

17.0577.000



Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)



170577000

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:

RECEIVED
JUL 05 2010
ZONING

System Status

System status on date (mm/dd/yyyy): 6-8-16

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: 170577000

Property address: 12938 Blue Water Bay Lane Reason for inspection: sale

Property owner: Todd Brandon Owner's phone: 439-3520

or

Owner's representative: _____ Representative phone: _____

Local regulatory authority: _____ Regulatory authority phone: _____

Brief system description: Concrete septic tank & lift station to Dismfield

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: David Ohm Certification number: 2228

Business name: Ohm Environmental License number: 932

Inspector signature: [Signature] Phone number: 218-234-1256

Necessary or Locally Required Attachments

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

Property address: _____

Inspector initials/Date: JD 6-8-16
(mm/dd/yyyy)

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. <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. 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:

Property address: _____

Inspector initials/Date: _____

JD 6-8-16
(mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: 04 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: Yes No

Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

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: Yes No

Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*

"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) Yes No

Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

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	
B. Periodically saturated soil/bedrock	
C. System separation	
D. Required compliance separation*	

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

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

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: _____ Yes No
Have the Operating Permit requirements been met?

b. Is the required nitrogen BMP in place and properly functioning? Yes No

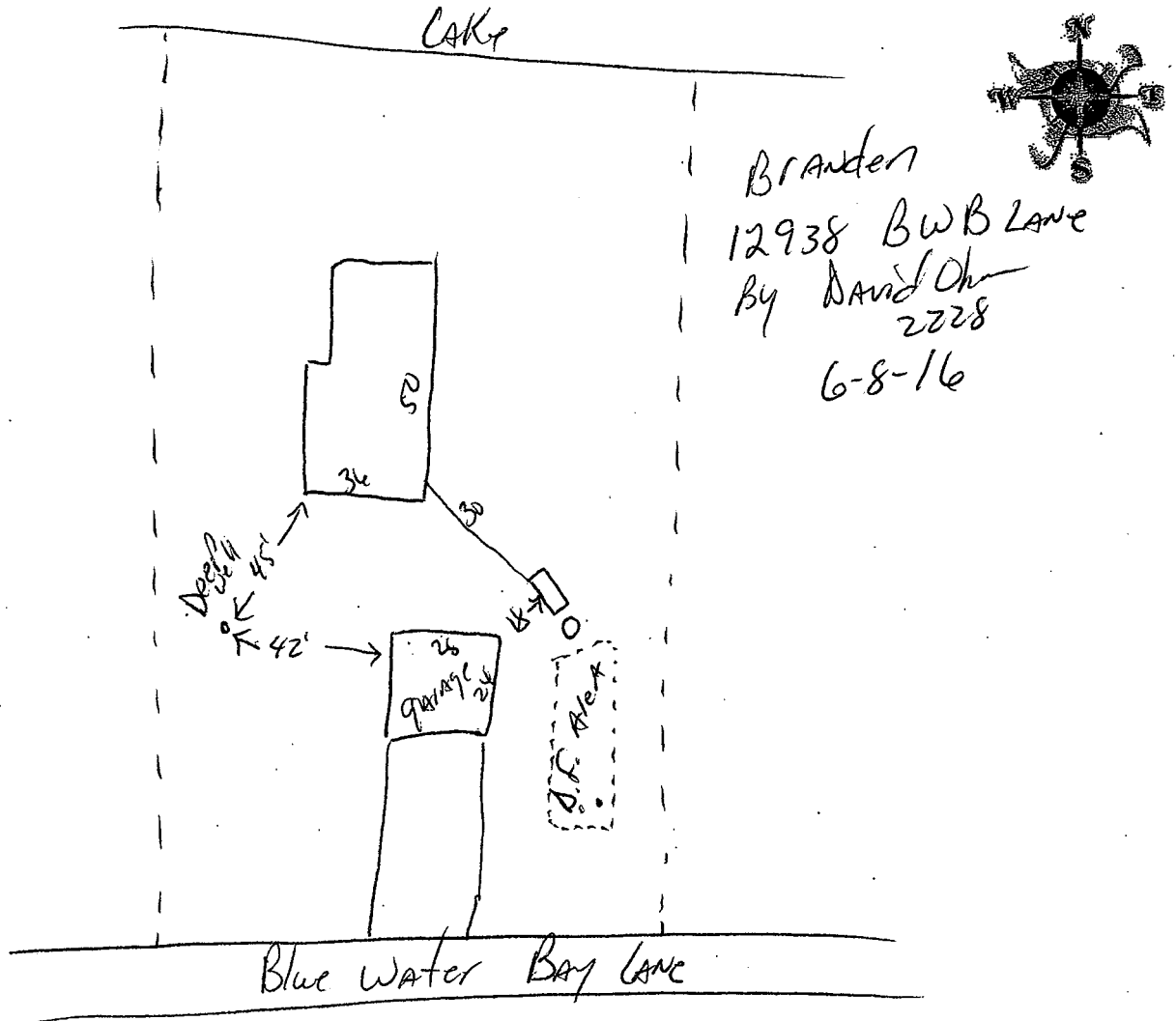
Any "no" answer indicates Noncompliance.

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.

SKETCH OF PROPERTY

Please sketch all structures and septic systems on the property;
Include setbacks and wells within 100 feet of the property.

PARCEL	
APP	SEPTIC INSPECTION
YEAR	11



9:30

Onsite Septic System Site Evaluation/Design

1. PROPERTY DATA (as it appears on the tax statement)

Parcel Number(s) of property system will be installed 17-0575-000 17,0577.000
(if parcel is a new split and a parcel number has not yet been issued, indicate the main parcel number from which the new parcel has been split from)

Section 19 Township 138N Range 42W Township Name LAKE EUNICA

Lake Name CORMORANT Lake Classification RD

Legal Description: LOT 3 BLOCK 001 Blue Water Bay

Project Address: 12938 Blue Water Bay Ln.

