



APPLICATION FOR SEWAGE SYSTEM CERTIFICATE OF With The Becker Cou.



Application Number
Parcel Number <u>1092.000</u>
Fire Number of Project Location

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <u>Livermore, Rick + Sue</u>		2. Authorized Agent (if applicable)	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) <u>R1 Box 84 Detroit Lakes MN 56501</u>			
4. Day Phone	5. Evening Phone	6. Section <u>22</u>	7. Township <u>Lake Eunice</u>

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name
Shorewood 1st Addition Lot 5

SEWAGE SYSTEM DATA

Anticipated Use

a. Single Family

b. Multiple Family

c. Commercial

d. Other (specify)

Type of Installation

a. Septic Tank Only

b. Drainfield Only

c. Septic Tank & Drainfield

d. Holding Tank

e. Septic Tank/Drainfield Lift Station

Type of Drainfield

a. Standard System NA

b. Mound (pressure distribution)

Well Data

a. Depth 10' well

b. Diameter 10" 50'

Type of Well

a. Drilled

b. Sand Point

**1 Inch Equals _____
DESIGN**

see attached

Show Distance Between Sewage System And Buildings,
Property Lines, Lake, Road And All Wells Within 125 Feet.

	Tank	Drainfield		Tank	Drainfield
Distances to Well:	= <u>50'</u>	= <u>NA</u>	Distance to Pressure Line:	= <u>50'</u>	= <u>NA</u>
Distance to Building:	= <u>35'</u>	= <u>NA</u>	Tank Capacity (gal. & Area of Drainfield (ft 2))	= <u>1200</u>	= <u>NA</u>
Distance to Property Line:	= <u>13'</u>	= <u>NA</u>	Distance to Ordinary High Water Level:	= <u>132'</u>	= <u>NA</u>
Drainfield separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:				=	= <u>NA</u>

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct:

Signature of Applicant	Date
------------------------	------

TO BE COMPLETED BY PLANNING AND ZONING

CERTIFICATE IS HEREBY DENIED: (See back For Reasons)

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.

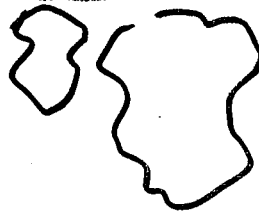
BECKER COUNTY PLANNING AND ZONING

Gay D. Hanson
Signature

Inspector
Title

30 Apr 98
Date

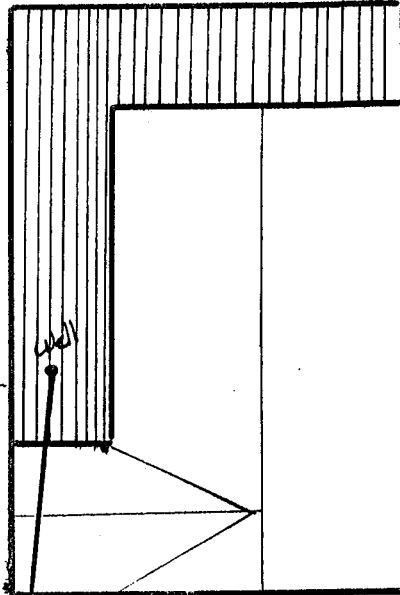
MARY LAKE



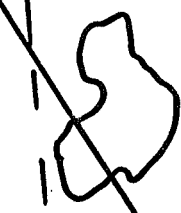
LIVERMORE RR BOX 84 FIRE LAISS

SCALE:	APPROVED BY:
DATE: 4-29-98	<i>[Signature]</i>
REVISIONS	
<i>[Signature]</i>	
DRAWING NUMBER	

132' TO LAKE



65' Well South



50'

SCLEND OUT



100' + Well to North

13'

10'

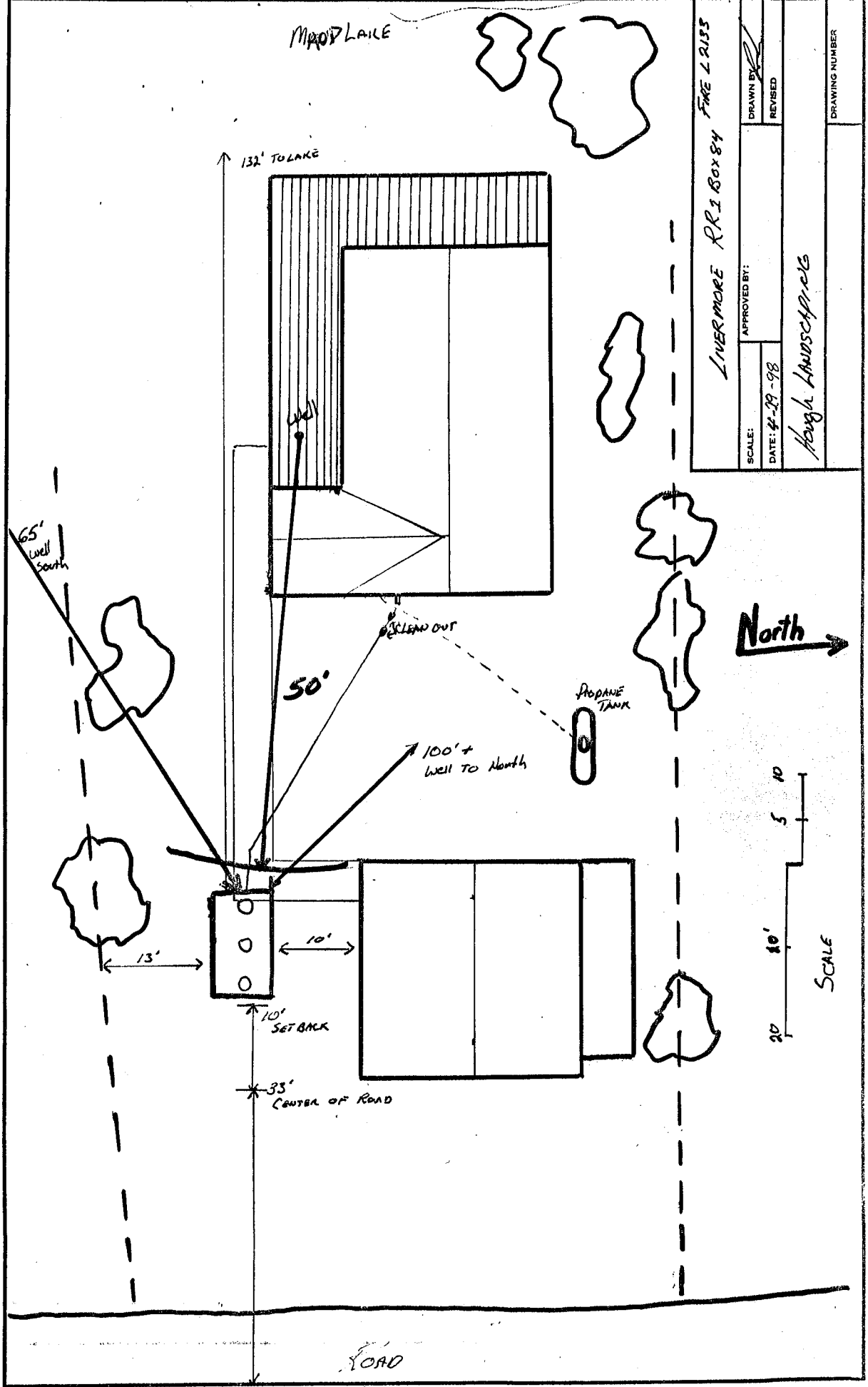
10' SETBACK

* 33' CENTER OF ROAD



SCALE

ROAD



L2133

Onsite Septic System Site Evaluation/Design

Tax Parcel Number 17.1092.000

Legal Description:						
Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name	
<u>MAVD</u>	<u>RD</u>	<u>22</u>	<u>138N</u>	<u>42W</u>	<u>LAKE EUNICE</u>	
Property Owner	Address			City, State, Zip Code	Phone Number	
<u>RICK & SUE LIVERMORE</u>	<u>R.1, BOX 84</u>			<u>DETROIT LAKES, MN</u>	<u>439-</u>	
Name and Address of Designer						
<u>MICHAEL HOUGH P.O. BOX 2 DETROIT LAKES, MN</u>						
MPCA NUMBER	PHONE			Date of Site Evaluation		
<u>770</u>	<u>847.7391</u>			<u>28 APRIL 90</u>		
Name and Address of Installer					MPCA Number	
<u>HOUGH LANDSCAPING, INC.</u>					<u>770</u>	

I certify that the site evaluation has been completed in accordance with all provisions of ISTS Minnesota Rules Chapter 7080.

Signature of Designer [Signature] Date 29 APRIL 90

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

Date Site Evaluation / Design received	<u>29 Apr 98</u>	Received by	<u>Joy Hanson</u>
Date Site Evaluation approved	<u>29 Apr 98</u>	Approved by	<u>[Signature]</u>

- *** 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.

Application Fee	<u>45.00</u>	State Surcharge	<u>.50</u>	Total	<u>45.50</u>
<input type="checkbox"/> Application is hereby denied <input checked="" type="checkbox"/> Application is hereby granted to <u>Rick Livermore</u> 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:					
<u>[Signature]</u> Signature of Becker County Qualified Employee				<u>29 Apr 98</u> Date	
This permit expires on <u>29 October 98</u>					

Inspected by _____ Date _____ Permit # _____

SOIL INFORMATION

TEST HOLE #1				TEST HOLE #2			
DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE	DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
Depth to standing water				Depth to standing water			
Depth to mottling				Depth to mottling			

Describe the surface features (slope, runoff, weather conditions, vegetation type, evidence of compaction, etc.)

WATER USES:

- Washing Machine
- Dishwasher
- Water Softner
- Garbage Disposal

DESIGN FLOW 450 GPD

NO. of Bedrooms 3
 NO. of Bathrooms 1
 SQ FT of Structure 1200

GRINDER PUMP/LIFT STATION IN HOUSE

YES NO

WELL INFORMATION:

Property's Well - Depth 450' Drilled Sandpoint
 Neighboring Well - Depth 250' Drilled Sandpoint
 (within 100 feet of system)

Work Category Proposed	Type of System Proposed	Type of Drainfield Proposed
<input checked="" type="checkbox"/> NEW SYSTEM <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> SEPTIC TANK/DRAINFIELD <input type="checkbox"/> DRAINFIELD ONLY <input checked="" type="checkbox"/> HOLDING TANK <input type="checkbox"/> LIFT STATION <input type="checkbox"/> ALTERNATE (specify) _____	<p style="text-align: center;">NONE</p> <input type="checkbox"/> STANDARD (gravelless/chamber) <input type="checkbox"/> STANDARD (rock trench) <input type="checkbox"/> STANDARD (bed) <input type="checkbox"/> MOUND (pressure distb) <input type="checkbox"/> PRESSURIZED BED
Perc Rate _____	Soil Sizing Factor _____	Depth to Restricting Layer _____
Maximum Depth of System _____	Size of Tank _____	Size of Lift Station _____
_____	Size of Drainfield _____ Sq Ft	Length of System _____
Size of Gravelless Pipe _____	Size of Mound Rock Bed _____	Depth of Clean Sand _____
_____	_____	_____
Depth of Rock _____	Size of Lift Pump _____	Length of Lift Line _____
Number of Trenches _____	Size of Lift Line _____	_____
Additional Information: <u>HOLDING TANK ONLY - NO DRAINFIELD</u>		

- PERCOLATION TEST SHEET -

Test hole location _____ Hole # _____ Date test hole was prepared: _____
 Depth of hole bottom: _____ inches Diameter of hole: _____ inches
 Soil Data from test hole: _____ depth, inches _____ soil color _____
 _____ soil texture: _____
 Method of scratching sidewall: _____ Depth of pea size gravel in bottom of hole: _____ inches
 Date and hour of initial water filling: _____ Depth of initial water filling: _____ above hole bottom
 Method used to maintain 12" of water depth in hole for 4 hours: _____
 Percolation test conducted by: _____ Percolation test started at _____ (am / pm).
 Maximum water depth above hole bottom during test: _____ inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	CONVERSIONS
---	START	---	---	---	TIME $\frac{\text{DROP}}{\text{PERC}}$ PERC A	1:5 = .06 13 = .33
---	REFILL	---	---	---	TIME $\frac{\text{DROP}}{\text{PERC}}$ PERC B	3:6 = .33
---	REFILL	---	---	---	TIME $\frac{\text{DROP}}{\text{PERC}}$ PERC C	14 = .25 5:16 = .31
---	REFILL	---	---	---	TIME $\frac{\text{DROP}}{\text{PERC}}$ PERC D	3:8 = .38 7:16 = .44
---	REFILL	---	---	---	TIME $\frac{\text{DROP}}{\text{PERC}}$ PERC E	12 = .5 9:16 = .56
---	REFILL	---	---	---	TIME $\frac{\text{DROP}}{\text{PERC}}$ PERC F	5:8 = .63 11:16 = .69
---	REFILL	---	---	---	TIME $\frac{\text{DROP}}{\text{PERC}}$ PERC G	34 = .75 13:16 = .81
---	REFILL	---	---	---	TIME $\frac{\text{DROP}}{\text{PERC}}$ PERC H	7:8 = .88 15:16 = .94

Ten Percent Calculation *

A, B, C Largest # of ABC _____ Smallest # of ABC _____ Smallest # of ABC x 0.10 = _____	B, C, D Largest # of BCD _____ Smallest # of BCD _____ Smallest # of BCD x 0.10 = _____
C, D, E Largest # of CDE _____ Smallest # of CDE _____ Smallest # of CDE x 0.10 = _____	D, E, F Largest # of DEF _____ Smallest # of DEF _____ Smallest # of DEF x 0.10 = _____
E, F, G Largest # of EFG _____ Smallest # of EFG _____ Smallest # of EFG x 0.10 = _____	F, G, H Largest # of FGH _____ Smallest # of FGH _____ Smallest # of FGH x 0.10 = _____

* If the top number in each set of boxes is larger than the bottom number then take another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

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Test hole location _____ Hole # _____ Date test hole was prepared: _____
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 Date and hour of initial water filling: _____ Depth of initial water filling: _____ above hole bottom
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 Percolation test conducted by: _____ Percolation test started at _____ (am / pm).
 Maximum water depth above hole bottom during test: _____ inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	CONVERSIONS
---	START	---	---	---	TIME $\frac{\text{DROP}}{\text{PERC}}$ PERC A	1:5 = .26 13 = .33
---	REFILL	---	---	---	TIME $\frac{\text{DROP}}{\text{PERC}}$ PERC B	3:6 = .33
---	REFILL	---	---	---	TIME $\frac{\text{DROP}}{\text{PERC}}$ PERC C	14 = .25 5:16 = .31
---	REFILL	---	---	---	TIME $\frac{\text{DROP}}{\text{PERC}}$ PERC D	3:8 = .38 7:16 = .44
---	REFILL	---	---	---	TIME $\frac{\text{DROP}}{\text{PERC}}$ PERC E	12 = .5 9:16 = .56
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Ten Percent Calculation *

A, B, C Largest # of ABC _____ Smallest # of ABC _____ Smallest # of ABC x 0.10 = _____	B, C, D Largest # of BCD _____ Smallest # of BCD _____ Smallest # of BCD x 0.10 = _____
C, D, E Largest # of CDE _____ Smallest # of CDE _____ Smallest # of CDE x 0.10 = _____	D, E, F Largest # of DEF _____ Smallest # of DEF _____ Smallest # of DEF x 0.10 = _____
E, F, G Largest # of EFG _____ Smallest # of EFG _____ Smallest # of EFG x 0.10 = _____	F, G, H Largest # of FGH _____ Smallest # of FGH _____ Smallest # of FGH x 0.10 = _____

* If the top number in each set of boxes is larger than the bottom number then take another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

Septic System Design Site Evaluation

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

*Dimensions of Lot

*Existing & Proposed Buildings

*Easements & setbacks

*Location of any Unsuitable Soil

*Well & Water Line Locations
within 100 ft of System

*Distance from Property Lines
*Distance from OHWM

*Tank Access Route
*Distance from buildings

*Soil Borings & Per Test Locations
*Scale - One inch = _____ ft



SEE ATTACHED

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 12 day of April 1986

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

LOT 5 Shorewood Beach 1st

The premises covered by this certificate are legally described as:

Lake No. 500	Sec. _____	Twp. 138	Range 42	Twp. Name Lake Eunice
			SEPTIC TANK	SEEPAGE PITY
			750-1000 gld	?
CAPACITY			\$8 F	75 FT
DISTANCE FROM NEAREST WELL			157 F	165 F
DISTANCE FROM LAKE OR STREAM			\$0 F	52 F
DISTANCE FROM OCCUPIED BUILDING			+10 F	10 F
DISTANCE FROM PROPERTY LINE				4 F
DISTANCE FROM BOTTOM TO WATER TABLE				

Owner: Name BRUCE WILLIAMS

Address Rt 1 Maud Lake Audubon MN

56511 Zip No. _____

Permit No. SP 16580-34
8 ft above lake level

Signed by: [Signature]
Zoning Administrator
Becker County, Minnesota

LEGAL DESCRIPTION AND LOCATION: Lot 5 Shorewood Beach First Add.
500 Maul Rd 138 42 Lake Curie

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

1228

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address - No. Street, City and State	Zip No.	Tel. No.
	First American Bank			DZ		
	Bruce Williams (Previous owner)					
Contractor	Name					

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
() New Building () Alteration Other _____	() One Family Dwelling () Multiple Dwelling _____ Units	Specify: _____ Size: _____

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

PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:
() Masonry () Wood Frame () Structural Steel () Other - Specify _____	() Public () Individual Septic Tank, etc. WATER SUPPLY: () Public () Individual Well MECHANICAL EQUIPMENT: Elevator: () Yes () No Air Conditioning: () Yes () No Central () Unit	Basement: () Yes () No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ HEATING: () Electric () Gas () Oil () Coal () None Other: _____

Type of Roof: (ACTION)

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

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is _____ square feet. Water frontage is _____ feet.

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

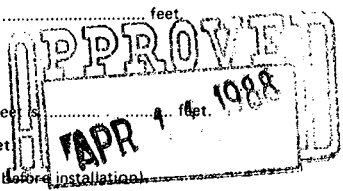
Land height above high water mark at building line is _____ feet

Building 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.).



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 _____ Signature of Owner _____

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

MUST BE POSTED AT THE BUILDING SITE

Dated 4-12-88 Signature of [Signature]
 Permit Fee \$ 20 State Surcharge \$ _____ Cormorant Surcharge \$ _____
 Becker County Zoning Administrator

Comments: _____

INSPECTOR'S CHECK LIST
Make all measurements and computations

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

SEWAGE DISPOSAL SYSTEM STATISTICS

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

Inspector's Comments: _____

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

Inspection
 Dated _____ 19____

 Inspector's Signature

 Title

 Agency

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.

31
 3
 93
 63
 159

14
 3
 42

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD		
	Actual		Should be		Actual		Should be		Actual	Should be	
Capacity	750	1000	Gls.	Gls.	?	SF		SF	SF	SF	
Distance from Nearest Well	63	F	F	F	75	F	75	F	F	50	F
Distance from Lake or Stream	158	F	F	F	165	F	F	F	F	F	
Distance from Occupied Building	42	F	10	F	52	F	20	F	F	20	F
Distance from Property Line	410	F	10	F	70	F	10	F	F	10	F
Distance from Bottom to Water Table	--	F	--	F	4	F	4	F	F	4	F

Inspector's Comments: 8 ft above lake level - don't know where
Chamfield Is, But should be towards Rd. and it
would be okay - (they should check tank bottoms)

4/13/88
 MK to
 MF

**INTERPRETATION
 OF ABBREVIATIONS**
 Gl. — Gallons
 SF — Square Feet
 F. — Linear Feet

Mark Kuehn
 Inspector's Signature

Inspection Dated 4-12- 1988

 Title

 Agency

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

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

Contractor	Name _____					

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
() New Building () Alteration Other _____	() One Family Dwelling () Multiple Dwelling _____ Units	Specify: _____ Size: _____

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

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Distance from nearest well _____	Ft. _____	Ft. _____	Ft. _____
Distance from lake or stream _____	Ft. _____	Ft. _____	Ft. _____
Distance from occupied building _____	Ft. _____	Ft. _____	Ft. _____
Distance from property line _____	Ft. _____	Ft. _____	Ft. _____
Distance from bottom to Water Table _____	Ft. _____	Ft. _____	Ft. _____

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is _____ square feet. Water frontage is _____ feet.

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

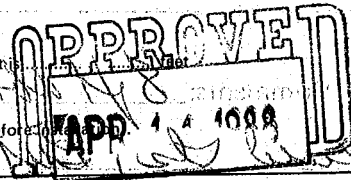
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MUST BE POSTED AT THE BUILDING SITE

Dated _____
 Permit Fee \$ _____ State Surcharge \$ _____
 Becker County Zoning Administrator _____
 Cormorant Surcharge \$ _____

Comments: _____