



170973000



Becker County Planning & Zoning
915 Lake Ave
Detroit Lakes, MN 56501
(218) 846-7314
www.co.becker.mn.us

Certificate of Compliance Inspection Report - Permit #: SS2019-66

Owner & Property Information

Owner Name:	PATRICIA & VERNON J BARKER	Site Address:	15624 MAPLE RIDGE RD
Mailing Address:	PATRICIA & VERNON J BARKER 1515 5TH AVE S MOORHEAD MN 56560	Township - Sec/Twp/Rng:	LAKE EUNICE - 04/138/042
Parcel #:	170973000	Legal Description:	MAPLE RIDGE BCH 2ND LOT 15
Secondary Parcel #:		Designer:	OTHER - Not listed (please add in next field and we will add to our list)
		Installer:	Boit Excavating, L559 (Todd Boit)

Inspector Verified Specifications

Insp- Effluent Screen Installed:	No	Insp- Tank Nbr/Size:	1/1500/2
Insp- Alarm Required:	Yes	Insp- Drainfield Type:	No Drainfield
Insp- Lift Pump in System:	No	Insp- Drainfield Size:	
Insp- Number of Bedrooms:	2	Insp- Soil Verification:	#1:N/A #2:N/A #3:N/A

Inspector Verified Setbacks

Insp- Tank Dist to Road	50+	Insp- Drainfield Dist to Road	
Insp- Tank Dist to Nearest Prop Line	20+	Insp- Drainfield Dist to Nearest Prop Line	
Insp- Tank Dist to Nearest Structure	20	Insp- Drainfield Dist to Nearest Structure	
Insp- Tank Dist to Well	75+	Insp- Drainfield Dist to Well	
Insp- Tank Dist to OHW	150+	Insp- Drainfield Dist to OHW	
Insp- Tank Dist to Pond/Wetland		Insp- Drainfield Dist to Pond/Wetland	
Insp- Tank Dist to Pressure Line	20+	Insp- Drainfield Dist to Pressure Line	

Certificate of Compliance

(Yes) Certificate is hereby granted based upon the application, addendum from, plans, specifications and all other supporting data. With proper maintenance, this system can be expected to function satisfactory, however this is not a guarantee.

Certification Date: 6/24/2019

Zoning Office Signature:

Kyle Vareberg
Delise Gubrow C8952
 Kyle Vareberg - ISTS Inspector

* Certificate of Compliance is not valid unless signed by a Registered Qualified Employee *

Field Review Form

Permit # SS2019-66

Property and Owner

Boat

Owner: PATRICIA & VERNON J BARKER

Parcel Number: 170973000

Site Address: 15624 MAPLE RIDGE RD

Secondary Parcel: *Lake Eunice*

Home Information

Does the structure contain any of the following elements?

Designer submitted

Inspector verified

Garbage disposal: No
Dishwasher: No
Grinder pump: No
Lift pump in bsmt: No

Garbage disposal? Y N
Dishwasher? Y N
Grinder pump? Y N
Lift pump in basement? Y N

SBI 1500

Number of bedrooms: 2

Review - Number of bedrooms: *2*

Effluent screen

Effluent screen installed? Y N Mfr:

Alarm: Yes Type: Manual

Review - Alarm? Y N Type & Mfr: *Manual Float*

Lift pump in system: No

Review - Lift pump in system? Y N Mfr:

Component Information

Tank size: 1500/2

Review - Tank nbr: 1 size: *1500* Mfr: *SBI*

Drainfield type:

Review - Drainfield type:

Drainfield size: Full size -
Reduced/warr. size -

Review - Drainfield status: none / installed / next spring
Review - Drainfield size:

Absorption area size:

Review - Absorption area size:

Chamber type/num:
Trench sqft/chamber -

Review - Chamber type: Num:
Review - Trench sqft/chamber:

Drainfield rock depth:

Review - Rock depth:

Soil Verification

Vertical separation verified

[Signature]
Per Inspector

Boring #1:
Boring #2: *N/A*
Boring #3:

Setback Verification

Distance to...	Designer submitted		Inspector verified	
	Tank	Drainfield	Tank	Drainfield
Road	40		<i>50+</i>	
Nearest prop line	10'		<i>20+</i>	
Nearest structure	10'		<i>10' dwelling</i>	
Well	>50'		<i>75'</i>	
OHW	>150'		<i>150+</i>	
Pond/Wetland				
Pressure line				

Date System Installed:

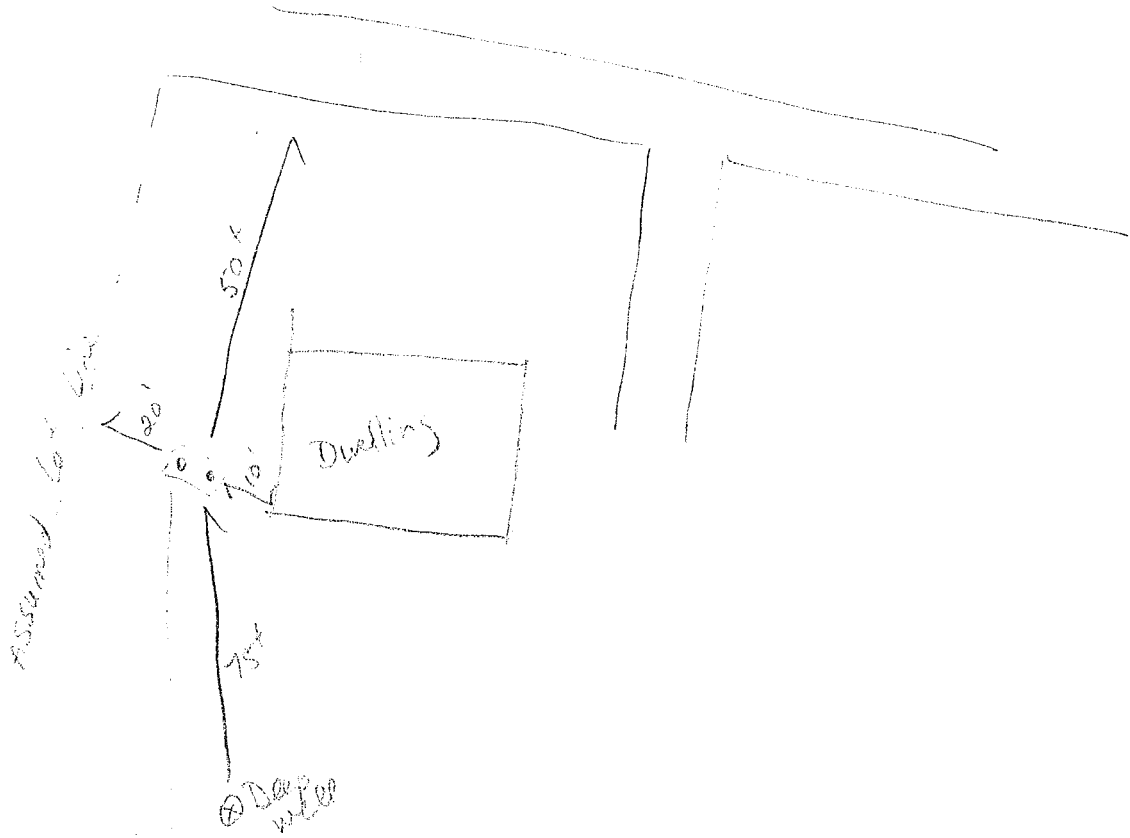
Installer:

Inspector: *Denise Gubrud*

C8952

6-24-19

dk Denise Gubru



150'

Bathhouse

Lake



Becker County Planning & Zoning
 915 Lake Ave
 Detroit Lakes, MN 56501
 (218) 846-7314
 www.co.becker.mn.us