2. PROPERTY OWNER INFORMATION (as it appears on the tax statement, purchase agreement or deed).

Owner's First Name TODD Owner's Last Name BRANDEN

Mailing Address 12938 Blue Water Bay Ln City, State, Zip Audubon, MN, 56511

Phone Number 439-3520

3. DESIGNER/INSTALLER INFORMATION

Designer Name GRANT OHM Company Name OHM-EXC License # 932

Address Audubon, MN Phone Number 439-6428

Installer Name DAVID OHM Company Name OHM-EXC License # 932

Address Audubon, MN Phone Number 234-1256

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation _____

EXISTING SYSTEM STATUS - Check One

- No existing system-new structure
- Cesspool/Seepage
- Failing (other than cesspool)
- Undersized
- Replacement or repair to existing

What will new system serve? Check one

- Dwelling
- Resort/Commercial
- Commercial (non resort)
- Other - explain below

Design Flow 600 Gallons Per Day

Number of Bedrooms 4

Garbage Disposal Yes No

Grinder Pump in House Yes No

Lift station in House Yes No

Well Depth 150'
Depth of other wells within
100 ft of system 150'

Original Soil _____ Compacted Soil
Type of Soil Observation
 Pit Probe Boring
Depth to Restricting Layer 7.6'
Maximum Depth of System 3'

ORIGINAL DRAINFIELD
AREA TO BE EXCAVATED
& REBUILT

Size of All Tanks to Be installed
1500-210 gal Septic Tank
1000-600 gal Lift Station
 _____ gal Holding Tank
 _____ gal Other Tanks

Type of Drainfield Medium to be used
 Chamber
 _____ H10 _____ EQ36
 _____ Drainfield Rock
 _____ Rock Depth
 _____ Gravelless
 _____ Experimental
 _____ No Drainfield

Type of Alarm ELCO
 Size of Lift Pump 1/2 HP
 Size of Lift Line 2"

Type of Drainfield to be installed Size of Drainfield sq ft to be installed
 Trench 1000 sq ft
 _____ At-grade _____ sq ft
 _____ Pressure Bed _____ sq ft
 _____ Seepage Bed _____ sq ft
 _____ Mound _____ sq ft

SETBACKS
 TANK DRAINFIELD
 Distance to Well 750 750
 Distance to Building 10 10
 Distance to Property Line 10 10
 Distance to OHW 200 +100
 Distance to Pressure Line 750 750

Perc Rate _____ Soil Sizing Factor 1.67 *If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-9	SANDY LOAM	10YR2/1 BLK	B	0-3	SANDY LOAM	10YR2/1 BLK	—
9-14	LOAM	10YR4/3 BRN	B	3-15	10YR4/3 BRN	LOAM	B
14-72	LOAM	10YR6/4 LY BRN	B	15-60	10YR6/4 LY BRN	LOAM	B

5. DESIGNER'S CERTIFIED STATEMENT

I, GRANT OHM certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

Signature of Designer [Signature] Date 9-1-04

*****FOR OFFICE USE ONLY*****
 Application Approved by: Jarvis A Stoll Date: 9/3/04
 Amount Paid \$ 100.00 Receipt Number _____ Permit Number _____

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 Jarvis A Stoll Title Inspector Date 9/9/04

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed 9/9/04 Inspected by Jarvis A Stoll

Size of All Tanks to Be installed
 1500-gal Septic Tank
 1600-gal Lift Station
 gal Holding Tank
 gal Other Tanks

Type of Drainfield Medium to be used
 Chamber
 H10 EQ36
 Drainfield Rock
 Rock Depth
 Gravelless
 Experimental
 No Drainfield

Type of Alarm Flec
 Size of Lift Pump 1/2 HP
 Size of Lift Line 2"

Type of Drainfield to be installed
 Trench
 At-grade
 Pressure Bed
 Seepage Bed
 Mound

Size of Drainfield sq ft to be installed
1000 sq ft
 sq ft
 sq ft
 sq ft
 sq ft

SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>750</u>	<u>750</u>
Distance to Building	<u>10</u>	<u>10</u>
Distance to Property Line	<u>10</u>	<u>10</u>
Distance to OHW	<u>700</u>	<u>+100</u>
Distance to Pressure Line	<u>750</u>	<u>750</u>

Perc Rate _____ Soil Sizing Factor 1.67 *If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-9	SANDY LOAM	10YR 2/1 BLK	B	0-3	SANDY LOAM	10YR 2/1 BLK	
9-14	LOAM	10YR 4/3 BRN	B	3-15	10YR 4/3 BRN	LOAM	B
14-72	LOAM	10YR 6/4 LY BRN	B	15-60	10YR 6/4 LY BRN	LOAM	B

5. DESIGNER'S CERTIFIED STATEMENT

I, Grant Ohm certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

Signature of Designer Grant Ohm Date 9-1-04

*****FOR OFFICE USE ONLY*****
 Application Approved by: Janet A. Stoll Date: 9/3/04
 Amount Paid \$ 100.00 Receipt Number _____ Permit Number _____

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 Janet A. Stoll Title Inspector Date 9/9/04
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed 9/9/04 Inspected by Janet A. Stoll

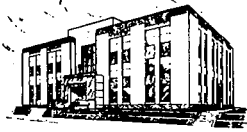
Inspection Checklist

Tank size 1500 2/e Brown & Wilbert
Schedule 40 in and out of tank

1st Brown & Wilbert

NOTES

Drainfield chamber <input checked="" type="checkbox"/>	<u>H10</u> <u>EQ36</u>	# of chambers <u>32</u>	<u>chambers = 1000 sq.ft. drainfield</u>
Drainfield rock trench		rock depth	
gravelless trench		size	
pressure bed		size	
seepage bed		size	
mound			
Type of Alarm <u>Electric</u>			<u>system installed & inspected on 9/9/04</u>
Size of lift line <u>1 1/2 line</u>			<u>agreement signed for</u>
Distance to well	Tank <u>> 50'</u>	drainfield <u>> 50'</u>	<u>property line distance</u>
building	<u>> 10'</u>	<u>> 20'</u>	<u>old system hauled out</u>
property lines	<u>> 10'</u>	<u>5'</u>	<u>and new system installed</u>
OHW of lake	<u>> 100</u>	<u>> 100</u>	<u>with clean sand on existing drainfield</u>
Depth to water table			



BECKER COUNTY

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

Application No.
Tax Parcel No.

