



Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Sub



170638800

(TS)
ment

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 24 2015 ZONING

System Status

System status on date (mm/dd/yyyy): 7-21-15

[X] 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: 6-138-42
Property address: 15480 Buckhorn Rd
Reason for inspection: County
Property owner: Dennis Johnson
Owner's phone: 701-238-7541
Owner's representative:
Representative phone:
Local regulatory authority:
Regulatory authority phone:
Brief system description: Concrete septic tank w/ drainfield

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 Excavating License number: 932
Inspector signature: [Signature] Phone number: 218-234-1256

Necessary or Locally Required Attachments

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

Property address: _____

Inspector initials/Date: JD 7-21-15
(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:

 7-27-15
(mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of Installation: 05 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.

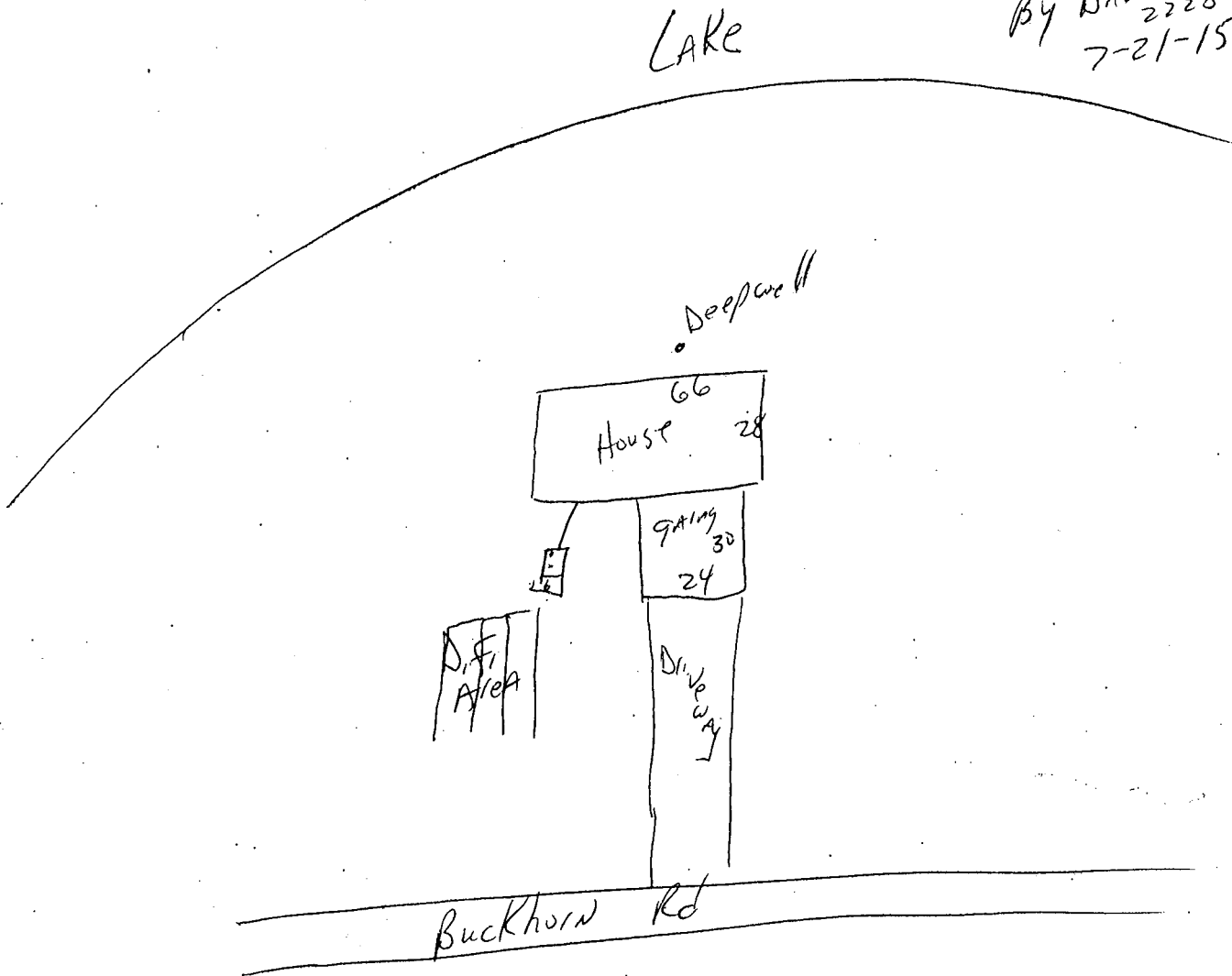

Upgrade Requirements (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, 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	

Dennis & Barb
Johnson
15480 Buckhorn Rd
By David Ohm
2228
7-21-15



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 17.0638.800
(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 6 Township 138 N Range 42 W Township Name LAKE EUNICE

