

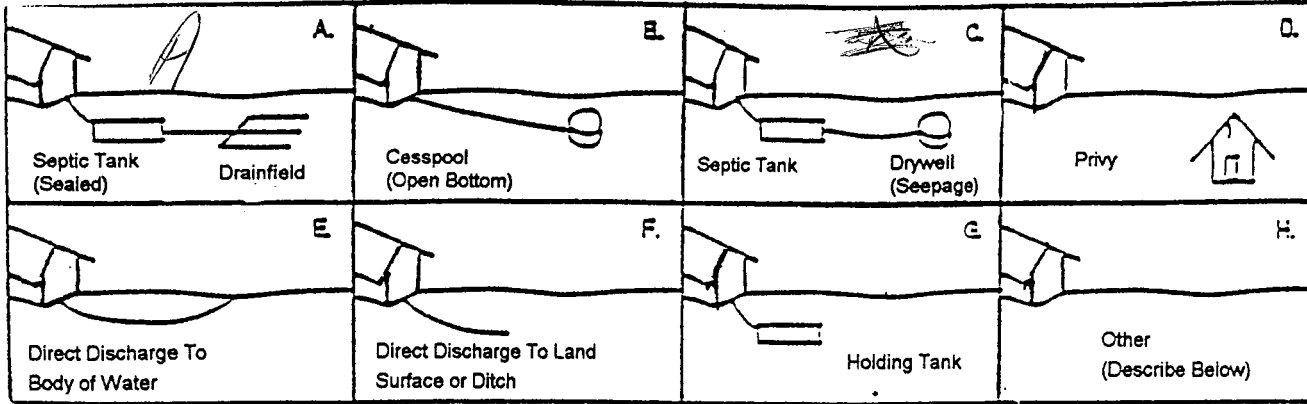
SEWER SYSTEM STUDY



180283000

Please complete the Study, to the best of your knowledge, for review. 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 *A*

What is the capacity of the septic tank? 1000 Area of drainfield? 15' x 15'

Does your system have a lift station? Yes No Date the system was installed 9-30-87

Total Square Footage of Home/Cabin 720' Is your home/cabin year round or seasonal

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

Circle the following items that are connected to your septic system:

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

How often do you have your system pumped? _____

Most recent date system was pumped 9-1996-date of purchase

Most recent date of any repair to system _____

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.

