

.0 3 2008

RECEIVED

ZONING

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

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: K1600 44000
Is this a split of an existing property? Yes No (If yes and a parcel number has not yet been assigned	ed, indicate the main parcel number from which the new parcel was split.)
Section 8 Township 140 Range 4	O Township Name Haksesville
Lake Name Rice	Lake Classification N. E.
Legal Description: DT Gov Lots	B COMM NF COR
Project Address: 30383 Co Hus	26 DelRoit Lakes, MN 50501
2. PROPERTY OWNER INFORMATION (as it	t appears on the tax statement, purchase agreement or deed)
Owner's First Name	Owner's Last Name <u>reters</u>
Mailing Address <i>P.O. Bo</i> × 379	City, State, Zip Defroit Lakes, Mrs. 5650/
Phone Number 218-847-6302	
3. DESIGNER/INSTALLER INFORMATION	
Designer Name Dan SchlaudaRatt	Company Name Dan Schlau Dor of Services icense # 418
Address 20393 Oakside TRL D.L.	Phone Number <u>218 - 847 - 6247</u>
Installer Name Nels Thorson	Company Name Nels Thorson Excau. License # 47
Address 22403 2605T. Det Jakes No.	/ Phone Number 218-439-3833
4. SYSTEM DESIGN INFORMATION	
Existing System Status?	What will new system serve? Check one
No existing system-new structure	Dwelling
Cesspool/Seepage Failing (other than cesspool)	Resort/Commercial Commercial (Non-resort)  6-30-08  Date of site evaluation
Undersized	Other – explain below
Replacement or <del>repair</del> to existing	
Design Flow 450 Gallons Per Day	Well Depth Original Soil Compacted Soil  Depth of other wells within Type of Soil Observation
Number of Bedrooms 3 Garbage Disposal Yes X No	100 ft of system /// Pit Probe X Boring
Dishwasher Yes No Lift station in House Yes Y No	Depth to Restricting Layer 5' Maximum Depth of System 2'
Grinder pump in HouseYes _X No	Maximum Depth of System
Size of All Tanks to be installed	
	gal Lift Station Yes Existing tank to be used
gal Holding Tank	Other Tank
Compartmented tank Yes No Total Number of tanks to be installed in this system	Multiple Tanks Yes $X$ No (This # will be reported to MPCA at end of year.)

Type of Dra		Full Size of Drai	infield Reduc	ced/Warranti	ed cize			a
	nber Trench	<u>375</u> sq 1		sq ft	-	of chamber	Q-4 H-C.	Ý
		sq t		sq ft	Dept	h of Rock		
Grave		sq f sq f	ft <del></del>	sq ft		4		
Press		sq f	ît ***		Aları	n? Yes 🗶	No	
Seepa	age Bed	sq f	ft ***		Туре	of Alarm Ele	c in How	
At-gr	ade	sq f	f ***		Size	of Alarm <u>Ele</u> of Lift Pump	3/10 H.P.	
Altern Perfo	rmance	sq f		ch Workshee	ts Size	of Lift Line /	12	
			TANK	ACKS DRAINFI	FLD			
Distance to \	Well		2100'	275	•			
Distance to I			100	<u>ラネ</u>				
	Property Line OHW of Lake		_>1.50	7/30'	·····			
	Pressure Line		- IVIA	<u> </u>	<del></del>			
	Wetland/Protec	ted Water	NA	N/A				
Perc Rate	.1-5	Soil Sizing	Factor <i>. §</i>	9_3	*If SS	F other than .83,	attach Perc Te	st Data
Soil Borings	(three are requ	uired)						
Depth	Texture	Color	Structure		Depth	Texture 4	Color	Structure
ر ھ	Sandy	TOP			<i>(</i> ) :	SONDY	TOP,	
0-6	Loan	Soil			0-/	Loan	501	
6-40	Souly	10YR 5H	Blocky	-	7-38	Sandy	10 YR 5/4	Baky
40-60	Soul	10-18	Black		36-60	South	1048	Black
70 00	-unay		a secry			anay	3/6	Jany
Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
	-	<u> </u>	<u> </u>					
			.:.					
						·		
					···			
- DEOU	DED DOCUM	ENTEC	<i>!</i>	[Vi6-95] [See			<del></del>	
5. REQUI	RED DOCUM	ENIS						
U of M	N worksheets a	re required for 1	mounds, pressur	e beds, seepa	ige beds, at-g	rades or Type IV	V or Type V s	ystems. Are the
required	worksheets att	ached?Y	esNo			•		
6. DESIGN	ER'S CERTIF	TED STATEM	ENT					
	~ p/ p	M						
Print Na	<i>Schlaude</i> Rome of Designer	<u>att</u>	certify that I	have comple	ted the preced	ding design work	in accordance	with all
			limited to Minn	esota Chapte	r 7080 and th	ne Becker County	/ Individual Se	ewage Treatment
System Ordi	nance)	٠.		,				
	V /// /	Q. <b>[</b> ]				À	7 1 50	
Signature of	Designer	<i>y</i> //				Date	7-2-08	·
Signature Of	Designer					Date		