Lake Name Leaf Lake Lake Classification _____

Legal Description: Lot 1 Buckhorn

Project Address: 15480 Buckhorn Rd

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

Owner's First Name Dennis R. Owner's Last Name Johnson

Mailing Address 15480 Buckhorn Rd City, State, Zip Lake Park MN 56554

Phone Number 218-439-3878

3. DESIGNER/INSTALLER INFORMATION

Designer Name David Ohm Company Name Ohm Excavating License # 932

Address P.O. Box 293 Audubon Phone Number 218-439-6428

Installer Name David Ohm Company Name Ohm Excavating License # 932

Address P.O. Box 293 Audubon Phone Number 218-234-1256

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 6-1-05

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 450 Gallons Per Day
Number of Bedrooms 3
Garbage Disposal Yes No
Grinder Pump in House Yes No
Lift station in House Yes No

Well Depth 50' +
Depth of other wells within
100 ft of system _____

Original Soil Compacted Soil _____
Type of Soil Observation
 Pit Probe Boring
Depth to Restricting Layer 7'
Maximum Depth of System 4'

Size of All Tanks to Be installed
 1500 2/c gal Septic Tank
 _____ 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 _____
 Size of Lift Pump _____
 Size of Lift Line _____

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

Size of Drainfield sq ft to be installed
575 sq ft
 _____ sq ft
 _____ sq ft
 _____ sq ft
 _____ sq ft

SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>70'</u>	<u>80'</u>
Distance to Building	<u>15'</u>	<u>25'</u>
Distance to Property Line	<u>16' +</u>	<u>10' +</u>
Distance to OHW	_____	_____
Distance to Pressure Line	_____	_____

Perc Rate 12 mpi Soil Sizing Factor 1.27 *If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-9	Clay loam Top soil	10YR 3/2	Blocky				
9-23	Sandy loam	10YR 5/3	Blocky				
24-41	loam	10YR 4/3	Blocky				
42-54	Sandy loam	10YR 7/4	Blocky w/sand				

5. DESIGNER'S CERTIFIED STATEMENT

I, David 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]
 Signature of Designer

7-1-05
 Date

*****FOR OFFICE USE ONLY*****

Application Approved by: Hebi Maltz Date: 7-5-05
 Amount Paid 100⁰⁰ Receipt Number 85427 Permit Number _____
309553

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.

Jared Stalle Title ITS Inspector Date 7/11/05
 Signature _____

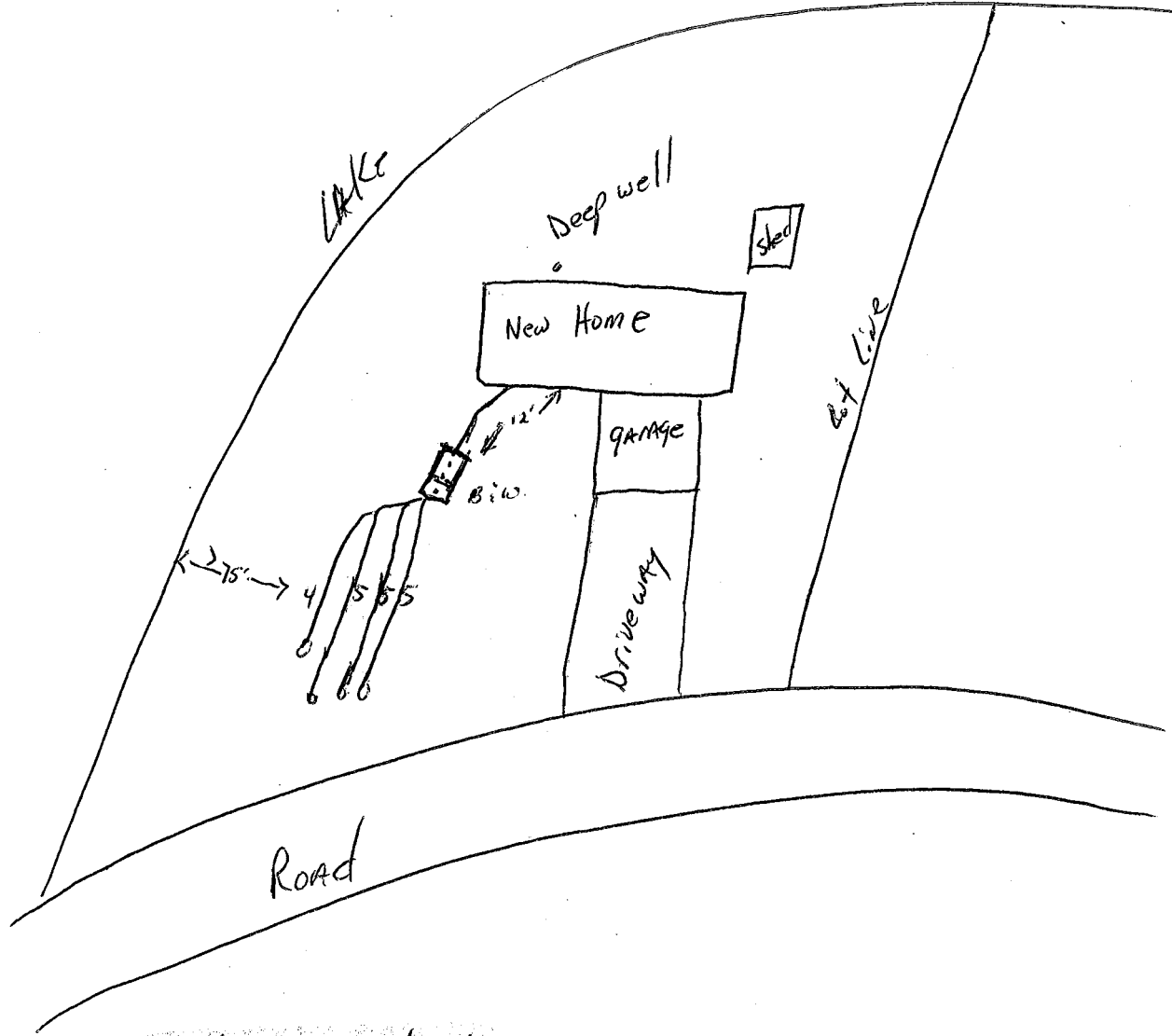
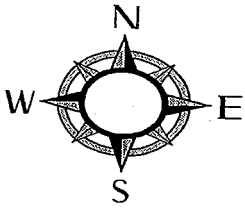
(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed 7/8/05 Inspected by Jared Stalle

