17.0577.000



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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)



Inspection results based on Minnesota Pollution Control Agency (MPCA)	For local tracking purposes:
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	
	RECEIVED
System Status	IIII Or some
System status on date (mm/dd/yyyy): 6-8-16	JUL U 5 2016
	liant – Notice of Noncompliance 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 thr	· •
☐ Tank Integrity (Compliance Component #2) – Failing to protect groundwate	
Other Compliance Conditions (Compliance Component #3) – Failing to pro	
☐ Soil Separation (Compliance Component #4) – Failing to protect groundwa	
a specially paint of an experience (complained component #	o, recreompnant
Property Information Property address: 12938 Buc Water bay Ave Reason for Property owner: Toda Brandon Owner's por	or inspection: Sale
•	ntative phone:
	ry authority phone:
Brief system description: Concrete Septic funk & Coff shoping to	Desinfold
Comments or recommendations:	
Certification	
I hereby certify that all the necessary information has been gathered to determine the determination of future system performance has been nor can be made due to unknow possible abuse of the system, inadequate maintenance, or future water usage.	rn conditions during system construction,
Inspector name: 1) Avid Ohr Certificati	ion number: ZZZ8
Business name: Offm Gogavador 5 Licen	se number: 937
Inspector signature: Pho	ne number: 218-234-1256
Necessary or Locally Required Attachments	
<u></u>	local ordinance
Other information (list):	ivodi vi dilidiloc

Prop	oerty	address:		Inspector initials/Date: 6-8-46 (mm/dd/yyyy)
1.	lm	pact on Public Health – C	ompliance compo	nent #1 of 5
	Co	mpliance criteria:		Verification method(s):
		stem discharges sewage to the und surface.	☐ Yes 🔞 No	Searched for surface outlet Searched for seeping in yard/backup in home
		stem discharges sewage to drain or surface waters.	☐ Yes X No	Excessive ponding in soil system/D-boxes Homeowner testimony (See Comments/Explanation)
		stem causes sewage backup into elling or establishment.	☐ Yes 💢 No	☐ "Black soil" above soil dispersal system ☐ System requires "emergency" pumping
	sys	ny "yes" answer above indi stem is an imminent threat alth and safety.		☐ Performed dye test ☐ Unable to verify (See Comments/Explanation) ☐ Other methods not listed (See Comments/Explanation)
2		mments/Explanation: nk Integrity – Compliance	component #2 of	
			oomponone nz or	Verification method(s):
		mpliance criteria:		
		stem consists of a seepage pit, spool, drywell, or leaching pit.	☐ Yes X No	Probed tank(s) bottom Examined construction records
	See	epage pits meeting 7080.2550 may be		☐ Examined Tank Integrity Form (Attach)
	con	npliant if allowed in local ordinance.		☐ Observed liquid level below operating depth
	des	wage tank(s) leak below their signed operating depth.	☐ Yes ☒ No	Examined empty (pumped) tanks(s) Probed outside tank(s) for "black soil"
		es, which sewage tank(s) leaks:		☐ Unable to verify (See Comments/Explanation)
		ny "yes" answer above ind stem is failing to protect g		☐ Other methods not listed (See Comments/Explanation)
	Co	mments/Explanation:	•	
				·
		• .		
3.	Ot	her Compliance Condition	ns – Compliance co	mponent #3 of 5
	a.		 	red, or appear to be structurally unsound. 🗌 Yes* 🕱 No 🔲 Unknown
	b.		to immediately and ac	dversely impact public health or safety. 🔲 Yes* 🗖 No 🔲 Unknown
		Explain:	o pasiio noaiai ana o	
	C.	System is non-protective of ground *System is falling to protect gro		ions as determined by inspector . ☐ Yes* 🎢 No
	٠	Explain:		

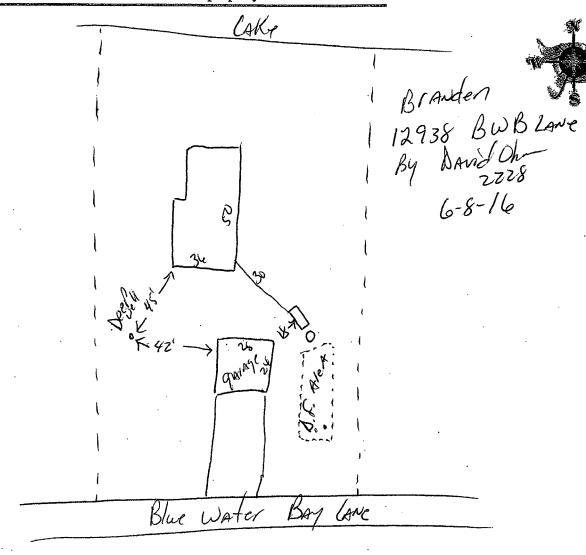
Property address:		Inspector initials/Date: 6-8-16
		(mm/dd/yyyy)
4. Soil Separation - Compliance c	omponent #4 of 5	
Date of installation: 04 (mm/dd/yyyy)	_ Na Unknown	Verification method(s):
Shoreland/Wellhead protection/Food beverage lodging? Compliance criteria:	Yes No	Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.
For systems built prior to April 1, 1996, and	☐ Yes ☐ No	Conducted soil observation(s) (Attach boring logs)
not located in Shoreland or Wellhead Protection Area or not serving a food,		☐ Two previous verifications (Attach boring logs)
beverage or lodging establishment:	1	☐ Not applicable (Holding tank(s), no drainfield)
Drainfield has at least a two-foot vertical		Unable to verify (See Comments/Explanation)
separation distance from periodically saturated soil or bedrock,		Other (See Comments/Explanation)
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:	X Yes □ No	Comments/Explanation:
Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*		
"Experimental", "Other", or "Performance"	☐ Yes ☐ No	Indicate depths or elevations
systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080.		A. Bottom of distribution media
2350 or 7080.2400 (Advanced Inspector License required)		B. Periodically saturated soil/bedrock
Drainfield meets the designed vertical		C. System separation
separation distance from periodically saturated soil or bedrock.		
Any "no" answer above indicates to failing to protect groundwater. 5. Operating Permit and Nitroger		D. Required compliance separation* *May be reduced up to 15 percent if allowed by Local Ordinance. **Description of 5
Is the system operated under an Operating		S ☐ No If "yes", A below is required
Is the system required to employ a Nitroge		No If "yes", B below is required
BMP = Best Management Practice(s)	_	•
If the answer to both questions is "r	•	•
Compliance criteria		
a. Operating Permit number:		
Have the Operating Permit requireme	ents been met?	☐ Yes ☐ No
b. Is the required nitrogen BMP in place	and properly functioning	ng?
Any "no" answer indicates Nonc		
ground water, the system months of receipt of this ground water, the system must be upgraded, rep is not failing as defined in law, and has at least the its use discontinued, notwithstanding any local of	notice or within a shorter polaced, or its use disconting wo feet of design soil seport ordinance that is more stric	ublic health and safety (ITPHS) must be upgraded, replaced, or its use period if required by local ordinance. If the system is falling to protect nued within the time required by local ordinance. If an existing system aration, then the system need not be upgraded, repaired, replaced, or ct. This provision does not apply to systems in shoreland areas, ge, and lodging establishments as defined in law.

