

**PERMIT MUST BE
POSTED AT THE
CONSTRUCTION SITE**

Becker County Pla
835 Lake Ave, P O
Detroit Lakes, MN 56502-0787
Phone (218)-846-7314; Fax (218)-846-7266



170253000

Onsite Septic System Site Evaluation/Design

Tax Parcel Number 17.0253000

Legal Description: S100' of N 150' of W 200' of Lot 2 Section 22 TWP 138 Range 42

Lake Name Maud Lake Classification _____ Township Name Lake Eunice

Owner's Name Kim Pierce Address 20183 East Lake Maud Rd

City Detroit Lakes State/Zip MN 56501 Phone Number 439-6832

Number of Bedrooms 2 Well Casing Depth Shallow Garbage Disposal (Yes) (No)
Design Flow 300 GPD Depth of other Wells within _____ Grinder Pump/Lift Station
100 ft of system _____ In House (Yes) (No)

Type of Observation: Probe Pit Boring
Original Soil (Yes) (No) Compacted Soil (Yes) (No)
Depth to Restricting Layer 5'7" Proposed Design Replace Septic Tank Standard (gravelless/chamber)
Maximum of Depth of System 2' Septic Tank/Drainfield Standard (rock depth _____)
Perc Rate sand sized Soil Sizing Factor 1.27 Drainfield Only Standard Bed
 Holding Tank Mound At Grade
 Lift Station Pressurized Bed

SOIL BORING LOG

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-10	Silt	Black	BLOCKY PLATY PRISMATIC NONE
10-16	Sandy loam	10YR 4/5	BLOCKY PLATY PRISMATIC NONE
16-60	Course Sand	10YR 4/6	BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-9	Silt	Black	BLOCKY PLATY PRISMATIC NONE
9-16	Sandy loam	10YR 4/5	BLOCKY PLATY PRISMATIC NONE
16-60	Sand	10YR 4/6	BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE

Attach Perc Test Information If Required

Name and Address of Designer Daryl Bergstrom Phone _____

MPCA Number 478 Date of Site Evaluation 4-27-99 Signature of Designer Daryl Bergstrom

Name of Installer (if different from Designer) _____ MPCA Number _____

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

*** Any changes to the permit must first be approved by Becker County Planning & Zoning. No system shall be covered up without inspection by Becker County Planning & Zoning.
*** Inspections must be scheduled at least 24 hours prior to time requested.