SITE PLAN

I hereby agree to have flags, lathes, or ribbons in place for inspection by date: _____

I understand that Becker County will not issue the permit until staking has been approved.

Signature _____



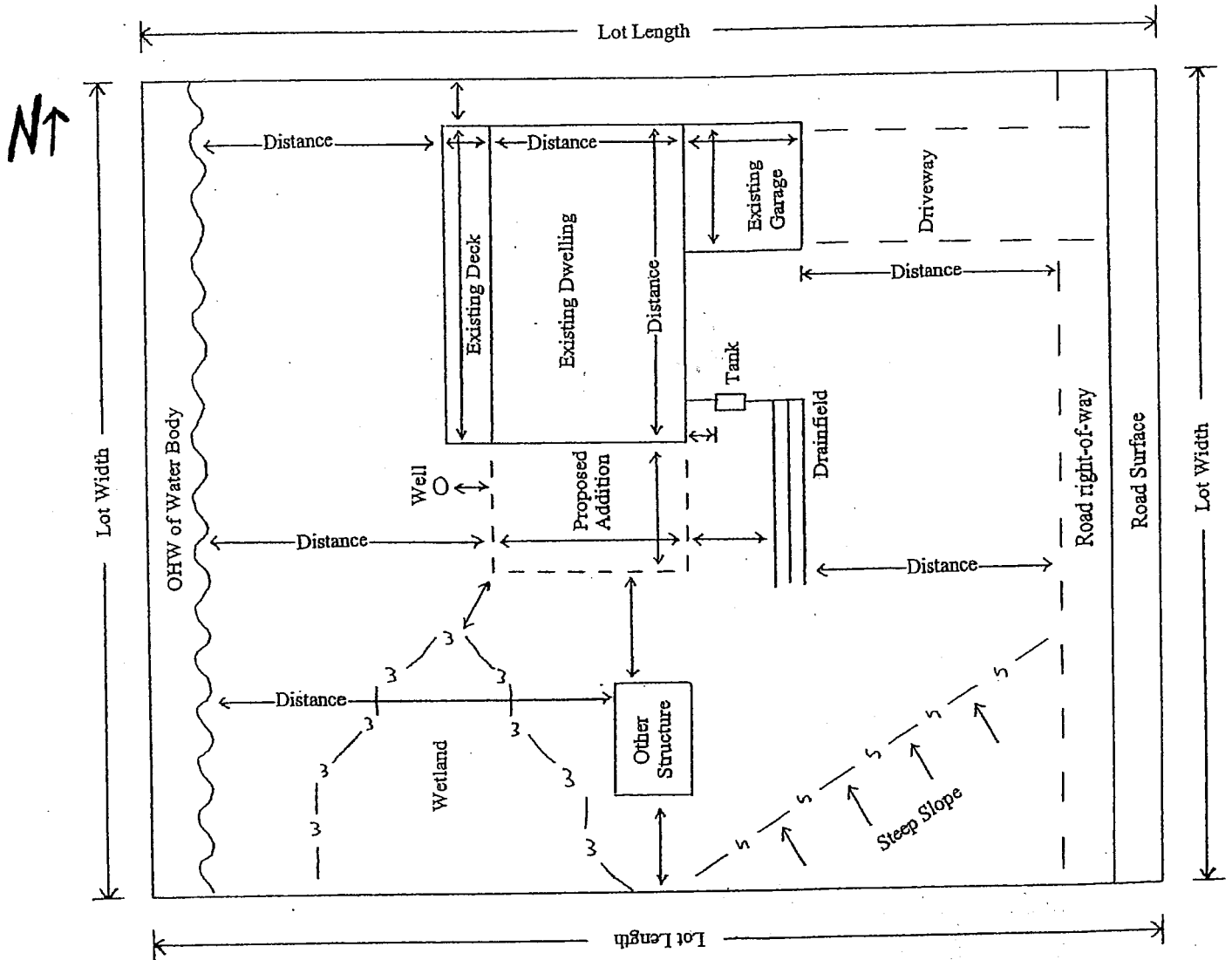
15.00 2/e Brown Will bent
593 sq ft drain field
All setbacks met
7/8/05

