



160044000

2008 Onsite Septic System Application

Becker County Planning & Zoning

835 Lake Ave, P O Box 787

Detroit Lakes, MN 56502-0787

Phone (218)-846-7314; Fax (218)-846-7266

RECEIVED

JUN 03 2008

ZONING

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: R160044000Is 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 B Township 140 Range 40 Township Name HobbesvilleLake Name Rice Lake Classification N.E.Legal Description: PT Gov Lot 5, B COMM N.E. CORProject Address: 30303 Co Hwy 26 Detroit Lakes, MN 56501**2. PROPERTY OWNER INFORMATION** (as it appears on the tax statement, purchase agreement or deed)Owner's First Name NORMA Owner's Last Name PetersMailing Address P.O. Box 379 City, State, Zip Detroit Lakes, MN 56501Phone Number 218-847-6302**3. DESIGNER/INSTALLER INFORMATION**Designer Name Dan Schlunderoff Company Name Dan Schlunderoff Services License # 418Address 20393 Oakeside TRL D.L. Phone Number 218-847-6247Installer Name Nels Thorson Company Name Nels Thorson Excav. License # 47Address 22403 2605T. Det. Lakes, MN Phone Number 218-847-3823**4. SYSTEM DESIGN INFORMATION**

Existing System Status?

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

What will new system serve? Check one

- ☒ Dwelling
☐ Resort/Commercial
☐ Commercial (Non-resort)
☐ Other - explain below

6-20-08 Date of site evaluation

Design Flow 450 Gallons Per Day
 Number of Bedrooms 3
 Garbage Disposal ☐ Yes ☒ No
 Dishwasher ☒ Yes ☐ No
 Lift station in House ☐ Yes ☒ No
 Grinder pump in House ☐ Yes ☒ No

Well Depth 180'
 Depth of other wells within
 100 ft of system N/A

Original Soil ☒ Compacted Soil ☐
 Type of Soil Observation
☐ Pit ☐ Probe ☒ Boring
 Depth to Restricting Layer 5'
 Maximum Depth of System 2'

Size of All Tanks to be installed

☐ gal Septic Tank 625 gal Lift Station ☒ Existing tank to be used
☐ gal Holding Tank ☐ Other Tank

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.)

✓ entered
Laird

Type of Drainfield X Chamber Trench 375 sq ft Full Size of Drainfield 15 sq ft Reduced/Warrantied size
 Rock Trench _____ sq ft _____ sq ft _____ sq ft
 Gravelless _____ sq ft _____ sq ft _____ sq ft
 Mound _____ sq ft ***
 Pressure Bed _____ sq ft ***
 Seepage Bed _____ sq ft ***
 At-grade _____ sq ft ***
 Alternative / Performance _____ sq ft ***

Type of chamber Q-4 H-Cap
 Depth of Rock _____
 Alarm? Yes X No _____
 Type of Alarm ELC in House
 Size of Lift Pump 3/4 H.P.
 Size of Lift Line 1 1/2"

***Attach Worksheets

SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>>100'</u>	<u>>75'</u>
Distance to Building	<u>100'</u>	<u>72'</u>
Distance to Property Line	<u>>150'</u>	<u>>150'</u>
Distance to OHW of Lake	<u>N/A</u>	<u>N/A</u>
Distance to Pressure Line	<u>N/A</u>	<u>N/A</u>
Distance to Wetland/Protected Water	<u>N/A</u>	<u>N/A</u>

Perc Rate .1-5 Soil Sizing Factor .03 *If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
<u>0-6</u>	<u>Sandy Loam</u>	<u>TOP Soil</u>			<u>0-7</u>	<u>Sandy Loam</u>	<u>TOP Soil</u>	
<u>6-40</u>	<u>Sandy</u>	<u>10YR 5/4</u>	<u>Blocky</u>		<u>7-38</u>	<u>Sandy</u>	<u>10YR 5/4</u>	<u>Blocky</u>
<u>40-60</u>	<u>Sandy</u>	<u>10YR 5/6</u>	<u>Blocky</u>		<u>38-60</u>	<u>Sandy</u>	<u>10YR 5/6</u>	<u>Blocky</u>