www.pca.state.mn.us • 651-296-6300 • 800-657-3864 TTY 651-282-5332 or 800-657-3864 • Available in alternative formats wq-wwists4-31 • 3/16/12

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	. 1



Becker County Planning & Zoning 835 Lake Ave, P O Box 787 Detroit Lakes, MN 56502-0787 Phone (218)-846-7314; Fax (218)-846-7266

Rcpt* 64981-289108

9:30

Onsite Septic System Site Evaluation/Design

1. PROPERTY DATA (as it appears on the tale Parcel Number(s) of property system will be installed (if parcel is a new split and a parcel number has not been split from) Section Township Range	yet been issued, indicate the main	parcel number from	577.000 n which the new parcel has
Lake Name <i>LORMORANT</i>	Lake Classification R	3	
Legal Description: LOT	3 BLOCK OOL F	Bene wat	er Bay
Project Address: 12938 Blue Wh	TER BAY LA		
2. PROPERTY OWNER INFORMATION	(as it appears on the tax statement,	purchase agreemen	t or deed).
Owner's First Name	Owner's Last Name _	BRANder	<u> </u>
Mailing Address 12934 Bluewater	BAY MV City, State, Zip A	uduber 151	v, 56511
Phone Number 439-3520			
3. DESIGNER/INSTALLER INFORMATION	ON		
Designer Name <u>GRANT UM</u>	Company Name OHM-	FXC	License # 932
Address Augubon, MN	Phone Number 439-64	18 B	
Installer Name DAVIO Dhin	Company Name OHM - E	XC	License # 932
Address Augubok, MA	Phone Number <u>234-123</u>	56	
4. SYSTEM DESIGN INFORMATION			
Date of Site Evaluation			
EXISTING SYSTEM STATUS - Check One	What will new system serve? Che	ck one	
No existing system-new structure Cesspool/Seepage Failing (other than cesspool) Undersized Replacement or repair to existing	Dwelling Resort/Commercial Commercial (non resort) Other – explain below		
Design Flow Gallons Per Day Number of Bedrooms Yes Y No Grinder Pump in House Yes No Lift station in House Yes No	Well Depth <u>FSO'</u> Depth of other wells within 100 ft of system <u>FSO'</u>	Type of Soil Obs Pit P Depth to Restric	robe <u>x</u> Boring ting Layer <u>+</u>

Be installed	nks to		Type of Drainfiel	a Mealaili	Type of Alarn	·	
			to be used		Size of Lift Pu	ımp <u> //a // /</u>	> 7
<u>/2/C</u> gal Sep	tic Tank		Chamber		Size of Lift Li	ne <u> </u>	
gal Lift	t Station		H10	EQ36			
	lding Tank		Drainfield	Rock			
	ner Tanks		Re	ock Depth			
			Gravelless				
			Experimen	ntal			
			No Drainf	ield			
Гуре of Drain	ifield to be inst		Drainfield sq ft to	be installed		SETBACKS	
Y Trench	l	100	sq ft		TAN		RAINFIELD
At-grad	de	<u> </u>	sq ft	Distance to V		<u> </u>	750
Pressur	re Bed		· sq ft	Distance to E			18
Seepag	ge Bed		sq ft		Property Line		18
Mound	l		sq ft	Distance to 0			+ 100
				Distance to F	Pressure Line	<u> </u>	150
Perc Rate		Soil Sizing	Factor 1,67	*If S	SF other than .83, a	ittach Perc Test	Data
	Tarring			Denth	Texture,	Color	Structure
Depth	Texture	Color	Structure	Depth	5ANAY		Diractare
1-0	SANAY	106/3//	l P	D-3	LOAM	BLK	
v - /	1000	INVALL'S	 		1018413	 ~ .	
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/-/	AUTO	10 y R 6/4			10486/4		
14-72	hom	KYBRN	R	15-60	LYBRN	LOAM	B
	1,077.7	1.7 2011	1				
	L					į.	L
5. DES	SIGNER'S ÇE	RTIFIED STA	TEMENT				· .
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Size of All Tan			Type of Drainfiel		Type of Alarm		
Be installed			to be used		Size of Lift Pu	imp <u>1/4 1/1</u>	
-2/Cgal Septi	ic Tank		Chamber		Size of Lift Li	ne <u>2"</u>	•.
gal Lift	Station		H10	EQ36			
gal Hold	ding Tank		Drainfield				
	er Tanks			ock Depth			
gai Onic	zi taliks						
			Gravelless				
			Experimen				
			No Drainf	ield			
				•			
Type of Drainfi	ield to be inst	alled Size of I	Drainfield sq ft to	be installed		SETBACKS	
* Trench		100	💆 sq ft		TAN	K D	RAINFIELD
At-grade	e.		sq ft	Distance to W	کئر ell عا	7	450
Pressure		······································	sq ft	Distance to B	uilding 70	·	10
Seepage			sq ft	Distance to Pr	-		16
	bed			Distance to 0	. opensy		+ 100
Mound			sq ft				150
				Distance to Pr	ressure Line		
erc Rate		Soil Sizing	Factor	*If \$5	SF other than .83,	attach Perc Tes	Data
Depth	Texture ,	Color	Structure	Depth	Texture	Color	Structure
	GANNY	INYA2/1			SANAY	10/R2/1	1_
1-9	TO A M	BIR	B	1-3	LOAM	BLK	
/	AUDIC -	INVAU/2		1.74	10 YR4/3		
7-14	LAAM	ROM	1 33	3-15	BRN	JOA19	18
/ /	VA.11.	10 y R 6/4		P. SANKI	10YR6/4		
W-72	hom	LYBRN	0	15-60	LYBRN	LOAM	8
///	NO PAR	17 PATY	$\downarrow D$			144	1
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							1
5. DESI	GNER'S CE	ERTIFIED STA	•				
Gani	GNER'S CE	ERTIFIED STA	•	have completed the prec	eding design work	in accordance	with all
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1500 2/e Brown ; Wilbort 625 /1st Brown ; wilbort Inspection Checklist Tank size