Septic Permit

Permit #: SS2019-66

Owner & Property Information			
Owner Name:	PATRICIA & VERNON J BARKER	Parcel #:	170973000
Mailing Address:	PATRICIA & VERNON J BARKER 1515 5TH AVE S MOORHEAD MN 56560	Secondary Parcel #:	
Phone #:		Site Address:	15624 MAPLE RIDGE RD
Lake/River(1000 /300):	Yes	Township - Sec/Twp/Rng:	LAKE EUNICE - 04/138/042
Lake/River Name:	Little Cormorant (Lake Eunice & Audubon) [RD]	Designer:	OTHER – Not listed (please add in next field and we will add to our list)
Pond/Wetland(50):	No	Installer:	Boit Excavating, L559 (Todd Boit)

Specifications			
Tank to be Installed:	Holding Tank	Type of Drainfield:	
Total # Tanks Installed:	1	Full Size of Drainfield:	
System Status:	Failing System (Cesspool, Seepage Pit, other)	Reduced/Warrantied Size:	
System Serves:	Dwelling	Absorbtion Area Size:	
Number of Bedrooms:	2	Rock Depth:	
Design Flow/GPD:	300	Chamber Type and Number:	
Garbage Disposal?	No	Chamber Trench SqFt/Chamber:	
Size of Lift Pump:		Is System Pressurized?	
Size of Lift Line:		Alarm?	Yes
Soil Sizing Factor:		Type of Alarm:	Manual

Setbacks			
Road Type:	Public / Township	Right of Way Marked:	No
Tank Dist to Road:	40'	Drainfield Dist to Road:	
Tank Dist to Closest Prop Line:	10'	Drainfield Dist to Closest Prop Line:	10'
Tank Dist to Nearest Structure:	10'	Drainfield Dist to Nearest Structure:	
Tank Dist to Well:	>50'	Drainfield Dist to Well:	
Tank Dist to OHW:	>150'	Drainfield Dist to OHW:	
Tank Dist to Pond/Wetland:		Drainfield Dist to Pond/Wetland:	
Tank Dist to Pressure Line:		Drainfield Dist to Pressure Line:	

Other Information		Zoning Office Signature:
Date Approved:	5/28/2019	
Permit Fee:	150.00	
Receipt Number:	158445-713447	
Date Paid:	5/29/2019	
Notes:		

PERMIT MUST BE POSTED AT JOB SITE. PERMIT EXPIRES ONE YEAR FROM DATE PAID.

**** Please schedule for inspection prior to installation! ****



Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTs)

Doc Type: Compliance and Enforcement



For local tracking purposes

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

System Status

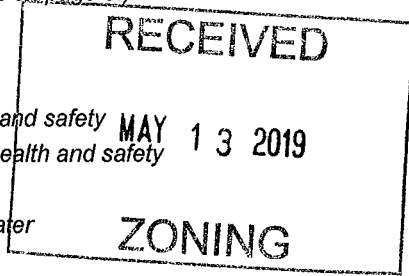
System status on date (mm/dd/yyyy): 5/10/2019

[] Compliant - Certificate of Compliance
(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)

[x] 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
[x] 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: 170973000

Property address: 15624 MAPLE RIDGE RD Reason for inspection: COUNTY REQUEST

Property owner: VERN BARKER Owner's phone:

Owner's representative: Representative phone:

Local regulatory authority: BECKER CO ZONING Regulatory authority phone: 846-7314

Brief system description: 1000 GAL TANK WITH 300 SQ FT SEEPAGE BED

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: RICK RENNER Certification number: 7202

Business name: RENNER EXC LLC License number: 2567

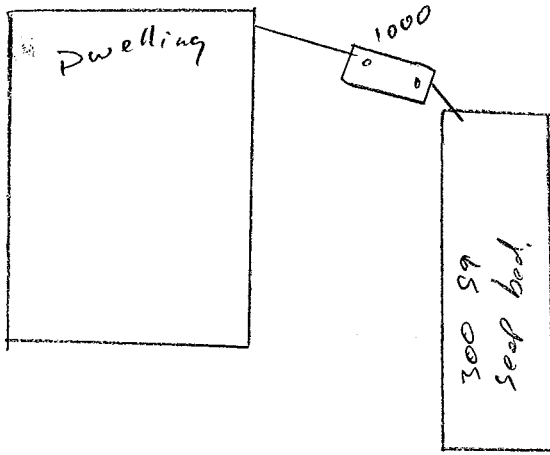
Inspector signature: [Signature] Phone number: 439-3514

Necessary or Locally Required Attachments

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

10/11/12

Deep well



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:

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____ 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: Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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: Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
"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) Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:

46" gray white clay

Indicate depths or elevations

A. Bottom of distribution media	30"
B. Periodically saturated soil/bedrock	46"
C. System separation	16"
D. Required compliance separation*	36"

*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: _____ Have the Operating Permit requirements been met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the required nitrogen BMP in place and properly functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.



Minnesota Pollution Control Agency

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

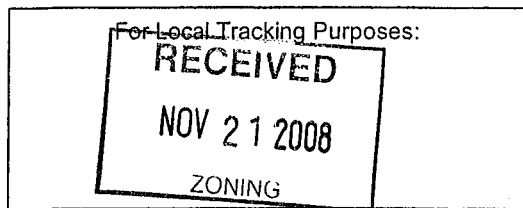
Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Instructions on page 7

Parcel number: 17.0973.000

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



Summary Form

Property Information

Property owner name(s): UPRNON BARKER
 Property address: 15624 MAPLE RIDGE RD, AUDUBON, MN, 56511
 Property owner's address (if different): _____
 County: BECKER Property owner phone: _____ Permitting authority: BECKER CO.
 Date system constructed: 1986 Reason for inspection: OWNER REQUEST

System Description

Brief system description: SEPTIC TANK & DRAINFIELD
 Local permit number: _____ Number of bedrooms: _____ Design flow rate: _____

Is the system:

In Shoreland area? Yes No In Wellhead Protection Area? Yes No
 An U.S. Environmental Protection Agency (EPA) Class V Injection Well? Yes No System serving a Minnesota Department of Health (MDH) licensed facility? Yes No

Compliance Status (Based on state requirements – additional local requirements may also apply.)

Based on the information gathered and reported on attached forms, the compliance status of this system is (check one):

Certificate of Compliance – valid until (3 years from date of report): _____
 Notice of Noncompliance - For Noncompliant systems:
 The reason for noncompliance is: _____
 This noncompliant system is classified as (check one below):
 Imminent threat to public health & safety Failing to protect ground water Not in compliance with operating permit

Certification (Completed form must be submitted to the local unit of government within 15 days.)

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

Name: GRANT OHM Certification number: 742
 Business license name and number: OHM-EXC1 or _____
 Name of local unit of government: BECKER CO. ZONING
 Signature: [Signature] Date: 11-1-08

Required Attachments

Inspector Complete: This Inspection Report is 5 pages long.

Check compliance forms attached: Hydraulic Performance Tank Integrity Soil Separation Operating Permit Form (if applicable) System drawing/As-built drawing An assessment of any local requirements that are different from what is required on this form Soil Boring Logs Abandonment form (if appropriate) Other information (list): _____

Upgrade Requirements (derived from Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.

Parcel number: _____

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

Hydraulic Performance and Other Compliance

Compliance Issue #1 of 4

Date of observation: 11-1-08 Reason for observation: _____

This form expires upon next inspection or in three years, whichever occurs first: _____

Compliance questions/criteria: (Required)
(Check the appropriate box)

Does the system discharge sewage to the ground surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system discharge sewage to drain tile or surface waters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system cause sewage backup into dwelling or establishment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Any "yes" answer indicates that the system is an imminent threat to public health and safety.</i>	
Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

"Yes" indicates that the system is failing to protect ground water. If "yes", describe the condition noted:

Verification Method*: (Optional)
(Check the appropriate box)

- Searched for surface outlet
- Performed hydraulic test
- Searched for seeping in yard
- Checked for backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony
- Examined for surging in tank
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Other: _____

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.*

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): _____

Property address: _____

Property owner's address (if different): _____

County: _____ Phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: _____ Certification number: _____

Business license name and number: _____ or

Name of local unit of government: _____

Signature:  _____ Date: _____

Parcel number: _____

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

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: 11-1-08 Reason for observation: _____

This form expires on (three years): _____

Compliance questions/criteria: (Required) (Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do any sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If yes, identify which sewage tank leaks. _____

Any "yes" answer indicates that the system is failing to protect ground water.

* Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.

Verification Method** (Optional) (Check the appropriate box)

- Probed tank bottom
- Observed low liquid level
- Examined construction records
- Examined empty (pumped) tank
- Probed outside tank for "black soil"
- Pressure/vacuum check
- Other: _____

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Safety Check

- Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound? Yes* No
- Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)? Yes No*
- Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended. Yes No
- Was any other safety/health issue present? Yes* No

Explain: _____

*System is an imminent threat to public health and safety.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): _____

Property address: _____

Property owner's address (if different): _____

County: _____ Phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: _____ Certification number: _____

Business license name and number: _____ or

Name of local unit of government: _____

Signature:  Date: _____

Parcel number: _____

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

Soil Separation Compliance and Other Compliance

Compliance Issue #3 of 4

Date of observation: 11-1-08 Reason for observation: _____
This information on this form does not expire.

Compliance questions/criteria: (Required) (Check the appropriate box)

For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:
Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?
 Yes No

For non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage or lodging establishment:
Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*

Yes No

For reduced separation distance systems (i.e., "performance" systems under old 7080.0179 or Type IV or V system under new 7080.2350 or 7080.2400):
Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*

Yes No

Any "no" answer indicates that the system is failing to protect ground water.

Verification Method** (Optional) (Check the appropriate box)

- Conducted soil observation(s) (attach boring logs)
- Two previous verifications (attach boring logs)
- Other: _____

Soil observation does not expire. Previous observations by two independent parties are sufficient, unless site conditions have been altered.

* May be reduced by up to 15 percent if allowed in local ordinance.

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector or designer. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): _____

Property address: _____

Property owner's address (if different): _____

County: _____ Phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: _____ Certification number: _____

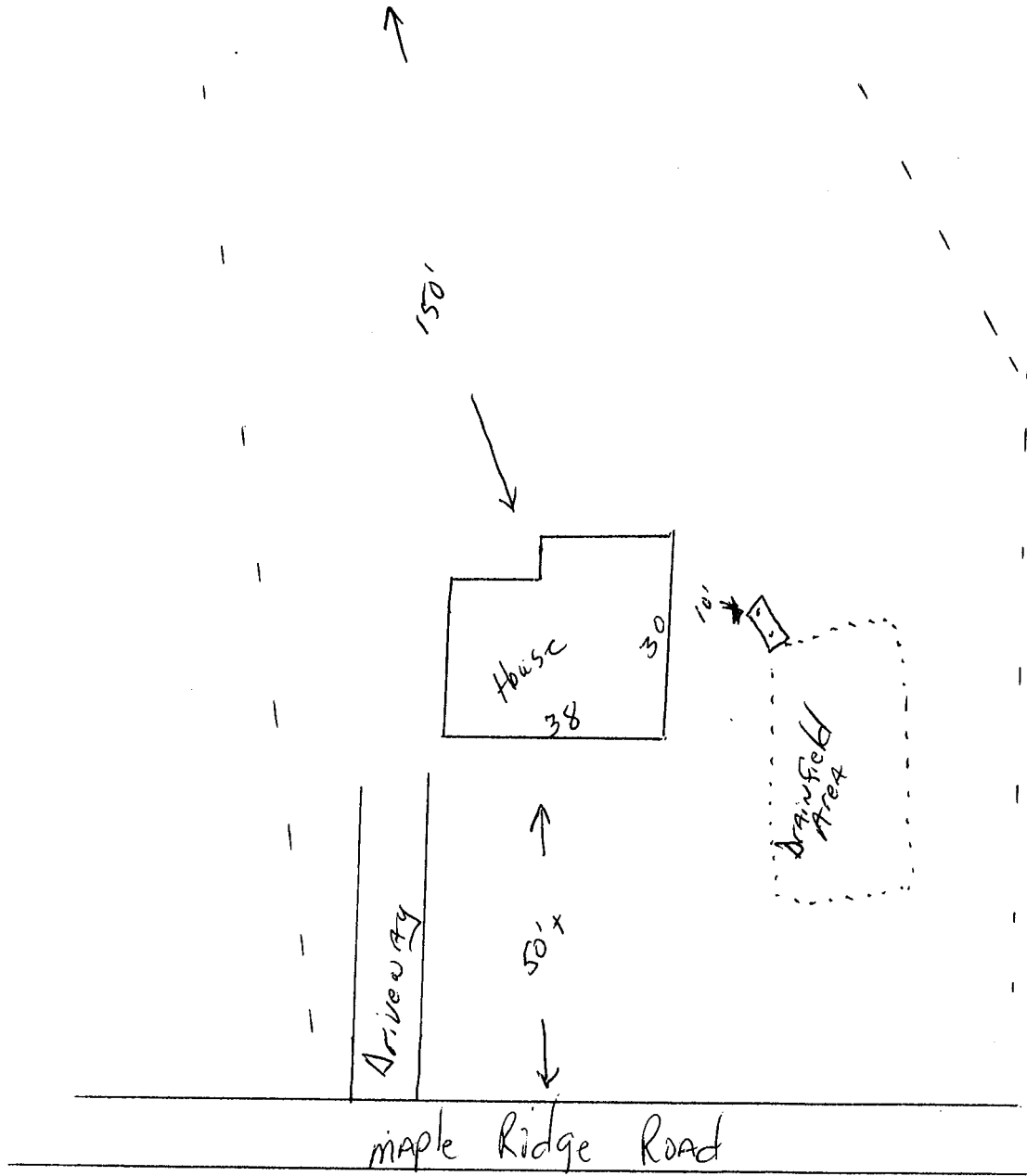
Business license name and number: _____ or

Name of local unit of government: _____

Signature:  _____ Date: _____

Vernon Barker
15624 Maple Ridge Rd
By David Ohm 2228
11-1-08

Lake



BECKER COUNTY

Permit Number 9-16790-34 Date 5-25-88
12-16790-34

Building Addition Sewage System 1000g's
300SF

Township Lake Eunice Sec. 4 Description T138N R42W
Maple Ridge Beach 2nd Addition Lot 15

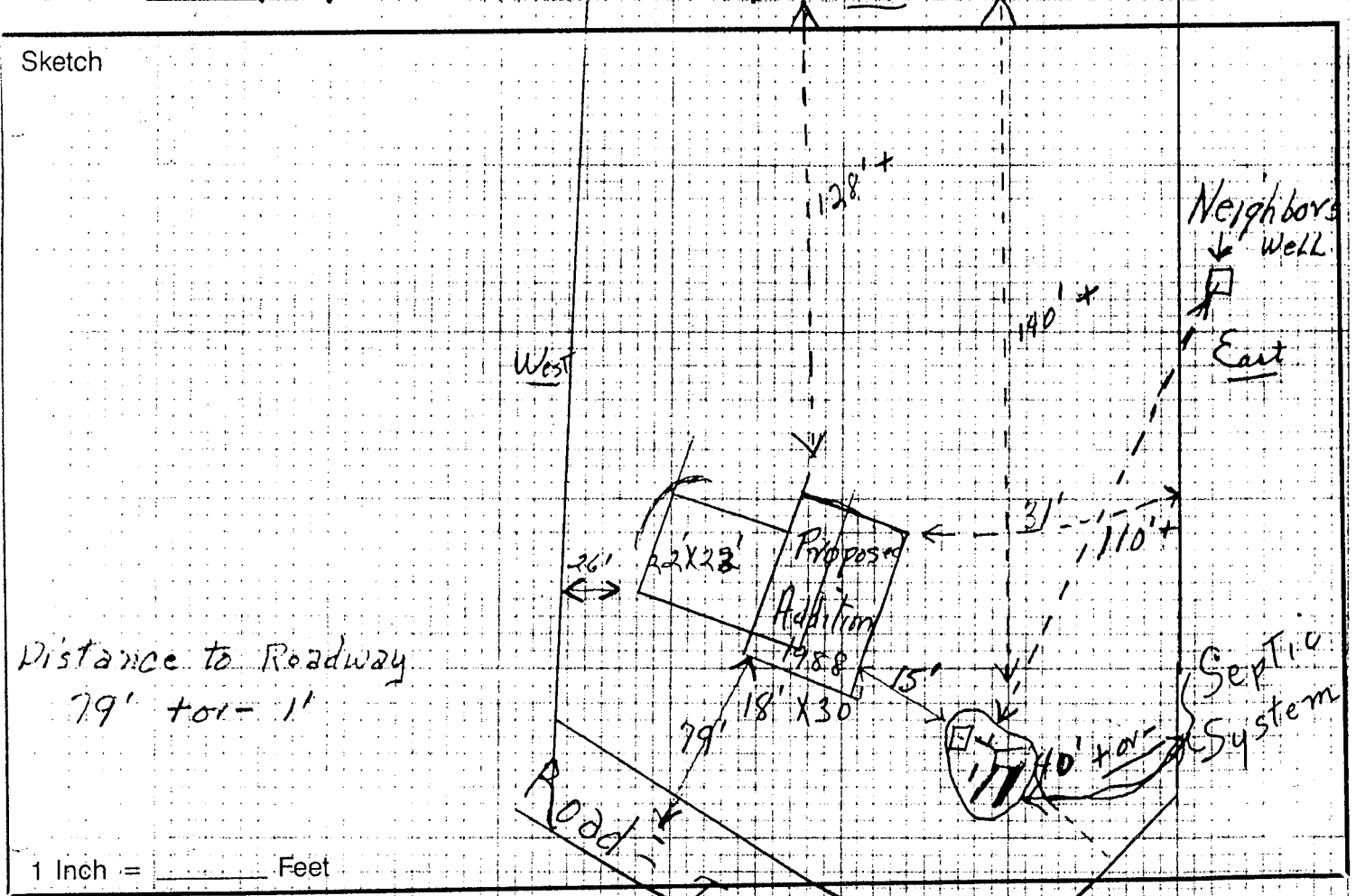
Work Authorized
Addition to House 540 SF.

Septic Tank 1000g's 300SF.

Issued to: Name Vernon J. Barker

Address: 1515 5th Ave So Town Moorhead

State MN ZIP 56560



NOTE: This card must be placed in a conspicuous place not more than 13 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. Notify Becker County Zoning Administrator (847-4427) 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.

[Signature]
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 20 day of December 19 88

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

The premises covered by this certificate are legally described as: Maple Ridge Beach 2nd Addition
Lot 15

Lake No. _____ Sec. 4 Twp. 138 Range 42 Twp. Name Lake Eunice

CAPACITY	SEPTIC TANK	SEEPAGE BED
DISTANCE FROM NEAREST WELL	1000 gls	300 SF
DISTANCE FROM LAKE OR STREAM	75 F	85 F
DISTANCE FROM OCCUPIED BUILDING	150 F	160 F
DISTANCE FROM PROPERTY LINE	10 F	20 F
DISTANCE FROM BOTTOM TO WATER TABLE	+ 10 F	+10 F
		+ 4 F

Owner: Name VERNON J. BARKER

Address 1515 5th Ave So

Moorhead MN Zip No. 56560

Permit No. SP 12-16,790-34
12 yds rock Clay sub soil

13,515-34

Signed by: _____

Zoning Administrator
Becker County, Minnesota

Vertical text on the left side of the page, possibly a list or index.

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

tranches - 2

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD	
	Actual		Should be		Actual		Should be		Actual	Should be
Capacity	1000	Gls.		Gls.	300	SF		SF		SF
Distance from Nearest Well	75	F		F	85	F	75	F		50 F
Distance from Lake or Stream	150	F		F	160	F		F		F
Distance from Occupied Building	10	F	10	F	20	F	20	F		20 F
Distance from Property Line	40	F	10	F	10	F	10	F		10 F
Distance from Bottom to Water Table	--	F	--	F	4	F	4	F		4 F

Inspector's Comments: 12 yds Rock (2-Bedroom) Summer only
Clay soil soil Ohm install

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

Mark Kuehn
 Inspector's Signature

Inspection Dated 6-29 19 88

 Title

 Agency

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

BECKER COUNTY ZONING ADMINISTRATION

829 LAKE AVE., BOX 787 - Phone 218-847-4427 - Detroit Lakes, Minn. 56501

Date: 5/23/88

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

12-16-190-4

LEGAL DESCRIPTION AND LOCATION

Map No. 138 72 lot 15

Lake Name: Lake Superior

IDENTIFICATION: Please Print All Information

Owner: BARKER, JARVON J. 1515 5th AVE. S.W. DETROIT LAKES, MN 56501

Contractor: SCHUBERT, J. A.

TYPE OF IMPROVEMENT: Alteration

RESIDENTIAL PROPOSED USE: One Family Dwelling

NON-RESIDENTIAL PROPOSED USE: Specify

ESTIMATED COST OF IMPROVEMENTS

PRINCIPAL TYPE OF FRAME: Wood Frame

TYPE OF SEWAGE DISPOSAL: Individual Septic Tank, etc.

DIMENSIONS: Basement: No, Stories above basement: 1, Bedrooms: 3, Baths: 1

MECHANICAL EQUIPMENT: Air Conditioning: No

HEATING: Electric

SEWAGE DISPOSAL SYSTEM DATA	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity: 300	Gls: 300	Sq. Ft.:	Sq. Ft.:
Distance from nearest well: 25	FL: 11.5	FL: 11.5	FL: 11.5
Distance from lake or stream: 3	FL: 14.5	FL: 14.5	FL: 14.5
Distance from occupied building: 25	FL: 20	FL: 20	FL: 20
Distance from property line: 25	FL: 27	FL: 27	FL: 27
Distance from bottom to water table: 25	FL: 27	FL: 27	FL: 27

CHARACTERISTICS:

Lot Area: 16085 (App.) square feet

Building set back from high water mark: 131' Min. feet

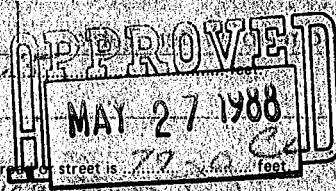
Land height above high water mark at building line is 21 feet

Building set back from State highway is 79 feet

Side yard is 30 feet and Rear yard is 30 feet

Building will be located 15 feet from septic tank

Building will be located 30 feet from soil absorption system



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: May 23, 1988

Signature of Owner: Jarvon J. Barker

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: 5/23/88

Becker County Zoning Administrator: [Signature]

Permit Fee \$ 10.00 State Surcharge \$ 50.00 Cormorant Surcharge \$

Comments:

BECKER COUNTY

Subject _____

Department _____

Name _____

Becker County Courthouse

Address _____

Detroit Lakes, MN 56501

Town _____ State _____ Zip _____ Date _____

Location or Legal Description _____

Remarks:

