



150220000

**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 _____

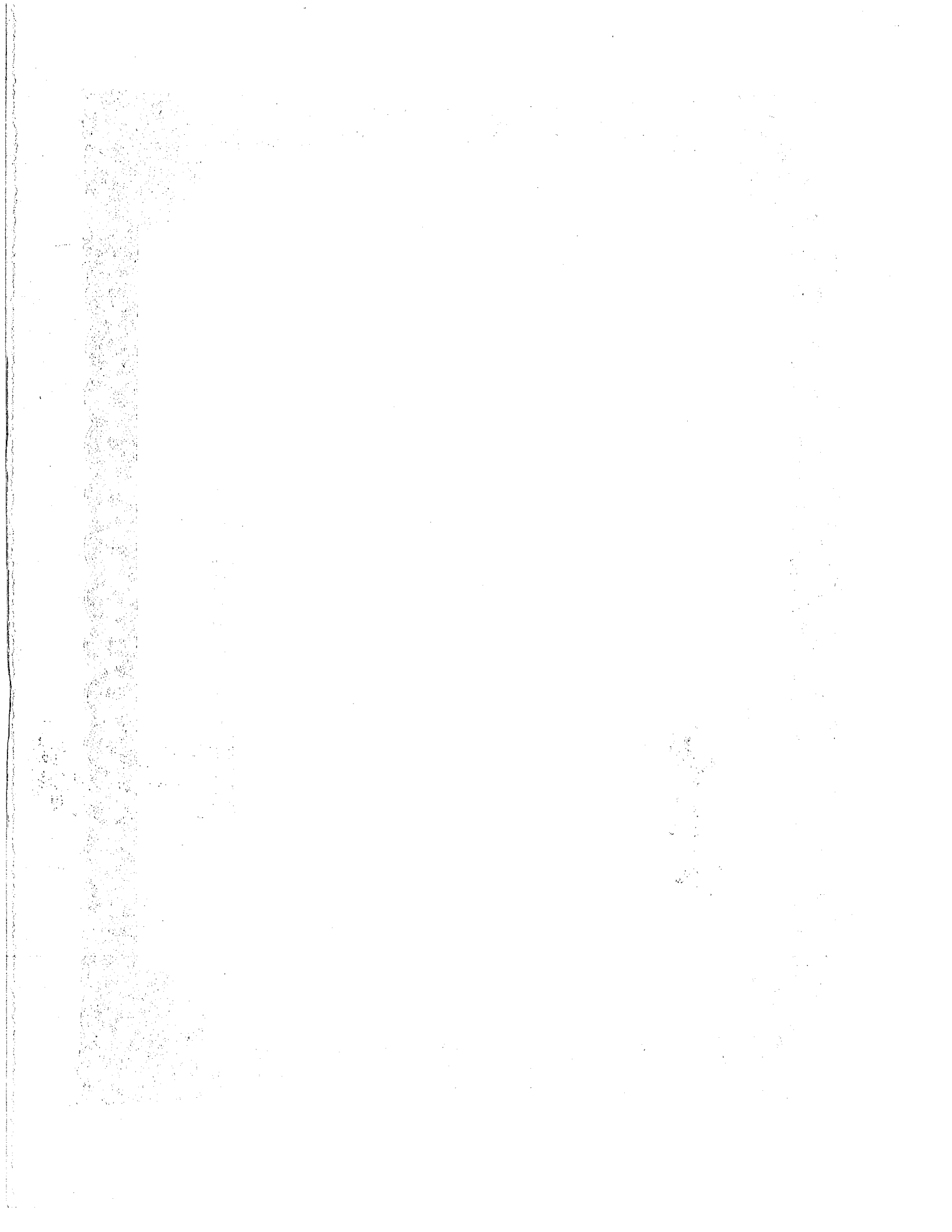
Permit No. SP _____

Zip No. _____

Signed by:

W. J. Hendry

Zoning Administrator
Becker County, Minnesota



6253

LEGAL DESCRIPTION AND LOCATION: # Tract IN Govt. Lot-2
E-5
L ROAD RD 23 139 39 Height of Land

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

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address - No. Street City and State	Zip No.	Tel. No.
	HOLMGREN,	JOHN		Lake Park, Minn.	56554	
Contractor	Name <u>Joe Stenges</u>					

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
<input type="checkbox"/> New Building <input type="checkbox"/> Alteration Other: <u>sewer system</u>	<input checked="" type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	Specify: _____ Size: _____

ESTIMATED COST OF IMPROVEMENT \$	Construction Starting Date:	
PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:
<input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify _____	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Well MECHANICAL EQUIPMENT: Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms <u>2</u> Baths <u>1</u> HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: <u>Boil</u>

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1000</u> Gls.	<u>320</u> Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>80</u> Ft.	<u>100</u> Ft.	Ft.
Distance from lake or stream	<u>80</u> Ft.	<u>135</u> Ft.	Ft.
Distance from occupied building	<u>100</u> Ft.	<u>25</u> Ft.	Ft.
Distance from property line	<u>10</u> Ft.	<u>20</u> Ft.	Ft.
Distance from bottom to Water Table	Ft.	<u>4</u> Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 100 x 400 square feet. Water frontage is 100 feet.

Building set back from high water mark is 8 x 90 feet. (Building Line)

Land height above high water mark at building line is +6 feet

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

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

Building will be located +10 feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located +10 feet from soil absorption system (Cesspool, 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 9-19-80 _____
 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 9-19-80 _____
 Permit Fee \$ 10.00 State Surcharge \$ 50

Floyd Stenges
 Becker County Zoning Administrator

Comments: _____

INSPECTOR'S CHECK LIST

Make all measurements and computations

	ACTUAL IS ↓	MINIMUM Shall Be ↓	Sq. Ft.
Building Set Back from High Water Mark	Ft.	Ft.	Ft. ²
Building Set Back from State Highway	Ft.	Ft.	Ft. ²
Side Yard	& Ft.	& Ft.	Ft.
Rear Yard	Ft.	Ft.	Ft.
Elevation at Building Line above High Water Mark	Ft.	Ft.	Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS

Bed

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	1000 Gls.	Gls.	320 S.F.	S.F.	S.F.	S.F.
Distance from Nearest Well	80 F.	F.	100 F.	75 F.	F.	50 F.
Distance from Lake or Stream	125 F.	F.	135 F.	F.	F.	F.
Distance from Occupied Building	20 F.	10 F.	25 F.	20 F.	F.	20 F.
Distance from Property Line	10 F.	10 F.	20 F.	10 F.	F.	10 F.
Distance from Bottom to Water Table	— F.	F.	4 F.	4 F.	F.	4 F.

Inspector's Comments: *Joe Stenys Jeneticles Sandy sub soil 15 yds Rock*

INTERPRETATION OF ABBREVIATIONS

- Gls. — Gallons
- SF — Square Feet
- F — Linear Feet

Mark Kuehne
 Inspector's Signature

Inspection Dated *9-19* 19 *80*

Title

Agency

DESIGN PAD

BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

Subject _____

Name _____

Address _____

Town _____

State _____

Zip _____

Date _____

9-19-80

sewer system
John Halmgren

Location or Legal Description _____

a tract in Sect Lat. 2
E-5

Remarks: _____

sewer system, only one well on these four
lots, Joe Stenger installed

Signature _____

