



Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)



171339000

ment

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:

RECEIVED

AUG 19 2015

ZONING

System Status

System status on date (mm/dd/yyyy): 8-18-2015

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

[X] Noncompliant - Notice of Noncompliance
(See Upgrade Requirements on page 3.)

Reason(s) for noncompliance (check all applicable)

- [ ] Impact on Public Health (Compliance Component #1) - Imminent threat to public health and safety
[ ] Other Compliance Conditions (Compliance Component #3) - Imminent threat to public health and safety
[ ] Tank Integrity (Compliance Component #2) - Failing to protect groundwater
[ ] Other Compliance Conditions (Compliance Component #3) - Failing to protect groundwater
[X] Soil Separation (Compliance Component #4) - Failing to protect groundwater
[ ] Operating permit/monitoring plan requirements (Compliance Component #5) - Noncompliant

Property Information

Parcel ID# or Sec/Twp/Range: 171339000

Property address: 17097 N Leat Ln Rd Lot 10 Parcel # 171339000 Reason for inspection: 58884

Property owner: Phil Longline Owner's phone:
or

Owner's representative: Representative phone:

Local regulatory authority: Regulatory authority phone:

Brief system description: 1500 tank - 500 ltr chamber chainfield

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: Dan Boyda Certification number:

Business name: License number: 478

Inspector signature: Dan Boyda Phone number:

Necessary or Locally Required Attachments

- [X] Soil boring logs [X] 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:

**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

**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.*

**Compliance criteria:**

For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:  Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:  Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080.2350 or 7080.2400 (Advanced Inspector License required)  Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 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:**

**Indicate depths or elevations**

A. Bottom of distribution media	42"
B. Periodically saturated soil/bedrock	24"
C. System separation	36"
D. Required compliance separation*	36"

\*May be reduced up to 15 percent if allowed by Local Ordinance.

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

**5. Operating Permit and Nitrogen BMP\* – Compliance component #5 of 5**  Not applicable

Is the system operated under an Operating Permit?  Yes  No **If "yes", A below is required**  
 Is the system required to employ a Nitrogen BMP?  Yes  No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

**If the answer to both questions is "no", this section does not need to be completed.**

**Compliance criteria**

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

**Any "no" answer indicates Noncompliance.**

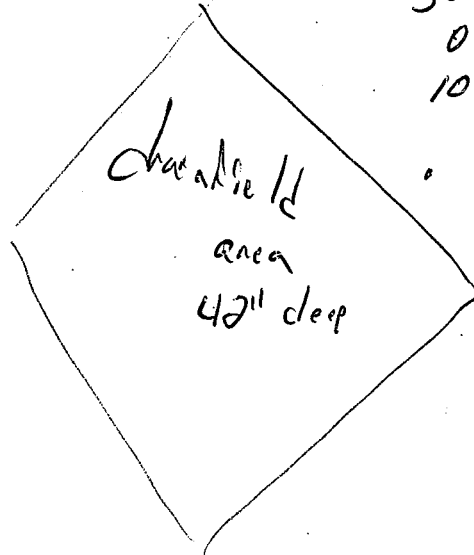
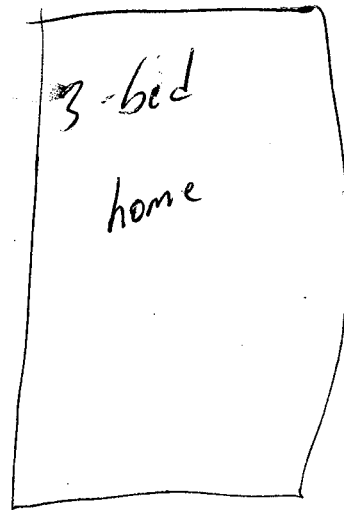
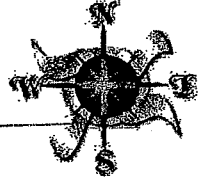
**Upgrade Requirements** (Minn. Stat. § 115.55) *An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground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

# 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 INSPECTION
YEAR	

back lake



soil boring  
0-10 - black  
10-21 - clay  
redox at 24"

Inspection does not imply or guarantee  
future hydraulic functioning, only what  
conditions were found on date of inspection

# Onsite Septic System Application

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

PARCEL	
APP	SEPTIC
YEAR	
SCANNED	
LAKE	

**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: 171339000

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 6 Township 138 Range 42 Township Name Lake Eric

Lake Name Leaf Lake Classification RD

Legal Description: White Oaks Beach 1<sup>st</sup> Lots 5+6

Project Address: 17097 N Leaf Lake Rd.

**2. PROPERTY OWNER INFORMATION (as it appears on the tax statement, purchase agreement or deed)**

Owner's First Name Phillip Langtine Owner's Last Name \_\_\_\_\_

Mailing Address 17097 N Leaf Lake Rd. City, State, Zip Lake Park

Phone Number \_\_\_\_\_

**3. DESIGNER/INSTALLER INFORMATION**

Designer Name Rick Lennor Company Name Lennor Etc. LLC License # 2567

Address 14306 Co Hwy 11 Phone Number 439-3514

Installer Name Same Company Name \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**4. SYSTEM DESIGN INFORMATION**

System Status \_\_\_\_\_ What will new system serve? Check one

- |   |  |
|---|--|
| <input type="checkbox"/> Vacant Lot-No existing system-new structure                    | <input checked="" type="checkbox"/> Dwelling     |
| <input type="checkbox"/> Replacement - structure removed and being rebuilt              | <input type="checkbox"/> Resort/Commercial       |
| <input checked="" type="checkbox"/> Failing -Replacement- cesspool/seepage pit or other | <input type="checkbox"/> Commercial (Non-resort) |
| <input type="checkbox"/> Enlargement of system-Undersized                               | <input type="checkbox"/> Other - explain below   |
| <input type="checkbox"/> Repairs Needed to existing                                     | _____  |
| <input type="checkbox"/> Additional system on property                                  |  |

9-18-15 Date of site evaluation

Design Flow 450 Gallons Per Day  
 Number of Bedrooms 3  
 Garbage Disposal  Yes  No  
 Dishwasher  Yes  No  
 Lift station in House  Yes  No  
 Grinder pump in House  Yes  No

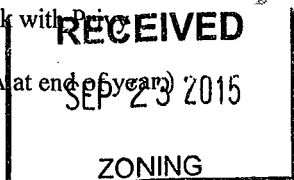
Well Depth 50' +  
 Depth of other wells within 100 ft of system 50' +

Original Soil  Compacted Soil \_\_\_\_\_  
 Type of Soil Observation  
 Pit  Probe  Boring  
 Depth to Restricting Layer 18"  
 Maximum Depth of System Manual

Size of All Tanks to be installed

<input type="checkbox"/> gal Single Compartment Septic Tank	<input type="checkbox"/> gal Separate Lift Station	<input type="checkbox"/> Existing tank w/new Additional Tank
<input type="checkbox"/> gal Compartmented Tank	<input type="checkbox"/> gal Holding Tank	<input type="checkbox"/> Existing tank w/new Lift Station
<input type="checkbox"/> Pit Privy	<input checked="" type="checkbox"/> Existing Tank to be used	<input type="checkbox"/> Holding Tank with _____

Total Number of tanks to be installed in this system 0 (This # will be reported to MPCAs at end of year)



