150433000

County copy

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

Compliance Inspection Form
Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply.

Submit completed form to Local Unit of Government (LUG) and system owner within 15 days

For local tracking purposes:

RECEIVED
APR 22 2019
ZONING

System Status

System status on date (mm/dd/yyyy): 4-22-2019

☒ **Compliant – Certificate of Compliance**
(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)

☐ **Noncompliant – Notice of Noncompliance**
(See Upgrade Requirements on page 3.)

Reason(s) for noncompliance *(check all applicable)*

- ☐ Impact on Public Health *(Compliance Component #1) – Imminent threat to public health and safety*
- ☐ Other Compliance Conditions *(Compliance Component #3) – Imminent threat to public health and safety*
- ☐ Tank Integrity *(Compliance Component #2) – Failing to protect groundwater*
- ☐ Other Compliance Conditions *(Compliance Component #3) – Failing to protect groundwater*
- ☐ Soil Separation *(Compliance Component #4) – Failing to protect groundwater*
- ☐ Operating permit/monitoring plan requirements *(Compliance Component #5) – Noncompliant*

SCANNED

Property Information

Parcel ID# or Sec/Twp/Range: 150433600

Property address: 40743 w Island Dr

Reason for inspection:

Property owner: Reed Stigen

Owner's phone:

or

Owner's representative:

Representative phone:

Local regulatory authority:

Regulatory authority phone:

Brief system description: 1000 gal tank 1000 gal lift - gravelless drainfield

Comments or recommendations:

711 Northridge Way
West Fargo, ND 58078

Certification

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.

Inspector name: Daryl Byrkas

Certification number:

Business name:

License number: 478

Inspector signature: Daryl Byrkas

Phone number:

Necessary or Locally Required Attachments

☒ Soil boring logs ☒ System/As-built drawing ☐ Forms per local ordinance

2188470501

☐ Other information (list):

Property address: _____ Inspector initials/Date: _____ | _____ (mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____ (mm/dd/yyyy) ☐ Unknown

Shoreland/Wellhead protection/Food beverage lodging? ☐ Yes ☐ No

Compliance criteria:

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: Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No
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: Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	☒ Yes ☐ No
"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080. 2350 or 7080.2400 (Advanced Inspector License required) Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No

Any "no" answer above indicates the system is failing to protect groundwater.

Verification method(s):

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

☒ Conducted soil observation(s) *(Attach boring logs)*
☐ Two previous verifications (*Attach boring logs)*
☐ Not applicable *(Holding tank(s), no drainfield)*
☐ Unable to verify *(See Comments/Explanation)*
☐ Other *(See Comments/Explanation)*

Comments/Explanation:

Indicate depths or elevations

A. Bottom of distribution media	24"
B. Periodically saturated soil/bedrock	60"+
C. System separation	36"
D. Required compliance separation*	36"

*May be reduced up to 15 percent if allowed by Local Ordinance.

5. Operating Permit and Nitrogen BMP* – Compliance component #5 of 5 ☐ Not applicable

Is the system operated under an Operating Permit? ☐ Yes ☐ No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP? ☐ Yes ☐ No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria

a. Operating Permit number: _____ Have the Operating Permit requirements been met?	☐ Yes ☐ No
b. Is the required nitrogen BMP in place and properly functioning?	☐ Yes ☐ No

Any "no" answer indicates Noncompliance.

Upgrade Requirements *(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.*

Island Lake

Soil borings

0-8 - black

8-28 - sandy loam - brown

28-60 - sand - light brown

Boring - 0-12 black

12-24 - Sandy loam brown

24-60 - Sandy loam light brown

Inspection does not Imply or guarantee future hydraulic functioning, only what conditions were found on date of Inspection

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Instructions on page 6

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

Parcel number: 15.0433.000

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

For Local Tracking Purposes:

RECEIVED
AUG 0 4 2009
ZONING

Property Information

Property owner name(s): Reed & Vicki Stigen Property owner phone:

Property address: 40743 W Island Dr. Rochert, MN 56578

Property owner address (if different):

County: Becker Permitting authority: becker county

Date system constructed: 1997 Reason for inspection: owner request

System Description

Brief system description: tank & lift to graveless pipe

Local permit number: Number of bedrooms: 4 Design flow rate: 600

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)*: 7/28/2012

☐ 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

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: Randy Anderson Certification number: 3044

Business license name and number: Andrson On-Site 634 **or**

Name of local unit of government: Becker county

Signature: Date: 7/28/2009

Required Attachments

☒ Hydraulic Performance
☒ Soil Boring Logs
☒ System drawing/As-built drawing
☒ Tank Integrity
☒ Soil Separation
☐ Any local requirements that are different from what is required on this form
☐ Operating Permit Form (if applicable)
☐ 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: 15.0433.000

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

Hydraulic Performance and Other Compliance – *Compliance Inspection Form for Existing SSTS*

Compliance Issue #1 of 4

Date of observation: 7/28/2009 Reason for observation: Owner request

This form expires upon next inspection or in three years, whichever occurs first: 7/28/2012

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): Reed & Vicki Stigen

Property address: 40743 W Island Dr. Rochert, MN 56578

Property owner's address (if different):

County: Becker Property owner phone:

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

Name: Randy Anderson Certification number: 3044

Business license name and number: Andrson On-Site 634 **or**

Name of local unit of government: Becker county

Signature: Date: 7/28/2009

Parcel number: 15.0433.000 System status: ☒ Compliant ☐ Noncompliant
(as determined by this form)

Tank Integrity and Safety Compliance – *Compliance Inspection Form for Existing SSTS*

Compliance Issue #2 of 4

Date of observation: 7/28/2009 Reason for observation: Owner request

This form expires on (three years): 7/28/2012

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 maintenance hole covers damaged, cracked, or appeared to be structurally unsound?	☐ Yes*	☒ No
2.	Were maintenance hole covers replaced in a secured manner (e.g., screws replaced)?	☒ Yes	☐ No*
3.	Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.	☐ Yes	☒ No
4.	Are 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): Reed & Vicki Stigen

Property address: 40743 W Island Dr. Rochert, MN 56578

Property owner's address (if different):

County: Becker Property owner phone:

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

Name: Randy Anderson Certification number: 3044

Business license name and number: Andrson On-Site 634 **or**

Name of local unit of government: Becker county

Signature: Date: 7/28/2009

Parcel number: 15.0433.000 System status: ☒ Compliant ☐ Noncompliant
(as determined by this form)

Soil Separation Compliance and Other Compliance – *Compliance Inspection Form for Existing SSTS*

Compliance Issue #3 of 4

Date of observation: 7/28/2009 Reason for observation: Owner request

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 boring

0"-12" loam 10yr2/2

12"-20" sandy loam 10yr3/4

20"- 34" sand 10yr5/4

34"- 60" sandy loam 10yr4/4

some colors at 48"-52" then clear

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): Reed & Vicki Stigen

Property address: 40743 W Island Dr. Rochert, MN 56578

Property owner's address (if different):

County: Becker Property owner phone:

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

Name: Randy Anderson Certification number: 3044

Business license name and number: Andrson On-Site 634 **or**

Name of local unit of government: Becker county

Signature: Date: 7/28/2009

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

1

Application Number	10558
Tax Parcel Number	15.0133.000
Fire Number of Project Location	

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, MI)	2. Authorized Agent (if applicable)
Stigen Reed	

3. Mailing Address (Street, RFD Box Number, City, State, Zip Code): HC 10 Box 128C Kochert, MN 56578

4. Day Phone	5. Evening Phone	6. Section	7. Township
		13	Height of Land

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name: Island View Plot 5

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

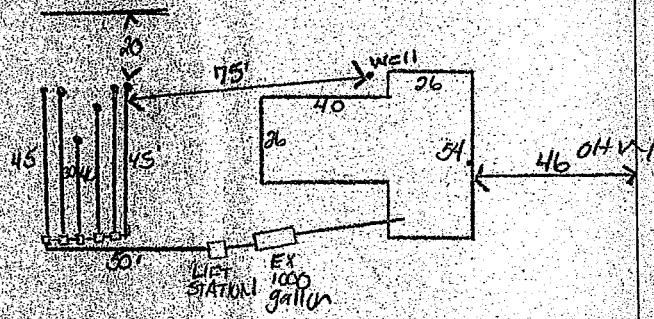
Type of Drainfield
- a. (✓) Standard System
- b. ( ) Mound (pressure distribution)

Well Data
- a. Depth 55+
- b. Diameter

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

1 Inch Equals

DESIGN



10" Gravelless Pipe
Drop Box Distribution

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

	Tank	Drainfield
Distances to Well:	75+	75
Distance to Building:	20	40
Distance to Property Line:	80+	20
Distance to Pressure Line:	20+	30+
Tank Capacity (gal.) & Area of Drainfield (ft.2)	LIFT STATION	750
Distance to Ordinary High Water Level:	100+	100+
Drainfield separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:		5+

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

Patricia Swanson
Signature

Chief Inspector
Title

1-13-94
Date

APPLICATION FOR SEWAGE SYSTEM

CERTIFICATE OF COMPLIANCE

With The Becker County Zoning Ordinance

Application Number	10558
Tax Parcel Number	15.0433.000
Fire Number of Project Location	

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, MI.)	2. Authorized Agent (if applicable)		
Stigen Reed			
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)			
HC 10 Box 128C Rochert, MN 56578			
4. Day Phone	5. Evening Phone	6. Section	7. Township
		13	Height of Land

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name: Island View Plot 5

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

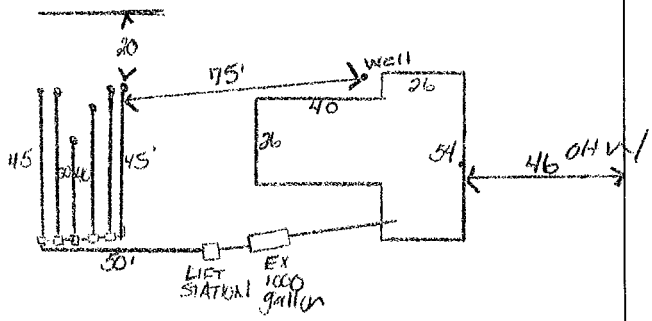
Type of Drainfield
- a. (✓) Standard System
- b. ( ) Mound (pressure distribution)

Well Data 55+
- a. Depth 55+
- b. Diameter

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

1 Inch Equals

DESIGN



10" Gravelless Pipe
Drop Box Distribution

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

	Tank	Drainfield		Tank	Drainfield
Distances to Well:	75+	75	Distance to Pressure Line:	20+	30+
Distance to Building:	20	40	Tank Capacity (gal.& Area of Drainfield (ft 2)	LIFT STATION	750
Distance to Property Line:	20+	20	Distance to Ordinary High Water Level:	100+	100+
					5+

Drainfield separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:

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

Signature

Title: Insp. Inspector — Date: 1-13-97

BECKER COUNTY PLANNING & ZONING
829 Lake Avenue, P O Box 787
Detroit Lakes, MN 56502-0787
Phone (218) 846-7314, Fax (218) 846-7266

Onsite Septic System Site Evaluation/Design

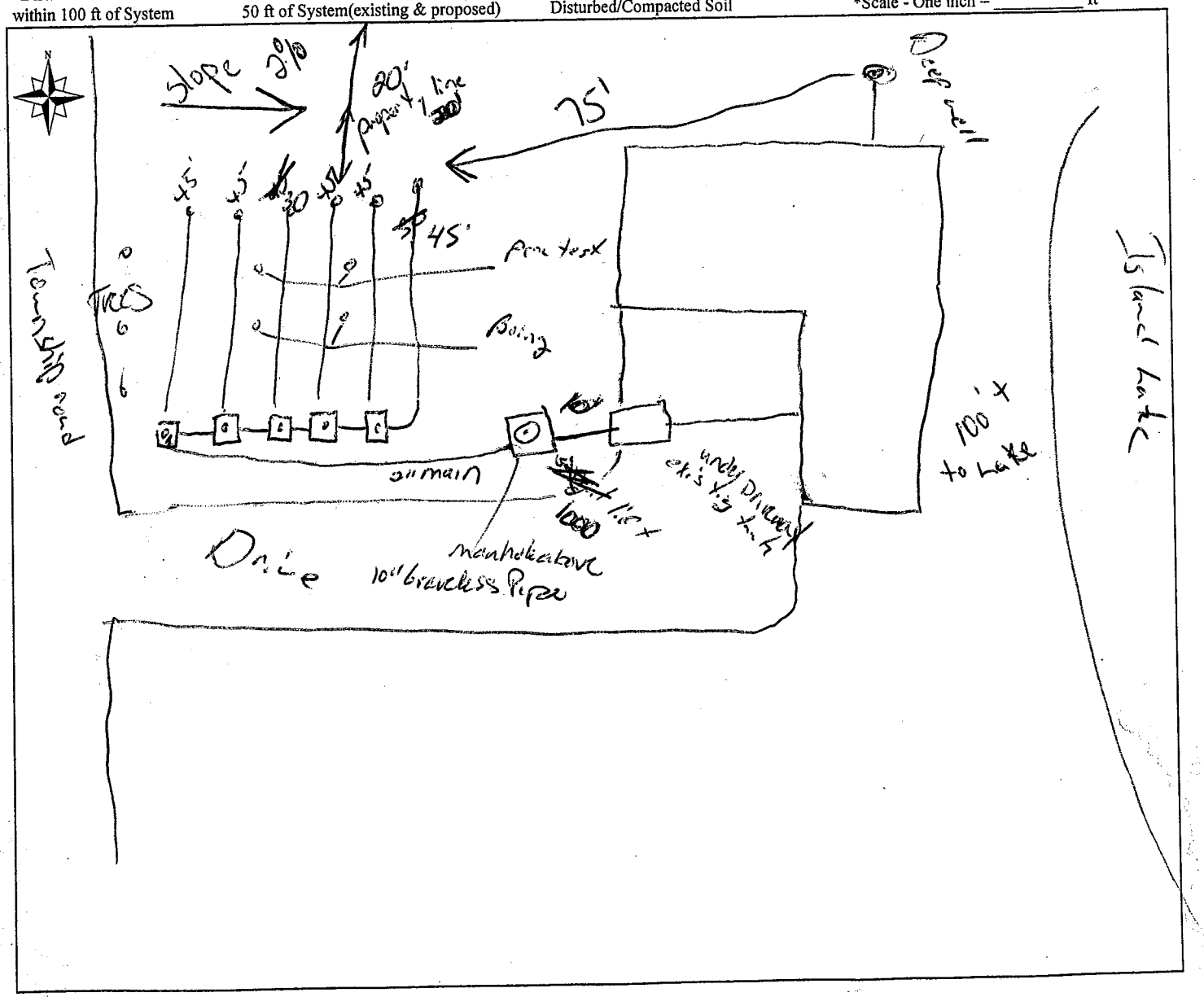
Fire Number
Tax Parcel Number 15.0433.000

Legal Description: Island View Lot 5			
Lake/Stream Name / Lake/Stream Class	Section / TWP / Range	Township Name	
	13 / 140 / 39	Height of Land	
Property Owner / Address	City, State, Zip Code	Phone Number	
Reed Stigen			
ISTS Designer I / Designer II / License Number	Address	Phone Number	
Darryl Bergstrom 478	41609 P.L.M.W	847-0561	

Site Plan

The site plan must be drawn to dimension or to scale:

*All Wells within 100 feet of the System
*Distance from all Wells within 100 ft of System
*Existing & Proposed Buildings
*Easements
*Distance from Water Lines within 50 ft of System(existing & proposed)
*Distance from OHW
*Distance from Property Lines
*Location of any Unsuitable Disturbed/Compacted Soil
*Soil Boring & Perc Test Locations
*Dimensions of Lot
*Tank Access Route
*Scale - One inch = _____ ft



SOIL INFORMATION

TEST HOLE #1				TEST HOLE #2			
DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE	DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
0-12	silt	Black	BLOCKY (PLATY) PRISMATIC NONE	0-10	silt	Black	BLOCKY (PLATY) PRISMATIC NONE
12-28	Sandy loam	10yr 5/4	BLOCKY PLATY PRISMATIC NONE	10-28	sandy loam	10yr 5/4	BLOCKY PLATY PRISMATIC NONE
28-48	sand	10yr 6/4	BLOCKY (PLATY) PRISMATIC NONE	28-48	sand	10yr 6/4	BLOCKY PLATY PRISMATIC NONE
48-60	clay loam	10yr 4/3	BLOCKY (PLATY) PRISMATIC NONE	48-60	clay loam	10yr 4/3	BLOCKY PLATY PRISMATIC NONE
Depth to standing water	60" +			Depth to standing water	60" +		
Depth to mottling	60" +			Depth to mottling	60" +		

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

Brushy area

SYSTEM IS (✓) NEW ( ) REPAIR SYSTEM DESIGN ( ) GRAVITY FLOW (✓) PRESSURE DISTRIBUTION

WATER USES:
(✓) WASHING MACHINE
(✓) DISHWASHER
(✓) WATER SOFTENER
( ) GARBAGE DISPOSAL

TYPE OF RESIDENCE
(✓) TYPE I ( ) TYPE II
( ) TYPE III ( ) TYPE IV

NUMBER OF BEDROOMS 4
NUMBER OF BATHROOMS 2
TOTAL SQ. FT OF STRUCTURE
TANK SIZE existing tank — 500 gal; 1,000 gal tank
LIFT STATION SIZE 500 gal
SOIL TREATMENT AREA SIZE 762 SQ FT
DOSE VOLUME

DEPTH OF SYSTEM 2'
SYSTEM DESIGN FLOW 600 GPD
SOIL SIZING FACTOR 1.27
PUMP SIZE 1/2 Horse
LENGTH OF LIFT LINE 50'
TOTAL DYNAMIC HEAD 10

WELL INFORMATION-Property's Well DEPTH OF WELL
TYPE OF WELL Deep well

Neighboring wells (within 100 ft of system) Depth of Wells NA
Type of Wells

Name of Designer I
Designer II Darryl Bergstrom
Date of Site Evaluation 10/18/96

MPCA Number 478
Phone 847-0561

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

Signature of Evaluator Darryl Bergstrom Date 10/18/96

For Office Use Only

Date Site Evaluation / Design received _____ Received by _____

Date Site Evaluation approved _____ Approved by _____

INDIVIDUAL SEWAGE TREATMENT SYSTEM WORKSHEET

FLOW

A. Estimated 600 gpd
measured _____ x 1.5= _____ gpd

SEPTIC TANK VOLUME

B. 1000 - existing _____ gallons - 500 gal 1.8 +

SOILS (Site evaluation data)

C. Depth to restricting layer = 5'7" feet
D. Maximum depth of system C - 3 ft = 2 feet
E. Texture Sandy loam Percolation rate _____ MPI
F. SSF 1.27 sq ft/gpd
G. Slope 2 %

TRENCH BOTTOM AREA

H. For trenches with 6 inches of rock below the pipe:
A x F = _____ x _____ = _____ sq ft of bottom area

I. For trenches with 12 inches of rock below the pipe:
A x F x 0.8 = _____ x _____ x 0.8 = _____ sq ft of bottom area

J. For trenches with 18 inches of rock below the pipe:
A x F x 0.66 = _____ x _____ x 0.66 = _____ sq ft of bottom area

K. For trenches with 24 inches of rock below the pipe:
A x F x 0.6 = _____ x _____ x 0.6 = _____ sq ft of bottom area

BED BOTTOM AREA

L. For seepage beds with 6 or 12 inches of rock below the pipe;
1.5 x A x F = 1.5 x _____ x _____ = _____ sq ft of bottom area

ROCK VOLUME IN CU FT

M. Rock depth below distribution pipe plus 0.5 foot times bottom area:
M =Rock depth + 6 inches x Area (H,I,J,L,K)
(_____ + 0.5 ft) x _____ = _____ cu ft

ROCK VOLUME IN CU YDS

N. Volume in cu ft divided by 27
M ÷ 27 = cu yds _____ ÷ 27 = _____ cu yds

ROCK WEIGHT

O. Cubic yards times 1.4 = tons
N x 1.4 = tons _____ x 1.4 = _____ tons

SYSTEM LENGTH

P. Select trench width = _____ ft

Q. Divide bottom area by trench width: (H, I, J, or K) ÷ P = lineal feet
_____ ÷ _____ = _____ lineal feet

Q1. Gravelless Design
A x F ÷ (3 for 10" pipe, 2 for 8" pipe , width of the Chamber)
600 x 1.27 ÷ 3 = 254 feet

LAWN AREA

R. Select trench spacing, center to center = 3 feet

S. Multiply trench spacing by lineal feet R x Q = sq ft of lawn area
254 x 3 = 762 sq ft

If the site evaluation determines a mound system, please attach the mound design worksheets.

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	

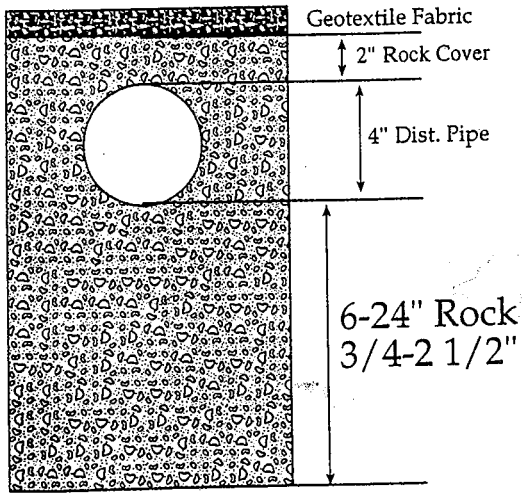
Septic Tank Capacities (in gallons)		
Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal
2 or less	750	1125
3 or 4	1000	1500
5 or 6	1500	2250
7, 8 or 9	2000	3000

Soil Characteristics and Required Areas for Sewage Treatment

Percolation Rate in Minutes per Inch (MPI)	Soil Texture	Square feet per gallon per day
Faster than 0.1 *	Coarse Sand	-----
0.1 to 5	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	2.00
46 to 60	Clay Loam	2.20
Slower than 60***	Clay	-----

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

6 inches= 0% Reduction*
12 inches= 20% Reduction
18 inches= 34% Reduction
24 inches= 40% Reduction
* sizing for gravelless trench



18-36" Width

- PERCOLATION TEST SHEET -

Test hole location Drainfield Hole # 1 Date test hole was prepared: _____

Depth of hole bottom: 24 inches Diameter of hole: 8 inches

Soil Data from test hole:

depth, inches	soil texture	soil color
0-12	Silty	Black
12-24	Sandy loam	Dark brown

Method of scratching sidewall: Stick Depth of pea size gravel in bottom of hole: 2 inches

Date and hour of initial water filling: 9:20 Depth of initial water filling: 8 above hole bottom

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

Percolation test conducted by: _____ Percolation test started at 9:20 (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
9:20	START	8				1/16 = .06
9:30	10	5½	2½	2.5	10 ÷ 2.5 = 4 A	1/8 = .13
9:31	REFILL	8				3/16 = .19
9:41	10	5 9/16	2 7/16	2.44	10 ÷ 2.44 = 4.09 B	1/4 = .25
9:42	REFILL	8				5/16 = .31
9:52	10	5 9/16	2 7/16	2.44	10 ÷ 2.44 = 4.09 C	3/8 = .38
	REFILL				TIME ÷ DROP (Decimal) = PERC D	7/16 = .44
	REFILL				TIME ÷ DROP (Decimal) = PERC E	1/2 = .5
	REFILL				TIME ÷ DROP (Decimal) = PERC F	9/16 = .56
	REFILL				TIME ÷ DROP (Decimal) = PERC G	5/8 = .63
	REFILL				TIME ÷ DROP (Decimal) = PERC H	11/16 = .69
						3/4 = .75
						13/16 = .81
						7/8 = .88
						15/16 = .94