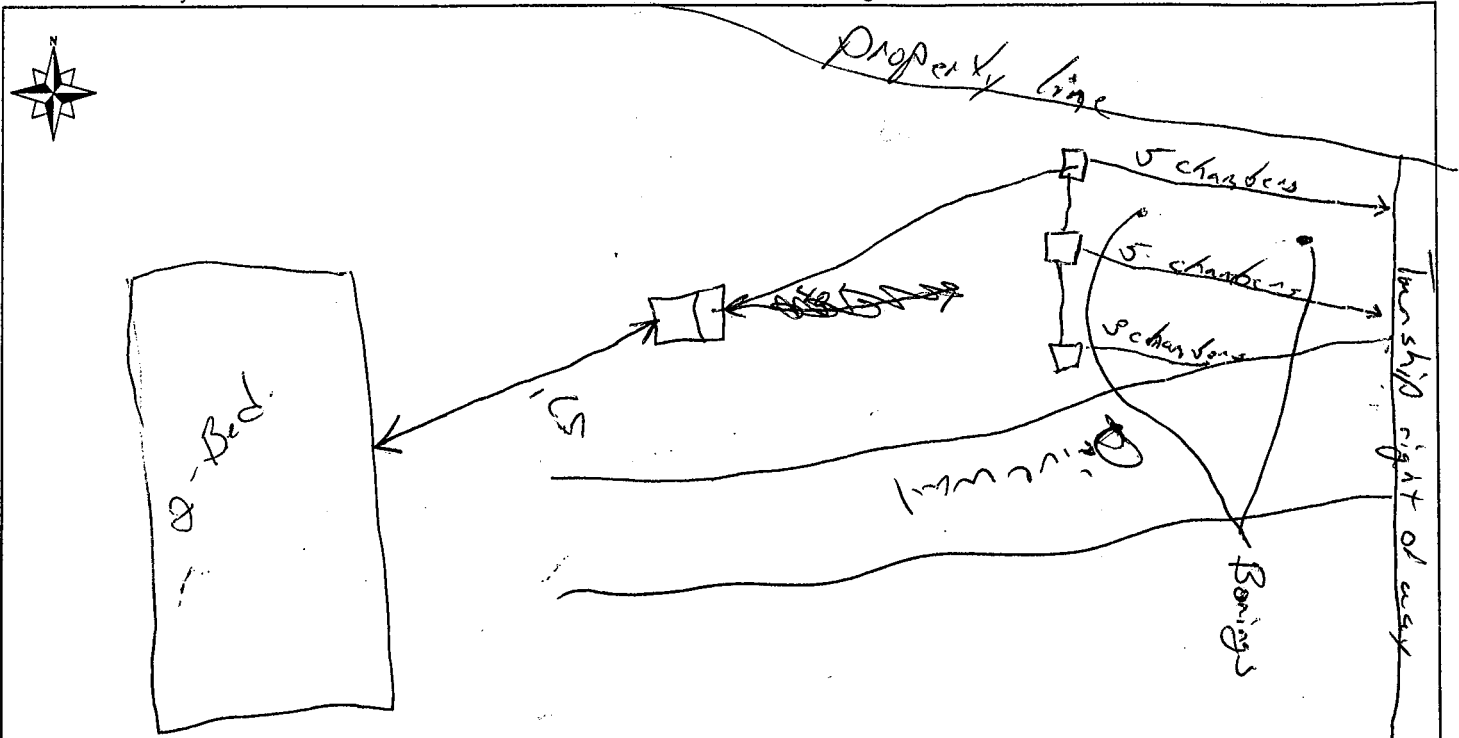
Date Received 4/28/99 Application Fee 75.00 State Surcharge .50 Total 75.50

Application is hereby denied
 Application is hereby granted to Kim Pierce to install an individual septic system according to the specifications of the site evaluation and design submitted to the Becker County Environmental Services Office. By Order of: Garcia Schmitt 4/28/99 13199
 Signature of Becker County Qualified Employee Date Permit Issued Permit Number
 This permit expires on _____

The site plan must be drawn to dimension or to scale:

- *Dimensions of Lot
- *Existing & Proposed Buildings
- *Easements & setbacks
- *Well & Water Line Locations
- *Distance from Property Lines
- *Tank Access Route
- within 100 ft of System
- *Distance from OHWM
- *Distance from buildings

- *Scale - One inch = _____ ft
- *Location of any Unsuitable Soil
- *Soil Borings & Per Test Locations
- *Alternate Drainfield Location



Drainfield is right next to property line
 a property line agreement has been signed

	Tank (estimated)	Tank (actual)	Drainfield (estimated)	Drainfield (actual)	
Distances to Well	100				Tank size 1000 gal
Distance to Building	94				Lift station size 500 gal
Distance to Property Line	2'				Drainfield size 30' x 16' 25
Distance to Pressure Line					Pump HP 1/2
Distance to Ordinary High Water	100'				Date Installed 6/16/99

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

CERTIFICATE OF COMPLIANCE

() Certificate Is Hereby Denied
 (X) Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data.
 With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