PARCEL	
APP	SEPTIC
YEAR	

Type of Drainfield	Full Size of Drainfield	Reduced/Warrantied size
Chamber Trench	_____ sq ft	_____ sq ft
Rock Trench	_____ sq ft	_____ sq ft
Gravelless	_____ sq ft	_____ sq ft
<input checked="" type="checkbox"/> Mound	<u>400</u> sq ft ***	
Pressure Bed	_____ sq ft ***	
Seepage Bed	_____ sq ft ***	
At-grade	_____ sq ft ***	
Alternative / Performance	_____ sq ft ***	***Attach Worksheets

Type of chamber \_\_\_\_\_  
 Depth of Rock 12"

Alarm? Yes  No \_\_\_\_\_  
 Type of Alarm out door  
 Size of Lift Pump 1/2 hp  
 Size of Lift Line 2"

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well <u>exist</u>	<u>50'</u>	<u>100'</u>
Distance to Building	<u>10' +</u>	<u>100'</u>
Distance to Property Line	<u>30'</u>	<u>20'</u>
Distance to OHW of Lake	<u>100'</u>	<u>100'</u>
Distance to Pressure Line	<u>30'</u>	<u>100'</u>
Distance to Wetland/Protected Water	<u>-</u>	<u>-</u>

Perc Rate \_\_\_\_\_ Soil Sizing Factor 2.2 \*If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
<u>0-18"</u>	<u>top soil</u>	<u>10 yR</u>	<u>Blocky</u>			<u>Same</u>		
<u>18"</u>	<u>clay gray</u>	<u>10 yR</u>	<u>"</u>					

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
	<u>Same</u>							

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

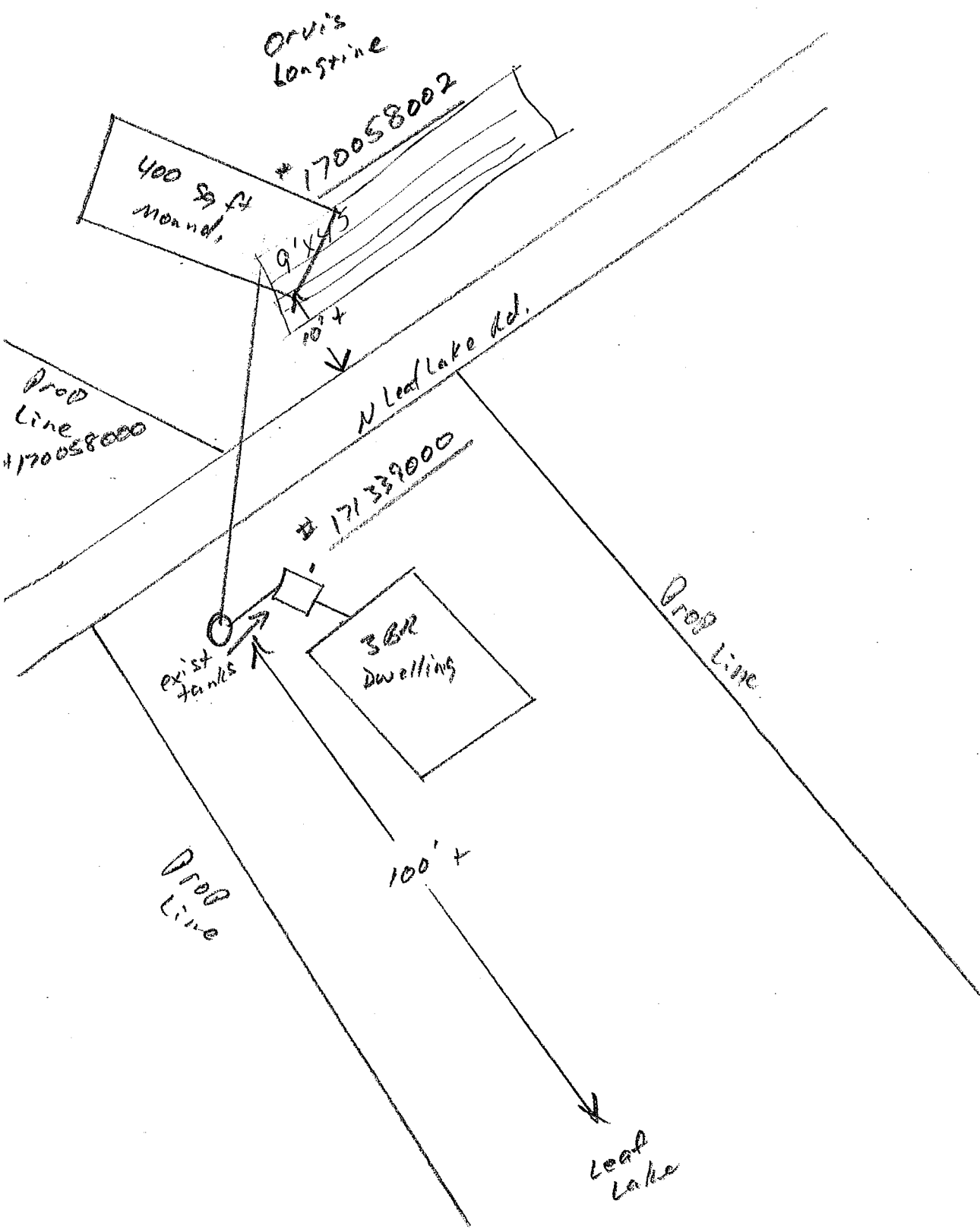
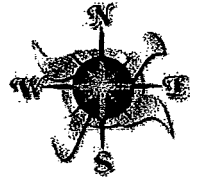
I, Rick Rosner certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

Rick Rosner  
 Signature of Designer \_\_\_\_\_ Date 9-20-15

# 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 INSPECTION
YEAR	



Application Approved by: Hebi Moltz Date: 9-23-10  
Amount Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_ Permit Number \_\_\_\_\_

NOTES: 201596  
614088

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 \_\_\_\_\_ Alarm manufacturer \_\_\_\_\_

Lift pump in system?  Yes  No Pump manufacturer \_\_\_\_\_

Number of bedrooms 3

Component Information

Tank size existing Tank manufacturer \_\_\_\_\_  
Drainfield size 9x45' mound  
Drainfield medium \_\_\_\_\_ Medium manufacturer +18" of sand  
Drainfield medium size/depth \_\_\_\_\_

Soil Verification

Vertical separation verified for Boring #1 on \_\_\_\_\_ Depth 36"  
Vertical separation verified for Boring #2 on \_\_\_\_\_ Depth \_\_\_\_\_  
Vertical separation verified for Boring #3 on \_\_\_\_\_ Depth \_\_\_\_\_

Setback Verification

	TANK	DRAINFIELD
Distance to Well	<del>_____</del>	<u>+100</u>
Distance to Building	<del>_____</del>	<u>+100</u>
Distance to Property Line	<del>_____</del>	<u>+20</u>
Distance to OHW of Lake	<del>_____</del>	<u>+100</u>
Distance to Pressure Line	<del>_____</del>	<u>+100</u>
Distance to Wetland/Protected Water	<del>_____</del>	<u>-</u>