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: _____

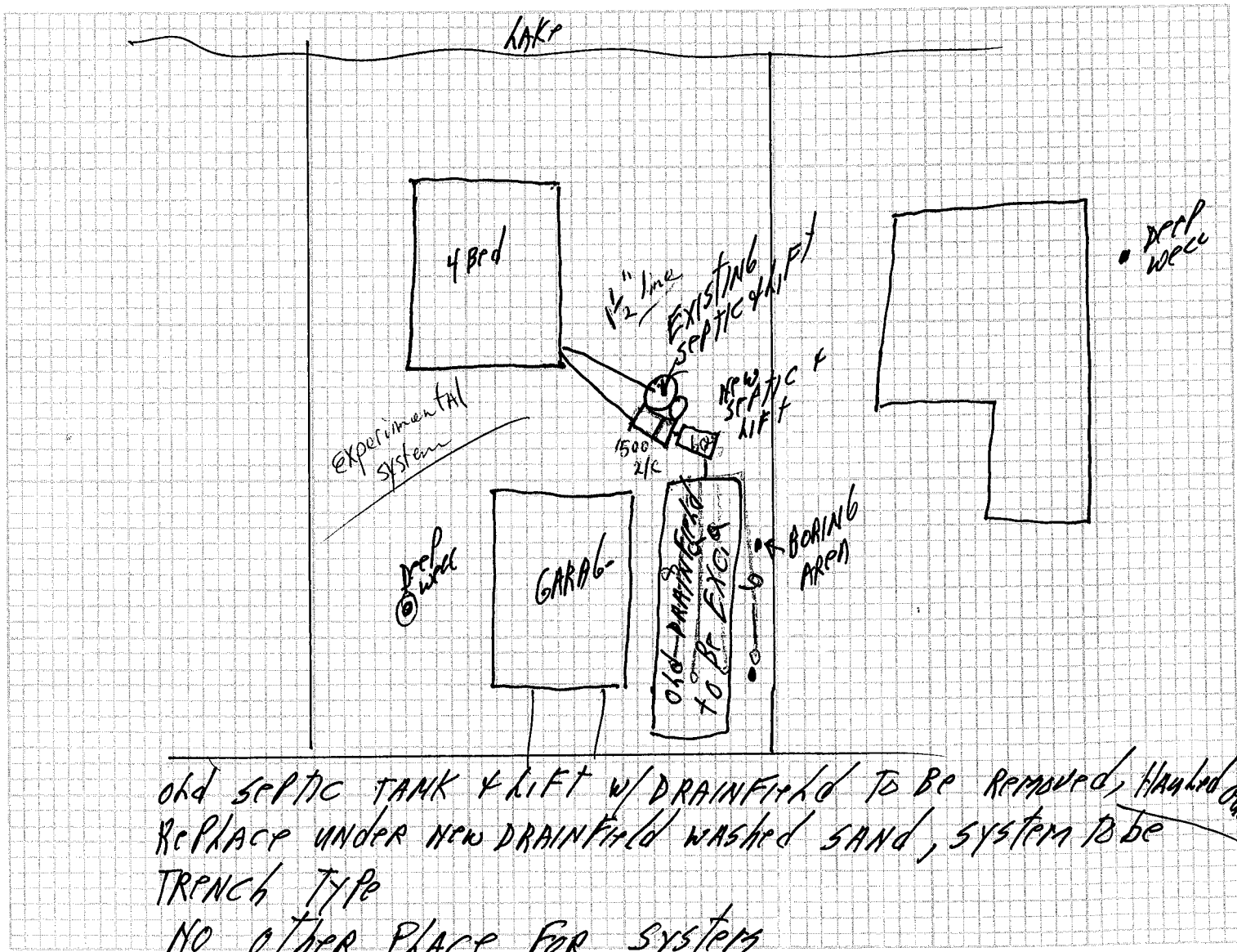
Date of Drawing: _____

Impervious surface coverage calculation

$$\frac{\text{Impervious surface onsite}}{\text{Total Lot area ft}^2} \times 100 = \text{Total percentage of impervious coverage}$$

Remarks: _____

Signature Todd BRANDEN



PROPERTY LINE AGREEMENT

WE MARATHA & IRVING HAAKONSON give Todd & Marla
Branden, permission to have their sewer
system closer than the required 10 feet to the lot line.

Martha K. Haakonson
SIGNED x Irving R. Haakonson
DATE 9-6-04

Inspection Checklist

Tank size 1500 2 1/2 Brown & Wilbert
 Schedule 40 in and out of tank

NOTES

625 1/8t Brown & Wilbert

~~Drainfield~~

chamber

H10

EQ36

Drainfield rock trench

gravelless trench

pressure bed

seepage bed

mound

Type of Alarm

Size of lift line

Electric

1/2 line

of chambers

32

chambers = 1000 sq.ft. drainfield

rock depth

size

size

size

Distance to

well

building

property lines

OHW of lake

Tank

> 50'

> 10'

> 10'

> 100

drainfield

> 50'

> 20'

5'

> 100

Depth to water table

system installed & inspected
on 9/9/04
agreement signed for

property line distance
old system hauled out
and new system installed
with clean sand on existing drainfield
(best placement)

10

32
14
18
-

LEGAL DESCRIPTION AND LOCATION: Lot 3 - Block 1 - Blue Water Bay FIRE NUMBER _____
newowner: Todd Branden RRI Audubon, Mn
138 42 Lake Cassice
 Lake No. _____ Lake Name _____ Lake Classif. _____ Sec. _____ TWP _____ Range _____ TWP Name _____

2875

IDENTIFICATION: Please Print All Information

Owner	Last Name: <u>Beckerus, Herald</u>	First Initial: _____	Mailing Address— No. Street, City and State: _____	Zip No. _____	Tel. No. _____
Contractor	Name: <u>Send to?</u>	: <u>Action Realty</u>		: <u>Dee Juan Wash Ave. D.L.</u>	

TYPE OF IMPROVEMENT: Compliance
 New Building Alteration
 Other: _____

RESIDENTIAL PROPOSED USE: 1210 Wash Ave. D.L.
 One Family Dwelling Multiple Dwelling _____ Units
 NON-RESIDENTIAL PROPOSED USE: _____
 Specify: _____
 Size: _____

ESTIMATED COST OF IMPROVEMENT \$ _____ Construction Starting Date: _____

PRINCIPAL TYPE OF FRAME & BUILDING <input type="checkbox"/> Masonry <input type="checkbox"/> New Home <input type="checkbox"/> Wood Frame <input type="checkbox"/> Garage <input type="checkbox"/> Structural Steel <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other — Specify _____ Year _____ Type of Roof: <input type="checkbox"/> Cottage <input type="checkbox"/> Septic System <input type="checkbox"/> Other _____	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 Type _____ Depth _____ 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: _____
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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 setback from () State - () County - () Township Highway _____ feet from the () Center Line - () Right of Way
 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 9-27-89

J. De Juan
 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 _____
Floyd Swenby mf.
 Becker County Zoning Administrator

Permit Fee \$ 30.00 State Surcharge \$ _____ Cormorant 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.	S F	S F	S F	S F
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	4	F	4

Inspector's Comments: _____

INTERPRETATION
 OF ABBREVIATIONS
 Gls — Gallons
 SF — Square Feet
 F — Linear Feet