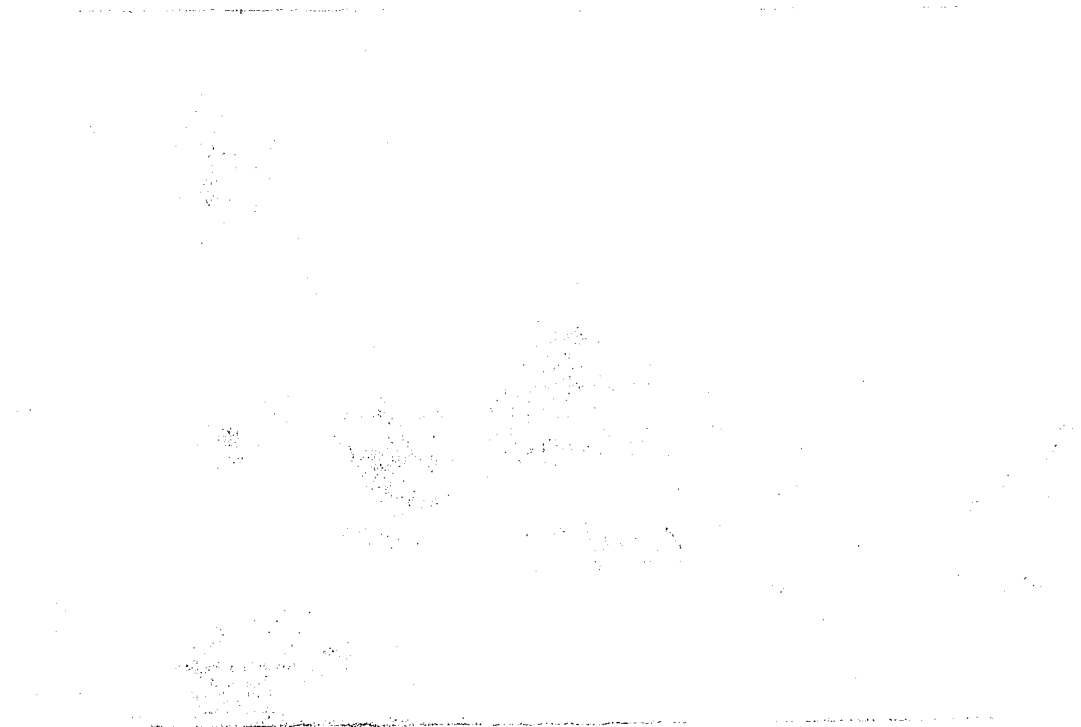
Signature: [Signature] Title: Inspector Date: 6 May 99
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

PROPERTY LINE AGREEMENT

I Charlotte Fitzpatrick, give Kim
Perce, permission to have their sewer
system closer than the required 10 feet to the lot line.

SIGNED Charlotte Fitzpatrick

DATE April 20 1999



Owner
Assessor
Inspector

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION							
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
Contractor	Name					

TYPE OF IMPROVEMENT: <input type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	RESIDENTIAL PROPOSED USE: <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____
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ESTIMATED COST OF IMPROVEMENT \$		Construction Starting Date:	
PRINCIPAL TYPE OF FRAME: <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other — Specify _____	TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input 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 _____ Baths _____ HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: _____	

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

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is _____ square feet. Water frontage is _____ feet.

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

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

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

Side yard is _____ and _____ feet. Rear yard is _____ feet.

Building will be located _____ feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located _____ feet from soil absorption system (Cesspool, Drainfield, etc.).

Agreement: I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Becker County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that this permit is valid for a period of six (6) months. Applicant further agrees that no part of the sewage system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the County Zoning Administrator, 48 hours before the job is ready for inspection.

Dated _____ Signature of Owner _____

Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

Dated _____ Becker County Zoning Administrator _____

Permit Fee \$ _____ State Surcharge \$ _____

Comments: _____

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	50
Distance from Lake or Stream	F	F	F	F	F	F
Distance from Occupied Building	F	10	F	20	F	20
Distance from Property Line	F	10	F	10	F	10
Distance from Bottom to Water Table	—	F	—	F	4	F

Inspector's Comments: Checked - New addition was over sewer line (buried portion) well was only 16 feet from line will move pump and use cut draw

INTERPRETATION OF ABBREVIATIONS

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

Inspector's Signature

Title

Inspection Dated 8-5 1974

Agency

BECKER COUNTY

SEWAGE SYSTEM PERMIT APPLICATION

- 1. Location of property: Lake Mead (Sec) Sec. 22 Twp. 138 Range 42
 Legal description Shawwood Sub #1
- 2. Lot length 200 Width 100 Lot size area 20,000
- 3. Contour of property: Approximate elevation above water table at building site 15' sewage system site 15' adjacent property _____
- 4. Type of building: residential Commercial _____ accessory _____
- 5. Location of roads: County _____ Township State _____
- 6. Type of sewage system planned: Tank size 750 gallon
 Number of tanks 2 Drainfield _____ Lineal feet _____
- 7. Type of soil: Sand Clay _____ Other _____
- 8. Location of sewage system on adjacent property _____
 Number of feet _____
- 9. Location of well on your property _____ (Sketch on reverse side). On adjacent property _____
- 10. Name of sewage system contractor SHERMAN TANK CO.
 Well drilling contractor _____

