



180249000
St. Paul, MN 55155-4194

Compliance Inspection Form

Listing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

RECEIVED

For local tracking purposes:

JUN 11 2020

ZONING

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

System Status

System status on date (mm/dd/yyyy): 6-1-2020

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

Property address: 17117 Alpine Lane

Parcel ID# or Sec/Twp/Range: 180249000

Property owner: Marilyn Haugen

Reason for inspection: County

or

Owner's phone: 761-212-7452

Owner's representative: _____

Representative phone: _____

Local regulatory authority: Becker County Zoning

Regulatory authority phone: _____

Brief system description: Concrete Holding Tank

Comments or recommendations:

- Needs 6" CAP on TANK -

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: David Orr

Certification number: 2228

Business name: Davey's Septic Service

License number: 2884

Inspector signature: [Signature]

Phone number: 218-457-1793

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

- 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)

Any "yes" answer above indicates the system is an imminent threat to public health and safety.

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

- 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)

Any "yes" answer above indicates the system is failing to protect groundwater.

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

Explain: _____

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____
(mm/dd/yyyy) Unknown

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: Yes No

Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

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: Yes No

Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*

"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080, 2950 or 7080,2400 (Advanced Inspector License required) Yes No

Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

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:

6" water 6-1-2020
6" cap is broken & needs to be replaced

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 (TPHS) 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 falling 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.

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

1. PROPERTY DATA (as it appears on the tax statement)

Parcel Number(s) of property system will be installed R 18.0249.000
(if parcel is a new split and a parcel number has not yet been issued, indicate the main parcel number from which the new parcel has been split from)

Section 29 Township 139 Range 43 Township Name LAKE PARK

Lake Name Bejou Lake Classification _____

Legal Description: Lot 7 except S 25'; Lots 8 & 9

Project Address: 17117 Alpine Lane Lake Park, MN

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

Owner's First Name MARLIN Owner's Last Name Haugen

Mailing Address 6857 250th St. South City, State, Zip HAWLEY MN 56549

Phone Number 218-237-5265

3. DESIGNER/INSTALLER INFORMATION

Designer Name David Ohm Company Name Ohm Excavating License # 932

Address P.O. Box 293 Audubon Phone Number 218-439-6428

Installer Name David Ohm Company Name Ohm Excavating License # 932

Address P.O. Box 293 Audubon Phone Number 218-234-1256

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 8-12-06

EXISTING SYSTEM STATUS - Check One What will new system serve? Check one

- No existing system-new structure
- Cesspool/Seepage
- Failing (other than cesspool)
- Undersized
- Replacement or repair to existing

- Dwelling
- Resort/Commercial
- Commercial (non resort)
- Other - explain below

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

Well Depth 750
Depth of other wells within
100 ft of system 750

Original Soil Compacted Soil _____
Type of Soil Observation _____
Pit _____ Probe _____ Boring _____
Depth to Restricting Layer _____
Maximum Depth of System _____

Size of All Tanks to Be installed
~~1600~~ gal Septic Tank
 gal Lift Station
 1800 gal Holding Tank
 gal Other Tanks

Type of Drainfield Medium to be used
 Chamber
 H10 EQ36
 Drainfield Rock
 Rock Depth
 Gravelless
 Experimental
 No Drainfield

Type of Alarm _____
 Size of Lift Pump _____
 Size of Lift Line _____

Type of Drainfield to be installed
 Trench _____ sq ft
 At-grade _____ sq ft
 Pressure Bed _____ sq ft
 Seepage Bed _____ sq ft
 Mound _____ sq ft

SETBACKS
 TANK
 Distance to Well 70
 Distance to Building +20
 Distance to Property Line 10
 Distance to OHW +75
 Distance to Pressure Line _____
 DRAINFIELD

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

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure

5. DESIGNER'S CERTIFIED STATEMENT

I, David Ohm 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).

Signature of Designer _____ Date 8-17-06

*****FOR OFFICE USE ONLY*****
 Application Approved by: Habi Moltz Date: 8-18-06
 Amount Paid 100 Receipt Number 112504-336630 Permit Number _____

CERTIFICATE OF COMPLIANCE

() Certificate Is Hereby Denied
 (X) 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.

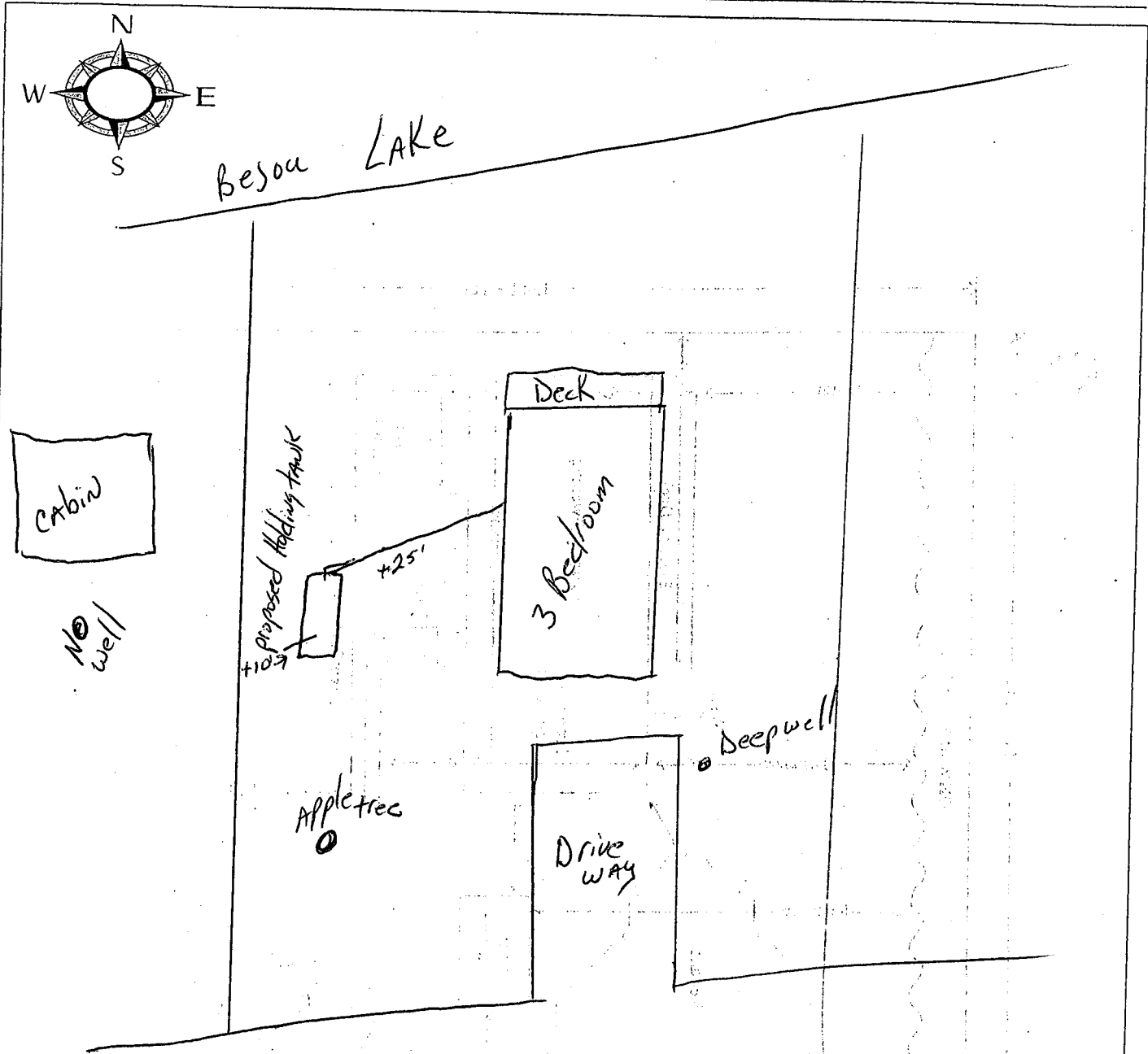
Signature Habi Moltz Title Supervisor of Inspectors Date 8/21/06
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed 8/21/06 Inspected by Habi

SITE PLAN

I hereby agree to have flags, lathes, or ribbons in place for inspection by date: _____

I understand that Becker County will not issue the permit until staking has been approved.

Signature _____



I hereby certify and agree that the above sketch accurately represents the work to be done in conjunction with this permit

Applicant or Agent _____

Date 8-17-06

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: 18.0249.000

Is this a split of an existing property? Yes No

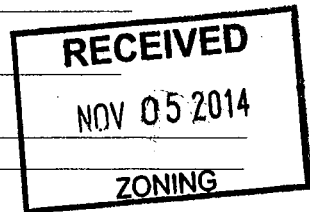
(If yes and a parcel number has not yet been assigned, indicate the main parcel number from which the new parcel was split.)

Section 29 Township 139 Range 43 Township Name Lake Park

Lake Name Beson Lake Classification _____

Legal Description: Lot 7 less 525' Bijou Heights

Project Address: across road from 17117 Alpine Lane



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

Owner's First Name Marlin Owner's Last Name Haugen

Mailing Address 6857 250th St S. City, State, Zip Hawley MN 56549

Phone Number _____

3. DESIGNER/INSTALLER INFORMATION

Designer Name David Ohm Company Name Ohm Excavating License # 932

Address P.O. Box 293 Audubon Phone Number 218-234-1256

Installer Name Jerry Kern Company Name Git-R-Dug License # L3854

Address 122 State St Glyndon, MN Phone Number 218-902-0367
PO Box 245 56547

4. SYSTEM DESIGN INFORMATION

System Status _____ What will new system serve? Check one

- Vacant Lot-No existing system-new structure
- Replacement - structure removed and being rebuilt
- Failing -Replacement- cesspool/seepage pit or other
- Enlargement of system-Undersized
- Repairs Needed to existing
- Additional system on property
- Dwelling
- Resort/Commercial
- Commercial (Non-resort)
- Other - explain below garage Bathroom

10-21-14 Date of site evaluation

Design Flow 300 Gallons Per Day Well Depth 750 Original Soil Compacted Soil _____
Number of Bedrooms 2 Depth of other wells within Type of Soil Observation _____
Garbage Disposal Yes No 100 ft of system 750 Pit _____ Probe Boring _____
Dishwasher Yes No Depth to Restricting Layer 7'
Lift station in House Yes No Maximum Depth of System _____
Grinder pump in House Yes No

Size of All Tanks to be installed
_____ gal Single Compartment Septic Tank _____ gal Separate Lift Station _____ Existing tank w/new Additional Tank
_____ gal Compartmented Tank 1000 gal Holding Tank _____ Existing tank w/new Lift Station
_____ Pit Privy _____ Existing Tank to be used _____ Holding Tank with Privy

Total Number of tanks to be installed in this system 1 (This # will be reported to MPCA at end of year.)

PARCEL	
APP	SEPTIC
YEAR	

Type of Drainfield	Full Size of Drainfield	Reduced/Warrantied size	Type of chamber
Chamber Trench	sq ft	sq ft	_____
Rock Trench	sq ft	sq ft	Depth of Rock _____
Gravelless	sq ft	sq ft	
Mound	sq ft ***		Alarm? Yes _____ No _____
Pressure Bed	sq ft ***		Type of Alarm _____
Seepage Bed	sq ft ***		Size of Lift Pump _____
At-grade	sq ft ***		Size of Lift Line _____
Alternative / Performance	sq ft ***	*** Attach Worksheets	

RECEIVED
 Distance to Well _____
 Distance to Building _____
 Distance to Property Line _____
 Distance to OHW of Lake _____
 Distance to Pressure Line _____
 Distance to Wetland/Protected Water _____

PROPOSED SETBACKS

TANK	DRAINFIELD
70	_____
30	_____
10	_____
7200	_____
10	_____
_____	_____

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

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
Holding tank for garage								

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

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

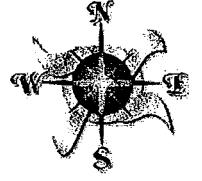
I, DAVID OLAM certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

Signature of Designer _____ Date 10-21-14

SKETCH OF PROPERTY

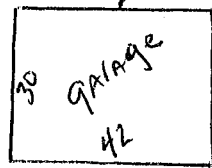
Please sketch all structures and septic systems on the property;
Include setbacks and wells within 100 feet of the property.

PARCEL	
APP	SEPTIC INSPECTION
YEAR	



1000 gal tank is fence post
Minimum for garage
installer to use either
~~Asap~~ PVC or concrete
Approved tanks only

Shared
Deep well
36'



*back

60' → Deep well

DRIVEWAY

Alpine Lane

Marlin 17117 Alpine
Haugen Lane

LAKE

mailed coc 11-12-14

APP	SEPTIC
YEAR	

***** FOR OFFICE USE ONLY *****

Application Approved by: _____ Date: _____
 Amount Paid _____ Receipt Number 163828-576320 Permit Number _____

NOTES: 1 11/5/14
(pd cash Per Kern)

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 Float Alarm manufacturer _____

Lift pump in system? Yes No Pump manufacturer _____

Number of bedrooms 2

Component Information

Tank size 1000 Tank manufacturer Brown

Drainfield size _____
 Drainfield medium _____ Medium manufacturer _____
 Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth _____

Vertical separation verified for Boring #2 on _____ Depth _____

Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

	TANK	DRAINFIELD
Distance to Well	<u>+50</u>	_____
Distance to Building	<u>+10</u>	_____
Distance to Property Line	<u>+10</u>	_____
Distance to OHW of Lake	_____	_____
Distance to Pressure Line	<u>N/A</u>	_____
Distance to Wetland/Protected Water	_____	_____

Date System Installed 11/7/14 Installer Get R Done Etc Inspector Laurel Stoll

CERTIFICATE OF COMPLIANCE

() Certificate Is Hereby Denied
 (X) 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.

Laurel Stoll ISTS inspector 11/7/14
 Signature Title Date

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

O/H m Loeden

LEGAL DESCRIPTION AND LOCATION

18.0000.000 Mod
INSPECTION REPORT
 Bijou Heights Lot 9 Block 1

FIRE NUMBER _____

Lake No. Lake Name Bijou Lake Classif. RD Sec. 29 TWP 139 Range 43 TWP Name Lake Park

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address - No. Street, City, and State	Zip No.	Tel. No.
	Kevin Nelson			RR1 Box 48 Lake Park MN 56554		
Contractor	Name <u>SELF</u>					

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

*Did not inspect
 Sewer System*

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK		SEEPAGE BED		DRAIN FIELD	
	Actual	Minimum	Actual	Minimum	Actual	Minimum
Capacity	Gls. **	Gls.	SF **	SF	SF	SF
Distance from Nearest Well	F 50	F	F 50	F	F	F
Distance from Lake or Stream	F 75	F	F 75	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

Inspector's Signature & Title

Inspection Dated _____

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 _____

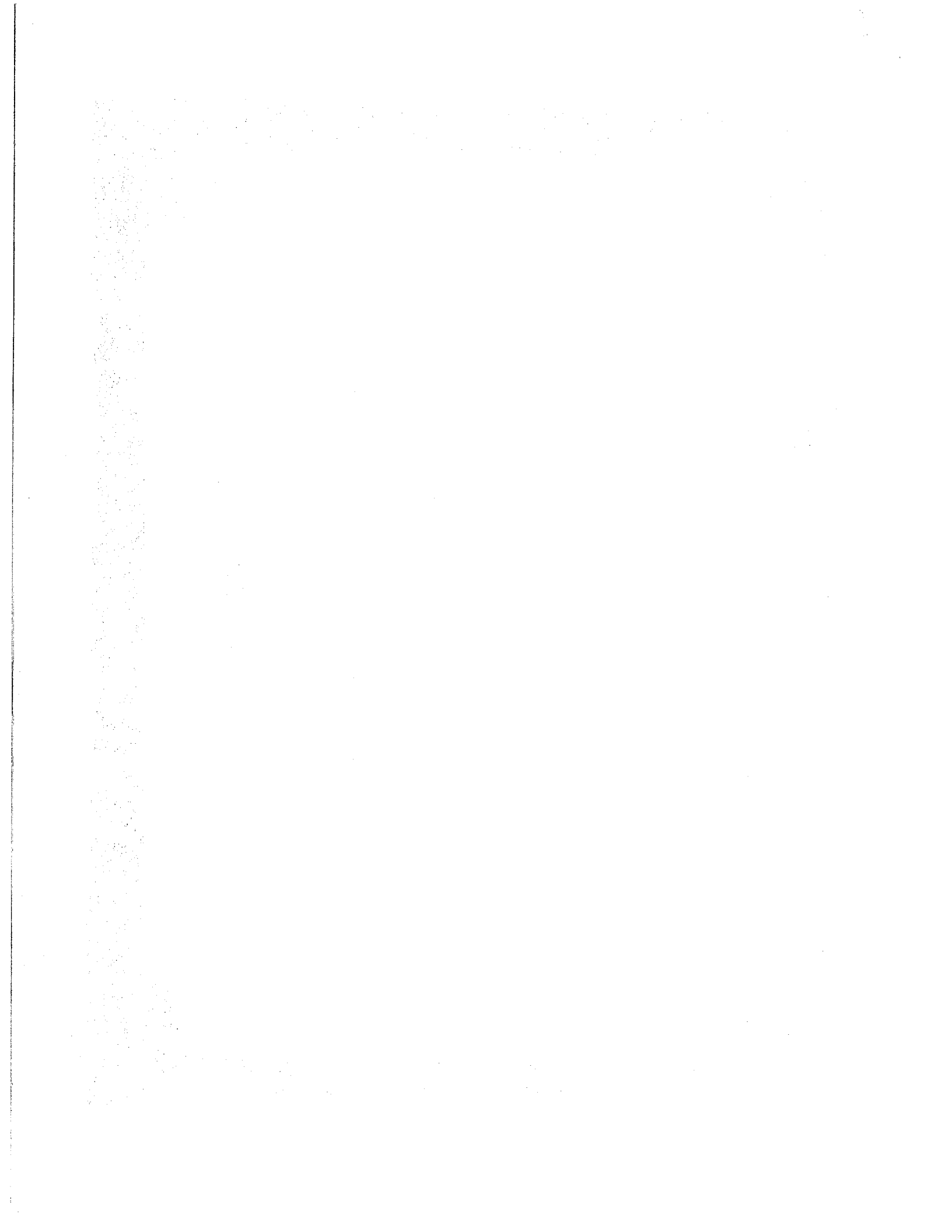
Owner: Name _____

Address _____

Zip No. _____

Permit No. SP _____

Signed by: _____
Zoning Administrator
Becker County, Minnesota



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. <u>12-1854-75</u>						
	Date <u>9-4-75</u> <i>File with 950</i>						
	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>Walter</u>	<u>Al</u>	<u>W</u>	<u>822 2nd St</u>		
SEWAGE SYSTEM INSTALLER	Name					

This System will be ready for inspection on 9-15-75, 1975

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 <i>Bed</i>	DRAIN FIELD
Capacity	<u>1000</u> Gls.	<u>100</u> Sq. Ft.	<u>2</u> Sq. Ft.
Distance from nearest well	<u>None</u> Ft.	<u>—</u> Ft.	<u>None</u> Ft.
Distance from lake or stream	<u>100</u> Ft.	<u>100</u> Ft.	<u>100</u> Ft.
Distance from occupied building	<u>10</u> Ft.	<u>10</u> Ft.	<u>10</u> Ft.
Distance from property line	<u>20</u> Ft.	<u>20</u> Ft.	<u>20</u> Ft.
Distance from bottom to Water Table	<u>None</u> Ft.	<u>—</u> Ft.	<u>—</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 _____ = 2 = _____ 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 9-4-75 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 \$ 300 Surcharge \$ 50

Comments: _____

INSPECTION RESULTS

Inspector must make all measurements

SEWAGE DISPOSAL SYSTEM STATISTICS

Seepage Bed

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1000	Gls.	750	Gls.	100	SF	—	SF	—	SF	—	SF
Distance from Nearest Well	—	F	—	F	—	F	75	F	F	50	F	F
Distance from Lake or Stream	100	F	75	F	100	F	75	F	F	—	F	F
Distance from Occupied Building	10	F	10	F	20	F	20	F	F	20	F	F
Distance from Property Line	20	F	10	F	20	F	10	F	F	10	F	F
Distance from Bottom to Water Table	—	F	—	F	4	F	4	F	F	4	F	F

Inspector's Comments: *no well on this lot.*

Date of Inspection *9-11* 19*73*

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
Agency

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