Schedule 40 in and out of tank

1000 Sziff. dunfield agreement staned property 32 Chambers drainfield >20, # of chambers rock depth size size size 0 ですると Tank EQ36 Drainfield rock trench gravelless trench seepage bed pressure bed Size of lift line $\sqrt{\text{H}10}$ Type of Alarm _chamber momu Distance to Drainffeld building well

Depth to water table

with clear stand on existing drawfills

System installed

and new

2015

,010

property lines OHW of lake

100 mm (1 mm) (



GENERAL CHECKLIST

[] scale

[] north arrow

[] lot dimensions

[] side lot setback

road setback

[] drainfield location

[] location of all wells

[] fill & grading limits

Remarks: _

structure location

septic tank location

within 100' of drainfield

[] vegetation alteration limits

BECKER COUNTY

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

SKETCH PLAN

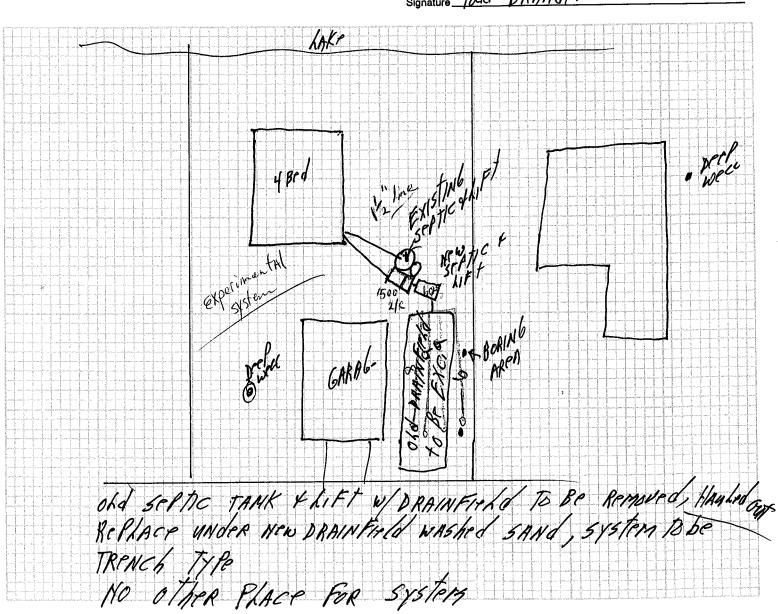
FORM H

Please be as complete as possible. Include all of the items listed below where applicable. WATER RESOURCE CHECKLIST Scale of Diagram: 1 inch = _____feet [] location of ordinary high water level (OHWL) Drawing By: __ location of present water line Date of Drawing: ____ [] setback from OHWL [] location of highest known water level Impervious surface coverage calculation [] existing local drainage [] location of wetland areas Impervious surface onsite Total Lot area ft² x 100 =Total percentage of impervious coverage

Application No.

Tax Parcel No.

Signature TOOD BRANDEN



PROPORCY LIRG SORGEANGRE

We Moneth a Truing Haalense give Told & Marke

Branden , permission to have their sewer

system closer than the required 10 feet to the lot line.

SIGNED × Swing & Haakenson

DATE 9-6-04

٠,

Distance to Sank drawell Shuilding Shuilding Short Sho	Chamber Chamber H10 EQ36 Drainfield rock trench gravelless trench pressure bed seepage bed mound Type of Alarm Size of lift line Pressure bed size size size size	ispection Checklist ank size 1500 2/e Brown ; Wilb chedule 40 in and out of tank
drainfield > 50 > 50 > 30 old system hauted out > 100 ond new system installed with clear stand on existing draitfuld	32 chambers = 1000. System install agreement st	necklist 1500 2/e Brown & Wilbert 625 /18t Brown & wilbert NOTES in and out of tank

