

Onsite Septic Syst



190441000

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

Scanned	

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: 190441000

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 21 Township 138 Range 41 Township Name Lake View

Lake Name Lake Mellissa Lake Classification GD

Legal Description: 21-138-41 PT Gout Lot 3...

RECEIVED
MAY 19 2015
ZONING

Project Address: 12434 Lois Ln DL

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

Owner's First Name James Owner's Last Name Argent

Mailing Address N34 W24020 Brandon Oaks Dr City, State, Zip Pewaukee WI 53072

Phone Number 218-640-1314

3. DESIGNER/INSTALLER INFORMATION

Designer Name Richard Vareberg Company Name Vareberg Backhoe License # 1910

Address 22344 Cord 104 Phone Number 847-7372

Installer Name Same Company Name _____ License # _____

Address _____ Phone Number _____

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 _____

5-2-15 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 NONE

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

____ gal Single Compartment Septic Tank _____ gal Separate Lift Station

____ gal Compartmented Tank 2600 gal Holding Tank

____ Pit Privy _____ Existing Tank to be used

____ Existing tank w/new Additional Tank

____ Existing tank w/new Lift Station

____ 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.)

PARCE L	
APP	SEPTIC
YEAR	

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

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	> 50'	_____
Distance to Building	> 20'	_____
Distance to Property Line	> 10'	_____
Distance to OHW of Lake	> 75'	_____
Distance to Pressure Line	> 50'	_____
Distance to Wetland/Protected Water	> 75'	_____

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

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, Richard Vareberg 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]
Signature of Designer

5-14-15
Date

SKETCH OF PROPERTY

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

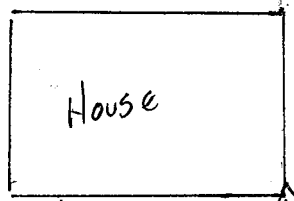
PARCEL	
APP	SEPTIC INSPECTION
YEAR	



Lake Mellissa

Property Line

Deep Well
750'

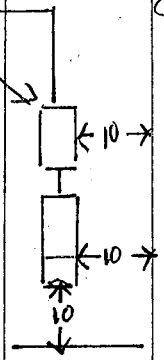


50'

Lois Ln

Property Line

Property Line



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

Application Approved by: Hebe Mott Date: 5-19-15

Amount Paid 150 Receipt Number 178520-591012 Permit Number _____

NOTES: 5-26-15

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 3

Component Information

Tank size 1500 + 1000 Tank manufacturer Brown

Drainfield size _____ Medium manufacturer _____

Drainfield medium _____

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 _____

holding tank only

Setback Verification

	TANK	DRAINFIELD
Distance to Well	<u>+50</u>	_____
Distance to Building	<u>+20</u>	_____
Distance to Property Line	<u>+10</u>	_____
Distance to OHW of Lake	<u>+75</u>	_____
Distance to Pressure Line	<u>+50</u>	_____
Distance to Wetland/Protected Water	<u>+75</u>	_____

Date System Installed 5/22/15 Installer R. Voreberg Etc. Inspector Jane DeStolt

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 Jane DeStolt Title ITS inspector Date 5/22/15

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

Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance Inspection Form

RECEIVED
Existing Subsurface Sewage Treatment Systems (SSTS)
OCT 12 2010
ZONING

Doc Type: Compliance and Enforcement

Instructions on page 6

Summary Form (Completed form must be submitted to the local unit of government within 15 days.)

Parcel number: 19-0441,000

System status: Compliant Noncompliant
(based on all compliance requirements)

For Local Tracking Purposes:

Property Information

Property owner name(s): James Argent Property owner phone: #262-893-7216
Property address: 12434 Lois Lane
Property owner address (if different): 124-124020-A Brandon Oaks Dr.; Pewaukee, WI 53072
County: Becker Permitting authority: Becker County P&Z
Date system constructed: 1973 + 1989 Reason for inspection: County Reg'd.

System Description

Brief system description: septic tank, lift basin, drain field across road
Local permit number: 12-17801-35 Number of bedrooms: 2 Design flow rate: _____

Is the system:

In Shoreland area? Yes No In Wellhead Protection Area? Yes No
An U.S. Environmental Protection Agency (EPA) Class V Injection Well? Yes No System serving a Minnesota Department of Health (MDH) licensed facility? Yes No

Compliance Status (Based on state requirements – additional local requirements may also apply.)

Based on the information gathered and reported on attached forms, the compliance status of this system is (check one):
 Certificate of Compliance – valid until (3 years from date of report): _____
 Notice of Noncompliance - For Noncompliant systems:
The reason for noncompliance is: Drain field does not have required vertical separation
This noncompliant system is classified as (check one below):
 Imminent threat to public health & safety Failing to protect ground water Not in compliance with operating permit

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.
Name: Peter G. Miller Certification number: 2341
Business license name and number: Wenck Associates, Inc. #1282 or _____
Name of local unit of government: _____
Signature: [Signature] Date: 9/28/10

Required Attachments

Hydraulic Performance Tank Integrity Operating Permit Form (if applicable)
 Soil Boring Logs Soil Separation
 System drawing/As-built drawing Any local requirements that are different from what is required on this form
 Other information (list): _____

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

Parcel number: 19-0441.000

System status: Compliant Noncompliant
(as determined by this form)

Hydraulic Performance and Other Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #1 of 4

Date of observation: 9/28/10 Reason for observation: County Reg'd

This form expires upon next inspection or in three years, whichever occurs first: _____

Compliance questions/criteria: (Required) (Check the appropriate box)

Does the system discharge sewage to the ground surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system discharge sewage to drain tile or surface waters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system cause sewage backup into dwelling or establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any "yes" answer indicates that the system is an imminent threat to public health and safety.	
Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

"Yes" indicates that the system is failing to protect ground water. If "yes", describe the condition noted:

Verification Method*: (Optional) (Check the appropriate box)

- Searched for surface outlet
- Performed hydraulic test
- Searched for seeping in yard
- Checked for backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony
- Examined for surging in tank
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Other: _____

* No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): James Argent

Property address: _____

Property owner's address (if different): _____

County: _____ Property owner phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Peter G. Miller Certification number: 2341

Business license name and number: Wenck #1282 or _____

Name of local unit of government: _____

Signature: Peter G. Miller Date: 9/28/10

Parcel number: 19-0441,000

System status: Compliant Noncompliant
(as determined by this form)

IFT Tank Integrity and Safety Compliance - Compliance Inspection Form for Existing SSTS

Compliance Issue #2 of 4

Date of observation: 9/28/10 Reason for observation: County Req'd.

This form expires on (three years): _____

Compliance questions/criteria: (Required)
(Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do any sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If yes, identify which sewage tank leaks. _____

Any "yes" answer indicates that the system is failing to protect ground water.

* Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.

Verification Method:** (Optional)
(Check the appropriate box)

- Probed tank bottom
- Observed low liquid level
- Examined construction records
- Examined empty (pumped) tank
- Probed outside tank for "black soil"
- Pressure/vacuum check
- Other: see notes sheet for additional information

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Safety Check

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

Explain: _____

***System is an imminent threat to public health and safety.**

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): James Argent

Property address: _____

Property owner's address (if different): _____

County: _____ Property owner phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Peter G. Miller Certification number: #2341

Business license name and number: Wenck #1207 or

Name of local unit of government: _____

Signature: [Signature] Date: 9/28/10

Parcel number: 19-0441.000

System status: Compliant Noncompliant
(as determined by this form)

Soil Separation Compliance and Other Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #3 of 4

Date of observation: 9/28/10 Reason for observation: County Reg'd
This information on this form does not expire.

Compliance questions/criteria: (Required) (Check the appropriate box)

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:
Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?
 Yes No

For 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:
Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*

For reduced separation distance systems (i.e., "performance" systems under old 7080.0179 or Type IV or V system under new 7080.2350 or 7080.2400):
Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*

Verification Method** (Optional) (Check the appropriate box)

- Conducted soil observation(s) (attach boring logs)
- Two previous verifications (attach boring logs)
- Other: See notes and calculations attached

Soil observation does not expire. Previous observations by two independent parties are sufficient, unless site conditions have been altered.

* May be reduced by up to 15 percent if allowed in local ordinance.
 ** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Any "no" answer indicates that the system is failing to protect ground water.

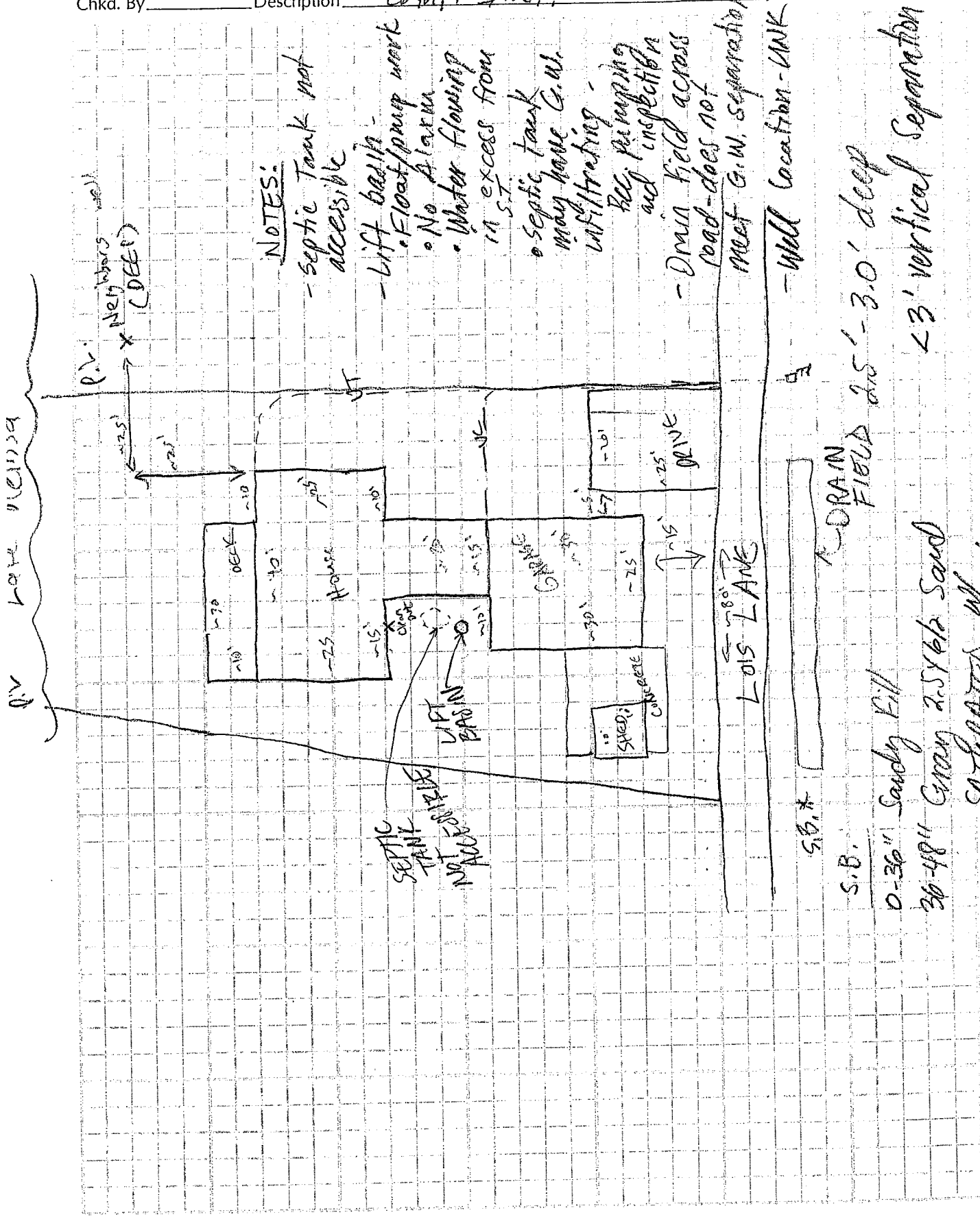
Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector or designer. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): James Argent
 Property address: _____
 Property owner's address (if different): _____
 County: _____ Property owner phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Peter G. Miller Certification number: 2341
 Business license name and number: Wenck #1202 or _____
 Name of local unit of government: _____
 Signature: Peter G. Miller Date: 9/28/10



NOTES:

- septic tank not accessible
- lift basin -
 - float/pump work
 - No Alarm
 - Water flowing in excess from S.T.
- septic tank may have G.W. infiltrating - see pumping and inspection
- Drain field across road - does not meet G.W. separation
- well location - UNK

DRAIN FIELD 2x5' - 3.0' deep
 2.3' vertical separation

SATURATED w/ 10% RSL's Bedrock 7157576

S.B.
 0-36" Sandy Fill
 36-48" Gray 2.5% to Sand



BECKER COUNTY

Building Permit No. _____ Sewage System Permit No. 12-17801-35

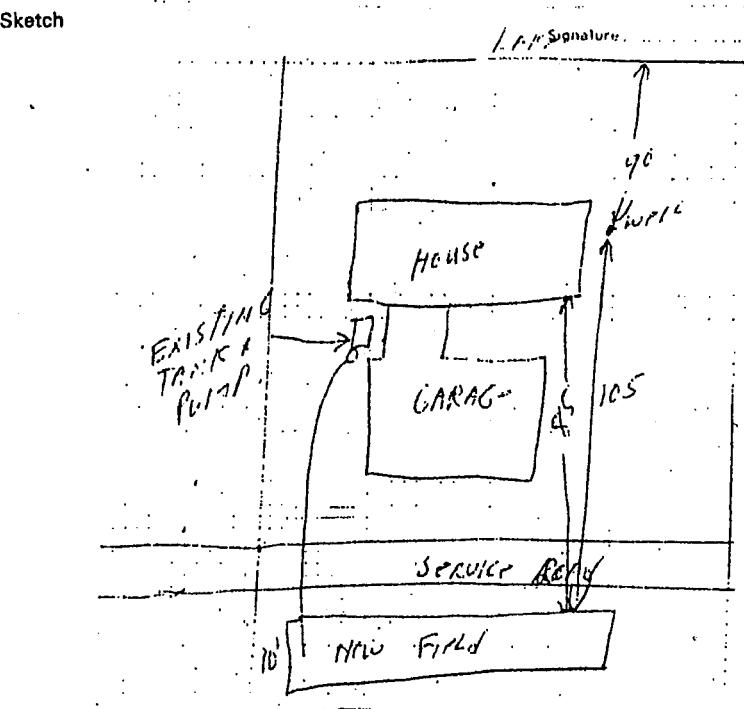
Township LAKE VIEW Sec. 21 Description T138N R41W

P4 Lot 3 Beg 235' N of Inter S LN & LK Th Nly 75' E to Service RD 51475'
ALRD 400 to Beg.

Work Authorized DRAIN FIELD Contractor Grant O.H.M.

TYPE OF IMPROVEMENT: () New Building () Alteration
 RESIDENTIAL PROPOSED USE: () One Family Dwelling () Multiple Dwelling _____ Units
 NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____
 Other _____
 Stories ONE Basement () Yes () No Bedrooms 2 Bathrooms 1

Issued to: Name G O TALLMAN Ph. No. _____
 Address: Rt 5 - Bx 241 Town DETROIT LAKES
 State MN Zip 56501 Fire Number _____



1 inch = _____ Feet

HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake _____
 Side Lot Lines _____
 Center Line of Public Road _____
 Well Depth _____ Other _____

APPROVED: Board of Adjustment Date: _____
 Planning Commission Date: _____
 County Commissioners Date: _____

SEWAGE DISPOSAL SYSTEM DATA

Installed in 19 <u>89</u>	Septic Tank	Drain Field
Capacity <u>EXISTING SEPTIC</u>	Gls. <u>300</u>	sq. Ft.
Distance from nearest well <u>LIST STATION</u>	Ft. <u>75</u>	Ft.
Distance from lake or stream	Ft. <u>75</u>	Ft.
Distance from occupied building	Ft. <u>10</u>	Ft.
Distance from property line	Ft. <u>10</u>	Ft.
Distance from bottom to Water Table	Ft. <u>4</u>	Ft.

Lift Pump () Yes () No

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE, AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED BY A FINE NOT TO EXCEED \$700.00 FOR EACH VIOLATION. NOTIFY THE 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.

SIGNATURE OF OWNER

Received By M Kuehne

Date 6-6-89

Approved By Stacy Swanby
 Becker County Zoning Administrator

BECKER COUNTY
 DETROIT LAKES, MN 56501



Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

RECEIVED
OCT 14 2010
ZONING

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Instructions on page 6

Summary Form (Completed form must be submitted to the local unit of government within 15 days.)

Parcel number: 190441000
System status: Compliant Noncompliant
(based on all compliance requirements)

For Local Tracking Purposes:

Property Information

Property owner name(s): JAMES ARGENT Property owner phone: 2628937216
Property address: 12434 LOKS LN. - DETROIT LAKES, MN 56501
Property owner address (if different): 124 W 24020 BRANDON OAKS DR. - PENNAWEE, WI 53072
County: BECKER Permitting authority: BECKER COUNTY
Date system constructed: 1972/1989 Reason for inspection: COUNTY REQUIREMENT

System Description

Brief system description: GRAVITY TO SEPTIC, LIFT-PRESSURE TO GRAVITY BED
Local permit number: 12-17801-35 Number of bedrooms: 2 Design flow rate: 300

Is the system:

In Shoreland area? Yes No In Wellhead Protection Area? Yes No
An U.S. Environmental Protection Agency (EPA) Class V Injection Well? Yes No System serving a Minnesota Department of Health (MDH) licensed facility? Yes No

Compliance Status (Based on state requirements - additional local requirements may also apply.)

Based on the information gathered and reported on attached forms, the compliance status of this system is (check one):

Certificate of Compliance - valid until (3 years from date of report): _____

Notice of Noncompliance - For Noncompliant systems:

The reason for noncompliance is: < 3' TO LIMITING LAYER

This noncompliant system is classified as (check one below):

Imminent threat to public health & safety Failing to protect ground water Not in compliance with operating permit

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

Name: MICHAEL HART Certification number: 2006
Business license name and number: DI - 770 or
Name of local unit of government: _____
Signature: _____ Date: 06 OCT 2010

Required Attachments

Hydraulic Performance Tank Integrity Operating Permit Form (if applicable)
 Soil Boring Logs Soil Separation
 System drawing/As-built drawing Any local requirements that are different from what is required on this form
 Other information (list): _____

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

Parcel number: 190441000

System status: Compliant Noncompliant
(as determined by this form)

Hydraulic Performance and Other Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #1 of 4

Date of observation: 04 OCT 2010 Reason for observation: COUNTY REQUIREMENT

This form expires upon next inspection or in three years, whichever occurs first: _____

Compliance questions/criteria: (Required) (Check the appropriate box)

Does the system discharge sewage to the ground surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system discharge sewage to drain tile or surface waters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system cause sewage backup into dwelling or establishment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Any "yes" answer indicates that the system is an imminent threat to public health and safety.</i>	
Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

"Yes" indicates that the system is failing to protect ground water. If "yes", describe the condition noted:

Verification Method*: (Optional) (Check the appropriate box)

- Searched for surface outlet
- Performed hydraulic test
- Searched for seeping in yard
- Checked for backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony
- Examined for surging in tank
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Other: _____

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.*

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): JAMES ARGENT

Property address: 12434 LOIS LN

Property owner's address (if different): N24 N24020 BRANDON OAKS DR.