Note: If making either of the above installations yourself indicate

11. Minimum set back:	Building	Sewage System
From Road R.O.W.	_____	<u>10'</u>
Adjacent Property	_____	<u>10'</u>
Lakeshore (High Water Mark)	_____	<u>75'</u>

12. Any other information: _____

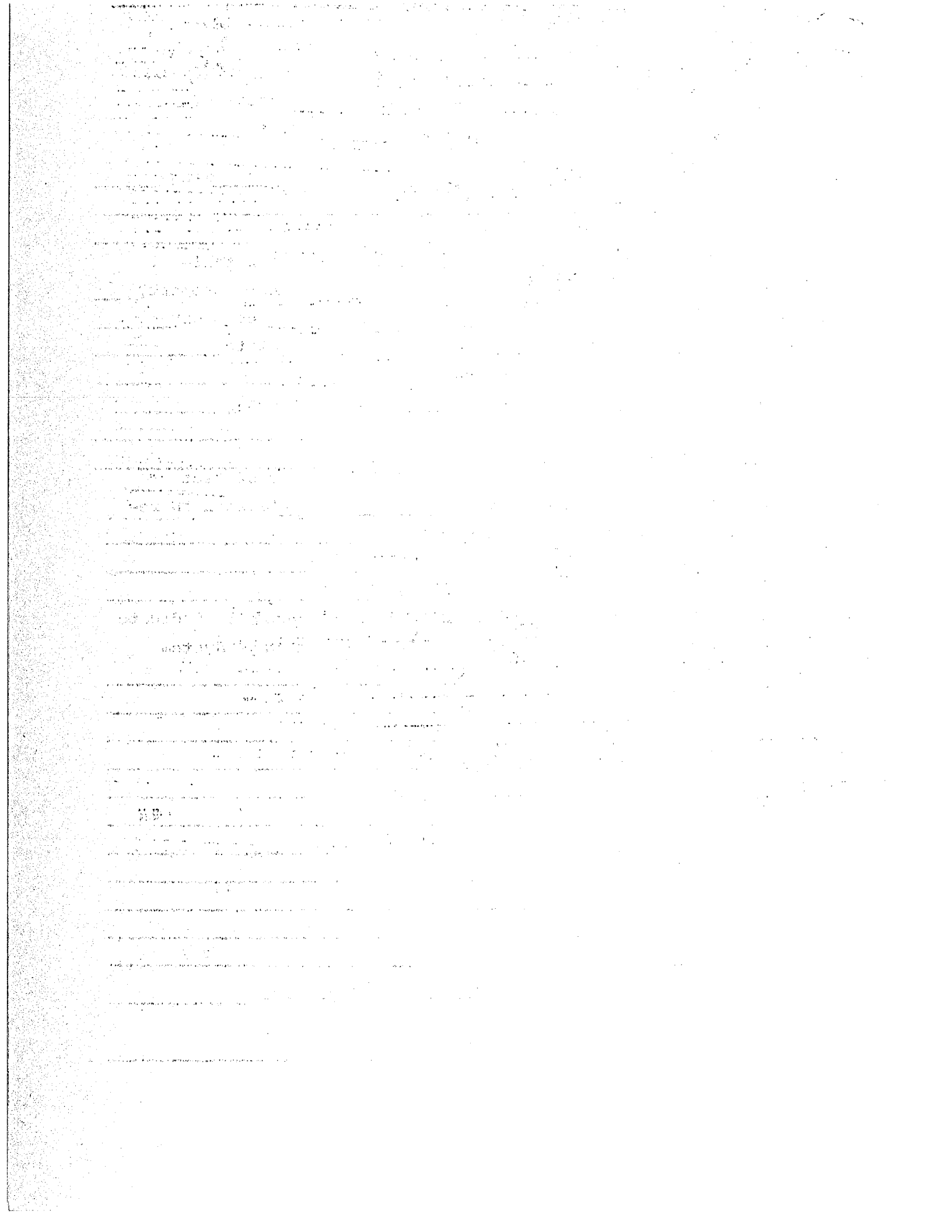
Dated Aug 21, 1972

Applicants Signature Frank Biedel
84-58th Ave N.E

Permit No. 707

Permit Fee 3.50
Imp

Cert of Occupancy Issued 10-11-72



GRID PLOT PLAN SKETCHING FORM

Scale: Each grid equals _____ feet/inches.