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

5. REQUIRED DOCUMENTS

U of MN worksheets are required for mounds, pressure beds, seepage beds, at-grades or Type IV or Type V systems. Are the required worksheets attached? _____ Yes _____ No

6. DESIGNER'S CERTIFIED STATEMENT

I, Dan Schlauder certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

Signature of Designer Dan Schlauder Date 7-2-08

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

Application Approved by: [Signature] Date: 7/2/08
Amount Paid \$100.00 Receipt Number 171040-39516 Permit Number 718108
NOTES: _____

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 electric Alarm manufacturer _____
Lift pump in system? Yes ☒ No ☐ Pump manufacturer _____
Number of bedrooms 3

Component Information

Tank size existing Tank manufacturer _____
625 gallon lift station
Drainfield size 375
Drainfield medium rock Medium manufacturer _____
Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth 5'
Vertical separation verified for Boring #2 on _____ Depth _____
Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

	TANK	DRAINFIELD
Distance to Well	<u>+50</u>	<u>+50</u>
Distance to Building	<u>+20</u>	<u>+20</u>
Distance to Property Line	<u>+50</u>	<u>+50</u>
Distance to OHW of Lake	<u>+150</u>	<u>+150</u>
Distance to Pressure Line	_____	_____
Distance to Wetland/Protected Water	_____	_____

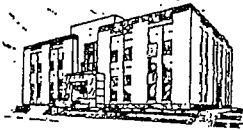
Date System Installed 7/9/08 Installer Nels Thorson Inspector Hebi Moltzen

CERTIFICATE OF COMPLIANCE

() Certificate Is Hereby Denied

☒ 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 Hebi Moltzen Title Supervisor of Inspector Date 7/19/08
(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)



BECKER COUNTY

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

SKETCH PLAN

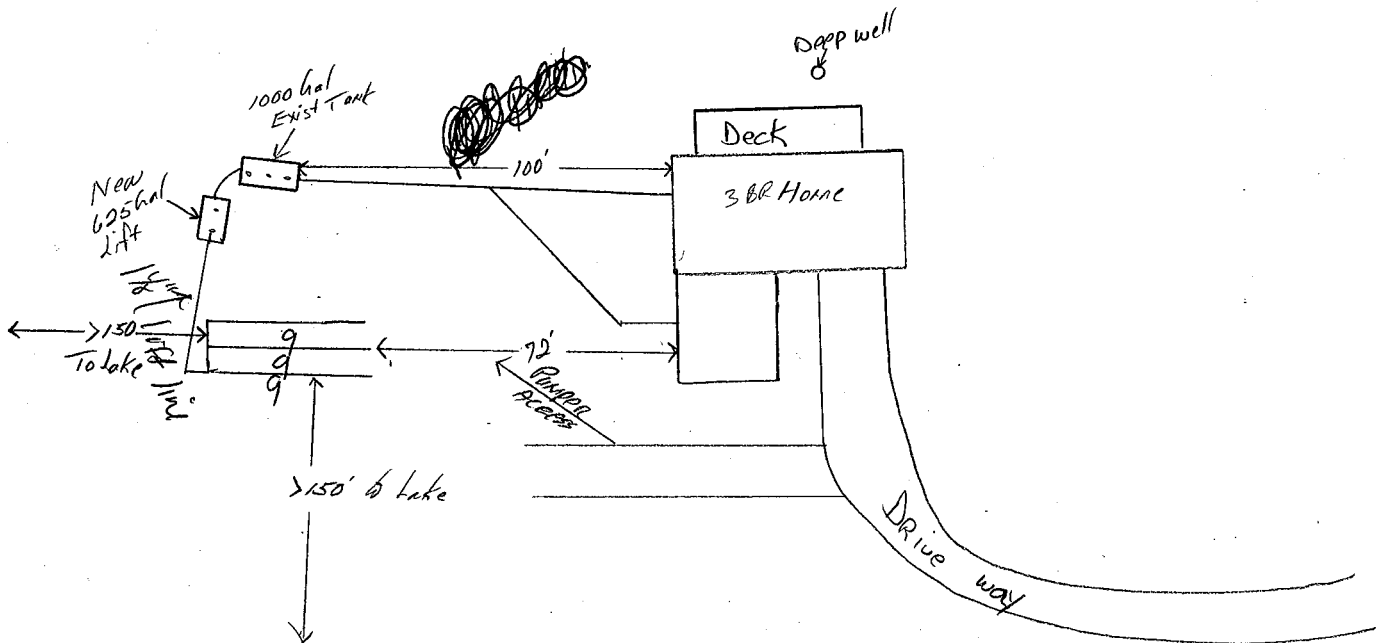
Application No.