Date System Installed 8/5/16 Installer Rick Renner Inspector Hebi Moltz

CERTIFICATE OF COMPLIANCE

( ) Certificate Is Hereby Denied  
(X) Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting  
With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Signature Hebi Moltz Title Supervisor of Inspectors Date 8/5/16

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

PERMIT MUST BE  
POSTED AT THE  
CONSTRUCTION SITE

Becker County Planning & Zoning  
835 Lake Ave, P O Box 787  
Detroit Lakes, MN 56502-0787  
Phone (218)-846-7314; Fax (218)-846-7266

Onsite Septic System Site Evaluation/Design Tax Parcel Number PL1339.000 911 Address 17097

Legal Description: White Oaks Beach 1st lots 5 & 6 Section 6 TWP 138 Range 42  
N. Leaf Lake Rd

Lake Name Leaf Lake Classification  RD ( ) GD ( ) NE Township Name Lake Eunice

Owner's Name Phil Longtine Mailing Address 17097 N. Leaf Lake Rd

City Lake Park, MN State/Zip 56554 Phone Number 532-7001

Number of Bedrooms 3 Well Casing Depth +50' Garbage Disposal (Yes)  (No)

Design Flow 450 GPD Depth of other Wells within 100 ft of system NONE Grinder Pump/Lift Station In House (Yes)  (No)

Type of Observation: Probe Pit  Boring Original Soil (Yes)  (No)  Compacted Soil (Yes)  (No)  Proposed Design

Depth to Restricting Layer +3' ( ) Replace Septic Tank ( ) Standard rock- depth

Maximum Depth of System 2' ( ) Septic Tank/Drainfield ( ) Standard gravelless

Perc Rate 11 Soil Sizing Factor 1.17 ( ) Drainfield Only ( ) Mound ( ) Standard Bed

( ) Holding Tank ( ) Pressurized Bed ( ) At Grade

Lift Station ( ) Chamber H10, EQ36 other

SOIL BORING LOG

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE	DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-7	SANDY LOAM	10YR2/1 BLACK	BLOCKY PLATY PRISMATIC NONE	0-11	SANDY LOAM	10YR2/1 BLACK	BLOCKY PLATY PRISMATIC NONE
7-13	CLAY LOAM	10YR5/4 Y. BAN	BLOCKY PLATY PRISMATIC NONE	11-15	CLAY LOAM	10YR5/4 Y. BAN	BLOCKY PLATY PRISMATIC NONE
13-60	SANDY LOAM	10YR 6/6 B. Yellow	BLOCKY PLATY PRISMATIC NONE	15-60	SANDY LOAM	10YR 6/6 B. Yellow	BLOCKY PLATY PRISMATIC NONE

Type of alarm Device on lift Station or Holding tank

ELRC

Attach perc test Information if Required

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

Name and Address of Designer GRANT Olson, Audubon, MN Phone 439-6425

MPCA Number 932 Date of Site Evaluation 5-28-02 Signature of Designer Grant Olson

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.

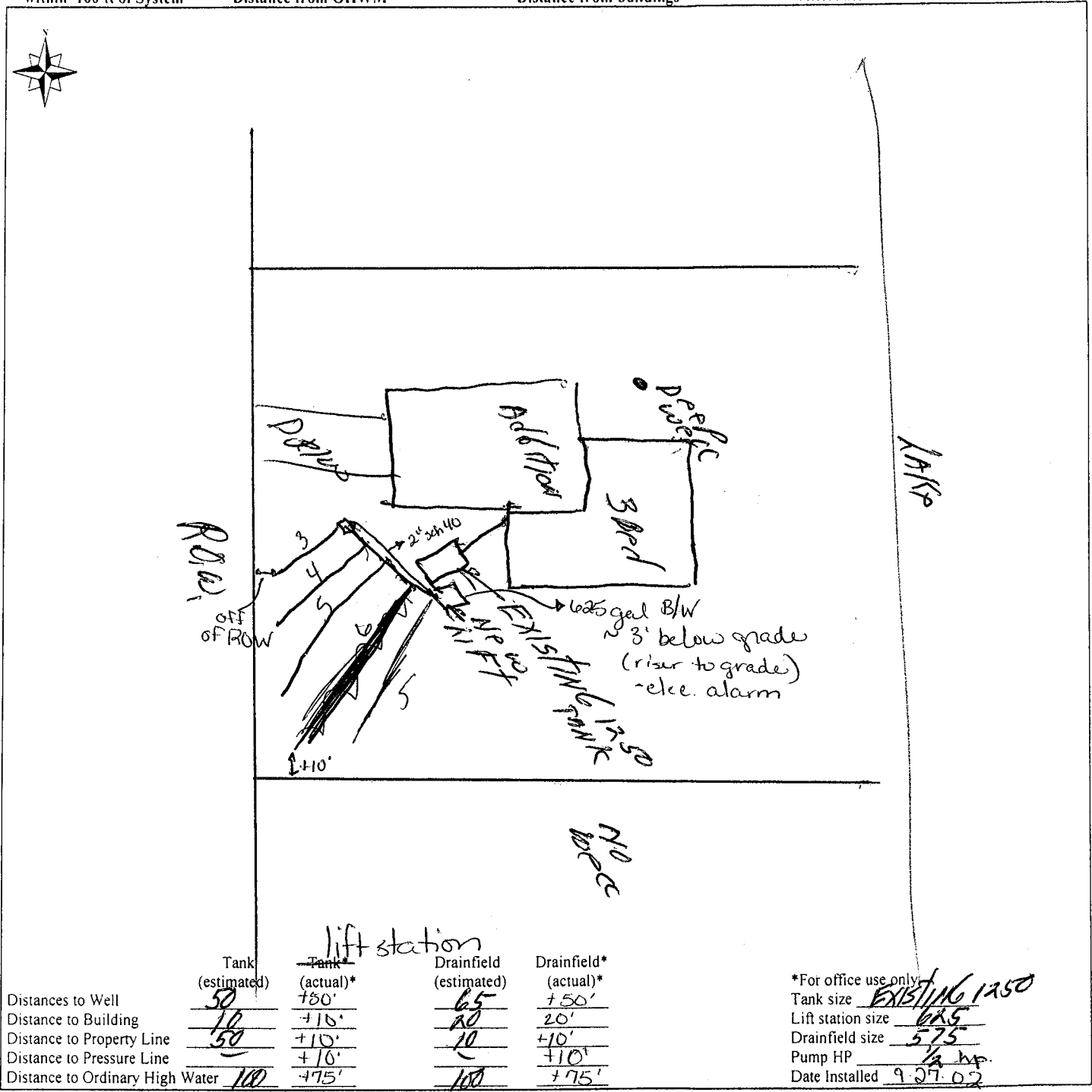
Date Received 9-19-02 Application Fee 75<sup>00</sup> Fine 0 Total 75<sup>00</sup>

[ ] Application is hereby denied  
[  ] Application is hereby granted to PHILLIP LONGTINE 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: Nancy Young Signature of Becker County Qualified Employee 9.20.02 Date Permit Issued 18328e Permit Number  
This permit expires on 9.20.02

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

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



	Tank (estimated)	Tank (actual)*	Drainfield (estimated)	Drainfield* (actual)*	
Distances to Well	50	+80'	65	+50'	*For office use only Tank size <u>EXISTING 1250</u> Lift station size <u>625</u> Drainfield size <u>575</u> Pump HP <u>1/2 hp.</u> Date Installed <u>9-27-02</u>
Distance to Building	10	+10'	20	20'	
Distance to Property Line	50	+10'	10	+10'	
Distance to Pressure Line		+10'		+10'	
Distance to Ordinary High Water	100	+75'	100	+75'	

\*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.