 Inspector's Signature

 Title

 Agency

Inspection
 Dated _____ 19__

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

Bed

CATEGORY	SEPTIC TANK				SEEPAGE-PT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1000	Gls.		Gls.	300	SF		SF		SF		SF
Distance from Nearest Well	75	F		F	65	F	75	F		F	50	F
Distance from Lake or Stream	160	F		F	180	F		F		F		F
Distance from Occupied Building	30	F	10	F	50	F	20	F		F	20	F
Distance from Property Line	70	F	10	F	10	F	10	F		F	10	F
Distance from Bottom to Water Table	---	F	---	F	+4	F	4	F		F	4	F

Inspector's Comments: *Left Station from Septic tank to Seepage Bed installed in 1981 - 14 yds Rock in Bed*

INTERPRETATION OF ABBREVIATIONS

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

M. A. Kuehne
 Inspector's Signature

Title

Inspection Dated *9-27* 19 *89*

Agency

LEGAL DESCRIPTION AND LOCATION _____ FIRE NUMBER _____

Lake No. _____ Lake Name _____ Lake Classif. _____ Sec. _____ TWP _____ Range _____ TWP Name _____

2875

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 & BUILDING <input type="checkbox"/> Masonry <input type="checkbox"/> New Home <input type="checkbox"/> Wood Frame <input type="checkbox"/> Garage <input type="checkbox"/> Structural Steel <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other - Specify _____ Year _____ () Cottage () Septic System () Other _____ Type of Roof: _____	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 Type _____ Depth _____ 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: _____
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SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity _____	1000 Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well _____	12 Ft.	Ft.	Ft.
Distance from lake or stream _____	100 Ft.	Ft.	Ft.
Distance from occupied building _____	30 Ft.	Ft.	Ft.
Distance from property line _____	10 Ft.	Ft.	Ft.
Distance from bottom to Water Table _____	10 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 setback from () State - () County - () Township Highway _____ feet from the () Center Line () Right of Way

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 7-1-81 _____ Signature of Owner

When signed and approved by the Zoning Administrator, 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 _____
 Permit Fee \$ 30.00 State Surcharge \$ _____
 Besker County Zoning Administrator
 Conmorant Surcharge \$ _____

Comments: _____

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 27 day of September 19 88

to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: Lot 3 Block 1 Blue Water Bay

Lake No. _____ Sec. 19 Twp. 138 19 Range 122 Twp. Name Lake Emice

CAPACITY	SEPTIC TANK	SEEPAGE BED
DISTANCE FROM NEAREST WELL	1000 gls	300 SF
DISTANCE FROM LAKE OR STREAM	75 F	65 F
DISTANCE FROM OCCUPIED BUILDING	160 F	180 F
DISTANCE FROM PROPERTY LINE	+ 30 F	50 F
DISTANCE FROM BOTTOM TO WATER TABLE	+ 10 F	10 F
		+ 4 F

Owner: Name TODD BRANDEN

Address RT 1

AUDUBON MN

Zip No. 56511

Permit No. SP 18,230-34

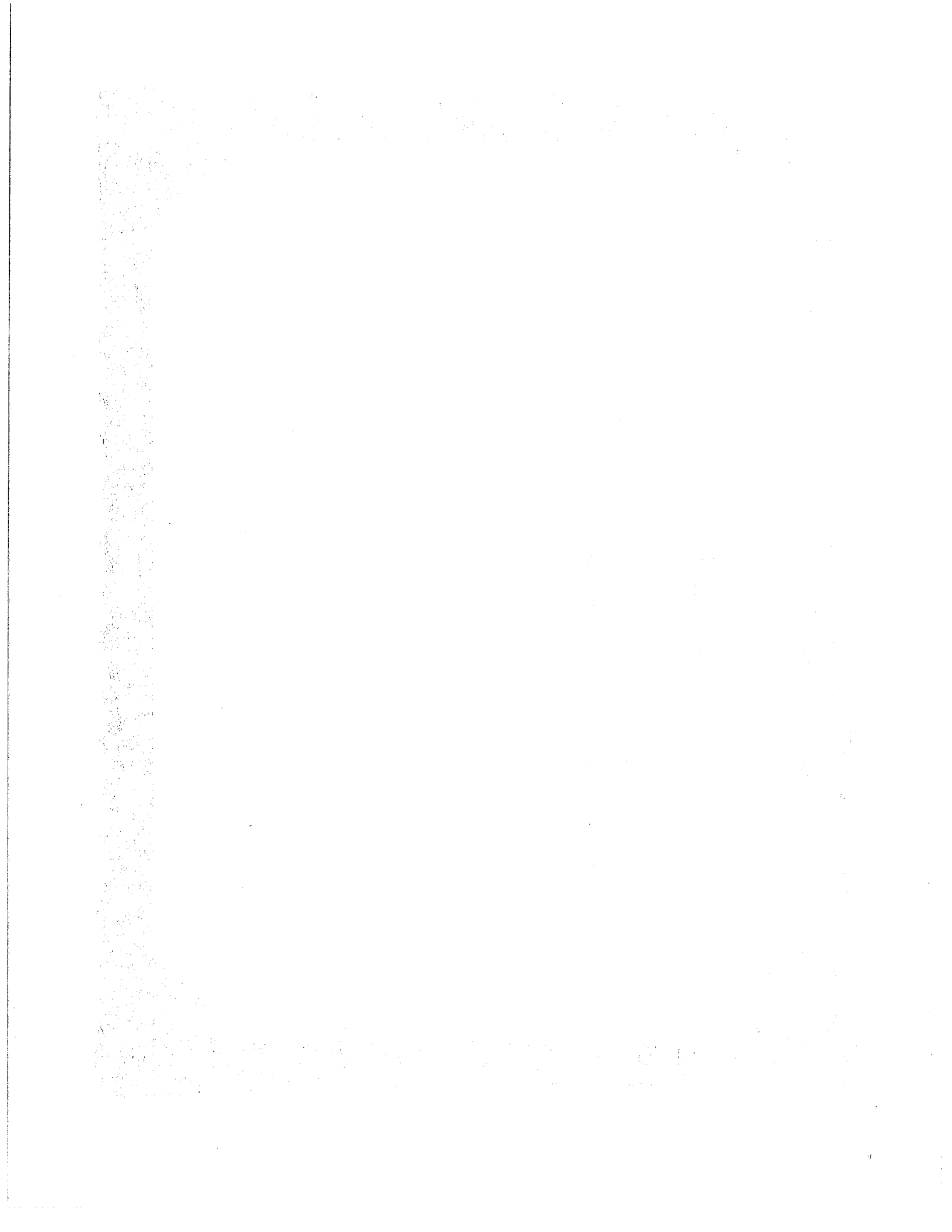
Lift Station from Septic Tank to Seepage Bed. Issued by David Beckenby of

in 1981. 14 yds rock in bed.

