



Minnesota Pollution Control Agency

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



170153002

# Compliance Inspection Form

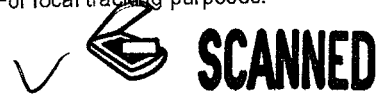
## Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

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

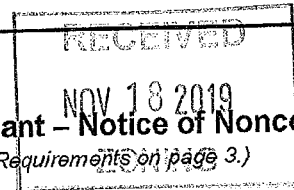
Submit completed form to Local Unit of Government (LUG) and system owner within 15 days

For local tracking purposes:



### System Status

System status on date (mm/dd/yyyy): 11/12/2019



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

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

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

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

### Property Information

Parcel ID# or Sec/Twp/Range: 170153002

Property address: 21335 Halstad Lake Rd. Detroit Lakes, MN 56501 Reason for inspection: Sale

Property owner: Paul and Jodi Ahles Owner's phone: \_\_\_\_\_

or  
Owner's representative: \_\_\_\_\_ Representative phone: \_\_\_\_\_

Local regulatory authority: Becker County Regulatory authority phone: 218-846-7314

Brief system description: 1000 gal. tank to rock bed drainfield.

Comments or recommendations:

### Certification

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

Inspector name: Phil Stoll

Certification number: 7526

Business name: Stoll Inspections

License number: 2982

Inspector signature: *Phil Stoll*

Phone number: 218-839-1849

### Necessary or Locally Required Attachments

- Soil boring logs
- System/As-built drawing
- Forms per local ordinance
- Other information (list): \_\_\_\_\_

SCANNED



**1. Impact on Public Health – Compliance component #1 of 5**

**Compliance criteria:**

|   |   |
|---|---|
| System discharges sewage to the ground surface.             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| System discharges sewage to drain tile or surface waters.   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| System causes sewage backup into dwelling or establishment. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Any "yes" answer above indicates the system is an imminent threat to public health and safety.**

Comments/Explanation:

**Verification method(s):**

- Searched for surface outlet
- Searched for seeping in yard/backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony (See Comments/Explanation)
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

**2. Tank Integrity – Compliance component #2 of 5**

**Compliance criteria:**

|  |   |
|--|---|
| System consists of a seepage pit, cesspool, drywell, or leaching pit.<br><i>Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Sewage tank(s) leak below their designed operating depth.<br>If yes, which sewage tank(s) leaks:   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Any "yes" answer above indicates the system is failing to protect groundwater.**

Comments/Explanation:

**Verification method(s):**

- Probed tank(s) bottom
- Examined construction records
- Examined Tank Integrity Form (Attach)
- Observed liquid level below operating depth
- Examined empty (pumped) tanks(s)
- Probed outside tank(s) for "black soil"
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

**3. Other Compliance Conditions – Compliance component #3 of 5**

- a. Maintenance hole covers are damaged, cracked, unsecured, or appear to be structurally unsound.  Yes\*  No  Unknown
- b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety.  Yes\*  No  Unknown  
**\*System is an imminent threat to public health and safety.**

Explain:

- c. System is non-protective of ground water for other conditions as determined by inspector.  Yes\*  No  
**\*System is failing to protect groundwater.**

Explain:

**4. Soil Separation – Compliance component #4 of 5**

Date of installation: \_\_\_\_\_  Unknown  
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging?  Yes  No

**Compliance criteria:**

|   |  |
|---|--|
| For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:<br><br>Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:<br><br>Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| "Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080.2350 or 7080.2400 (Advanced Inspector License required)<br><br>Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

**Verification method(s):**

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

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

**Comments/Explanation:**

**Indicate depths or elevations**

|  |      |
|--|------|
| A. Bottom of distribution media        | 16"  |
| B. Periodically saturated soil/bedrock | >52" |
| C. System separation                   | >36" |
| D. Required compliance separation*     | 36"  |

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

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

Is the system operated under an Operating Permit?  Yes  No **If "yes", A below is required**  
Is the system required to employ a Nitrogen BMP?  Yes  No **If "yes", B below is required**

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

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

**Compliance criteria**

|   |  |
|---|--|
| a. Operating Permit number: _____<br>Have the Operating Permit requirements been met? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Is the required nitrogen BMP in place and properly functioning?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Any "no" answer indicates Noncompliance.**

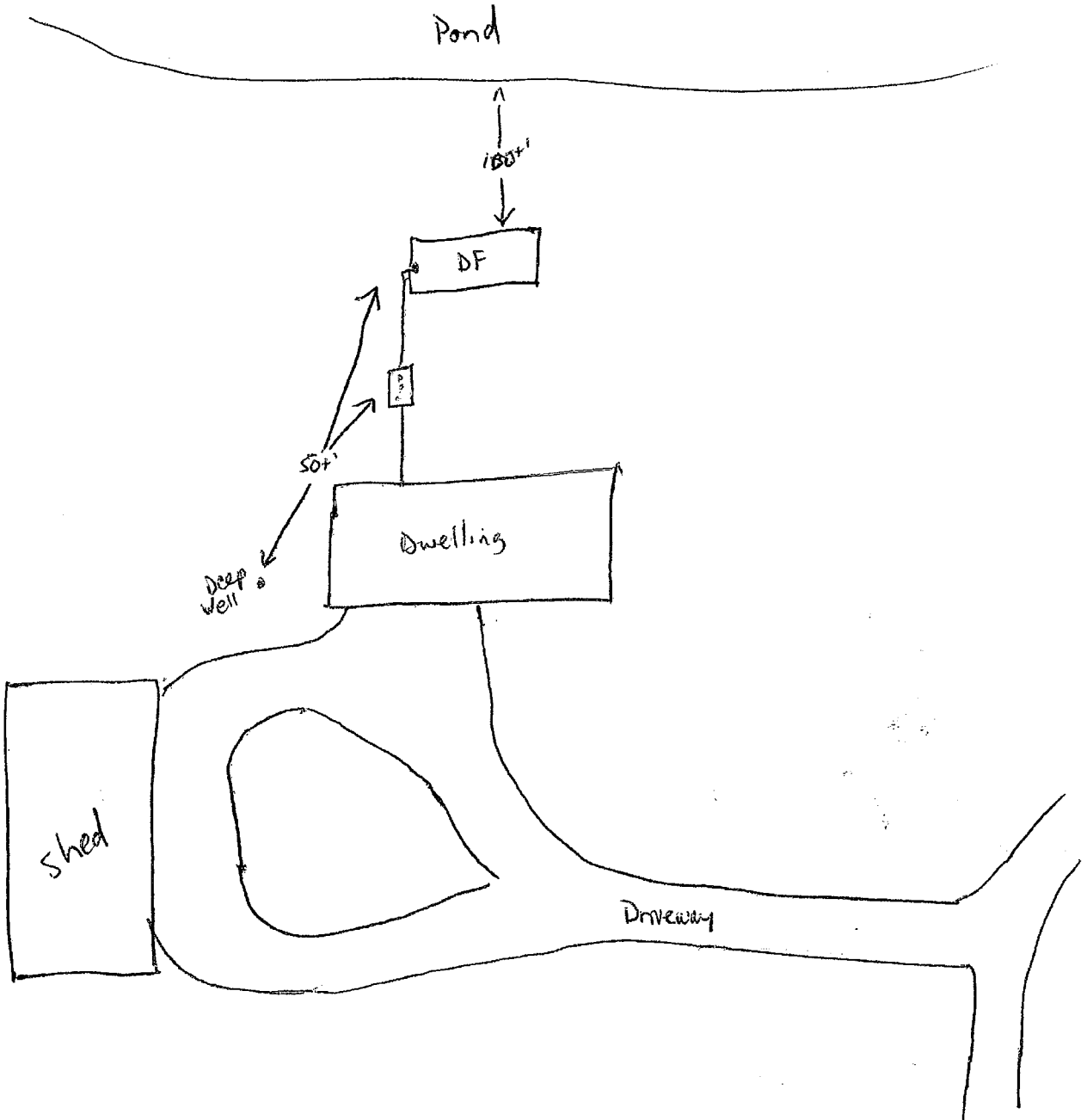
**Upgrade Requirements (Minn. Stat. § 115.55)** An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground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

Parcel Number: 170153002

Date & Initial: 11-14-19 PJS

### System Drawing

The system drawing which includes and identifies a graphic scale in feet or indicates all setback distances, all septic/holding/lift tanks, drainfields, wells within 100 feet of system (indicate depth of wells), dwelling and non-dwelling structures, lot lines, road right-of-ways, easements, OHWLs, wetlands, and topographic features (i.e. bluffs).



Additional Comments: Septic in Compliance

Parcel number: 17.0153.002

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

### Soil Separation Compliance and Other Compliance – Compliance Inspection Form for Existing SSTS Compliance Issue #3 of 4

Date of observation: 7/7/10

Reason for observation: building permit

This information on this form does not expire.

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

For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:

Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?

Yes  No

For non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage or lodging establishment:

Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?\*

Yes  No

For reduced separation distance systems (i.e., "performance" systems under old 7080.0179 or Type IV or V system under new 7080.2350 or 7080.2400):

Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?\*

Yes  No

Any "no" answer indicates that the system is failing to protect ground water.

#### Verification Method\*\* (Optional)

(Check the appropriate box)

Conducted soil observation(s) (attach boring logs)

Two previous verifications (attach boring logs)

Other: soil boring: 0"-4" loam 10yr2/2

4" - 32' loam 10yr4/4

32" - 54" silt 2.5y5/4

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): Paul & Jodi Ahles

Property address: 21335 halstad Lake Road Detroit Lakes, MN 56501

Property owner's address (if different):

County: Becker

Property owner phone:

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

Name: Randy Anderson

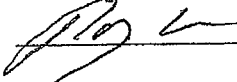
Certification number: 3044

Business license name and number: Anderson On-Site 634

or

Name of local unit of government:

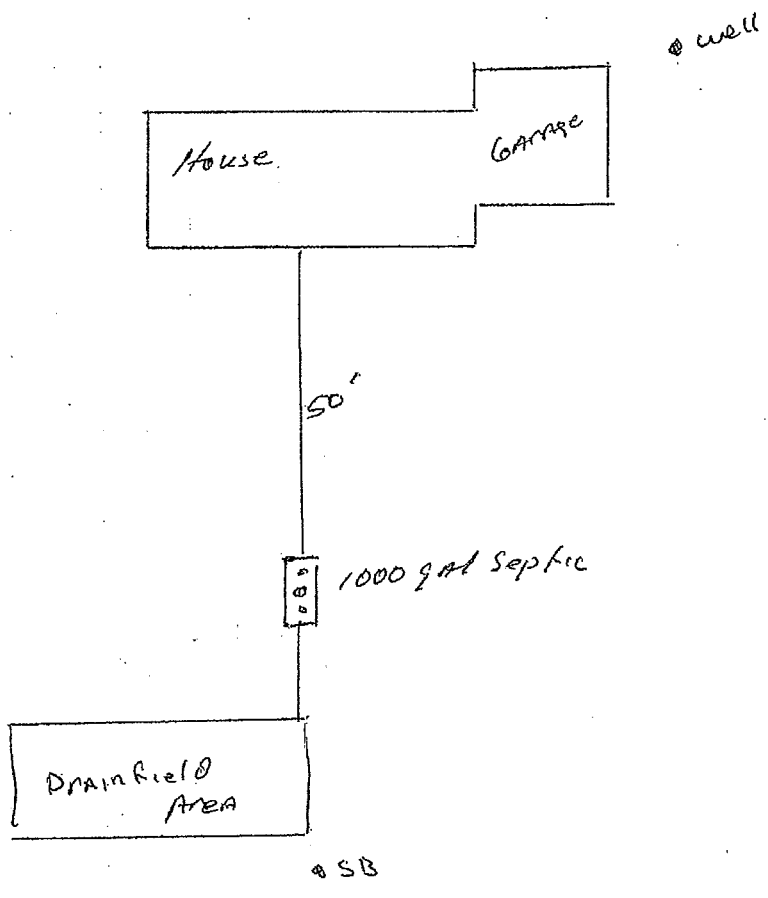
Signature:



Date: 7/7/2010

17.0153.002

21335 Halstead Tr RD  
Detroit Lakes, MN  
56507

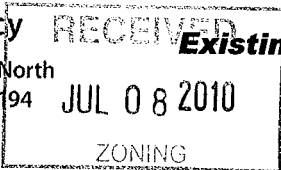


Lake 300' ↘



Minnesota Pollution  
Control Agency

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



# Compliance Inspection Form

**Existing Subsurface Sewage Treatment Systems (SSTS)**

Doc Type: Compliance and Enforcement

Instructions on page 6

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

Parcel number: 17.0153.002

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

For Local Tracking Purposes:

### Property Information

Property owner name(s): Paul & Jodi Ahles Property owner phone: \_\_\_\_\_

Property address: 21335 halstad Lake Road Detroit Lakes, MN 56501

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

County: Becker Permitting authority: Becker County

Date system constructed: 1992 Reason for inspection: Building permit

### System Description

Brief system description: 1000 gal septic tank to rock drainfield

Local permit number: \_\_\_\_\_ Number of bedrooms: 3 Design flow rate: 450

#### Is the system:

- |   |   |  |   |
|---|---|--|---|
| In Shoreland area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | In Wellhead Protection Area?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| An U.S. Environmental Protection Agency (EPA) Class V Injection Well? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | System serving a Minnesota Department of Health (MDH) licensed facility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

Certificate of Compliance – valid until (3 years from date of report): 7/7/2013

Notice of Noncompliance - For Noncompliant systems:

The reason for noncompliance is: \_\_\_\_\_

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

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

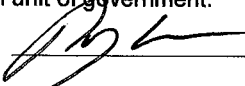
### Certification

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

Name: Randy Anderson Certification number: 3044

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

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

Signature:  Date: 7/7/2010

### Required Attachments

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Hydraulic Performance           | <input checked="" type="checkbox"/> Tank Integrity  | <input type="checkbox"/> Operating Permit Form (if applicable) |
| <input checked="" type="checkbox"/> Soil Boring Logs                | <input checked="" type="checkbox"/> Soil Separation   |  |
| <input checked="" type="checkbox"/> System drawing/As-built drawing | <input type="checkbox"/> Any local requirements that are different from what is required on this form |  |
| <input type="checkbox"/> 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: 17.0153.002

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

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

**Compliance Issue #1 of 4**

Date of observation: 7/7/10

Reason for observation: building permit

This form expires upon next inspection or in three years, whichever occurs first: 7/7/2013

**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 |

**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? | <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): Paul & Jodi Ahles

Property address: 21335 halstad Lake Road Detroit Lakes, MN 56501

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

County: Becker

Property owner phone: \_\_\_\_\_

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

Name: Randy Anderson

Certification number: 3044

Business license name and number: Anderson On-Site 634

or

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

Signature: 

Date: 7/7/10

Parcel number: 17.0153.002

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

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

#### Compliance Issue #2 of 4

Date of observation: 7/7/10 Reason for observation: building permit

This form expires on (three years): 7/7/2013

**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

1. Are maintenance hole covers damaged, cracked, or appeared to be structurally unsound?  Yes\*  No
2. Were maintenance hole covers replaced in a secured manner (e.g., screws replaced)?  Yes  No\*
3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.  Yes  No
4. Are other safety/health issue present?  Yes\*  No

Explain: \_\_\_\_\_

**\*System is an imminent threat to public health and safety.**

#### Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Paul & Jodi Ahles

Property address: 21335 halstad Lake Road Detroit Lakes, MN 56501

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

County: Becker Property owner phone: \_\_\_\_\_

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

Name: Randy Anderson Certification number: 3044

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

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

Signature:  Date: 7/7/2010

Parcel number: 17.0153.002

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

### Soil Separation Compliance and Other Compliance – Compliance Inspection Form for Existing SSTS Compliance Issue #3 of 4

Date of observation: 7/7/10 Reason for observation: building permit

*This information on this form does not expire.*

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

For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:

Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?

Yes  No

For non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage or lodging establishment:

Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?\*

Yes  No

For reduced separation distance systems (i.e., "performance" systems under old 7080.0179 or Type IV or V system under new 7080. 2350 or 7080.2400):

Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?\*

Yes  No

**Any "no" answer indicates that the system is failing to protect ground water.**

**Verification Method\*\*:** (Optional)

(Check the appropriate box)

Conducted soil observation(s) (attach boring logs)

Two previous verifications (attach boring logs)

Other: soil boring: 0"-4" loam 10yr2/2

4" - 32' loam 10yr4/4

32" - 54" silt 2.5y5/4

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.

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Property owner name(s): Paul & Jodi Ahles

Property address: 21335 halstad Lake Road Detroit Lakes, MN 56501

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

County: Becker Property owner phone: \_\_\_\_\_

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

Name: Randy Anderson Certification number: 3044

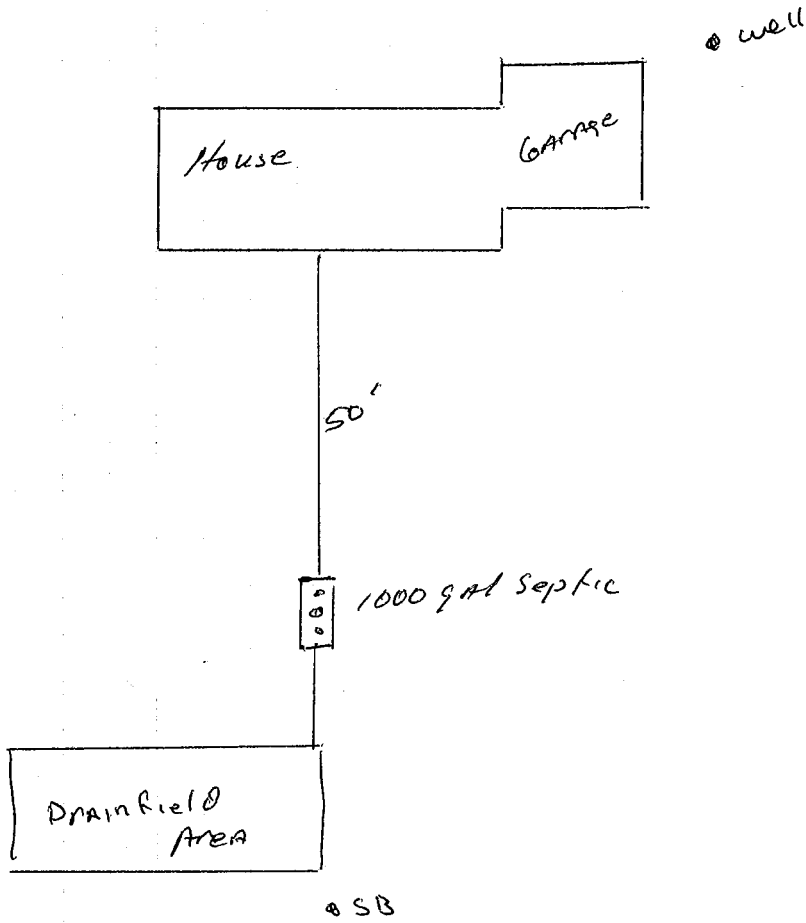
Business license name and number: Anderson On-Site 634 or \_\_\_\_\_

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

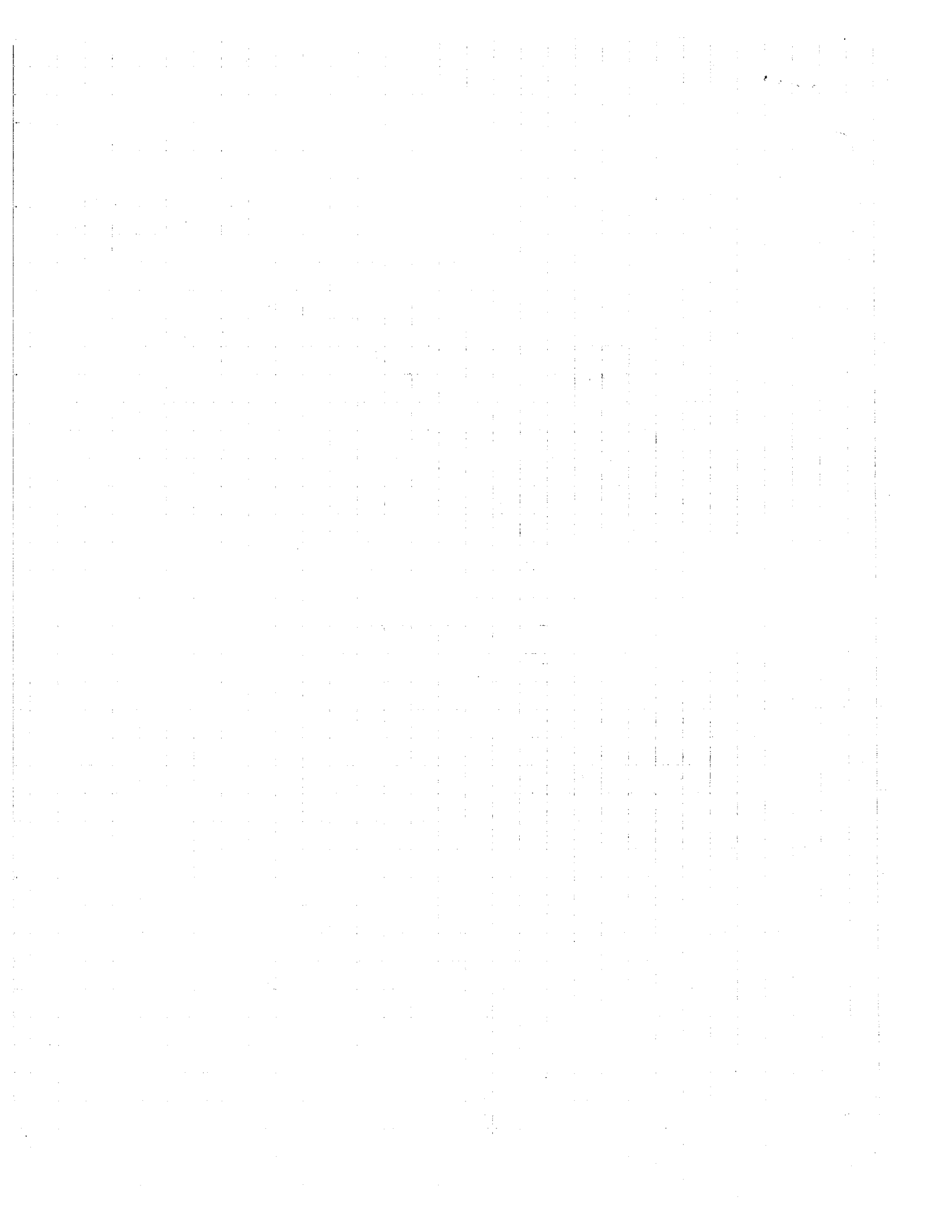
Signature:  Date: 7/72010

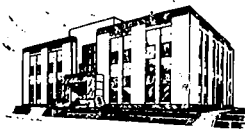
17.0153.002

21335 Halstad 1k RD  
Detroit Lakes, mn  
56507



Lake 300'





# BECKER COUNTY

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

|                                      |
|--------------------------------------|
| Application No.<br><i>6038</i>       |
| Tax Parcel No.<br><i>17,0153.002</i> |

## ZONING APPLICATION SUMMARY FORM FORM A

### A. GENERAL INFORMATION

|  |                  |                                     |  |
|--|------------------|-------------------------------------|--|
| 1. Applicant's Name (Last, First, M.I.)<br><i>Johnson, Randel</i>  |                  | 2. Authorized Agent (if applicable) |  |
| 3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)<br><i>Rt 1 Box 68, Detroit Lakes, MN 56501</i> |                  |                                     |  |
| 4. Day Phone   | 5. Evening Phone | 6. Fire Number of Project Location  |  |

### B. PROPERTY DESCRIPTION

|  |                         |                           |                       |              |                 |
|--|-------------------------|---------------------------|-----------------------|--------------|-----------------|
| 1. Lot(s), Block, Subdivision Name<br><i>FAC S 1/2 of SW 1/4 LES</i>   | 2. Section<br><i>14</i> | 3. Township<br><i>138</i> | 4. Range<br><i>42</i> | 5. Qtr./Qtr. | 6. Gov. Lot No. |
| 7. Note: If the property is a metes and bounds description, check here [ ] and attach a copy of the exact legal description.<br><i>W 68750</i> |                         |                           |                       |              |                 |

### C. APPLICABLE ZONING DISTRICTS

(check all that apply)

- Residential
- Business
- Commercial
- Industrial
- Agricultural
- Shoreland(\*)
- Wild & Scenic River
- Flood Fringe
- Floodway
- General Flood Plain
- Other (specify below)

\*Fill in Section E. also.

