



Minnesota Pollution  
Control Agency

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

Existing Sul

# Compliance Inspection Form



170258000

TS)

page 7

Parcel number: R. 17.0258.000

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

RECEIVED

JUN 30 2009

ZONING

For Local Tracking Purposes:

## Summary Form

### Property Information

Property owner name(s):

Roger Nelson

Property address:

12264 Shorewood Beh Rd, DETROIT LAKE 56501

Property owner's address (if different):

County:

Becker

Property owner phone:

Permitting authority:

Becker Co. Zoning

Date system constructed:

70's

Reason for inspection:

Sale of property

### System Description

Brief system description:

1000 gallon concrete tank 180 sq ft drawfield

Local permit number:

Number of bedrooms:

2

Design flow rate:

#### Is the system:

In Shoreland area?

☒ Yes ☐ No

In Wellhead Protection Area?

☐ Yes ☒ No

An U.S. Environmental Protection

Agency (EPA) Class V Injection Well?

☐ Yes ☒ No

System serving a Minnesota Department

of Health (MDH) licensed facility?

☐ Yes ☒ 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):

6-12-09

☐ 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:

[Signature]

Date:

6-12-09

### Required Attachments

Inspector Complete: This Inspection Report is 5 pages long.

Check compliance forms attached: ☒ Hydraulic Performance ☒ Tank Integrity ☒ Soil Separation ☐ Operating Permit Form (if applicable) ☐ 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. 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: \_\_\_\_\_

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

## Hydraulic Performance and Other Compliance

### Compliance Issue #1 of 4

Date of observation: 6-12-09 Reason for observation: Sale of property

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
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): Nelson

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] 2222 Date: \_\_\_\_\_

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

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

## Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: 6-12-09

Reason for observation: Sale of property

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?

☐ Yes ☒ No

Do any sewage tank(s) leak below their designed operating depth?

☐ Yes ☒ 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): Nelson

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: \_\_\_\_\_

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

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

## Soil Separation Compliance and Other Compliance

### Compliance Issue #3 of 4

Date of observation: 6-12-09 Reason for observation: Sale of property  
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 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): Nelson

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.

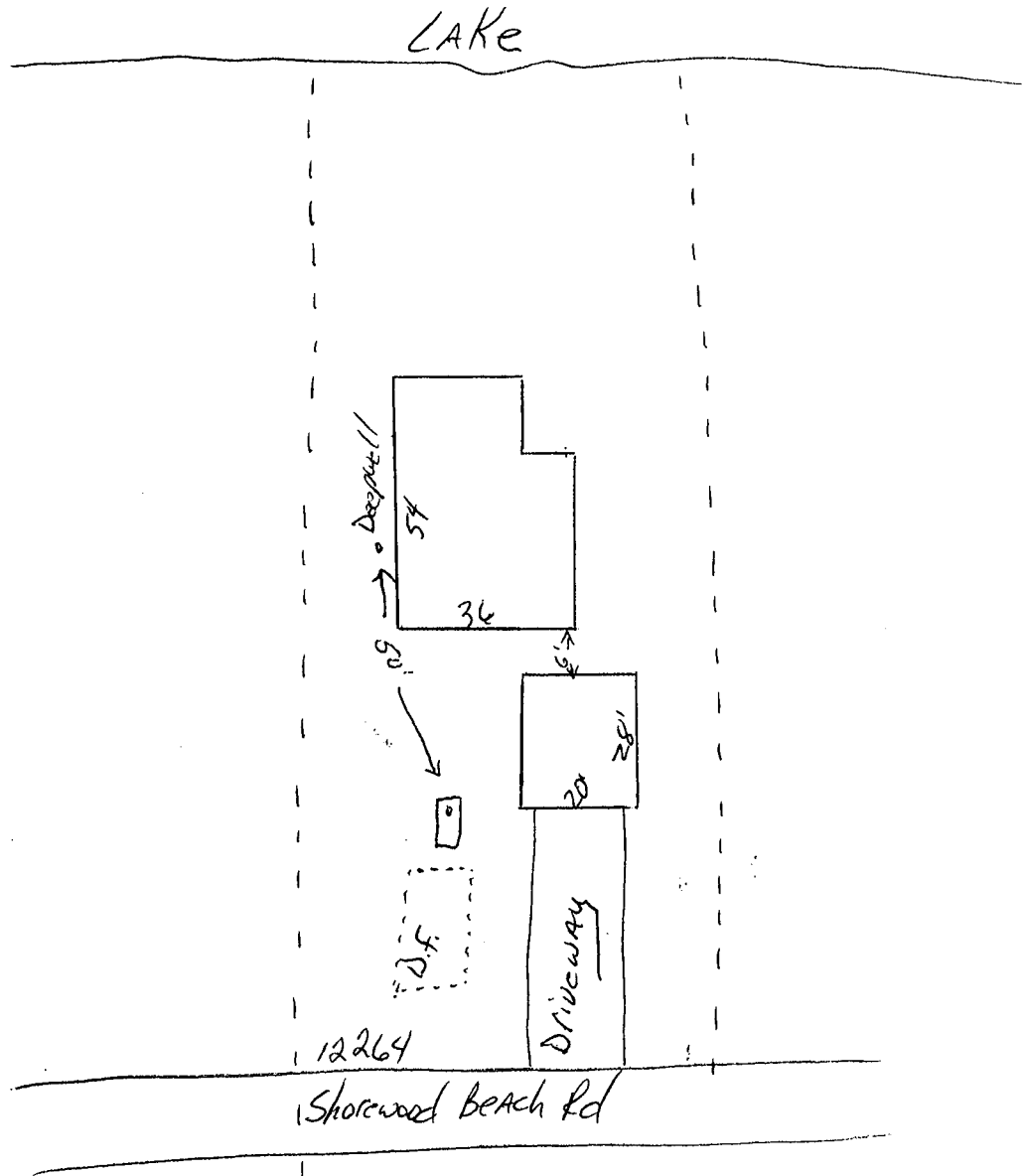
Name: David Ohm Certification number: 2228