All horizontal distance meet the Becker County Zoning Ordinance, Minnesota
With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.

Zoning Administrator

Becker County, Minnesota



PROPERTY LINE

PROPERTY LINE

PROPERTY LINE

32'

84'



38'

34'

28'

EX. HOUSE

16' ADDITION

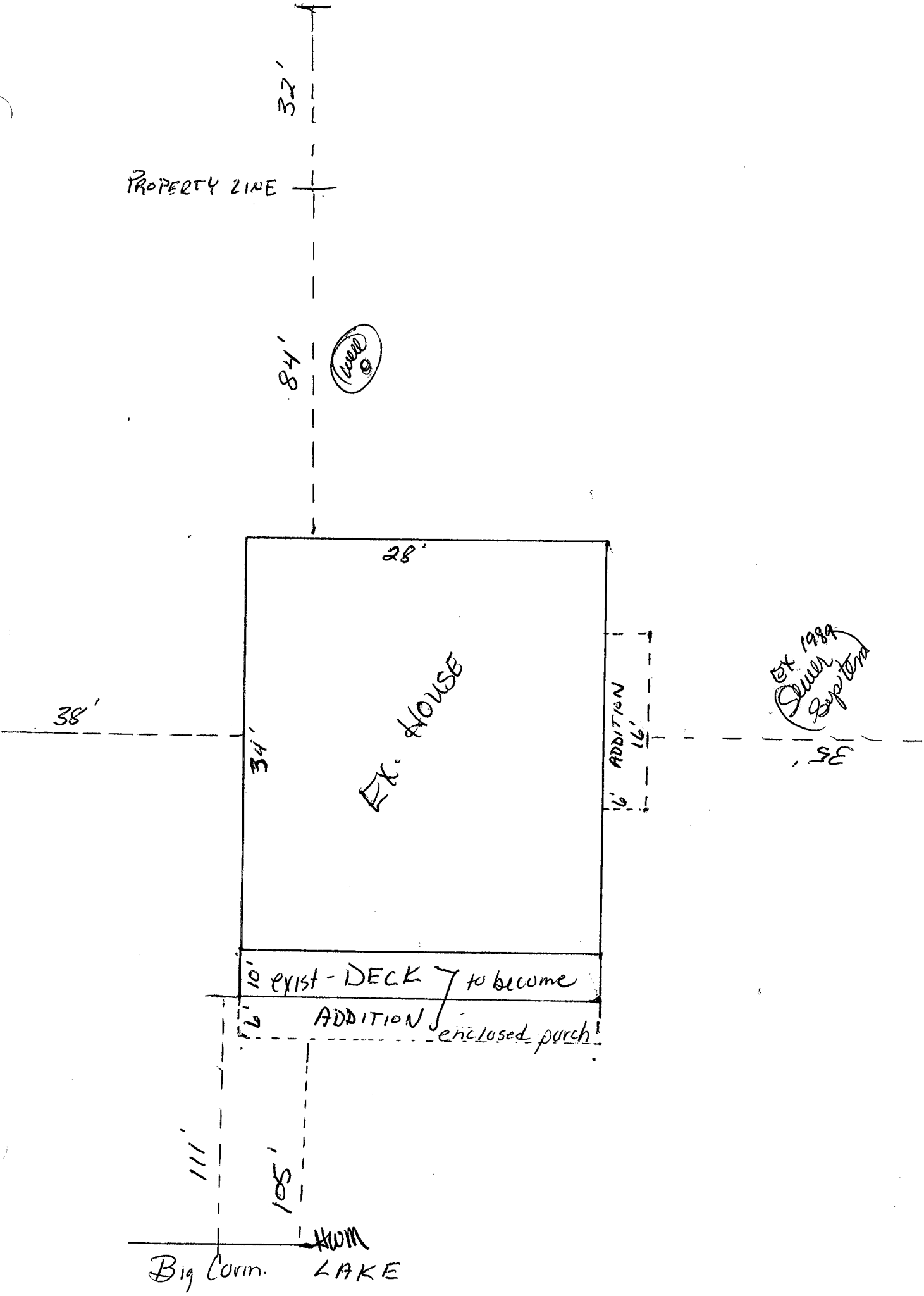
EX 1989
Sliver
Sept 1989

10' exist - DECK } to become
16' ADDITION enclosed porch

111'

105'

Big Corm. LAKE



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:

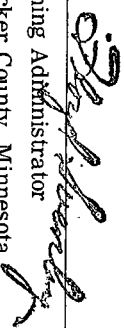
Lake No. _____ Sec. _____ Twp. _____ Range _____ Twp. Name _____

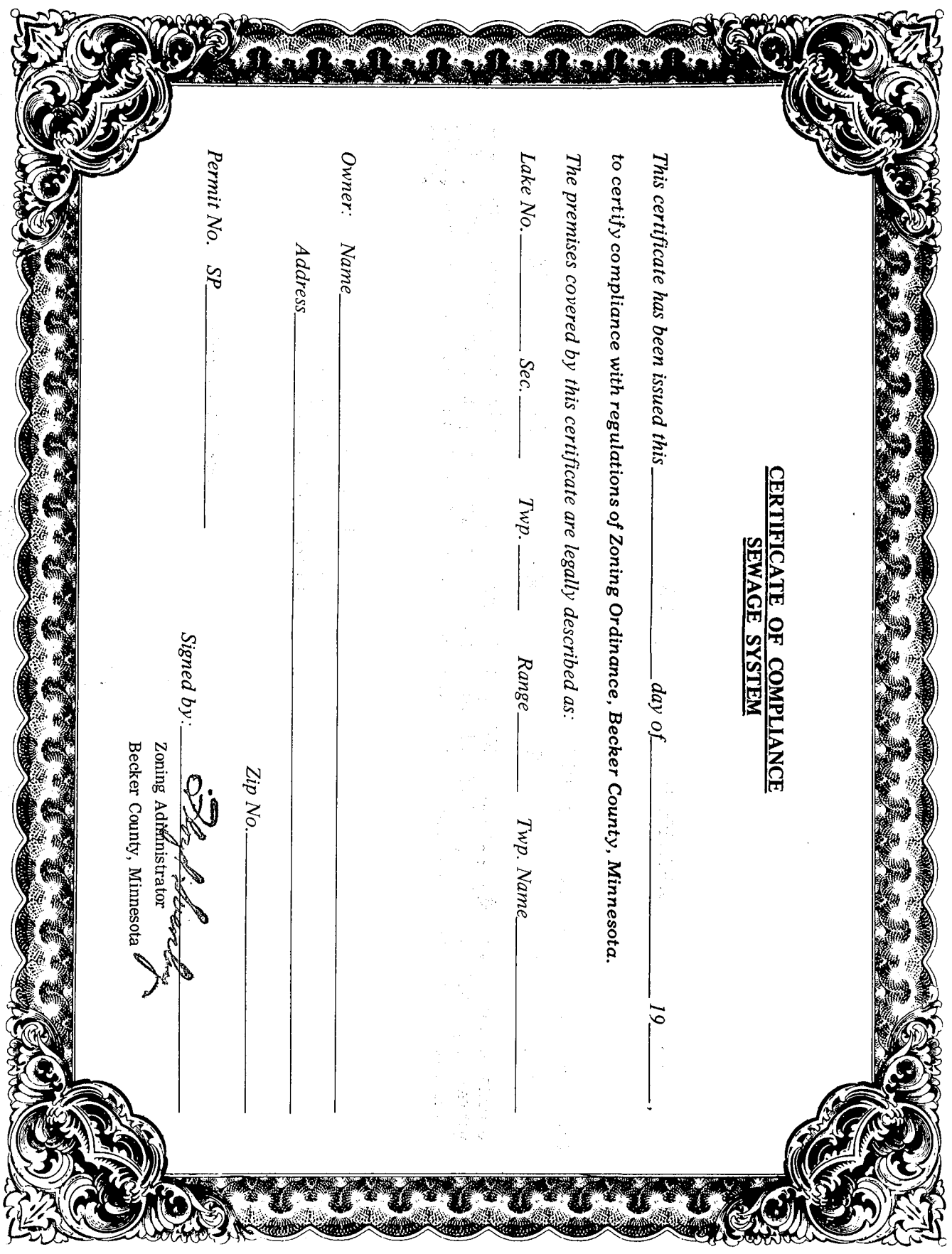
Owner: Name _____

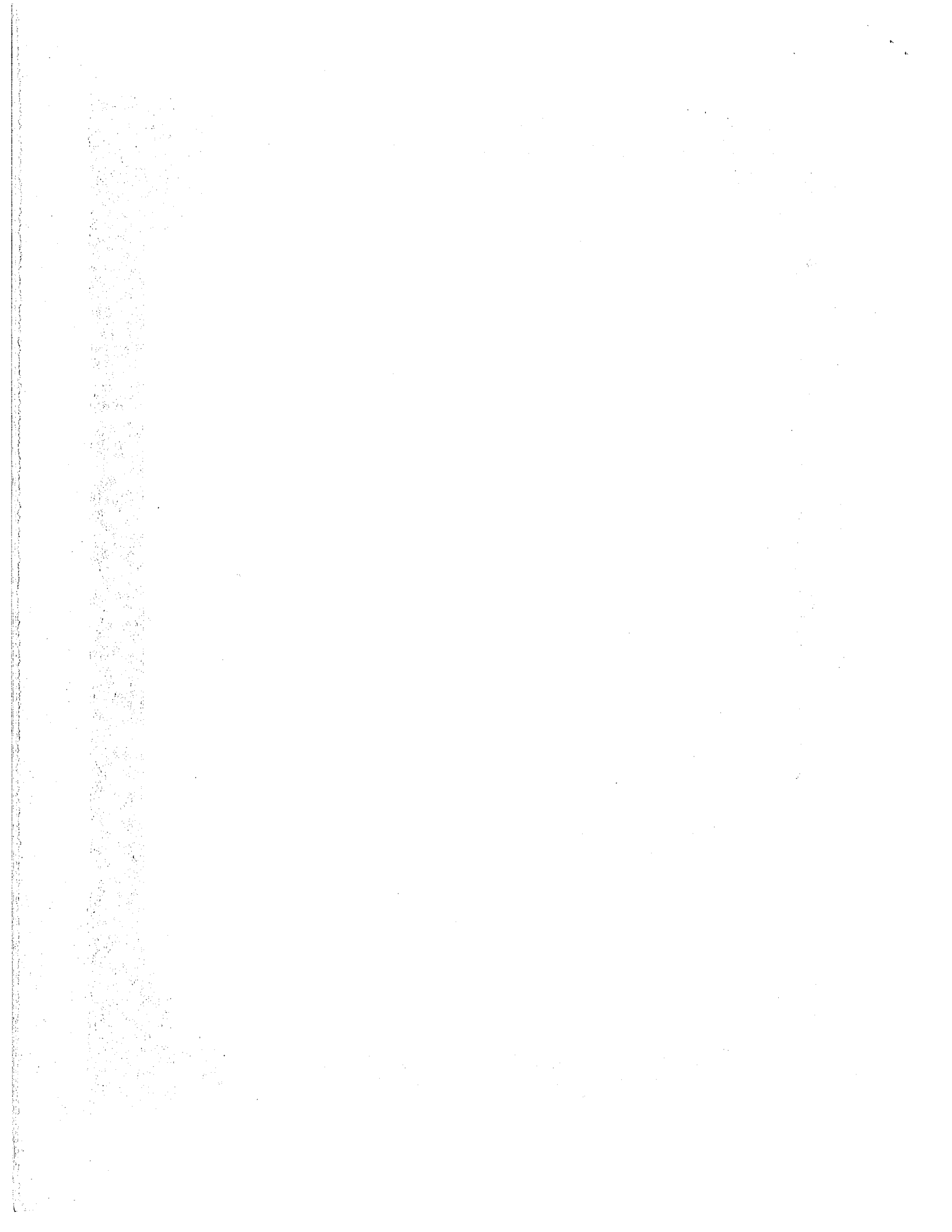
Address _____

Zip No. _____

Permit No. SP _____

Signed by: 
Zoning Administrator
Becker County, Minnesota





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	1006	Gls.		Gls.	5	SF		SF	300	SF		SF
Distance from Nearest Well	75	F		F		F	75	F	65	F	50	F
Distance from Lake or Stream	160	F		F		F		F	180	F		F
Distance from Occupied Building	36	F	10	F		F	20	F	50	F	20	F
Distance from Property Line	510	F	10	F		F	10	F	10	F	10	F
Distance from Bottom to Water Table	--	F	--	F		F	4	F	4	F	4	F

Inspector's Comments: *Existing System Installed In 1973 - Drain field quit working and was too deep in clay sub soil. Installed Lift Pump and 300 sqft of trenches by Grant O'Am - 17 yds of Washed Rock*