### D. TYPE OF ZONING REQUEST

| Project Type  | Necessary Supplemental Form |
|---|-----------------------------|
| 1. <input checked="" type="checkbox"/> Building Permit      | Form B and H                |
| 2. <input checked="" type="checkbox"/> Sewage System Permit | Form C and H                |
| 3. <input checked="" type="checkbox"/> Well Information     | Form D and H                |
| 4. <input type="checkbox"/> Land Alteration Permit          | Form E and H                |
| 5. <input type="checkbox"/> Conditional Use Permit          | Form F                      |
| 6. <input type="checkbox"/> Variance                        | Form G                      |
| 7. <input type="checkbox"/> Zoning District Change          | Form F                      |
| 8. <input type="checkbox"/> Subdivision Approval            | Form F                      |
| 9. <input type="checkbox"/> Ordinance Amendment             | Form F                      |
| 10. <input type="checkbox"/> Other (specify below)          |                             |

### E. SHORELAND MANAGEMENT DATA

- Lake / Stream Name *WFA*
- Lake / Stream I.D. Number
- Classification: [ ] NE; [ ] RD; [ ] GD; [ ] Other (specify below)

**- IMPORTANT NOTICE -**  
Most projects require the submission of one or more additional forms as shown in SECTION D. and sometimes plans, specifications and a written project description before your application is considered to be complete. Form A primarily provides summary information for record keeping.

I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge:

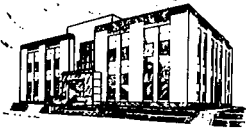
*Randel Johnson*  
Signature

*9/21/92*  
Date

### F. ADMINISTRATIVE DATA SUMMARY (For Office Use Only)

|   |   |
|---|---|
| 1. <input type="checkbox"/> Proper addendum to application has been submitted.  | 10. Administrative Summary for Applications for Subdivision Approval, Variances, Conditional Use Permits, Ordinance Amendments and Zoning District Changes: |
| 2. <input type="checkbox"/> Detailed plans have been submitted which were prepared by: <i>Dale Mues</i> Dated: <i>9/21/92</i> | a. Referred to Township on: _____   |
| 3. <input type="checkbox"/> Written project description has been submitted which was prepared by: _____ Dated: _____          | b. Referred to Planning Commission on: _____  |
| 4. <input type="checkbox"/> Approved [ ] with, [ ] without modification on: _____   | c. Referred to Board of Adjustment on: _____  |
| 5. <input type="checkbox"/> Denied on: _____  | d. Referred to County/City Engineer on: _____   |
| 6. Itemization of Fees:   | e. Referred to County/City Attorney on: _____   |
| General Application <i>144.00</i>   | f. Referred to Soil and Water Cons. Dist. on: _____   |
| State Surcharge <i>45.00</i>  | g. Referred to Watershed District on: _____   |
| _____   | h. Date of Hearing Notice: _____  |
| _____   | i. Date of Public Hearing: _____  |
| 7. Total Fees = <i>189.50</i>   | j. Is ten (10) day notice to the DNR necessary? [ ] yes, [ ] no<br>If yes, enter date sent to DNR here: _____   |
| 8. Fee paid on (date): _____  | k. Is ten (10) day final notice to the DNR necessary? [ ] yes, [ ] no<br>If yes, enter date sent to DNR here: _____   |
| 9. Administrative Summary for Building Permits, Sewage System Permits, and Shoreland Alteration Permits.                      | l. Final Action: [ ] APPROVED [ ] with, [ ] without modification [ ] DENIED   |
| a. Dates of inspection(s): _____  | By: [ ] County Board; [ ] Board of Adjustment   |
| b. Certificate of Occupancy (Zoning Compliance) issued on: _____  | Date of Action: _____   |





# BECKER COUNTY

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

|                                      |
|--------------------------------------|
| Application No.<br><i>6038</i>       |
| Tax Parcel No.<br><i>17,0153.008</i> |

## SUPPLEMENTAL DATA FOR SEWAGE SYSTEM PERMIT FORM C

### A. GENERAL INFORMATION

|   |   |   |
|---|---|---|
| 1. Applicant's Name (Last, First, M.I.)<br><i>Johnson, Randal</i> | 2. Day Phone No.  | 3. Evening Phone No.                    |
| 4. Sewer Installer<br><i>Senko's Plumbing</i>                     | 5. Soil Tester/Earthwork Contractor<br><i>Dennis Nais</i> | 6. MPCA Certification No.<br><i>833</i> |

