

# APPLICATION FOR SEWAGE SYSTEM

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170353000

Application Number <b>8583</b>
Tax Parcel Number <b>170353.000</b>
Fire Number of Project Location <b>L6442</b>

## A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <b>Johnson, Don</b>		2. Authorized Agent (If applicable)	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) <b>PO Box 10098 Fargo ND 58106-0098</b>			
4. Day Phone <b>701-241-9606</b>	5. Evening Phone <b>701-235-5911</b>	6. Section <b>30</b>	7. Township <b>Rale Eunice</b>

## B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name <b>Lots 4, 5 &amp; 6 Less tracts sold &amp; less plat</b>
7. Note: If the property is a metes and bounds description, check here [ ] and attach a copy of the exact legal description.

**SEWAGE SYSTEM DATA**

Anticipated Use

a.  Single Family

b.  Multiple Family

c.  Commercial

d.  Agricultural

e.  Other (specify)

Type of System

a.  Septic Tank Only

b.  Drainfield Only

c.  Septic Tank & Drainfield

d.  Holding Tank

e.  Alternative System (specify)

Type of Drainfield

a.  Standard System

b.  Mound (pressure distribution)

c.  Mound (gravity distribution)

Well Data

a. Depth: **+50ft**

b. Diameter: \_\_\_\_\_

Type of Well

a.  Drilled

b.  Sand Point

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

	Tank <b>30</b>	Drainfield <b>65</b>		Tank <b>1000</b>	Drainfield <b>300FT<sup>2</sup></b>
Distances to Well:	-	-	Distance to Pressure Line:	-	-
Distance to Building:	-	-	Tank Capacity (gal.) & Area of Drainfield (ft. 2):	-	-
Distance to Property Line:	-	-	Distance to Ordinary High Water Level:	-	-
Distance to Suction Line:	-	-	Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	-	<b>+4'</b>

**Grant Ohm, Installer**

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

Signature of Applicant

Date

### TO BE COMPLETED BY ZONING OFFICE

CERTIFICATE IS HEREBY DENIED: (See Back For Reasons)

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

**Fabrice Duns**  
Signature

**Spring Technician 5-16-95**  
Title Date

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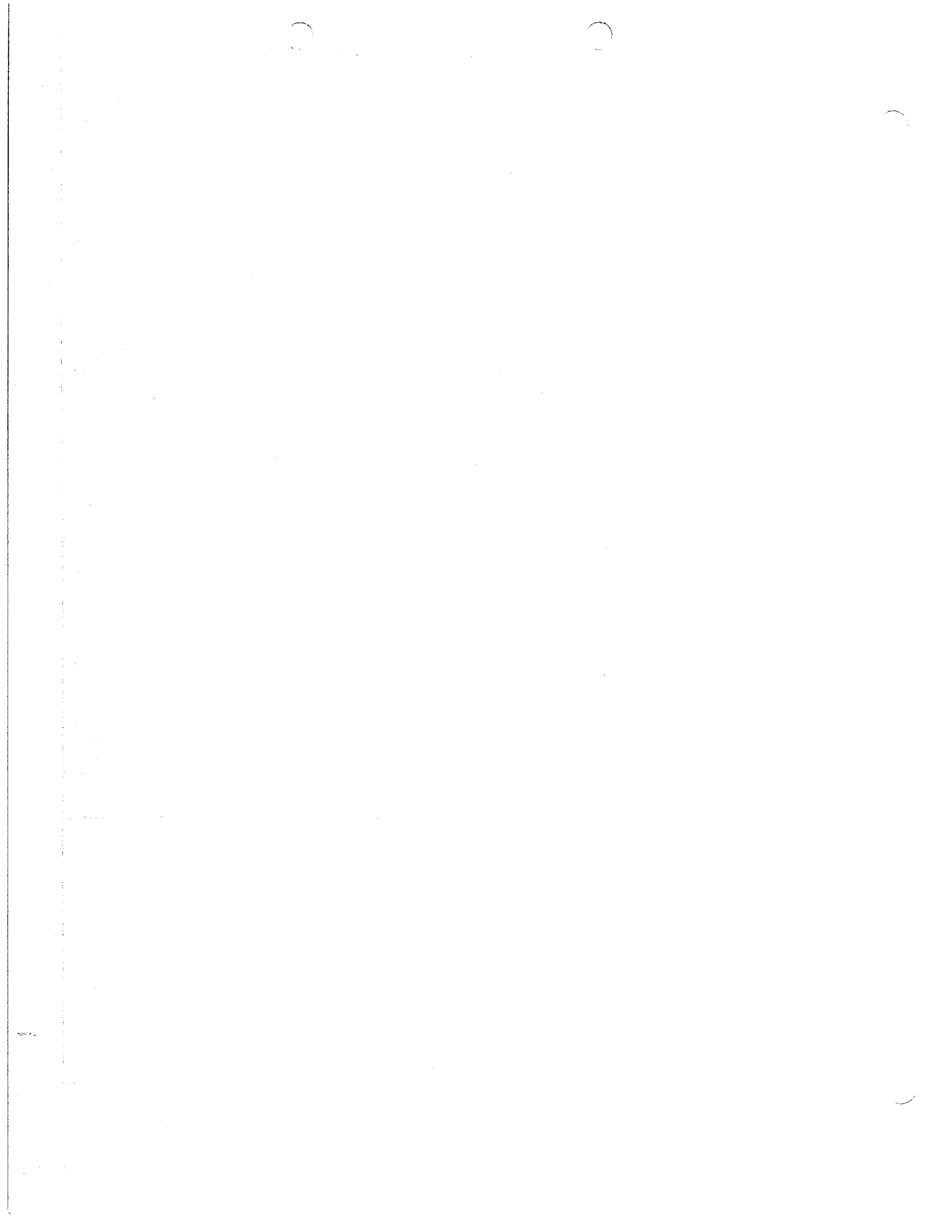
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# BECKER COUNTY PLANNING & ZONING