County: BECKER Property owner phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: MICHAEL HABIT Certification number: 2006

Business license name and number: DI 770 or _____

Name of local unit of government: _____

Signature: _____ Date: 06 OCT 2010

Parcel number: 190441 000

System status: Compliant Noncompliant
(as determined by this form)

Tank Integrity and Safety Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #2 of 4

Date of observation: 04 OCT 2010 Reason for observation: COUNTY REQUIREMENT

This form expires on (three years): 04 OCT 2013

Compliance questions/criteria: (Required)
(Check the appropriate box)

Verification Method** (Optional)
(Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do any sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

- Probed tank bottom
- Observed low liquid level
- Examined construction records
- Examined empty (pumped) tank
- Probed outside tank for "black soil"
- Pressure/vacuum check
- Other: _____

If yes, identify which sewage tank leaks. _____
Any "yes" answer indicates that the system is failing to protect ground water.

* Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Safety Check

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

Explain: _____
*System is an imminent threat to public health and safety.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): JAMES ARGENT
Property address: 12434 LOIS LN - DETROIT LAKES, MN 56507
Property owner's address (if different): N24 W 24020 BRANDON OAKS DR - PENNAUTHE, MN
County: BECKER Property owner phone: 53072

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: MICHAEL HOLT Certification number: 2006
Business license name and number: DI 770 or _____
Name of local unit of government: _____
Signature: _____ Date: 06 OCT 2010

Parcel number: 190441000

System status: Compliant Noncompliant
(as determined by this form)

Soil Separation Compliance and Other Compliance - Compliance Inspection Form for Existing SSTS

Compliance Issue #3 of 4

Date of observation: 04 OCT 2010 Reason for observation: COUNTY REQUIREMENT
This information on this form does not expire.

Compliance questions/criteria: (Required)
(Check the appropriate box)

Verification Method:** (Optional)
(Check the appropriate box)

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:
Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?
 Yes No

NA

Conducted soil observation(s) (attach boring logs)
 Two previous verifications (attach boring logs)
 Other: SOIL PROBE
1.8' BOTTOM ROCK BED
TO LIMITING LAYER

For 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:
Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*

Yes No

Soil observation does not expire. Previous observations by two independent parties are sufficient, unless site conditions have been altered.

For reduced separation distance systems (i.e., "performance" systems under old 7080.0179 or Type IV or V system under new 7080.2350 or 7080.2400):
Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*

Yes No

NA

* May be reduced by up to 15 percent if allowed in local ordinance.

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Any "no" answer indicates that the system is failing to protect ground water.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector or designer. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): JAMES ARGENT
Property address: 12434 LOIS LN - DETROIT LAKES, MN 56501
Property owner's address (if different): N24 W24020 BRANDON OAKS DR - PENNAKEENI
County: BECKER Property owner phone: 5307

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Michael Housh Certification number: 2006
Business license name and number: DI-770 or
Name of local unit of government:
Signature: _____ Date: 06 OCT 2010

Parcel number: 190441000

System status: Compliant Noncompliant
(as determined by this form)

Operating Permit Compliance and Nitrogen BMP Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #4 of 4

Applicability:

Is the system operated under an Operating Permit? Yes No If "yes", then complete item A, below
Is the system required to employ a nitrogen BMP? Yes No If "yes", then complete item B, below
If the answer to both questions is "no", then this form does not need to be completed.

Compliance questions/criteria: (Required)
(Check the appropriate box)

- A. For systems with operating permits:
Has all the required monitoring and maintenance taken place and does the monitoring indicate compliance with the permit thresholds?
 Yes No
- B. For a system that has a required nitrogen reducing BMP and does not have an operating permit:
Is the nitrogen BMP in-place and appears to be properly operating? Yes No

Any "no" answers indicates noncompliance

Date of observation: _____ Reason for observation: _____

Operating permit number: _____

This form expires upon next inspection or in three years, whichever occurs first: _____

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations and conclusions must be completed by an advanced inspector, service provider, or maintainer (maintainer for holding tanks only). Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): _____

Property address: _____

Property owner's address (if different): _____

County: _____ Property owner phone: _____

I hereby certify that I personally made the observations, interpretations and conclusions reported on this form and that they are correct.