### B. SEWAGE SYSTEM DATA

### C. SITE DATA

| <p>1. Work Category</p> <p>a. <input checked="" type="checkbox"/> New System<br/>b. <input type="checkbox"/> Repair</p> <p>3. Anticipated Use</p> <p>a. <input checked="" type="checkbox"/> Single Family<br/>b. <input type="checkbox"/> Multiple Family<br/>c. <input type="checkbox"/> Commercial<br/>d. <input type="checkbox"/> Agricultural<br/>e. <input type="checkbox"/> Other (specify)</p>  | <p>2. Type of System</p> <p>a. <input type="checkbox"/> Septic Tank Only<br/>b. <input type="checkbox"/> Drainfield Only<br/>c. <input checked="" type="checkbox"/> Septic Tank &amp; Drainfield<br/>d. <input type="checkbox"/> Alternative System (specify)</p> <p>4. Type of Drainfield</p> <p>a. <input checked="" type="checkbox"/> Standard System<br/>b. <input type="checkbox"/> Mound (pressure distribution)<br/>c. <input type="checkbox"/> Mound (gravity distribution)</p> | <p>1. Soils</p> <p>a. Soil Type: <i>Handy gravel</i><br/>b. Percolation Rate (minutes per inch):<br/>c. Depth to Water Table: <i>+3</i><br/>d. Depth to Mottled Soil:<br/>e. Date of Soil Testing:</p> | <p>2. Supporting Data/Attachments</p> <p><input checked="" type="checkbox"/> Sketch Plan**<br/><input type="checkbox"/> Percolation Data Sheets<br/><input type="checkbox"/> Soil Borings<br/><input type="checkbox"/> Tank/Drainfield Design Calculations</p> <p>** This is normally a mandatory requirement. It is recommended that the applicant submit sketch plan on FORM H.</p> <p><i>+50' covering 4" well</i></p> |            |                      |           |           |                          |           |           |                               |           |           |                              |  |  |                               |  |  |   |             |            |   |            |            |   |  |           |   |  |
|--|---|--|---|------------|----------------------|-----------|-----------|--------------------------|-----------|-----------|-------------------------------|-----------|-----------|------------------------------|--|--|-------------------------------|--|--|---|-------------|------------|---|------------|------------|---|--|-----------|---|--|
| <p>5. System Design Data</p> <table border="1"> <thead> <tr> <th></th> <th>Tank</th> <th>Drainfield</th> </tr> </thead> <tbody> <tr> <td>a. Distance to Well:</td> <td><i>50</i></td> <td><i>50</i></td> </tr> <tr> <td>b. Distance to Building:</td> <td><i>10</i></td> <td><i>20</i></td> </tr> <tr> <td>c. Distance to Property Line:</td> <td><i>10</i></td> <td><i>10</i></td> </tr> <tr> <td>d. Distance to Suction Line:</td> <td></td> <td></td> </tr> <tr> <td>e. Distance to Pressure Line:</td> <td></td> <td></td> </tr> <tr> <td>f. Tank Capacity (gal.) and Area of Drainfield (ft. 2):</td> <td><i>1000</i></td> <td><i>400</i></td> </tr> <tr> <td>g. Distance to Lake or Stream (from Ordinary High Water Level):</td> <td><i>N/A</i></td> <td><i>N/A</i></td> </tr> <tr> <td>h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:</td> <td></td> <td><i>+3</i></td> </tr> </tbody> </table> |   |  | Tank  | Drainfield | a. Distance to Well: | <i>50</i> | <i>50</i> | b. Distance to Building: | <i>10</i> | <i>20</i> | c. Distance to Property Line: | <i>10</i> | <i>10</i> | d. Distance to Suction Line: |  |  | e. Distance to Pressure Line: |  |  | f. Tank Capacity (gal.) and Area of Drainfield (ft. 2): | <i>1000</i> | <i>400</i> | g. Distance to Lake or Stream (from Ordinary High Water Level): | <i>N/A</i> | <i>N/A</i> | h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling: |  | <i>+3</i> | <p>3. Water Level Data Worksheet</p> <p>a. Highest Known Water Level:<br/>b. 100-Year Flood Elevation:<br/>c. 10-Year Flood Elevation:</p> <p>D. Design of Tank and/or Drainfield is Based on:</p> <p><input type="checkbox"/> 100-Year Flood Elevation<br/><input type="checkbox"/> 10-Year Flood Elevation<br/><input checked="" type="checkbox"/> Highest Known Water Level<br/><input type="checkbox"/> Highest Known Ground Water Level<br/><input type="checkbox"/> Soil Mottling or Impervious Soil Layer</p> <p>Note: The proper design of sewage systems is contingent upon these limiting factors. The most conservative resulting design prevails.</p> |  |
|  | Tank  | Drainfield   |   |            |                      |           |           |                          |           |           |                               |           |           |                              |  |  |                               |  |  |   |             |            |   |            |            |   |  |           |   |  |
| a. Distance to Well:   | <i>50</i>   | <i>50</i>  |   |            |                      |           |           |                          |           |           |                               |           |           |                              |  |  |                               |  |  |   |             |            |   |            |            |   |  |           |   |  |
| b. Distance to Building:   | <i>10</i>   | <i>20</i>  |   |            |                      |           |           |                          |           |           |                               |           |           |                              |  |  |                               |  |  |   |             |            |   |            |            |   |  |           |   |  |
| c. Distance to Property Line:  | <i>10</i>   | <i>10</i>  |   |            |                      |           |           |                          |           |           |                               |           |           |                              |  |  |                               |  |  |   |             |            |   |            |            |   |  |           |   |  |
| d. Distance to Suction Line:   |   |  |   |            |                      |           |           |                          |           |           |                               |           |           |                              |  |  |                               |  |  |   |             |            |   |            |            |   |  |           |   |  |
| e. Distance to Pressure Line:  |   |  |   |            |                      |           |           |                          |           |           |                               |           |           |                              |  |  |                               |  |  |   |             |            |   |            |            |   |  |           |   |  |
| f. Tank Capacity (gal.) and Area of Drainfield (ft. 2):  | <i>1000</i>   | <i>400</i>   |   |            |                      |           |           |                          |           |           |                               |           |           |                              |  |  |                               |  |  |   |             |            |   |            |            |   |  |           |   |  |
| g. Distance to Lake or Stream (from Ordinary High Water Level):  | <i>N/A</i>  | <i>N/A</i>   |   |            |                      |           |           |                          |           |           |                               |           |           |                              |  |  |                               |  |  |   |             |            |   |            |            |   |  |           |   |  |
| h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:  |   | <i>+3</i>  |   |            |                      |           |           |                          |           |           |                               |           |           |                              |  |  |                               |  |  |   |             |            |   |            |            |   |  |           |   |  |

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge:

*Richard Englund*  
Signature of Applicant

*9/21/92*  
Date

### SEWAGE SYSTEM PERMIT

APPLICATION IS HEREBY DENIED

PERMISSION IS HEREBY GRANTED TO *Randal Johnson*

All in accordance with the application, addendum form, plans, specifications and all other supporting data, unless specified hereinafter in the GENERAL and/or SPECIAL PROVISIONS.

BY ORDER OF:

*Lloyd Svenberg*  
Signature of Permitting Authority

*Training Adm*  
Title

*9/21/92*  
Date

NOTE: THIS PERMIT TERMINATES ON: *5/21/93* except as provided for by local ordinance and/or Minnesota Law.

- SEE REVERSE FOR GENERAL AND SPECIAL PROVISIONS -

Application Fee \$ *45*

State Skurcharge *.50*

Total \$ *45.50*

**PAGE 2**  
**FORM C -SEWAGE SYSTEM PERMIT**

**GENERAL PROVISIONS**

1. Permittee shall not cover the system authorized herein until such system has been inspected and determined to be compliant by the permitting authority. This provision can be waived only at the discretion of the permitting authority.
2. Where clay soils are predominant, no drainfield excavation can proceed if more than one (1) inch of total rainfall has been received at the nearest official rain gauge within one (1) week prior to construction. This provision can only be waived at the discretion of the permitting authority.
3. No changes in plans or specifications can be made to the work authorized herein unless such change is first approved in writing by the permitting authority.
4. Permittee shall grant access to the site at all reasonable times so that the permitting authority or his/her agents may conduct inspections to ascertain compliance with the terms and conditions of this permit.
5. The construction site shall be kept reasonably free of debris at all times so as to not create a public nuisance.
6. Permittee shall install permanent and temporary erosion control measures in order to prevent erosion of disturbed soils from the project site onto adjacent parcels of land, public waters, public roads, ditches, sewer facilities and the like. Permittee shall cease all related authorized construction activities until such time as any such problem is corrected as agreed to by the permitting authority.
7. No certificate of occupancy or zoning compliance may be issued until all the provisions and conditions of this permit are complied with in full.
8. A copy of this permit or an official notice or placard thereof must be posted in a conspicuous place protected from the effects of weather no more than 12 feet above grade on the premises which the work is to be done and shall be maintained there until completion of said work.
9. The granting of this permit does not exempt the permittee from having to secure other permits from other state, federal or local units of government which may have jurisdiction over portions of the authorized project.
10. This permit does not allow the destruction or removal of any trees or vegetation which exists more than ten (10) feet beyond the foundation of the authorized structure or more than five (5) feet beyond the edge of a driveway or parking lot unless authorized in a Special Provision below.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**SPECIAL PROVISIONS**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_

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

|   |
|---|
| Application Number<br><i>6032</i>       |
| Tax Parcel Number<br><i>17.0153.002</i> |

**A. GENERAL INFORMATION**

|  |                  |                                     |  |
|--|------------------|-------------------------------------|--|
| 1. Applicant's Name (Last, First, M.I.)<br><i>Johnson, Randall</i>   |                  | 2. Authorized Agent (If applicable) |  |
| 3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)<br><i>411 Boat 68, Detroit Lakes, MN 56501</i> |                  |                                     |  |
| 4. Day Phone   | 5. Evening Phone | 6. Fire Number of Project Location  |  |

**B. PROPERTY DESCRIPTION**

|  |                         |                           |                       |              |                 |
|--|-------------------------|---------------------------|-----------------------|--------------|-----------------|
| 1. Lot(s), Block, Subdivision Name<br><i>Fr 5 1/2 of SW 1/4 Sec W 68 T50</i> | 2. Section<br><i>14</i> | 3. Township<br><i>138</i> | 4. Range<br><i>42</i> | 5. Qtr./Qtr. | 6. Gov. Lot No. |
|--|-------------------------|---------------------------|-----------------------|--------------|-----------------|

7. Note: If the property is a metes and bounds description, check here [ ] and attach a copy of the exact legal description.

