



Minnesota Pollution Control Agency

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

Compliance Inspection Form



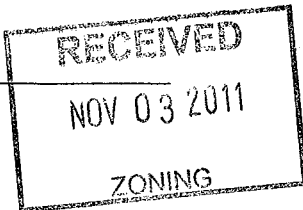
170052002

Systems (SSTS)

Instructions on page 7

Parcel number: 17.0052.002

System status: [X] Compliant [ ] Noncompliant



PARCEL: APP: SEPTIC YEAR: 2009 SCANNED:

Summary Form

Property Information

Property owner name(s): Gary Mann Co garden grabow
Property address: 18280 Co Hwy 6
Property owner's address (if different): 19946 Town & Country Estates Lane Detroit Lakes MN
County: Becker Property owner phone: Permitting authority: Becker Co zoning
Date system constructed: Reason for inspection: Sale

System Description

Brief system description: Concrete septic tank w/ drainfield
Local permit number: Number of bedrooms: Design flow rate:

Is the system:

In Shoreland area? [X] Yes [ ] No In Wellhead Protection Area? [ ] Yes [X] No
An U.S. Environmental Protection Agency (EPA) Class V Injection Well? [ ] Yes [X] No System serving a Minnesota Department of Health (MDH) licensed facility? [ ] Yes [X] 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):

[X] Certificate of Compliance - valid until (3 years from date of report): 11-3-11
[ ] 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 (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: David Ohm Certification number: 2228
Business license name and number: OHM Excavating 932 or
Name of local unit of government:
Signature: Date: 11-3-11

Required Attachments

Inspector Complete: This Inspection Report is 5 pages long.

Check compliance forms attached: [ ] Hydraulic Performance [X] Tank Integrity [X] Soil Separation [ ] Operating Permit Form (if applicable) [X] 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.

Parcel number: \_\_\_\_\_

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

PARCEL: \_\_\_\_\_  
APP: SEPTIC  
YEAR: 2009  
SCANNED: \_\_\_\_\_

### Hydraulic Performance and Other Compliance

#### Compliance Issue #1 of 4

Date of observation: 11-3-11 Reason for observation: \_\_\_\_\_

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system discharge sewage to drain tile or surface waters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system cause sewage backup into dwelling or establishment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Any "yes" answer indicates that the system is an imminent threat to public health and safety.</b>	
Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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): \_\_\_\_\_

Property address: \_\_\_\_\_

Property owner's address (if different): \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Certification number: \_\_\_\_\_

Business license name and number: \_\_\_\_\_ or

Name of local unit of government: \_\_\_\_\_

Signature:  Date: 11-3-11

Parcel number: \_\_\_\_\_

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

PARCEL: \_\_\_\_\_  
APP: SEPTIC  
YEAR: 2000  
SCANNED: \_\_\_\_\_

### Tank Integrity and Safety Compliance

#### Compliance Issue #2 of 4

Date of observation: 11-3-11 Reason for observation: \_\_\_\_\_

This form expires on (three years): \_\_\_\_\_

#### Compliance questions/criteria: (Required) (Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do any sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

- Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound?  Yes\*  No
- Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)?  Yes  No\*
- Was secondary access restraint present (safety pan, second cover, or safety netting) - highly recommended.  Yes  No
- Was any 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): \_\_\_\_\_

Property address: \_\_\_\_\_

Property owner's address (if different): \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Certification number: \_\_\_\_\_

Business license name and number: \_\_\_\_\_ or

Name of local unit of government: \_\_\_\_\_

Signature:  Date: 11-3-11

Parcel number: \_\_\_\_\_

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

PARCEL: \_\_\_\_\_  
APP: SEPTIC  
YEAR: 2000  
SCANNED: \_\_\_\_\_

### Soil Separation Compliance and Other Compliance

#### Compliance Issue #3 of 4

Date of observation: 11-3-11 Reason for observation: \_\_\_\_\_

*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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?*	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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): \_\_\_\_\_

Property address: \_\_\_\_\_

Property owner's address (if different): \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Certification number: \_\_\_\_\_