Amount Paid	Receipt Number Permit Number
NOTES:	Date: 7/7/08   Permit Number   17/090-395/6
.0.7.25	718108
***************	**************************************
	INSPECTION REPORT
Home Information	
Does the structure contain any of the fo	Howing elements?
Garbage disposer res	No Dishwasher Yes No Lift pump in basement Yes X No Effluent screen manufacturer
Effluent screen installed? Ves	No Effluent screen manufacturer
Sindent screen instance: res	1 / 6
Alarm required?N	lo Alarm Type <u>e/ec/Vrc</u> Alarm manufacturer
ift pump in system? X Yes	No Pump manufacturer
Number of bedrooms 3	
_	
Component Information	
Tank size VISTING	Tank manufacturer
625 garon C	12 Starm
Drainfield size 5/5	Medium manufacturer
Drainfield medium size/depth	- INTEGRALL MARIALECTURE
Drammeld medium size/depm	
Soil Verification	• • • • • • • • • • • • • • • • • • •
Vertical separation verified for	r Boring #1 on Depth
Vertical separation verified for	r Boring #2 on Depth
Vertical separation verified for	r Boring #3 on Depth
vertical separation vertical for	
Setback Verification	
	TANK DRAINFIELD
Distance to Well	+50 +50
Distance to Building	+20 +20
Distance to Property Line	+50 +50
Distance to OHW of Lake	+150 +150
Distance to Pressure Line	
Distance to Wetland/Protected	Water
<b>-//</b>	1 1/0/5
Date System Installed 7/9/	us Installer Thurson Inspector Sheki Mollar
Date System Installed 7/9/	us Installer Nels Inspector Aleki Mollge
************	************************
************	Installer <u>Vels</u> ***********************************
************	************************
	************************************
**************************************	**************************************
**************************************	**************************************
Certificate Is Hereby Denied	**************************************
**************************************	**************************************

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



## BECKER COUNTY

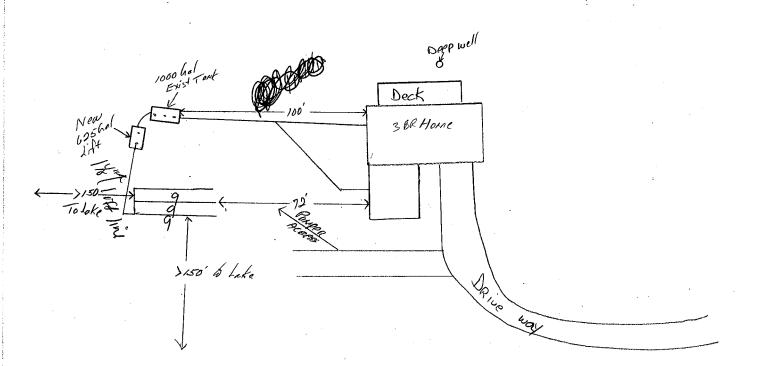
835 LAKE AVENUE, P.O. BOX 787 DETROIT LAKES, MINNESOTA 56502-0787 (218) 846-7314

SKETCH PLAN

	Application No.
I	Tax Parcel No.

325 SOFT. DRN Field 25-Q-4 H. Cop Chambers 256 TRENCHOS TRENCH 3runs 9chambers run in each run QU High Cap Drawing By: Daw Schlauden J

Date of Drawing: 7-2-08



## Minnesota Pollution Control Agency

## **Compliance Inspection Form**

520 Lafayette Road North St. Paul, MN 55155-4194 **Existing Subsurface Sewage Treatment Systems (SSTS)** 

<b>St. Paul, MN 55155-4194</b>	Instructions on page 7
Parcel number: R 16.0044.000  System status: Compliant Noncompliant (based on all compliance requirements)	JUN 18 2008 For Local Tracking Purposes:
Summary Form	
Property Information	
Property owner name(s): Norman Peters	
Property address: 30383 County Hwy 26 Rochert, M	MN
Property owner's address (if different): PO. Box 379 De	troit Lakes, MN 56501
County: Becker Property owner phone: 2	18-847-6307 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 so	g.ft. rock grainfield with add on of 90' gravelless pipe
	per of bedrooms: Design flow rate:
Is the system:	
In Shoreland area? Yes No	In Wellhead Protection Area? Yes No
An U.S. Environmental Protection Agency (EPA) Class V Injection Well? Yes	System serving a Minnesota Department of Heath (MDH) licensed facility?
Compliance Status (Based on state requirements	additional local requirements may also apply.)
Based on the information gathered and reported on attac	ched 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:	eperation
This noncompliant system is classified as (che Imminent threat to public health & safety Failing	ck one below): to protect ground water Not in compliance with operating permit
Certification (Completed form must be submitted to the	ne local unit of government within 15 days.)
I hereby certify that all the necessary information has be	en gathered to determine the compliance status of this system. No or can be made due to unknown conditions during system construction,
Name: Randy Anderson	Certification number: 3044
Business license name and number: Anderson On-Sit	te Lic#634 or
Name of local unit of government: Becker County	
Signature:	Date: 6/5/2008
Required Attachments	nspector Complete: This Inspection Report is pages long.
Check compliance forms attached: Hydraulic Performa	nnce Tank Integrity Soil Separation Operating Permit Form (if applicable) cal requirements that are different from what is required on this form Soil Boring in (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, 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 16.0044.000		System status: Compliant Noncompliant (as determined by this form)
Hydraulic Performance and O	ther Compliance	<b>e</b>
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: (Requi	red)	Verification Method*: (Optional)  (Check the appropriate box)
Does the system discharge sewage to the ground surface?	Yes No	Searched for surface outlet
Does the system discharge sewage to drain tile or surface waters?	Yes No	Performed hydraulic test  Searched for seeping in yard
Does the system cause sewage backup into dwelling or establishment?	Yes No	Checked for backup in home  Excessive ponding in soil system/D-boxes
Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)?	Yes Mo	Homeowner testimony  Examined for surging in tank
Any "yes" answer indicates that the system threat to public health and safety.	is an imminent	"Black soil" above soil dispersal system  System requires "emergency" pumping  Performed dye test
Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	Yes Mo	Other:
"Yes" indicates that the system is failing ground water. If "yes", describe the cond		* 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 Inspection Form for Existing Subsurface completed by an inspector. Completed form	Sewage Treatment Sys	the Minnesota Pollution Control Agency's (MPCA) Compliance stems. Observations, interpretations, and conclusions must be ne local unit of government within 15 days.
Property owner name(s): Norman Peters		
Property address: 30383 County Hwy 26		
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 occurrect.	bservations, interpretation	ons, and conclusions reported on this form and that they are
Name: Randy Anderson		Certification number: 3044
Business license name and number: And	erson On-Site Lic# 634	or