|   |  |
|---|--|
| <p><b>SEWAGE SYSTEM DATA</b></p> <p>Anticipated Use</p> <p>a. <input checked="" type="checkbox"/> Single Family</p> <p>b. <input type="checkbox"/> Multiple Family</p> <p>c. <input type="checkbox"/> Commercial</p> <p>d. <input type="checkbox"/> Agricultural</p> <p>e. <input type="checkbox"/> Other (specify)</p> <p>Type of System</p> <p>a. <input type="checkbox"/> Septic Tank Only</p> <p>b. <input type="checkbox"/> Drainfield Only</p> <p>c. <input checked="" type="checkbox"/> Septic Tank &amp; Drainfield</p> <p>d. <input type="checkbox"/> Holding Tank</p> <p>e. <input type="checkbox"/> Alternative System (specify)</p> <p>Type of Drainfield</p> <p>a. <input checked="" type="checkbox"/> Standard System</p> <p>b. <input type="checkbox"/> Mound (pressure distribution)</p> <p>c. <input type="checkbox"/> Mound (gravity distribution)</p> <p>Well Data</p> <p>a. Depth: <i>150' casing</i></p> <p>b. Diameter: <i>4"</i></p> <p>Type of Well</p> <p>a. <input checked="" type="checkbox"/> Drilled</p> <p>b. <input type="checkbox"/> Sand Point</p> | <p align="center"><b>1 Inch Equals _____<br/>DESIGN</b></p> <div style="text-align: center;"> </div> <p align="right"><i>see Model 10 1000 gallons</i></p> |
|---|--|

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

I hereby certify with my signature that all data on my application forms,  
plans and specifications are true and correct to the best of my knowledge:

*Installed Dennis Mow 10/13/92*  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
*Hanks Heating*

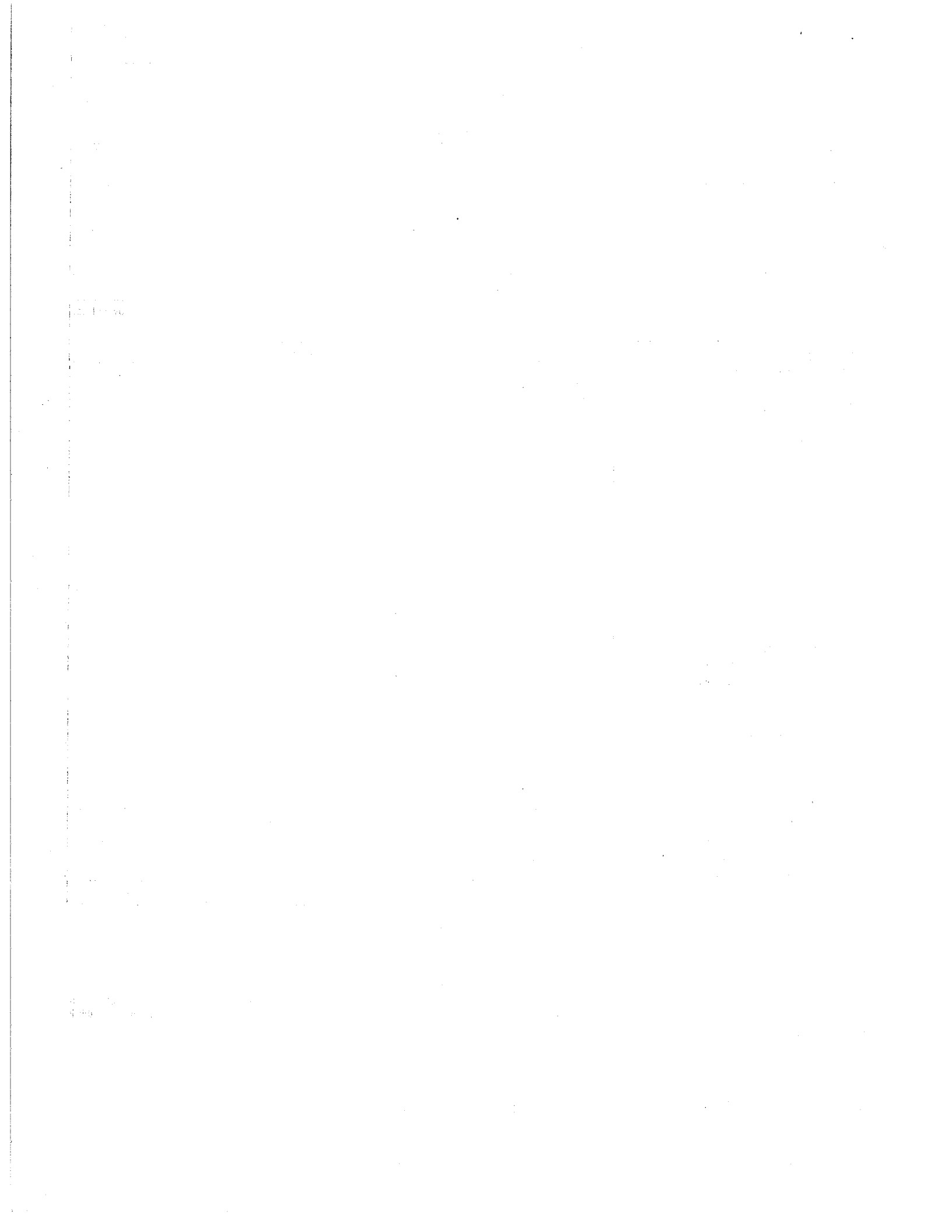
**TO BE COMPLETED BY ZONING OFFICE**

| SEWAGE SYSTEM DATA   | Tank        | Drainfield                 |
|--|-------------|----------------------------|
| Distances to Well:   | <i>80'</i>  | <i>100'</i>                |
| Distance to Building:  | <i>50'</i>  | <i>80'</i>                 |
| Distance to Property Line:   | <i>+10'</i> | <i>+10'</i>                |
| Distance to Suction Line:  | -           | -                          |
| Distance to Pressure Line:   | <i>50'</i>  | <i>50'</i>                 |
| Tank Capacity (gal.) and Area of Drainfield (ft. 2):   | <i>1000</i> | <i>25 X 30 = 750 sq ft</i> |
| Distance to Lake or Stream (from Ordinary High Water Level):                                   | <i>N/A</i>  | <i>N/A</i>                 |
| Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling: | -           | <i>+3'</i>                 |

CERTIFICATE IS HEREBY DENIED  
 CERTIFICATE IS HEREBY GRANTED  
 Based upon the application, addendum form, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.

**BECKER COUNTY ZONING OFFICE**

*Margaret M. Foster*  
Signature \_\_\_\_\_  
*Inspector, 10/13/92*  
Title \_\_\_\_\_ Date \_\_\_\_\_



**MEADOWLAND SURVEYING, INC.**

**DBA: ROY A. SMITH & ASSOCIATES**

County Surveyor for Becker County

522 West Main Street

Detroit Lakes, Minnesota 56501

218-847-4289

218-846-1945 fax

**Randy Johnson Estate – 8.39 acre house tract**

Land description:

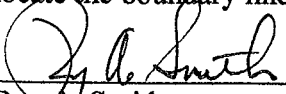
That part of the Southwest Quarter of the Southwest Quarter and that part of Government Lot 5 in Section 14, Township 138 North, Range 42 West of the Fifth Principal Meridian in Becker County, Minnesota, described as follows:

Commencing at a found iron monument which designates the southwest corner of said Section 14; thence South 88 degrees 51 minutes 49 seconds East 2031.50 feet on an assumed bearing along the south line of said Section 14 to an iron monument; thence North 49 degrees 41 minutes 26 seconds West 451.84 feet to an iron monument, said point is the point of beginning; thence South 82 degrees 32 minutes 49 seconds West 158.26 feet to an iron monument; thence South 81 degrees 32 minutes 27 seconds West 135.21 feet to an iron monument; thence South 80 degrees 05 minutes 42 seconds West 37.87 feet to a point hereinafter referred to as Point A; thence continuing South 80 degrees 05 minutes 42 seconds West 21.26 feet to an iron monument; thence North 07 degrees 20 minutes 44 seconds West 92.00 feet to an iron monument; thence North 86 degrees 02 minutes 41 seconds West 362.58 feet to an iron monument; thence North 04 degrees 21 minutes 49 seconds East 539.27 feet to an iron monument; thence South 89 degrees 50 minutes 31 seconds East 446.60 feet to an iron monument; thence South 82 degrees 18 minutes 20 seconds East 121.71 feet to an iron monument; thence South 00 degrees 51 minutes 57 seconds East 324.42 feet to an iron monument; thence South 34 degrees 20 minutes 34 seconds East 184.52 feet to an iron monument; thence South 02 degrees 42 minutes 07 seconds East 109.23 feet to the point of beginning. The above described tract contains 8.39 acres.