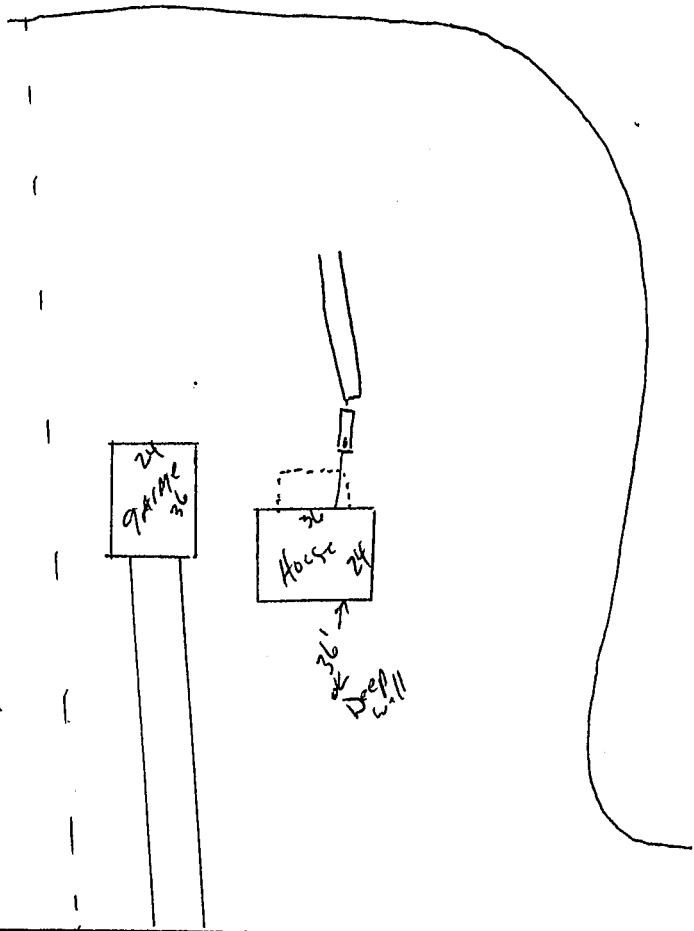
Business license name and number: \_\_\_\_\_ or

Name of local unit of government: \_\_\_\_\_

Signature: [Signature] Date: 11-3-11

18280 Co Hwy 6  
By David Chen 2228  
11-3-11

Lake



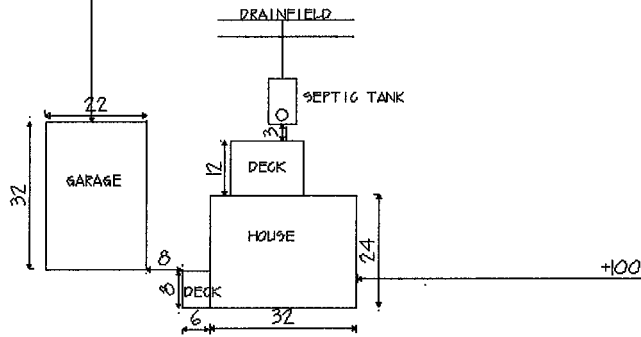
Co Hwy 6

LEIF LAKE

17.0052.002  
GARY MUNN  
LEIF LAKE  
INSPECTED BY JASON FLATAU  
BECKER COUNTY  
8-21-96

+200

MARSH/SWAMP



DRAIVEWAY

COUNTY ROAD #6

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

**BECKER COUNTY ZONING ADMINISTRATION**  
 COUNTY COURT HOUSE — Phone 218-847-3938 — Detroit Lakes, Minn. 56501  
**APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY**

Permit No. 12-11373-34  
 Date 6-10-82

7445

LEGAL DESCRIPTION AND LOCATION: Gov lot 6, section 5  
4 ACRES  
 Lake No. Leaf Lake Name R.D Lake Classif. 1384 Sec. 42W TWP Lake County Range  TWP Name

IDENTIFICATION: Please Print All Information

Last Name	First	Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
Owner	<u>MUNN</u>	<u>GARY M.</u>	<u>RR1 Audubon, MN</u>	<u>56511</u>	
Contractor	Name <u>Harold Ohm</u>				

TYPE OF IMPROVEMENT:  New Building  Alteration  
 Other: sewer system

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: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify _____ Type of Roof: _____	TYPE OF SEWAGE DISPOSAL: <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	DIMENSIONS: Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms <u>2</u> Baths <u>1</u> HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: <u>150 LF</u>
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SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1000</u> Gls.	Sq. Ft. <u>350</u>	Sq. Ft. <u>350</u>
Distance from nearest well	<u>OVER 50</u> Ft.	<u>12x6</u> Ft.	<u>OVER 50</u> Ft.
Distance from lake or stream	<u>100</u> Ft.	<u>Rock</u> Ft.	<u>100</u> Ft.
Distance from occupied building	<u>14</u> Ft.	Ft.	<u>25</u> Ft.
Distance from property line	<u>OVER 10</u> Ft.	Ft.	<u>OVER 10</u> Ft.
Distance from bottom to Water Table	_____ Ft.	_____ Ft.	_____ Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 4 A.C. square feet. Water frontage is 225 feet.