Date: 6/5/2008

Signature:

Name of local unit of government: Becker County

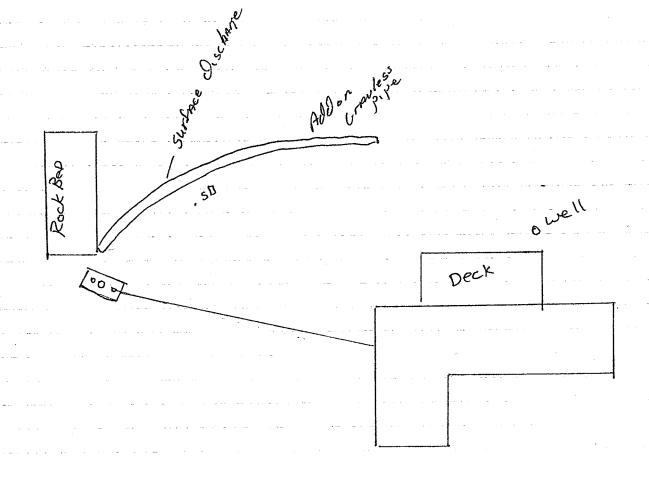
Parcel number:	R 16.0044.000		System status: Compliant Noncomp (as determined by this form)	liant	
		·	,		
Tank Integ	rity and Safety Co	mpliance			
Compliance	e Issue #2 of 4				
Date of observa	ation: 6/5/2008	Reason for observation	: inspection		
This form expire	es on (three years): _6/5/2	011			
	questions/criteria: (Requ appropriate box)	ired)	Verification Method**: (Optional) (Check the appropriate box)		
	n consist of a seepage pit*, ell, or leaching pit?	Yes No	Probed tank bottom		
Do any sewage designed opera	tank(s) leak below their ting depth?	Yes (6)	Observed low liquid level Examined construction records		
If yes, identify w			Examined empty (pumped) tank		
tank leaks.	· · · · · · · · · · · · · · · · · · ·	- I - F-112 4	Probed outside tank for "black so	l"	
Any "yes" answ ground water.	ver indicates that the systen	is failing to protect	Pressure/vacuum check		
* Cooper nite	mosting 7000 2550 may be	compliant if allowed	Other:		
	meeting 7080.2550 may be by local permitting authority.	сотряат и апожес			
			** No standard protocol exists. This list sequential order, nor does it indicate are necessary to make this determin	which comi	ustive, in binations
Safety Che	ck				
1. Are any ma	intenance hole covers damag	ed, cracked, or appeared to be	structurally unsound?	Yes*	<b>1</b>
2. Were all ma	aintenance hole covers replac	ed in a secured manner (e.g., a	II screws replaced)?	<u>Yes</u>	No*
3. Was secon	dary access restraint present	(safety pan, second cover, or sa	afety netting) – highly recommended.	Yes	<b>1</b>
4. Was any ot	her safety/health issue presen	t?		Yes*	NO
Explain:					
*System is	an imminent threat to pul	blic health and safety.			
Certification	on .				
Inspection For	m for Existing Subsurface	<b>Sewage Treatment System</b>	linnesota Pollution Control Agency's (I s. Observations, interpretations, and c rm must be submitted to the local unit	conclusions	must be
Property owner	name(s): Norman Peters				
Property addres	ss: 30383 County Hwy 26	Rochert, MN			
Property owner	's address (if different): PC	). Box 379 Detroit Lakes, MN	56501		
County: Bec	ker		Phone: 218-847-6307		
I hereby certify correct.	that I personally made the o	bservations, interpretations, a	and conclusions reported on this form a	and that the	∍y are
Name: Rand	ly Anderson		Certification number: 3044		
Business licens	e name and number: And	erson On-Site Lic# 634	100		or
Name of local u	init of government: Becke	er County			
Signature:	94		Date: 6/5/2008		

wq-wwists4-31 4/1/08 Compliance Inspection Form for Existing SSTS

			_	
Parcel number:	R 16.0044.000	System status:	Compliant	Noncompliant
		(as determined	by this form)	