829 LAKE AVENUE, P.O. BOX 787  
 DETROIT LAKES, MN 56502-0787  
 PHONE (218) 846-7314 - FAX (218) 846-7266

Application No 8583

BUILDING PERMIT APPLICATION  
 SEWAGE SYSTEM PERMIT APPLICATION

FIRE NUMBER 16442  
 TAX PARCEL NUMBER R17,0353,000

APPLICANTS NAME DON JOHNSON MAILING ADDRESS P.O. Box 10095, Fargo, ND, 58106-0098  
 DAY PHONE 701-241-9606 EVENING PHONE 701-235-5911 SECTION 30 TOWNSHIP NAME LAKE EUNICP LAKE/STREAM CORMORANT  
 LEGAL DESCRIPTION 3.36 ACRP Parcel Lots 41546 less tracts sold & less plat  
 CONTRACTOR/INSTALLER GRANT OHM LICENSE NUMBER 7364 PROJECT EVALUATION SEPTIC SYSTEM

ZONING DISTRICT	PROPOSED USE	TYPE OF PROJECT	TYPE OF CONSTRUCTION
<input checked="" type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> SINGLE FAMILY	<input checked="" type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> WOOD/FRAME
<input type="checkbox"/> BUSINESS	<input type="checkbox"/> MULTIPLE FAMILY	<input type="checkbox"/> ADDITION	<input type="checkbox"/> MASONRY
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> METAL
<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> REPAIR	<input type="checkbox"/> POLE BLDG.
<input type="checkbox"/> AGRICULTURAL	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	
<input type="checkbox"/> SHORELAND			

STRUCTURE TYPE	TYPE OF SYSTEM	WATER USES	WELL DATA
<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> HOLDING TANK	<input checked="" type="checkbox"/> WATER SOFTNER	DEPTH <u>1.50'</u>
<input type="checkbox"/> GARAGE	<input type="checkbox"/> DRAINFIELD ONLY	<input type="checkbox"/> WASHING MACHINE	DIAMETER <u>4"</u>
<input type="checkbox"/> STORAGE	<input checked="" type="checkbox"/> SEPTIC TANK & DRAINFIELD	<input type="checkbox"/> DISHWASHER	DEPTH OF CASING <u>1.00'</u>
<input type="checkbox"/> OTHER	<input type="checkbox"/> LIFT PUMP	<input type="checkbox"/> GARBAGE DISPOSAL	<input checked="" type="checkbox"/> DRILLED
		NO OF BEDROOMS	<input type="checkbox"/> SANDPOINT
		<u>1</u> NO OF BATHROOMS	

REQUIRED SUPPORTING DATA

<input type="checkbox"/> FLOOR PLAN	<input type="checkbox"/> DESIGN ELEVATION
<input checked="" type="checkbox"/> SKETCH PLAN	<input type="checkbox"/> SOIL BORINGS
<input checked="" type="checkbox"/> TANK/DRAINFIELD DESIGN	<input type="checkbox"/> PERCOLATION DATA SHEETS

### LOT DIMENSIONAL DATA

AREA IN SQ FEET OR ACRES 86.37  
 LOT WIDTH AT BLD LINE \_\_\_\_\_  
 LOT DEPTH \_\_\_\_\_  
 SETBACKS:  
 LAKE/STREAM \_\_\_\_\_  
 SIDE LOT LINE \_\_\_\_\_  
 TWP ROAD(CL) \_\_\_\_\_  
 COUNTY ROAD(CL) \_\_\_\_\_  
 STATE ROAD(ROW) \_\_\_\_\_

