



160137000

CERTIFICATE OF COMPLIANCE SEWAGE DISPOSAL SYSTEM

This certificate has been issued this 4 day of June 19 91
to certify compliance on described premises and has been inspected by myself or my assigns on
June 3, 1991 and that the applicable codes, ordinances, and supporting data on
file were correct.

Parcel # 16.0137.000

Property description PT LOTS 1 & 2 BEG 36 FT N OF SW COR LOT 1 TR E 425'
S 260' W 425' &

HOLMESVILLE TOWNSHIP SECTION 19

Lake Name: NA

All horizontal distances meet the Becker County Zoning Ordinance and codes. With proper
maintenance this system can be expected to function satisfactorily, however this is not a
guarantee.

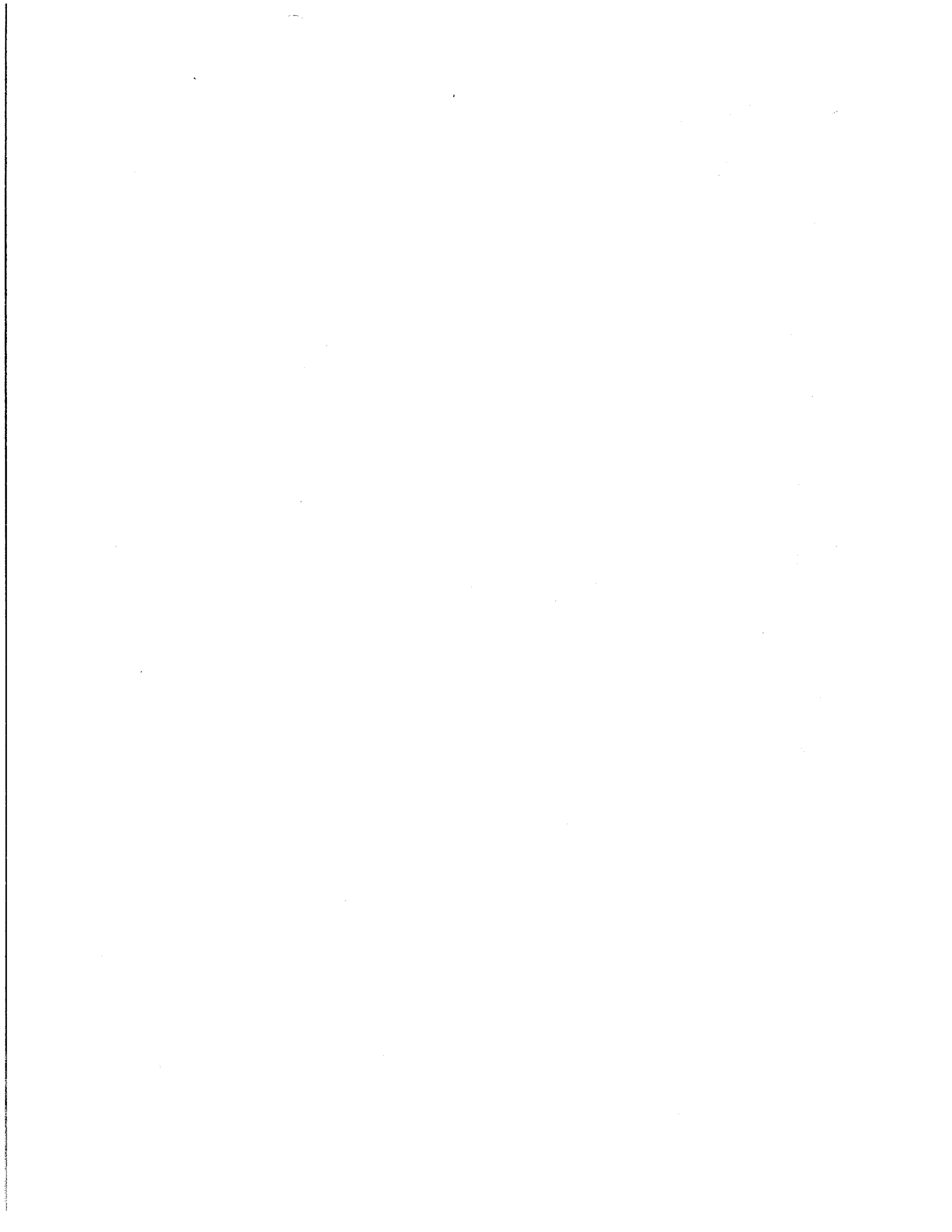
This certificate was issued to: Name: MARK BEUG

Address: RT 2 BOX 140

City, State, & Zip: DETROIT LAKES MN 56501

PERMIT NO. 19970 Signed by Sheryl W. ...

Zoning Administrator Becker County



19780

INSPECTION REPORT

FIRE NUMBER _____

LEGAL
DESCRIPTION
AND
LOCATION

PT LOTS 2&3 BEG 36' N OF SW COR LOT 1 TH E 425' S 260' W 425' & N 260' TO

Lake No. NA Lake Name NA Lake Classif. 19 Sec. 140 TWP 40 Range HOLMESVILLE TWP Name

IDENTIFICATION: Please Print All Information

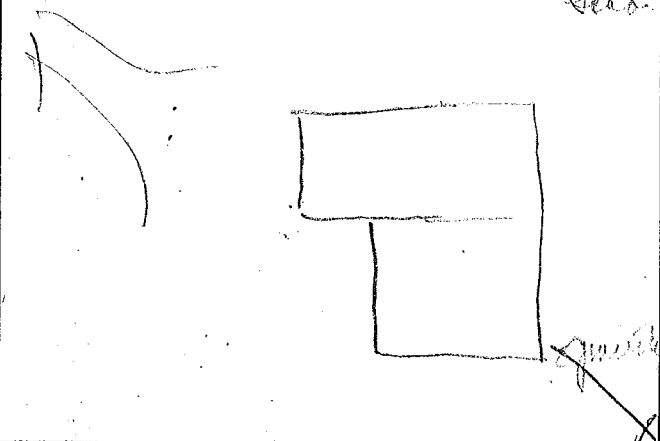
| | | | | | | |
|------------|------------|-------|---------|---|---------|----------|
| Owner | Last Name | First | Initial | Mailing Address - No. Street, City, and State | Zip No. | Tel. No. |
| | BEUG, MARK | | | CREDIT AMERICA CALL WHEN DONE! | | |
| Contractor | Name | | | | | |
| | | | | | | |

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

SEWAGE DISPOSAL SYSTEM STATISTICS

| CATEGORY | SEPTIC TANK | | | | SEEPAGE BED | | | | DRAIN FIELD | | | |
|-------------------------------------|-------------|------|---------|------|-------------|----|---------|----|-------------|----|---------|----|
| | Actual | | Minimum | | Actual | | Minimum | | Actual | | Minimum | |
| | | Gls. | | Gls. | | SF | | SF | | SF | | SF |
| Capacity | 1000 | Gls. | | | 400 | SF | | | | | | |
| Distance from Nearest Well | +100 | F | 50 | F | +100 | F | 50 | F | | F | | F |
| Distance from Lake or Stream | N/A | F | NA | F | N/A | F | NA | F | | F | | F |
| Distance from Occupied Building | 25 | F | 10 | F | 30 | 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:



INTERPRETATION OF ABBREVIATIONS

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

drilled deep well

Margaret M. Foster
Inspector's Signature & Title

Inspection Dated

June 3

19 *91*

TWP 113

LEGAL DESCRIPTION AND LOCATION: IN THE SW 1/4 of NW 1/4

Lake No. _____ Lake Name _____ Lake Classif. _____ Sec. 19 TWP 140 Range 40 TWP Name Holmesville

2844

IDENTIFICATION: Please Print All Information

| | | | | | | |
|------------|-------------|-------------|---------|---|--------------|----------|
| Owner | Last Name | First | Initial | Mailing Address— No. Street, City and State | Zip No. | Tel. No. |
| | <u>BEUG</u> | <u>MARK</u> | | <u>Rt 2 Box 140</u> <u>DETROIT LAKES, MN</u> | <u>56501</u> | |
| 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 \$ 39,000 Construction Starting Date: 5-22-77

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 2"

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

DIMENSIONS: Basement: Yes () No Stories above basement: _____ Sq. feet (outside dimension) 1256 + 400 Gar. Bedrooms 3 Baths 1

