130011002

PARCEL	130011002
APP	SEPTIC
YEAR	2011
SCANNED	

10/18/11

RECEIVED
OCT 10 2011
ZONING

...tic System Application

Becker County Planning & Zoning
915 Lake Ave, Detroit Lakes, MN 56501
Phone (218)-846-7314; Fax (218)-846-7266

1. PROPERTY DATA (as it appears on the tax statement, purchase agreement or deed)

Parcel Number(s) of property where the system will be installed: 130011002

Is this a split of an existing property? Yes (No) (If yes and a parcel number has not yet been assigned, indicate the main parcel number from which the new parcel was split.) Section 03 Township 139 Range 036 Township Name Green Valley

Legal Description PT SW1/4 NW1/4 PT SE1/4 NW1/4 Comm NW Cor Gvt Lot 3. S 1223.95 To POB W 1399.37 SELY 576.99 NELY 996.50' WLY & NLY 468.04' TO POB

Is the property located within 1000 feet of a lake, 300 feet of a river or 50 ft of a wetland? ✓ Yes ____ No

If so, which one: (lake) river wetland (circle correct water body) Lake/River Name ____

Project Address: 56261 SARTain Dr Park Rapids MN 56470

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

Owner's First Name Gary Schaefer Owner's Last Name Schaefer

Owner's Mailing Address: 56261 SARTAIN Dr Park Rapids MN 56470

3. DESIGNER/INSTALLER INFORMATION

Designer's Company Name L & B Excavating Inc Designer's Name Lee A. Hendrickson

License # 1158 Address P.O. Box 185 Menahga MN 56464 Phone Number (218) 639-2198

Installer's Company Name Same as Designer Installer's Name ____

License # ____ Address ____ Phone Number ____

4. SYSTEM DESIGN INFORMATION U of M worksheets and site plan must accompany this form. Worksheets may be found at: hhtp://septic.umn.edu/.

Size of All Tanks to be installed 1000 gal Septic Tank ____ gal Tank with ____ gal Lift Station (2 compartment tank)
____ gal Lift Station (separate tank) ____ gal Holding Tank ____ Existing tank to be used
____ gal Holding Tank with Privy ____ pit privy
Total Number of tanks to be installed in this system 1 (This # will be reported to MPCA at end of year.)
If using chamber, Brand & Model of Chamber Infiltrator High Capacity Quick 4 # of chambers to be installed 20 chambers

	TANK	SETBACKS DRAINFIELD
Distance to Well	200'+	200'+
Distance to Building	15'	20'
Distance to Property Line	25'	20'
Distance to OHWof Lake	150'+	150'+
Distance to Pressure Line	—	—
Distance to Wetland/Protected Water	—	—

This work will:
____ install a system on a vacant lot (never had structures on the property) (new)
____ install a system on a lot where the structure has been removed and being rebuilt (replacement)
____ install an additional system on the property (new)
✓ replace/repair existing system (failing)
____ enlarge existing system (undersized)

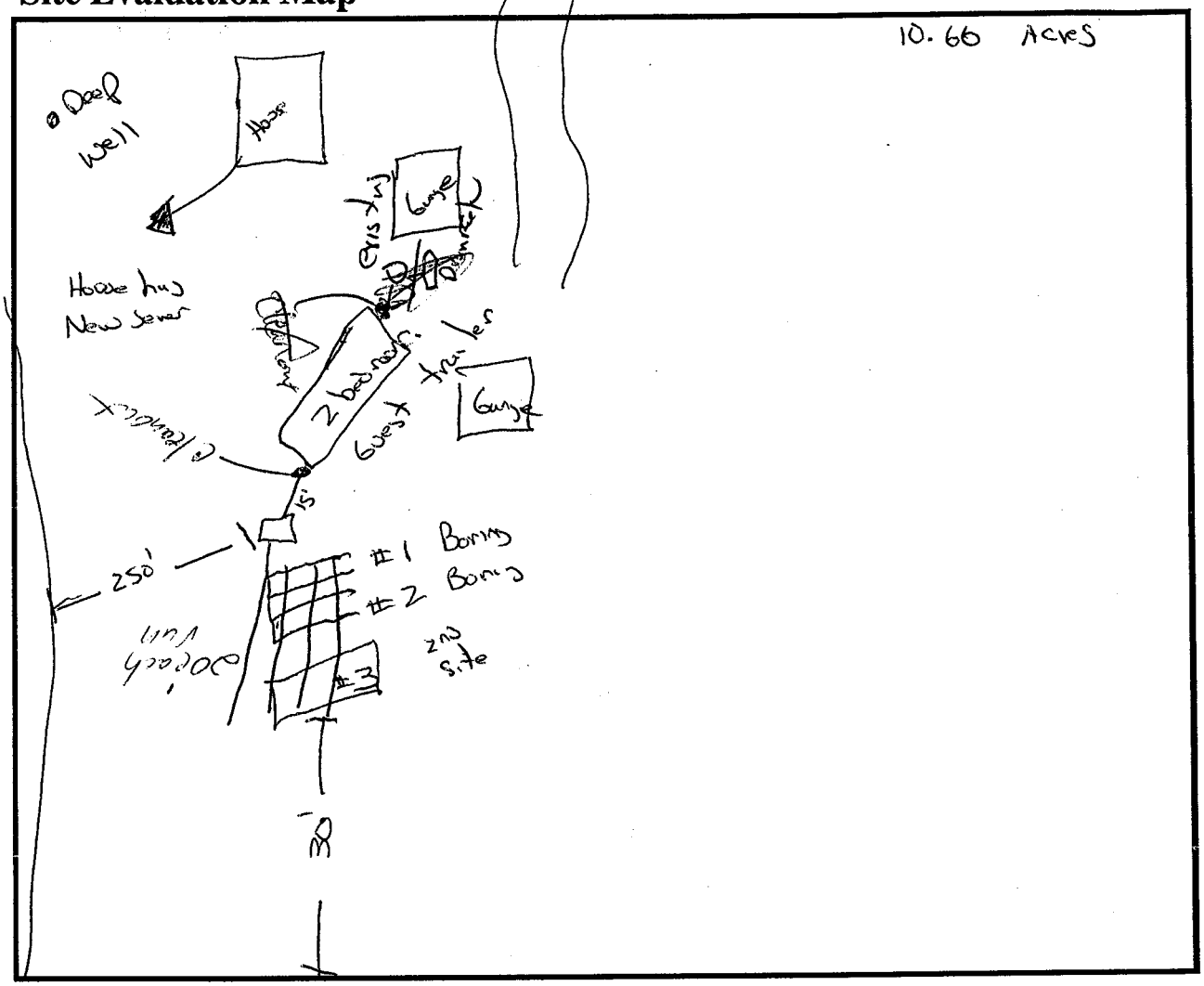
5. DESIGNER'S CERTIFIED STATEMENT

I, Lee A. Hendrickson certify that I have completed the preceding design work in accordance with all
(Print Name of Designer)
applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

Lee A. Hendrickson 10/10/11
Signature of Designer Date

13 0011002 SE/11

Site Evaluation Map



List any construction issues: _____

_____

Mapping Checklist

Map scale: _____ ___ indicate north ___ show slope _____ % direction _____

Locate
- ✓ lot dimensions/property lines
- ✓ dwellings and other improvements
- ✓ existing and/or proposed system(s)
- ✓ replacement area
- ✓ unsuitable area(s)
- ✓ public water supply wells
- ✓ pumping access
- ✓ inner wellhead zone

Easements
- ___ phone
- ___ electric
- ___ gas

Elevations
- ✓ borings
- ___ benchmark
- ___ perc tests
- ___ horiz&vert reference pts

Setbacks
- ___ building
- ___ all water wells within 100ft
- ___ pressure pipe
- ___ water suction pipe
- ___ streams, lakes, rivers
- ___ floodway and fringe

I hereby certify this work has been completed in accordance with all applicable ordinances, rules and laws.