Building set back from high water mark is 250 feet. (Building Line)

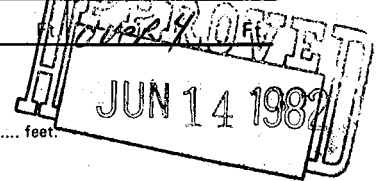
Land height above high water mark at building line is +6 feet

Building set back from State highway is 1 feet - from road or street is 125 feet.

Side yard is +10 and +10 feet. Rear yard is +40 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 6-10-82

Harold Ohm  
 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 6/11/82

**MUST BE POSTED AT THE BUILDING SITE**

Floyd Gruenly  
 Becker County Zoning Administrator

Permit Fee \$ 10 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.	SF	SF	SF	SF				
Distance from Nearest Well	F	F	F	75	F	F	50	F		
Distance from Lake or Stream	F	F	F	F	F	F	F	F		
Distance from Occupied Building	F	10	F	20	F	F	20	F		
Distance from Property Line	F	10	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 \_\_\_\_\_



**CERTIFICATE OF COMPLIANCE**  
**SEWAGE SYSTEM**

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

The premises covered by this certificate are legally described as:

Lake No. \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Range \_\_\_\_\_ Twp. Name \_\_\_\_\_

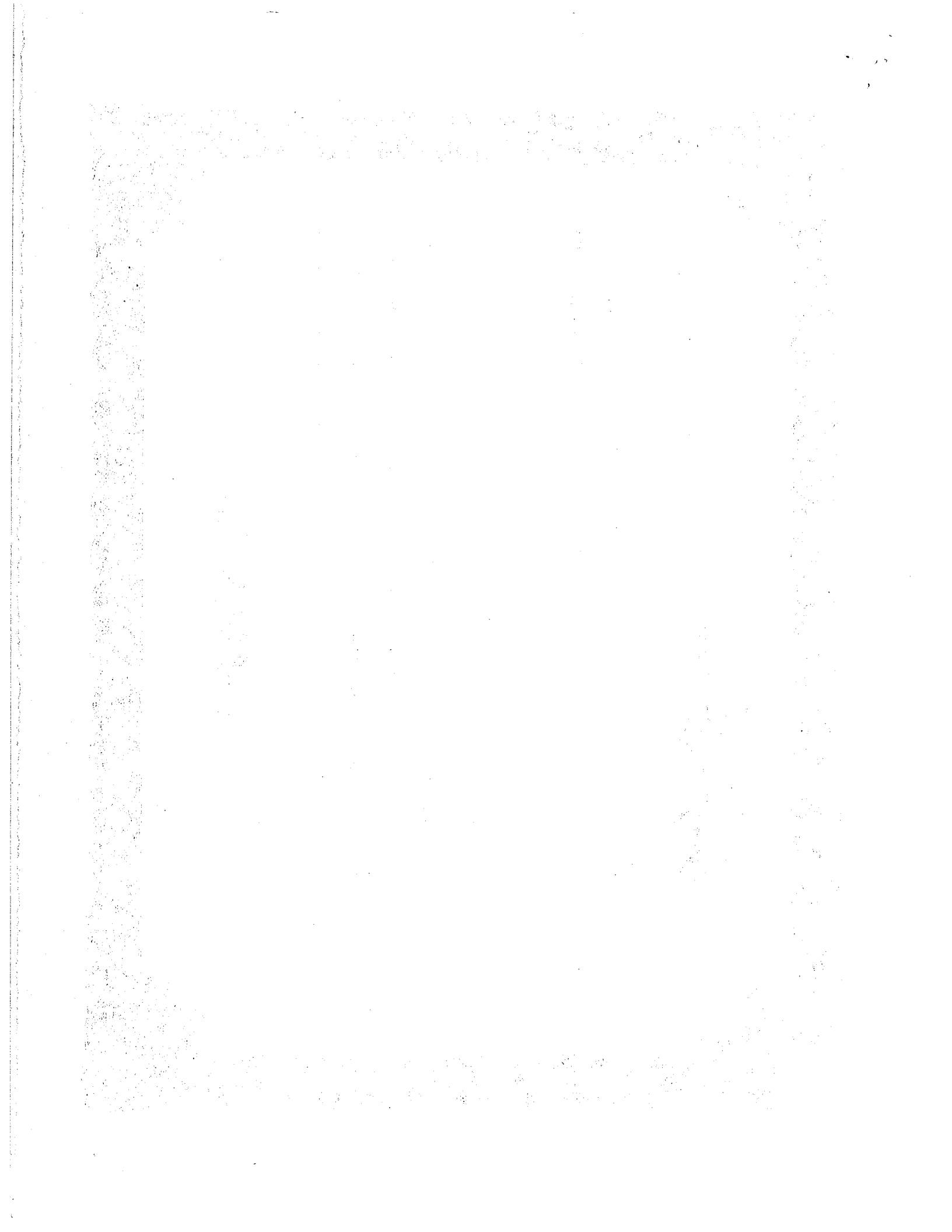
Owner: Name \_\_\_\_\_

Address \_\_\_\_\_

Zip No. \_\_\_\_\_

Permit No. SP \_\_\_\_\_

Signed by: *Steve Dunbar*  
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.

**SEWAGE DISPOSAL SYSTEM STATISTICS**

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1000	Gls.		Gls.		SF		SF	150	SF		SF
Distance from Nearest Well	750	F		F		F	75	F	60	F	50	F
Distance from Lake or Stream	100	F		F		F		F	100	F		F
Distance from Occupied Building	19	F	10	F		F	20	F	25	F	20	F
Distance from Property Line	+10	F	10	F		F	10	F	40	F	10	F
Distance from Bottom to Water Table	--	F	--	F		F	4	F	4	F	4	F

Inspector's Comments: 12 yd Rock (trenches) Sandy sub soil  
Lieut John Prustall

**INTERPRETATION  
OF ABBREVIATIONS**

Gls — Gallons  
 SF — Square Feet  
 F — Linear Feet

Mark Kuehne  