I hereby certify and agree that the above sketch accurately represents the work to be done in conjunction with this permit.

Applicant or Agent

Date 7-1-05

SITE PLAN EXAMPLE



PERCOLATION TEST DATA SHEET

Company Name Ohm Excavating License Number 932

Percolation Test Performed by David Ohm

Homeowner Name Dennis R. Johnson

Address 15480 Buckhorn Rd

Test Hole # _____ Diameter of hole _____ inches

Location _____

Method of scratching sidewall _____

Depth at bottom of hole _____ inches Depth of gravel at bottom _____ inches

Date presoak started _____ Starting at _____ AM / PM

Depth of initial water filling _____ above hole bottom

Method used to maintain 12" of water depth in hole for 4 hours _____

Date presoak ended _____ Ending at _____ AM / PM

Date perc readings conducted _____ Starting at _____ AM / PM

Maximum depth above hole bottom during test _____ inches

Surface elevation (in reference to benchmark): _____ feet

Directions: Enter elapsed time and drop in water level and the rest will be calculated

#	Elapsed Time		Drop in Water Level (Inches)	Percolation Rate		% Difference	10% Goal Reached*
	(min)	Time Interval (min)		(mpl)			
1	10	0	1	0.0	10	NA	NA
2	10	0	1 1/6	0.0	11	0.0	0
3	10	0	1 1/6	0.0	11	0.0	0
4	10	0	1 1/8	0.0	11	0.0	0
5	10	0	1 3/16	0.0	12	0.0	0
6	10	0	1 3/16	0.0	12	0.0	0
7		0		0.0		0.0	0
8		0		0.0		0.0	0

* 3 consecutive percolation rates must be within 10% or less of each other

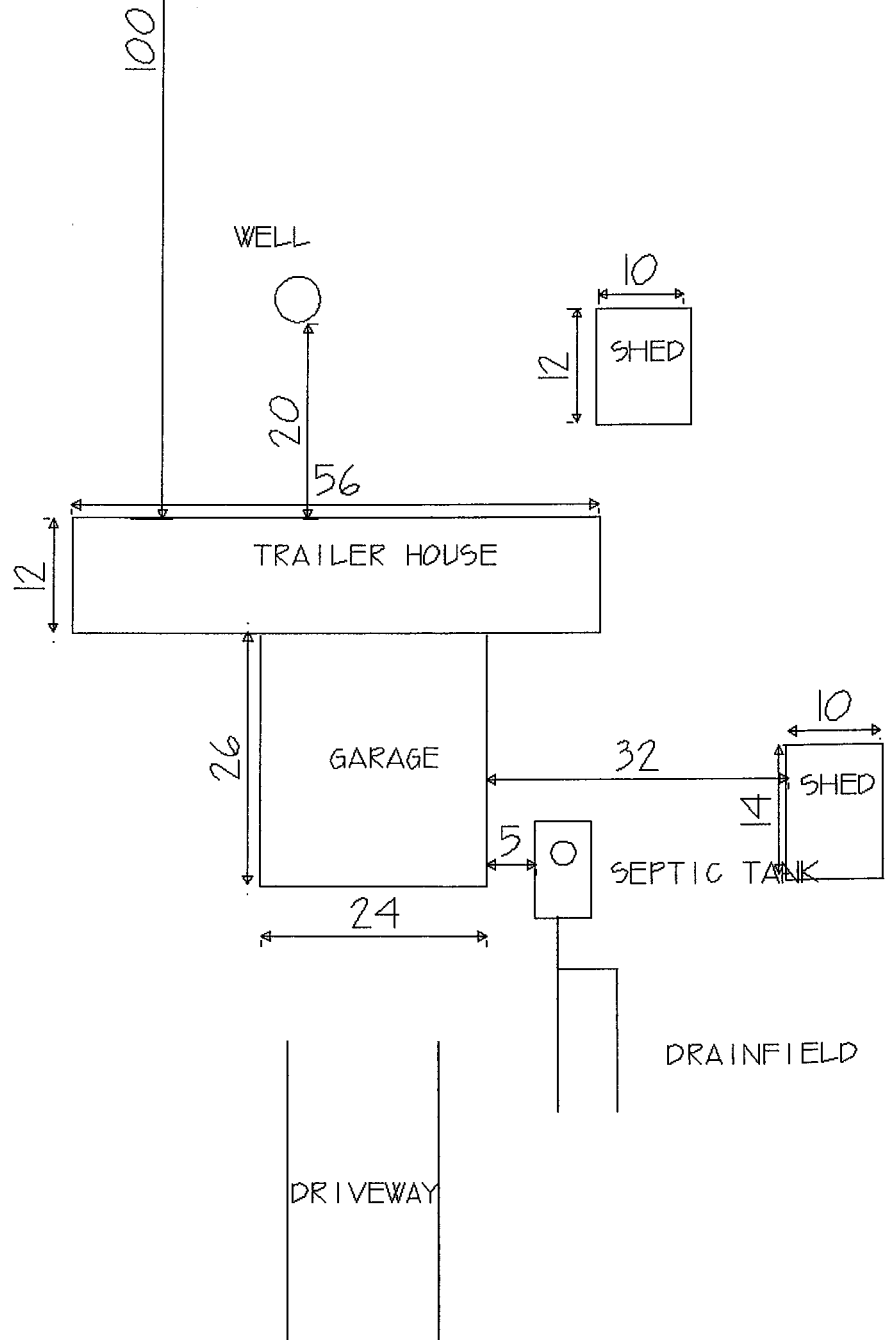
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws

[Signature] (signature) 932 (license #) 7-1-05 (date)

LEIF LAKE

17,0638.800
DENNIS JOHNSON
BUCHORN OF LEIF LAKE

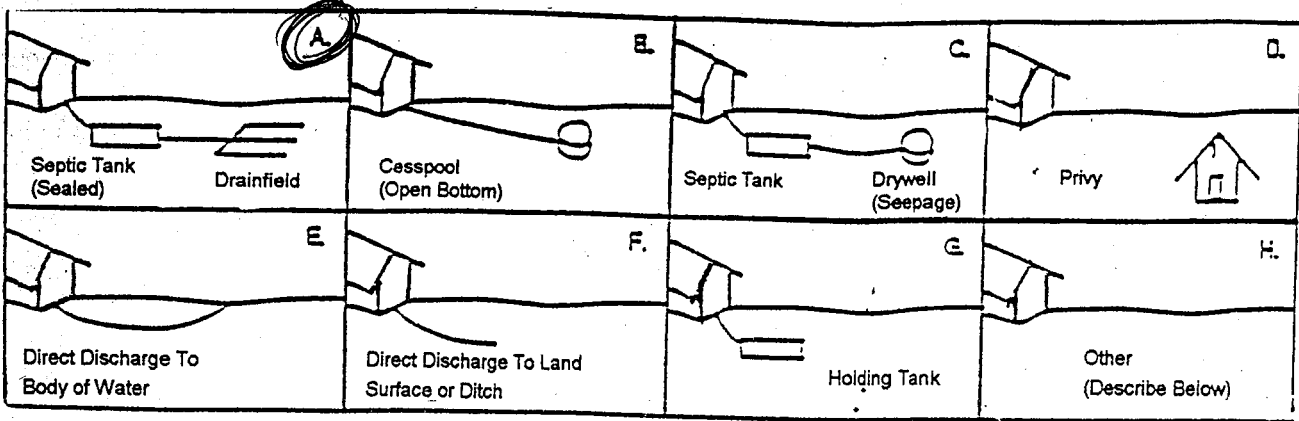
INSPECTED BY JASON FLATAU
BECKER COUNTY
5-21-96



SEWER SYSTEM STUDY

Please complete the Study, to the best of your knowledge, for review by the Zoning Office. If you have any questions, please contact the Zoning Office at (218) 846-7314.

Please circle the letter that best describes your system.



H. (other) Please describe _____

What is the capacity of the septic tank? 1000 Area of drainfield? 375

Does your system have a lift station? Yes No Date the system was installed 5-31-89

Total Square Footage of Home/Cabin MOBILE 14x70 = 980

Number of Bedrooms in home 3 Number of people occupying the home 2

Is your home/cabin year around or seasonal

Circle the following items that your home is equipped with:

- | | | | |
|-------------------|--------------|------------------------|-----------------------------|
| Garbage Disposal | Dishwasher | <u>Water Softener</u> | Hot Tub |
| Foundation Drains | Rain Gutters | <u>Washing Machine</u> | Spa |
| Low Flow Toilets | Suds Saver | Water Meter | <u>Low Flow Showerheads</u> |

List the above items that are connected to the sewer system _____
WASH - SOFTNER

How often do you have your system pumped? _____

Most recent date system was pumped _____

Most recent date of any repair to system NONE

Do you object if your system is inspected by one of our inspectors? NO

I hereby certify with my signature that all data is true and correct to the best of my knowledge.