_____ (signature) _____ (date)

_____ (license #) _____ (phone number)

13001002 Se/11

********** FOR OFFICE USE ONLY **********

Application Approved by: Deb Mattson Date: _____

Amount Paid $100.00 Receipt Number 263480- Permit Number _____

NOTES: 10/11/11 787606

Mailed C/C to homeowner 10/18/11

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INSPECTION REPORT

Home Information

Does the structure contain any of the following elements?

Garbage disposer _____ Yes X No Dishwasher _____ Yes _____ No

Grinder pump _____ Yes X No Lift pump in basement _____ Yes _____ No

Effluent screen installed? _____ Yes X No Effluent screen manufacturer _____

Alarm required? _____ Yes X No Alarm Type _____ Alarm manufacturer _____

Lift pump in system? _____ Yes X No Pump manufacturer _____

Number of bedrooms 2

Component Information

Tank size 1000 Tank manufacturer _____

Drainfield size 400

Drainfield medium Chamber Medium manufacturer Infiltrator

Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth +36"

Vertical separation verified for Boring #2 on _____ Depth _____

Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

	TANK	DRAINFIELD
Distance to Well	+50	+50
Distance to Building	+10	+20
Distance to Property Line	+20	+20
Distance to OHWof Lake	+150	+150
Distance to Pressure Line		
Distance to Wetland/Protected Water		

Date System Installed 10/11/11 **Installer** R&B Excavating **Inspector** Deb Mattson

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CERTIFICATE OF COMPLIANCE

( ) Certificate Is Hereby Denied

(X) Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data.

With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Deb Mattson Supervisor of Inspectors 10/12/11

Signature Title Date

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

University of Minnesota Site Evaluation For 5/16/2005

Property Owner(s) Gary Schaefer Phone Number

Address 56261 SARTAIN Dr Park Rapids MN 56470

P.I.D. Section Township N Range W

Date Time Weather conditions

Location Information (check all that apply)
- ✓ shoreland
- dwelling
- replacement system
- protection area
- other establishment
- new home construction

Homeowner Information

No. of bedrooms (if applicable) 2 bedrooms (includes possible additions)

13001100.2 SE/11

No. of residents in home adults children

Estimated flow 300 gpd

Well casing depth 50' feet

Discharge location if checked

Water using devices (check)
- Garbage disposal
- ✓ Dishwasher
- Large bathtub
- ✓ Laundry/large tub on 2nd floor
- Water softener
- Sump pump
- High eff. furnace
- Jucuzzi/hottub

Water use concerns (check)
- Toilet/faucet leaks
- Max load laundry/day
- Long term prescription medications
- Home business
- Lint screen
- Antibact. soap
- Frequent parties or out of town guests

Soil Data

Soil texture classification: .83 Soil or L2

Unnatural soil (check)	Yes	✓ No			
Type of observation (check)	Probe	Pit	✓ Boring		
Parent material (check)	Till	✓ Outwash	Loess	Bedrock	Alluvium
Vegetation type (check)	Wet	✓ Dry	Unknown		
Slope form (check)	Summit	✓ Shoulder	Back	Foot	Toe
Drainage (check)	✓ Good	Fair	Poor	Ponding	Flooding
Located in floodplain (check)	Yes	✓ No			

Site Summary Data

Standing water:	84"+	inches
Bedrock:	—	inches
Saturated soil:	—	inches
Maximum depth of system:	48"	inches
Max elevation at system bottom:	4	feet
Soil sizing factor (SSF):	.83	gpd/ft²
Linear loading rate (LLR):		gpd/ft
Was a perc test done ?	✓ No	mpi

Soil Survey Data	Soil #1	Soil #2
Map unit sym & name		
Landscape position		
Flooding		
Slope		
Watertable depth		
Bedrock depth		
Possible system depth		
Texture at depth		
Permeability (P)		
Perc(MPI) = 60 / P		
NRCS onsite suitability		

Soil Boring Data

Boring 1 Elevation Location

Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence
0–10	Top Soil	10YR 2/2		
10–30	Sand	10YR 5/6		
30–84"	Sand	10YR 6/6		

Boring 2 Elevation Location

Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence
0–8	Top Soil	10YR 3/2		
8–32	Sand	10YR 5/6		
32–84	Sand	10YR 6/6		

13001100? Sel

Minnesota Pollution Control Agency

OSTP Trench & Bed Design Worksheet v 11.3.28

University of Minnesota

1. SYSTEM SIZING:

A. *Design Flow (Design Sum. 1A):* 300 GPD

B. *Maximum Depth**: 48" inches

C. *Soil Loading Rate (Design Sum. 2B):* .83 GPD/ft²

*Depth to limiting condition(Design Sum.2A) - 3 ft = 3 ft separation may be reduced for Trt. Level A or B

D. *Required Bottom Area: Design Flow (1.A) ÷ Loading Rate (1.C) = Initial Required Bottom Area*

300 GPD ÷ .1.2 GPD/ft²= 250 ft²

E. Select *Dispersal Media*:

- ☐ Rock
- ☑ Other Approved Media — Chambers Infiltrator High Capacity 15²ft/chamber

F. Select *Distribution Method*:

- ☐ Pressure (required for rapidly permeable soils)
- ☐ Gravity-Drop Box
- ☑ Gravity-Other

250 ÷ 15 = 16.666 Need

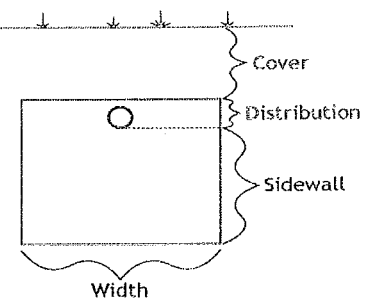
G. Select *Dispersal Type*:

- ☐ Trench - Rock
- ☑ Trench - Registered Product: 4equal trenches
- ☐ Bed - Rock
- ☐ Bed - Registered Product: 20 chambers

2. TRENCH CONFIGURATION: (Rock or equivalent media)

A.