Tax Parcel No.

Drawing By: Dan Schlandert

Date of Drawing: 7-2-08

375 50 FT. DRN Field
25 - Q-4 H. Cap Chambers
2 - 36' TRENCHES
+ 20' TRENCH
3 runs 9 chambers
in each run
Q4 High Cap



Minnesota Pollution
Control Agency

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

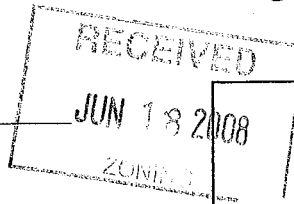
Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Instructions on page 7

Parcel number: R 16.0044.000

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



For Local Tracking Purposes:

Summary Form

Property Information

Property owner name(s): Norman Peters

Property address: 30383 County Hwy 26 Rochert, MN

Property owner's address (if different): P.O. Box 379 Detroit Lakes, MN 56501

County: Becker Property owner phone: 218-847-6307 Permitting authority: becker county

Date system constructed: 4/5/1998 Reason for inspection: Building permit

System Description

Brief system description: 1000 gal septic tank to 450 sq.ft. rock grainfield with add on of 90' gravelless pipe

Local permit number: _____ Number of bedrooms: _____ Design flow rate: _____

Is the system:

In Shoreland area? Yes No

In Wellhead Protection Area? Yes No

An U.S. Environmental Protection

System serving a Minnesota Department
of Health (MDH) licensed facility?

Agency (EPA) Class V Injection Well? Yes No

Yes No

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

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

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

Notice of Noncompliance - For Noncompliant systems:

The reason for noncompliance is: Soil Separation

This noncompliant system is classified as (check one below):

Imminent threat to public health & safety Failing to protect ground water Not in compliance with operating permit

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

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

Name: Randy Anderson Certification number: 3044

Business license name and number: Anderson On-Site Lic# 634 or

Name of local unit of government: Becker County

Signature: _____ Date: 6/5/2008

Required Attachments

Inspector Complete: This Inspection Report is 5 pages long.

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

Upgrade Requirements (derived from Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.

Parcel number: R 16.0044.000System status: Compliant Noncompliant
(as determined by this form)**Hydraulic Performance and Other Compliance****Compliance Issue #1 of 4**Date of observation: 6/5/2008 Reason for observation: inspection

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

Compliance questions/criteria: (Required)

(Check the appropriate box)

Does the system discharge sewage to the ground surface?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does the system discharge sewage to drain tile or surface waters?	Yes <input checked="" type="radio"/> No
Does the system cause sewage backup into dwelling or establishment?	Yes <input checked="" type="radio"/> 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 <input checked="" type="radio"/> 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 <input checked="" type="radio"/> 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): Norman PetersProperty address: 30383 County Hwy 26 Rochert, MNProperty owner's address (if different): PO. Box 379 Detroit Lakes, MN 56501County: BeckerPhone: 218-847-6307

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

Name: Randy AndersonCertification number: 3044Business license name and number: Anderson On-Site Lic# 634

or

Name of local unit of government: Becker CountySignature: Date: 6/5/2008

Parcel number: R 16.0044.000

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

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: 6/5/2008 Reason for observation: inspection

This form expires on (three years): 6/5/2011

Compliance questions/criteria: (Required)

(Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit? Yes ☒ No

Do any sewage tank(s) leak below their designed operating depth? Yes ☒ No

If yes, identify which sewage tank leaks. _____

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

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

Verification Method**: (Optional)

(Check the appropriate box)

Probed tank bottom

Observed low liquid level

Examined construction records

Examined empty (pumped) tank

Probed outside tank for "black soil"