**INTERPRETATION
OF ABBREVIATIONS**
 Gls - Gallons
 SF - Square Feet
 F - Linear Feet

Mark Keehn
 Inspector's Signature

 Title

Inspection
 Dated 9-22 81

 Agency

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

BECKER COUNTY ZONING ADMINISTRATION

Permit No. 17-14772-27
 Date 9-23-81

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

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

7068

LEGAL DESCRIPTION AND LOCATION: Lot # 3 Blue Water Bay
15200 Parkhurst Rd 19 1st 1/2 1st Range

IDENTIFICATION: Please Print All Information

Owner	Last Name: <u>BEKKAROS</u>	First Initial: <u>HAROLD RAL</u>	Mailing Address: <u>Back from High Water Mark</u>	Zip No.:	Tel. No.:
Contractor	Name: <u>O'GRANT OHM</u>				

TYPE OF IMPROVEMENT: New Building Alteration Other: SEWER REPAIR

RESIDENTIAL PROPOSED USE: One Family Dwelling Multiple Dwelling

NON-RESIDENTIAL PROPOSED USE: REPAIR

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. Individual Well

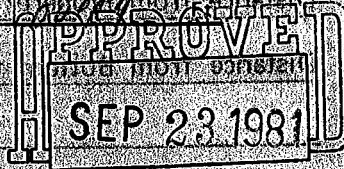
DIMENSIONS: Basement: Yes No
 Stories above basement: _____
 Sq. feet (outside dimension): _____
 Bedrooms: _____ Baths: _____

MECHANICAL EQUIPMENT: Elevator Air Conditioning Other: _____

HEATING: Electric Gas Oil Coal None

SEWAGE DISPOSAL SYSTEM DATA	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity: _____	Capacity: _____	Capacity: _____	Capacity: _____
Distance from nearest well: _____	Distance from nearest well: _____	Distance from nearest well: _____	Distance from nearest well: _____
Distance from lake or stream: _____	Distance from lake or stream: _____	Distance from lake or stream: _____	Distance from lake or stream: _____
Distance from occupied building: _____	Distance from occupied building: _____	Distance from occupied building: _____	Distance from occupied building: _____
Distance from property line: _____	Distance from property line: _____	Distance from property line: _____	Distance from property line: _____
Distance from bottom to water table: _____	Distance from bottom to water table: _____	Distance from bottom to water table: _____	Distance from bottom to water table: _____

CHARACTERISTICS: Lot Area is 89 X 203 square feet. Water frontage is 89 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 _____ feet and _____ feet. Rear yard is _____ feet.

Agreement: I hereby certify that the information contained herein is true and agree to do the proposed work in accordance with the description above and to accept the conditions of the permit. I also understand that this permit is valid for a period of six (6) months. Applicant for this permit 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 for 48 hours before the job is ready for inspection.

Dated: 9-23-81 Signature of Owner: [Signature]

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

MUST BE POSTED AT THE BUILDING SITE
 Dated: 9-23-81 Permit Fee \$ 10.00 State Surcharge \$ _____

Comments: _____

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

BECKER COUNTY ZONING ADMINISTRATION

Permit No. 17-10495-34
 Date 9-22-81

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

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

7068

LEGAL DESCRIPTION AND LOCATION	Lot # 3 BLK # 1 BLUE WATER BAY 3-576 CORMORANT RD 19 135 42 LAKE EUNICE					
	Lake No.	Lake Name	Lake Classif.	Sed.	TWP	Range

IDENTIFICATION: Please Print All Information

Owner	Last Name: BEKKERUS First: HAROLD	Initial: RR1	Mailing Address: RR1 Ardmore, MN	Zip No.	Tel. No.
Contractor	Name: GRANT OWEN				

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

ESTIMATED COST OF IMPROVEMENT \$	Construction Starting Date:	
PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:
() Masonry () Wood Frame () Structural Steel () Other - Specify	() Public <input checked="" type="checkbox"/> Individual Septic Tank, etc.	Basement: () Yes () No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____
Type of Roof:	WATER SUPPLY: () Public <input checked="" type="checkbox"/> Individual Well	HEATING: () Electric () Gas () Oil () Coal () None Other: _____
	MECHANICAL EQUIPMENT: Elevator: () Yes () No Air Conditioning: () Yes () No () Central () Unit	

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	EXISTING Gls.	— Sq. Ft.	300 Sq. Ft.
Distance from nearest well	— Ft.	— Ft.	65 Ft.
Distance from lake or stream	— Ft.	— Ft.	180 Ft.
Distance from occupied building	LIFT PUMP TO DRAINFIELD Ft.	— Ft.	50 Ft.
Distance from property line	— Ft.	— Ft.	10 Ft.
Distance from bottom to Water Table	— Ft.	— Ft.	0.49 Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 89 X 203 square feet. Water frontage is 89

Building set back from high water mark is EX 100 feet. (Building Line)

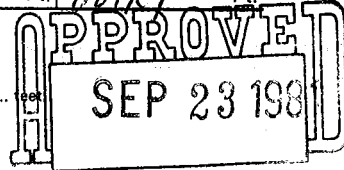
Land height above high water mark at building line is +6 feet

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

Side yard is +10 and +10 feet. Rear yard is _____ feet.

Building will be located +10 feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located +10 feet from soil absorption system (Cesspool, Drainfield, etc.).



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

Dated 9-22-81

[Signature]
 Signature of Owner

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

MUST BE POSTED AT THE BUILDING SITE

Dated 9-23-81

Permit Fee \$ 10⁰⁰ State Surcharge \$ 50

[Signature]
 Becker County Zoning Administrator

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.	S F	S F	S F	S F
Distance from Nearest Well	F	F	F	75	F	F 50
Distance from Lake or Stream	F	F	F	F	F	F
Distance from Occupied Building	F	10	F	20	F	F 20
Distance from Property Line	F	10	F	10	F	F 10
Distance from Bottom to Water Table	---	F	---	F	F	F 4