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

| SEWAGE DISPOSAL SYSTEM DATA: | SEPTIC TANK | SEEPAGE PIT | DRAIN FIELD |
|-------------------------------------|--------------------|-------------|--------------------|
| Capacity | <u>1000</u> Gls. | Sq. Ft. | <u>375</u> Sq. Ft. |
| Distance from nearest well | <u>OVER 50</u> Ft. | Ft. | <u>OVER 75</u> Ft. |
| Distance from lake or stream | <u>NA</u> Ft. | Ft. | <u>NA</u> Ft. |
| Distance from occupied building | <u>OVER 10</u> Ft. | Ft. | <u>OVER 10</u> Ft. |
| Distance from property line | <u>OVER 10</u> Ft. | Ft. | <u>OVER 10</u> Ft. |
| Distance from bottom to Water Table | <u>—</u> Ft. | Ft. | <u>OVER 4</u> Ft. |

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 103,500 square feet. Water frontage is NONE feet.

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

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

Building set back from State highway is _____ feet — from road or street is 180 to 200 feet.

Side yard is 100 and 100 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 5-20-77 Signature of Owner Mark Beug

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 5-20-77 Signature of Zoning Administrator Floyd Shively
 Permit Fee \$ 44.00 State Surcharge \$.50

Comments: _____

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Scale: Each grid equals 25 feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated _____ 19____

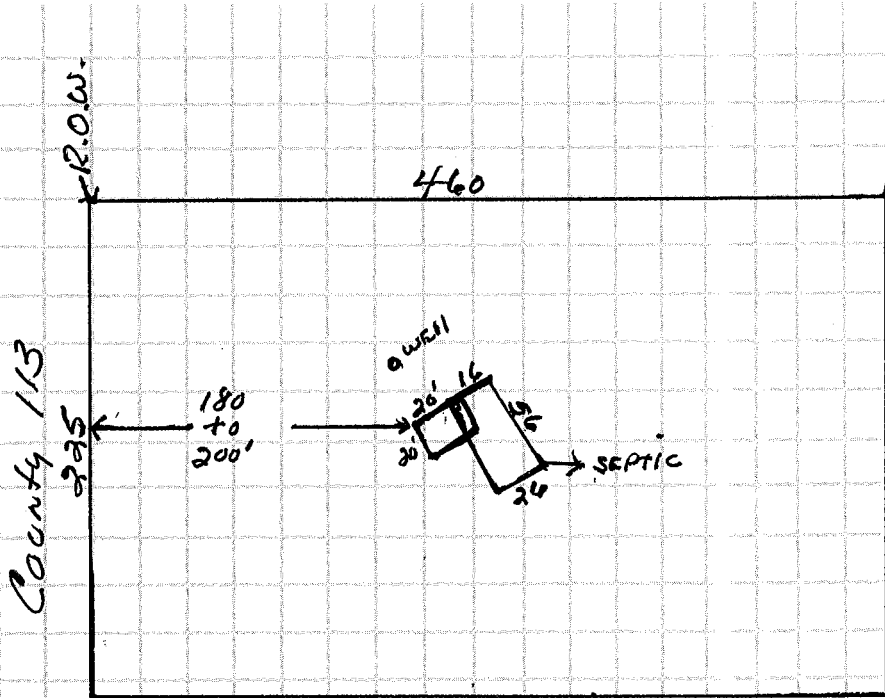
Application for Sewage System Permit Dated _____ 19____

Building Permit Number _____ Sewage System Permit Number _____

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

Dated _____ 19____.