8/

O' - L	CKER COUNTY ZONI			Permit No. / A S
Gorden od mispector	., BOX 787 — Phone 21			Date
APPLICATION FOR BUI	LDING OR SEWAGE	PERMIT AND CER	TIFICATE OF OCC	UPANCT
	20. 41	20 1	Lota Bay	1
LEGAL SUR 2 - K	block/-	Bluel	mul suc	FIRE NUMBER_
DESCRIPTION DO 113001000	Todd Bra	s. als DO	α	A AN OWN
AND ILLUWILLI,	1000 DIC	malen In	1 audy	090 7 10
LOCATION		138	42 20	Le Cun
	Name Lake Classif	Sec. TWP	Range	TWP Name
Last Name F	i i	ddress- No. Street, City at	nd State	Zip No. Tel. No.
Dia PROLLI	101000	daress 140. Greet, Grey an	ia didio	
Owner William	1			
Contractor	100 A	Vario Da	0-4-1	
Name Name	- 4	TUNKLA	erg	
		reduan	Your last	
TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSE	D USE: [210]	NON-RESIDENTIAL P	ROPOSED USE:
() New Building () Alteration	() One Family Dwellin	ng	Specify:	
Other Of Pulance	() Multiple Dwelling	Units	Size:	· .
ESTIMATED COST OF IMPROVEMENT \$		Construction Starting Dat	e:	
PRINCIPAL TYPE OF FRAME & BUILDING	TYPE OF SEWAGE DISPO		DIMENSIONS:	
() Masonry () New Home	() Public		Basement: () Yes	() No
() Wood Frame () Garage () Structural Steel () Mobile Home	() Individual Septic T	ank, etc.	Stories above baseme	
() Structural Steel () Mobile Home () Other — Specify Year	WATER SUPPLY:		· '	ension)
() Cottage	() Public () Individua		Bedrooms	Baths
() Septic System	MECHANICAL EQUIPMEN	·	HEATING:	
Type of Roof: () Other	Elevator: ().Yes	() No .	() Electric ()	Gas () Oil
en e	Air Conditioning: ()	1		None
SEWAGE DISPOSAL SYST	() Central	() Unit	Other: SEEPAGE PIT	DRAIN CIELD
	EW DATA:	SEPTIC TANK		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	All distances are shortest d	Ft.	Ft.	Ft.
	ui tiistances are snortest ui	istance Detween hearest	points	
CHARACTERISTICS:	•	•	$\rho_{ij} = \rho_{ij} = \rho_{ij}$	
Lot Area is	•	er frontage is	feet.	
Building set back from high water mark is		· ·		
Land height above high water mark at building				
Building setback from () State - () County - (, , ,			
6:4	•			
Side yard is and		tem Permit must be obtained	before installation).	
Building will be located fee	•	Comment Desirations and		
Building will be located fee	et from soil absorption system (
Building will be located	et from soil absorption system (ntained herein is correct and ag er County, Minnesota. I further	gree to do the proposed work	ecifications submitted her	ewith shall become a part
Building will be located	et from soil absorption system (ntained herein is correct and ag er County, Minnesota. I further permit is valid for a period of si	gree to do the proposed work agree that any plans and sp ix (6) months. Applicant fur	ecifications submitted her ther agrees that no part o	rewith shall become a part f the sewage system shall t
Building will be located	et from soil absorption system (ntained herein is correct and ag er County, Minnesota. I further permit is valid for a period of si	gree to do the proposed work agree that any plans and sp ix (6) months. Applicant fur	ecifications submitted her ther agrees that no part o	rewith shall become a part f the sewage system shall t
Building will be located	et from soil absorption system (ntained herein is correct and ag er County, Minnesota. I further permit is valid for a period of si	gree to do the proposed work agree that any plans and sp ix (6) months. Applicant fur	ecifications submitted her ther agrees that no part o	rewith shall become a part f the sewage system shall t
Building will be located	et from soil absorption system (ntained herein is correct and ag er County, Minnesota. I further permit is valid for a period of si	gree to do the proposed work agree that any plans and sp ix (6) months. Applicant fur	pecifications submitted her ther agrees that no part or otify the County Zoning Ar	rewith shall become a part f the sewage system shall t
Building will be located	et from soil absorption system (ntained herein is correct and ager County, Minnesota. I further sermit is valid for a period of si hall be the responsibility of the	gree to do the proposed work agree that any plans and spix (6) months. Applicant fur applicant for the permit to residual to the permit of the	pecifications submitted her ther agrees that no part or otify the County Zoning Ard	rewith shall become a part if the sewage system shall be diministrator, 48 hours before the system shall be diministrator, 48 hours before the system of the
Building will be located	et from soil absorption system (Intained herein is correct and age er County, Minnesota. I further bermit is valid for a period of si hall be the responsibility of the stration this becomes your per nown on the sketch. This permi	gree to do the proposed work agree that any plans and spix (6) months. Applicant for applicant for the permit to response to the signature of the permit is granted upon the expression is hereby get is granted upon the expression is detailed.	pecifications submitted her ther agrees that no part of otify the County Zoning Ar Towner ranted to the above name is condition that the person	d applicant to perform the to whom it is granted, and
Building will be located	et from soil absorption system (Intained herein is correct and age er County, Minnesota. I further bermit is valid for a period of si hall be the responsibility of the stration this becomes your per nown on the sketch. This permi	gree to do the proposed work agree that any plans and spix (6) months. Applicant for applicant for the permit to response to the signature of the permit is granted upon the expression is hereby get is granted upon the expression is detailed.	pecifications submitted her ther agrees that no part of otify the County Zoning Ar Towner ranted to the above name is condition that the person	d applicant to perform the to whom it is granted, and
Building will be located	et from soil absorption system (Intained herein is correct and age er County, Minnesota. I further bermit is valid for a period of si hall be the responsibility of the stration this becomes your per nown on the sketch. This permi	gree to do the proposed work agree that any plans and spix (6) months. Applicant for applicant for the permit to response to the signature of the permit is granted upon the expression is hereby get is granted upon the expression is detailed.	pecifications submitted her ther agrees that no part of otify the County Zoning Ar Towner ranted to the above name is condition that the person	d applicant to perform the to whom it is granted, and
Building will be located	et from soil absorption system (Intained herein is correct and age er County, Minnesota. I further bermit is valid for a period of si hall be the responsibility of the stration this becomes your per nown on the sketch. This permi	gree to do the proposed work agree that any plans and spix (6) months. Applicant fur applicant for the permit to responsible to the permit of	pecifications submitted her ther agrees that no part of otify the County Zoning Ar Towner ranted to the above name is condition that the person	d applicant to perform the to whom it is granted, and

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

	SE	PTIC	TANK		SEEP	PAC	SE PIT		DRAIN	FIELD	
CATEGORY	Actu	al	Should	be	Actual		Should	be	Actual	Should	be
Capacity		GIs.		GIs.	s	F		SF	SF		SF
Distance from Nearest Well		F		F		F	75	F	F	50	F
Distance from Lake or Stream		F		F		F		F	F		F
Distance from Occupied Building		F	10	F		F	20	F	F	20	F
Distance from Property Line		F	10	F		F.	10	F	F	10	F
Distance from Bottom to Water Table	<u> </u>	F		F		F	4	F	F	4	F

INTERPRETATION OF ABBREVIATIONS GIS — Gallons SF — Square Feet F — Linear Feet	Inspector's Signature
Inspection Dated 19	Title

Make all measurements and computations

Land Control of the C	ACTUAL		MINIMUM Shall Be J	C~ E+
	IS ↓		Stiali De 🛧	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

SEEPAGE-PFT **DRAIN FIELD** SEPTIC TANK CATEGORY Actual Should be Actual Should be Actual Should be Capacity SF Distance from Nearest Well 75 50 Distance from Lake or Stream 20 20_ Distance from Occupied Building 10 10 F 10 10 Distance from Property Line 4 4 F Distance from Bottom to Water Table

Inspector's Comments/_	Lita	lation fro	m Sep	tic tach	to Servere	
Bed Anglal	0000	981 - 1		Poch In 1	Bed	
transition is a production of the con-			1			

INTERPRETATION OF ABBREVIATIONS	
Gls.— Gallons SF.— Square Feet Star Linear Feet	Insportor's Signature
Inspection $\mathcal{A} = 2$	Title
Dated 9 - 2 / 19 8	Agency