Business license name and number: 932 or

Name of local unit of government: Becker Co. Zoning

Signature: [Signature] Date: \_\_\_\_\_

Roger Nelson  
12264 Shorewood Beach Rd  
By David Ohm 2228  
6-12-09



CERTIFICATE OF COMPLIANCE  
SEWAGE SYSTEM

This certificate has been issued this 5 day of AUGUST 19 85,  
to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: PART OF GOV LOT 2

Lake No. 500 Sec. 22 Twp. 138 Range 42 Twp. Name LAKE FINNICE

New sewer repair has seepage pit 1000 gal. tank, 75 ft. from nearest well,  
150 ft. from lake, 30 ft. from occupied building, 20 ft. from property line,  
over 4 ft. from bottom to water table. Twelve (12) yards of rock.

Owner: Name ROGER NELSON

Address R.R. 1 BOX 87  
DETROIT LAKES, MN.  
56501

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

Permit No. SP 14-14,035-34

Signed by: *Thord Stenby*  
Zoning Administrator  
Becker County, Minnesota

807



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

# BECKER COUNTY ZONING ADMINISTRATION

Permit No. 14-14,035-34

COUNTY COURT HOUSE — Phone 218-847-3938 — Detroit Lakes, Minn. 56501

Date \_\_\_\_\_

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

10002

LEGAL DESCRIPTION AND LOCATION	<u>Beg 65' SE of Sec 16 T14N R10W</u> <u>65' SW 1/4 of Sec 16 T14N R10W</u>					
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.
	<u>Nelson</u>	<u>Karen</u>		<u>Rt 1 Box 57</u>		
Contractor	Name					
	<u>J. L. Hanson</u>					

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
<input type="checkbox"/> New Building <input type="checkbox"/> Alteration Other <u>Sewer Repair</u>	<input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	Specify: _____ Size: _____

ESTIMATED COST OF IMPROVEMENT \$	Construction Starting Date: _____	
PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:
<input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other — Specify _____	<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	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: _____
Type of Roof: _____		

SEWAGE DISPOSAL SYSTEM DATA		SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity		Gls.	<u>1000</u> Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>210</u>	Ft.	<u>250</u> Ft.	Ft.
Distance from lake or stream	<u>100</u>	Ft.	<u>100</u> Ft.	Ft.
Distance from occupied building	<u>100</u>	Ft.	<u>100</u> Ft.	Ft.
Distance from property line	<u>100</u>	Ft.	<u>100</u> Ft.	Ft.
Distance from bottom to Water Table	<u>05</u>	Ft.	<u>0</u> Ft.	Ft.

CHARACTERISTICS:

Lot Area is 175 x 220 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.).