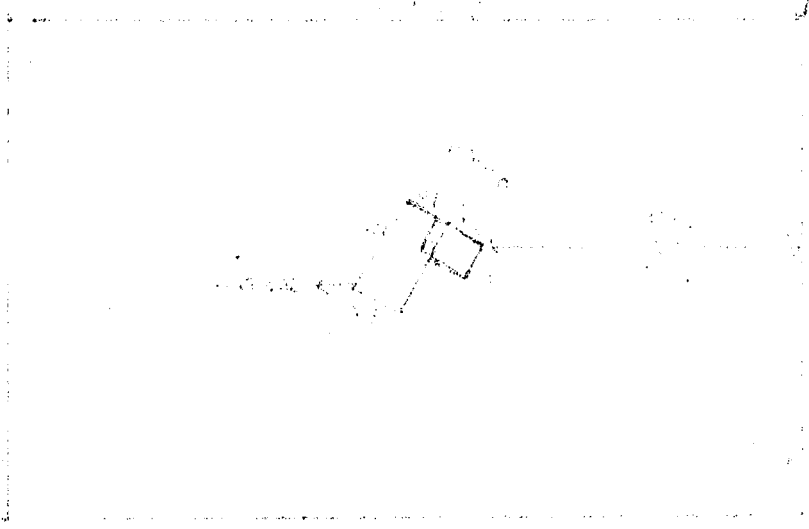
Signature Mark Baum



- W — File
- Y — Owner
- B — Building Inspector

Handwritten text at the top of the page, possibly a title or header, which is mostly illegible due to fading and bleed-through.

part. 10



CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 25 day of AUGUST 19 77,
to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: S1/4 NW1/4

Lake No. _____ Sec. 19 Twp. 140 Range 40 Twp. Name HOLMSTEDVILLE

New sewer system has 1000 gal. septic tank, 75 ft. from nearest well, 25 ft. from occupied building, over 10 ft. from property line, seepage bed is 400 sq. ft. (15x28), 80 ft. from nearest well, 50 ft. from occupied building, over 10 ft. from property line, and over 4 ft. from bottom to water table.