ALSO HEREIN INCLUDED is a 24.00 foot wide easement for driveway purposes over, under, and across part of said Government Lot 5. The centerline of said 24.00 foot wide driveway easement is described as follows:

Beginning at the aforementioned Point A; thence South 00 degrees 58 minutes 05 seconds East 165.50 feet; thence South 09 degrees 45 minutes 38 seconds West 67.36 feet to the south line of said Section 14 and said centerline there terminates. The sidelines of said 24.00 foot wide driveway easement shall be prolonged or shortened to terminate on the southerly boundary of the above described tract and on the south line of said Section 14.

I hereby certify that I am a Registered Land Surveyor under the laws of the State of Minnesota and that the above legal description was prepared from information on Certificate of Survey T6829 – 12 dated September 14, 2004, and said legal description is legally sufficient to locate the boundary lines shown on said Certificate of Survey.

  
\_\_\_\_\_  
Roy A. Smith

Minnesota Reg. Land Surveyor No. 12004

170153.002



# BECKER COUNTY

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

|                 |            |
|-----------------|------------|
| Application No. | 6037       |
| Tax Parcel No.  | 17,0294000 |
|                 | 0153.002   |

## SUPPLEMENTAL DATA FOR BUILDING PERMIT FORM B

### A. GENERAL INFORMATION

|   |  |  |
|---|--|--|
| 1. Applicant's Name (Last, First, M.I.)<br><i>Johnson, Randal</i> | 2. Day Phone   | 3. Evening Phone   |
| 4. General Contractor<br><i>Dynamic Homes</i>                     | 5. Electrical Contractor<br><i>Rick Engel Const.</i> | 6. Plumbing Contractor   |
| 7. Earthwork Contractor   | 8. Architect   | 9. Contractor License No.<br><i>Application pending on license</i> |

### B. PROJECT INFORMATION

|  |   |   |   |
|--|---|---|---|
| 1. Type of Project<br>a. <input checked="" type="checkbox"/> New Construction<br>b. <input type="checkbox"/> Addition<br>c. <input type="checkbox"/> Relocation<br>d. <input type="checkbox"/> Repair<br>e. <input type="checkbox"/> Foundation Only<br>f. <input type="checkbox"/> Roofing<br>g. <input type="checkbox"/> Other (specify) | 3. Lot Dimensional Data<br>Proposed Required<br>a. Area in ft. <sup>2</sup> or acres: - <i>49</i> -<br>b. Lot width at building line: - <i>71000</i> -<br>c. Lot depth: - <i>4900</i> -<br>d. Lake/Stream setback: - <i>N/A</i> -<br>e. Road setback: - <i>115'</i> -<br>f. Side lot setback: - <i>10</i> -<br>g. Minimum access elevation: - - | 4. Water Level Data<br>In: <input type="checkbox"/> Sea Level Datum<br><input type="checkbox"/> Assumed Datum<br>a. Highest known water level: -<br>b. Highest known ground water level: - <input checked="" type="checkbox"/><br>c. Ordinary high water level: - | 5. Well Data<br>a. Depth: - <i>750'</i><br>b. Diameter: - <i>4"</i><br>c. Depth of Casing: -<br>d. <input checked="" type="checkbox"/> Drilled g. <input type="checkbox"/> Public<br>e. <input type="checkbox"/> Sand Point h. <input type="checkbox"/> Private Well<br>f. <input type="checkbox"/> Augered |
|  |   |   |   |

### C. STRUCTURE DATA

|   |  |  |  |
|---|--|--|--|
| 1. Structure Elevation Requirements<br>In: <input type="checkbox"/> N.G.V.D.<br><input type="checkbox"/> Assumed Datum<br><input type="checkbox"/> in relation to street<br>Proposed Required<br>a. Basement or (lowest floor): - <i>7'</i> -<br>b. First Floor (above grade) - <i>2'</i> -<br>c. Max. Building Height - <i>15'</i> -<br>d. Fill Elev. Adjacent to Structure: - - | 2. Structure Dimensions<br>a. Length (ft.) - <i>44</i><br>b. Width (ft.) - <i>26</i><br>Areas in ft. <sup>2</sup><br>c. Basement - <i>1144</i><br>d. 1 <sup>st</sup> Floor - <i>1144</i><br>e. 2 <sup>nd</sup> Floor - <i>1144</i><br>f. Total Area - <i>2288</i><br><i>Attached Garage 24x24,</i> | 3. Type of Construction<br><input type="checkbox"/> Wood /Frame<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Pole Bldg.<br><input type="checkbox"/> On-site Prefab<br><input checked="" type="checkbox"/> Off-site Prefab | 5. Project Cost Factors<br>a. Cost of Improvements: \$ <i>72,000</i><br>b. Estimated Value of Existing Structure: \$<br>c. Percentage Cost of Improvements: _____%<br>(a. divided by b. X 100 percent) |
|   |  |  |  |

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge: *Richard Engelund* Signature of Applicant - 9/21/92 Date

## BUILDING PERMIT

APPLICATION IS HEREBY DENIED

PERMISSION IS HEREBY GRANTED TO \_\_\_\_\_

all in accordance with the application, addendum form, plans, specifications and all other supporting data, unless specified hereinafter in the GENERAL and/or SPECIAL PROVISIONS.

BY ORDER OF: \_\_\_\_\_

Signature of Permitting Authority

Title

Date

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

### SEE REVERSE FOR GENERAL AND SPECIAL PROVISIONS

Application Fee \$ \_\_\_\_\_ Township Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

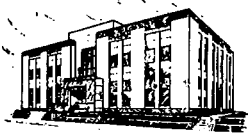
**PAGE 2**  
**FORM B - BUILDING PERMIT**

**GENERAL PROVISIONS**

1. This permit [ ] is; [ ] is not subject to the State Building Code.
2. No changes in plans or specifications can be made to the work authorized herein unless such change is first approved in writing by the permitting authority.
3. Permittee shall grant access to the site at all reasonable times so that the permitting authority or his/her agents may conduct inspections to ascertain compliance with the terms and conditions of this permit.
4. The construction site shall be kept reasonably free of debris at all times so as to not create a public nuisance.
5. Permittee shall install permanent and temporary erosion control measures in order to prevent erosion of disturbed soils from the project site onto adjacent parcels of land, public waters, public roads, ditches, sewer facilities and the like. Permittee shall cease all related authorized construction activities until such time as any such problem is corrected as agreed to by the permitting authority.
6. No certificate of occupancy or zoning compliance may be issued until all the provisions and conditions of this permit are complied with in full.
7. A copy of this permit or an official notice or placard thereof must be posted in a conspicuous place protected from the effects of weather no more than 12 feet above grade on the premises which the work is to be done and shall be maintained there until completion of said work.
8. The granting of this permit does not exempt the permittee from having to secure other permits from other state, federal or local units of government which may have jurisdiction over portions of the authorized project.

**SPECIAL PROVISIONS**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_\_  
\_\_\_\_\_



# BECKER COUNTY

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

|                                      |
|--------------------------------------|
| Application No.<br><i>6038</i>       |
| Tax Parcel No.<br><i>17.0153.007</i> |

## SKETCH PLAN FORM H

Please be as complete as possible. Include all of the items listed below where applicable.