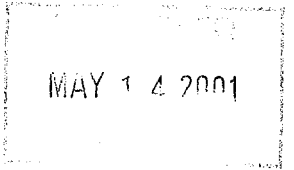
April Gonzalez Signature 5-5-01 Date

Property Address (blue 5 digit number and road name) _____

Legal Description of property _____

18.0283.000

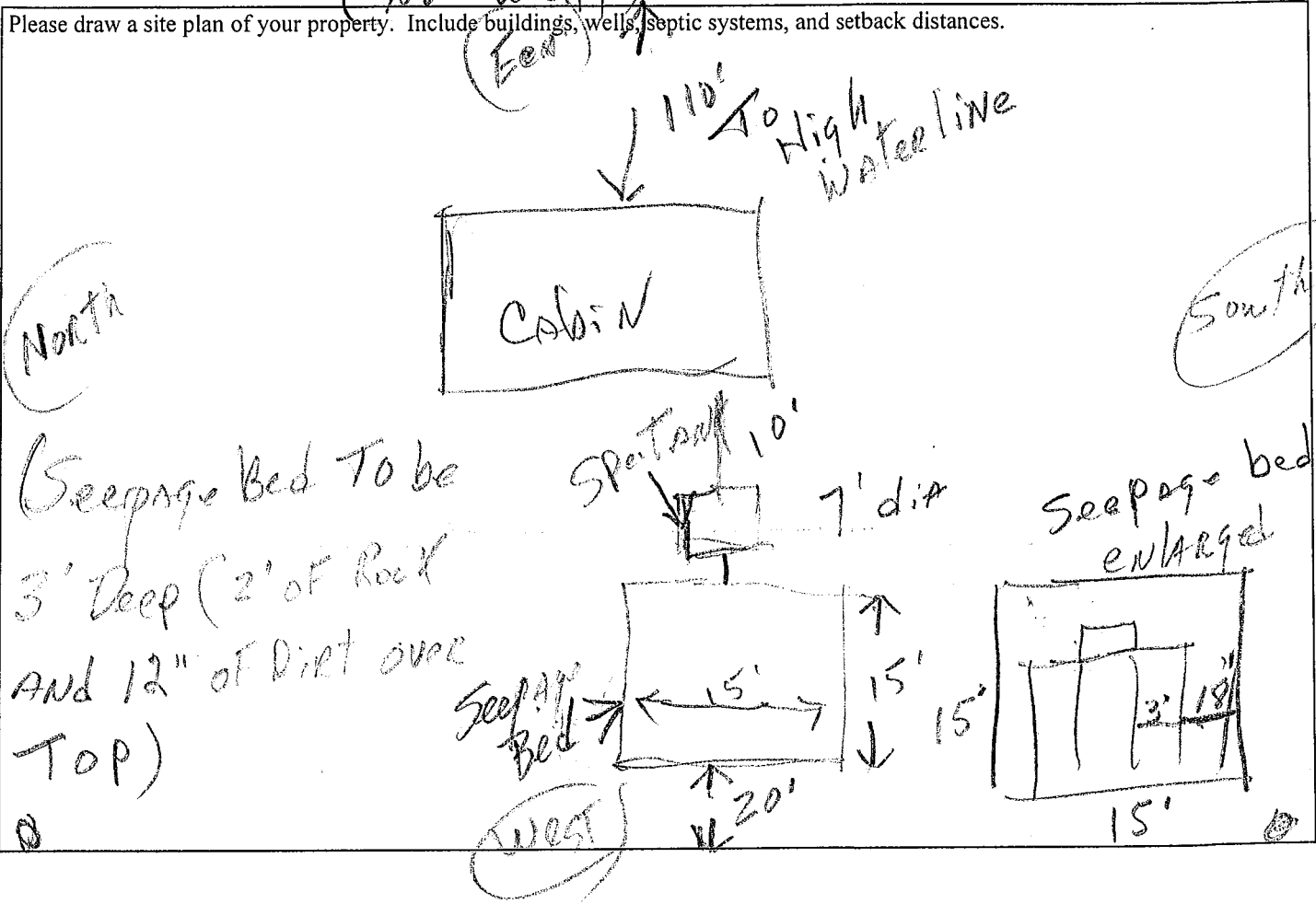
Lot 50 Block 1 Bijou Heights



SEWAGE SYSTEM DATA

Distance from Well	_____	to Tank	_____	to Drainfield	_____	Well Data
Distance from Property Line	_____		_____		_____	Depth _____
Tank Capacity	_____		_____		_____	Diameter _____
Area of Drainfield	_____		_____		_____	Depth of Casing _____
Distance from Ordinary High Water Mark	_____	110'	_____		_____	
						[] Drilled Well
						[] Sandpoint Well

(No Well)
(Elev)



PLACE
FIRST-CLASS
STAMP
HERE

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

18.0283.000

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 30 day of September 1987,
to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: Bejou Heights Lot 50 Block 1

Lake No. 538 Sec. 29 Twp. 139 Range 43 Twp. Name LAKE PARK

CAPACITY	FROM NEAREST WELL	SEPTIC TANK	SEWAGE BED
DISTANCE	FROM LAKE OR STREAM	1000 G1S	300 SF
DISTANCE	FROM OCCUPIED BUILDING	WELL WATER FROM LAKE ONLY	200 F
DISTANCE	FROM PROPERTY LINE		40 F
DISTANCE	FROM BOTTOM TO WATER TABLE		+10 F
			+ 4 F

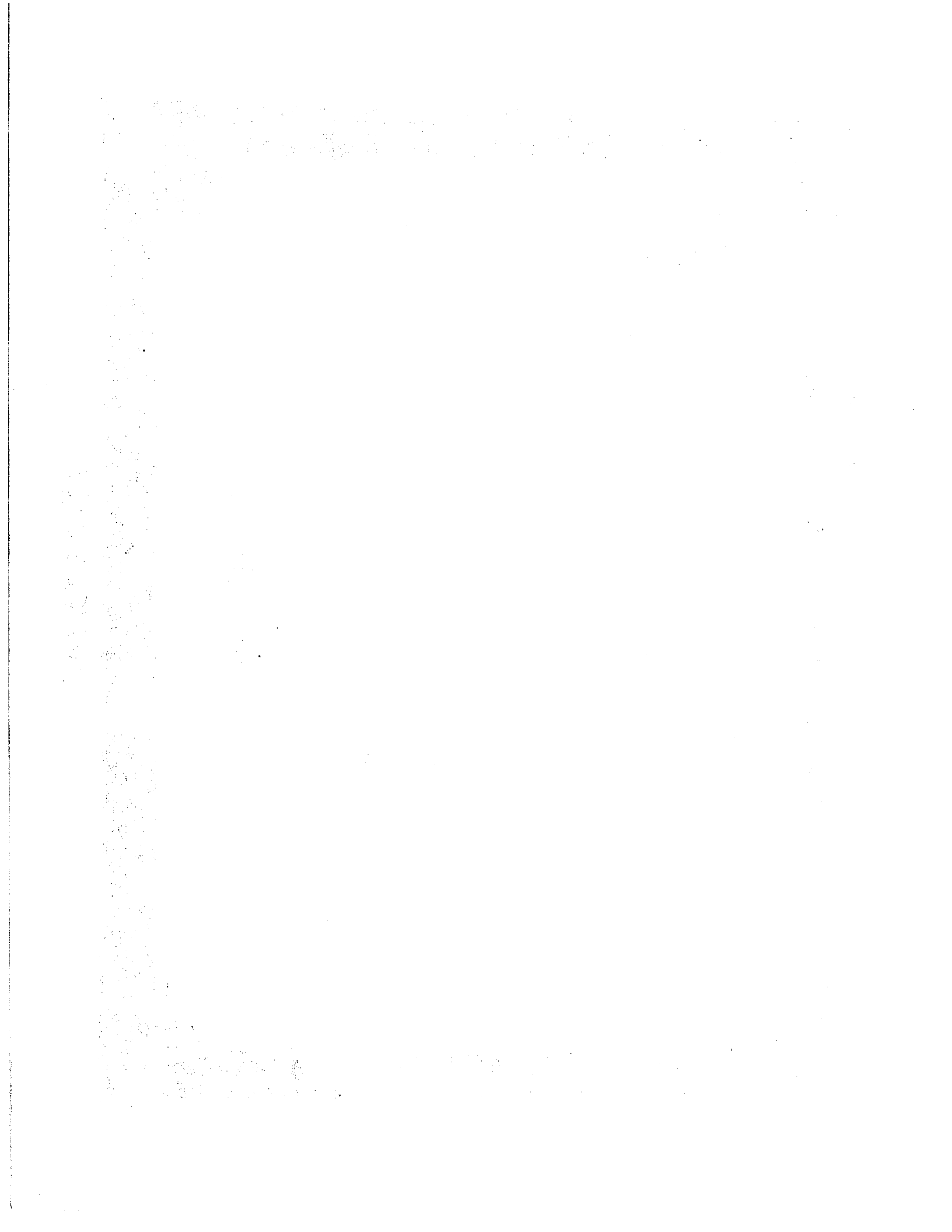
Owner: Name GOTHILF GINTHER

Address 1518 4th AVENUE N

FARGO ND Zip No. 58102

Permit No. SP 16,244-32

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



18,0283.000

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 ^{Boel}				DRAIN FIELD	
	Actual		Should be		Actual		Should be		Actual	Should be
Capacity	1000	Gls.		Gls.	300	SF		SF		SF
Distance from Nearest Well	<i>well water from lake only</i>				75	F		F	50	F
Distance from Lake or Stream	190	F		F	200	F		F		F
Distance from Occupied Building	25	F	10	F	40	F	20	F	20	F
Distance from Property Line	40	F	10	F	40	F	10	F	10	F
Distance from Bottom to Water Table	--	F	--	F	4	F	4	F	4	F

Inspector's Comments: Real High lot - sewer system by Road
12 yds Rock - Clay sub soil - (Summer Home only) 1-Bdrm
(John Mc Gowan Installer) 1982

**INTERPRETATION
OF ABBREVIATIONS**

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

Mark Kuehn
 Inspector's Signature

Inspection Dated 9.22 1989

Title

Agency

Yellow - Owner
 Pink - Assessor
 Goldenrod - Inspector

BECKER COUNTY ZONING ADMINISTRATION
 829 LAKE AVE., BOX 787 - Phone 218-847-4427 - Detroit Lakes, Minn. 56501

Date 9/21/87

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

00088001

LEGAL DESCRIPTION AND LOCATION
 Lake No. 111111 Lake Name Lake Classif. Sec. TWP. Range TWP. Name

IDENTIFICATION: Please Print All Information
 Owner: Last Name First Initial Mailing Address - No. Street, City and State Zip No. Tel. No.
 Contractor: Name

TYPE OF IMPROVEMENT: () New Building () Alteration () Other - Specify
 RESIDENTIAL PROPOSED USE: () One Family Dwelling () Multiple Dwelling Units
 NON-RESIDENTIAL PROPOSED USE: Specify

ESTIMATED COST OF IMPROVEMENTS \$ Construction Starting Date
 PRINCIPAL TYPE OF FRAME: () Masonry () Wood Frame () Structural Steel () Other - Specify
 TYPE OF SEWAGE DISPOSAL: () Public () Individual Septic Tank, etc. () Public () Individual Well
 DIMENSIONS: Basement () Yes () No Stories above basement Sq. feet (outside dimension) Bedrooms Baths

MECHANICAL EQUIPMENT: Elevator () Yes () No Air Conditioning () Yes () No () Central () Unit
 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.

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 feet from road or street is feet
 Side yard is 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 (Soil Absorption Permit must be obtained before installation)

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 hereon 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 9-21-87
 Permit Fee \$ State Surcharge \$
 Cormorant Surcharge \$

Comments:



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

BECKER COUNTY ZONING ADMINISTRATION

Permit No. 12-111398-332

COUNTY COURT HOUSE - Phone 218-847-3938 - Detroit Lakes, Minn. 56501

Date 6-18-82

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

7465

LEGAL DESCRIPTION AND LOCATION: Lot # 50 of Block 1, Bison Heights, Becker County, Minnesota

Map Reference: B you R.D. 29-139-43 Commercial Lake Park

IDENTIFICATION - Please Print All Information

Last Name: Reed, David First Initial: DR Mailing Address: 2613 Fairway Drive Moorhead, Mn. 56560 Zip No.: 56560 Tel. No.: 236-1284

Contractor Name: John McGovern Bison Lake (Rural Road) Lake Park, Minn. Tel. No.: 232-5546

TYPE OF IMPROVEMENT: New Building Alteration Other: Septic Tank & Bath

RESIDENTIAL PROPOSED USE: One Family Dwelling Multiple Dwelling

NON-RESIDENTIAL PROPOSED USE: Specify: _____

ESTIMATED COST OF IMPROVEMENTS: 15000 Construction Starting Date: ASAP

PRINCIPAL TYPE OF FRAME: Wood Frame Masonry Structural Steel Other - Specify _____

TYPE OF SEWAGE DISPOSAL: Individual Septic Tank or Well Public Individual Well

DIMENSIONS: Basement Yes No Stories above basement: _____ Sq. feet (outside dimension): _____ Bedrooms: 2? Baths: 1

MECHANICAL EQUIPMENT: Elevator Yes No Air Conditioning Yes No Heating: Electric Gas Oil Coal None Other _____

SEWAGE DISPOSAL SYSTEM DATA		SEPTIC TANK	SEEPAGE PITS	DRAIN FIELD
Capacity		1000 Gls	300 Sq. Ft.	Sq. Ft.
Distance from nearest well		150 Ft.	160 Ft.	Ft.
Distance from lake or stream		150 Ft.	160 Ft.	Distance from lake or stream
Distance from occupied building		12 Ft.	25 Ft.	Distance from occupied building
Distance from property line		35 Ft.	20 Ft.	Distance from property line
Distance from bottom to water table		100 Ft.	100 Ft.	Distance from bottom to water table

All distances are shortest distance between nearest points

CHARACTERISTICS: Lot Area is 10803 square feet. Water frontage is 60' feet.

Building set back from high water mark is 110 feet - (Building Line)

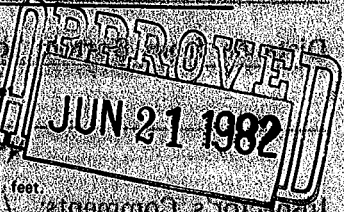
Land height above high water mark at building line is approx 15' feet

Building set back from State highway is 10' feet - from road or street is approx 160' feet

Side yard is 10' and 20' feet. Rear yard is 00' feet

Building will be located 10' feet from septic tank (Sewage System Permit must be obtained before installation)

Building will be located 50' 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: 6-16-82 Signature of Owner: David R. Reed

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: 6-18-82 Signature: Mark Kuehn
 Becker County Zoning Administrator

Permit Fee \$ 10.00 State Surcharge \$.50

Comments: _____

INSPECTOR'S CHECK LIST

Make all measurements and computations

LOCATION	ACTUAL IS	MINIMUM Shall Be	Sq. Ft.
Building Set Back from High Water Mark			
Building Set Back from State Highway			
Side Yard			
Rear Yard			
Elevation at Building Line above High Water Mark			

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	1000 Gls.		300 S.F.			
Distance from Nearest Well	no well		no well	75 F.		50 F.
Distance from Lake or Stream	145 F.		160 F.			
Distance from Occupied Building	25 F.	10 F.	40 F.	20 F.		20 F.
Distance from Property Line	10 F.	10 F.	10 F.	10 F.		10 F.
Distance from Bottom to Water Table			4 F.	4 F.		4 F.

Inspector's Comments: *12 yds rock, clay sub soil, 1' Edgen*
Have summer house job McLaughlin installed, this
is better than the one installed in the past. The
new one is 3 ft apart

INTERPRETATION OF ABBREVIATIONS
 Gls - Gallons
 SF - Square Feet
 F - Linear Feet

Mark Kuhn

Inspection Date: *8/26/82*

Inspector's Signature: *Mark Kuhn*
 Title: _____
 Agency: _____

1518 41st Ave N Fargo, ND 58102
GOTTHILF & MARION GINTHER

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:

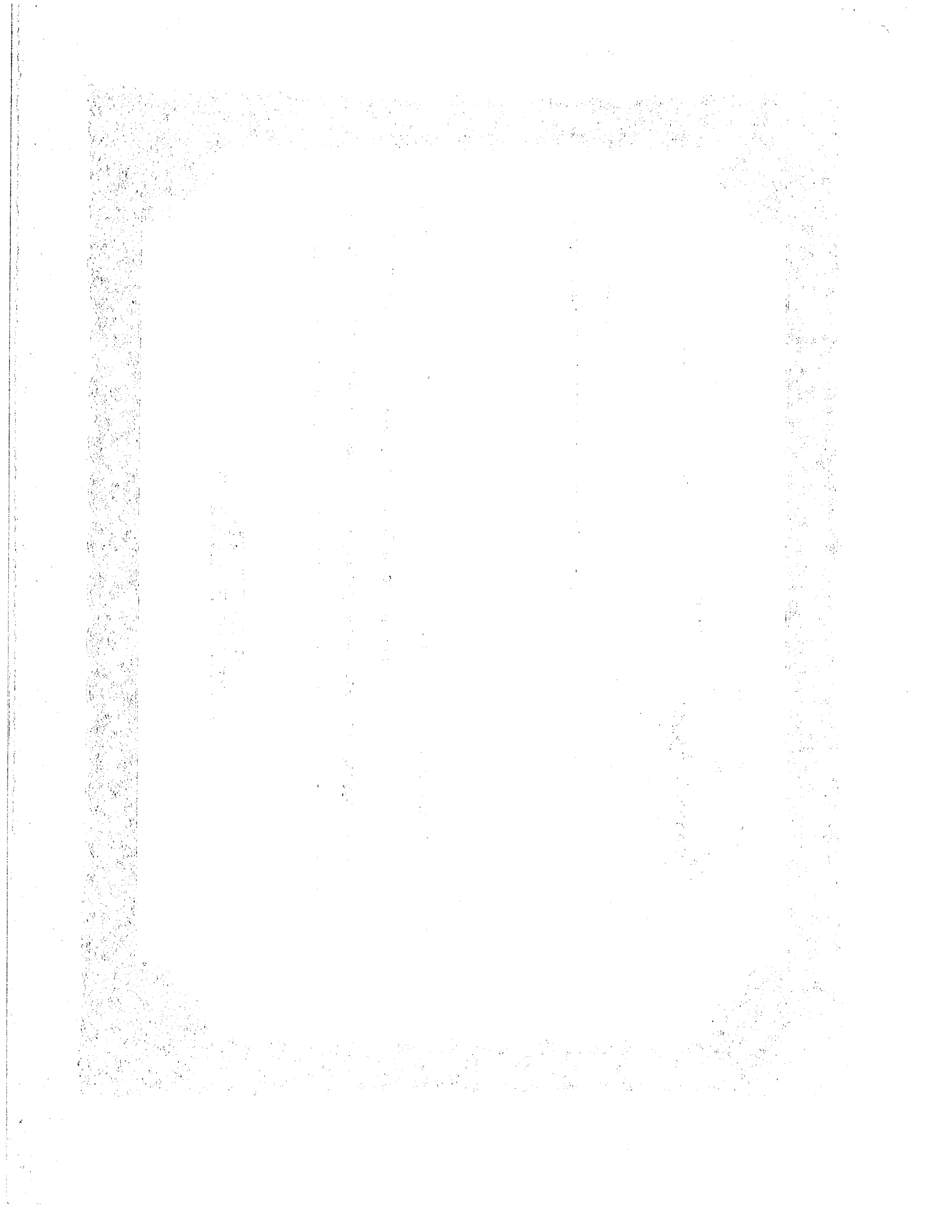
Lake No. _____ Sec. _____ Twp. _____ Range _____ Twp. Name _____

Owner: Name _____

Address _____

Permit No. SP _____

Signed by: *Thyde Shurby*
Zip No. _____
Zoning Administrator
Becker County, Minnesota



Yellow - Owner
Pink - Assessor
Blue - Inspector

BECKER COUNTY ZONING ADMINISTRATION

COUNTY COURT HOUSE - Phone 218-847-7721 - Detroit Lakes, Minn. 56501

Permit No. _____ Date 5-8-74

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION: LOT #50 OF BLOCK NO. 1, BILJOU HEIGHTS, BECKER COUNTY MINN.

3-638 BESEAU RECREAT 29 139 43 CORMORANT

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.
	<u>REED</u>	<u>DAVID</u>	<u>R.</u>	<u>808 N. 14TH ST. MOORHEAD, MINN.</u>	<u>56560</u>	<u>236-1284</u>
Contractor	Name					
	<u>NONE</u>					

TYPE OF IMPROVEMENT: New Building () Alteration Other _____

RESIDENTIAL PROPOSED USE: One Family Dwelling (CABIN) () Multiple Dwelling _____ Units

NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____

ESTIMATED COST OF IMPROVEMENT \$ 2500.00 Construction Starting Date: IMMEDIATELY

PRINCIPAL TYPE OF FRAME: () Masonry Wood Frame CABIN () Structural Steel () Other - Specify _____

Type of Roof: ASPHALT SHINGLES

TYPE OF SEWAGE DISPOSAL: Public SANITARY PRIVY () Individual Septic Tank, etc.

WATER SUPPLY: () Public Individual Well (LATER)

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

DIMENSIONS: Basement: () Yes No Stories above basement: 1 Sq. feet (outside dimension) 20' x 24' Bedrooms 2 Baths 1 SANITARY PRIVY HEATING: () Electric () Gas () Oil () Coal None AT PRESENT 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: approx 10762 square feet. Water frontage is 60' feet.

Building set back from high water mark is 120' feet. (Building Line)

Land height above high water mark at building line is APPROX 10' feet

Building set back from State highway is _____ feet - from road or street is APPROX 60' feet.

Side yard is 5' and 22' feet. Rear yard is 60' 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 May 4, 1974 Signature of Owner David R Reed

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 \$ 10.00 State Surcharge \$ 1.25

Comments: PLEASE TRANSFER PERMIT FOR SANITARY PRIVY FROM LOT # 48 TO LOT # 50. THIS IS ON BP NO. 1705

Scale: Each grid equals 5 feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated May 4 1974

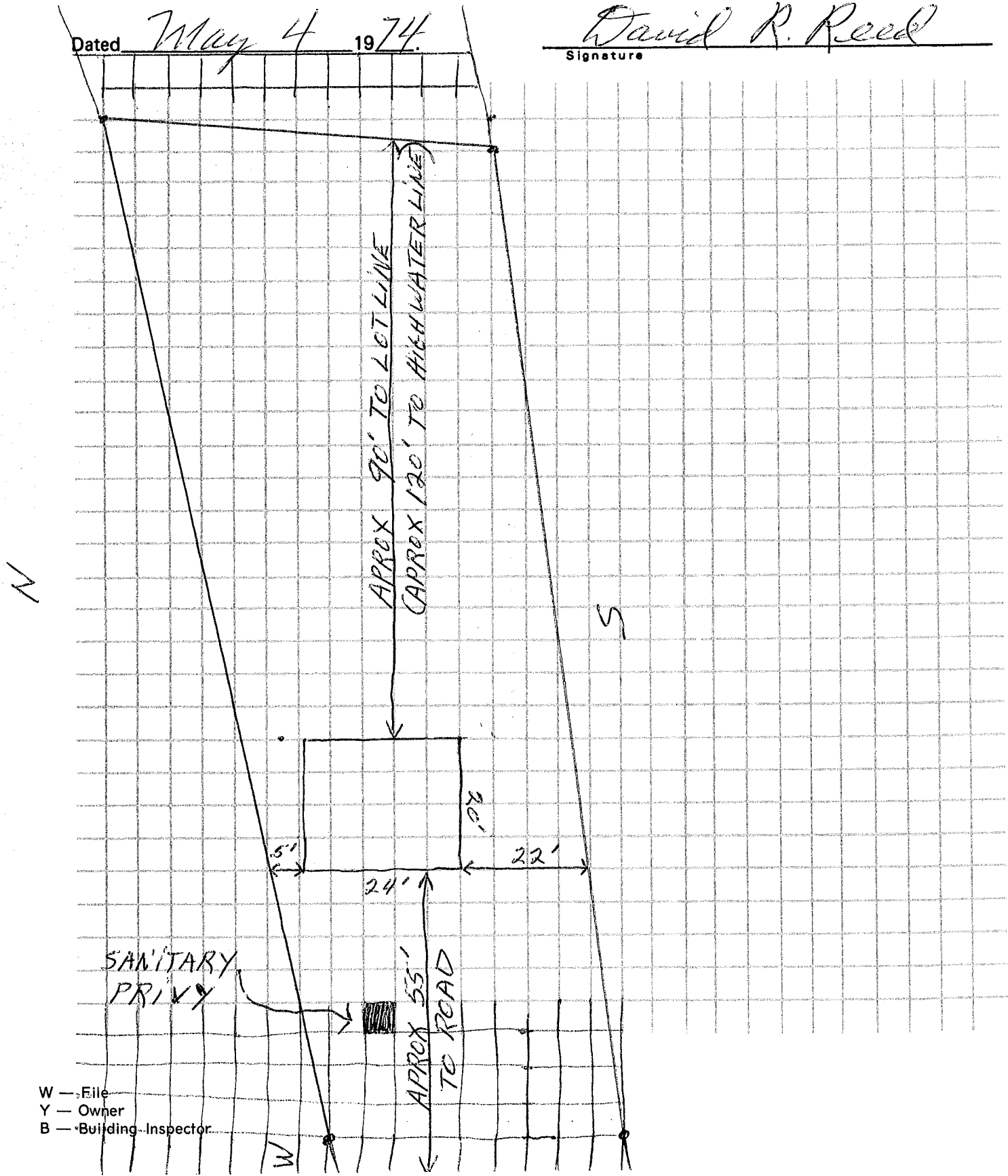
Application for Sewage System Permit Dated _____ 19____

Building Permit Number _____ Sewage System Permit Number _____

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

Dated May 4 1974.

David R. Reed
Signature



- W — File
- Y — Owner
- B — Building Inspector

DESIGN PAD

BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

Subject _____

Name _____

Address _____

Town _____ State _____ Zip _____ Date _____

Location or Legal Description _____

18.0283.000

Remarks: _____

Signature

David R. Reef