Pressure/vacuum check

Other: _____

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

Safety Check

- | | | |
|---|--------------------------------------|-------------------------------------|
| 1. Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound? | Yes* | <input checked="" type="radio"/> No |
| 2. Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)? | <input checked="" type="radio"/> Yes | No* |
| 3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended. | Yes | <input checked="" type="radio"/> No |
| 4. Was any other safety/health issue present? | Yes* | <input checked="" type="radio"/> 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): Norman Peters

Property address: 30383 County Hwy 26 Rochert, MN

Property owner's address (if different): PO. Box 379 Detroit Lakes, MN 56501

County: Becker Phone: 218-847-6307

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: Anderson On-Site Lic# 634 or

Name of local unit of government: Becker County

Signature:  Date: 6/5/2008

Parcel number: R 16.0044.000System status: Compliant Noncompliant
(as determined by this form)**Soil Separation Compliance and Other Compliance****Compliance Issue #3 of 4**Date of observation: 6/5/08 Reason for observation: inspection*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: 0"-18" sandy loam 10yr2/218"-22" silt 2.5y6/222"-45" silt 2.5y8/2

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.

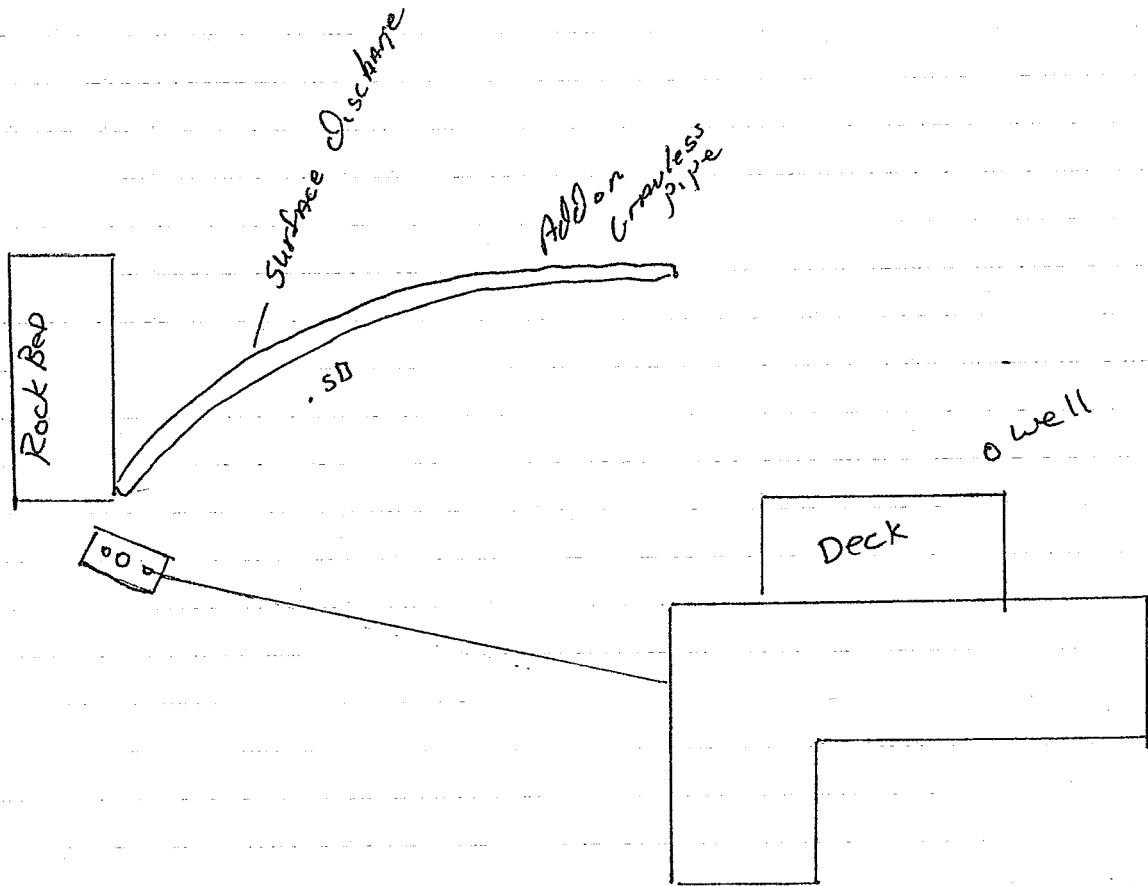
CertificationThis form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector or designer. Completed form must be submitted to the local unit of government within 15 days.Property owner name(s): Norman PetersProperty address: 30383 County Hwy 26 Rochert, MNProperty owner's address (if different): PO. Box 379 Detroit Lakes, MN 56501County: BeckerPhone: 218-847-6307*I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.*Name: Randy AndersonCertification number: 3044Business license name and number: Anderson On-Site Lic# 634