### SYSTEM DESIGN DATA

DISTANCE TO WELL	TANK	DRAINFIELD
<u>50</u>	<u>50</u>	<u>65</u>
BUILDING PROPERTY LINE	<u>10</u>	<u>20</u>
SUCTION LINE	<u>10</u>	<u>10</u>
PRESSURE LINE	<u>2.5</u>	<u>3.5</u>
LAKE/STREAM	<u>600</u>	<u>5.50</u>
TANK CAPACITY	<u>1000</u>	
AREA OF DRAINFIELD		<u>375</u>
DEPTH TO WATER TABLE		<u>1.40</u>

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.  
 date 4-28-95 D. Johnson SIGNATURE

### Application Fee

Building \_\_\_\_\_ Township Fee \_\_\_\_\_ State Surcharge .50 Total 45.50  
 Sewer 45.00

# BECKER COUNTY PLANNING & ZONING

829 LAKE AVENUE, PO BOX 787  
 DETROIT LAKES, MN 56502-0787  
 PHONE (218) 846-7314 - FAX (218) 846-7266

SEWER PERMIT APPLICATION/PERMIT

FIRE NO. \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

TAX PARCEL NUMBER \_\_\_\_\_

LEGAL DESCRIPTION

LAKE/STREAM NAME	LK/STR CLASS	SECTION	TWP	RANGE	TOWNSHIP NAME

PROPERTY OWNER	ADDRESS	PHONE NO

INSTALLER/CONTRACTOR	LICENSE NO	PHONE NO

### SEWAGE TREATMENT SYSTEM DATA

<p><b>WORK CATEGORY</b></p> <p><input type="checkbox"/> NEW SYSTEM</p> <p><input type="checkbox"/> REPAIR</p> <p><b>TYPE OF SYSTEM</b></p> <p><input type="checkbox"/> SEPTIC TANK/DRAINFIELD</p> <p><input type="checkbox"/> DRAINFIELD ONLY</p> <p><input type="checkbox"/> HOLDING TANK</p> <p><input type="checkbox"/> ALTERNATE (specify) _____</p> <p><b>TYPE OF DRAINFIELD</b></p> <p><input type="checkbox"/> STANDARD (bed)</p> <p><input type="checkbox"/> STANDARD (trench)</p> <p><input type="checkbox"/> MOUND (pressure distb)</p>	<p><b>WATER USES</b></p> <p><input type="checkbox"/> WASHING MACHINE</p> <p><input type="checkbox"/> DISHWASHER</p> <p><input type="checkbox"/> WATER SOFTENER</p> <p><input type="checkbox"/> GARBAGE DISPOSAL</p> <p><input type="checkbox"/> HOT TUB/SPA</p> <p>_____ NO OF BEDROOMS</p> <p>_____ NO OF BATHROOMS</p> <p>_____ TOTAL FT<sup>2</sup> OF STRUCTURE</p> <p><b>PIPE SPECIFICATIONS</b></p> <p><input type="checkbox"/> GRAVELESS</p> <p><input type="checkbox"/> ROCK (clean, washed 3/4"-2 1/2")</p> <p>(specify depth under pipe) _____</p>	<p><b>WELL INFORMATION</b></p> <p><input type="checkbox"/> SHALLOW WELL</p> <p><input type="checkbox"/> DEEP WELL</p> <p>_____ DEPTH OF WELL</p> <p>_____ DEPTH OF CASING</p> <p><b>SOIL CHARACTERISTICS</b></p> <p>SOIL TYPE _____</p> <p>SOIL BORING RESULTS(if required) _____</p> <p><b>PERCOLATION TEST (if required)</b></p> <p>_____ MPI</p>
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### SEWAGE TREATMENT SYSTEM DESIGN

<b>DISTANCE FROM</b>	<b>TO SEPTIC TANK</b>	<b>TO DRAINFIELD</b>	
NEAREST WELL	_____	_____	<b>CAPACITY OF TANK</b> _____ gallons <b>AREA OF DRAINFIELD</b> _____ Sq Ft <b>SEPARATION FROM HIGHEST KNOWN WATER LEVEL/MOTTILING</b> _____
LAKE/STREAM	_____	_____	
OCCUPIED BLD	_____	_____	
PROPERTY LINE	_____	_____	
SUCTION LINE	_____	_____	
PRESSURE LINE	_____	_____	

On back, please draw a site plan showing the above information.

Please draw a site plan showing the distances furnished on the front of the application.

Large empty rectangular box for drawing a site plan.

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.

