171061505

er County Planning & Zoning
ake Ave, P O Box 787
it Lakes, MN 56502-0787
Phone (218)-846-7314; Fax (218)-846-7266

Onsite Septic System Site Evaluation/Design Tax Parcel Number 17106150505 911 Address 13027 Red Elm Ridge

Legal Description: Lot 445 Red Elm Ridge Section 18 TWP 138 Range 42

Lake Name CORMORANT Lake Classification RD Township Name LAKE EUNICE

Owner's Name GERALD BEYERS Address 13027 Red Elm Ridge

City Audubon MN State/Zip 56511 Phone Number 439-3708

Number of Bedrooms 3
Design Flow 450 GPD

Well Casing Depth _____
Depth of other Wells within 100 ft of system _____

Garbage Disposal (Yes) (No)
Grinder Pump/Lift Station In House (Yes) (No)

Type of Observation: Probe Pit Boring
Original Soil (Yes) (No) Compacted Soil (Yes) (No)
Depth to Restricting Layer +72"
Maximum of Depth of System 84"
Perc Rate 19-20 Soil Sizing Factor .167

Proposed Design
( ) Replace Septic Tank
(X) Septic Tank/Drainfield
( ) Drainfield Only
( ) Holding Tank
( ) Lift Station

Type of Drainfield
(X) Standard (gravelless/chamber)
( ) Standard (rock depth _____)
( ) Standard Bed
( ) Mound ( ) At Grade
( ) Pressurized Bed

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-24	BLACK DIRT	MIXED	BLOCKY PLATY PRISMATIC NONE
24-36	CLAY LOAM	10YR4/3 BROWN	BLOCKY PLATY PRISMATIC NONE
36-60	LOAM	10YR5/3 BROWN	BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
			BLOCKY PLATY PRISMATIC NONE
	MIXED		BLOCKY PLATY PRISMATIC NONE
OLD	DRAINFIELD AREA		BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE

Attach Perc Test Information If Required

Name and Address of Designer GRANT OLM AUDUBON MN Phone 439-6428

MPCA Number 932 Date of Site Evaluation 9-6-00 Signature of Designer _____

Name of Installer (if different from Designer) _____ MPCA Number _____

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

*** Any changes to the permit must first be approved by Becker County Planning & Zoning. No system shall be covered up without inspection by Becker County Planning & Zoning.

*** Inspections must be scheduled at least 24 hours prior to time requested.

Date Received 9/26/00 Application Fee 75.00 State Surcharge .50 Total 75.50

[ ] Application is hereby denied
[X] Application is hereby granted to Gerald Beyers to install an individual septic system according to the specifications of the site evaluation and design submitted to the Becker County Environmental Services Office. By Order of: _____

Signature of Becker County Qualified Employee

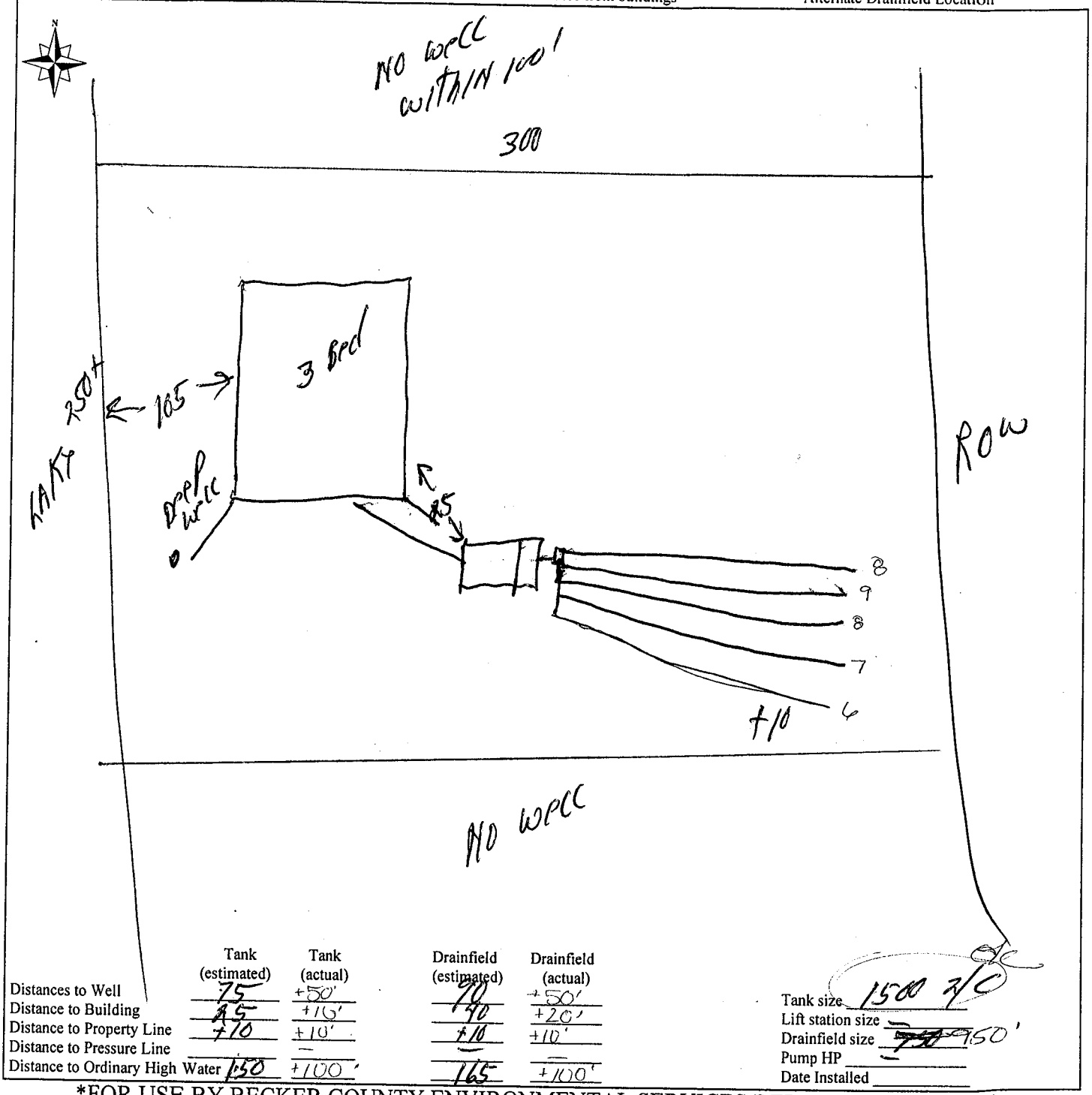
9/26/00 Date Permit Issued

15388 Permit Number

This permit expires on 9/26/01

The site plan must be drawn to dimension or to scale:

*Dimensions of Lot
*Well & Water Line Locations within 100 ft of System
*Existing & Proposed Buildings
*Distance from Property Lines
*Distance from OHWM
*Easements & setbacks
*Tank Access Route
*Distance from buildings
*Scale - One inch = _____ ft
*Location of any Unsuitable Soil
*Soil Borings & Per Test Locations
*Alternate Drainfield Location



	Tank (estimated)	Tank (actual)	Drainfield (estimated)	Drainfield (actual)
Distances to Well	75	+50'	70	+50'
Distance to Building	45	+15'	40	+20'
Distance to Property Line	+10	+10'	+10	+10'
Distance to Pressure Line				
Distance to Ordinary High Water	150	+100'	165	+100'

Tank size 1500 3/C
Lift station size
Drainfield size ~~700~~ 150'
Pump HP
Date Installed

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

CERTIFICATE OF COMPLIANCE

( ) Certificate Is Hereby Denied

(✓) 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.

Nancy Young — Signature
Zoning Inspector — Title
10/02/00 — Date

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

Mailed OK 1-17-14

APP YEAR	SEPTIC

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

Application Approved by: Kleba Molt Date: 7-5-13

Amount Paid 150 - (7-3-13) Receipt Number 125974-5384606 Permit Number _____

NOTES: _____

****

INSPECTION REPORT

Home Information

Does the structure contain any of the following elements?

Garbage disposer _____ Yes _____ No Dishwasher _____ Yes ✓ No

Grinder pump _____ Yes _____ No Lift pump in basement _____ Yes _____ No

Effluent screen installed? _____ Yes _____ No Effluent screen manufacturer _____

Alarm required? ✓ Yes _____ No Alarm Type mech. Alarm manufacturer _____

Lift pump in system? _____ Yes _____ No Pump manufacturer _____

Number of bedrooms 300 gpd

Component Information

Tank size 1500 Tank manufacturer Brown

Drainfield size _____

Drainfield medium _____ Medium manufacturer _____

Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth _____

Vertical separation verified for Boring #2 on _____ Depth _____

Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

	TANK	DRAINFIELD
Distance to Well	+100	
Distance to Building	10	
Distance to Property Line	+10	
Distance to OHW of Lake	+75	
Distance to Pressure Line	+50	
Distance to Wetland/Protected Water	+50	

Date System Installed 8/23/13 **Installer** Oth Exc **Inspector** Land Stott

****

****

CERTIFICATE OF COMPLIANCE

( ) Certificate Is Hereby Denied

(✓) 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.

Land Stott — Signature

TSTS Inspector — Title

8/23/13 — Date

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

PARCEL	
APP	SEPTIC
YEAR	
SCANNED	
LAKE	

Onsite Septic System Application

Becker County Planning & Zoning
915 Lake Ave, Detroit Lakes, MN 56501
Phone (218)-846-7314; Fax (218)-846-7266

1. PROPERTY DATA (as it appears on the tax statement, purchase agreement or deed)
Parcel Number(s) of property where the system will be installed: 17.1061.505

Is this a split of an existing property? Yes No
(If yes and a parcel number has not yet been assigned, indicate the main parcel number from which the new parcel was split.)

Section 18 Township 138 Range 42 Township Name Lake Eunice

Lake Name Cormorant Lake Lake Classification

RECEIVED
JUL 03 2013
ZONING

Legal Description:

Project Address: Next to 13027 Red Elm Ridge

2. PROPERTY OWNER INFORMATION (as it appears on the tax statement, purchase agreement or deed)
Owner's First Name Kevin Owner's Last Name Paulsrud

Mailing Address 17398 7th St. S.E. City, State, Zip Hillsboro ND 58045

Phone Number 701-430-0965

3. DESIGNER/INSTALLER INFORMATION
Designer Name David Ohm Company Name OHM Excavating License # 932

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

Installer Name David Ohm Company Name OHM Excavating License # 932

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

4. SYSTEM DESIGN INFORMATION

System Status

X Vacant Lot-No existing system-new structure
X Replacement – structure removed and being rebuilt
____ Failing –Replacement- cesspool/seepage pit or other
____ Enlargement of system-Undersized
____ Repairs Needed to existing
____ Additional system on property

What will new system serve? Check one

____ Dwelling
____ Resort/Commercial
____ Commercial (Non-resort)
X Other – explain below
Shop-- garage

6-1-13 Date of site evaluation

Design Flow 300 Gallons Per Day
Number of Bedrooms 2
Garbage Disposal ____ Yes X No
Dishwasher ____ Yes X No
Lift station in House ____ Yes X No
Grinder pump in House ____ Yes X No

Well Depth 450
Depth of other wells within 100 ft of system ____

Original Soil X Compacted Soil ____
Type of Soil Observation
____ Pit ____ Probe X Boring
Depth to Restricting Layer 7
Maximum Depth of System ____

Size of All Tanks to be installed
____ gal Single Compartment Septic Tank
____ gal Compartmented Tank
____ Pit Privy
____ gal Separate Lift Station
1500 gal Holding Tank
____ Existing Tank to be used
____ Existing tank w/new Additional Tank
____ Existing tank w/new Lift Station
____ Holding Tank with Privy

Total Number of tanks to be installed in this system 1 (This # will be reported to MPCA at end of year.)

PARCEL	
APP	SEPTIC
YEAR	

Type of Drainfield

- ____ Chamber Trench
- ____ Rock Trench
- ____ Gravelless
- ____ Mound
- ____ Pressure Bed
- ____ Seepage Bed
- ____ At-grade
- ____ Alternative / Performance

Full Size of Drainfield

- ____ sq ft
- ____ sq ft
- ____ sq ft
- ____ sq ft ***
- ____ sq ft ***
- ____ sq ft ***
- ____ sq ft ***
- ____ sq ft ***

Reduced/Warrantied size

- ____ sq ft
- ____ sq ft
- ____ sq ft

***Attach Worksheets

Type of chamber _____
Depth of Rock _____

Alarm? Yes X No _____
Type of Alarm mechanical
Size of Lift Pump _____
Size of Lift Line _____

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	+100	
Distance to Building	10	
Distance to Property Line	+10	
Distance to OHW of Lake	+150	
Distance to Pressure Line	+50	
Distance to Wetland/Protected Water	+50	

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

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
	Holding Tank					Holding Tank		

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

5. REQUIRED DOCUMENTS

U of MN worksheets are required for mounds, pressure beds, seepage beds, at-grades or Type IV or Type V systems. Are the required worksheets attached? _____ Yes _____ No

6. DESIGNER'S CERTIFIED STATEMENT

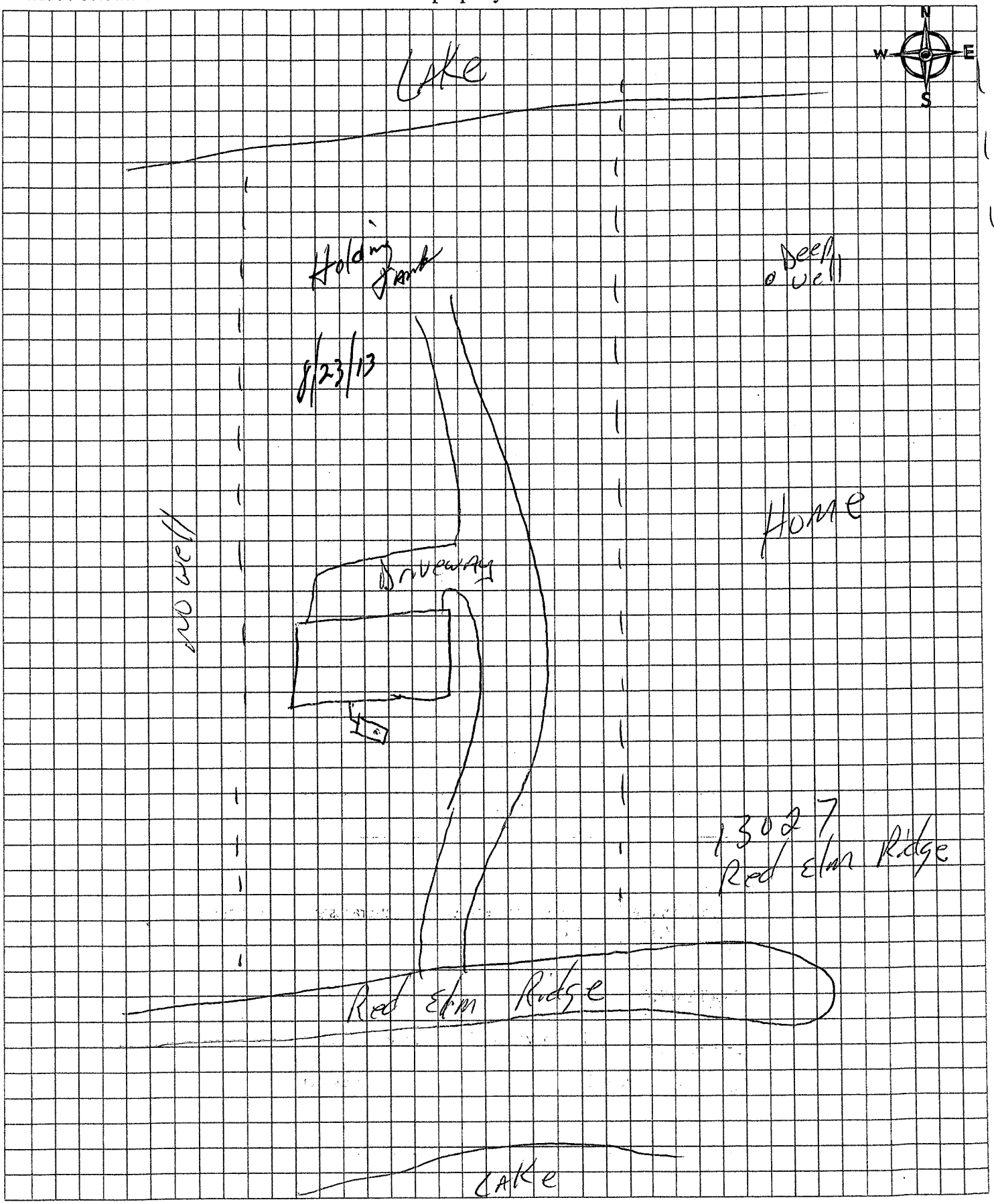
I, David Ohm certify that I have completed the preceding design work in accordance with all
(Print Name of Designer)
applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

_____ 7-3-13
Signature of Designer Date

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
YEAR	2012



COUNTY OF BECKER

Planning and Zoning

915 Lake Ave, Detroit Lakes, MN 56501

Phone: 218-846-7314 ~ Fax: 218-846-7266

SSTS STATEMENT - # OF BEDROOMS AND WATER-USE APPLIANCES

Note: Form must be legible and completed in ink

Property Owner Name(s): _____

Address: _____ City, State, Zip: _____

Phone: _____ Alt. Phone: _____

Legal Description: _____

Lake/River: _____ Tax Parcel No. _____

Property Address: _____

Definitions:

Bedroom – any room or unfinished area within a dwelling that might reasonably be used as a sleeping room. Lofts and unfinished basements (with at least one egress window and/or door) are counted as bedrooms.

Water-use Appliances – installed or anticipated: e.g. automatic washer, dishwasher, water conditioning unit, whirlpool bath, garbage disposal, or self-cleaning humidifier in furnace. **Note:** A dishwasher with a built-in garbage disposal counts as two (2) water-use appliances.

Existing # of bedrooms: _____ + # of bedrooms yet to be constructed: _____ = Total # of bedrooms to be serviced by the SSTS: _____ (min. # bedrooms allowed by State is two)

Existing # of water-use appliances: _____ List each: _____
+ # of water-use appliances yet to be installed: _____ List each: _____
_____ = Total # of water-use appliances to be serviced by the SSTS: _____

I (we) do hereby swear and affirm that the above-stated number of bedrooms and water-use appliances exist and/or will be installed in the residence located on the property listed on this document such that they will be serviced by the subsurface sewage treatment system (SSTS) that will be designed for and connected to said residence and installed on said property.

_____ _____

Property Owner(s) Signature(s) Date

BECKER COUNTY

Building Permit No. 4-1791-34 Sewage System Permit No. 12-1791-34

Township Lake Eunice Sec. 18 Description T138N R42W
Red Elm Ridge Lot 4

Work Authorized Used Mobile Home.
Sewer System. 1000gls 400sf P.E. Contractor

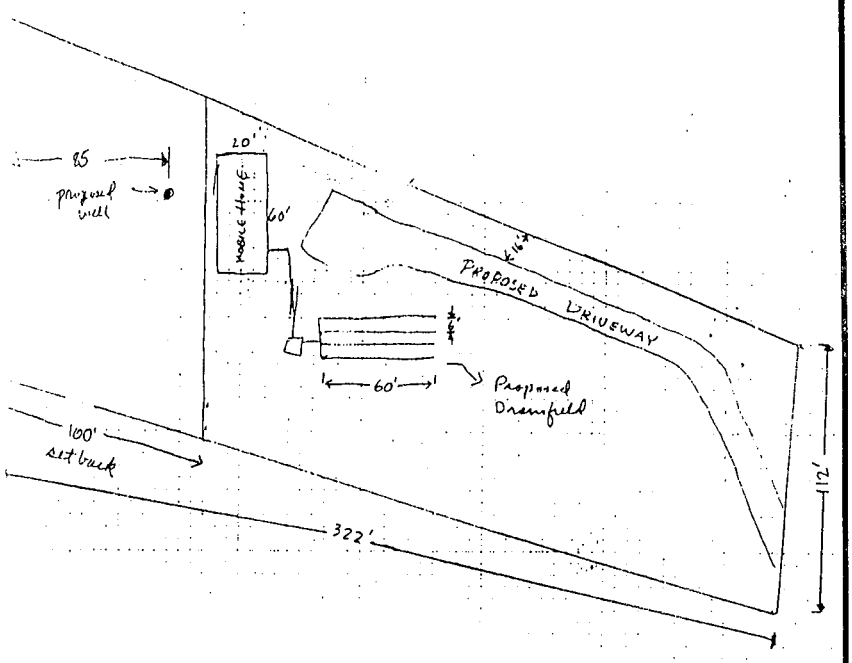
TYPE OF IMPROVEMENT: ( ) New Building ( ) Alteration Other Used Mobile Hm.
Stories 1 Basement ( ) Yes (X) No

RESIDENTIAL PROPOSED USE: (X) One Family Dwelling ( ) Multiple Dwelling ____ Units
Bedrooms 2 Bathrooms 1

NON-RESIDENTIAL PROPOSED USE: Specify: ____ Size: ____

Issued to: Name Chuck Crary Ph. No. 280-1913
Address: 1430N 5th St. Town Fargo
State ND Zip 58102 Fire Number ?

Sketch



1 Inch = ____ Feet

HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake	105'
Side Lot Lines	20 & 70
Center Line of Public Road	200'
Well Depth	? Other ____

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

SEWAGE DISPOSAL SYSTEM DATA

Installed in 19____	Septic Tank	Drain Field
Capacity	1000 Gls.	400 Sq. Ft.
Distance from nearest well	100 Ft.	100 Ft.
Distance from lake or stream	185 Ft.	185 Ft.
Distance from occupied building	50 Ft.	50 Ft.
Distance from property line	40 Ft.	40 Ft.
Distance from botton to Water Table		Ft. +4 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.

SIGNATURE OF OWNER

Received By Margaret Foster Date 6-28-89

Approved By Floyd Svenby
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501

DESIGN PAD

BECKER COUNTY

Department

Becker County Courthouse

Detroit Lakes, MN 56501

Subject Sewage permit for LAKE LOT

Name DR. R. JEROME SANDSTROM

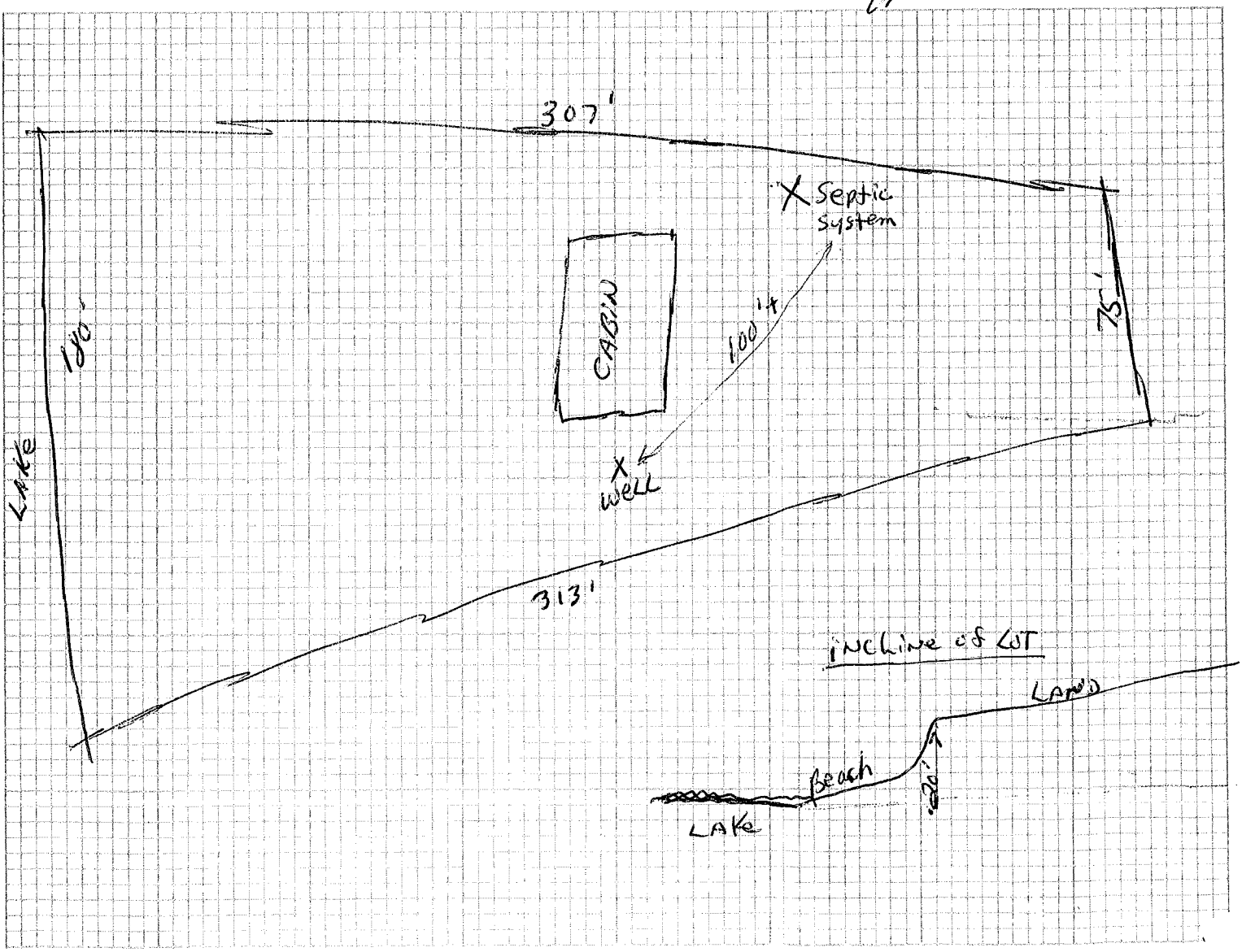
Address 3212 13TH Ave. So.

Town FARGO State ND Zip 58103 Date 8/10/81

Location or Legal Description Red Elm Ridge → Lot #5 → Big Cormorant
TWP 138, RGE. 42 Becker County

Remarks:
Lot is heavily wooded, the position of the proposed septic System is quite high, as compared to LAKE Level.

Signature



CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this _____ *day of* _____ *19*_____,

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

The premises covered by this certificate are legally described as:

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

*Owner: Name*_____

*Address*_____

*Zip No.*_____

*Permit No. SP*_____

Signed by: Floyd Swanberg

Zoning Administrator
Becker County, Minnesota

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

BECKER COUNTY ZONING ADMINISTRATION

Permit No. 81-170-SW

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

Date

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION

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

IDENTIFICATION — Please Print All Information

	Last Name	First	Initial	Mailing Address — No. Street, City and State	Zip No.	Tel. No.
Owner						
Contractor						

TYPE OF IMPROVEMENT
(X) New Building ( ) Alteration
Other

RESIDENTIAL PROPOSED USE
(X) One Family Dwelling
( ) Multiple Dwelling; Units

NON-RESIDENTIAL PROPOSED USE
Specify
Size

ESTIMATED COST OF IMPROVEMENT $ Construction Starting Date

PRINCIPAL TYPE OF FRAME
( ) Masonry
(X) Wood Frame
( ) Structural Steel
( ) Other — Specify

TYPE OF SEWAGE DISPOSAL
( ) Public
(X) Individual Septic Tank, etc.

WATER SUPPLY
( ) Public
(X) Individual Well

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

MECHANICAL EQUIPMENT
Elevator ( ) Yes (X) No
Air Conditioning ( ) Yes (X) No
( ) Central ( ) Unit

HEATING
(X) Electric ( ) Gas ( ) Oil
( ) Coal ( ) None
Other

Type of Roof

SEWAGE DISPOSAL SYSTEM DATA	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	Gal.	Sq. Ft.	Sq. Ft.
Distance from nearest well	Ft.	Ft.	Ft.
Distance from lake or stream	Ft.	Ft.	Ft.
Distance from occupied building	Ft.	Ft.	Ft.
Distance from property line	Ft.	Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS

Lot Area is square feet. Water frontage is
Building set back from high water mark is feet. (Building Line)
Land height above high water mark at building line is feet.
Building set back from State highway is feet; from road or street is feet.
Side yard is and feet. Rear yard is feet.
Building will be located feet from septic tank (Sewage System Permit must be obtained before installation)
Building will be located feet from soil absorption system (Cesspool, Drainfield, etc.)

RECEIVED
SEP 23 1981

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. It also understand that this permit is valid for a period of six (6) months. Applicant further agrees that no part of the sewage system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the County Zoning Administrator 48 hours before the job is ready for inspection.

Dated Signature of Owner

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

Dated Becker County Zoning Administrator

Permit Fee $ State Surcharge $

Comments:

INSPECTOR'S CHECK LIST
Make all measurements and computations

	ACTUAL IS ↓	MINIMUM Shall Be ↓ Sq. Ft.
Building Set Back from High Water Mark	Ft.	Ft.
Building Set Back from State Highway	Ft.	Ft.
Side Yard	______ & ______ Ft.	______ & ______ Ft.
Rear Yard	Ft.	Ft.
Elevation at Building Line above High Water Mark	Ft.	Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK				SEEPAGE ~~PIT~~				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1000	Gls.		Gls.	~~350~~	SF		SF	350	SF		SF
Distance from Nearest Well	60	F		F	~~[illegible]~~	F	75	F	60	F	50	F
Distance from Lake or Stream	110	F		F		F	~~[illegible]~~	F	75	F		F
Distance from Occupied Building	15	F	10	F		F	20	F	15	F	20	F
Distance from Property Line	~~10~~	F	10	F	~~10~~	F	10	F	10	F	10	F
Distance from Bottom to Water Table	--	F	--	F	4	F	4	F	4	F	4	F

Inspector's Comments: Drain Ohm Installer 12 yds. Rock - Trenches
Sandy silt soil 2 Bdrm House

INTERPRETATION OF ABBREVIATIONS

Gls — Gallons
SF — Square Feet
F — Linear Feet

Mark Kuehne
Inspector's Signature

____
Title

Inspection Dated 5 - 7 19 82

____
Agency

DESIGN PAD

BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

Subject PROPOSED WELL, SEWAGE DISPOSAL SYSTEM, Mobile Home

Name CHUCK & BETHANN CRARY

Address 1430 5th ST N

Town FARGO State ND Zip 58102 Date 6-25-89

Location or Legal Description BIG CORMORANT Sec 18 138N TWP 42W RANGE
LAKE EUNICE LOT 4 RED ELM RIDGE

Remarks:
We propose to move a mobile Home on the lot and put in a septic system.

Signature Chuck Crary