1.					
LEGAL	The state of the same				***
DESCRIPTION					FIRE NUMBER_
AND	Mide	· · · · · · · · · · · · · · · · · · ·			:
LOCATION					
	Lake No. La	ke Name Lake Cla	ssif. Sec. TWP	Range	TWP Name
IDENTIFICA	TION: Please Print All Informat	tion			
` <u>L</u>	ast Name	First Initial Mailing	Address- No. Street, City and	nd State	Zip No. Tel. No.
Owner	KOKKK				
	A Comment of the Comm	in the same of the			
Contractor	ame \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7			
· · · · · · · · · · · · · · · · · · ·	arrie .	Brate #		·	
TYPE OF IMPR	OVEMENT:	RESIDENTIAL PROPO	SED USE:	NON-RESIDENTIAL PR	OPOSED USE:
() New Bui	ilding () Alteration	() One Family Dwi	elling	Specify:	
Other	til / guktur je til	() Multiple Dwellin	ng Units	Size:	
ESTIMATED CO	OST OF IMPROVEMENT \$		Construction Starting Dat	e·	
	E OF FRAME & BUILDING	TYPE OF SEWAGE DIS		DIMENSIONS:	
() Masonry	() New Home	() Public		Basement: () Yes	() No
() Wood Fran	ne () Garage	() Individual Septi	c Tank, etc.	Stories above basemen	
() Structural (WATER SUPPLY:		Sq. feet (outside dimer	nsion)
() Other — S		- () Public () Indivi		Bedrooms	Baths
	() Septite System	Type			
Type of Roo		MECHANICAL EQUIPM Elevator: () Yes		HEATING:	Con / 1 Oil
	Mark Tomer	Air Conditioning: (() No) Yes () No	() Electric () (() Coal () f	
Million 3	egar (Talaksa) -	- () Central	() Unit	Other:	VOIIE
	SEWAGE DISPOSAL SYS		SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity		000	0 00/ GIs.	C- F.	_
Capacity			GIS.	Sq. Ft.	Sq. Ft.
<u> Distance</u> fr	om nearest well	<u>C9</u>	ال الله الله الله الله الله الله الله ا	Ft.	Ft.
Distance fr	om lake or stream	100	Ft.	Ft.	Ft.
			991		
	om occupied building		Y Ft.	Ft.	<u>Ft.</u>
り:Distance) fr	om property line	00	OE Ft.	Ft.	Ft.
Distance fr	om bottom to Water Table	21	A Pr	Ft.	Ft.
. ()		All distances are shortest	distance between nearest		
CHARACTERIS	STICS:	11 1-			
β Lot Area i	s	square foot	Vater frontage is	foot	
	et back from high water mark is		*		
Market Control of the	ht above high water mark at buildir		-		
	tback from () State - () County - (-		1 A Bight of Wor	
Sidewark			There from the contention of the contention of the content of the		
A continue					λ ~
	vill be located	eet from septiation (Sewage : eet from soil absorption system		Defore Installation).	A. Chris
				1 mg Cm	Matter 1
according to the p	reby certify that the information c provisions of the ordinances of Bec	ker County, Minnesota - I furt	her agree that any plans and sr	ecifications submitted here	with shall become a part
inis permit applic	cation. I also understand that this as been inspected and accepted. It	s permit is valid for a period o	f siv (A) months. Annlicant fur	ther agrees that no part of t	the sewage system shall
the job is ready	for inspection.		ne appricant for the perimit for	only the county forming rial	
	とうしょるシー)
Dated	62 / 6 / · · ·		1	ale well is	
When claned an	nd approved by the Zohing Admir	The state of the s	Signature of		annlicant to norform the
work described	in the above statement and/or as	shown on the sketch. This per	mit is granted upon the express	condition that the person to	o whom it is granted, and
his agent, empl violation of said	loyees and workmen shall conford lordinances.	m in all respects to the ordin	ances of Becker County, Minne	sota. This permit may be r	evoked at any time upor
Dated	/		<u> </u>	Na Zina and Anna	
	2000		Besker County	Coning Administrator	3
Permit Fee \$_	V 11 3 mm	ırcharge \$		Surcharge \$	



day of This certificate has been issued this_

OS:

79

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

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

Twp. Name Take Binice	SERPACE BED	300 000 Mg	i in					
Twp. 138 19 Range 128	SEFFIC TANK	1000 gls	in in	160 3	+ 30 %			ANDEN
Sec. 19			MARKST WHILL	AND OR STREAM	DISTANCE FROM OCCUPIED BUILDING	PROPERTY LINE	DISTANCE FROM BOTTOM TO WATER TABLE	Name TODD BRANDEN
Lake No		GENERAL	DISTANCE PROM MEARST WHILE	DISTANCE FROM LAKE OR STREAM	DISTANCE FROM (DISTANCE FROM PROPERTY	DISTANCE FROM D	Owner: N