\_\_\_\_\_  
Signature Date

For Office Use Only

Application Fee 45<sup>00</sup> State Surcharge 50 Total 45<sup>50</sup>

Application is hereby denied  
 Application is hereby granted to D. Johnson to install septic system all in accordance with the application, addendum form, plans, specifications and all other supporting data. By Order of:

Alois Swenby WCM Spring Administrator 4-28-95  
Signature of Permitting Authority Title Date

This permit expires on 10-25-95



# BECKER COUNTY

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

Fire No. <i>16442</i>
Application No.
Tax Parcel No. <i>R17.0353,000</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

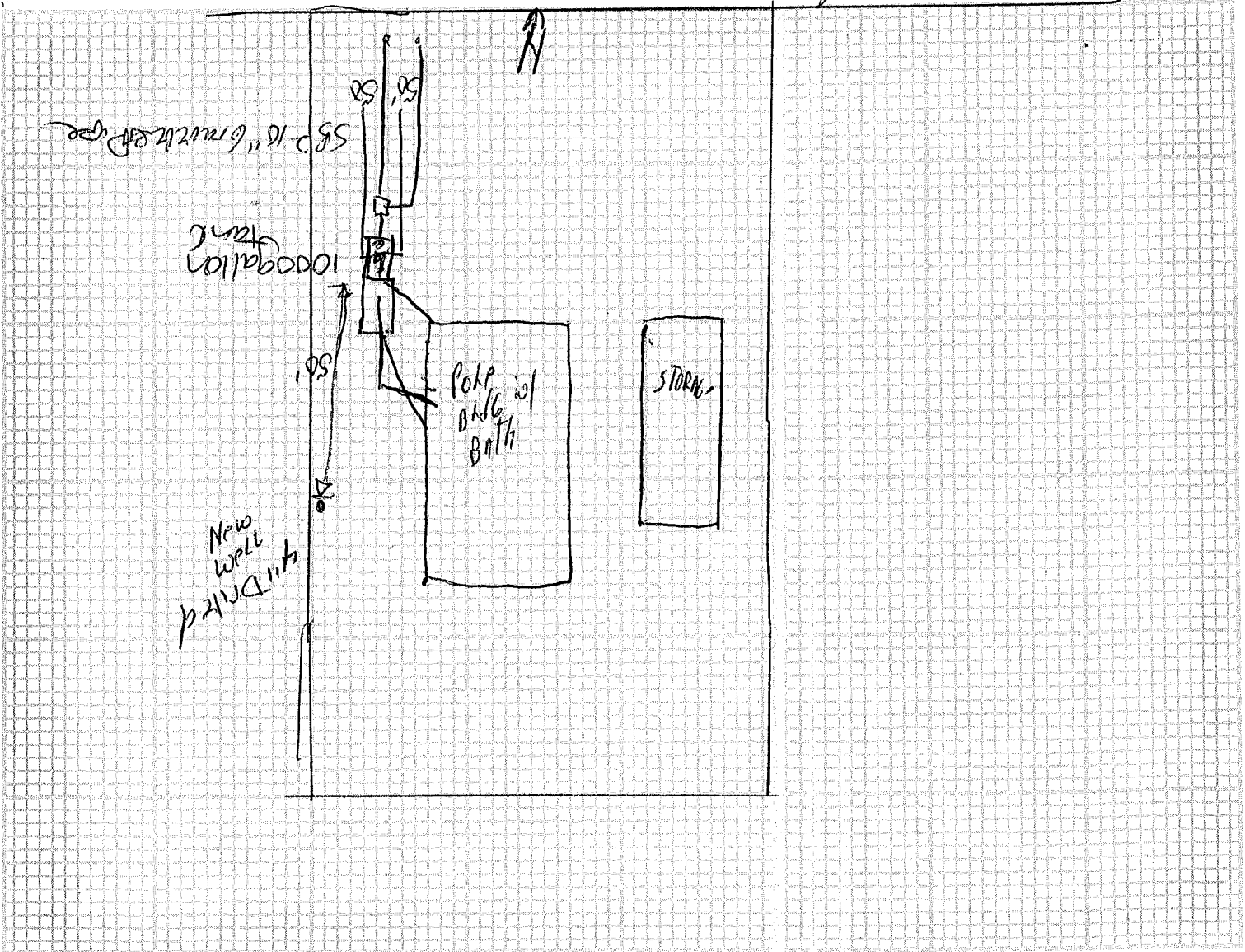
Scale of Diagram: 1 inch = \_\_\_\_\_ feet

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

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

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

Signature *P. J. [unclear]*



APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION: Government Lots 4, 5, & 6 less tracts sold + less plat  
86.37 acres  
 Lake No. \_\_\_\_\_ Lake Name \_\_\_\_\_ Lake Classif. \_\_\_\_\_ Sec. 30 TWP 138 Range 42 TWP Name Lake Louise

IDENTIFICATION: Please Print All Information

Owner: Last Name Kaerner, First Dennis, Initial \_\_\_\_\_ Mailing Address - No. Street, City and State R.R. 1 - 90 Lawrence Douglas Zip No. \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 Contractor: Name Erhard, Mr.