[Signature] 5-10-96
Signature Date

Distance from Well
Distance from Property Line
Tank Capacity
Area of Drainfield
Distance from Ordinary High
Water Mark

to Tank
90'
25'
1000
30'

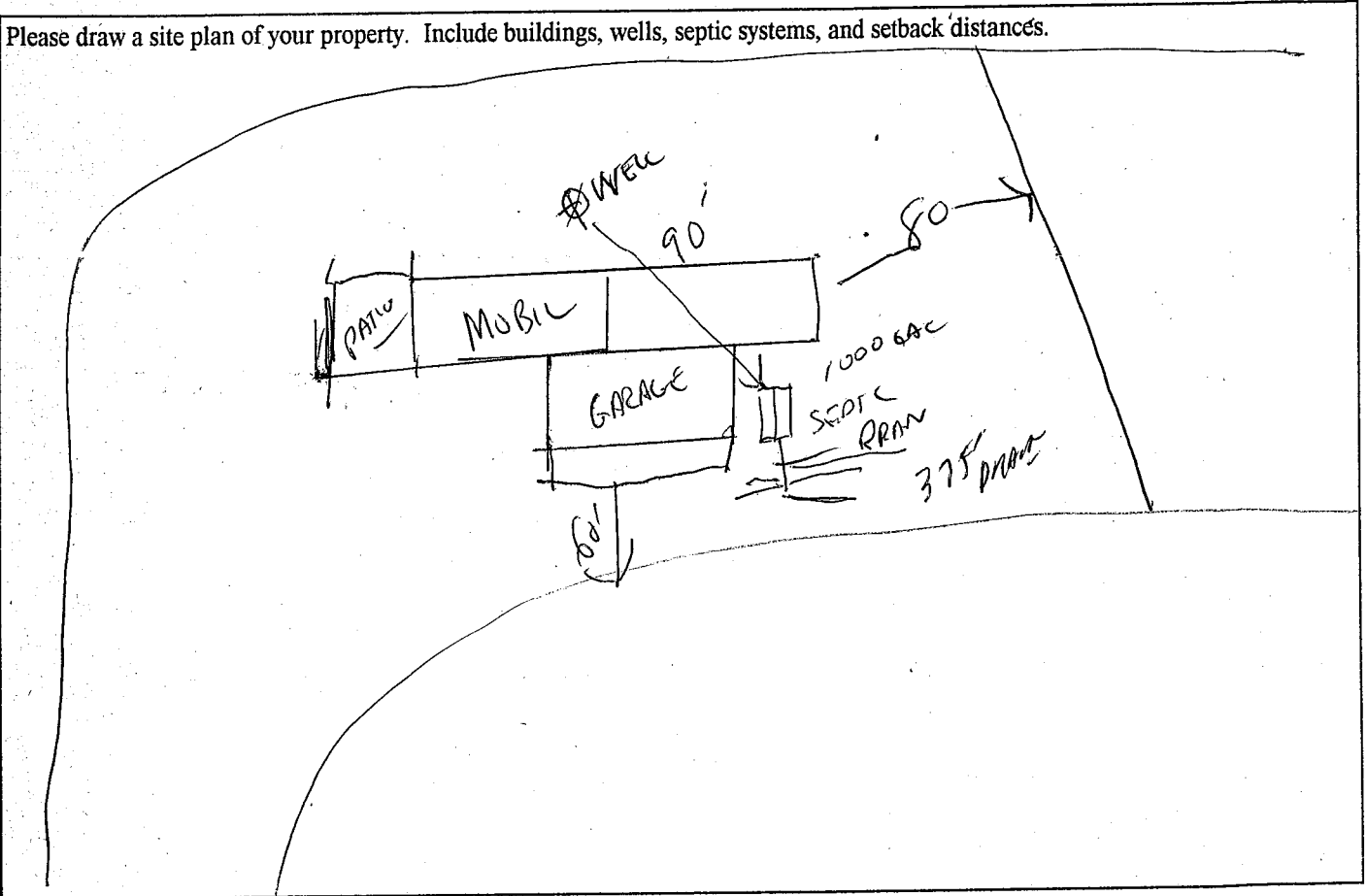
to Drainfield
110'
10'
375
25'

Well Data
Depth 110'
Diameter 4"
Depth of Casing
110

Drilled Well
 Sandpoint Well

40 PAID OCT 92

Please draw a site plan of your property. Include buildings, wells, septic systems, and setback distances.