or

Name of local unit of government: Becker CountySignature: Date: 6/5/2008

Peters

Parcel 216.0044.000



APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY 12-6594-20

LEGAL DESCRIPTION AND LOCATION	SE Cor of NE 1/4 of NW 1/4					
	Rice	NE	8	140	40	Halmesville
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range

IDENTIFICATION: Please Print All Information						
Owner	Last Name	First	Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
	Ligdem	L.	A.	329 Robert Street Detroit Lakes, Minn. 56501		
Contractor	Name: Emmet Miller					

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
<input checked="" type="checkbox"/> New Building Other: New House	<input checked="" type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling Units	Specify: Attached garage 22x24 ft. Size:
ESTIMATED COST OF IMPROVEMENT \$ 44,000.00		Construction Starting Date:

PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:
<input type="checkbox"/> Masonry <input checked="" 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 checked="" type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	Basement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: one Sq. feet (outside dimension) 1700 Bedrooms 3 Baths 1 HEATING: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other:
Type of Roof: asphalt		

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	Sq. Ft.	400 Sq. Ft.
Distance from nearest well	over 150 Ft.	Ft.	over 150 Ft.
Distance from lake or stream	over 150 Ft.	Ft.	over 150 Ft.
Distance from occupied building	over 10 Ft.	Ft.	over 10 Ft.
Distance from property line	over 10 Ft.	Ft.	over 10 Ft.
Distance from bottom to Water Table	Ft.	Ft.	over 4 Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:	
Lot Area is 3600 square feet.	Water frontage is 1800 feet.
Building set back from high water mark is 200 feet. (Building Line)	
Land height above high water mark at building line is 13 feet	
Building set back from State highway is over 10 feet	Private over 45 feet from R.O.W.
Side yard is over 10 feet and over 10 feet. Rear yard is over 45 feet	
Building will be located over 10 feet from septic tank (Sewage System Permit must be obtained before installation).	
Building will be located over 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 4-27-77 Signature of Owner: [Signature]

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 4-28-77
Permit Fee \$ 49.00 State Surcharge \$.50
Becker County Zoning Administrator: [Signature]

Comments:

Scale: Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated _____ 19 _____

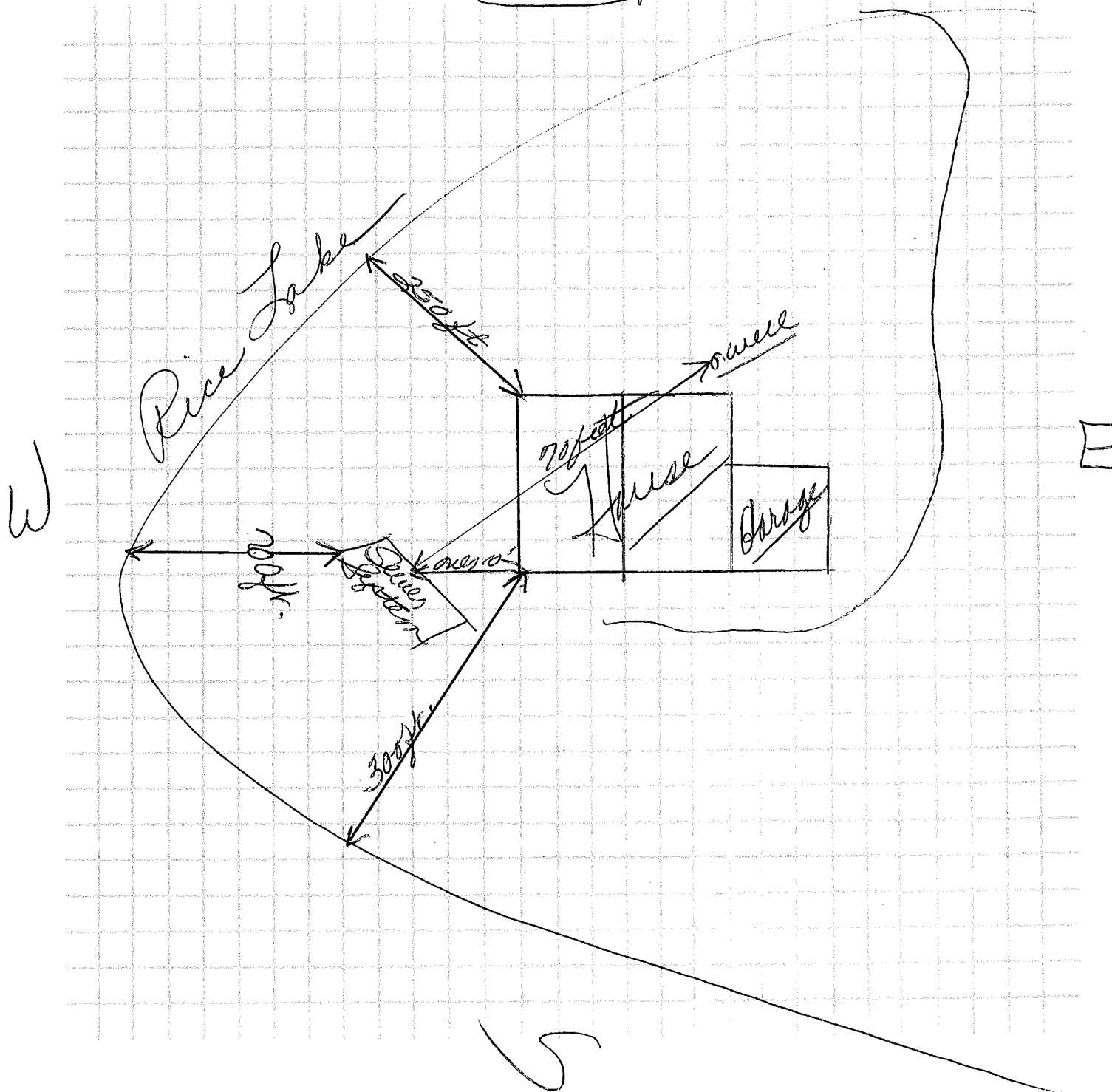
Application for Sewage System Permit Dated _____ 19 _____

Building Permit Number _____ Sewage System Permit Number _____

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

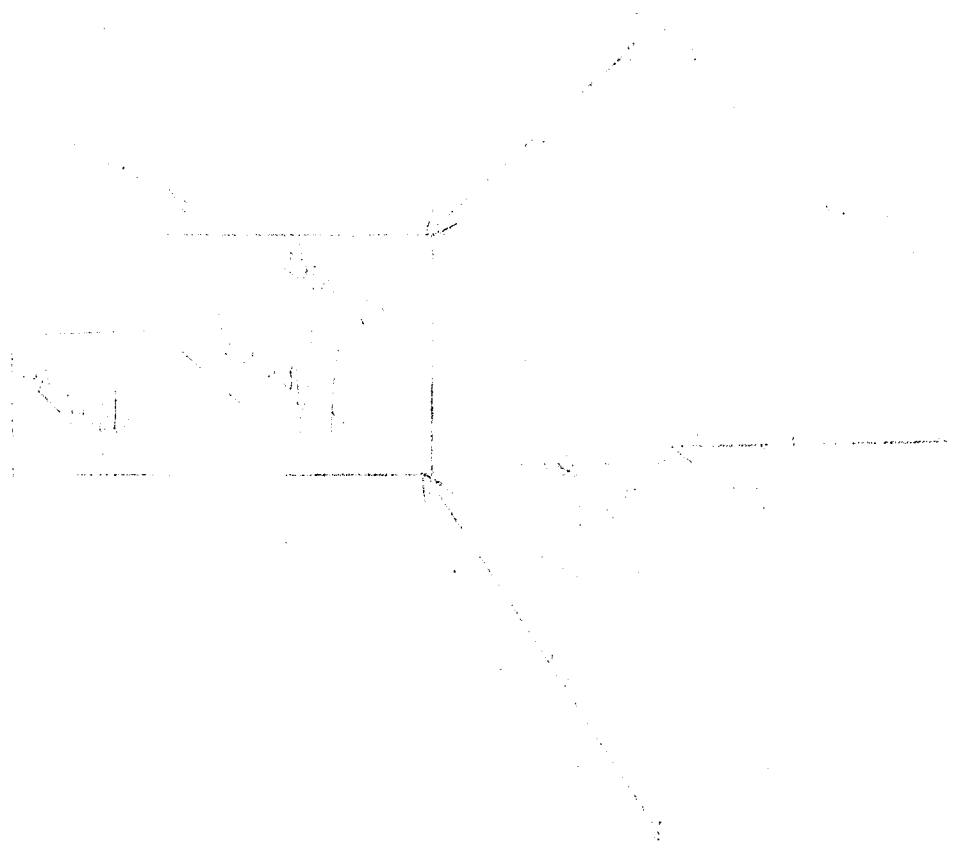
Dated _____ 19 _____.