 Inspector's Signature

Inspection Dated 6-10 1982

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 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. 12-11,013-34  
 Date 6/11/82

**APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY**

7445

**LEGAL DESCRIPTION AND LOCATION**  
 600 lot 6, section 5  
 4 ACRES  
 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.
MUNN	GARY	19	SR 1 Audubon, MN	56504	
Contractor Name	Shawn Olson				

**TYPE OF IMPROVEMENT:** ( ) New Building ( ) Alteration ( ) Other sewer system  
**RESIDENTIAL PROPOSED USE:** ( ) One Family Dwelling ( ) Multiple Dwelling \_\_\_\_\_ Units  
**NON-RESIDENTIAL PROPOSED USE:** Specify: \_\_\_\_\_ Size: \_\_\_\_\_

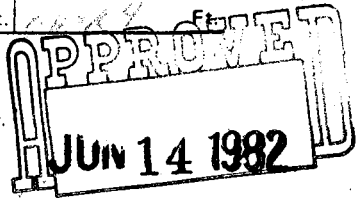
**ESTIMATED COST OF IMPROVEMENT \$** \_\_\_\_\_ Construction Starting Date: \_\_\_\_\_

<b>PRINCIPAL TYPE OF FRAME:</b> <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify _____	<b>TYPE OF SEWAGE DISPOSAL:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. <b>WATER SUPPLY:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Well <b>MECHANICAL EQUIPMENT:</b> 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	<b>DIMENSIONS:</b> Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ <b>HEATING:</b> <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: _____
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SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1100 Gls.	Sq. Ft.	2500 Sq. Ft.
Distance from nearest well	100 Ft.	Ft.	100 Ft.
Distance from lake or stream	100 Ft.	Ft.	100 Ft.
Distance from occupied building	100 Ft.	Ft.	100 Ft.
Distance from property line	100 Ft.	Ft.	100 Ft.
Distance from bottom to Water Table	100 Ft.	Ft.	100 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 6-10-82 \_\_\_\_\_ 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 6/11/82 \_\_\_\_\_  
 \_\_\_\_\_  
 Becker County Zoning Administrator

Permit Fee \$ 10 State Surcharge \$ \_\_\_\_\_

Comments: \_\_\_\_\_