Signature: Nancy Young Title: Zoning Inspector Date: 10.2.02  
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

LEIF LAKE

60

22

20

20

HOUSE

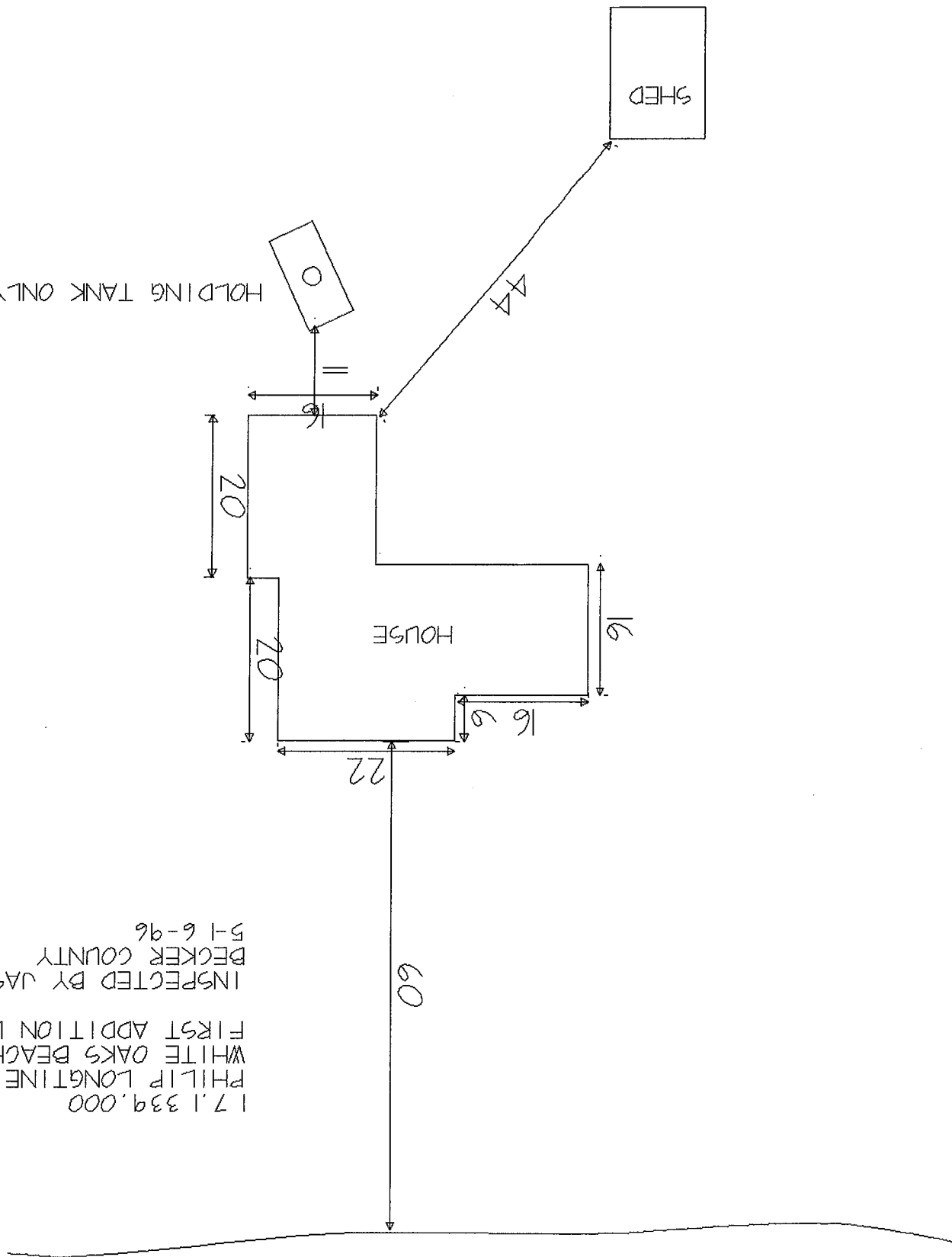
16

16

SHED

HOLDING TANK ONLY

1 7.1 339,000  
PHILIP LONGTINE  
WHITE OAKS BEACH  
FIRST ADDITION LOTS 5 AND 6  
INSPECTED BY JASON FLATAU  
BECKER COUNTY  
5-16-96



Parcel #: 17.1339.000

Lake: **LIEF**

Last Name: LONGTINE

First Name: PHILLIP

Mailing address: MOORHEAD, MN 56560

Fire #:

Dwelling type: HOUSE

Year round: NO

# bedrooms:

Type well: PROBABLY FROM LAKE

Type sewer: HOLDING TANK ONLY

Date installed: June 1987

Installed by: RICHARD WESTLUND

Compliance: YES

Components:

Last inspected:

Comments 1:

Comments 2:

Comments 3:

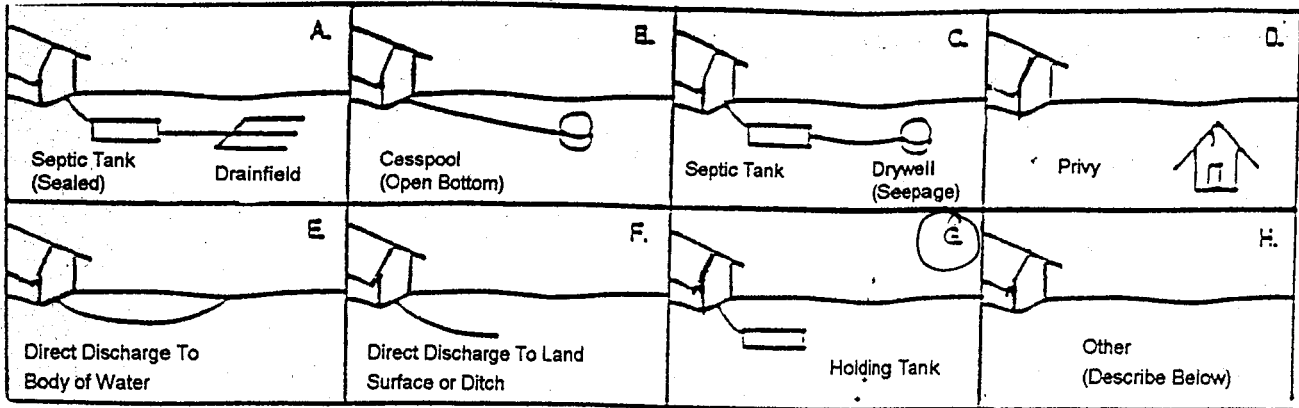
Comments 4:

Comments 5:

**SEWER SYSTEM STUDY**

Please complete the Study, to the best of your knowledge, for review by the Zoning Office. If you have any questions, please contact the Zoning Office at (218) 846-7314.

Please circle the letter that best describes your system.