Perc 4.06

Ten Percent Calculation *

A,B,C: Largest # of ABC 4.09 − Smallest # of ABC 4 = .09; Smallest # of ABC 4 × 0.10 = .4	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 Drainfield Hole # 2 Date test hole was prepared: _____

Depth of hole bottom: 24 inches Diameter of hole: 8 inches

Soil Data from test hole:

depth, inches	soil texture	soil color
0-12	Silty	Black
12-24	Sandy loam	Dark brown

Method of scratching sidewall: Stick Depth of pea size gravel in bottom of hole: 2 inches

Date and hour of initial water filling: _____ Depth of initial water filling: 8 above hole bottom

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

Percolation test conducted by: _____ Percolation test started at 9:22 (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
9:22	START	8				1/16 = .06
9:32	10	5¾	2¼	2.25	10 ÷ 2.25 = 4.44 A	1/8 = .13
9:33	REFILL	8				3/16 = .19
9:43	10	5 13/16	2 3/16	2.19	10 ÷ 2.19 = 4.56 B	1/4 = .25
9:44	REFILL	8				5/16 = .31
9:54	10	5 13/16	2 3/16	2.19	10 ÷ 2.19 = 4.56 C	3/8 = .38
	REFILL				TIME ÷ DROP (Decimal) = PERC D	7/16 = .44
	REFILL				TIME ÷ DROP (Decimal) = PERC E	1/2 = .5
	REFILL				TIME ÷ DROP (Decimal) = PERC F	9/16 = .56
	REFILL				TIME ÷ DROP (Decimal) = PERC G	5/8 = .63
	REFILL				TIME ÷ DROP (Decimal) = PERC H	11/16 = .69
						3/4 = .75
						13/16 = .81
						7/8 = .88
						15/16 = .94

4.52

Silted 1.27

Ten Percent Calculation *

A,B,C: Largest # of ABC 4.56 − Smallest # of ABC 4.44 = .12; Smallest # of ABC 4.44 × 0.10 = .1444	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.

BECKER COUNTY

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

SUPPLEMENTAL DATA
FOR SEWAGE SYSTEM PERMIT

FORM C

Fire No.

Application No. 6933

Tax Parcel No. 15.0433.000

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) Stigen Reed A.
2. Sewer Installer
3. Soil Tester/Earthwork Contractor
4. MPCA Certification No.

B. SEWAGE SYSTEM DATA

1. Work Category

a. [ ] New System
b. [X] Repair/ move tank

2. Type of System

a. [ ] Septic Tank Only
b. [ ] Drainfield Only
c. [X] Septic Tank & Drainfield
d. [ ] Alternative System (specify) Moving tank drainfield will remain

3. Anticipated Use

a. [X] Single Family
b. [ ] Multiple Family
c. [ ] Commercial
d. [ ] Agricultural
e. [ ] Other (specify) ______

4. Type of Drainfield

a. [X] Standard System
b. [ ] Mound (pressure distribution)
c. [ ] Mound (gravity distribution)

5. System Design Data

	Tank	Drainfield
a. Distance to Well:	+50	+50
b. Distance to Building:	+10	+10
c. Distance to Property Line:	+10	+10
d. Distance to Suction Line:		
e. Distance to Pressure Line:		
f. Tank Capacity (gal.) and Area of Drainfield (ft. 2):	1000 gal	300 ft²
g. Distance to Lake or Stream (from Ordinary High Water Level):	+150	
h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:		

C. SITE DATA

1. Soils

a. Soil Type: Sand Clay
b. Percolation Rate (minutes per inch): ______
c. Depth to Water Table: ______

2. Supporting Data/Attachments

[X] Sketch Plan**
[ ] Percolation Data Sheets
[ ] Soil Borings
[ ] Tank/Drainfield Design Calculations

b. Well Data:

a. Depth: = +100'
b. Diameter: = 4"
c. Depth of Casing: = ______

d. [X] Drilled
e. [ ] Sand Point
f. [ ] Augered
g. [ ] Public
h. [ ] Private Well

Water Uses:

__ Water Softener
X Dishwasher
X Washing Machine
__ Garbage Disposal

3 No. Bedrooms
2 No. Bathrooms

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: Reed Stigen by [signature] ______

Signature of Applicant — Date

SEWAGE SYSTEM PERMIT

[ ] APPLICATION IS HEREBY DENIED
[X] PERMISSION IS HEREBY GRANTED TO Reed Stigen

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 [signature] — [signature] — 8-4-93

Signature of Permitting Authority — Title — Date

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

- SEE REVERSE FOR GENERAL AND SPECIAL PROVISIONS -

Application Fee $ 45.00 State Surcharge .50 Total $ 45.50

LOT 151

46' 0"

BLACKTOP DRIVE

26X26 CABIN ADDITION

1993

33' 0"

26X26 EXISTING CABIN

13' 0"

WELL

26X40 GARAGE

1993

Septic Existing Tank

220.00'

220.00'

108' 0"