Name: _____ Certification number: _____

Business license name and number: _____ or

Name of local unit of government: _____

Signature: _____ Date: 06 OCT 2010

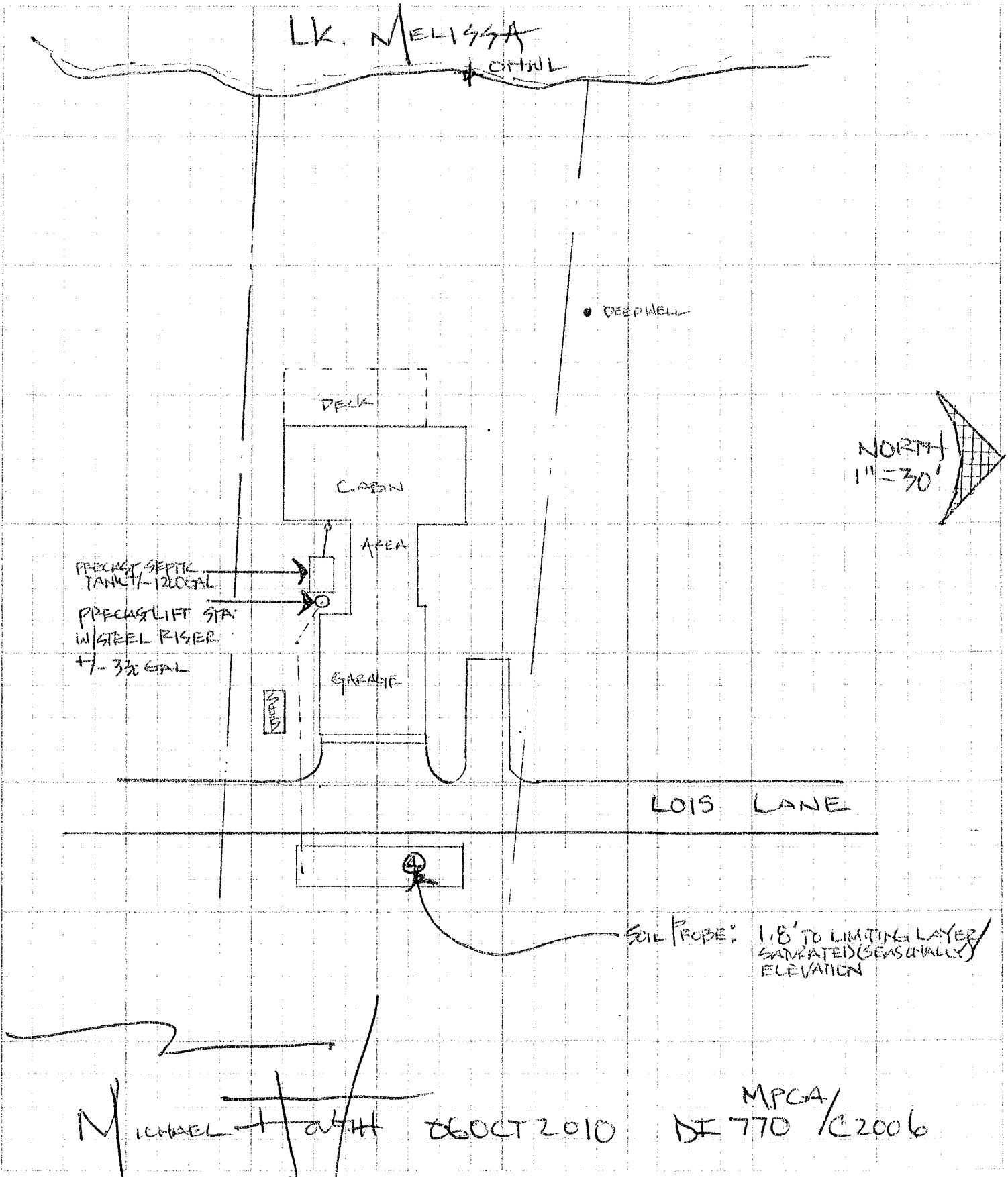


218-847-7391 • Fax 218-847-2380
houghinc.com

DATE: 06 OCT 2010

PROJECT: ARMENT, JAMES

PAGE 1 OF 1



Michael Hough

06 OCT 2010

MPCA /
DI 770 / C2006



Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTs)

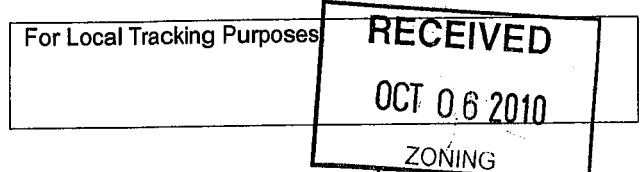
Doc Type: Compliance and Enforcement

Instructions on page 6

Summary Form (Completed form must be submitted to the local unit of government within 15 days.)

Parcel number: 19-0441,000

System status: Compliant Noncompliant
(based on all compliance requirements)



Property Information

Property owner name(s): James Argent Property owner phone: #262-893-1216
 Property address: 12434 Lois Lane
 Property owner address (if different): N24-W24020-A Brandon Oaks Dr.; Pewaukee, WI 53072
 County: Becker Permitting authority: Becker County P&Z
 Date system constructed: 1973 + 1989 Reason for inspection: County Reg'd.

System Description

Brief system description: septic tank, lift basin, drain field across road
 Local permit number: 12-17801-35 Number of bedrooms: 2 Design flow rate: _____

Is the system:

In Shoreland area? Yes No In Wellhead Protection Area? Yes No
 An U.S. Environmental Protection Agency (EPA) Class V Injection Well? Yes No System serving a Minnesota Department of Health (MDH) licensed facility? Yes No

Compliance Status (Based on state requirements – additional local requirements may also apply.)

Based on the information gathered and reported on attached forms, the compliance status of this system is (check one):

Certificate of Compliance – valid until (3 years from date of report): _____
 Notice of Noncompliance - For Noncompliant systems:
 The reason for noncompliance is: Drain field does not have required vertical separation
 This noncompliant system is classified as (check one below):
 Imminent threat to public health & safety Failing to protect ground water Not in compliance with operating permit

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

Name: Peter G. Miller Certification number: 2341
 Business license name and number: Wenck Associates, Inc. #1282 or _____
 Name of local unit of government: _____
 Signature: [Signature] Date: 9/28/10

Required Attachments

Hydraulic Performance Tank Integrity Operating Permit Form (if applicable)
 Soil Boring Logs Soil Separation
 System drawing/As-built drawing Any local requirements that are different from what is required on this form
 Other information (list): _____

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

Parcel number: 19-0441,000

System status: Compliant Noncompliant
(as determined by this form)

Hydraulic Performance and Other Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #1 of 4

Date of observation: 9/28/10 Reason for observation: County Reg'd

This form expires upon next inspection or in three years, whichever occurs first: _____

Compliance questions/criteria: (Required)
(Check the appropriate box)

Does the system discharge sewage to the ground surface? Yes No

Does the system discharge sewage to drain tile or surface waters? Yes No

Does the system cause sewage backup into dwelling or establishment? Yes No

Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)? Yes No

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

Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector? Yes No

"Yes" indicates that the system is failing to protect ground water. If "yes", describe the condition noted:

Verification Method*: (Optional)
(Check the appropriate box)

Searched for surface outlet

Performed hydraulic test

Searched for seeping in yard

Checked for backup in home

Excessive ponding in soil system/D-boxes

Homeowner testimony

Examined for surging in tank

"Black soil" above soil dispersal system

System requires "emergency" pumping

Performed dye test

Other: _____

* No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): James Argent

Property address: _____

Property owner's address (if different): _____

County: _____ Property owner phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Peter G. Miller Certification number: 2341

Business license name and number: Wenck #1202 or

Name of local unit of government: _____

Signature: Peter G. Miller Date: 9/28/10

Parcel number: 19-0441,000

System status: Compliant Noncompliant
(as determined by this form)

LIFT Tank Integrity and Safety Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #2 of 4

Date of observation: 9/28/10 Reason for observation: County Req'd.

This form expires on (three years): _____

Compliance questions/criteria: (Required)
(Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do any sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If yes, identify which sewage tank leaks. _____
Any "yes" answer indicates that the system is failing to protect ground water.

* Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.

Verification Method:** (Optional)
(Check the appropriate box)

- Probed tank bottom
- Observed low liquid level
- Examined construction records
- Examined empty (pumped) tank
- Probed outside tank for "black soil"
- Pressure/vacuum check
- Other: see notes sheet for additional information

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Safety Check

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

Explain: _____
***System is an imminent threat to public health and safety.**

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): James Argent
Property address: _____
Property owner's address (if different): _____
County: _____ Property owner phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Peter G. Miller Certification number: #2341
Business license name and number: Wenck #1282 or _____
Name of local unit of government: _____
Signature: Peter G. Miller Date: 9/28/10

Parcel number: 19-0441.000

System status: Compliant Noncompliant
(as determined by this form)

Soil Separation Compliance and Other Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #3 of 4

Date of observation: 9/28/10 Reason for observation: County Req'd
This information on this form does not expire.