H. (other) Please describe \_\_\_\_\_

What is the capacity of the septic tank? 1000 gal Area of drainfield? \_\_\_\_\_

Does your system have a lift station? Yes  No  Date the system was installed 1987

Total Square Footage of Home/Cabin 1000 sq ft

Number of Bedrooms in home 3 Number of people occupying the home 2

Is your home/cabin year around or seasonal seasonal

Circle the following items that your home is equipped with:

- |                   |              |                 |                      |
|-------------------|--------------|-----------------|----------------------|
| Garbage Disposal  | Dishwasher   | Water Softener  | Hot Tub              |
| Foundation Drains | Rain Gutters | Washing Machine | Spa                  |
| Low Flow Toilets  | Suds Saver   | Water Meter     | Low Flow Showerheads |

List the above items that are connected to the sewer system Sinks & stool

How often do you have your system pumped? 2 times a year

Most recent date system was pumped Aug-1

Most recent date of any repair to system None

Do you object if your system is inspected by one of our inspectors? NO

I hereby certify with my signature that all data is true and correct to the best of my knowledge.

Phillip Long Signature Feb 11, 1996 Date

Distance from Well  
Distance from Property Line  
Tank Capacity  
Area of Drainfield  
Distance from Ordinary High  
Water Mark

to Tank

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to Drainfield

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Well Data

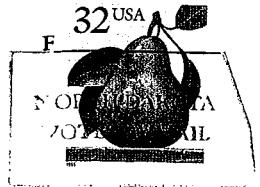
Depth \_\_\_\_\_  
Diameter \_\_\_\_\_  
Depth of Casing \_\_\_\_\_

Drilled Well  
 Sandpoint Well

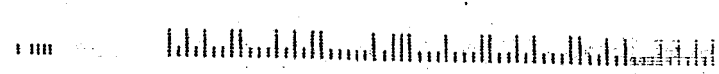
Please draw a site plan of your property. Include buildings, wells, septic systems, and setback distances.

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

PHILLIP & LUCILLE LONGTINE  
332 BROOK AVE  
MOORHEAD, MN 56560-4905



BECKER COUNTY ZONING OFFICE  
829 LAKE AVE  
PO BOX 787  
DETROIT LAKES, MN 56502-0787



LEGAL DESCRIPTION AND LOCATION  
White Oaks Beach 1st addition 138 42  
Lots 586 Lily Lake  
Lake Eunice

0157

IDENTIFICATION: Please Print All Information

Last Name	First	Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
Owner	Longtine	Phillip	E 332 Brook Ave Moorhead Minn.	56560	233-7633
Contractor	Name Phillip Longtine SAME AS ABOVE				

TYPE OF IMPROVEMENT: ( ) New Building ( ) Alteration Other Addition

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: Asphalt

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) 16 x 16 ft Bedrooms 2 Baths 1

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

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	+300 Sq. Ft.	Sq. Ft.
Distance from nearest well	+75 Ft.	+75 Ft.	Ft.
Distance from lake or stream	+75 Ft.	+75 Ft.	Ft.
Distance from occupied building	+10 Ft.	+10 Ft.	Ft.
Distance from property line	+10 Ft.	+10 Ft.	Ft.
Distance from bottom to Water Table	Ft.	+4 Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 100' x 160' square feet. Water frontage is 100'

Building set back from high water mark is 40' 50" feet. (Building Line)

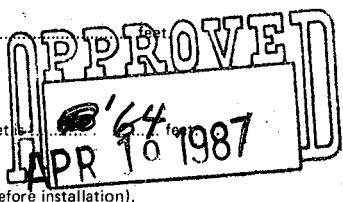
Land height above high water mark at building line is 20' feet

Building set back from State highway is \_\_\_\_\_ feet — from road or street is 64'

Side yard is 20' 30" and 20' 30" feet. Rear yard is 40' 64" feet.

Building will be located 15' feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located 15' 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 April - 6, 1987 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

Bldg. 18.00  
 Sewer 20.00  
 State Surcharge \$ .50

Becker County Zoning Administrator Floyd Suenby

Comments: Total \$38.50 MAY NEED LIFT STATION TO DRAIN FIELD

### 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	
		Gls.		Gls.		SF		SF		SF		SF
Capacity												
Distance from Nearest Well	F		F		F	75	F		F	50	F	
Distance from Lake or Stream	F		F		F		F		F		F	
Distance from Occupied Building	F	10	F		F	20	F		F	20	F	
Distance from Property Line	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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

8/3/83  
 24 3/2  
 163/5  
 17

**SEWAGE DISPOSAL SYSTEM STATISTICS**

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	1600 Gls.			SF		SF
Distance from Nearest Well	50 F	F	F	75 F	F	50 F
Distance from Lake or Stream	135 F	F	F	F	F	F
Distance from Occupied Building	<del>100</del> F	10 F	F	20 F	F	20 F
Distance from Property Line	110 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: Holiday tanks only

Richard W. Weston

**INTERPRETATION OF ABBREVIATIONS**

- Gls — Gallons
- SF — Square Feet
- F — Linear Feet

Mari Kuehly  
 Inspector's Signature

Inspection Dated 6-11 19 89

\_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Agency

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION: White Oak Beach

Lake No. \_\_\_\_\_ Name Lake Lake Classif. \_\_\_\_\_ Sec. \_\_\_\_\_ TWP 138 Range 47 TWP Name LAKE EMMET

IDENTIFICATION: Please Print

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

Contractor Name \_\_\_\_\_

TYPE OF IMPROVEMENT:  New Building  Alteration  
 Other: Alteration

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:

Lot Area is \_\_\_\_\_ square feet. Water frontage is \_\_\_\_\_ feet.

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

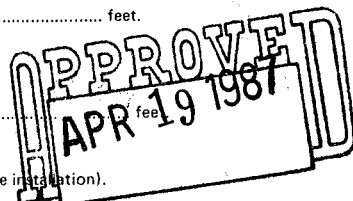
Land height above high water mark at building line is \_\_\_\_\_ feet

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 \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_ State Surcharge \$ \_\_\_\_\_

Becker County Zoning Administrator

Comments: 1138 20

**CERTIFICATE OF COMPLIANCE  
SEWAGE SYSTEM**

This certificate has been issued this 22 day of JULY, 19 87.

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

The premises covered by this certificate are legally described as: WHITE OSKS BEACH 1ST ADD LOTS 5&6

Lake No. 3-575 Sec. 5 Twp. 138 Range 42 Twp. Name LAKE EUNICE  
SEPTIC TANK

CAPACITY  
DISTANCE FROM NEAREST WELL  
DISTANCE FROM LAKE OR STREAM  
DISTANCE FROM OCCUPIED BUILDING  
DISTANCE FROM PROPERTY LINE  
DISTANCE FROM BOTTOM TO WATER TABLE