### GENERAL CHECKLIST

- scale
- north arrow
- lot dimensions
- structure location
- side lot setback
- road setback
- septic tank location
- drainfield location
- location of all wells within 100' of drainfield
- fill & grading limits
- vegetation alteration limits

### WATER RESOURCE CHECKLIST

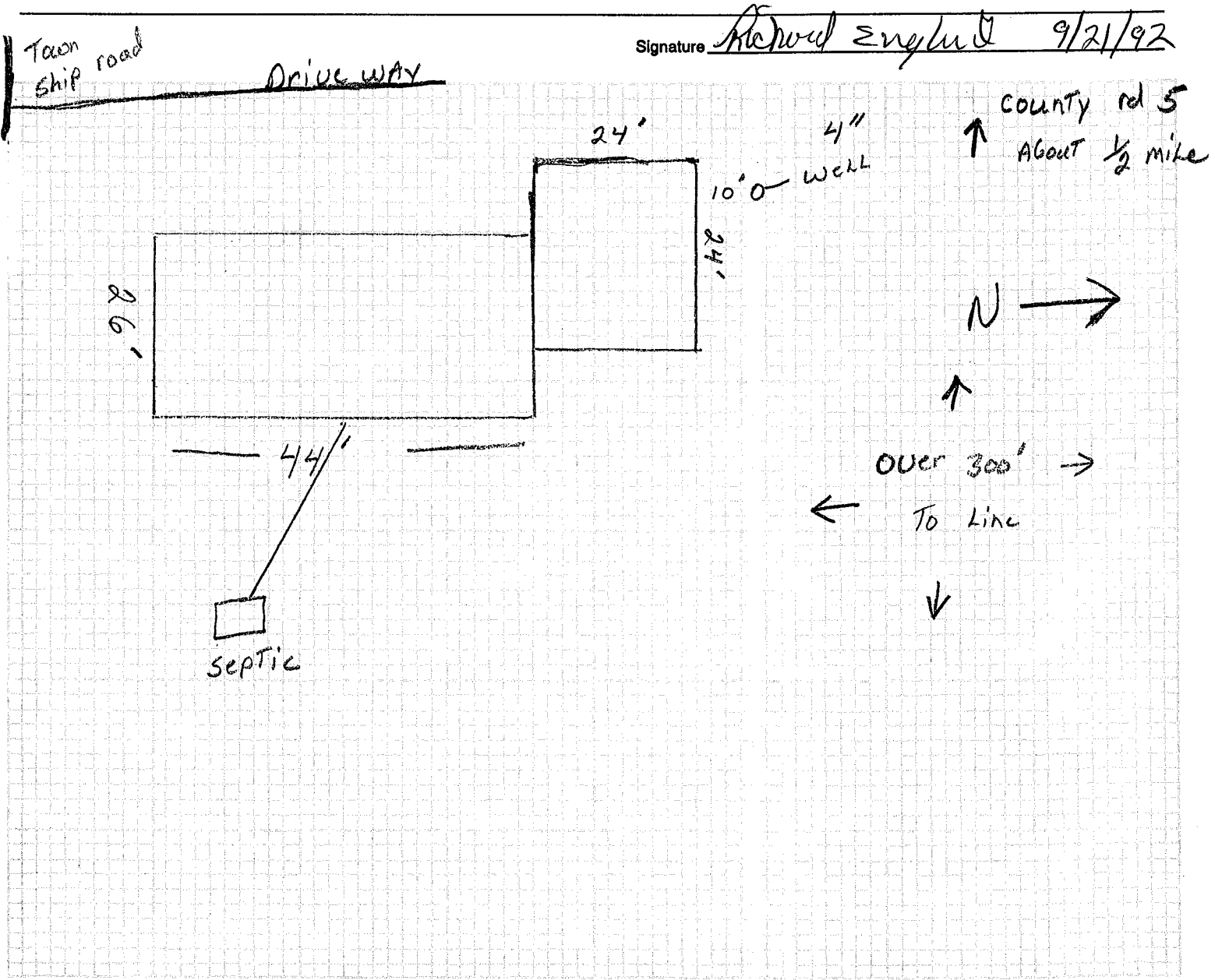
- location of ordinary high water level (OHWL)
- location of present water line
- setback from OHWL
- location of highest known water level
- existing local drainage
- location of wetland areas

Scale of Diagram: 1 inch = \_\_\_\_\_ feet

Drawing By: \_\_\_\_\_

Date of Drawing: \_\_\_\_\_

Remarks: \_\_\_\_\_



Signature *Richard Englund* 9/21/92

# APPLICATION FOR SEWAGE SYSTEM CERTIFICATE OF COMPLIANCE

With The Becker County Zoning Ordinance

|   |
|---|
| Application Number<br><i>6037</i>       |
| Tax Parcel Number<br><i>17.0153.002</i> |

### A. GENERAL INFORMATION

|  |                  |                                     |  |
|--|------------------|-------------------------------------|--|
| 1. Applicant's Name (Last, First, M.I.)<br><i>Johnny Landall</i>   |                  | 2. Authorized Agent (If applicable) |  |
| 3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)<br><i>411 1st St NE, Detroit Lakes, MN 56501</i> |                  |                                     |  |
| 4. Day Phone   | 5. Evening Phone | 6. Fire Number of Project Location  |  |

### B. PROPERTY DESCRIPTION

|  |                         |                           |                       |              |                 |
|--|-------------------------|---------------------------|-----------------------|--------------|-----------------|
| 1. Lot(s), Block, Subdivision Name<br><i># 5 1/2 of SW 1/4 Sec 14 T138N R42E</i> | 2. Section<br><i>14</i> | 3. Township<br><i>138</i> | 4. Range<br><i>42</i> | 5. Qtr./Qtr. | 6. Gov. Lot No. |
|--|-------------------------|---------------------------|-----------------------|--------------|-----------------|

7. Note: If the property is a metes and bounds description, check here [ ] and attach a copy of the exact legal description.

|   |  |
|---|--|
| <p><b>SEWAGE SYSTEM DATA</b></p> <p>Anticipated Use</p> <p>a. <input checked="" type="checkbox"/> Single Family</p> <p>b. <input type="checkbox"/> Multiple Family</p> <p>c. <input type="checkbox"/> Commercial</p> <p>d. <input type="checkbox"/> Agricultural</p> <p>e. <input type="checkbox"/> Other (specify)</p> <p>Type of System</p> <p>a. <input type="checkbox"/> Septic Tank Only</p> <p>b. <input type="checkbox"/> Drainfield Only</p> <p>c. <input checked="" type="checkbox"/> Septic Tank &amp; Drainfield</p> <p>d. <input type="checkbox"/> Holding Tank</p> <p>e. <input type="checkbox"/> Alternative System (specify)</p> <p>Type of Drainfield</p> <p>a. <input checked="" type="checkbox"/> Standard System</p> <p>b. <input type="checkbox"/> Mound (pressure distribution)</p> <p>c. <input type="checkbox"/> Mound (gravity distribution)</p> <p>Well Data</p> <p>a. Depth: <i>450' casing</i></p> <p>b. Diameter: <i>4"</i></p> <p>Type of Well</p> <p>a. <input checked="" type="checkbox"/> Drilled</p> <p>b. <input type="checkbox"/> Sand Point</p> | <p style="text-align: center;"><b>1 Inch Equals _____<br/>DESIGN</b></p> <div style="text-align: right; margin-top: 20px;"><i>ASTM</i></div> <div style="text-align: center; margin-top: 50px;"> </div> <p style="text-align: center; margin-top: 20px;">Show Distance Between Sewage System And Buildings,<br/>Property Lines, Lake, Roads And All Wells Within 125 Feet.</p> |
|---|--|

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge:

*Scott H. Decker* *10/13/92*  
Signature of Applicant Date

### TO BE COMPLETED BY ZONING OFFICE

| SEWAGE SYSTEM DATA   | Tank        | Drainfield    |
|--|-------------|---------------|
| Distances to Well:   | <i>50'</i>  | <i>100'</i>   |
| Distance to Building:  | <i>50'</i>  | <i>30'</i>    |
| Distance to Property Line:   | <i>10'</i>  | <i>10'</i>    |
| Distance to Suction Line:  | -           | -             |
| Distance to Pressure Line:   | <i>50'</i>  | <i>50'</i>    |
| Tank Capacity (gal.) and Area of Drainfield (ft. 2):   | <i>1000</i> | <i>750 SF</i> |
| Distance to Lake or Stream (from Ordinary High Water Level):                                   | <i>10'</i>  | <i>4'</i>     |
| Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling: | -           | <i>13'</i>    |

CERTIFICATE IS HEREBY DENIED

CERTIFICATE IS HEREBY GRANTED

Based upon the application, addendum form, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.

BECKER COUNTY ZONING OFFICE

*Margaret M. Foster*  
Signature

*Supervisor*, *10/13/92*  
Title Date