## **Soil Separation Compliance and Other Compliance**

Date of observation:	6/5/08	Reason for observation:	inspection					
This information on this	is form does not expire.							
(Check the appropri			(Check the	Method**: (Optional) appropriate box)				
located in Shoreland o Area or not serving a f lodging establishment: Does the system have	ood, beverage or : e at least a two-foot			d soil observation(s) (attach boring logs) ious verifications (attach boring logs)  O"-18" sandy loam 10yr2/2  18"-22" silt 2.5y6/2				
vertical separation dist saturated soil or bedro		Yes No		22"-45" silt 2.5y8/2				
located in Shoreland o	n-performance systems		by two indep	tion does not expire. Previous observations endent parties are sufficient, unless site ave been altered.				
Does the system have separation distance fro soil or bedrock?*	e a three-foot vertical om periodically saturated	Yes No						
"performance" system: Type IV or V system u 7080.2400):	on distance systems (i.e., s under old 7080.0179 o ander new 7080. 2350 or	r	<ul> <li>* May be reduced by up to 15 percent if allowed ordinance.</li> <li>** No standard protocol exists. This list is not in sequential order, nor does it indicate where the protocol exists.</li> </ul>					
Does the system meet separation distance fro soil or bedrock?*	t the designed vertical om periodically saturated	to the second of						
Any "no" answer indic ground water.  Certification	cates that the system is	failing to protect						
This form is to be com	Existing Subsurface Se	ewage Treatment System	ı <b>s.</b> Observatio	ution Control Agency's (MPCA) <b>Complianc</b> ns, interpretations, and conclusions must be unit of government within 15 days.				
Property owner name	(s): Norman Peters							
•	(s): Norman Peters 0383 County Hwy 26 Ro	chert, MN						
Property address: 3	0383 County Hwy 26 Ro	chert, MN Box 379 Detroit Lakes, MI	N 56501					
Property address: 3	0383 County Hwy 26 Ro			8-847-6307				
Property address: 3 Property owner's address County: Becker	0383 County Hwy 26 Roress (if different): PO. E	Box 379 Detroit Lakes, MI	Phone: 21	8-847-6307 ns reported on this form and that they are				
Property address: 3 Property owner's addrest County: Becker  I hereby certify that I p	noon of the control o	Box 379 Detroit Lakes, MI	Phone: 21					
Property address: 3 Property owner's addrest County: Becker I hereby certify that I property.	ress (if different): PO. Enteress (if differe	Box 379 Detroit Lakes, MI	Phone: 21	ns reported on this form and that they are				
Property address: 3 Property owner's addr County: Becker I hereby certify that I p. correct.  Name: Randy Andre	ress (if different): PO. En personally made the observerson	Box 379 Detroit Lakes, Minervations, interpretations, son On-Site Lic# 634	Phone: 21	ns reported on this form and that they are				



=	LEGAL SE	oros	mel	4	of nur	4		
	DESCRIPTION	0	•		0	•		
	AND		2	<del> </del>	<u> </u>	10 110 1	10-	10
	LOCATION (Lake No.	Lake	Name Lak	e Classif	Sec. TWP	Range X	TWP Name	lle
_	IDENTIFICATION: Please Print Last Name			lailing A	ddress— No. Street, City an	d State	Zip No. Tel. No.	
`	Owner Ligden	7. 8	.A.	3	29 Rak	ert Str	et	
1	) Owner	-)			etrait Las	bea, Mo	215650	3/
/	Contractor Name							
	mm	N S	Aller					
-	TYPE OF IMPROVEMENT:		RESIDENTIAL P	ROPOSE	D USE:	NON-RESIDENTIAL P	ROPOSED USE:	
	New Building	Alteration	One Fami	ly Dwelli	ng .	Specify: Alth	ched gard	ges
	Other Tuw Ka	use_	( ) Multiple [	owelling	Units	Size:		
	ESTIMATED COST OF IMPROVE	IENT \$ 44	,000,		Construction Starting Dat			
	PRINCIPAL TYPE OF FRAME:	,	TYPE OF SEWA	GE DISPO	OSAL:	DIMENSIONS:  Basement: Yes	( ) No	
	( ) Masonry Wood Frame		( ) Public	Septic 1	Tank, etc.	Stories above baseme	ano -	
	( ) Structural Steel		WATER SUPPLY		,	Sq. feet (outside dim	·	
	( ) Other — Specify		( ) Public	I Mall		Bedrooms	Baths	
	A	h	MECHANICAL E		NT:	HEATING:		
	Type of Roof:		Elevator: (		I/ No	$\sim$	Gas ( ) Oil	
	ast		Air Condition		Yes No ( ) Unit	( ) Coal ( ) Other:	None	
•	SEWAGE DIS				SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD	
	Capacity				1000 Gis.	Sq. Ft.	400 Sq. Ft.	
	Distance from nearest well				all 50 Ft.	Ft.	BUD50 Ft.	
	Distance from lake or stream	m			MION/5/2 FL	Ft.	01150 Ft.	
	Distance from occupied bu				MOh) 10 Ft.	Ft.	0202 10 Ft.	•
					0126/210 Ft.	Ft.	ONON) 10, Ft.	
	Distance from property lin					Ft.	MAN 4 5.	-
	Distance from bottom to V	/ater_Table	All distances are sl	ortest c	Ft. Histance between nearest		OVER THE	•
	CHARACTERISTICS:				. 0	<b>a d</b>		
	Lot Area is	rea	square feet.	Wa	ter frontage is	7 <i>(</i> ) feet.		
	Building set back from high w	ater mark is	200,	feet. (	Building Line)			
	Land height above high water	mark at building	g line is		revale	- NUL 45	infram K	P.O. L
	Building set back from State I	3 .	NO110 fe		teet from road or s	treet is	and the	
	Building will be located	1/0/0 te			stem Permit must be obtained	d before installation).		
	Building will be located				(Cesspool, Drainfield, etc.).			_
,	Agreement: I hereby certify that th	information co	ontained herein is corr	ect and a	igree to do the proposed wor	k in accordance with the d	escription above set forth	and
	agreement: The provisions of the or according to the provisions of the or this permit application. I also unde covered until it has been inspected a	retand that this	normit is valid for a r	period of	siv (A) months. Annlicant tu	rther agrees that no bart (	of the sewage system shan	ı ve
	the job is ready for inspection.	ia accepiea. 11	shan be meresponsib		A principal in the period	//	•	
	1 5				, Lj	1 1/		
	Dated 4-27-	1/			Signature of	area /	They	
	Permit: Permission is hereby gra	nted to the abov	re named applicant to	perform	the work described in the abo	ve statement. This permit	is granted upon the expres	s
3	condition that the person to whom This permit may be revoked at an	it is granted, an	d his agent, employee	s and wo	kmen shall conform in all re	spects to the ordinances of	becker County, Minnesota	••
<b>)</b>	// -8				-20	01.0		
	Dated 4-28-77				Backer County	Thomas Administrator		-
	1 710				DECKEL COOLIN		1	