2741

TYPE OF IMPROVEMENT: 1971  
 New Building  Alteration  
 Other: used mobile home  Multiple Dwelling \_\_\_\_\_ Units  
 RESIDENTIAL PROPOSED USE:  One Family Dwelling  
 NON-RESIDENTIAL PROPOSED USE: Specify: \_\_\_\_\_ Size: \_\_\_\_\_

ESTIMATED COST OF IMPROVEMENT \$ 24,000.00 Construction Starting Date: \_\_\_\_\_

PRINCIPAL TYPE OF FRAME:  Masonry  Wood Frame  Structural Steel  Other - Specify \_\_\_\_\_  
 TYPE OF SEWAGE DISPOSAL:  Public  Individual Septic Tank, etc.  
 WATER SUPPLY:  Public  Individual Well  
 MECHANICAL EQUIPMENT: Elevator:  Yes  No Air Conditioning:  Yes  No  
 Type of Roof: Steel  
 DIMENSIONS: Basement:  Yes  No one Stories above basement: \_\_\_\_\_ Sq. feet (outside dimension) 17 x 68 ft. Bedrooms 3 Baths 1  
 HEATING:  Electric  Gas  Oil  Coal  None Other: \_\_\_\_\_

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1000</u> Gls.	Sq. Ft.	<u>360</u> Sq. Ft.
Distance from nearest well	<u>over 50</u> Ft.	Ft.	<u>over 50</u> Ft.
Distance from lake or stream	_____ Ft.	Ft.	_____ Ft.
Distance from occupied building	<u>over 10</u> Ft.	Ft.	<u>over 20</u> Ft.
Distance from property line	<u>over 10</u> Ft.	Ft.	<u>over 20</u> Ft.
Distance from bottom to Water Table	_____ Ft.	Ft.	<u>over 4</u> Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 87.6 acres 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 over 10 feet  
 Building set back from State highway is \_\_\_\_\_ feet - from road or street is over 45 feet from R.O.W.  
 Side yard is over 10 and over 10 feet. Rear yard is over 45 feet. (78 ft. from centerline)  
 Building will be located over 10 feet from septic tank (Sewage System Permit must be obtained before installation).  
 Building will be located \_\_\_\_\_ feet from soil absorption system (Cesspool, Drainfield, etc.).

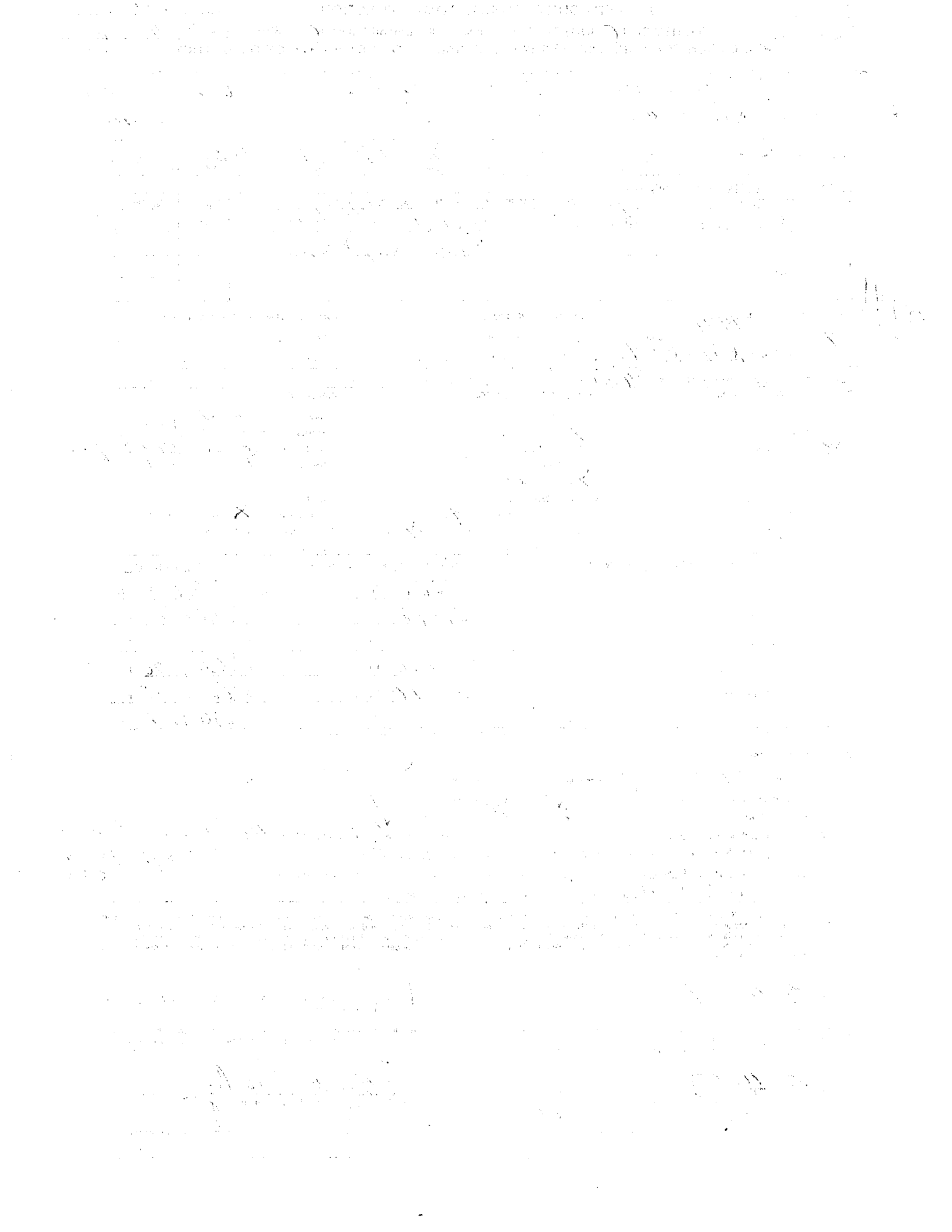
Agreement: I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Becker County, Minnesota. I further agree that any plans and specifications submitted 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 5-4-77 Signature of Owner Dennis Kaerner