Owner: Name PHILLIP LONGTINE

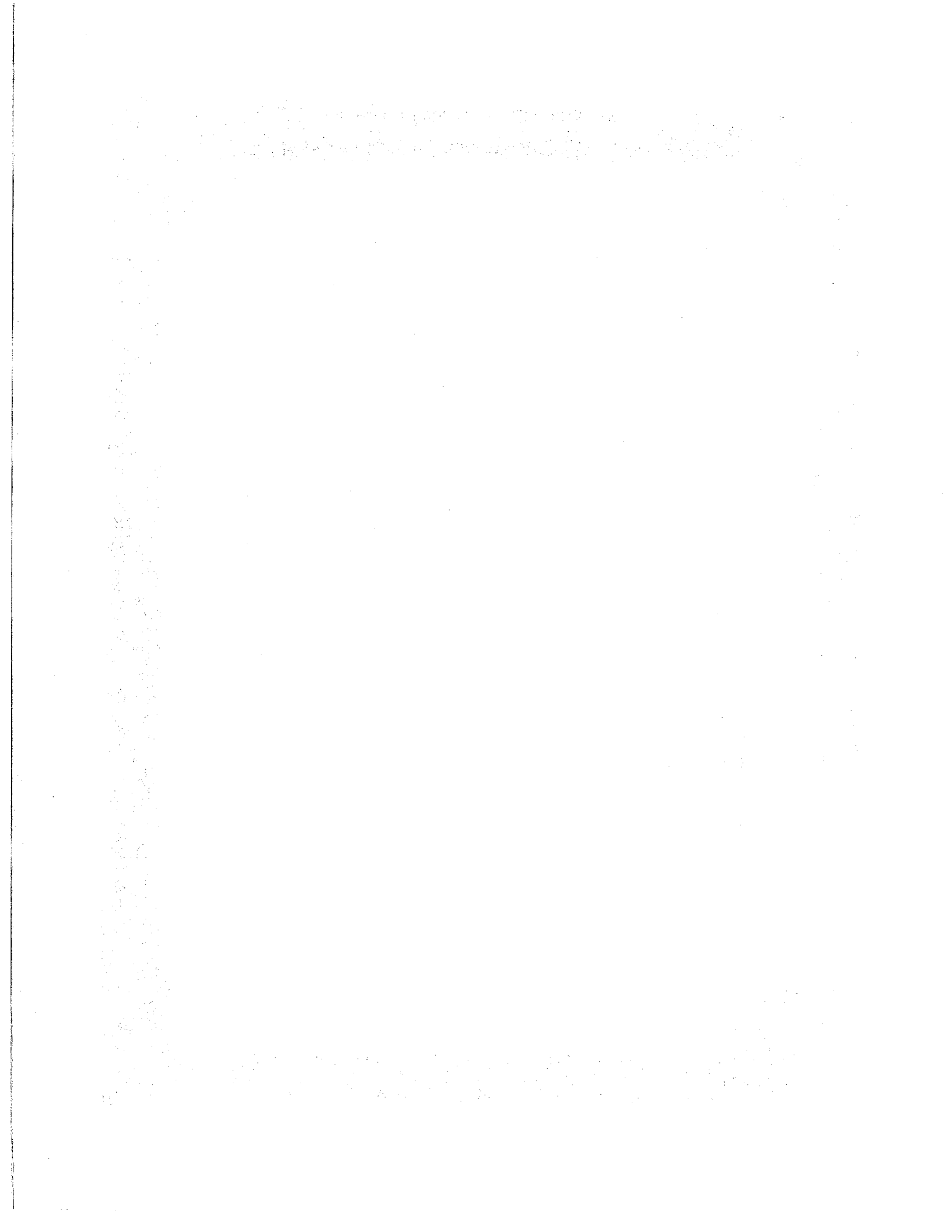
Address 322 BROOK AVENUE MOORHEAD, MN

Zip No. 56560

Permit No. SP 12-15,511-34

HOLDING TANK ONLY.

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



# BECKER COUNTY

9-15511-34

Permit Number

12-15511-34

Date 4-18-87

Building Addition Sewage System

1000gls  
+300 SF

Township Lake Eunice Sec. Description

T138N R42W

White Oak Beach 1st Addition

lots 5 & 6

Work Authorized Addition 16' x 16'

Issued to: Name Phillip E Lonqaine

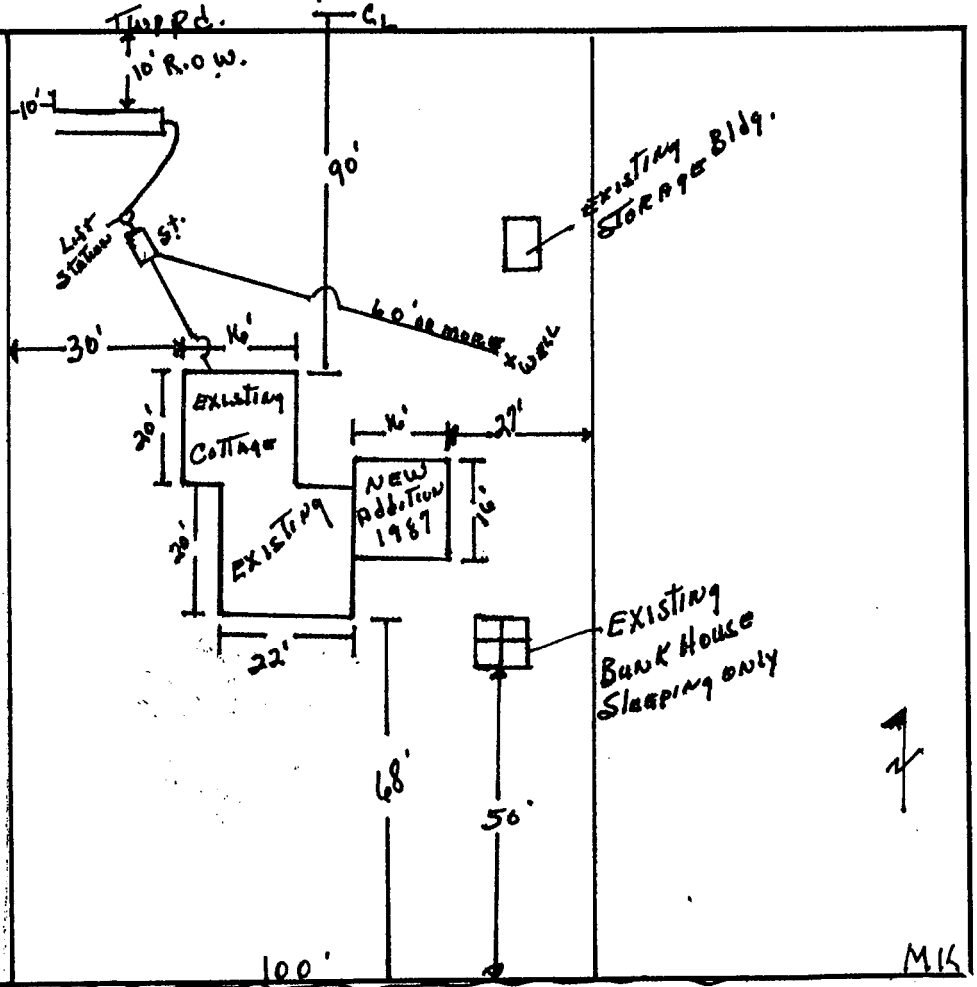
Address: 332 Brook Ave

Town Moorhead

State MN

Zip 56560

Sketch



1 Inch = \_\_\_\_\_ Feet

NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. Notify Becker County Zoning Administrator (847-4427) before building footings have been completed. No part of the sewage system shall be covered until it has been inspected and approved. Notify the Zoning Administrator 24 hours before the job is ready for inspection.