GRID PLOT PLAN SKETCHING FORM Scale: Each grid equals \_\_\_\_\_feet/inches. 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\_ W — File Y - Owner

B — Building Inspector

and the second of the second o

. 144.

COUPER COURT HOUSE — FRANCE REPART AND CERTIFICATE OF OCCUPANT OF A COURT OF OCCUPANT OCCUPAN

::::::::::::::::::::::::::::::::::::::	VSPECT	OR'S CH	ECK LI	ST
		ements~a		

ะรูนกากกาสุด

CHONNEL CONTROL CONTRO	ACTUAL INTERNAL	MINIMUM Shall Be Juo Sq. Ft.
Building Set-Back from High Water Mark	Ft.	FEWC
Building Set Back from State Highway	Fi.	9 (P (3)1080
Side Yard	Remarks Ft.	Richard Richard Ft.
Rear Yard (************************************	enawCytical tractical Ft. 10	Septial Septia
High Water Mark Mark Mark Mark Mark Mark Mark Mar	Ft.	ESTREAM STATE INVESTOR IN THE TRANSPORTER TO

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CATECORY English to (60)	ŠÉP	TIC.	TAŇK	) )) min	SEE	PAC	SE PIT		DRAIN	FIELD	
CATEGORI 2	Actual		Should∉	be.	Actua		Should	be	Actuel	Should	be
Gapacity, // Calmonical lands	1000	Gls.		GIs.	ATAU IV	S F	4.4	SF	16XXQ	640	829
Distance from Nearest Well	140	F -		F		F	75	F	' <i>1/40</i> 'e.	50	F
Distance from Lake or Stream	والموافقات الدائد	F		F		F		F.	i di ya iya F	22 (C)	F
Distance if rom : Occupied : Building :	80	F.	10	F.		F	20		, 80 <sub>f</sub>	20	E_
Distance from Property Line 301608 Ve	W0/0	F	37. <b>10</b> 38	Fi	Taga (Cristia)	F	10	E.	NOUNC	10	F
Distance from Bottom to Water Table		F.		F,		Ε.	. 4	Fζ	$\mathcal{M}_{\mathbf{F}}$	живио 4	F.
en andre produce and the first of the arms of the Asia and Asia and Asia and Asia and Asia and Asia and Asia a	en.	A15	<b>B</b> IT 1857			į	ai Ngor iyi		age of the second	inghe social.	and the

The state of the s	PABBREVIATIONS:	A CONTRACTOR OF THE PARTY OF TH
Harris Anna Carlotte Control of the	els — Gallons .	ra of Owner
	F — Square Feet	
	ixi⇔tLiñear,≀Feeta tim	
1 - 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	a or Becker County, Minue	
1 / ma U k//		
1/mw//	processor and the	
( ( ' ) /	doka posta ki iron meliketa pe	
	nspection	allの1201-001-410
[13: 2.7. E	Dated : —	ク <del>レ</del> 1