Inspector's Comments: _____

**INTERPRETATION
OF ABBREVIATIONS**
 Gls — Gallons
 SF — Square Feet
 F — Linear Feet

Inspector's Signature

Title

Inspection
 Dated _____ 19 _____

Agency

DESIGN PAD

BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

Subject _____

Name H. DeKenna

Address _____

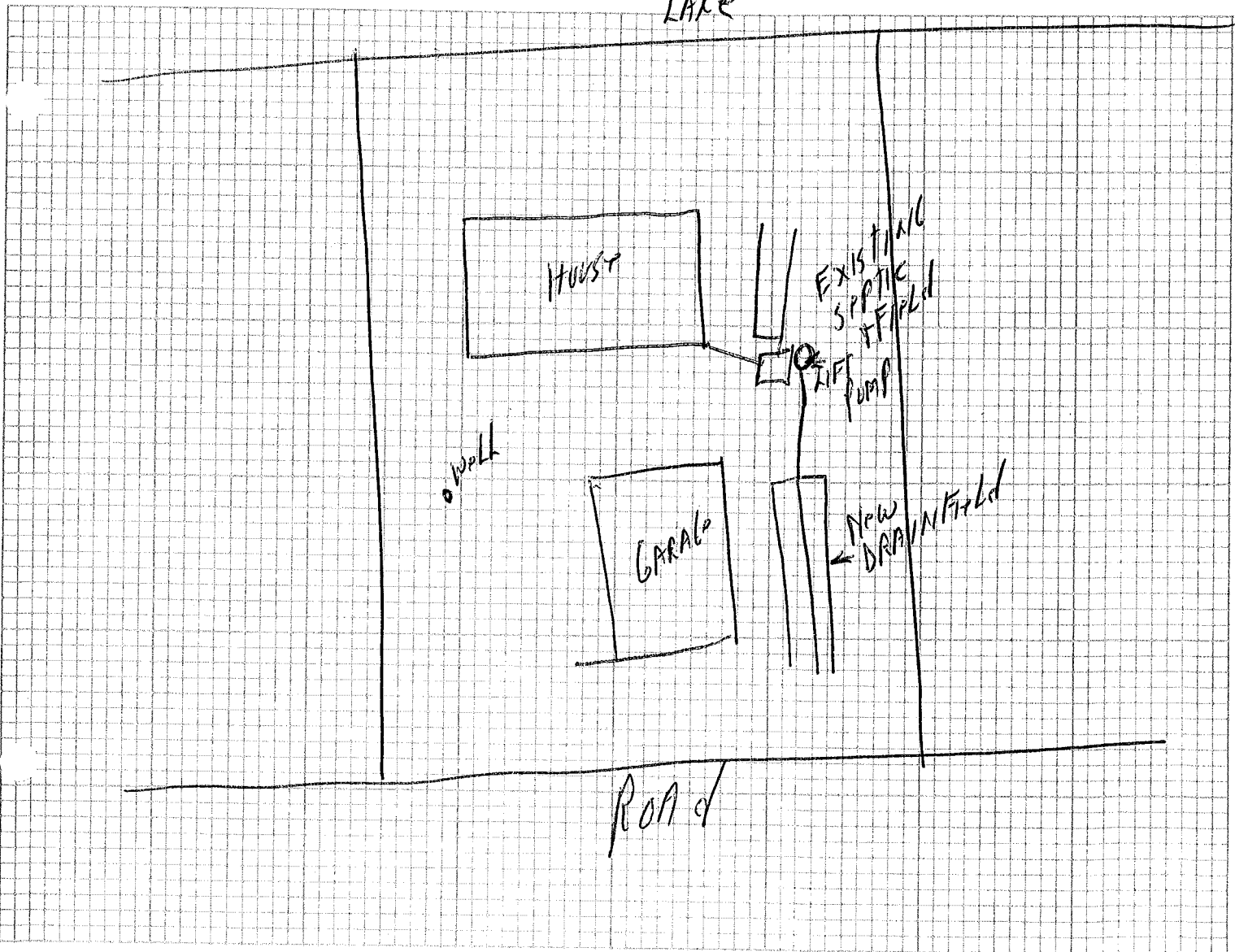
Town _____ State _____ Zip _____ Date _____

Location or Legal Description _____

Remarks: _____

Signature _____

LAK



White - Office
 Yellow - Inspector
 Pink - Owner

BECKER COUNTY ZONING ADMINISTRATOR

COUNTY COURT HOUSE
 Phone 218-847-7721 - Detroit Lakes, MN 56501

APPLICATION FOR PERMIT TO INSTALL SEWAGE DISPOSAL SYSTEM

LEGAL DESCRIPTION AND LOCATION: **lot # 3 BLUEWATER BAY**

Permit No. 1034-S
 Date 4-19-73

Lake No. _____ Lake Name 19 Lake Classif. _____ Sec. _____ TWP _____ Range _____ TWP Name LAKE EUNICE

IDENTIFICATION: Please Print All Information.

OWNER	Last Name	First	Initial	Mailing Address -No. Street, City and State	Zip No.	Tel. No.
	BEKKERUS					
SEWAGE SYSTEM INSTALLER	Name			Moorhead, MN.		
	BEKKERUF, HARDID.					

⏏ This System will be ready for inspection on _____, 19____

This space for office use only

Date Rec'd _____ 19____ M _____
 Time Rec'd _____ Phone Call Rec'd By _____

Owner or Agent Signature _____

SEWAGE DISPOSAL SYSTEM DATA:

	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	Sq. Ft.	100 sq. Ft.
Distance from nearest well	50 Ft.	Ft.	50 Ft.
Distance from lake or stream	300 Ft.	Ft.	Ft.
Distance from occupied building	10 Ft.	Ft.	10 Ft.
Distance from property line	10 Ft.	Ft.	10 Ft.
Distance from bottom to Water Table	OVER 4 Ft.	Ft.	OVER 4 Ft.

All distances are shortest distance between nearest points

RECORD OF TESTS:
 Inspection was made on _____, 19____, Time _____ M By _____

PERCOLATION TEST DATA: Date of First Test _____, 19____, Rate _____
 Date of Second Test _____, 19____, Rate _____
 1st Test Taken By _____
 2nd Test Taken By _____ First Test _____ + 2nd Test _____ = _____ = _____ Rate _____

Agreement: The undersigned hereby makes application for permit to install or extend Sewage Disposal System herein specified, agreeing to do all such work in strict accordance with ordinances of the County of Becker, Minnesota and Minnesota Individual Sewage Disposal Code Minimum Standards set forth by Minnesota Department of Health. Applicant agrees that plot plan, sketches and specifications submitted herewith and which are approved by Zoning Administrator shall become a part of the permit. Applicant further agrees that no part of the 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 4-19-73
 Signature [Signature]

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

NOTE: Permit void if work is not commenced within (6) months.
 Issued Date: 4-19-73
 Fee \$ 3.00 Surcharge \$.50
 Becker County Zoning Administrator [Signature]

Comments: paid 4-19-73

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, (847-7721) office when job is ready for inspection.

Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA
Board of County Commissioners

THE
M
C
O
M
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N
Y