*Floyd Sweeney*  
Becker County Zoning Administrator

BECKER COUNTY  
DETROIT LAKES, MN 56501

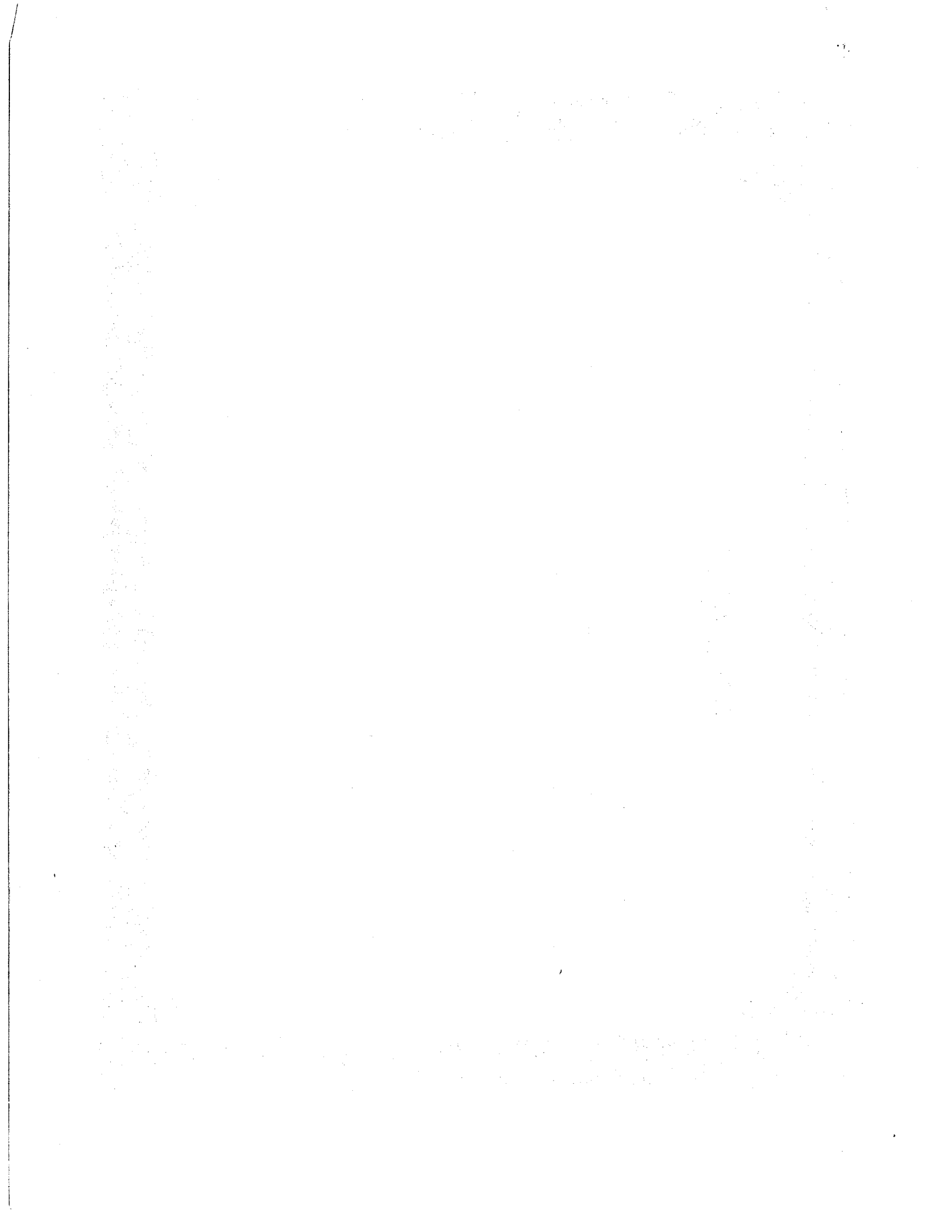
TO BE COMPLETED BY PERSON INSTALLING SYSTEM  
I hereby attest that I am familiar with the minimum standards required by the BECKER COUNTY ZONING ORDINANCE regarding sewage systems and that I have installed the above system in accordance with those standards.

Mr. Arthur Aukland  
N.D.S. Power House  
Fargo, North Dakota 58102  
PERMIT # 976

  
Licensed Installer

APR 14 1973  
Date of Installation

Please return when completed to Becker County Zoning Office - Court House -  
Becker County.



White - Office  
 Yellow - Inspector  
 Pink - Owner

**BECKER COUNTY ZONING ADMINISTRATOR**

COUNTY COURT HOUSE

Phone 218-847-7721 — Detroit Lakes, MN 56501

APPLICATION FOR PERMIT TO INSTALL SEWAGE DISPOSAL SYSTEM

<b>LEGAL DESCRIPTION AND LOCATION</b>		Permit No. _____						
		Date _____						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Lake No.</td> <td style="width:20%;">Lake Name</td> <td style="width:15%;">Lake Classif.</td> <td style="width:5%;">Sec.</td> <td style="width:10%;">TWP</td> <td style="width:10%;">Range</td> <td style="width:30%;">TWP Name</td> </tr> </table>	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name		

**IDENTIFICATION: Please Print All Information.**

<b>OWNER</b>	Last Name	First	Initial	Mailing Address —No. Street, City and State	Zip No.	Tel. No.
<b>SEWAGE SYSTEM INSTALLER</b>	Name _____					

⏏ This System will be ready for inspection on \_\_\_\_\_, 19\_\_\_\_

*This space for office use only*

\_\_\_\_\_ 19\_\_\_\_ M \_\_\_\_\_

Date Rec'd                      Time Rec'd                      Phone Call Rec'd By

\_\_\_\_\_  
 Owner or Agent Signature

**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*

**RECORD OF TESTS:**

Inspection was made on \_\_\_\_\_, 19\_\_\_\_, Time \_\_\_\_\_M By \_\_\_\_\_

PERCOLATION TEST DATA: Date of First Test \_\_\_\_\_, 19\_\_\_\_, Rate \_\_\_\_\_

\_\_\_\_\_ Date of Second Test \_\_\_\_\_, 19\_\_\_\_, Rate \_\_\_\_\_

1st Test Taken By \_\_\_\_\_

\_\_\_\_\_ First Test \_\_\_\_\_ + 2nd Test \_\_\_\_\_ = \_\_\_\_\_<sup>2</sup> = \_\_\_\_\_ Rate \_\_\_\_\_

**Agreement:** The undersigned hereby makes application for permit to install or extend Sewage Disposal System herein specified, agreeing to do all such work in strict accordance with ordinances of the County of Becker, Minnesota and Minnesota Individual Sewage Disposal Code Minimum Standards set forth by Minnesota Department of Health. Applicant agrees that plot plan, sketches and specifications submitted herewith and which are approved by Zoning Administrator shall become a part of the permit. Applicant further agrees that no part of the 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 \_\_\_\_\_

**Permit:** Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon express condition that the person to whom it is granted, and his agents, employees and workmen shall conform in all respects to ordinances of Becker County Minnesota.