INTERPRETATION

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SEWACE DISPOSAL SAS	iram danga:	SEPTIC TANK		
Capacity		ଔ୍ଷ	Sq. Fi.	<b>.</b>
Distance from magnesi well		Pu.	Pit	活.
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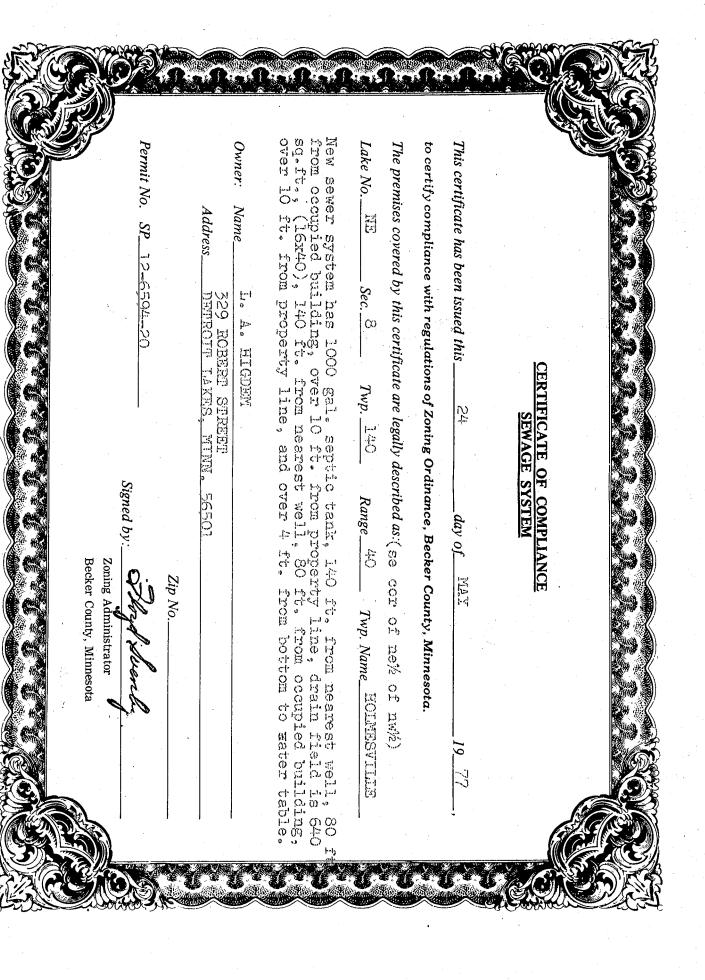
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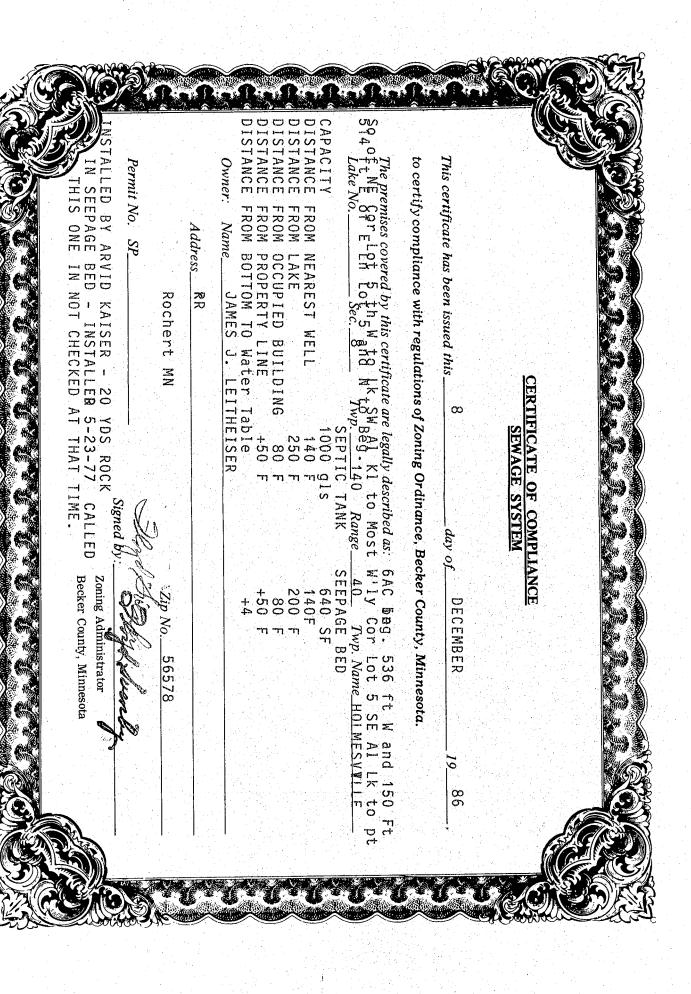
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Permit (Fee S)

Permit (Fee S)

Beaker county/zontho/Administrator 1997 (ing.)







# 829 LAKE AVE., BOX 787 — Phone 218-847-4427 — Detroit Lakes, Minn. 56501 Date 12 - 3 - 36 LICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