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

Dated 5-4-77 Signature of Zoning Administrator Floyd Swanby  
 Permit Fee \$ 29. State Surcharge \$ 50

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



Scale: Each grid equals \_\_\_\_\_ feet/inches.

**GRID PLOT PLAN SKETCHING FORM**

Application for Building Permit Dated \_\_\_\_\_ 19 \_\_\_\_\_

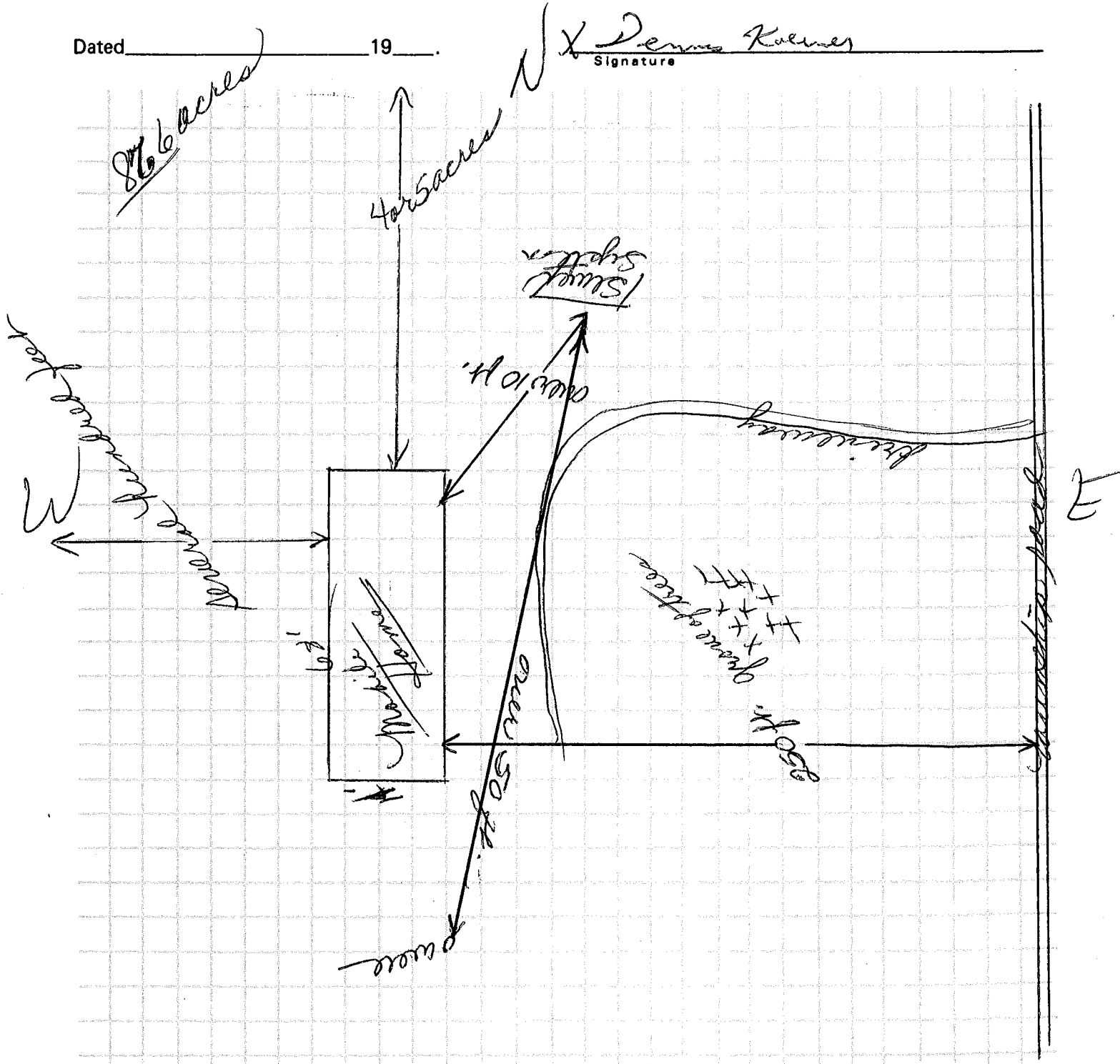
Application for Sewage System Permit Dated \_\_\_\_\_ 19 \_\_\_\_\_