N
Signature Gloria Hegdem
private road



W — File
Y — Owner
B — Building Inspector

1. The first part of the report is a general
description of the project. It includes the
purpose, objectives, and scope of the study.
2. The second part is a detailed description
of the methodology used in the study. It
includes the data collection methods, the
analysis techniques, and the results of the
study.



INSPECTOR'S CHECK LIST

Make all measurements and computations

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

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	1000				16x40	640 sq ft
Distance from Nearest Well	140		75		140	50
Distance from Lake or Stream						
Distance from Occupied Building	80	10	20		80	20
Distance from Property Line	none	10	10		none	10
Distance from Bottom to Water Table			4		over 4	4

Inspector's Comments:

Called in by A Kaiser
Soaps. Washed rock

INTERPRETATION OF ABBREVIATIONS

Gls. — Gallons
SF — Square Feet

Lin. — Linear Feet

Inspection

Dated

5-23

1977

Title

Agency

LEGAL DESCRIPTION AND LOCATION						
	Lake No.	Lake Name	Lake Class.	Size	IWP	Range
						IWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address	No.	Street	City	and State	Zip No.	Tele No.
Contractor	Name									

TYPE OF IMPROVEMENT	RESIDENTIAL PROPOSED USE	NON-RESIDENTIAL PROPOSED USE
() New Building () Alteration	() One Family Dwelling	Specify: _____
Other: _____	() Multiple Dwelling Units: _____	Size: _____

ESTIMATED COST OF IMPROVEMENTS 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	HEATING:
Type of Roof: _____	MECHANICAL EQUIPMENT:	() Electric () Gas () Oil
	Elevator: () Yes () No	() Coal () None
	Air Conditioning: () Yes () No	Other: _____
	() Central () Unit	

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEWAGE 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 setback from high water mark is _____ feet (Building Line)

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

Building setback from State highway is _____ feet — (from road or stream)

Side yard is _____ 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 oil or gas system (Gas pool, Drift field, etc.)

I, the undersigned, hereby certify that the information contained herein is correct and agree to 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. It is also understood 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 jobs is ready for inspection.

Dated: _____ 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: _____ Becker County Zoning Administrator: _____

Permit Fee \$ _____ State Surcharge \$ _____

Comments: _____

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 24 day of MAY, 19 77,
to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: (see cor of ne 1/4 of nw 1/4)
Lake No. NE Sec. 8 Twp. 140 Range 40 Twp. Name HOLMESVILLE

New sewer system has 1000 gal. septic tank, 140 ft. from nearest well, 80 ft. from occupied building, over 10 ft. from property line, drain field is 640 sq. ft., (16x40), 140 ft. from nearest well, 80 ft. from occupied building, over 10 ft. from property line, and over 4 ft. from bottom to water table.