Owner  Contractor Name  TYPE OF IMPROV  ( ) New Buildin Other	N: Please Print All Information Name  S.f. U.W. T.E.d.  EMENT: g ( ) Alteration  OF IMPROVEMENT \$ DF FRAME:		9 Plones R	Range nd State	TWP Name  Zip No. Tel. No.
Owner  Contractor  Name  TYPE OF IMPROV  ( ) New Buildir  Other  ESTIMATED COST PRINCIPAL TYPE  ( ) Masoury  ( ) Wood Frame ( ) Structural S	N: Please Print All Information Name  S.f. U.W. T.E.d.  EMENT: g ( ) Alteration  OF IMPROVEMENT \$ DF FRAME:	RESIDENTIAL PROPOSE  (2) Multyple Dwelling	f. Sec. TWP  Address- No. Street, City a  Plones A  Plon	Range  nd State  S  NON-RESIDENTIAL F	Zip No. Tel. No.
Owner  Contractor Name  TYPE OF IMPROV ( ) New Buildir Other  ESTIMATED COST PRINCIPAL TYPE ( ) Masorry ( ) Wood Frame ( ) Structural S	EMENT:  g () Alteration  OF IMPROVEMENT \$  OF FRAME:	RESIDENTIAL PROPOSE  (2) Mulyple Dwelling	9 PIONEER M	NON-RESIDENTIAL F	
Owner  Contractor Name  TYPE OF IMPROV  ( ) New Buildir  Other  ESTIMATED COST PRINCIPAL TYPE  ( ) Masorry  ( ) Wood Frame ( ) Structural S	EMENT: g () Alteration  OF IMPROVEMENT \$ DF FRAME:	RESIDENTIAL PROPOSE  (2) One Family Dwalling  (1) Multyple Dwelling	9 PIONEER M	NON-RESIDENTIAL F	
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TYPE OF IMPROV  ( ) New Buildin  Other  ESTIMATED COST PRINCIPAL TYPE  ( ) Masorry  ( ) Wood Fram. ( ) Structural S	OF IMPROVEMENT \$ DF FRAME:	(2-) One Family Dwelling	ED USE:	NON-RESIDENTIAL F	'ROPOSED USE:
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Other	OF IMPROVEMENT \$ DF FRAME:	) Multiple (welling	1	Specify:	
ESTIMATED COST PRINCIPAL TYPE ( ) Masonry ( ) Wood Frame ( ) Structural S	OF FRAME:	20	Linits	1	
PRINCIPAL TYPE  ( ) Masonry ( ) Wood Frame ( ) Structural S	OF FRAME:	AVE OF SEWAGE DISPO	811163	Size:	
( ) Masonry ( ) Wood Frame ( ) Structural S		ATVPE OF SEMAGE DISPO	Construction Starting Da		
( ) Wood Frame ( ) Structural S	. 1		OSAL:	MENSIONS:	
( ) Structural S	. 1	( ) Public		Basement: ( ) Yes	
( ) Other – Spe		WATER SUPPLY:	Tank/etc.	<ul> <li>Stories above baseme</li> <li>Sq. feet (outside dim</li> </ul>	
/ A	cify //	1 Public		Bedrooms	Baths
		(L) Individual Well			`
Type of Reof:	<b>/</b> 0	MECHÂNICAL EQUIPME Elevator: ( ) Yes	NT : ( ) No	HEATING:	Gas ( ) Oil
	t''	Air Conditioning: ( )			None
<del>\/</del>		( ) Central	( ) Unit	Other:	,
-	SEWAGE DISPOSAL SYST	EM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity		141100	Gls.	Sq. Ft.	Sq. Ft.
Distance from	nearest well	API" - 210	ft.	Ft.	Ft.
Distance from	lake or stream	SPE	Ft.	Ft.	Ft.
Distance from	occupied building	A Planice  A PECTON	Ft.	Ft.	Ft.
Distance from	property line		Ft.	Ft.:	Ft.
Distance from	bottom to Water Table		Ft.	Ft.	Ft.
CHARACTERISTIC	7	All distances are shortest d	istance between nearest	points	
	1	Was Man	Lau functiona in	fact	
		•	•		
	oove high water mark at building				
Building set b	ck from State highway is		feet from road or st	reet is fe	et.
Side yard is	and	feet. Rear y	yard isfe	eet.	
Building will b	e located fee	et from septic tank (Sewage Sys	stem Permit must be obtained	d before installation).	
Building will t	e located fee	et from soil absorption system (	Cesspool, Drainfield, etc.).		
Building set be Land height al Building set be Side yard is Building will be Building will be greement: I herebe	e located	feet. (I	feetfeet — from road or st yard isfee stem Permit must be obtained (Cesspool, Drainfield, etc.). gree to do the proposed work r agree that any plans and to ix (6) months. Applicant ful ix (6) months.	reet is feret.  I before installation).  I in accordance with the depectifications submitted here rither agrees that no part or	escription above set f rewith shall become if the sewage system
vereduntil it has be e job is ready for	een inspected and accepted. It s inspection.	hall be the responsibility of the	applicant for the permit to r	notify the County Zoning A	dministrator, 48 hours b
Dated		· ····			
work described in t his agent, employe	pproved by the Zoning Adminis ne above statement and/or as sl es and workmen shall conform	nown on the sketch. This permi	it is granted upon the expres	ranted to the above name s condition that the person	i to whom it is granted, an
violation of said ord	mances.	MUST BE POSTED AT	THE BUILDING SITE	01 1	
Dated	8 - 86		Iln	of overly	<del></del>
Permit Fee \$	20 = State Sur	charge \$	Becker County	oning Administratory	

## INSPECTOR'S CHECK LIST

Make all measurements and computations

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

## SEWAGE DISPOSAL SYSTEM STATISTICS

Actual Should	be Actual		
		Should	be
SF	SF S	-	SF
F 75	F F	50	F
F	F F		F
F 20	F F	20	F
F 10	F F	10	F
F 4	F F	4	F
	F 4	F 4 F F	F 4 F F 4

ector's Comments:	
INTERPRETATION OF ABBREVIATIONS GIS — 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 <b>↓</b>	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

