

White - Office
 Yellow - Inspector
 Pink - Owner

BECKER COUNTY ZONING ADMINISTRATOR



180137000

POSAL SYSTEM

LEGAL DESCRIPTION AND LOCATION: **80 AC**

Permit No. 1187.5
 Date 5-22-73

Lake No. _____ Lake Name _____ Lake Classif. 21 Sec. 139 TWP 43 Range 43 TWP Name LAKE PARK

IDENTIFICATION: Please Print All Information.

OWNER	Last Name <u>DUX</u>	First <u>ARTHUR</u>	Initial	Mailing Address - No. Street, City and State <u>LAKE PARK</u> <u>RTE 1 MN. 56554</u>	Zip No.	Tel. No.
SEWAGE SYSTEM INSTALLER	Name <u>Henneman</u>					

This System will be ready for inspection on May 24, 1973

This space for office use only

Date Rec'd _____ 19____ M _____
 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>500</u> Gls.	Sq. Ft.	<u>50</u> Ft.
Distance from nearest well	<u>75</u> Ft.	Ft.	Ft.
Distance from lake or stream	<u>—</u> Ft.	Ft.	<u>—</u> Ft.
Distance from occupied building	<u>75</u> Ft.	Ft.	<u>75</u> Ft.
Distance from property line	<u>200</u> Ft.	Ft.	<u>200</u> Ft.
Distance from bottom to Water Table	<u>15</u> Ft.	Ft.	<u>10'</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 5-22-73

Arthur Dux
 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: 5-22-73

Floyd Suenby
 Becker County Zoning Administrator

Fee \$ 3 Surchage \$ 50

Comments: Paid 5-22-73

no #1 - Smith
3 miles west of lake park
Checked 5-24-73

Scale: Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated _____ 19 _____

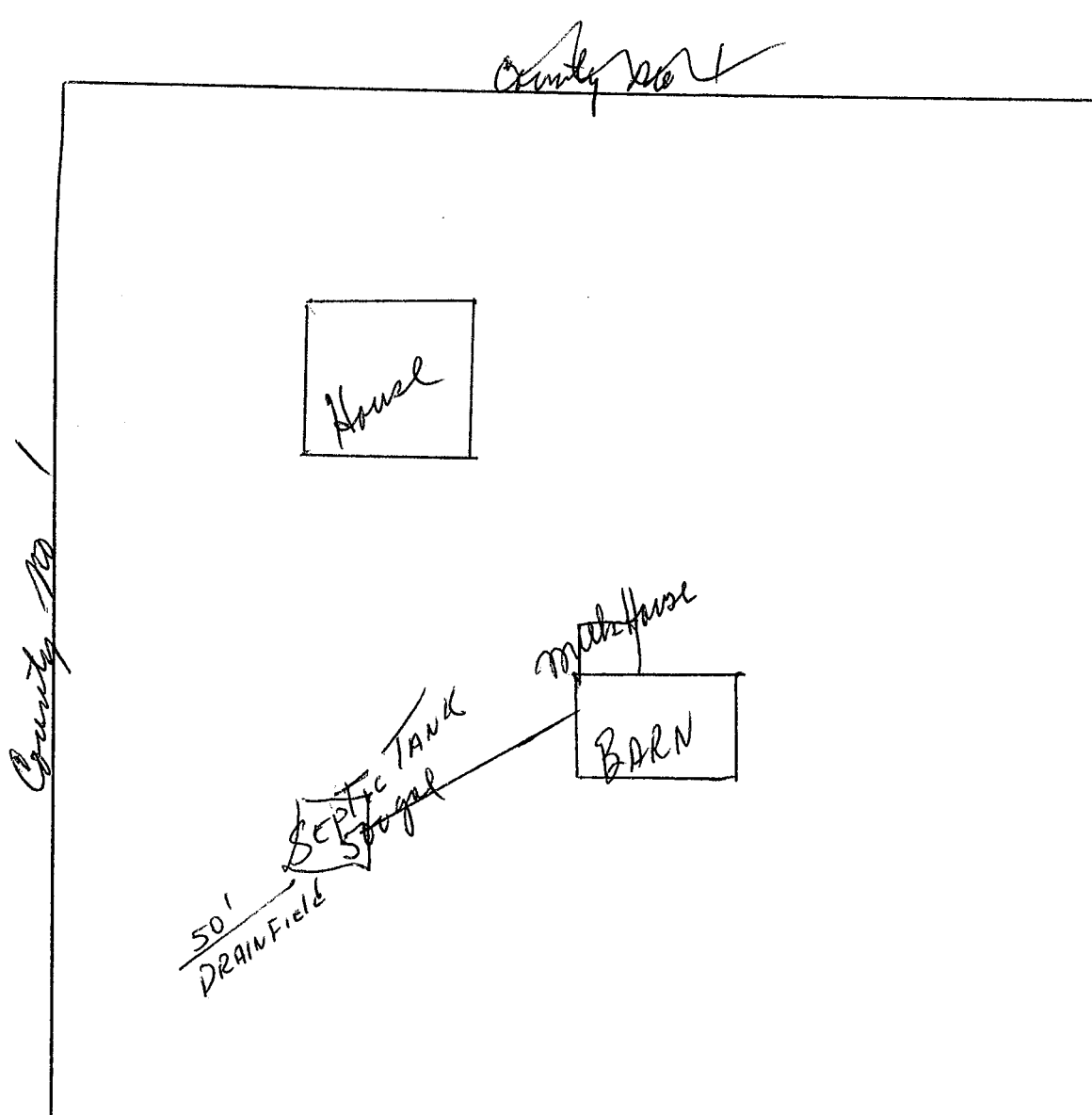
Application for Sewage System Permit Dated 5-22 19 73

Building Permit Number _____ Sewage System Permit Number 1187-5

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

Dated 5-22 19 73

Arthur Klump
Signature



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

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	Permit No. _____ Date _____
	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. _____
SEWAGE SYSTEM INSTALLER	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 _____

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 _____

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	500	Gls.	500	Gls.		SF		SF	50	8F		SF
Distance from Nearest Well	75	F	50	F		F	75	F	75	F	50	F
Distance from Lake or Stream	←	F	—	F		F		F	←	F		F
Distance from Occupied Building	25	F	10	F		F	20	F	75	F	20	F
Distance from Property Line	200	F	10	F		F	10	F	200	F	10	F
Distance from Bottom to Water Table	—	F	—	F		F	4	F	8	4	4	F

Inspector's Comments: _____

*Could have used more rock
over his drain tile - and also larger rock*

Date of Inspection May 24 1973

Time of Inspection P M

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

Mark Kuehne
 Signature of Inspector
Bldg. Inspector
 Job Title
Becker County zoning
 Agency

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this _____ day of _____ 19____.

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

The premises covered by this certificate are legally described as:

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

Owner: Name _____

Address _____

Zip No. _____

Permit No. SP _____

Signed by: _____

Zoning Administrator
Becker County, Minnesota