Compliance questions/criteria: (Required)
(Check the appropriate box)

Verification Method:** (Optional)
(Check the appropriate box)
 Conducted soil observation(s) (attach boring logs)
 Two previous verifications (attach boring logs)
 Other: see notes and calculations attached

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:
Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock? Yes No

Soil observation does not expire. Previous observations by two independent parties are sufficient, unless site conditions have been altered.

For 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:
Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?* Yes No

* May be reduced by up to 15 percent if allowed in local ordinance.
** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

For reduced separation distance systems (i.e., "performance" systems under old 7080.0179 or Type IV or V system under new 7080. 2350 or 7080.2400):
Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?* Yes No

Any "no" answer indicates that the system is failing to protect ground water.

Certification

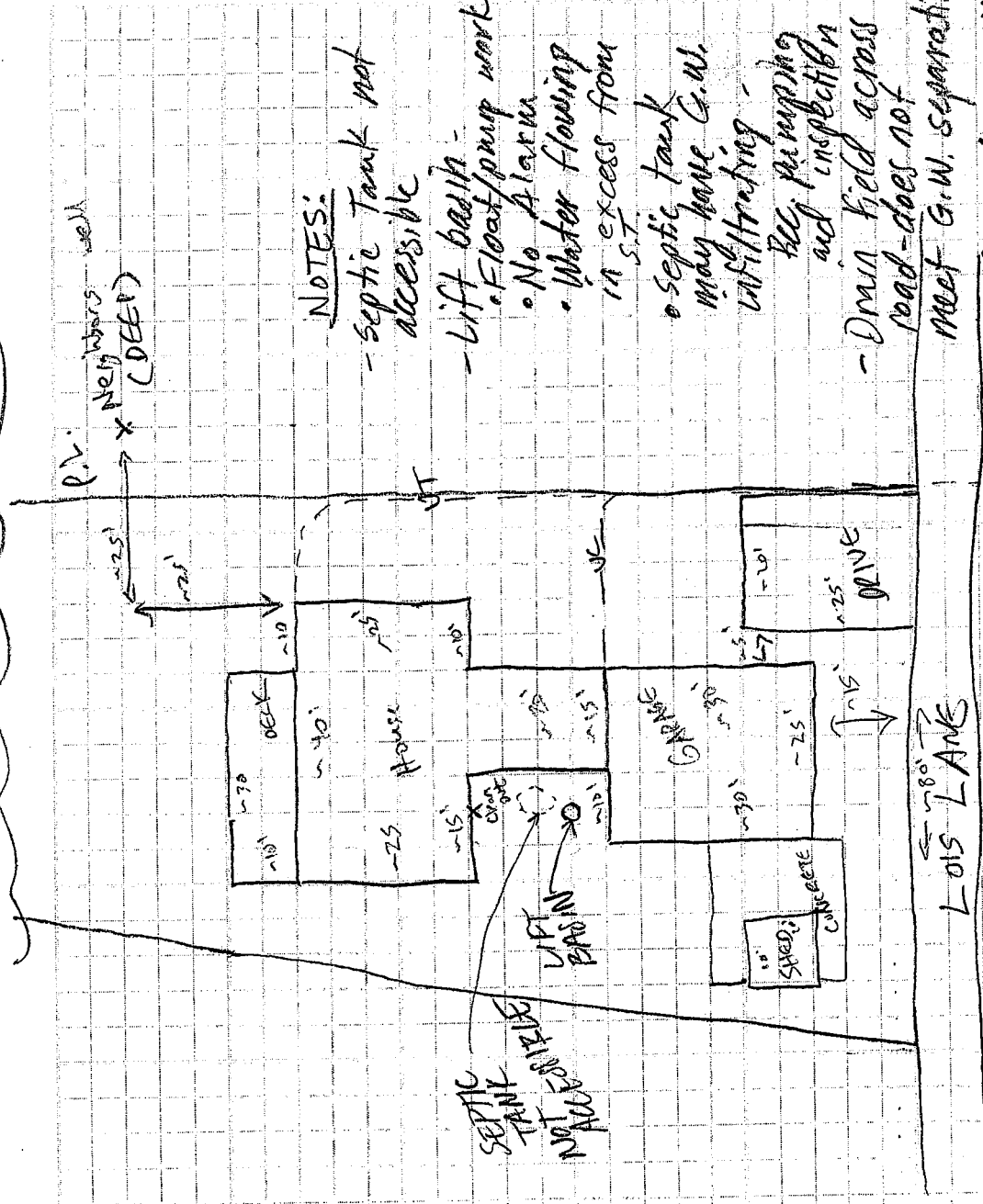
This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector or designer. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): James Argent
Property address: _____
Property owner's address (if different): _____
County: _____ Property owner phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Peter G. Miller Certification number: 2341
Business license name and number: Wenck #1202 or _____
Name of local unit of government: _____
Signature: [Signature] Date: 9/28/10

Q.V. Lake Melissa



NOTES:
 - septic tank not accessible
 - lift basin -
 • Float/pump work
 • No Alarm
 • Water flowing in excess from S.T.
 • septic tank may have G.W. infiltrating -
 Rec. pumping and inspection
 - Drain field across road - does not meet G.W. separation
 - Well location - UNK

SEPTIC TANK NOT ACCESSIBLE

S.B.*
 S.B.
 0-36" Sandy Fill
 36-48" GRAN 2.5X6/6 SAND SATURATED w/ 10% 5/2 Redox 7.57 5/6

DRAIN FIELD 2x5' - 3.0' deep
 < 3' vertical separation

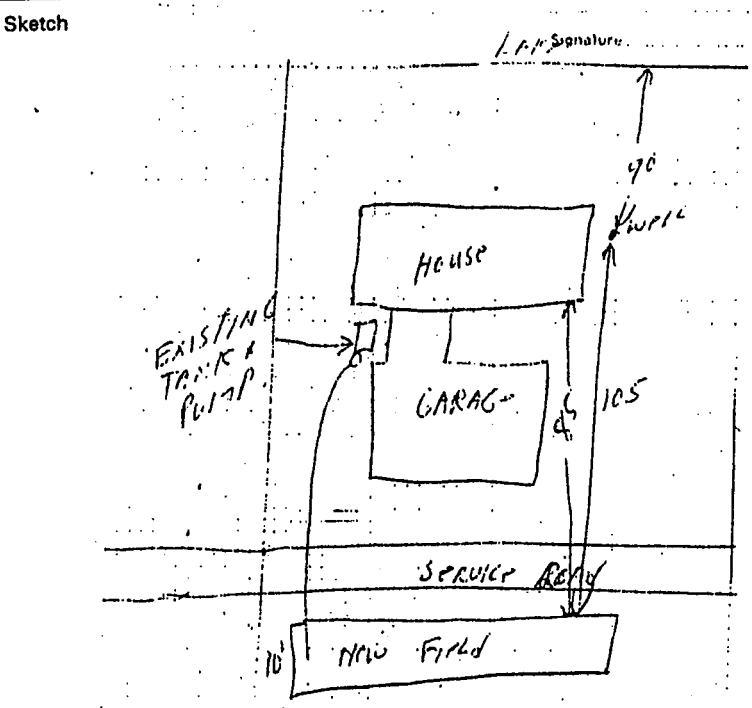
BECKER COUNTY

Building Permit No. _____ Sewage System Permit No. 12-17801-35

Township LAKE VIEW Sec. 21 Description T138N R41W
P4 Lot 3 Beg 235' N of Inter S LA & LK Th N1/4 75' E to Service RD 51475
ALRD 400 to 100'
 Work Authorized DRAIN FIELD

Contractor Grant O.H.M.

