



Minnesota Pollution
Control Agency

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

Existing Subsurf

Compliance Inspection Form

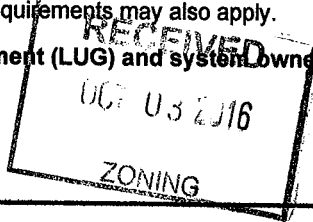


171303000

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:



System Status

System status on date (mm/dd/yyyy): 9/20/2016

☒ 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: 17303000

17.1303.000

Property address: 14768 Tradewinds rd

Reason for inspection: Becker Co 10yr

Property owner: Christopher and Roberta Rieger

Owner's phone:

or

Owner's representative:

Representative phone:

Local regulatory authority:

Regulatory authority phone:

Brief system description: holding tank

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: Ross Seifert

Certification number: 2042

Business name: Seifert Septic Service LLC

License number: 1322

Inspector signature:

Phone number: 701-219-4139

Necessary or Locally Required Attachments

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

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:

used camera

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.

☐ Yes ☐ 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.*

☐ Yes ☐ 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.

☐ Yes ☐ No

Any "no" answer above indicates the system is failing to protect groundwater.

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:**

Holding tank

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.

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?

☐ Yes ☐ No

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.



**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: 17.1303.000

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

PARCEL:
APP: SEPTIC
YEAR: 2000
SCANNED:

Summary Form

Property Information

Property owner name(s): William Schultz
Property address: 14768 Tradewinds Rd
Property owner's address (if different): 1227 15 1/2 St N Moorhead MN 56560
County: Becker Property owner phone: 701-261-5624 Permitting authority: Becker Co Zoning
Date system constructed: _____ Reason for inspection: Bldg permit

System Description

Brief system description: Concrete holding tank
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): 4-7-12
☐ 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: David Ohm Certification number: 2228

Business license name and number: Ohm Excavating 932 or

Name of local unit of government: _____

Signature: [Signature] Date: 4-7-12

Required Attachments

Inspector Complete: This Inspection Report is 4 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.

RECEIVED

APR 09 2012

ZONING

Parcel number: _____

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

PARCEL: _____

APP: SEPTIC

YEAR: 2009

SCANNED: _____

Hydraulic Performance and Other Compliance**Compliance Issue #1 of 4**

Date of observation: _____ 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
Any "yes" answer indicates that the system is an imminent threat to public health and safety.	
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: ED Date: 4-7-12

Parcel number: _____

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

PARCEL: _____

APP: SEPTIC

YEAR: 2000

SCANNED: _____

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: _____ 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.

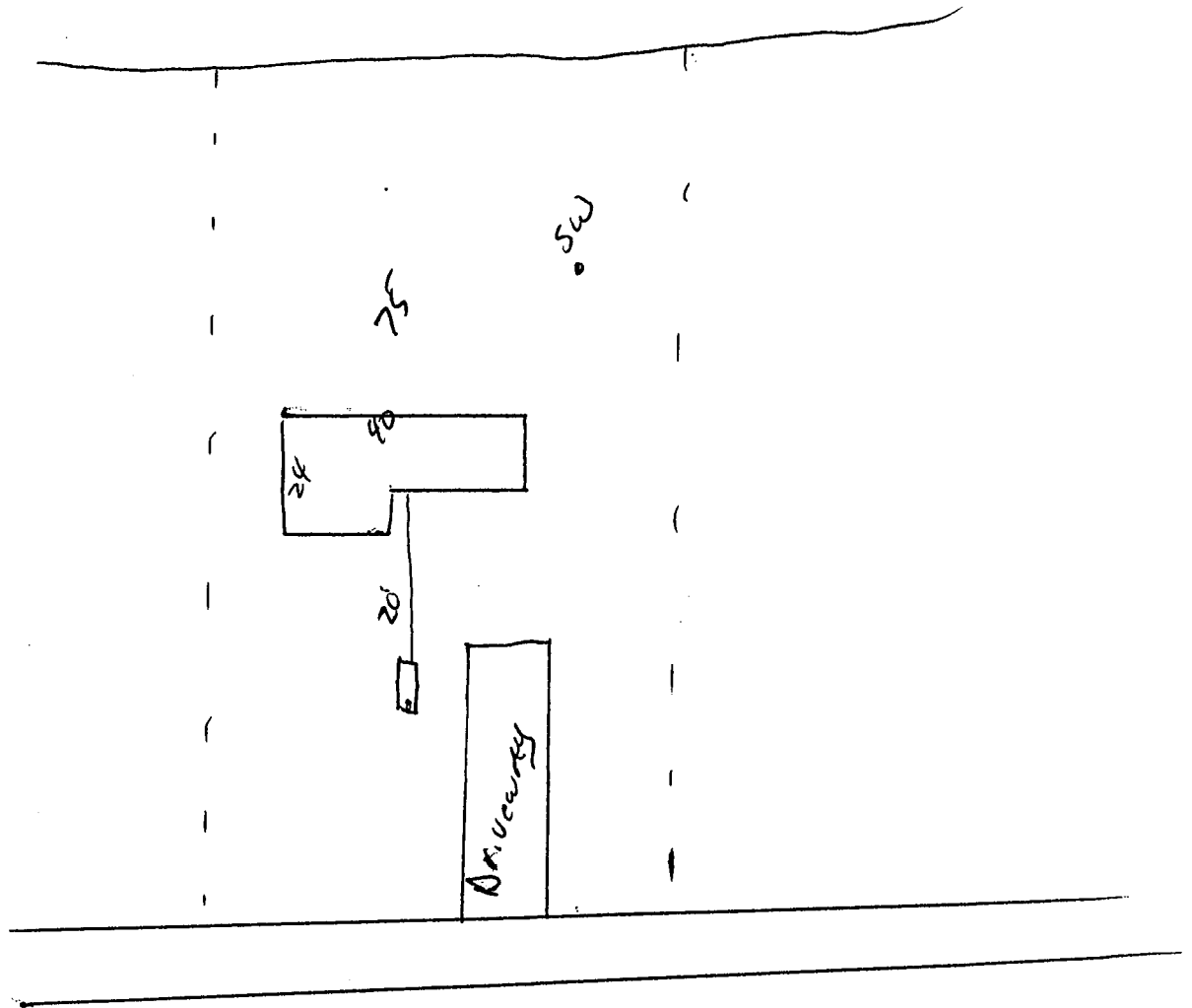
Name: _____ Certification number: _____

Business license name and number: _____ or

Name of local unit of government: _____

Signature:  _____ Date: 4-7-12

Section 1 -
14768 Tradewinds Rd
B1 David Chen 2228
4-7-12



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	1600	Gls.	—	Gls.		S F		S F		S F		S F
Distance from Nearest Well	70	F	75	F		F	75	F		F	50	F
Distance from Lake or Stream	125	F	75	F		F		F		F		F
Distance from Occupied Building	30	F	10	F		F	20	F		F	20	F
Distance from Property Line	15	F	10	F		F	10	F		F	10	F
Distance from Bottom to Water Table	—	F	—	F		F	4	F		F	4	F

Inspector's Comments: Grant Ohm Installer, Holding tank
only

**INTERPRETATION
OF ABBREVIATIONS**

Gls — Gallons
SF — Square Feet
F — Linear Feet

Mark Kuehn
Inspector's Signature

Inspection
Dated 6-6 19 77

Title

Agency

COUNTY COURT HOUSE — Phone 218-847-7721 — 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

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

TYPE OF IMPROVEMENT:

() New Building () Alteration
Other _____

RESIDENTIAL PROPOSED USE:

() One Family Dwelling
() Multiple Dwelling _____ Units

NON-RESIDENTIAL PROPOSED USE:

Specify: _____
Size: _____

ESTIMATED COST OF IMPROVEMENT \$

Construction Starting Date: _____

PRINCIPAL TYPE OF FRAME:

() Masonry
() Wood Frame
() Structural Steel
() Other — Specify _____

Type of Roof: _____

TYPE OF SEWAGE DISPOSAL:

() Public
() Individual Septic Tank, etc.

WATER SUPPLY:

() Public
() Individual Well

MECHANICAL EQUIPMENT :

Elevator: () Yes () No
Air Conditioning: () Yes () No
() Central () Unit

DIMENSIONS:

Basement: () Yes () No
Stories above basement: _____
Sq. feet (outside dimension) _____
Bedrooms _____ Baths _____

HEATING:

() Electric () Gas () Oil
() Coal () None
Other: _____

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:

HOLDING TANK ONLY

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 _____

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: _____

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 5 day of JUNE, 1977.

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

The premises covered by this certificate are legally described as: Lot 59 Grade Width 30 ft.

Lake No. 575 Sec. 7 Twp. 17N Range 42 Twp. Name CANDY RIVER

HOLDING TANK ONLY, 1600 gal. tank. No Well, 125 ft. from lake, 30 ft. from occupied building, 15 ft. from property line, elevation is about 5 ft.

HOLDING TANK ONLY

Owner: Name CHARLES GILBERT

Address 702 39 FARMHOUSE, MINN. 56542

Zip No. _____

Permit No. SP D-637C-73

Signed by: Ray J. Swanby

Zoning Administrator
Becker County, Minnesota

2936

LEGAL	<u>LOT 59</u>				
DESCRIPTION	<u>TRADE WINDS BEACH</u>				
AND					
LOCATION	<u>3-576</u>	<u>BIB CORMORANT RD</u>	<u>7</u>	<u>13TH</u>	<u>42ND LAKE EUNICE</u>
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP Range TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name <u>GILBERT</u>	First <u>CHARLES</u>	Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
				<u>Box 39</u>		
				<u>Dikworth, MN. 56559</u>		
Contractor	Name <u>GRANT CHM</u>	<u>Audubon, MN.</u>				

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: _____		

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1600</u> Gl.	Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>NO WELL</u> Ft.	Ft.	Ft.
Distance from lake or stream	<u>125</u> Ft.	Ft.	Ft.
Distance from occupied building	<u>30</u> Ft.	Ft.	Ft.
Distance from property line	<u>15</u> Ft.	Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.	Ft.

HOLDING TANK ONLY

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 60 X 150 square feet. Water frontage is 50 feet.

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

Land height above high water mark at building line is 6 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 30 feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located none 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 6-6-77

Charles Gilbert
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 6-7-77

Permit Fee \$ 10.00 State Surcharge \$ 5.00

Dwight Smith
Becker County Zoning Administrator

Comments: Paid by Grant Chm Rec'd by Mail

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Page 10

Page 10

Page 10

Scale: Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated _____ 19 _____

Application for Sewage System Permit Dated 6-6 1977

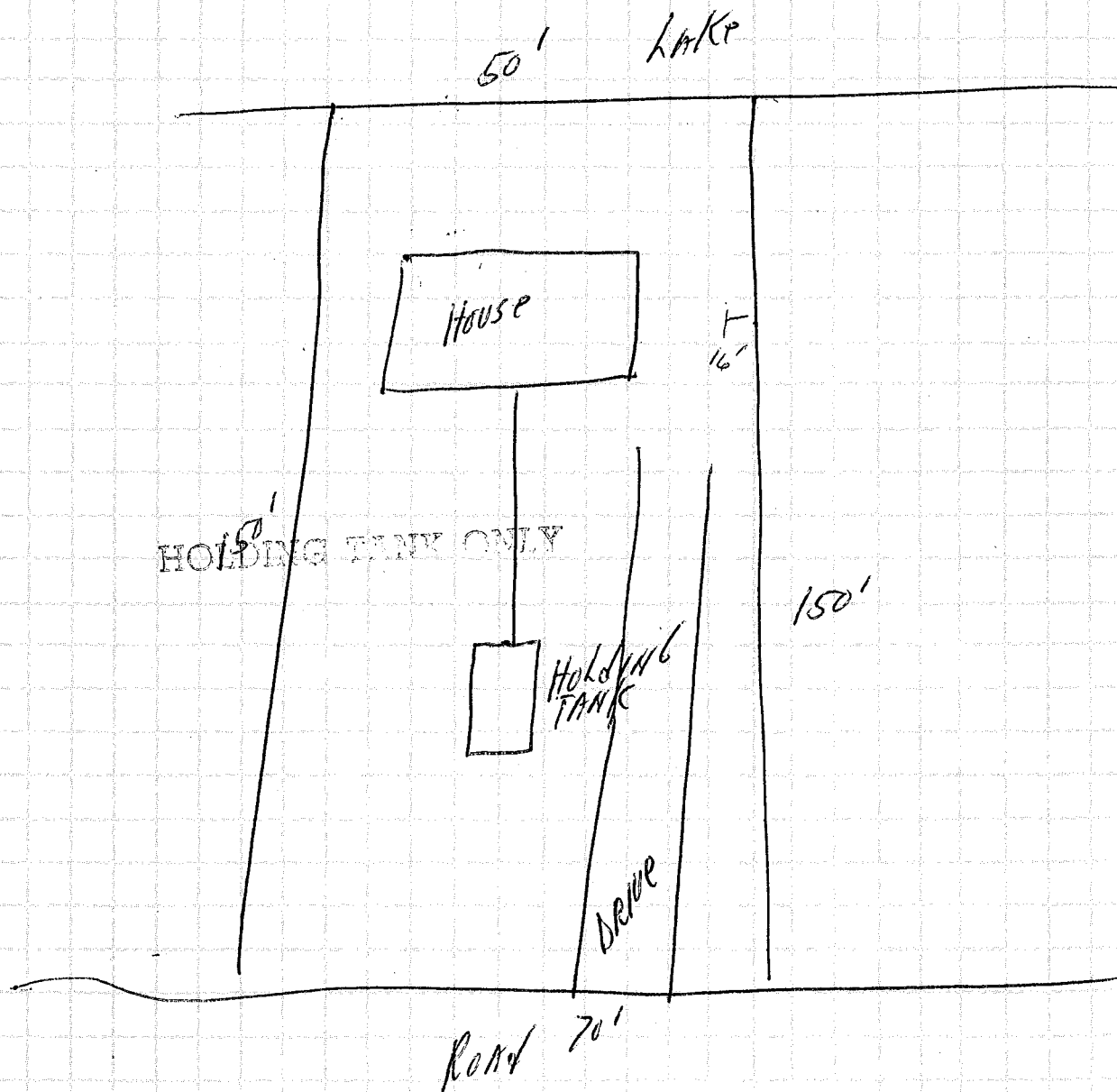
Building Permit Number _____ Sewage System Permit Number _____

Applicant agrees that this plot plan is a part of application (s) indicated above.

Dated 6-6 1977

Signature _____

46
51156
3015



W — File
Y — Owner
B — Building Inspector