**NOTE:** Permit void if work is not commenced within (6) months.

Issued Date: \_\_\_\_\_ Becker County Zoning Administrator

Fee \$ \_\_\_\_\_ Surcharge \$ \_\_\_\_\_

Comments: \_\_\_\_\_

# INSPECTION RESULTS

*Inspector must make all measurements*

## SEWAGE DISPOSAL SYSTEM STATISTICS

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

Inspector's Comments: \_\_\_\_\_

*Real good job  
Seems to be a real good Installer  
— Gordon E. Bre*

Date of Inspection 4-4-73 1973

Time of Inspection P.M. M

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

Mark Kuehne  
Signature of Inspector

Reg. Inspector  
Job Title

Becker County Zoning  
Agency

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

BECKER COUNTY ZONING ADMINISTRATION

COUNTY COURT HOUSE

Phone 218-847-7721 - Detroit Lakes, Minn. 56501

APPLICATION FOR BUILDING PERMIT AND CERTIFICATE OF OCCUPANCY

File with

764

LEGAL DESCRIPTION AND LOCATION	White Oak Beach	Permit No. 976				
	Block One Lot 5-6	Date 3-30-73				
Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
575	LEIF	R.D.	6	138	42	LAKE FURVIE

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address - No. Street, City and State	Zip No.	Tel. No.
	MULLIKEN	ARTHUR		N.D.S.U. POWER HOUSE ND DAK.	58102	
Contractor	Name					
	SELF					
Architect	Name					

<b>TYPE OF IMPROVEMENT:</b> <input checked="" type="checkbox"/> New Building <input type="checkbox"/> Alteration <input type="checkbox"/> Other	<b>RESIDENTIAL PROPOSED USE:</b> <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling <input type="checkbox"/> Other Size	<b>NON-RESIDENTIAL PROPOSED USE:</b> Specify: <u>RRIOY</u> <u>4' X 6'</u>
--	---	---

<b>ESTIMATED COST OF IMPROVEMENT \$</b> <u>50.00</u> (omit cents)	<b>PRINCIPAL TYPE OF FRAME:</b> <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify	<b>TYPE OF SEWAGE DISPOSAL:</b> <input type="checkbox"/> Public <input type="checkbox"/> Individual Septic Tank, etc. <b>WATER SUPPLY:</b> <input type="checkbox"/> Public <input type="checkbox"/> Individual Well <b>MECHANICAL EQUIPMENT:</b> 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	<b>DIMENSIONS:</b> Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: ..... Sq. feet (outside dimension) ..... Bedrooms ..... Baths ..... <b>HEATING:</b> <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other:
---	--	--	--

**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 PRIVY 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.

Dated 3-30-73 [Signature]  
 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 4-2-73 [Signature]  
 Becker County Zoning Administrator

Permit Fee \$ 10.00 State Surcharge \$ .50

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Handwritten notes at the top of the page, including the word "Introduction" and some illegible scribbles.

Second section of handwritten text, appearing to be a list or series of points.

Third section of handwritten text, continuing the notes or list.

Fourth section of handwritten text, with some more distinct markings.

Fifth section of handwritten text, showing some organized structure.

Sixth section of handwritten text, including a large, bold scribble.

Final section of handwritten text at the bottom of the page.

White - Office  
 Yellow - Inspector  
 Pink - Owner

**BECKER COUNTY ZONING ADMINISTRATOR**

COUNTY COURT HOUSE

Phone 218-847-7721 - Detroit Lakes, MN 56501

APPLICATION FOR PERMIT TO INSTALL SEWAGE DISPOSAL SYSTEM

LEGAL DESCRIPTION AND LOCATION	Lots 5-6 Block 1 White Oaks Beach							Permit No. <u>976</u>
								Date <u>5-30-73</u>
LOCATION	<u>575</u>	<u>LEIF</u>	<u>RD</u>	<u>6</u>	<u>138</u>	<u>42</u>	<u>LAKE FUNICE</u>	
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name	

IDENTIFICATION: Please Print All Information.

OWNER	Last Name	First	Initial	Mailling Address --No. Street, City and State	Zip No.	Tel. No.	
	<u>Arthur HUKLAND</u>			<u>N.D.S.U., POWER HOUSE</u> <u>NORTH DAK. 58102</u>			
SEWAGE SYSTEM INSTALLER	Name						

This System will be ready for inspection on \_\_\_\_\_, 19\_\_\_\_

This space for office use only

Date Rec'd _____ 19____	Time Rec'd _____ M	Phone Call Rec'd By _____
-------------------------	--------------------	---------------------------

Owner or Agent Signature \_\_\_\_\_

SEWAGE DISPOSAL SYSTEM DATA:

	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1000 gal</u> <u>750</u> Gls.	Sq. Ft.	<u>70</u> Ft.
Distance from nearest well	<u>50'</u> Ft.	Ft.	<u>50'</u> Ft.
Distance from lake or stream	<u>75'</u> Ft.	Ft.	<u>75'</u> Ft.
Distance from occupied building	<u>10'</u> Ft.	Ft.	<u>10'</u> Ft.
Distance from property line	<u>10'</u> Ft.	Ft.	<u>10'</u> Ft.
Distance from bottom to Water Table	<u>4'</u> Ft.	Ft.	<u>4'</u> Ft.

All distances are shortest distance between nearest points

RECORD OF TESTS:

Inspection was made on \_\_\_\_\_, 19\_\_\_\_, Time \_\_\_\_\_ M By \_\_\_\_\_

PERCOLATION TEST DATA: Date of First Test \_\_\_\_\_, 19\_\_\_\_, Rate \_\_\_\_\_

Date of Second Test \_\_\_\_\_, 19\_\_\_\_, Rate \_\_\_\_\_

1st Test Taken By \_\_\_\_\_

2nd Test Taken By \_\_\_\_\_ First Test \_\_\_\_\_ + 2nd Test \_\_\_\_\_ = \_\_\_\_\_ = \_\_\_\_\_ Rate

**Agreement:** The undersigned hereby makes application for permit to install or extend Sewage Disposal System herein specified, agreeing to do all such work in strict accordance with ordinances of the County of Becker, Minnesota and Minnesota Individual Sewage Disposal Code Minimum Standards set forth by Minnesota Department of Health. Applicant agrees that plot plan, sketches and specifications submitted herewith and which are approved by Zoning Administrator shall become a part of the permit. Applicant further agrees that no part of the system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the County Zoning Administrator, 48 hours before the job is ready for inspection.

Dated MAY 30, 1973

Arthur Hukland  
Signature

**Permit:** Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon express condition that the person to whom it is granted, and his agents, employees and workmen shall conform in all respects to ordinances of Becker County Minnesota.

**NOTE:** Permit void if work is not commenced within (6) months.

Issued Date: MAY - 30 - 73

Floyd Lundy  
Becker County Zoning Administrator

Fee \$ \_\_\_\_\_ Surcharge \$ \_\_\_\_\_

Comments: \_\_\_\_\_

# BECKER COUNTY

Sewage Permit No. SP No. \_\_\_\_\_

Location: Lake No. \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Range \_\_\_\_\_ Twp. Name \_\_\_\_\_

Issued \_\_\_\_\_ 19\_\_\_\_, To \_\_\_\_\_  
Work Authorized \_\_\_\_\_

NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. No part of system shall be covered until it has been inspected and approved. Notify Zoning Administrator, (847-7721) office when job is ready for inspection.

Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA  
Board of County Commissioners

RECORDS  
OF  
THE  
COURT  
OF  
COMMONS  
IN  
PARLIAMENT