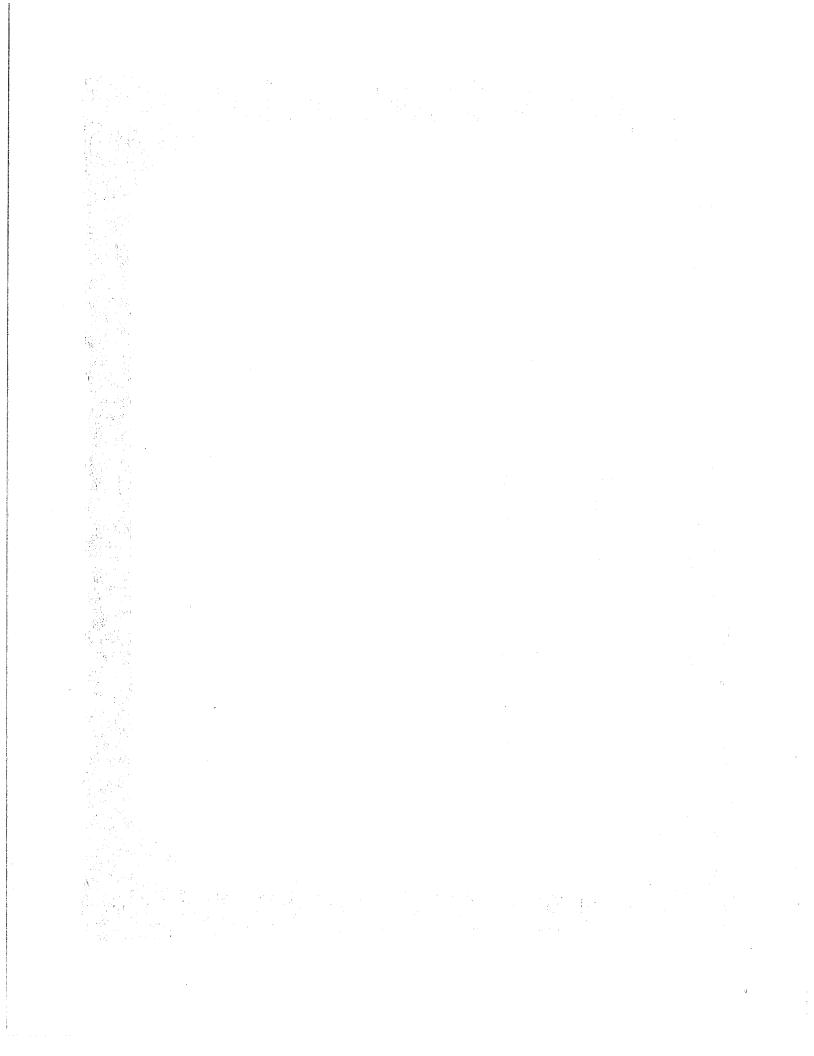
AUDUBON MA

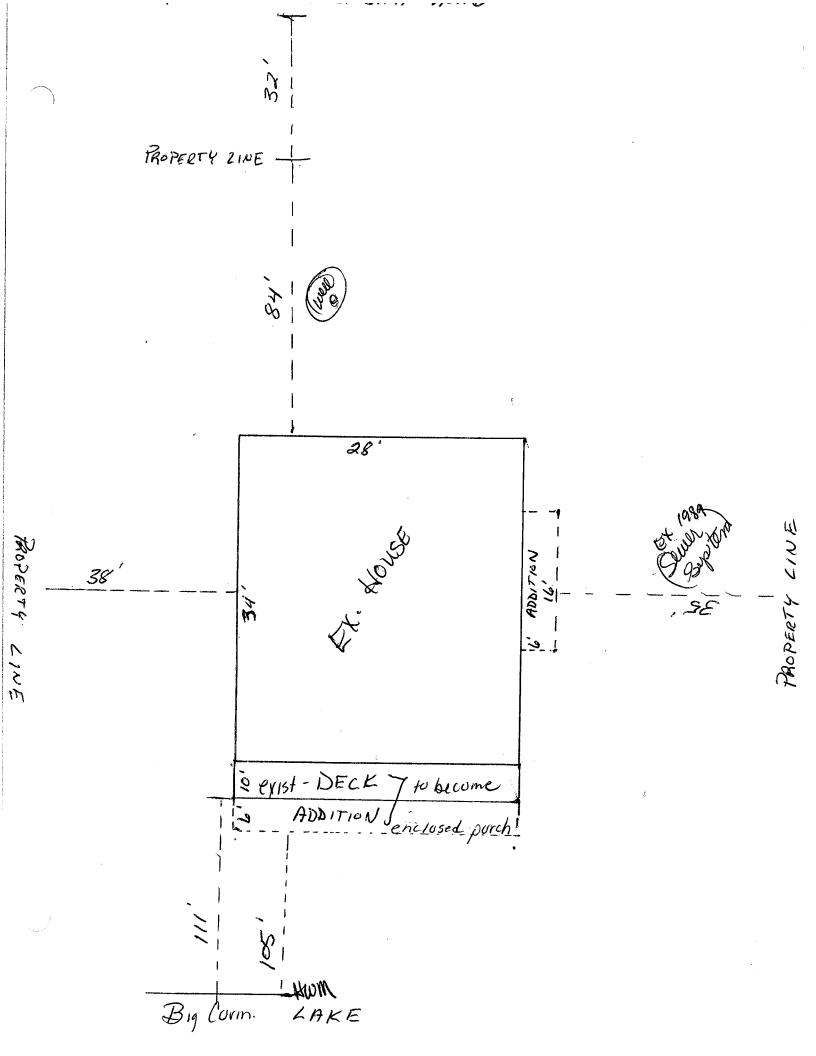
Address_

56511 Zip No._

Zoning Administrator horizontal distance meet the Becker County Zoning Ox I.Signedley. lift Station from Septic Tank to Seepage Bed. 14 was rock in bed. Permit No. SP_

County, Minnesota With proper maintenance this system can be expected satisfactorily, however this is not a quarantee.





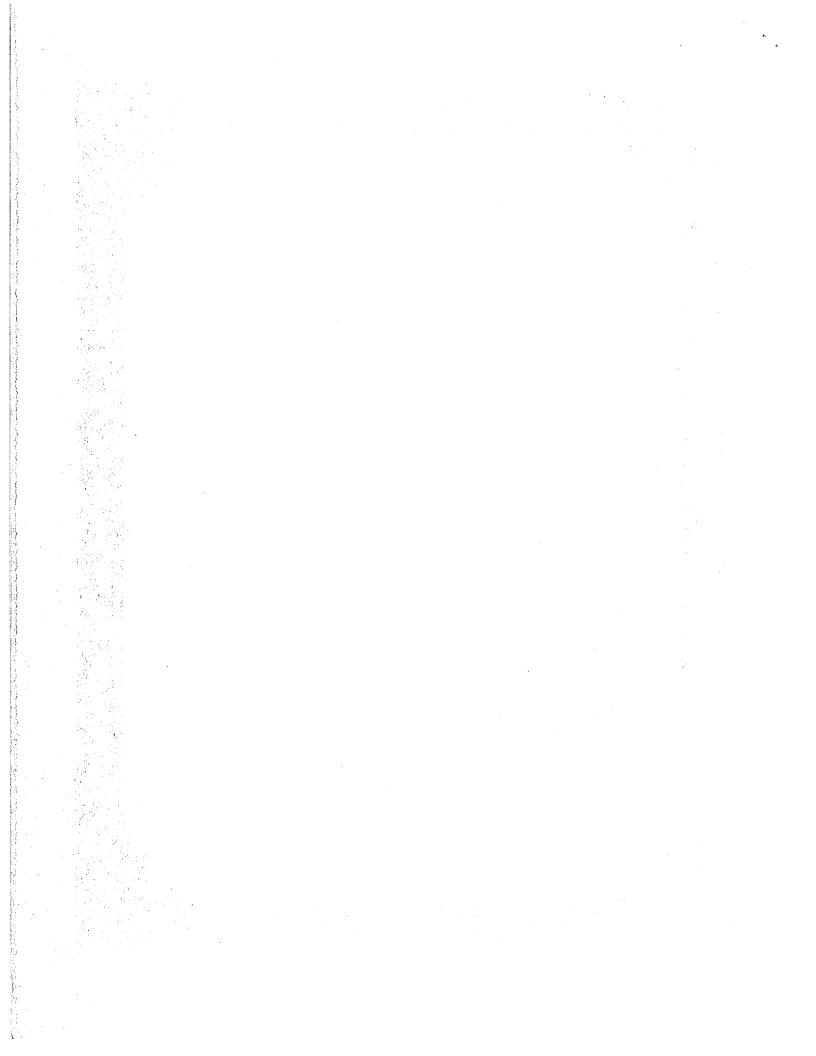
Lake NoSec Twp Range Twp. Name	The premises covered by this certificate are legally described as:	to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.	This certificate has been issued this day of
	:		

Owner: Name_ Address_ Zip No.-

Permit No. SP.

Zoning Administrator

Becker County, Minnesota



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	<u></u> &	Ft.	&	Ft.
Rear Yard		Ft.		Ft.
Elevation at Building Line above High Water Mark		Ft.		Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SE	SEPTIC TANK			SEEPAGE PIT			DRAIN FIELD			
CATEGORY	Actua	ıl	Should be		Actu	al	Should be		Actual	Should be	
Capacity	1006	GIs.		GIs.	<i>\$</i>	SF	J	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	5/0	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: 6 Thisting Any	stim Anstilled der 1973 - draw
Leeld Grit Working an	I was too deep In Clay sur sail
Dustalle Left Dump	and 300 Dayy of trucker by H
O AMINTERPRETATION of Wash	O Roch
OF ABBREVIATIONS GIS — Gallons SF — Square Feet F — Linear Feet	Mail Kueho
Linear Feet	Inspector's Signature
Inspection	Title
Dated 9-20 19)	Agency

: : '//		BECKER COUNTY ZONI Y COURT HOUSE — Phone 2 R BUILDING OR SEWAGE	8-847-3938—Detroit Lakes, Minn. 56501 PERMIT: AND CERTIFICATE: OF O	Permit No. 1977234 Date 5 5 5 5 CCUPANCY
7068	(1985年) (1985年) 1985年 198	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Meke all measuremen	n de la companya de La companya de la companya de
		WATER BAY	المنافعة الم	
	LOCATION LAW NO. 19 Print All I	AL AL Marke Classi	Seo TWP (Range	TWP Name
	Owner Lexivane	First Initial Mailing A	ck from High Water Mark	E COLOUR
	Contractor Name SRANT	10/m / 46	W DO Mandad Write mari Si	ap rap we bring
	TYPE OF IMPROVEMENT: (A) New Building () After Other Added (A)	RESIDENTIAL PROPOSE ation		<u> </u>
	ESTIMATED COST OF IMPROVEMENT PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISP	Construction starting pate: DSAL: DIMENSIONS:	Control of the Contro
	I()Masonry (:) Wood Frame (:) Structural Steel (:) Other — Specify	() Public (() Public () WATER SUPPLY SY () Public () Individual Well	Basement () Tan NetC DISPOSAL Sq. feet (outside of the Bedrooms	
Andrews of	LYDE OI HOOT	3CASS MECHANICAL EQUIPME	() Electric 5	CATEGORY IIO (1) Gas (
9.8	Page Disposa	(ir) Central	Other SEPTIC TANK SEEPAGE PIT	Ph. 10 20 1935
3	Capacity 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Gis Sq.;Fi	
3	Distance (romble or stream	W.F. T. V.S.P.	The little Color	Distances (works to it)
, - , -	Distance from occupied building Distance from property line	The White Price	Ft F	Distance from Occupied
	Of Distance from bottom to Water PCHARACTERISTS: 4 4		listance between hearest points	
			te frontage is fee	
	Land height above high water mark a		feld (a) — from rolation attent is N 2	Inspector's Comments:
,	Side yard is	and eet Plear Dee from serveyank (Selvage Sv reet from soil absorption system	valoris stem Permit milki be obtained before localisation)	gell gire t
Yunt	Au cement: Thereby by thy that The Triorra	mation contained her ain is consecuend a eso, becker opunty. Minnesola: Herithe that this permit is balld on a period of	greans on the proposed work in a Cordan, entitle the radies and the proposed work in a Cordan, and the the radies and specification is standing to the proposed with the cordan and the proposed with the cordan and the	e descriptor above serior th and
\$12.50 D. \$1.00 M.	covered until II has been inspected and acc the job is ready for inspection.	epted. It shall be the responsibility of the	soulcal to the second policy the count second	Administrator 48 hours before
e _N je	Dated When signed and approved by the Zoning	Administration this becomes your per	Signature of Owner / Signature	anofice → (i) = 10 feat the f
	his agent, employees and workmen shall violation of said or dinances	conform in all respects to the ordinan	If is granted upon the express condition that the per ces of Becker County: Minnesota: This permit may TTHE BUILDING SITE	be revoked at any time upon
	Dated 7/2 23 8 9/9 Sermit Fee \$ 1.0 S	it <mark>äte</mark> YSûrcharge S	Becker Chinic Long no Belle Listre	Supplement
	Comments:	en e		STATE OF THE STATE
1446 W.			17 (1975) 17 (1975) 17 (1975) 17 (1975) 17 (1975) 17 (1975) 17 (1975) 17 (1975) 17 (1975) 17 (1975) 17 (1975)	an and the state of the state o