Building Permit Number \_\_\_\_\_ Sewage System Permit Number \_\_\_\_\_

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_

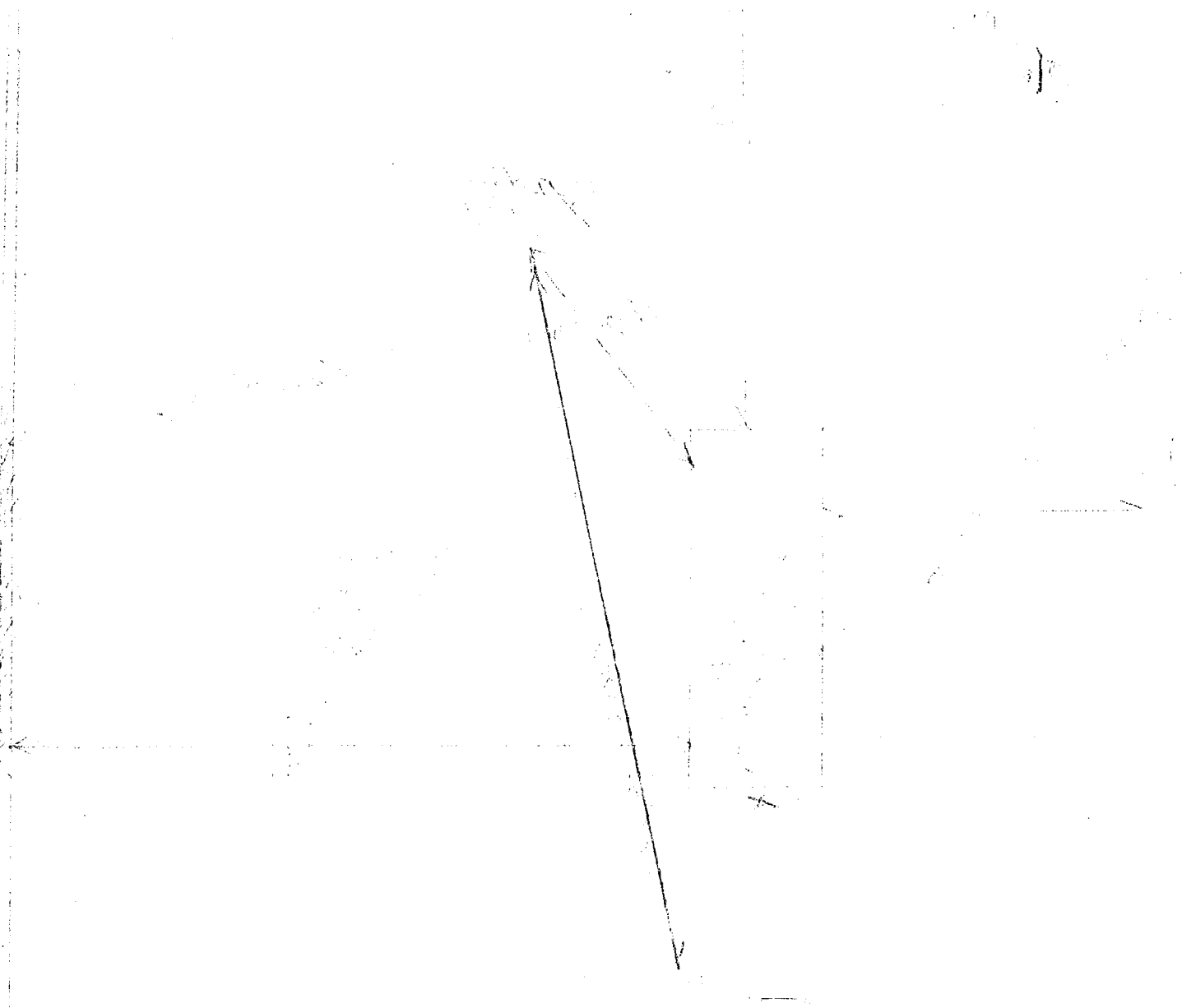
X Dennis Kules  
Signature



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

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# BECKER COUNTY

## Sewage Permit No. SP No. \_\_\_\_\_

**Location:** Lake No. \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Range \_\_\_\_\_ Twp. Name \_\_\_\_\_

Issued \_\_\_\_\_ 19\_\_\_\_, To \_\_\_\_\_  
Work Authorized \_\_\_\_\_

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. No part of system shall be covered until it has been inspected and approved. Notify Zoning Administrator, (847-3938) office when job is ready for inspection.

*Theresa Sturdy*  
Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA  
Board of County Commissioners

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# BECKER COUNTY

BP No. \_\_\_\_\_

## Building Permit No. BP No. 4607-21

Location: Lake No. \_\_\_\_\_ Sec. 20 Twp. 130 Range 42 Twp. Name LAKE MINNIE

GOVERNMENT LOTS 4-10-16 ISSD 2/20/05 2004 AND 2005 2004 2013/20 1/20/05

Issued MAY 6 19 27, To THOMAS ROYER

### Work Authorized

Used mobile home, one family dwelling, steel frame and roof, 14x60 ft., 3 bedrooms, and 1 bath with gas heat, new sewer system will have 1000 gal. septic tank and 500 sq. ft. drain field, lot area is 87.6 acres, land height above high water mark is building height in over 10 ft., over 12 ft. from top road to over 10 ft. and over 10 ft. from building will be located over 10 ft. from septic tank and over 10 ft. from soil absorption system.

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 when building footings have been completed.

*Thyde Shandy*

BECKER COUNTY, MINNESOTA  
Board of County Commissioners

**LEGAL DESCRIPTION AND LOCATION**

Tract No. \_\_\_\_\_ 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** ( ) Single Family Dwelling ( ) Multiple Dwelling \_\_\_\_\_ Units

**NON-RESIDENTIAL PROPOSED USE** Specify \_\_\_\_\_ Size \_\_\_\_\_

**ESTIMATED COST OF IMPROVEMENTS** \_\_\_\_\_ Construction Starting Date: \_\_\_\_\_

**PRINCIPAL TYPE OF FRAME** ( ) Masonry ( ) Wood Frame ( ) Structural Steel ( ) Other - Specify \_\_\_\_\_

**TYPE OF SEWAGE DISPOSAL** ( ) Public ( ) Individual Septic Tank, etc. ( ) Public Water Supply ( ) 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 PITS	DRAINFIELD
Capacity _____	Gls _____	Sq. Ft. _____	Sq. Ft. _____