TYPE OF IMPROVEMENT: () New Building () Alteration
 RESIDENTIAL PROPOSED USE: () One Family Dwelling () Multiple Dwelling _____ Units
 NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____
 Other _____
 Stories ONE Basement () Yes () No Bedrooms 2 Bathrooms 1
 Issued to: Name G O TALLMAN Ph. No. _____
 Address: Rt 5 - Bx 241 Town DETROIT LAKES
 State MN Zip 56501 Fire Number _____



HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake _____
 Side Lot Lines _____
 Center Line of Public Road _____
 Well Depth _____ Other _____
 APPROVED: Board of Adjustment Date: _____
 Planning Commission Date: _____
 County Commissioners Date: _____

SEWAGE DISPOSAL SYSTEM DATA

Installed in 19 <u>89</u>	Septic Tank	Drain Field
Capacity <u>EXISTING Septic</u>	Gls. <u>300</u>	q. Ft.
Distance from nearest well <u>+ 157' station</u>	Ft. <u>75</u>	Ft.
Distance from lake or stream	Ft. <u>75</u>	Ft.
Distance from occupied building	Ft. <u>10</u>	Ft.
Distance from property line	Ft. <u>10</u>	Ft.
Distance from bottom to Water Table	Ft. <u>4</u>	Ft.
Lift Pump (<input checked="" type="checkbox"/>) Yes () No		

1 Inch = _____ Feet

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE, AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED BY A FINE NOT TO EXCEED \$700.00 FOR EACH VIOLATION. NOTIFY THE 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.

SIGNATURE OF OWNER

Received By M Kuehne

Date 6-6-89

Approved By Hayes Swanby
 Becker County Zoning Administrator

BECKER COUNTY
 DETROIT LAKES, MN 56501

**CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM**

This certificate has been issued this 7 day of June 1989,

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

The premises covered by this certificate are legally described as: Pt Lot 3 Beg 235' N of INTER S
& LK TH NLY 75' E TO SERVICE RD SLY 75' AL RD & W to BEG
Lake No. _____ Sec. 21 Twp. 138 Range 41 Twp. Name LAKEVIEW

CAPACITY _____
SEEPAGE BED
400 SF
DISTANCE FROM NEAREST WELL 101 F
DISTANCE FROM LAKE OR STREAM 105 F
DISTANCE FROM OCCUPIED BUILDING 80 F
DISTANCE FROM PROPERTY LINE 10 F
DISTANCE FROM BOTTOM TO WATER TABLE 4 F

Owner: Name CLEO TALLMAN

RT 5 BOX 241

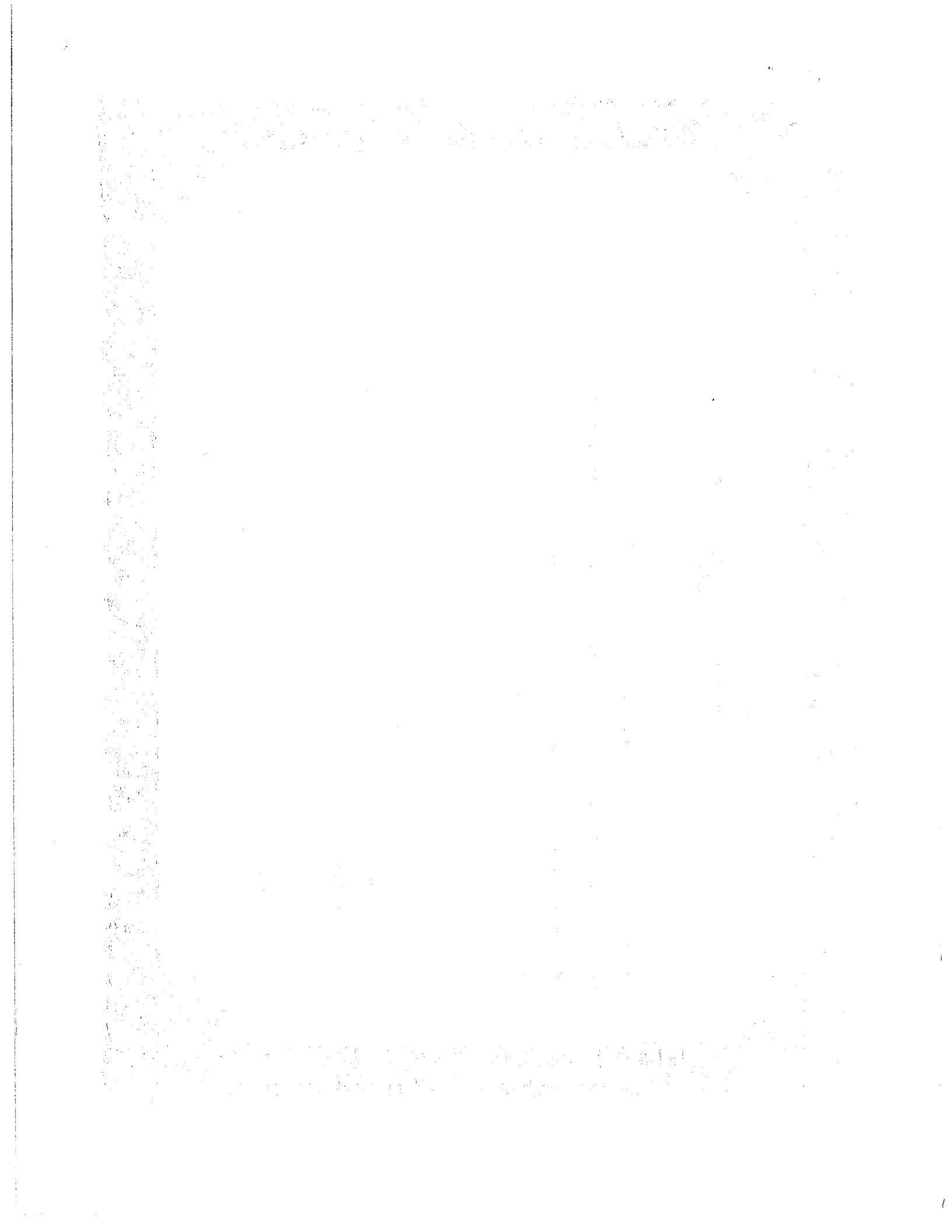
Address DETROIT LAKES MN 56501

Zip No. _____

Permit No. SP 12-17,801-35
Existing septic and lift station. 15' Sight byock Sandy Subsoil