Permit No.	144	15	34
4.	22	76	7

White - Office Yellow - Owner BECK	ER COUNTY ZON	ING ADMINISTRA	ATION	Permit No. 10,4
Pink - Assessor Goldenrod - Inspector	RT HOUSE Phone 2	18-847-3938—Detroit L	akes, Minn. 56501	Date
APPLICATION FOR BUIL	LDING OR SEWAGE	PERMIT AND CER	RTIFICATE OF OC	CUPANCY
LEGAL LOY#3	BLK #1			
DESCRIPTION Blue WA	ITER BAY			
AND STATE OF THE PARTY OF THE P	n d AN	101/20		<u> </u>
LOCATION Lake No. Lake	Name Lake Classi	f. Sec. TWF	Range AA	TWP Name
IDENTIFICATION: Please Print All Information Last Name Fi		Address No. Street, City	and State	Zip No. Tel. No.
Owner BOKKPRUS /	AROLY RK	de ben. 19		
Contractor Name ORANT O	MM	(10 very 11		
TVDF OF MADD OVER 1971			T	
TYPE OF IMPROVEMENT: () New Building () Alteration	RESIDENTIAL PROPOSE	- - ·	NON-RESIDENTIAL	'ROPOSED USE:
Other Seller Realism	() Multiple Dwelling	Units	Specify:	
ESTIMATED COST OF IMPROVEMENT \$		Construction Starting Da		
PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPO		DIMENSIONS:	
() Masonry () Wood Frame	() Public		Basement: () Yes	
() Structural Steel	Undividual Septic 1 WATER SUPPLY:	Tank, etc.	Stories above baseme So, feet (outside dim	ent:
() Other — Specify	() Public	i	·	Baths
	Individual Well MECHANICAL EQUIPME	NT .	HEATING:	
Type of Roof:	Elevator: () Yes	() No		Gas () Oil
	Air Conditioning: ()			None
SEWAGE DISPOSAL SYSTE	() Central M DATA:	() Unit	Other: SEEPAGE PIT	DRAIN FIELD
Capacity		Fig. X Gls.	Sq. Ft.	300 Sq. Ft.
Distance from nearest well		FX15/11/ FI	Ft.	<i>b</i> 54. 71.
Distance from lake or stream		Ft.	Ft.	1
	Ft Rimp	Ft.		180 Ft.
Distance from property line	NOAINFIELD		Ft.	<u> </u>
Distance from bottom to Water Table	1) (1) /1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	Ft.	Ft.	-// Ft.
Ali	distances are shortest di	stance between nearest	points Ft.	2006 ON 15
CHARACTERISTICS:			_	<u> </u>
Lot Area is 89×203 s		er frontage is	T	SFP 23 198
Building set back from high water mark is	X 100 feet. (B	Building Line)	Öl	OLI DO IO
Land height above high water mark at building li Building set back from State highway is	,		CIC	
Side yard is				A.
Building will be located + 10 feet	from septic tank (Sewage Syst	em Permit must be obtained		
Building will be located	from soil absorption system ((Desspool, Drainfield, etc.).		
greement: I hereby certify that the information contaccording to the provisions of the ordinances of Becker nis permit application. I also understand that this per overed until it has been inspected and accepted. It sha	county, Minnesota. I turiner	agree that any plans and sp	pecifications submitted her	rewith shall become a part of
Dated 9- 22- 8/		- Was	Selen	m m
When signed and approved by the Zoning Administra work described in the above statement and/or as show his agent, employees and workmen shall conform in violation of said ordinances.	vn on the sketch. This permit all respects to the ordinance	is granted upon the express es of Becker County, Minne	condition that the nercon	to whom it is granted and
Dated 9-23-57 Permit Fee \$ 10 State Surch	MUST BE POSTED AT	Becker County 2	and Suent	<u> </u>
Permit Fee \$ State Surch	arge \$5)		<u> </u>
Comments:				

Make all measurements and computations

	ACTUAL IS ↓	MINIMUM Shall Be ↓ Sq. Ft.
Building Set Back from High Water Mark	F	t. Ft.
Building Set Back from State Highway	<u> </u>	t. Ft.
Side Yard	&F	t&Ft.
Rear Yard	F	t. Ft.
Elevation at Building Line above High Water Mark	F	t. Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS

	SEPTIC TANK			SEEPAGE PIT				DRAIN FIELD			
CATEGORY	Actual		Should be		Actual		Should be		Actual	Should	be
Capacity		GIs.		GIs.		SF		SF	SF		S F
Distance from Nearest Well	,	F		F		F	75	F	F	50	F
Distance from Lake or Stream		F		F		F		F	⊬ F ·	· ·	F
Distance from Occupied Building		F	10	F		F	20	F	F	20_	F
Distance from Property Line		F	10	F	i	F	10	F	F	10	F
Distance from Bottom to Water Table		F		F		F	4	F	F	4	F
tom va 979											

nspector's Comments:		 		
				1
		· · · · · · · · · · · · · · · · · · ·		
				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	, d			
INTERPRETATION OF ABBREVIATIONS				ų.
Gls — Gallons SF — Square Feet F — Linear Feet				
		 Inspector's Sign		
Assertion of the Control of the Cont	•			And the second
Inspection	7 - 6 - 1 A	 Title	A 114	
Datad	19			* *
112160 :	19			

Agency

DESIGN PAD

BECKER COUNTY Department Becker County Courthouse Detroit Lakes, MN 56501 Location or Legal Description		Town	StateZipDate
Rema	arks:		
		Sig	inature
		To the second se	
		Wal-	
			THE WINTER
		Rond	

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	Lot :	# 3	Blue	WATE	2 BAY		Permit No.	1034-	2	
DESCRIPTION					,			-19-2		
	ON									
AND							9	1 -		
LOCATION	Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name									
IDENTIFIC	CATION: Please	Print All Info								
OWNER	Last Name		First	Initial Mai	Illing Address -No	. Street, Cit	y and State	Zip No.	Tel. No.	
OWINER	BELKE	BEKKERUF, HARDID. 923 748 AUS.								
SEWAGE	Name	ERU I	, I SPICO		Moorh				····	
SYSTEM INSTALLER	TVBITIC				1010012111	2/4CI,	<i>[[]] []</i>			
This Sy	/stem will be rea	dy for inspe	ection on							
This space	for office use	only				7				
	19		М							
Date	Rec'd	Tir	ne Rec'd	Phone C	all Rec'd By		Owner or Agent	Signature		
05144.05	DISPOSAL AV					·				
SEWAGE	DISPOSAL SYS	SIEM DAT	A:	······································	SEPTIC	TANK	SEEPAGE PIT	DRAIN FI	ELD	
Capacity					1000		Sq. Ft.		Str. Ft.	
Distance f	rom nearest wel	 			570		Ft.	కొ) Ft.	
Distance fi	rom lake or stre	eam			300	> Ft.	Ft.		Ft.	
Distance from occupied building				10	Ft.	Ft.	10			
Distance from property line				10		Ft.	11	9 Ft.		
Distance from bottom to Water Table				OVER			OVER 4	Ft.		
		*		s are shortes	t distance betwe			<u> </u>		
RECORD	OF TESTS:									
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1st Test Ta	ken By									
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Disposal Co	ode Minimum S	Standards s rewith and stem shall County Zoni	set forth by A	Ainnesota De	partment of He	aith. App	Sewage Disposal Syst Minnesota and Minnesota licant agrees that plot come a part of the pern It shall be the esponsil inspection	ta Individual S I plan, sketche	ewage es and	
Permit: Don	mission le hora	hv arantod	to the shous's	amod anali	int to provide the second	•	ature	_	_	
respects to a	ordinances of E nit void if work	Becker Cou is not comn	ntv Minnesota	wnom it is g	int to perform th granted, and his	ie work de: agents, er	scribed in the above sta mployees and workmer	atement. This p n shall conforn	permit n in all	
ssued Date:	1-19-	73			_ C	Loya	Juenty County Zoning Adminis			
ee \$3°) Surc	hargo ¢	50			Beck/er C	county Zoning Adminis	strator		
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Comments:			#	<u>/ (/)</u>		7)				
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Y I N O C I

Sewage Permit No. SP No.

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	Lake No.
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	Name

Work Authorized Issued 19

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 NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on

Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA Board of County Commissioners