Application for Building Permit Dated _____ 19 _____

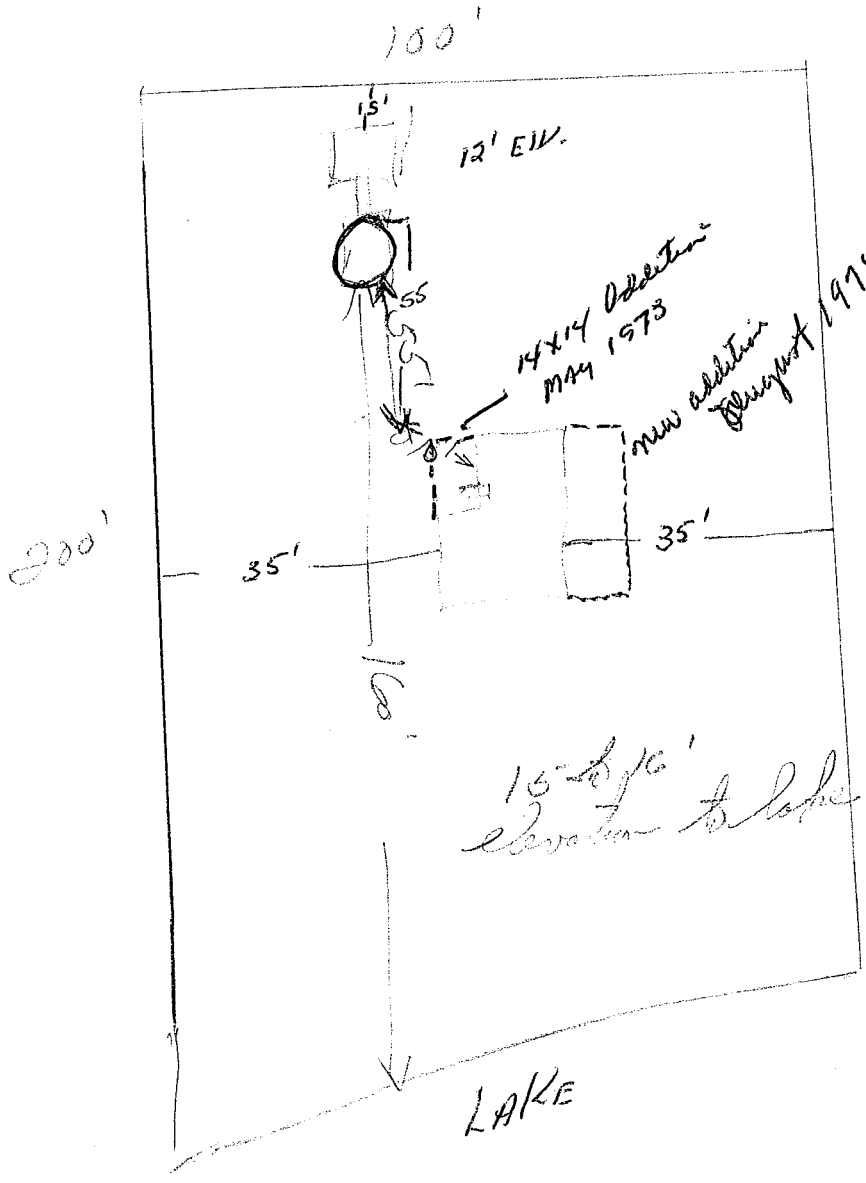
Application for Sewage System Permit Dated Aug 21 1972

Building Permit Number _____ Sewage System Permit Number 707

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

Dated Aug 21 1972

Frank Pierce
Signature



~~may~~ have
Brain Field