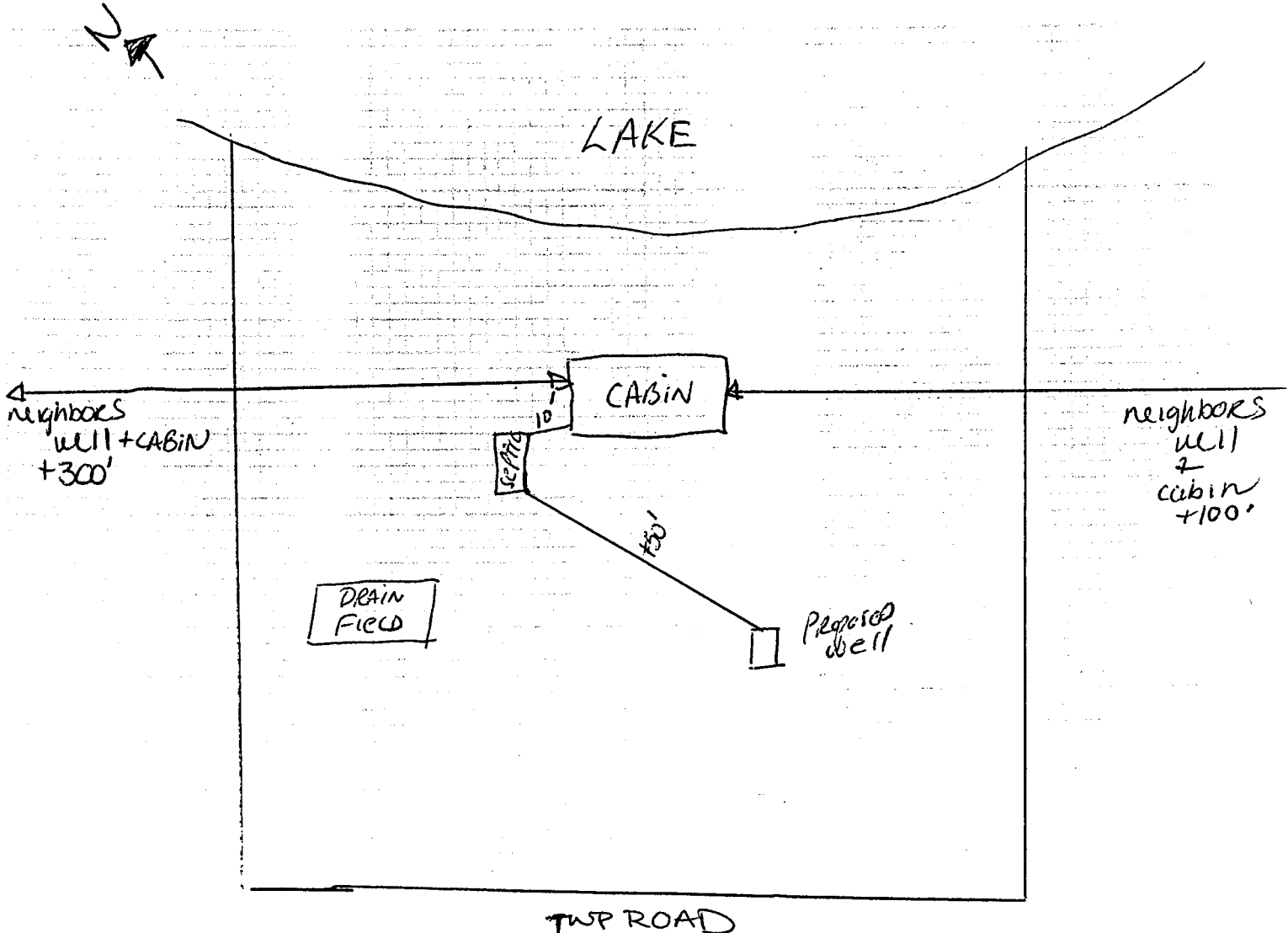
Scale of Diagram: 1 inch = _____ feet

Drawing By: _____

Date of Drawing: _____

Remarks: _____

Signature _____



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

Application Number <i>5477</i>
Tax Parcel Number <i>610118.000</i>

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <i>Smith, Amy J.</i>		2. Authorized Agent (If applicable)	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) <i>3005 Journey Road Fargo ND 58102</i>			
4. Day Phone <i>701-235-1300</i>	5. Evening Phone <i>none</i>	6. Fire Number of Project Location	

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name	2. Section	3. Township	4. Range	5. Qtr./Qtr.	6. Gov. Lot No.
7. Note: If the property is a metes and bounds description, check here [] and attach a copy of the exact legal description.					
SEWAGE SYSTEM DATA Anticipated Use a. <input checked="" type="checkbox"/> Single Family b. <input type="checkbox"/> Multiple Family c. <input type="checkbox"/> Commercial d. <input type="checkbox"/> Agricultural e. <input type="checkbox"/> Other (specify) Type of System a. <input type="checkbox"/> Septic Tank Only b. <input type="checkbox"/> Drainfield Only c. <input checked="" type="checkbox"/> Septic Tank & Drainfield d. <input type="checkbox"/> Holding Tank e. <input type="checkbox"/> Alternative System (specify) Type of Drainfield a. <input checked="" type="checkbox"/> Standard System b. <input type="checkbox"/> Mound (pressure distribution) c. <input type="checkbox"/> Mound (gravity distribution) Well Data a. Depth: <i>158'</i> b. Diameter: <i>4"</i> Type of Well a. <input checked="" type="checkbox"/> Drilled b. <input type="checkbox"/> Sand Point		1 Inch Equals 100' DESIGN 			
Show Distance Between Sewage System And Buildings, Property Lines, Lake, Roads And All Wells Within 125 Feet.					

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge: *Ron Bend Bloom Installed* *6/15/92*
Signature of Applicant Date

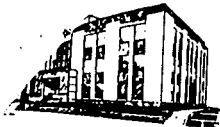
158' 4" casing TO BE COMPLETED BY ZONING OFFICE *PRTank.*

SEWAGE SYSTEM DATA	Tank	Drainfield
Distances to Well:	<i>55</i>	<i>75</i>
Distance to Building:	<i>10</i>	<i>32</i>
Distance to Property Line:	<i>10</i>	<i>10</i>
Distance to Suction Line:		
Distance to Pressure Line:		
Tank Capacity (gal.) and Area of Drainfield (ft. 2):	<i>1500</i>	<i>440</i>
Distance to Lake or Stream (from Ordinary High Water Level):	<i>75'</i>	<i>85</i>
Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:		<i>+3</i>

CERTIFICATE IS HEREBY DENIED
 CERTIFICATE IS HEREBY GRANTED
 Based upon the application, addendum form, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.

BECKER COUNTY ZONING OFFICE

Margaret M. Foster
Signature
Inspector, *6/15/92*
Title Date



BECKER COUNTY

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

Application No.
Tax Parcel No. 12.0118.000

SUPPLEMENTAL DATA FOR SEWAGE SYSTEM PERMIT FORM C

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <i>Smith, Harry J</i>	2. Day Phone No. <i>701 235-1300</i>	3. Evening Phone No. <i>n</i>
4. Sewer Installer <i>Ron Linkom</i>	5. Soil Tester/Earthwork Contractor <i>Ron Linkom</i>	6. MPCA Certification No. <i>2071</i>

B. SEWAGE SYSTEM DATA

1. Work Category a. <input checked="" type="checkbox"/> New System b. <input type="checkbox"/> Repair	2. Type of System a. <input type="checkbox"/> Septic Tank Only b. <input checked="" type="checkbox"/> Drainfield Only c. <input checked="" type="checkbox"/> Septic Tank & Drainfield d. <input type="checkbox"/> Alternative System (specify)
3. Anticipated Use a. <input checked="" type="checkbox"/> Single Family b. <input type="checkbox"/> Multiple Family c. <input type="checkbox"/> Commercial d. <input type="checkbox"/> Agricultural e. <input type="checkbox"/> Other (specify)	4. Type of Drainfield a. <input checked="" type="checkbox"/> Standard System b. <input type="checkbox"/> Mound (pressure distribution) c. <input type="checkbox"/> Mound (gravity distribution)

C. SITE DATA

1. Soils a. Soil Type: _____ b. Percolation Rate (minutes per inch): _____ c. Depth to Water Table: _____ d. Depth to Mottled Soil: _____ e. Date of Soil Testing: _____	2. Supporting Data/Attachments <input checked="" type="checkbox"/> Sketch Plan** <input type="checkbox"/> Percolation Data Sheets <input type="checkbox"/> Soil Borings <input type="checkbox"/> Tank/Drainfield Design Calculations ** This is normally a mandatory requirement. It is recommended that the applicant submit sketch plan on FORM H.
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5. System Design Data	Tank	Drainfield
a. Distance to Well: <i>not yet</i>	_____	_____
b. Distance to Building:	<i>10'</i>	<i>20'</i>
c. Distance to Property Line:	<i>10'</i>	<i>10'</i>
d. Distance to Suction Line:	_____	_____
e. Distance to Pressure Line:	_____	_____
f. Tank Capacity (gal.) and Area of Drainfield (ft. 2):	<i>1500gal *</i>	_____
g. Distance to Lake or Stream (from Ordinary High Water Level):	<i>75'</i>	<i>75'</i>
h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	<i>N/A</i>	<i>+3</i>

** Determined by Installer*

3. Water Level Data Worksheet	<i>NO WELL ON PROPERTY TO DATE</i>
a. Highest Known Water Level: _____	
b. 100-Year Flood Elevation: _____	
c. 10-Year Flood Elevation: _____	
D. Design of Tank and/or Drainfield is Based on: <input type="checkbox"/> 100-Year Flood Elevation <input type="checkbox"/> 10-Year Flood Elevation <input type="checkbox"/> Highest Known Water Level <input type="checkbox"/> Highest Known Ground Water Level <input type="checkbox"/> Soil Mottling or Impervious Soil Layer	

Note: The proper design of sewage systems is contingent upon these limiting factors. The most conservative resulting design prevails.

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge: *Harry J. Smith* Signature of Applicant *5/14/92* Date

SEWAGE SYSTEM PERMIT

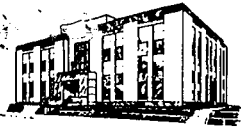
APPLICATION IS HEREBY DENIED
 PERMISSION IS HEREBY GRANTED TO *Harry J. Smith, Fargo, ND*
 All in accordance with the application, addendum form, plans, specifications and all other supporting data, unless specified hereinafter in the GENERAL and/or SPECIAL PROVISIONS.

BY ORDER OF: *Hayden Sweeney* *Spring Administrator*
 Signature of Permitting Authority Title Date

NOTE: THIS PERMIT TERMINATES ON: _____ except as provided for by local ordinance and/or Minnesota Law.

Application Fee \$ *45.00* State Skurcharge *.50* Total \$ *45.50*

SEE REVERSE FOR GENERAL AND SPECIAL PROVISIONS -



BECKER COUNTY

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

Application No.
Tax Parcel No. <i>12.0118.000</i>

ZONING APPLICATION SUMMARY FORM FORM A

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <i>Smith, Larry J</i>		2. Authorized Agent (if applicable)	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) <i>3008 Fairway Road Fargo ND 58102</i>			
4. Day Phone <i>701-235-1300</i>	5. Evening Phone <i>701-235-1300</i>	6. Fire Number of Project Location	

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name <i>PLOTS BEG 408.2' N + 57.5' NE OF SW COR LOT 5TH 89 AC</i>	2. Section <i>18</i>	3. Township <i>142</i>	4. Range <i>37</i>	5. Qtr./Qtr.	6. Gov. Lot No.
7. Note: If the property is a metes and bounds description, check here [] and attach a copy of the exact legal description.					

C. APPLICABLE ZONING DISTRICTS

(check all that apply)

- Residential
- Business
- Commercial
- Industrial
- Agricultural
- Shoreland(*)
- Wild & Scenic River
- Flood Fringe
- Floodway
- General Flood Plain
- Other (specify below)

*Fill in Section E. also.

D. TYPE OF ZONING REQUEST

Project Type	Necessary Supplemental Form
1. <input type="checkbox"/> Building Permit	Form B and H
2. <input checked="" type="checkbox"/> Sewage System Permit	Form C and H
3. <input type="checkbox"/> Well Information	Form D and H
4. <input type="checkbox"/> Land Alteration Permit	Form E and H
5. <input type="checkbox"/> Conditional Use Permit	Form F
6. <input type="checkbox"/> Variance	Form G
7. <input type="checkbox"/> Zoning District Change	Form F
8. <input type="checkbox"/> Subdivision Approval	Form F
9. <input type="checkbox"/> Ordinance Amendment	Form F
10. <input type="checkbox"/> Other (specify below)	

E. SHORELAND MANAGEMENT DATA

- Lake / Stream Name: *Bad Medicine*
- Lake / Stream I.D. Number: _____
- Classification: NE; RD; GD; Other (specify below)

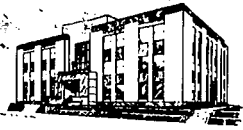
- IMPORTANT NOTICE -
Most projects require the submission of one or more additional forms as shown in SECTION D. and sometimes plans, specifications and a written project description before your application is considered to be complete. Form A primarily provides summary information for record keeping.

I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge:

Larry J. Smith Signature Date *5/14/92*

F. ADMINISTRATIVE DATA SUMMARY (For Office Use Only)

1. <input checked="" type="checkbox"/> Proper addendum to application has been submitted.	10. Administrative Summary for Applications for Subdivision Approval, Variances, Conditional Use Permits, Ordinance Amendments and Zoning District Changes:
2. <input checked="" type="checkbox"/> Detailed plans have been submitted which were prepared by: _____ Dated: _____	a. Referred to Township on: _____
3. <input type="checkbox"/> Written project description has been submitted which was prepared by: _____ Dated: _____	b. Referred to Planning Commission on: _____
4. <input checked="" type="checkbox"/> Approved [] with, [] without modification on: _____	c. Referred to Board of Adjustment on: _____
5. <input type="checkbox"/> Denied on: _____	d. Referred to County/City Engineer on: _____
6. Itemization of Fees: General Application <u>45.00</u> State Surcharge <u>50</u>	e. Referred to County/City Attorney on: _____
7. Total Fees = <u>45.50</u>	f. Referred to Soil and Water Cons. Dist. on: _____
8. Fee paid on (date): <u>5-14-92</u>	g. Referred to Watershed District on: _____
9. Administrative Summary for Building Permits, Sewage System Permits, and Shoreland Alteration Permits.	h. Date of Hearing Notice: _____
a. Dates of inspection(s): _____	i. Date of Public Hearing: _____
b. Certificate of Occupancy (Zoning Compliance) issued on: _____	j. Is ten (10) day notice to the DNR necessary? [] yes, [] no If yes, enter date sent to DNR here: _____
	k. Is ten (10) day final notice to the DNR necessary? [] yes, [] no If yes, enter date sent to DNR here: _____
	l. Final Action: [] APPROVED [] with, [] without modification [] DENIED
	By: [] County Board; [] Board of Adjustment Date of Action: _____



BECKER COUNTY

829 LAKE AVENUE, P.O. BOX 787
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(218) 846-7314

Application No.
Tax Parcel No. 12.0118.000

SUPPLEMENTAL DATA FOR SEWAGE SYSTEM PERMIT FORM C

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <i>Smith, Harry J</i>	2. Day Phone No. <i>701 235-1300</i>	3. Evening Phone No. <i>7</i>
4. Sewer Installer <i>Ron Rinboom</i>	5. Soil Tester/Earthwork Contractor <i>Ron Rinboom</i>	6. MPCA Certification No. <i>2071</i>

B. SEWAGE SYSTEM DATA

C. SITE DATA

1. Work Category a. <input checked="" type="checkbox"/> New System b. <input type="checkbox"/> Repair	2. Type of System a. <input type="checkbox"/> Septic Tank Only b. <input type="checkbox"/> Drainfield Only c. <input checked="" type="checkbox"/> Septic Tank & Drainfield d. <input type="checkbox"/> Alternative System (specify)	1. Soils a. Soil Type: _____ b. Percolation Rate (minutes per inch): _____ c. Depth to Water Table: _____ d. Depth to Mottled Soil: _____ e. Date of Soil Testing: _____	2. Supporting Data/Attachments <input checked="" type="checkbox"/> Sketch Plan** <input type="checkbox"/> Percolation Data Sheets <input type="checkbox"/> Soil Borings <input type="checkbox"/> Tank/Drainfield Design Calculations ** This is normally a mandatory requirement. It is recommended that the applicant submit sketch plan on FORM H.
3. Anticipated Use a. <input checked="" type="checkbox"/> Single Family b. <input type="checkbox"/> Multiple Family c. <input type="checkbox"/> Commercial d. <input type="checkbox"/> Agricultural e. <input type="checkbox"/> Other (specify)	4. Type of Drainfield a. <input checked="" type="checkbox"/> Standard System b. <input type="checkbox"/> Mound (pressure distribution) c. <input type="checkbox"/> Mound (gravity distribution)		

5. System Design Data

	Tank	Drainfield
a. Distance to Well: <i>NOT YET</i>	_____	_____
b. Distance to Building:	<i>10'</i>	<i>26'</i>
c. Distance to Property Line:	<i>10'</i>	<i>10'</i>
d. Distance to Suction Line:	_____	_____
e. Distance to Pressure Line:	_____	_____
f. Tank Capacity (gal.) and Area of Drainfield (ft. 2):	<i>1500 gal *</i>	_____
g. Distance to Lake or Stream (from Ordinary High Water Level):	<i>75'</i>	<i>75'</i>
h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	<i>N/A</i>	<i>+3</i>
	<i>N/A</i>	<i>+3</i>

* Determined by Installer *R*

3. Water Level Data Worksheet

a. Highest Known Water Level: _____

b. 100-Year Flood Elevation: _____

c. 10-Year Flood Elevation: _____

D. Design of Tank and/or Drainfield is Based on:
 100-Year Flood Elevation
 10-Year Flood Elevation
 Highest Known Water Level
 Highest Known Ground Water Level
 Soil Mottling or Impervious Soil Layer

Note: The proper design of sewage systems is contingent upon these limiting factors. The most conservative resulting design prevails.

NO WELL ON PROPERTY TO DATE

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge: *Harry J. Smith* *5/14/92*
 Signature of Applicant Date

SEWAGE SYSTEM PERMIT

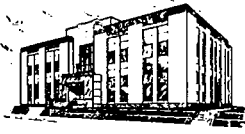
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SKETCH PLAN FORM H

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

GENERAL CHECKLIST

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

WATER RESOURCE CHECKLIST

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

Scale of Diagram: 1 inch = _____ feet

Drawing By: _____

Date of Drawing: _____

Remarks: _____

Signature _____