	SE	PTIC	TANK		SE	EPA	GE PIT		DRAIN	FIELD	
CATEGORY	Actua	ı	Should	be	Actua	1	Should	be	Actual	Should	be
Capacity	1000	GIs.		GIs.	640	SF		SF	SF		SF
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	+50	F	10	F	50	F	10	F	F	10	F
Distance from Bottom to Water Table		F		F	4	F	4	F	F	4	F

Inspector's Comments: Install	led by arrive Kauser-20 yes Roch
In Seepage Bed - 4	Installed 5-23-77 - Called this
one In not check	Eed at that time:
INTERPRETATION OF ABBREVIATIONS	
GIs — Gallons SF — Square Feet F — Linear Feet	To ark Keikne Inspector's Signature

Inspection Dated	12-	4	19 86	Title
				Agency

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RIPTION	144 - csyandin	KALL DAR MURIT	Make all bressure		
LOCATION	KI <b>CE</b> #	W.C.	8 /40	H ( // x///	1 & S V / / / & : 2 Name ******
IDENTIFICATION: P	e Age Name  (3.1)   Carlot All Information	nitial Mailing Addre	s= No Street City and St	ate. Zip	
Owner Zast valle	The property of the second	7/4/ 14 6	ch Water Werker		un muii
Contractor Name	1.14	177 V	1 10 STOPE STOP	Set Back Inc.n St	pa 61/08
<b>11</b>	8	OENTIAL PROPOSED.U	<b>71</b>	N_RESIDENTIAL PROPOS	TEX (sellow)
TYPE OF IMPROVEMEN		DENTIAL PROPOSED U	SE: NC	Specify	6 C 162 N
OtherESTIMATED COST OF I	MPROVEMENT\$ 3.3	) Multiple Dwelling : : :	Units — Units — Orruster Orruster Instruction Starting Date:	Size - Darmillas Trad	MAN HOLE
PRINCIPAL TYPE OF FI	RAME TYPE	POF SEWAGE DISPOSAL		MENSIONS: "	No
/ ( ) Wood Frame ( ) Structural Steel-	Maries /	ndividual Septic Tank	and his	Stories above basement:	
( ) Other — Specify	<b>人</b>	Public // Individual Well		Bedrooms ATING:	Baths
Type of Roof 13 74 M ARC	SHERAGE PLT	HÂNICAL EQUIPMENT evâtor: ( ) Yes   SEVIA ( ) ()  r-Conditioning::-(:::):-4Ye	(LINO	( ) Electric ( ) Gas ( ) Coal , ( ) None	
Actual Spirk	ad bluona la mana Serdisposal system da	ex-lawner of higher extraction or eventually for the	(INVONET SEPTIC TANK S	Other:	RAIN FIELD
Capaci ty	8/0   S.F.     S.F.	Parke B	900\ Gis	Sq.,Ft1, 25,33	Sq. <u>Pt</u> Docq6S
Distance from nea	4 - H7/ VIO 41-7-7-	P # 12 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2	<u>041</u> Ft	ares Ulyudi Rese sus externe Fi	<u>610 /66/2015/5</u> /66)2(C Et
Jaj Z Distance from occ	dpied sbuilding 3 17 28	7	Ft-		<u>FL most spiriote</u>
C Distance from pro		N a cot	Ft.	<u>cuble</u> Building :	<u>5() migat Ero</u> riotelC Fi
4.4	iom:to-Water Table   1	gces-are*shortest-dista	nce-between mearesti-poin	rs — Study Villiage	<del>arti merin ak</del> arbisi (
CHARACTERISTICS:	A square for	eet Water fr	elds ontage is elds	<u> Toni, sq. Water. T</u>	di mort, para ilu
	om high water mark is	**************************************		ya ya katan katan da katan katan katan da katan ka Manan katan ka	and the second s
Building set back fr Side yaka is نند	om State highway is	C Steet Real Value	feet — from road or street	and the second	nspector's Cânna
Building will be loc	的复数医疗 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	ptic tank (Sewage System bileabsorption system (Ces	。1475年1975年1976年1976年1976年1976年1976年1976年1976年1976	ore installation)	la Secre
greement: I hereby cert cording to the provision is permit application: I	ify that the Information contained his s of the ordinances of Becker, County also understand that this permit is spected and accepted: (Itshall) be in	erein is correct and agree / Minnesotal I further as Validyer a police of size	to do the proposed work in a es than any plants and specif Adpirins Applicants in the	cordance with the descript cations submitted herewith anneas that no sam on the s	on apove set forth and shall become a part of ewage system shall be
overed until it has been in he job is ready for inspe	spected and accepteds It shall be the oction	eresponsibility of the app	licant for the permit to notify		Trator) 48 hours before
Dated	21		Signature of Ow	ner EIR	1846840 1846840
	ved by fhe sand no Adhald Strational ove statement and or, as Shown on t id workmen shall conform in all re				
violation of said ordinan	ces	MUST BE POSTED AT TH	IE BUILDING SITE	(Turk	ang sandan kanalasi Sandan kanalasi
Permit Fee \$	State Surcharge	6	Becker County Zon	ng Administration	nolloagerst BataCl
Commence of the commence of th	State Surcharge				