15.0433.000

BECKER COUNTY PLANNING & ZONING

829 LAKE AVENUE, PO BOX 787
DETROIT LAKES, MN 56502-0787
PHONE (218) 846-7314 - FAX (218) 846-7266

INSTALLATION PERMIT FOR
INDIVIDUAL SEWAGE TREATMENT

FIRE NO. _____

PERMIT/RECEIPT NO. 10558

TAX PARCEL NUMBER 15.0433.000

LEGAL DESCRIPTION
Island View Lot 5

LAKE/STREAM NAME	LK/STR CLASS	SECTION	TWP	RANGE	TOWNSHIP NAME
Island	RD	13	140	39	Height of Land

PROPERTY OWNER	ADDRESS/ CITY/ STATE	PHONE NO
Reed Stigen	HC 10 Box 128C Rochert, MN 56578	

INSTALLER	LICENSE NO	PHONE NO
Daryl Bergstrom	478	

SEWAGE TREATMENT SYSTEM DATA

WORK CATEGORY
( ) NEW SYSTEM
(✓) REPAIR

TYPE OF SYSTEM
( ) SEPTIC TANK/DRAINFIELD
(✓) DRAINFIELD ONLY
( ) HOLDING TANK
( ) ALTERNATE (specify)
_____
(✓) LIFT STATION

SIZE OF TANK
500 GALLONS

SIZE OF DRAINFIELD
762 FT2

SYSTEM LENGTH
_____ FT

NUMBER OF TRENCHES 6

ESTIMATED FLOW 600 GPD

TYPE OF DRAINFIELD
(✓) STANDARD (gravelless)
( ) STANDARD (rock trench)
( ) STANDARD (bed)
( ) MOUND (pressure distb)

SIZE OF LIFT STATION
500 GALLONS

SIZE OF PUMP
1/2 HP

DEPTH TO RESTRICTING LAYER 60+

MAXIMUM DEPTH OF SYSTEM 2.2

PERC RATE 4.52

SSF 1.27

SIZE OF GRAVELLESS PIPE 1011

DEPTH OF ROCK —

I hereby certify with my signature that all the data contained herein as well as all supporting data are true and correct to the best of my knowledge. I also understand that this permit is valid for a period of six (6) months.

Daryl Bergstrom
Signature

10-21-96
Date

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.

Site Plan as approved on Site Evaluation.

See Attached

For Office Use Only

Application Fee 60.00 State Surcharge .50 Total 60.50

[ ] Application is hereby denied
[✓] Application is hereby granted to Reed Stryer 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:

Patricia A Swan
Signature of Becker County Qualified Employee

10-21-96
Date

This permit expires on 4-21-97

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. 12-11,574-21

Date _____

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

2644

LEGAL DESCRIPTION AND LOCATION

Lot 5 Island View and Pt Gov Lot 1

153 (Lake No.) Island (Lake Name) RD (Lake Classif.) 13 (Sec.) 140 (TWP) 39 (Range) N. Heights Twp (TWP Name)

IDENTIFICATION: Please Print All Information

	Last Name	First	Initial	Mailing Address– No. Street, City and State	Zip No.	Tel. No.
Owner	Stigen	Reed		3118 So. River Shore Moorhead, MN	56560	
Contractor	Name Green's Plg + Htg			928 8th St. S.E.		

$200.00

TYPE OF IMPROVEMENT:
( ) New Building ( ) Alteration
Other Sewer Rep.

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~~ Bed	DRAIN FIELD
Capacity	1000 Gls.	300 Sq. Ft.	Sq. Ft.
Distance from nearest well	+50 Ft.	+50 Ft.	Ft.
Distance from lake or stream	+75 Ft.	+50 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

APPROVED
AUG 17 1982

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 ..... 30 ..... feet

Building set back from State highway is ..... feet – from road or street is ..... +10 feet. from R.O.W.

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 _____ _____
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 8-12-82 Lloyd Swenby
Becker County Zoning Administrator

Permit Fee $ 10.00 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

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 13 *day of* AUGUST *19* 82,

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

The premises covered by this certificate are legally described as: LOT 5 ISLAND VIEW

Lake No. 153 *Sec.* 13 *Twp.* 140 *Range* 39 *Twp. Name* HEIGHT OF LAND

New sewer system has 1000 gal. septic tank, 50 ft. from nearest well, 150 ft. from lake, 15 ft. from occupied building, over 10 ft. from property line, seepage bed is 300 sq.ft., 85 ft. from nearest well, 200 ft. from lake, 90 ft. from occupied building, over 10 ft. from property line, and over 4 ft. from bottom to water table. Ten (10) yards of rock.

Owner: *Name* REED STIGEN
3118 SOUTH RIVER SHORE
Address MOORHEAD, MN. 56560

Zip No.

Permit No. SP 12-11.574-21

Signed by: Floyd Svenby
Zoning Administrator
Becker County, Minnesota

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

BECKER COUNTY ZONING ADMINISTRATION

Permit No. _____

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				318 South Lindstrom Moorhead, Minn.	56560	
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 SEWAGE DISPOSAL:
( ) Public
( ) Individual Septic Tank etc.

WATER SUPPLY:
( ) Public
( ) Individual Well

DIMENSIONS:
Basement: ( ) Yes ( ) No
Stories above basement:
Sq. feet (outside dimension)
Bedrooms Baths

Type of Roof

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

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.).

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 8-12-82

Becker County Zoning Administrator

Permit Fee $ 10.00 State Surcharge $ .50

Comments:

INSPECTOR'S CHECK LIST

Make all measurements and computations

	ACTUAL IS ↓	MINIMUM Shall Be ↓
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.

Sq. Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS

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.	300	SF		SF		SF		SF
Distance from Nearest Well	50	F		F	85	F	75	F		F	50	F
Distance from Lake or Stream	150	F		F	200	F		F		F		F
Distance from Occupied Building	15	F	10	F	90	F	20	F		F	20	F
Distance from Property Line	+10	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: Washed Rock 10 yds, Greens plg
Clay sub soil, About 30 ft above lake level, Called them on
Th[illegible]

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

Mark Kuehn
Inspector's Signature

Title

Inspection Dated 8-13 1982

Agency

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 5 *day of* MAY *19* 86,

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

The premises covered by this certificate are legally described as: LOT 5 ISLAND VIEW

Lake No. 153 *Sec.* 13 *Twp.* 140 *Range* 39 *Twp. Name* HEIGHT OF LAND

The following was found at the inspection of the above property:
Septic tank is 1000 gal., 50 ft. from nearest well, 150 ft. from lake, 15 ft. from occupied building, over 10 ft. from property line, seepage bed is 300 sq.ft., 85 ft. from nearest well, 200 ft. from lake, 90 ft. from occupied building, over 10 ft. from property line, and over 4 ft. from bottom to water table. The system meets the lateral requirements as required in the Zoning Ordiaance. However, it does not meannthe system will continue to work for a ~~definate period of time.~~

Owner: Name

Address REED STIGEN
3118 SOUTH RIVER SHORE
MOORHEAD, MN. 56560

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

Permit No._____

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: Lot 5 Island View

153 (Lake No.) Island (Lake Name) RD (Lake Classif.) 13 (Sec.) 140 (TWP) 39 (Range) Height of Land (TWP Name)

IDENTIFICATION: Please Print All Information

	Last Name	First	Initial	Mailing Address– No. Street, City and State	Zip No.	Tel. No.
Owner	Stigen, Reed			3118 So. River Shore Moorhead MN.	56560	
Contractor	Name American Federal Savings Bank			601 Center Avenue P.O Box 540 Moorhead, MN. 56560		

Bill to →

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

Type of Roof:

TYPE OF SEWAGE DISPOSAL:
( ) Public
( ) 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) .....
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.

Complaint Inspection

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 ..+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.

Dated_____ _____
Becker County Zoning Administrator

Permit Fee $ 20.00 State 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.	300	S.F.		S.F.		S.F.		S.F.
Distance from Nearest Well	50	F.		F.	85	F.	75	F.		F.	50	F.
Distance from Lake or Stream	150	F.		F.	200	F.		F.		F.		F.
Distance from Occupied Building	15	F.	10	F.	90	F.	20	F.		F.	20	F.
Distance from Property Line	+10	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: Green's plg. installed (1982) Clay silt soil
10 yds Rock about 30" above ~~level~~ lake level.

INTERPRETATION OF ABBREVIATIONS

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

Inspector's Signature

Title

Inspection Dated 5-5-86

Agency

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.__________
Date__________

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LEGAL DESCRIPTION AND LOCATION						
Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

IDENTIFICATION: Please Print All Information

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Owner	Stiger			
Contractor	Name			

Bill to →

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( ) New Building ( ) Alteration	( ) One Family Dwelling	Specify:________
Other________	( ) Multiple Dwelling ______ Units	Size:________

ESTIMATED COST OF IMPROVEMENT $ Construction Starting Date:

PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:
( ) Masonry	( ) Public	Basement: ( ) Yes ( ) No
( ) Wood Frame	( ) Individual Septic Tank, etc.	Stories above basement: ....
( ) Structural Steel	WATER SUPPLY:	Sq. feet (outside dimension) ....
( ) Other — Specify	( ) Public	Bedrooms .... Baths ....
	( ) Individual Well	
	MECHANICAL EQUIPMENT :	HEATING:
Type of Roof:	Elevator: ( ) Yes ( ) No	( ) Electric ( ) Gas ( ) Oil
	Air Conditioning: ( ) Yes ( ) No	( ) Coal ( ) None
	( ) Central ( ) Unit	Other:

SEWAGE DISPOSAL SYSTEM DATA	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	Gls.	Sq. Ft.	Sq. Ft.
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Dated__________ Becker County Zoning Administrator

Permit Fee $ 20.00 State Surcharge $________

Comments:__________