R 17-0693-800

DENNIS & BARBARA A JOHNSON
BOX 453
WEST FARGO, ND 58078

PLACE
FIRST-CLASS
STAMP
HERE

BECKER COUNTY ZONING OFFICE
829 LAKE AVE
PO BOX 787
DETROIT LAKES, MN 56502-0787

MINNESOTA DEPARTMENT OF HEALTH / WELL MANAGEMENT UNIT

This is to verify that this office has received notification that a water well (Minnesota Unique Well Number 519411) is to be constructed by KRUEGER WELL DRILLING at:

County: BECKER Township Name: LAKE EUNICE Received: 10/09/92
Township No.: 138 Range: 42 Section: 06 1/4 1/4 1/4 SE1/4
Street Address: RURAL ROUTE 1

This well must be constructed in accordance with the Minnesota Water Well Construction Code. If withdrawing more than 10,000 gal/day or 1 million gal/year, a Water Appropriation Permit is required from the Dept. of Natural Resources at 612/296-4800.

DENNIS R. JOHNSON
BOX 453

WEST FARGO, ND 58078-0453

If well is for a public water supply, this should not be construed as approval of plans.

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 3rd day of July 1989.

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

The premises covered by this certificate are legally described as:

Government Lot 5, Buckhorn Plat
Lot 1

Lake No. _____ Sec. 6 Twp. 138 Range 42 Twp. Name Lake Eunice

Capacity _____
Distance from Nearest Well _____
Distance from Lake or Stream _____
Distance from Occupied Building _____
Distance from Property Line _____
Distance from Bottom to Water Table _____

~~No Well~~

141 ft

17 ft

+10 ft

4 ft

~~No Well~~

414 sf

160 ft

30 ft

+10 ft

4 ft

4/10/89
00792

Owner: Name Dennis R. Johnson

Address Box 9671 Fargo, ND

Zip No. 58109

Permit No. SP 1-17771-34
20 yrd rock, clay sub soil.

Signed by: [Signature]

Zoning Administrator
Becker County, Minnesota

LEGAL DESCRIPTION AND LOCATION: **Government Lots 5, Buckhorn Plat Lot 1**
 FIRE NUMBER _____
 Leaf RD 6 138 42 Lake Eunice

IDENTIFICATION: Please Print All Information

Last Name	First	Initial	Mailing Address - No. Street, City and State	Zip No.	Tel. No.
JOHNSON	DENNIS	R	BOX 9671 FARLO ND	58109	701-282-2416 WK 382-0708 HM
Contractor Name	RICHARD NESTLUND LAKE PARK MN			238-5540	

2416

TYPE OF IMPROVEMENT: New Building Alteration Other **H.M.W.**

RESIDENTIAL PROPOSED USE: One Family Dwelling Multiple Dwelling

NON-RESIDENTIAL PROPOSED USE: Specify: _____

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

PRINCIPAL TYPE OF FRAME & BUILDING: Masonry Wood Frame Structural Steel Other - Specify _____

TYPE OF SEWAGE DISPOSAL: Public Individual Septic Tank, etc. Individual Well

MECHANICAL EQUIPMENT: Elevator: Yes No
 Air Conditioning: Yes No
 Central: Unit

DIMENSIONS: Basement: Yes No
 Stories above basement: _____
 Sq. feet (outside dimension) **14 X 70**
 Bedrooms **3** Baths **1**

HEATING: Electric Gas Oil Coal None
 Other: **Red**

SEWAGE DISPOSAL SYSTEM DATA:		SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	12	1000 Gls.	375 Sq. Ft.	Sq. Ft.
Distance from nearest well	30	150' Ft.	160' Ft.	Ft.
Distance from lake or stream	30	150' Ft.	150' Ft.	Ft.
Distance from occupied building	10	10' Ft.	20' Ft.	Ft.
Distance from property line (WS)	10	10' Ft.	10' Ft.	Ft.
Distance from bottom to Water Table			+4' Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS: **73,641.60** square feet
 Lot Area is **15,342 X 480** square feet
 Water frontage is **480** feet
 Building set back from high water mark **110'** feet (Building Line)
 Land height above high water mark at building line is **+4'** feet
 Building setback from () State () County Township Highway **85'** feet from the () Center Line - () Right of Way
 Side yard is **W. 200'** and **E 74'** feet. Rear yard is **+40'** feet.
 Building will be located **10'** feet from septic tank (Sewage System Permit must be obtained before installation).
 Building will be located **20'** 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 **5-31-89**
 Signature of Owner: *Dennis R Johnson*

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.