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 8-5-85 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 8/12/85 Becker County Zoning Administrator [Signature]

Permit Fee \$ 20.00 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.	1000 gal		SF		SF		SF	
Distance from Nearest Well		F		F	25	F	75	F		F	50	F
Distance from Lake or Stream		F		F	160	F		F		F		F
Distance from Occupied Building		F	10	F	30	F	20	F		F	20	F
Distance from Property Line		F	10	F	20	F	10	F		F	10	F
Distance from Bottom to Water Table	---	F	---	F	4	F	4	F		F	4	F

Inspector's Comments: 12 yds back, around tank the old drain field sealed up and backed up in tank - the only location was in this spot for a drain field so we had to go to a seepage pit - 35 feet above lake level - Husack Installers (Shedged in drain field due to not pumping septic tank)

**INTERPRETATION  
OF ABBREVIATIONS**

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

*Mark Kuehn*  
Inspector's Signature

Title

Inspection

Dated

8-6

19 85

Agency

# BECKER COUNTY

Permit Number 14-14035-34 Date 8/9/85

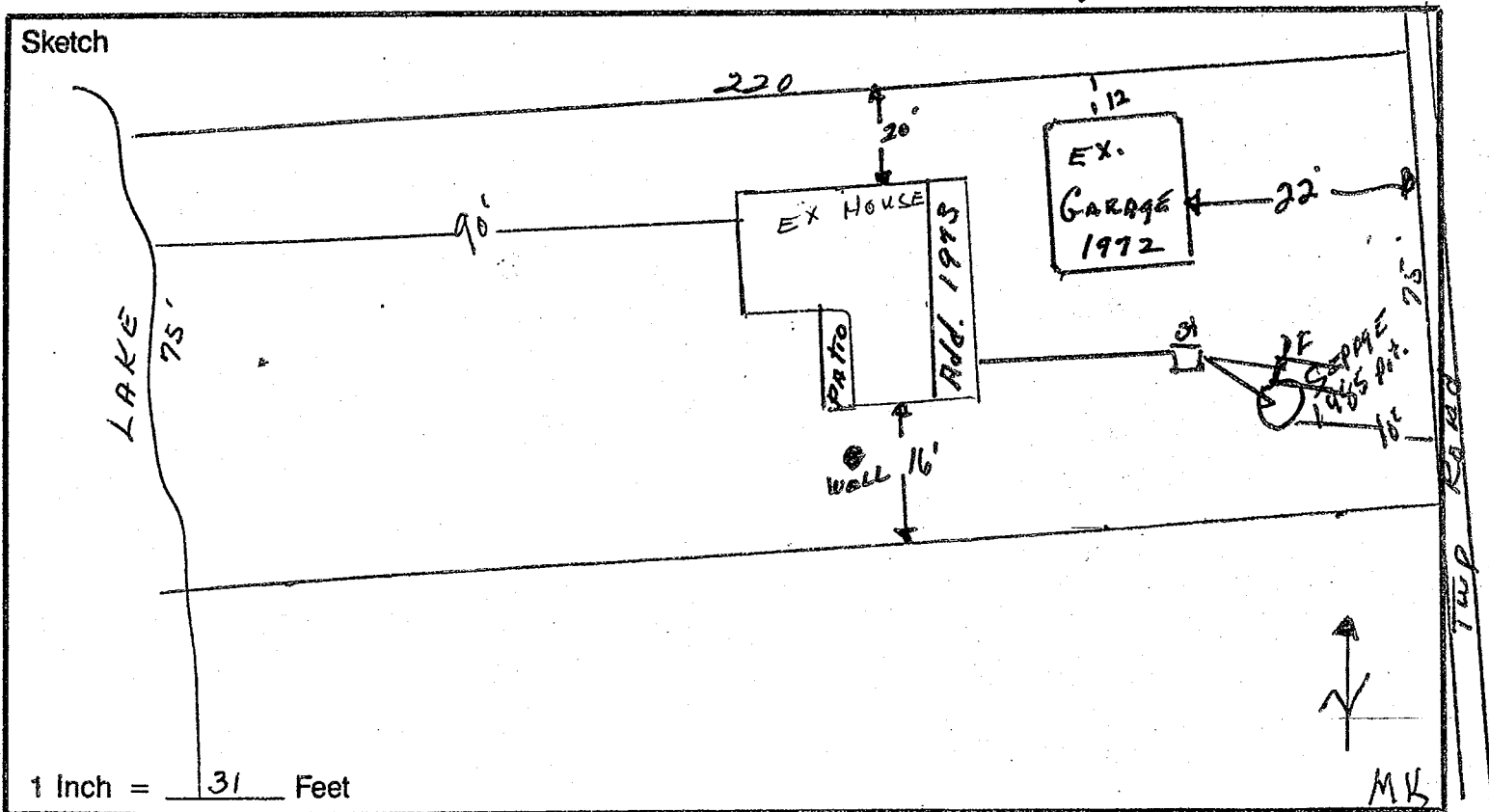
Building \_\_\_\_\_ Sewage System Sewer Repair

Township Lake County 22 Description Reg. 65' SE  
Cor. Lot 18, Shorewood 7th Add.