Distance from nearest wall _____	_____	_____	_____
Distance from lake or stream _____	_____	_____	_____
Distance from occupied building _____	_____	_____	_____
Distance from property line _____	_____	_____	_____
Distance from bottom to Water Table _____	_____	_____	_____

All distances are shortest distance between nearest points

**CHARACTERISTICS:**

Lot Area is \_\_\_\_\_ Square feet. Water frontage is \_\_\_\_\_ feet.

Building setback from high water mark is \_\_\_\_\_ feet. (Building Line)

Land height above high water mark at building line is \_\_\_\_\_ feet.

Building setback from State highway is \_\_\_\_\_ feet - (from road or grade) \_\_\_\_\_ feet.

Side yard is \_\_\_\_\_ feet. Rear yard is \_\_\_\_\_ feet.

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

Building will be located \_\_\_\_\_ feet from soil absorption system (Gas pool, Drainfield, etc.).

Agreement: I hereby certify that the information contained hereon 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 here with shall become a part of this permit application. I also understand that this permit is valid for a period of six (6) months. Applicant further agrees that no part of the sewage system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the County Zoning Administrator 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 this 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 ↓
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**

*Bed - 10 x 38*

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	1000	1000	375			
Distance from Nearest Well	70	50	80	50		50
Distance from Lake or Stream						
Distance from Occupied Building	15	10	20	20		20
Distance from Property Line	0	10	0	10		10
Distance from Bottom to Water Table			4	4		4

Inspector's Comments: *Liant Ohm Installer, across road from lake up on hill*

**INTERPRETATION OF ABBREVIATIONS**

- Gls — Gallons
- SF — Square Feet
- Lin. Ft. — Linear Feet

*Mark K...*  
Inspector's Signature

Inspection Dated *6-18* 19*77*

Title \_\_\_\_\_  
Agency \_\_\_\_\_

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

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

The premises covered by this certificate are legally described as:

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

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

Address \_\_\_\_\_

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

Signed by: *Theresa D. Duerby*  
Zoning Administrator  
Becker County, Minnesota

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