Permit Fee \$ **47.50** State Surcharge \$ **20.50**
 Becker County Zoning Administrator: *Gloria Sorenson*
 Cormorant Surcharge \$ _____

Comments: **68.00**

BECKER COUNTY

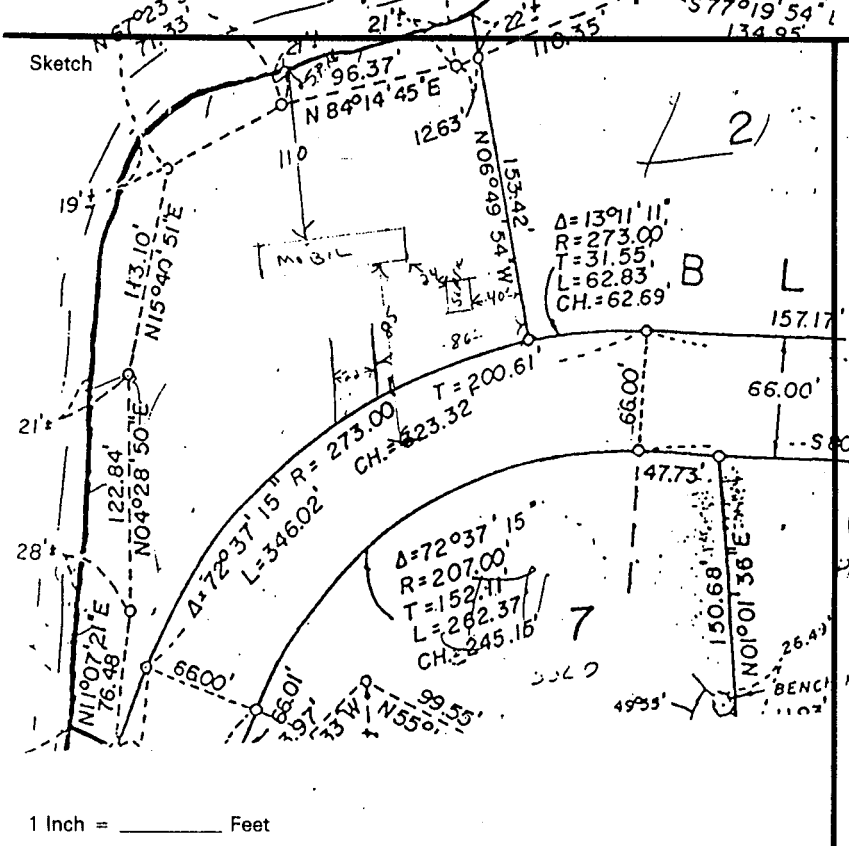
Building Permit No. 1-17771-34 Sewage System Permit No. 12-17771-34

Township LaKeEunice Sec. 6 Description T138N R42W.
Gov Lot 5, Buckhorn Plat Lot 1

Work Authorized Used Mobile Home 14x70
Sewer System Contractor Dick Westlund

TYPE OF IMPROVEMENT: () New Building () Alteration
 Other U.M.H.
 RESIDENTIAL PROPOSED USE: () One Family Dwelling () Multiple Dwelling Units
 NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____
 Stories _____ Basement () Yes () No Bedrooms 3 Bathrooms 1

Issued to: Name Dennis R. Johnson Ph. No. 282-0708
 Address: Box 9671 Town Fargo
 State ND Zip 58109 Fire Number _____



HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake	<u>110'</u>
Side Lot Lines	<u>W-200 E 74'</u>
Center Line of Public Road	<u>85'</u>
Well Depth	<u>20' SP</u> Other _____

APPROVED: Board of Adjustment _____ Date: _____
 Planning Commission _____ Date: _____
 County Commissioners _____ Date: _____

SEWAGE DISPOSAL SYSTEM DATA

Installed in 19 _____	Septic Tank	Drain Field
Capacity	<u>1000</u> Gls.	<u>375</u> Sq. Ft.
Distance from nearest well	<u>150'</u> Ft.	<u>160'</u> Ft.
Distance from lake or stream	<u>150'</u> Ft.	<u>150'</u> Ft.
Distance from occupied building	<u>10</u> Ft.	<u>20</u> Ft.
Distance from property line	<u>10</u> Ft.	<u>10</u> Ft.
Distance from botton to Water Table	Ft. <u>+ 4</u> Ft.	

Lift Pump () Yes () No

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE, AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED BY A FINE NOT TO EXCEED \$700.00 FOR EACH VIOLATION. NOTIFY THE BECKER COUNTY ZONING ADMINISTRATOR (847-4427) BEFORE BUILDING FOOTINGS HAVE BEEN COMPLETED. NO PART OF THE SEWAGE SYSTEM SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED AND APPROVED. NOTIFY THE ZONING ADMINISTRATOR 24 HOURS BEFORE THE JOB IS READY FOR INSPECTION.

Dennis R. Johnson
 SIGNATURE OF OWNER

Received By Margaret Foster

Date 5-31-89

Approved By Gloyd Sweeney
 Becker County Zoning Administrator

BECKER COUNTY
 DETROIT LAKES, MN 56501

DESIGN PAD

BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

Subject _____

Name _____

Address _____

Town _____ State _____ Zip _____ Date _____

Location or Legal Description _____

Remarks:

Signature _____