Work Authorized Sewer Repair Consists of  
1000 gal. seepage pit, (existing septic  
tank)

Issued to: Name Roger Nelson  
Address: RR1 Box 87 Town Detroit Lakes  
State Mn. Zip 56501

Sketch



NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. Notify Becker County Zoning Administrator (847-3938) before building footings have been completed. No part of the sewage system shall be covered until it has been inspected and approved. Notify the Zoning Administrator 24 hours before the job is ready for inspection.

Floyd Suenby  
Becker County Zoning Administrator

BECKER COUNTY  
DETROIT LAKES, MN 56501

TO BE COMPLETED BY PERSON INSTALLING SYSTEM  
I hereby attest that I am familiar with the minimum standards required by the Becker County Zoning Ordinance regarding sewage systems and that I have installed the above system in accordance with those standards.

8-6  
DATE OF INSTALLATION

A. L. Hurst  
LICENSED INSTALLER

Please return when completed to Becker County Zoning Office- Court house- Becker County.

Rear Yard

Ft.

Ft.

Elevation at Building Line above

Ft.

Ft.

High Water Mark

### SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	Gls.	Gls.	1000 gal	S.F.	S.F.	S.F.
Distance from Nearest Well	F	F	25	F	75	F
Distance from Lake or Stream	F	F	160	F		F
Distance from Occupied Building	F	10	30	F	20	F
Distance from Property Line	F	10	20	F	10	F
Distance from Bottom to Water Table	---	---	4	F	4	F

Inspector's Comments: 12 yds Rock, around tank the old drain field sealed up and Baked up in tank - the only location was on this spot for a drain field so we had to go to a seepage pit. 25 yds about back from Hurst's Installer. (Sludge in drain field due to not pumping septic tank.)

#### INTERPRETATION OF ABBREVIATIONS

Gls. — Gallons  
S.F. — Square Feet  
F — Linear Feet

Mark Kuehn

Title

Inspection

Dated

8-6-1985

Agency

**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 <sup>Bed</sup> <del>PT</del>				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1000	Gls.	750	Gls.	180	SF	120	SF		SF		SF
Distance from Nearest Well	55	F	50	F	75	F	75	F		F	50	F
Distance from Lake or Stream	750	F	75	F	150	F	125	F		F		F
Distance from Occupied Building	10	F	10	F	20	F	20	F		F	20	F
Distance from Property Line	20	F	10	F	20	F	10	F		F	10	F
Distance from Bottom to Water Table	--	F	--	F	over 4'	F	4	F		F	4	F

Inspector's Comments: \_\_\_\_\_

*Okay Real good job.*

**INTERPRETATION  
OF ABBREVIATIONS**

Gls — Gallons  
 SF — Square Feet  
 F — Linear Feet

Inspection  
 Dated

*10-24 1973*

*Mark Kuehne*  
 Inspector's Signature

*Bldg. Inspector*  
 Title

*Becker County*  
 Agency

White — Owner  
Yellow — Owner  
Pink — Assessor  
Blue — Inspector

BECKER COUNTY ZONING ADMINISTRATION  
COUNTY COURT HOUSE — Phone 218-847-7721 — Detroit Lakes, Minn. 56501

Date

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

Filed with #807

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:

( ) New Building ( ) Alteration

Other

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:

( ) Masonry

( ) Wood Frame

( ) Structural Steel

( ) Other — Specify

Type of Roof:

TYPE OF SEWAGE DISPOSAL:

( ) Public

( ) Individual Septic Tank, etc.

WATER SUPPLY:

( ) Public

( ) Individual Well

MECHANICAL EQUIPMENT :

Elevator: ( ) Yes ( ) No

Air Conditioning: ( ) Yes ( ) No

( ) Central ( ) Unit

DIMENSIONS:

Basement: ( ) Yes ( ) No

Stories above basement:

Sq. feet (outside dimension)

Bedrooms Baths

HEATING:

( ) Electric ( ) Gas ( ) Oil

( ) Coal ( ) None

Other:

SEWAGE DISPOSAL SYSTEM DATA:

SEPTIC TANK

SEEPAGE PIT

DRAIN FIELD

	Gls.	Sq. Ft.	Sq. Ft.
Capacity			
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:

**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:* \_\_\_\_\_

Zoning Administrator  
Becker County, Minnesota