Owner: Name L. A. HIGDEM
Address 329 ROBERT STREET
DETROIT LAKES, MINN. 56501

Zip No. _____

Permit No. SP 12-6594-20

Signed by: [Signature]
Zoning Administrator
Becker County, Minnesota

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 8 day of DECEMBER 1986
to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: 6AC Bag. 536 ft W and 150 ft
594 of NE Cor Ely Lot 5th SW Al K1 to Most Wily Cor Lot 5 SE Al LK to pt
Lake No. Sec. 8 Twp. 40 Range 140 Twp. Name HOMESVILLE

CAPACITY	FROM NEAREST WELL	SEPTIC TANK	SEEPAGE BED
DISTANCE	FROM LAKE	1000 gls	640 SF
DISTANCE	FROM OCCUPIED BUILDING	140 F	140 F
DISTANCE	FROM PROPERTY LINE	250 F	200 F
DISTANCE	FROM BOTTOM TO Water Table	80 F	80 F
		+50 F	+50 F
			+4

Owner: Name JAMES J. LEITHEISER

Address RR

Rochert MN

Zip No. 56578

Permit No. SP

Signed by: [Signature]
Zoning Administrator

INSTALLED BY ARVID KAISER - 20 YDS ROCK
IN SEEPAGE BED - INSTALLER 5-23-77 CALLED
THIS ONE IN NOT CHECKED AT THAT TIME.
Becker County, Minnesota

DESCRIPTION AND LOCATION	Part of Grant Lot 5 + 8						
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
		RICE	NE	8	180	40	Holmesville

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
	1st UNITED REALTY INC.			119 PIONEER ST		
Contractor	Name			DET 56501 MN.		

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:		NON-RESIDENTIAL PROPOSED USE:
	<input type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	<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 _____ Type of Roof: _____	<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 _____ Baths _____ HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> 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 12-8-86 State Surchage \$ _____
 Permit Fee \$ 20

 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.
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

Inspection
 Dated

19

Inspector's Signature

Title

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.	640	S F		S F		S F		S F
Distance from Nearest Well	140	F		F	140	F	75	F		F	50	F
Distance from Lake or Stream	250	F		F	200	F		F		F		F
Distance from Occupied Building	80	F	10	F	80	F	20	F		F	20	F
Distance from Property Line	450	F	10	F	450	F	10	F		F	10	F
Distance from Bottom to Water Table	---	F	---	F	4	F	4	F		F	4	F

Inspector's Comments: Installed by Arnold Kaiser - 20 yrs Rock
In Seepage Bed - Installed 5-23-77 - Called this
one in not checked at that time.

**INTERPRETATION
OF ABBREVIATIONS**

Gls — Gallons
SF — Square Feet
F — Linear Feet

Mark Kuehne
Inspector's Signature

Inspection
Dated 12-4 19 86

Title

Agency

DESCRIPTION AND LOCATION: 1st UN.ED REH. LLC
KICER NE 8 140 46 Holmesville
 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.
 Contractor: Name

TYPE OF IMPROVEMENT: ☐ New Building ☐ Alteration ☐ Other
 RESIDENTIAL PROPOSED USE: ☒ One Family Dwelling ☐ Multiple Dwelling Units
 NON-RESIDENTIAL PROPOSED USE: Specify

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. ☐ Public ☐ Individual Well
 WATER SUPPLY: ☐ Public ☐ Individual Well
 DIMENSIONS: Basement: ☐ Yes ☐ No
 Stories above basement:
 Sq. feet (outside dimension)
 Bedrooms Baths
 MECHANICAL EQUIPMENT: Elevator ☐ Yes ☐ No Air Conditioning ☐ Yes ☐ No
 HEATING: ☐ Electric ☐ Gas ☐ Oil ☐ Coal ☐ None Other:

SEWAGE DISPOSAL SYSTEM DATA: Capacity Sq. Ft. Distance from nearest well Ft. Distance from lake or stream Ft. Distance from occupied building Ft. Distance from property line Ft. Distance from bottom to water table Ft. Distance from bottom to water table Ft.

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 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, Drain field, 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 void unless the work is completed within the time specified and 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 12-8-06 Signature of Owner
 When signed and approved by the Zoning Administrator, this becomes a work 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 12-8-06 Becker County Zoning Administrator
 Permit Fee \$ 20 State Surcharge \$

Comments: