



Minnesota Pollution
Control Agency

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

Becker

Compliance Inspection Form

Existing Subsurf



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

RECEIVED
06/03/2016

ZONING

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
or

Owner's phone: _____

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
- Other information (list): _____
- System/As-built drawing
- Forms per local ordinance

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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.</i>	
Sewage tank(s) leak below their designed operating depth.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If yes, which sewage tank(s) leaks:

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

- Maintenance hole covers are damaged, cracked, unsecured, or appear to be structurally unsound. Yes* No Unknown
- 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:

- 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: _____ (mm/dd/yyyy) <input checked="" type="checkbox"/> Unknown		Verification method(s):
Shoreland/Wellhead protection/Food beverage lodging? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<i>Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.</i>
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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Conducted soil observation(s) (Attach boring logs) <input type="checkbox"/> Two previous verifications (Attach boring logs) <input type="checkbox"/> Not applicable (Holding tank(s), no drainfield) <input type="checkbox"/> Unable to verify (See Comments/Explanation) <input type="checkbox"/> Other (See Comments/Explanation)
Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments/Explanation: Holding tank
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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Is the required nitrogen BMP in place and properly functioning?	<input type="checkbox"/> Yes <input checked="" 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 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: 2009

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
An U.S. Environmental Protection Agency (EPA) Class V Injection Well? Yes No

In Wellhead Protection Area? 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: David Ohm Date: 4-7-12

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.

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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: _____

or

Business license name and number: _____

Name of local unit of government: _____

Signature: JD Date: 4-7-12

Parcel number: _____

System status: Compliant Noncompliant
(as determined by this form)**PARCEL:**APP: SEPTIC
YEAR: 2010**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

1. Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound? Yes* No
2. Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)? Yes No*
3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended. Yes No
4. 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.

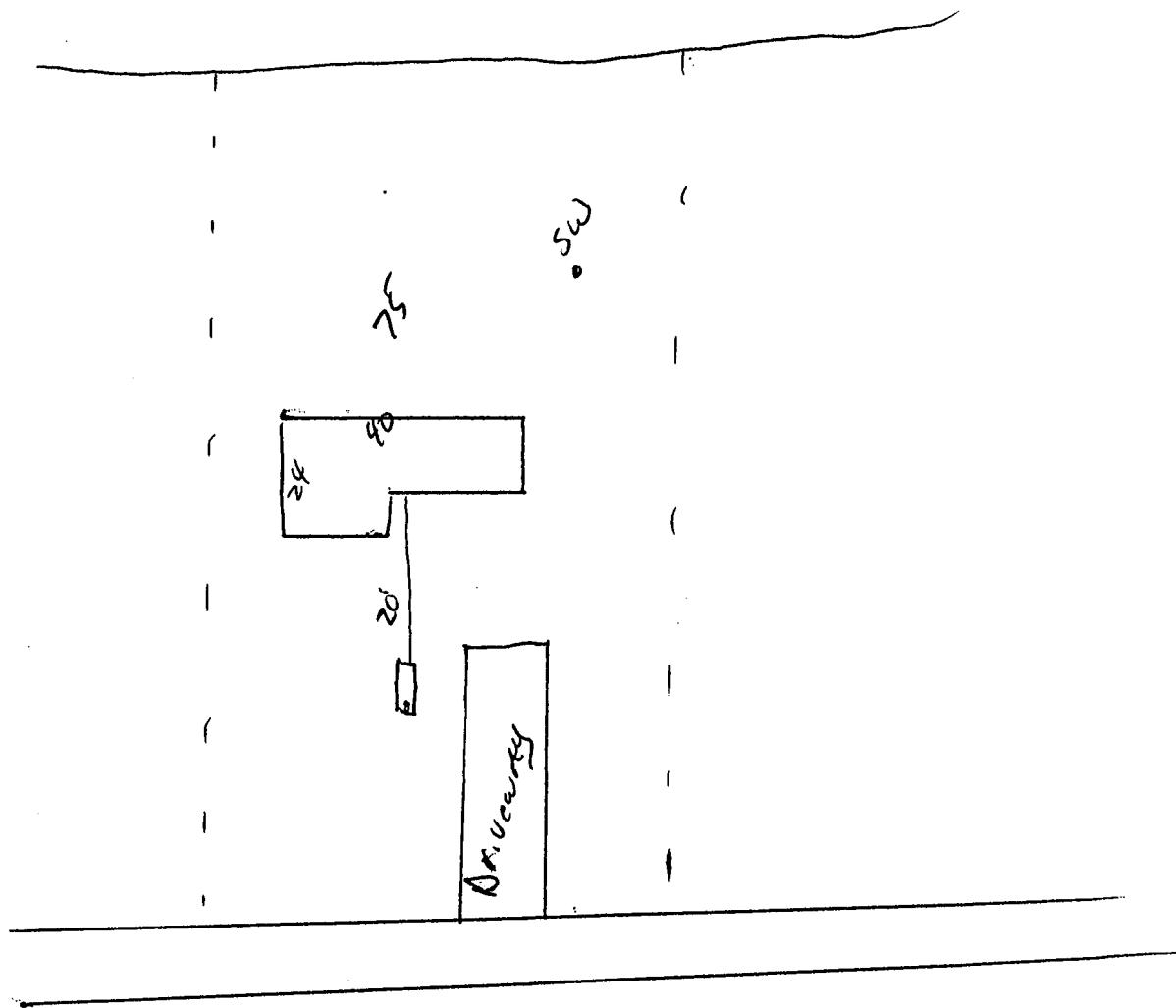
Name: _____ Certification number: _____

Business license name and number: _____ or _____

Name of local unit of government: _____

Signature: _____ Date: 9-7-12

Scout 1
14768 Tradewinds Rd
by David Orr 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	Actual	Should be	
Capacity	1600	Gls. —	Gls.	S F	S F	S F	S F	S F	S F
Distance from Nearest Well	70	F Deep	F	F	75	F	F	50	F
Distance from Lake or Stream	125	F	75	F	F	F	F	F	F
Distance from Occupied Building	30	F	10	F	F	20	F	20	F
Distance from Property Line	15	F	10	F	F	10	F	10	F
Distance from Bottom to Water Table	—	F	—	F	F	4	F	4	F

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

**INTERPRETATION
OF ABBREVIATIONS**

Gls — Gallons
 SF — Square Feet
 F — Linear Feet

Mark Kuehne
 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: <input type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	RESIDENTIAL PROPOSED USE: <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____
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ESTIMATED COST OF IMPROVEMENT \$		Construction Starting Date:		
PRINCIPAL TYPE OF FRAME: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other — Specify _____		TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input type="checkbox"/> Individual Septic Tank, etc.	DIMENSIONS: Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: Sq. feet (outside dimension) Bedrooms Baths	
WATER SUPPLY: <input type="checkbox"/> Public <input type="checkbox"/> Individual Well		MECHANICAL EQUIPMENT : Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit		
		HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> 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 19 day of January 19

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

HELDING TANK ONLY

卷之三

Zip No. _____

Signed by: John Derby

**Zoning Administrator
Becker County, Minnesota**

LEGAL DESCRIPTION AND LOCATION	<u>LOT 59</u> <u>TRADE WINDS BEACH</u> <u>3-576 BIG COVENANT RD</u> > <u>13TH 42W LAKE EONICE</u> <small>Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name</small>				
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2934

IDENTIFICATION: Please Print All Information					
Owner	Last Name <u>GILBERT</u>	First Initial <u>CHARLES</u>	Mailing Address- No. Street, City and State <u>Box 37</u> <u>Dikwooth, MN 56529</u>	Zip No.	Tel. No.
Contractor	Name <u>GRANT OHM</u>	<u>Academy, MN</u>			

TYPE OF IMPROVEMENT: <input type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	RESIDENTIAL PROPOSED USE: <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____
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ESTIMATED COST OF IMPROVEMENT \$		Construction Starting Date:
PRINCIPAL TYPE OF FRAME:		
<input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify _____		
TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input type="checkbox"/> Individual Well		
MECHANICAL EQUIPMENT: Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit		
DIMENSIONS: Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____		
HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: _____		

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

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is <u>100 X 150</u> square feet.	Water frontage is <u>50</u> feet.
Building set back from high water mark is _____ feet. (Building Line)	
Land height above high water mark at building line is <u>6</u> 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 <u>30</u> feet from septic tank (Sewage System Permit must be obtained before installation).	
Building will be located <u>none</u> 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
Grant Ohm
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

Floyd Funchy
Becker County Zoning Administrator

Permit Fee \$ 10.00 State Surcharge \$.50

Comments: Paid by Grant Ohm Recd by Mail

Yves

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 _____

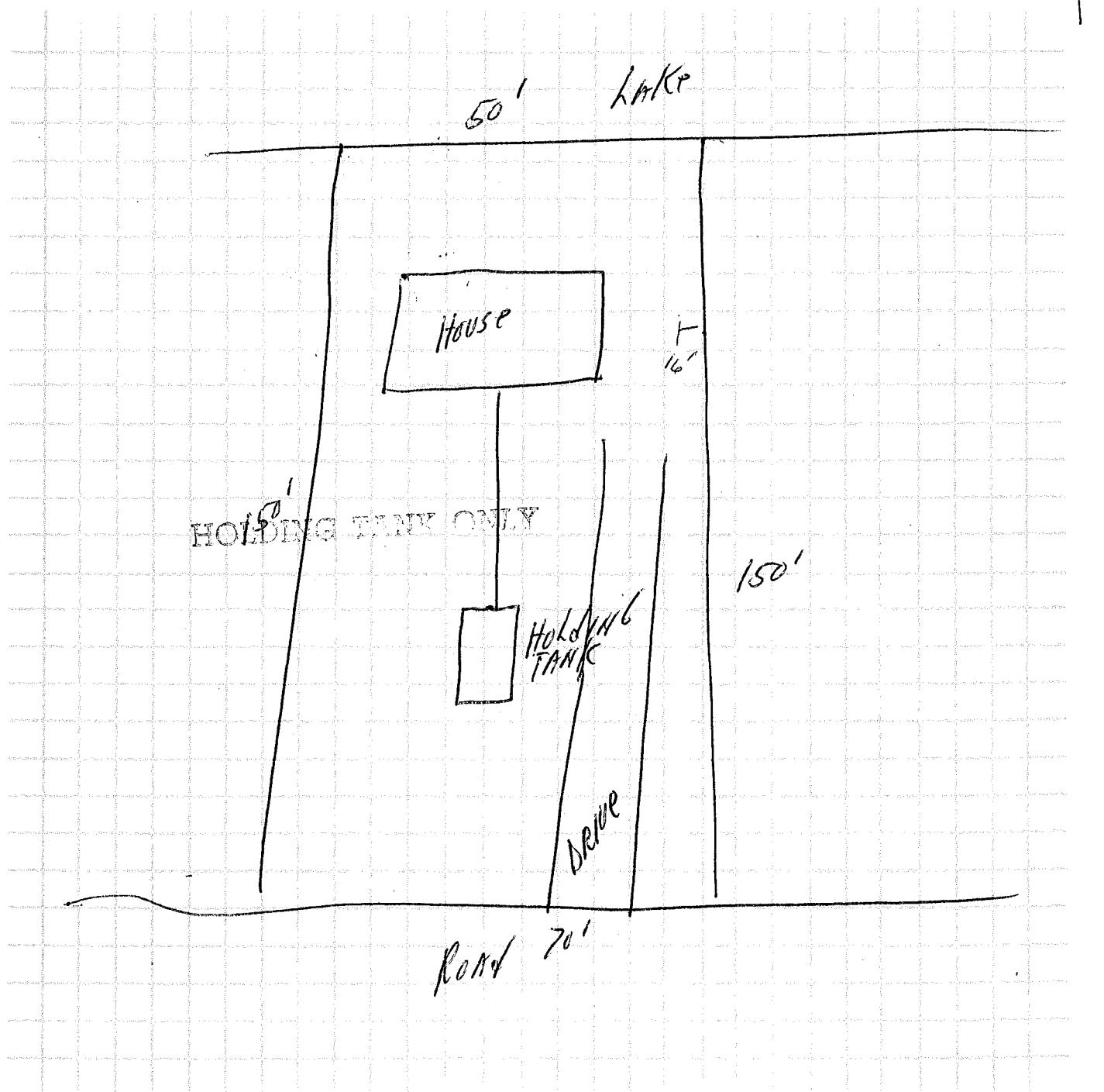
Applicant agrees that this plot plan is a part of application (s) indicated above.

Dated 6-6 1977

Signature.

*Charles E. Miller
Frank Tracy*

6
5
4
3
2
1
0
M



W — File

Y — Owner

B — Building Inspector