Initial required trench bottom area (ft²): (from 1.D)	Sidewall Absorption (inches)	Bottom Area Reduction	Bottom Area Multiplier	Design trench bottom area
	6 to 11	0%	1	
	12 to 17	20%	0.8	
	18 to 23	34%	0.66	
	24	40%	0.6	



B. Select *Sidewall Height*: inches = ft

C. *Design Bottom Area (2.A):* ft²

D. Select *Trench Width*: inches = ft

E. *Total Designed Trench Length: Bottom Area (2.C) ÷ Trench Width (2.D) = Total Required Trench Length*

ft ÷ ft = ft

F. Select *Trench Spacing*: ft *(typically 5 - 12 ft from center to center)*

G. Calculate Lawn Area: *Trench Length* (2.E) X *Trench Spacing* (2.F) = ft² lawn area

ft X ft = ft² lawn area

H. Calculate Minimum length based on Contour Loading Rate: *Design Flow(1A) ÷ CLR (1C)* =

gpd ÷ gal/ft = ft

I. If using rock, select *Depth Required to Cover Distribution Pipe*:

ft (0.33 for pressure, 0.5 for gravity)

2008 Onsite Septic System Application

SE/08

RECEIVED
JUL 28 2008
ZONING

Becker County Planning & Zoning
835 Lake Ave, P O Box 787
Detroit Lakes, MN 56502-0787
Phone (218)-846-7314; Fax (218)-846-7266

1. **PROPERTY DATA (as it appears on the tax statement, purchase agreement or deed)**
Parcel Number(s) of property where the system will be installed: 13.0011.002

Is this a split of an existing property? Yes No
(If yes and a parcel number has not yet been assigned, indicate the main parcel number from which the new parcel was split.)

Section 3 Township 139 Range 36 Township Name Corey Valley

Lake Name _____ Lake Classification NE

Legal Description: PT SW1/4 NW1/4 - - -

Project Address: 56261 Sartain Dr.

2. **PROPERTY OWNER INFORMATION (as it appears on the tax statement, purchase agreement or deed)**
Owner's First Name Schaefer Owner's Last Name Gary

Mailing Address 56261 Sartain Rd City, State, Zip Park Rapids MN

Phone Number _____

3. **DESIGNER/INSTALLER INFORMATION**
Designer Name Ruggen Kamp Company Name _____ License # 759

Address _____ Phone Number _____

Installer Name _____ Company Name _____ License # _____

Address _____ Phone Number _____

4. **SYSTEM DESIGN INFORMATION**

Existing System Status?

_____ No existing system-new structure
_____ Cesspool/Seepage
_____ Failing (other than cesspool)
_____ Undersized
X Replacement or repair to existing

What will new system serve? Check one

X Dwelling
_____ Resort/Commercial
_____ Commercial (Non-resort)
_____ Other – explain below

_____ Date of site evaluation

Design Flow 600 Gallons Per Day
Number of Bedrooms 4
Garbage Disposal X Yes _____ No
Dishwasher X Yes ___ No
Lift station in House ____ Yes ____ No
Grinder pump in House ____ Yes ____ No

Well Depth _____
Depth of other wells within 100 ft of system _____

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

Size of All Tanks to be installed
1500 gal C Septic Tank
_____ gal Holding Tank
_____ gal Lift Station
_____ Other Tank
_____ Existing tank to be used

Compartmented tank ✓ Yes _____ No Multiple Tanks _____ Yes ✓ No
Total Number of tanks to be installed in this system 1 (This # will be reported to MPCA at end of year.)

✓

13001100? 52/08

** FOR OFFICE USE ONLY **

Application Approved by: Vicki Moltz Date: 7-28-08

Amount Paid 100.00 Receipt Number 172665-396719 Permit Number 7/28/08

NOTES:

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INSPECTION REPORT

Home Information

Does the structure contain any of the following elements?

Garbage disposer ____ Yes ____ No Dishwasher ____ Yes ____ No

Grinder pump ____ Yes ____ No Lift pump in basement ____ Yes ____ No

Effluent screen installed? ____ Yes ____ No Effluent screen manufacturer ____

Alarm required? ____ Yes ____ No Alarm Type ____ Alarm manufacturer ____

Lift pump in system? ____ Yes ____ No Pump manufacturer ____

Number of bedrooms ____

Component Information

Tank size 1500 2/c Tank manufacturer Whipperling tank 7/29/08

Drainfield size ____ 500 sq. ft. 25 Q4's

Drainfield medium ____ Medium manufacturer ____

Drainfield medium size/depth ____

Soil Verification

Vertical separation verified for Boring #1 on ____ Depth ____

Vertical separation verified for Boring #2 on ____ Depth ____

Vertical separation verified for Boring #3 on ____ Depth ____

Sand Good Soils

Setback Verification

	TANK	DRAINFIELD
Distance to Well		
Distance to Building		
Distance to Property Line		
Distance to OHW of Lake		
Distance to Pressure Line		
Distance to Wetland/Protected Water		

Ok.

Date System Installed 7/29/08 **Installer** ____ **Inspector** [signature]

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CERTIFICATE OF COMPLIANCE

( ) Certificate Is Hereby Denied

(X) Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data. With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

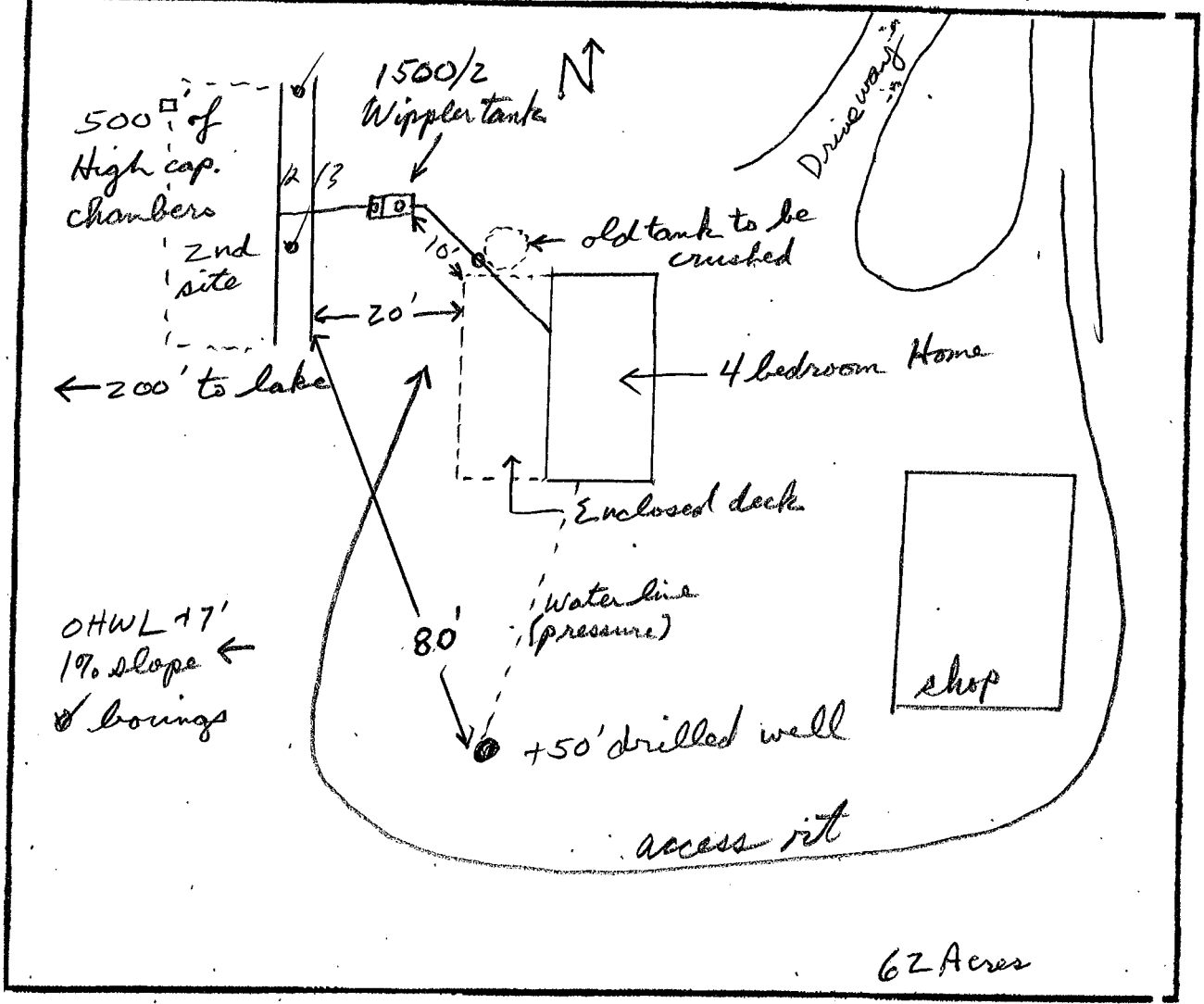
[signature] ISTS Inspector 7/29/08

Signature Title Date

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

Site Evaluation Map

Gary Schaefer SE/08 13001100



List any construction issues:

Mapping Checklist

Map scale: 1"=20' ↑ indicate north 1% show slope 1 % direction ←

Locate
- ✓ lot dimensions/property lines
- ✓ dwellings and other improvements
- ✓ existing and/or proposed system(s)
- ✓ replacement area
- ___ unsuitable area(s)
- ✓ public water supply wells
- ✓ pumping access
- ___ inner wellhead zone

Easements
- ___ phone
- ___ electric
- ___ gas

Elevations
- ✓ borings
- ___ benchmark
- ___ perc tests
- ✓ horiz&vert reference pts

Setbacks
- ✓ building
- ✓ all water wells within 100ft
- ✓ pressure pipe
- ✓ water suction pipe
- ✓ streams, lakes, rivers
- ___ floodway and fringe

I hereby certify this work has been completed in accordance with all applicable ordinances, rules and laws.

Allan Roggenkamp (signature) 7-23-08 (date)

759 (license #) 218-639-5285 (phone number)

University of Minnesota Site Evaluation Form — Mound

Property Owner(s) Gary Schaefer + Kelly Phone Number 218 2550465
Address 56261 Spartain Rd Lt Park Rapids Mn. 56470
P.I.D. R1 30011002 Section 3 Township 139 Green V. N Range 36
Date 7-23-08 Time 2:00 Weather conditions Clear

Location Information *(check all that apply)*
X shoreland X dwelling X replacement system
__ protection area __ other establishment __ new home construction

Homeowner Information
No. of bedrooms *(if applicable)* 4 bedrooms (includes possible additions)
No. of residents in home 2 adults 2 children
Estimated flow 600 gpd
Well casing depth +50' feet
Water using devices *(check)*
X Garbage disposal X Water softener
X Dishwasher __ Sump pump
__ Large bathtub X High eff. furnace
__ Laundry/large tub on 2nd floor __ Jucuzzi/hottub
Discharge location if checked

Water use concerns *(check)*
__ Toilet/faucet leaks __ Max load laundry/day __ Long term prescription medications
__ Home business __ Lint screen __ Antibact. soap __ Frequent parties or out of town guests

SE/08
13001100 2

Soil Data
Soil texture classification: sand (medium)
Unnatural soil *(check)* __ Yes X No
Type of observation *(check)* __ Probe __ Pit X Boring
Parent material *(check)* __ Till X Outwash __ Loess __ Bedrock __ Alluvium
Vegetation type *(check)* __ Wet X Dry __ Unknown
Slope form *(check)* __ Summit X Shoulder __ Back __ Foot __ Toe
Drainage *(check)* X Good __ Fair __ Poor __ Ponding __ Flooding
Located in floodplain *(check)* __ Yes X No

Site Summary Data
Standing water: ____ inches
Bedrock: ____ inches
Saturated soil: +7' inches
Maximum depth of system: 3' inches
Max elevation at system bottom: +3' feet
Soil sizing factor (SSF): .83 gpd/ft²
Linear loading rate (LLR): 1.2 gpd/ft
Was a perc test done ? __ Yes ____ mpi
X No

Soil Survey Data	Soil #1	Soil #2
Map unit sym & name		
Landscape position	upland	Knoll
Flooding	No	
Slope	1%	1%
Watertable depth	+7'	+7'
Bedrock depth		
Possible system depth	3'	3'
Texture at depth	med sand	
Permeability (P)	15	15
Perc(MPI) = 60 / P	1-5	1-5
NRCS onsite suitability		

Soil Boring Data

Boring 1 — Elevation — Observation

Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence
0-4"	sand topsoil	2.5/1 7.5yr	sand	friable
4-84"	med sand	4/4 7.5yr	sand	friable

Boring 2 — Elevation — Observation

Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence
0-4"	sand topsoil	2.5/1 7.5yr	sand	friable
4-85"	med sand	4/4 7.5yr	sand	friable

TRENCH AND BED WORKSHEET

Gary Schaefer 13001100 2 se/08

1. AVERAGE DESIGN FLOW

A. Estimated 600 gpd *(see figure A-1)*
or measured _____ x 1.5 *(safety factor)* = _____ gpd

B. Septic tank capacity 1000/500 gallons *(see figure C-1)*

A-1: Estimated Sewage Flows in Gallons per Day

number of bedrooms	Class I	Class II	Class III	Class IV
2	300	225	180	60%
3	450	300	218	of the
4	(600)	375	256	values
5	750	450	294	in the
6	900	525	332	Class I,
7	1050	600	370	II, or III
8	1200	675	408	columns.

2. SOILS *(Site evaluation data)*

C. Depth to restricting layer = +7' feet

D. Max depth of system Item 2C - 3 ft = 7 ft - 3 ft = 4 ft

E. Texture sand (med) Percolation rate 1-5 MPI

F. Soil Sizing Factor (SSF) .83 sqft/gpd *(see figure D-15)*

G. % Land Slope 1 %

C-1: Septic Tank Capacities (in gallons)

Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal	Liquid capacity with disposal& lift inside
2 or less	750	1125	1500
3 or (4)	1000	(1500)	2000
5 or 6	1500	2250	3000
7, 8 or 9	2000	3000	4000

3. TRENCH or BED BOTTOM AREA

H. For trenches with 6 inches of rock below the pipe:
A x F = _____gpd x _____sqft/gpd = _____ sqft

I. For trenches with 12 inches of rock below the pipe:
A x F x 0.8 = _____gpd x _____sqft/gpd x 0.8 = _____ sqft

J. For trenches with 18 inches of rock below the pipe:
A x F x 0.66 = _____gpd x _____sqft/gpd x 0.66 =_____ sqft

40% reduction K. For trenches with 24 inches of rock below the pipe: 25 chambers @ 15' each
A x F x 0.6 = 600 gpd x .83 sqft/gpd x 0.6 = 375 sqft 945

L. For gravity beds with 6 or 12 inches of rock below the pipe; 20" per chamber
1.5 x A x F = 1.5 x _____gpd x _____sqft/gpd = _____ sqft
For pressure beds with 6 or 12 inches of rock below the pipe;
A x F = _____gpd x_____sqft/gpd = _____sqft

D-15: Soil Characteristics and Soil Sizing Factor (SSF) (> 3' separation)

Percolation Rate minutes per inch (mpi)	Soil Texture	Soil Sizing Factor square feet/gallon per day(sqft/gpd)
faster than 0.1*	Coarse sand	0.83
0.1 to 5	Medium sand Loamy sand	(0.83)
0.1 to 5**	Fine sand	1.67
6 to 15	Sandy loam	1.27
16 to 30	Loam	1.67
31 to 45	Silt loam Silt	2.00
46 to 60	Clay loam Sandy clay Silty clay	2.20
over 61 to 120***	Clay Sandy clay Silty clay	4.20
slower than 120****		

*Use systems for rapidly permeable soils: pressure distribution or serial distribution with no trench >25% of the total system.
**Soil having 50% or more fine sand plus very fine sand.
***A mound must be used.
****An other or performance system must be used

4. DISTRIBUTION *(Check all that apply)*

____ Bed (< 6% slope)	____ Drop boxes (any slope)	____ Rock
____ Trenches	____ Distribution box (< 3%)	____ Chamber
____ Pressure	____ Gravity	____ Gravelless

5. SYSTEM WIDTH, LENGTH and VOLUME

M. Select trench width = _____ ft

N. If using rock, divide bottom area by width: (H, I, J,K or L) ÷ M =
_____sqft ÷_____ft= _____ lineal feet
Rock depth below distribution pipe plus 0.5 foot times bottom area:
Rock depth in feet + 0.5 feet x Area (H,I,J,K, or L)
(_____ft + 0.5 ft) x _____sqft =_____cuft
Volume in cubic yards = volume in cuft divided by 27
_____cuft ÷ 27 = _____cuyds
Weight of rock in tons = cubic yards times 1.4
_____cuyds x 1.4 = _____tons

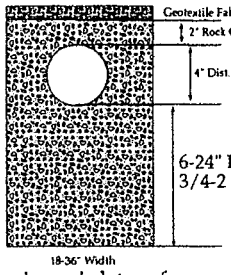
O. **If using 10" Gravelless Pipe,** Flow (A) x Gravelless SSF *(see figure D-9)*
_____gpd x _____lineal feet/gpd = _____ lineal feet

P. **If using Chambers,** H,I,J, or K (based on height of chamber slats) ÷ width of chamber in feet (M)
375 sqft ÷ 3 ft= 125 lineal feet

D-9: Soil Characteristics and Soil sizing factors (SSF) for Gravelless Pipe

percolation rate (minutes/inch)	soil texture	lineal feet/ gallon/day
Faster than 0.1 *	Coarse Sand	
0.1 to 5	Medium Sand Loamy Sand	(0.28)
0.1 to 5	Fine Sand **	0.6
6 to 15	Sandy Loam	0.42
16 to 30	Loam	0.56
31 to 45	Silt Loam Silt	0.67
46 to 60	Clay Loam (CL) Sandy CL Silty CL	0.74
slower than 60***	Clay Sandy Clay Silty Clay	---

*Soil too coarse for sewage treatment. Use systems for rapidly permeable soils.
**Soil having 50% or more fine sand + very fine sand.
***Soil with too high a percentage of clay for installation of a standard inground system.



6. LAWN AREA

Q. Select trench spacing, center to center = 8 feet

R. Multiply trench spacing by lineal feet R x Q = sqft of lawn area
8 ft x 125 lineal feet = 1000 sqft

7. LAYOUT

see attached drawing.

Include a drawing with scale (one inch = _____ feet). Show pertinent property boundaries, rights-of-way, easements, location of house, garage, driveway, and all other improvements, existing or proposed soil treatment system, well and dimensions of all elevations, setbacks and separation distances.

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

Allan Roggenkamp (signature) 759 (license #) 7-23-08 (date)

Se/08 13001100Z

University of Minnesota Site Evaluation Form

Property Owner(s) Gary Schaefer + Kelly
Phone Number 218 255 0465
Address 56261 Santain Rd Park Rapids Mn. 56470
P.I.D. R1 30011002
Section 3
Township 139 Green V. N
Range 36
Date 7-23-08
Time 2:00
Weather conditions Clear

Location Information *(check all that apply)*
X shoreland
__ protection area
X dwelling
__ other establishment
X replacement system
__ new home construction

RECEIVED
JUL 25 2008
ZONING

Homeowner Information
No. of bedrooms *(if applicable)* 4 bedrooms (includes possible additions)
No. of residents in home 2 adults 2 children
Estimated flow 600 gpd
Well casing depth +50' feet
Water using devices *(check)*
X Garbage disposal
X Dishwasher
__ Large bathtub
__ Laundry/large tub on 2nd floor
X Water softener
__ Sump pump
X High eff. furnace
__ Jacuzzi/hottub
Discharge location if checked

Water use concerns *(check)*
__ Toilet/faucet leaks
__ Home business
__ Max load laundry/day
__ Lint screen
__ Antibact. soap
__ Long term prescription medications
__ Frequent parties or out of town guests

Soil Data
Soil texture classification: sand (medium
Unnatural soil *(check)* __ Yes X No
Type of observation *(check)* __ Probe __ Pit X Boring
Parent material *(check)* __ Till X Outwash __ Loess __ Bedrock __ Alluvium
Vegetation type *(check)* __ Wet X Dry __ Unknown
Slope form *(check)* __ Summit X Shoulder __ Back __ Foot __ Toe
Drainage *(check)* X Good __ Fair __ Poor __ Ponding __ Flooding
Located in floodplain *(check)* __ Yes X No

Site Summary Data
Standing water: ______ inches
Bedrock: ______ inches
Saturated soil: +7' inches
Maximum depth of system: 3' inches
Max elevation at system bottom: +3' feet
Soil sizing factor (SSF): .83 gpd/ft²
Linear loading rate (LLR): 1.2 gpd/ft
______ mpi
Was a perc test done? __ Yes X No

Soil Survey Data	Soil #1	Soil #2
Map unit sym & name		
Landscape position	upland	Knoll
Flooding	No	
Slope	1%	1%
Watertable depth	+7'	+7'
Bedrock depth		
Possible system depth	3'	3'
Texture at depth	med	sand
Permeability (P)	15	15
Perc(MPI) = 60 / P	1-6	1-5
NRCS onsite suitability		

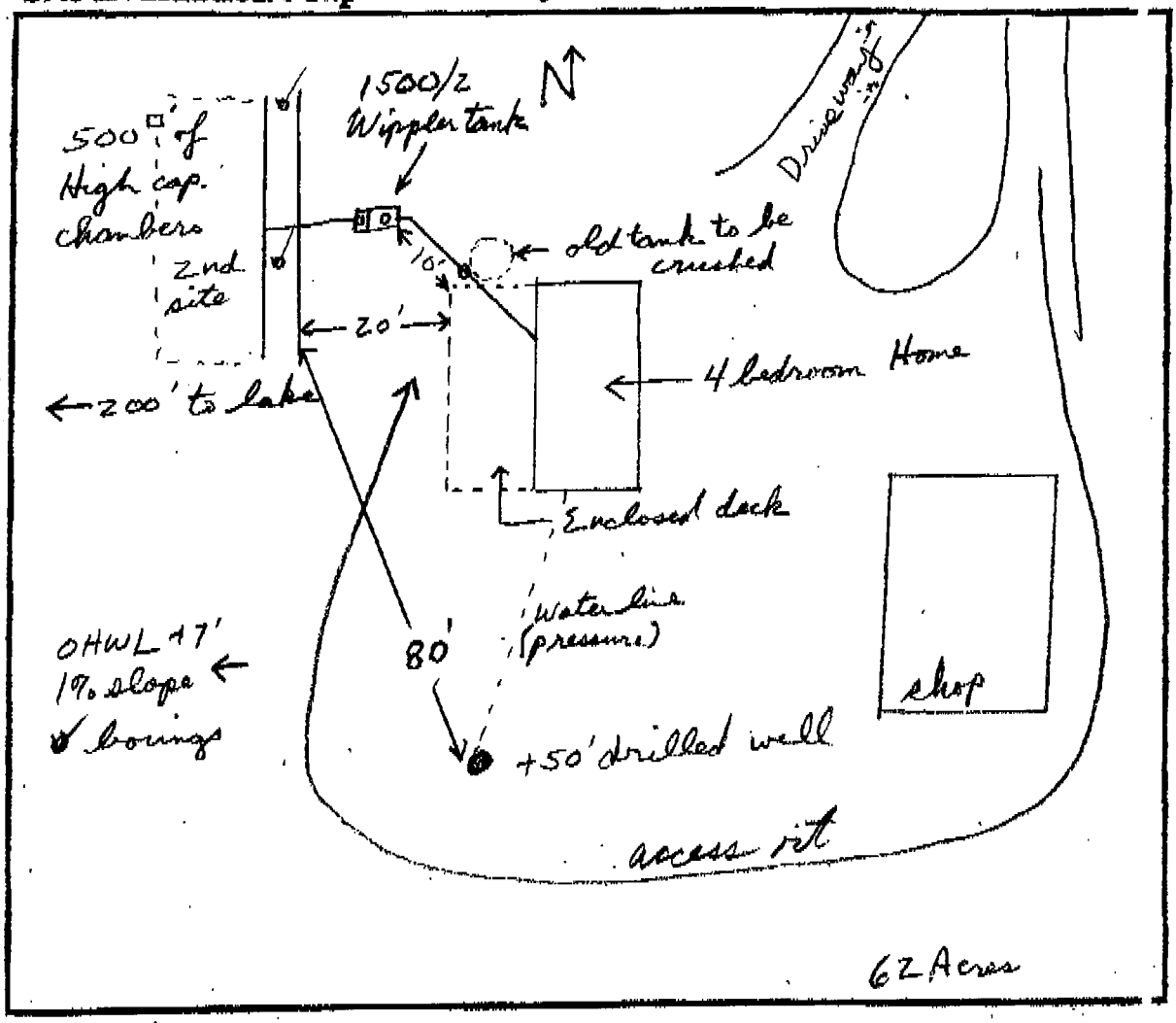
Soil Boring Data

Soil Horizons Depth (Inches)	Texture	Color	Structure	Consistence
0-4"	sand topsoil	2.5/1 7.5 yr	sand	friable
4-84"	med sand	4/4 7.5 yr	sand	friable

Soil Horizons Depth (Inches)	Texture	Color	Structure	Consistence
0-4"	sand topsoil	2.5/1 7.5 yr	sand	friable
4-85"	med sand	4/4 7.5 yr	sand	friable

Gary Schaefer SE/08 13001100?

Site Evaluation Map



List any construction issues: _____

Mapping Checklist

Map scale: 1"=20' ↑ indicate north 1% show slope 1 % direction ←

Locate
- ✓ lot dimensions/property lines
- ✓ dwellings and other improvements
- ✓ existing and/or proposed system(s)
- ✓ replacement area
- ___ unsuitable area(s)
- ✓ public water supply wells
- ✓ pumping access
- ___ other wellhead zone

Easements
- ___ phone
- ___ electric
- ___ gas

Elevations
- ✓ borings
- ___ benchmark
- ___ perc tests
- ✓ horiz/vert reference pts

Setbacks
- ✓ building
- ✓ all water wells within 100ft
- ✓ pressure pipe
- ___ water suction pipe
- ✓ streams, lakes, rivers
- ___ floodway and fringe

I hereby certify this work has been completed in accordance with all applicable ordinances, rules and laws.

Allan Roggenkamp (signature) 7-23-08 (date)

759 (license #) 218-639-5285 (phone number)

TRENCH AND BED WORKSHEET Gary Schaefer 5e/08 13001100?

1. AVERAGE DESIGN FLOW

A. Estimated 600 gpd *(see figure A-1)*
or measured _____ x 1.5 *(safety factor)* = _____ gpd

B. Septic tank capacity 1000/500 gallons *(see figure C-1)*

A-1: Estimated Sewage Flows in Gallons per Day				
number of bedrooms	Class I	Class II	Class III	Class IV
2	300	225	180	60%
3	450	300	218	of the
4	(600)	375	256	values
5	750	450	294	in the
6	900	525	332	Class I,
7	1050	600	370	II, or III
8	1200	675	408	columns.

2. SOILS *(Site evaluation data)*

C. Depth to restricting layer = +7' feet
D. Max depth of system, Item 2C - 3 ft = 7 ft - 3 ft = 4 ft
E. Texture Sand (med) Percolation rate 1-5 MPI
F. Soil Sizing Factor (SSF) .83 sqft/gpd *(see figure D-15)*
G. % Land Slope 1 %

C-1: Septic Tank Capacities (in gallons)			
Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal	Liquid capacity with disposal & lift inside
2 or less	750	1125	1500
3 or (4)	1000	(1500)	2000
5 or 6	1500	2250	3000
7, 8 or 9	2000	3000	4000

3. TRENCH or BED BOTTOM AREA

H. For trenches with 6 inches of rock below the pipe:
A x F = _____ gpd x _____ sqft/gpd = _____ sqft

I. For trenches with 12 inches of rock below the pipe:
A x F x 0.8 = _____ gpd x _____ sqft/gpd x 0.8 = _____ sqft

J. For trenches with 18 inches of rock below the pipe:
A x F x 0.66 = _____ gpd x _____ sqft/gpd x 0.66 = _____ sqft

K. For trenches with 24 inches of rock below the pipe: 25 chambers 945 @ 40% reduction
A x F x 0.6 = 600 gpd x .83 sqft/gpd x 0.6 = 375 sqft

L. For gravity beds with 6 or 12 inches of rock below the pipe; 20" per chamber
1.5 x A x F = 1.5 x _____ gpd x _____ sqft/gpd = _____ sqft
For pressure beds with 6 or 12 inches of rock below the pipe;
A x F = _____ gpd x _____ sqft/gpd = _____ sqft

D-15: Soil Characteristics and Soil Sizing Factor (SSF) (> 3' separation)		
Percolation Rate minutes per inch (mpi)	Soil Texture	Soil Sizing Factor square feet/gallon per day (sqft/gpd)
faster than 0.1*	Coarse sand	0.83
0.1 to 5	Medium sand	0.83
	Loamy sand	
0.1 to 5**	Fine sand	1.67
6 to 15	Sandy loam	1.27
16 to 30	Loam	1.67
31 to 45	Silt loam	2.00
	Silt	
46 to 60	Clay loam	2.20
	Sandy clay	
	Silty clay	
over 61 to 120***	Clay	4.20
	Sandy clay	
slower than 120****	Silty clay	

*Use systems for rapidly permeable soils: pressure distribution or serial distribution with no trench >25% of the total system.
**Soil having 50% or more fine sand plus very fine sand.
***A mound must be used
****Another performance system must be used

4. DISTRIBUTION *(Check all that apply)*

___ Bed (< 6% slope) ___ Drop boxes (any slope) ___ Rock
___ Trenches ___ Distribution box (< 3%) ___ Chamber
___ Pressure ___ Gravity ___ Gravelless

5. SYSTEM WIDTH, LENGTH and VOLUME

M. Select trench width = _____ ft

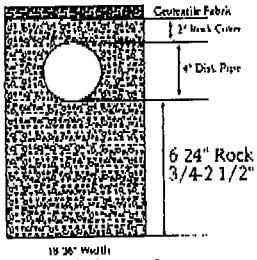
N. If using rock, divide bottom area by width: (H, I, J, K or L) ÷ M =
_____ sqft ÷ _____ ft = _____ lineal feet
Rock depth below distribution pipe plus 0.5 foot times bottom area:
Rock depth in feet + 0.5 feet x Area (H,I,J,K, or L)
(_____ ft + 0.5 ft) x _____ sqft = _____ cuft
Volume in cubic yards = volume in cuft divided by 27
_____ cuft ÷ 27 = _____ cuyds
Weight of rock in tons = cubic yards times 1.4
_____ cuyds x 1.4 = _____ tons

O. **If using 10" Gravelless Pipe,** Flow (A) x Gravelless SSF *(see figure D-9)*
_____ gpd x _____ lineal feet/gpd = _____ lineal feet

P. **If using Chambers,** H,I,J, or K (based on height of chamber slats) ÷ width of chamber in feet (M)
375 sqft ÷ 3 ft = 125 lineal feet

D-9: Soil Characteristics and Soil sizing factors (SSF) for Gravelless Pipe		
percolation rate (minutes/inch)	soil texture	lineal feet/ gallon/day
Faster than 0.1 *	Coarse Sand	
0.1 to 5	Medium Sand	(0.28)
	Loamy Sand	
0.1 to 5	Fine Sand **	0.6
6 to 15	Sandy Loam	0.42
16 to 30	Loam	0.56
31 to 45	Silt Loam	0.67
	Silt	
46 to 60	Clay Loam (CL)	0.74
	Sandy CL	
	Silty CL	
slower than 60***	Clay	—
	Sandy Clay	
	Silty Clay	

*Soil too coarse for sewage treatment. Use systems for rapidly permeable soils.
**Soil having 50% or more fine sand + very fine sand.
***Soil with too high a percentage of clay for installation of a standard inground system.



6. LAWN AREA

Q. Select trench spacing, center to center = 8 feet
R. Multiply trench spacing by lineal feet R x Q = sqft of lawn area
8 ft x 125 lineal feet = 1000 sqft

7. LAYOUT

see attached drawing.

Include a drawing with scale (one inch = _____ feet). Show pertinent property boundaries, rights-of-way, easements, location of house, garage, driveway, and all other improvements, existing or proposed soil treatment system, well and dimensions of all elevations, setbacks and separation distances.

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.
Allan Roggenkamp (signature) 759 (license #) 7-23-08 (date)

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this _____ *day of* _____ *19*_____,

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

The premises covered by this certificate are legally described as:

*Lake No.*_____ *Sec.*_____ *Twp.*_____ *Range*_____ *Twp. Name*_____

*Owner: Name*_____

*Address*_____

*Zip No.*_____

*Permit No. SP*_____

Signed by: Floyd Svenby

Zoning Administrator
Becker County, Minnesota

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

BECKER COUNTY ZONING ADMINISTRATION

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

Permit No. 12-1093

Date 9-3-81

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

7009

130011002

LEGAL DESCRIPTION AND LOCATION

S ½ - NW¼

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
			3	136	36	Green Valley

IDENTIFICATION: Please Print All Information

	Last Name First Initial	Mailing Address– No. Street, City and State	Zip No.	Tel. No.
Owner	LORELEI Studios	RT 1 Box 172-AB		
	Mickelson, LORELEI	Park Rapids, MN. 56470		
Contractor	Name			

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

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

NON–RESIDENTIAL PROPOSED USE:
Specify: Remodeling for FACTORY
~~Size:~~

ESTIMATED COST OF IMPROVEMENT $

Construction Starting Date:

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

Type of Roof:

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 (X) No
Stories above basement:
Sq. feet (outside dimension)
Bedrooms Baths 1

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

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	Sq. Ft.	300 Sq. Ft.
Distance from nearest well	100 Ft.	Ft.	100 Ft.
Distance from lake or stream	— Ft.	Ft.	— Ft.
Distance from occupied building	20 Ft.	Ft.	35 Ft.
Distance from property line	— Ft.	Ft.	+ Ft.
Distance from bottom to Water Table	— Ft.	Ft.	+ 15 Ft.

All distances are shortest distance between nearest points

APPROVED
SEP 10 1981

CHARACTERISTICS:

Lot Area is 80 acres square feet. Water frontage is ..... feet.

Building set back from high water mark is +350 feet. (Building Line)

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

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

Side yard is +100 and +100 feet. Rear yard is +100 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 _____

_____
Signature of Owner

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

MUST BE POSTED AT THE BUILDING SITE

Dated 9-25-81

Floyd Swenby
Becker County Zoning Administrator

Permit Fee $ 10.00 State Surcharge $ .50

Comments: * WAREHOUSE WILL BE THE NEW STUDIO
* 1/2 OF WAREHOUSE

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

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1000	Gls.		Gls.		S F		S F	300	S F		S F
Distance from Nearest Well	100	F		F		F	75	F		F	50	F
Distance from Lake or Stream	—	F		F		F		F		F		F
Distance from Occupied Building	20	F	10	F		F	20	F		F	20	F
Distance from Property Line	+10	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: System For Factory - ONE BATH Room
12 yard of Rock in Drainfield. Bottom of Drainfield
about 4 feet deep - Round tank, built by John
Rowe

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

Floyd Swenby
Inspector's Signature

Title

Inspection Dated 9-3 19 81

Agency

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

BECKER COUNTY ZONING ADMINISTRATION

Permit No. B-1948725

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

Date

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION

Lake No. | Lake Name | Lake Classif. | Sec. | TWP | Range | TWP Name

IDENTIFICATION: Please Print All Information

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

TYPE OF IMPROVEMENT:

( ) New Building ( ) Alteration

Other

RESIDENTIAL PROPOSED USE:

( ) One Family Dwelling

( ) Multiple Dwelling ____ Units

NON–RESIDENTIAL PROPOSED USE:

Specify:

Size:

ESTIMATED COST OF IMPROVEMENT $

Construction Starting Date:

PRINCIPAL TYPE OF FRAME:

( ) Masonry
( ) Wood Frame
( ) Structural Steel
( ) Other – Specify

Type of Roof:

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:
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 set back from State highway is ..... feet – from road or street is ..... feet.

Side yard is ..... and ..... feet. Rear yard is ..... feet.

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

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

APPROVED
SEP 10 1981

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

Dated

Signature of Owner

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

MUST BE POSTED AT THE BUILDING SITE

Dated 9-10-81

Becker County Zoning Administrator

Permit Fee $10 State Surcharge $

Comments:

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

BECKER COUNTY ZONING ADMINISTRATION

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

Permit No. 12-5094-25

Date 8-17-76

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

1300110002

LEGAL DESCRIPTION AND LOCATION

S½ of NW¼ Lorelei Lott Property

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
3-2	NONE	NE	3	139	36	Green Valley

IDENTIFICATION: Please Print All Information

	Last Name	First	Initial	Mailing Address– No. Street, City and State	Zip No.	Tel. No.
Owner	MICKELSON,	JOHN		317 SHELDON CT GREEN BAY, WIS	54303	
Contractor	Name →			RT 1 BOX 172 AB PARK RAPIDS, MN.	56470	

1928 Mail to

TYPE OF IMPROVEMENT:
( ) New Building ( ) Alteration
Other Mobil Home

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

NON–RESIDENTIAL PROPOSED USE:
Specify: _____
Size: _____

ESTIMATED COST OF IMPROVEMENT $ 5000— **Construction Starting Date:** 8-26-76

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

Type of Roof:

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

WATER SUPPLY:
( ) Public
X Individual Well

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

DIMENSIONS:
Basement: ( ) Yes ( ) No
Stories above basement: .....
Sq. feet (outside dimension) 14 x 68
Bedrooms 3 Baths 1

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

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	Sq. Ft.	300 Sq. Ft.
Distance from nearest well	+ 50 Ft.	Ft.	+ 75 Ft.
Distance from lake or stream	+ 150 Ft.	Ft.	+ 150 Ft.
Distance from occupied building	+ 10 Ft.	Ft.	+ 10 Ft.
Distance from property line	+ 10 Ft.	Ft.	+ 10 Ft.
Distance from bottom to Water Table	— Ft.	Ft.	+ 4 Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 80 ac. square feet. Water frontage is 1200 feet.

Building set back from high water mark is + 200 feet. (Building Line)

Land height above high water mark at building line is 20 feet

Building set back from State highway is ..... feet – from road or street is ¼ mile feet.

Side yard is + 20 and + 20 feet. Rear yard is over 45 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 8-17-76

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 8-17-76

Becker County Zoning Administrator

Permit Fee $ 10.00 State Surcharge $ 2.50

Comments: _____

Scale: Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated _____ 19____

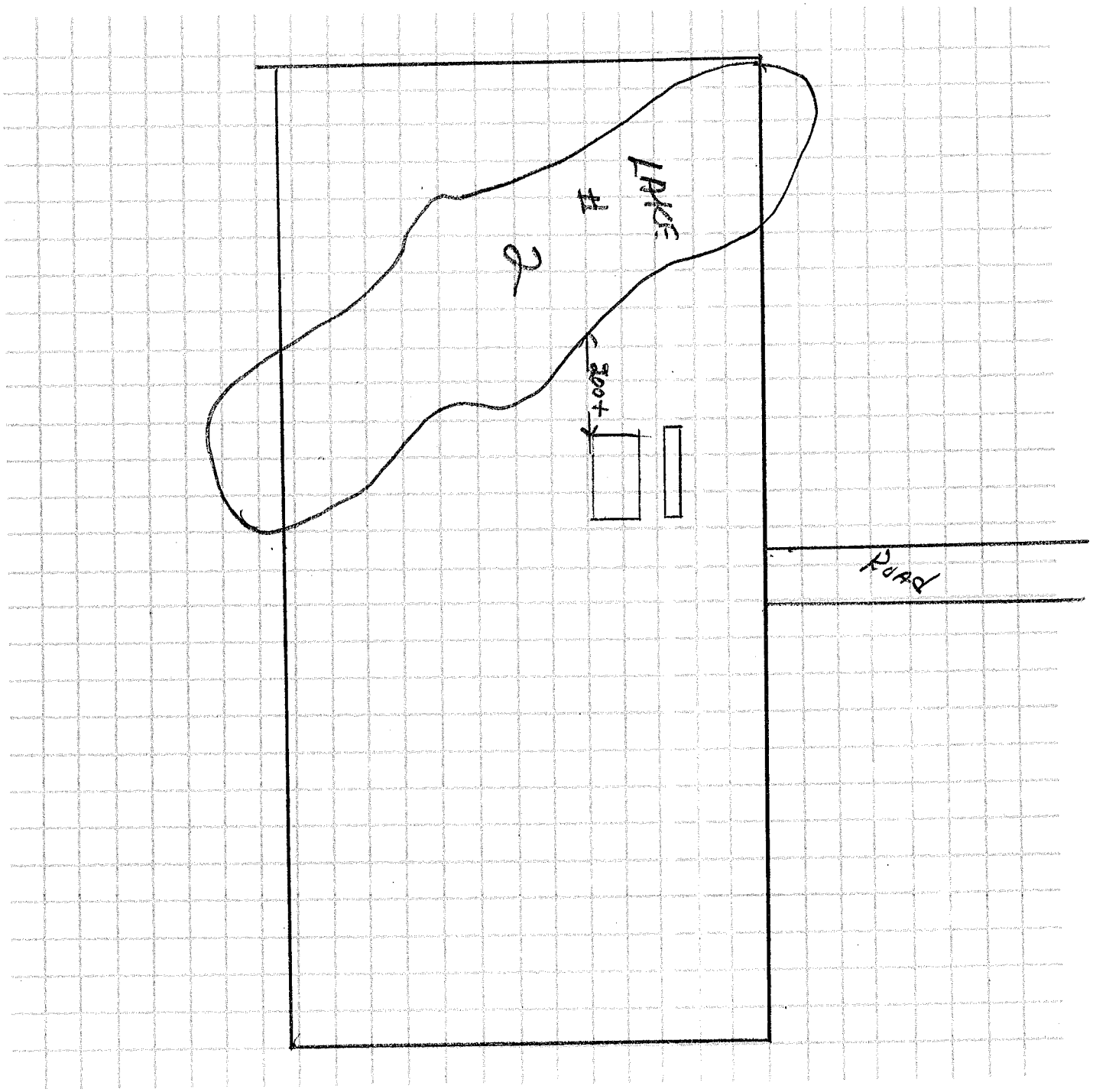
Application for Sewage System Permit Dated _____ 19____

Building Permit Number _____ Sewage System Permit Number _____

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

Dated _____ 19____.

_____
Signature



W — File
Y — Owner
B — Building Inspector

COMPLIANCE INSPECTION

INSPECTION REPORT

FIRE NUMBER _____ 13001100?

LEGAL DESCRIPTION AND LOCATION

13.0011.000
S½ NW¼ AND W 85' OF LOT 3

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
	3-2 NE		3	139	36	GREEN VALLEY

IDENTIFICATION: Please Print All Information

	Last Name First Initial	Mailing Address - No. Street, City, and State	Zip No.	Tel. No.
Owner	KRAFT, LORELEI	ROUTE 1 BOX 366 PARK RAPIDS, MN 56501		
Contractor	Name			

	ACTUAL IS ↓	MINIMUM Shall Be ↓ Sq. Ft.
Building Set Back From High Water Mark	Ft.	Ft.
Building Set Back From Highway	Ft.	Ft.
Side Yard	_____ & _____ Ft.	_____ & _____ Ft.
Rear Yard	Ft.	Ft.
Elevation above High Water Mark at Building Setback Line	Ft.	Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK Actual	SEPTIC TANK Minimum	SEEPAGE BED Actual	SEEPAGE BED Minimum	DRAIN FIELD Actual	DRAIN FIELD Minimum
Capacity	Gls.	** Gls.	SF	** SF	SF	SF
Distance from Nearest Well	F	50 F	F	50 F	F	F
Distance from Lake or Stream	F	50 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 ____