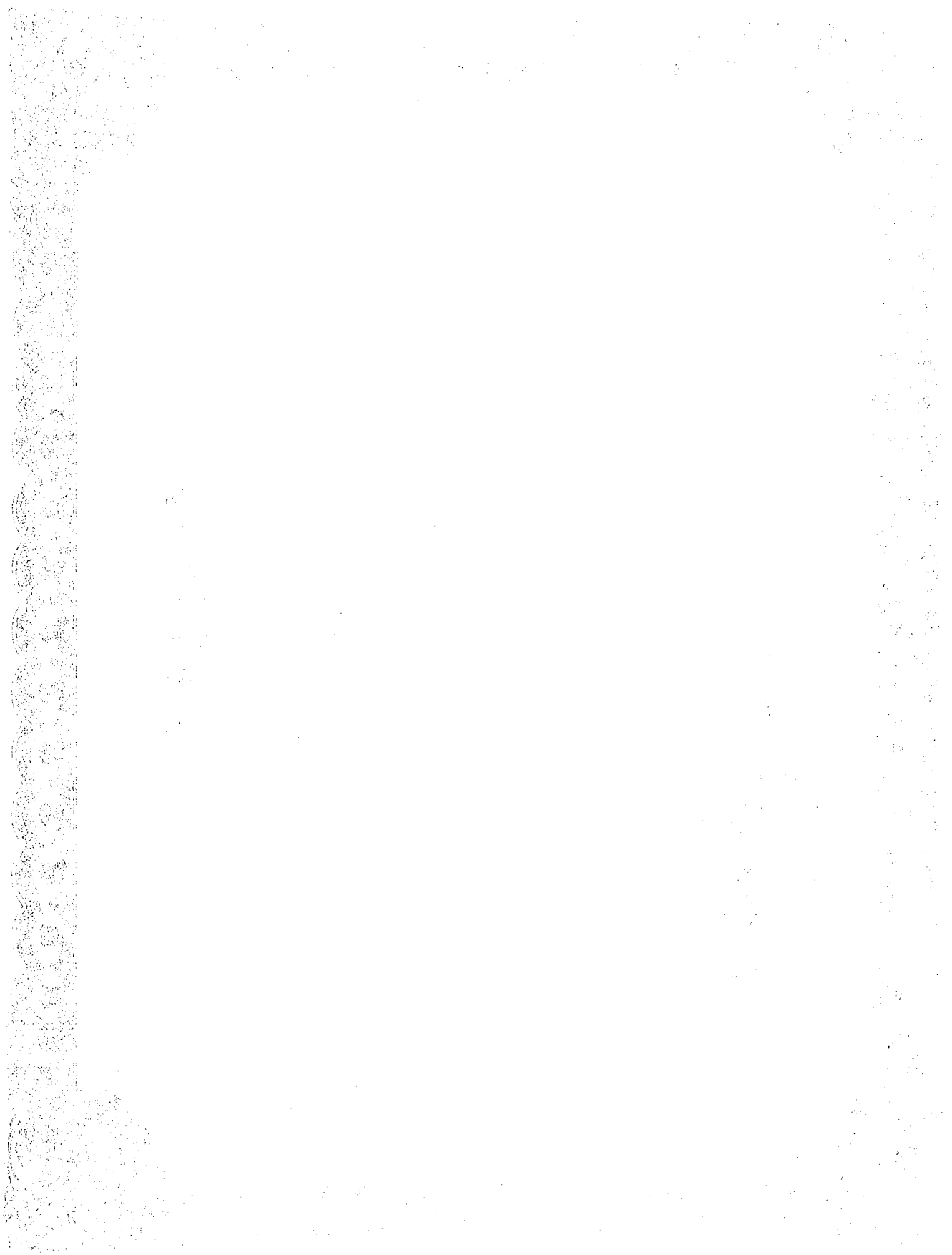
Owner: Name MARK RING

Address R.R. 2 BOX 140 DEHROTF LAKES, MINN. 56501

Zip No. _____

Permit No. SP 12-6753-20

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



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. |

15
30
45

SEWAGE DISPOSAL SYSTEM STATISTICS

Bed 15 x 28

| CATEGORY | SEPTIC TANK | | SEEPAGE PIT | | DRAIN FIELD | |
|-------------------------------------|-------------|-----------|-------------|-----------|-------------|-----------|
| | Actual | Should be | Actual | Should be | Actual | Should be |
| Capacity | 10000 Gls. | 1000 Gls. | 400 SF | 50 SF | | |
| Distance from Nearest Well | 75 F. | 50 F. | 80 F. | 75 F. | | 50 F. |
| Distance from Lake or Stream | | | | | | |
| Distance from Occupied Building | 25 F. | 10 F. | 30 F. | 20 F. | | 20 F. |
| Distance from Property Line | 10 F. | 10 F. | 10 F. | 10 F. | | 10 F. |
| Distance from Bottom to Water Table | | | 4 F. | 4 F. | | 4 F. |

Inspector's Comments: *Harry Hoffmann Amick*
21 yrs - worked local

INTERPRETATION OF ABBREVIATIONS

Gls. = Gallons
 SF = Squares Feet
 F = Linear Feet

Mark K. ...
 Inspector's Signature

Inspection Dated: *8-24* 19 *77*

Title: _____
 Agency: _____

DESCRIPTION AND LOCATION

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

IDENTIFICATION - Please Print Name and Information

| | | | | | |
|------------|-------------------------|------------------------|--|---------|-----------|
| Owner | Last Name <u>BECKER</u> | First Initial <u>W</u> | Mailing Address (No. Street, City and State) | Zip No. | Tract No. |
| Contractor | Name _____ | _____ | _____ | _____ | _____ |

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

| | | |
|---|--|---|
| ESTIMATED COST OF IMPROVEMENTS | Construction Starting Date _____ | |
| PRINCIPAL TYPE OF FRAME | TYPE OF SEWAGE DISPOSAL | DIMENSIONS |
| () Masonry () Wood Frame () Structural Steel () Other - Specify _____ | () Public () Individual Septic Tank, etc. () Public () Individual Well () Mechanical Equipment Elevator () Yes () No Air conditioning () Yes () No () Central () Unit | Basement () Yes () No Stories above basement _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ Heating () Electric () Gas () Oil () Coal () None Other _____ |
| Type of Roof _____ | | |

| SEWAGE DISPOSAL SYSTEM DATA | | SEPTIC TANK | SEWERAGE PIP. | 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)

Lot height above high water mark at building line is _____ feet.

Building setback from State highway is _____ feet. (from road to structure)

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 or Infield, etc.)

Agreement: I hereby certify that the information contained herein is correct and I 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 here with 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 24 hours before the job 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: _____ Signature of Becker County Zoning Administrator _____

Permit Fee: \$ _____ State Surcharge: \$ _____

Comments: _____