Zoning Administrator
Becker County, Minnesota

Harold Swenberg



INSPECTOR'S CHECK LIST
Make all measurements and computations

SPRINKLER

37
101
32

	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

Bed

CATEGORY	SEPTIC TANK		SEEPAGE BT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	Gls.	Gls.	400 SF	SF	SF	SF
Distance from Nearest Well	F	F	101 F	75 F	F	50 F
Distance from Lake or Stream	F	F	105 F	F	F	F
Distance from Occupied Building	F	10 F	80 F	20 F	F	20 F
Distance from Property Line	F	10 F	10 F	10 F	F	10 F
Distance from Bottom to Water Table	---	F	4 F	4 F	F	4 F

Inspector's Comments: *Existing Septic and lift station
 15 yds Rock - Sandy sub soil Grant & Son Installer*

Do not use this form for...
 to be used...
 not to be used...

INTERPRETATION OF ABBREVIATIONS

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

Mark Kelly
 Inspector's Signature

 Title

Inspection Dated *6-6-1989*

 Agency

9446

LEGAL DESCRIPTION AND LOCATION	FIRE NUMBER _____						
	475 Melrose St 21 E8 41 Lake View						
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address - No. Street, City and State	Zip No.	Tel. No.	
Contractor	Name	Grant John					

1/2
 2/3
 3/4

TYPE OF IMPROVEMENT: <input type="checkbox"/> New Building <input checked="" type="checkbox"/> Alteration Other _____	RESIDENTIAL PROPOSED USE: <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____
---	--	---

ESTIMATED COST OF IMPROVEMENTS Construction Starting Date: _____

PRINCIPAL TYPE OF FRAME & BUILDING <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify _____ Year _____	TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Well Type _____ Depth _____	DIMENSIONS: Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms <u>2</u> Baths <u>1</u>
MECHANICAL EQUIPMENT: Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: <u>Coal</u>	

	SEWAGE DISPOSAL SYSTEM DATA	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity		Gls. 400	Sq. Ft.	Sq. Ft.
Distance from nearest well		Ft. 101	Ft.	Ft.
Distance from lake or stream		Ft. 105	Ft.	Ft.
Distance from occupied building		Ft. 80	Ft.	Ft.
Distance from property line		Ft. 10	Ft.	Ft.
Distance from bottom to Water Table		Ft. 14	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 16,000 square feet. Water frontage is 75 feet.
 Building set back from high water mark is 21.55 feet. (Building Line)
 Land height above high water mark at building line is 4 feet
 Building setback from () State () County () Township Highway _____ feet from the () Center Line () Right of Way
 Side yard is 20 feet and 2 feet. Rear yard is 21 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 6.6.59
 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.

Dated _____
 Permit Fee \$ 30.00 State Surcharge \$ 50 Cormorant Surcharge \$ _____
 Becker County Zoning Administrator _____

Comments: pd 6-6-59 - record by Muel

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

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

2446

LEGAL DESCRIPTION AND LOCATION: Pt Lot 3 Beg 235' N of Inter S LN & LK TH NLY 75'E TO SERVICE RPSLY 75' ALRD & W to Beg. 475' Melissa CD 21 138 H LAKEVIEW
 FIRE NUMBER: _____
 Lake No. _____ Lake Name _____ Lake Classif. _____ Sec. _____ TWP _____ Range _____ TWP Name _____

IDENTIFICATION: Please Print All Information
 Owner: Last Name McAllman First Initial _____ Mailing Address - No. Street, City and State 175 Bon 241 Det Lakes Zip No. 56501 Tel. No. 8479495
 Contractor: Name Grant & Son _____

TYPE OF IMPROVEMENT: Open Field
 () New Building () Alteration
 Other _____
 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 & BUILDING: () Masonry () New Home () Wood Frame () Garage () Structural Steel () Mobile Home () Other - Specify Year _____
 Type of Roof: () Cottage () Septic System () Other _____
 TYPE OF SEWAGE DISPOSAL: () Public Individual Septic Tank, etc. WATER SUPPLY: () Public Individual Well Type _____ Depth _____
 MECHANICAL EQUIPMENT: Elevator: () Yes () No Air Conditioning: () Yes () No () Central () Unit
 DIMENSIONS: Basement: () Yes () No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms 2 Baths 1
 HEATING: () Electric () Gas () Oil () Coal () None Other: Boil

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	Gls. <u>+400</u>	Sq. Ft.	Sq. Ft.
Distance from nearest well	Ft. <u>101</u>	Ft.	Ft.
Distance from lake or stream	Ft. <u>105</u>	Ft.	Ft.
Distance from occupied building	Ft. <u>80</u>	Ft.	Ft.
Distance from property line	Ft. <u>10</u>	Ft.	Ft.
Distance from bottom to Water Table	Ft. <u>+4</u>	Ft.	Ft.

Expected Septic Tank and Sept Station

All distances are shortest distance between nearest points

CHARACTERISTICS:
 Lot Area is 16,000 square feet. Water frontage is 75 feet.
 Building set back from high water mark is Ex. 85' feet. (Building Line)
 Land height above high water mark at building line is + feet
 Building setback from () State - () County - Township Highway 10 feet from the () Center Line - Right of Way
 Side yard is +10 and +10 feet. Rear yard is _____ feet.
 Building will be located +10 feet from septic tank (Sewage System Permit must be obtained before installation).
 Building will be located +10 feet from soil absorption system (Cesspool, Drainfield, etc.).

Agreement: I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Becker County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that this permit is valid for a period of six (6) months. Applicant further agrees that no part of the sewage system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the County Zoning Administrator, 48 hours before the job is ready for inspection.

Dated 6-6-89

Chris McAllman
 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.

Dated 6-6-89
Floyd Sweeney
 Becker County Zoning Administrator

Permit Fee \$ 30.00 State Surcharge \$ 50 Cormorant Surcharge \$ _____

Comments: pd 6-6-89 - Rec'd by Met.

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.
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		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

DESIGN PAD

BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

Subject _____

Name _____

Address _____

Town _____

State _____

Zip _____

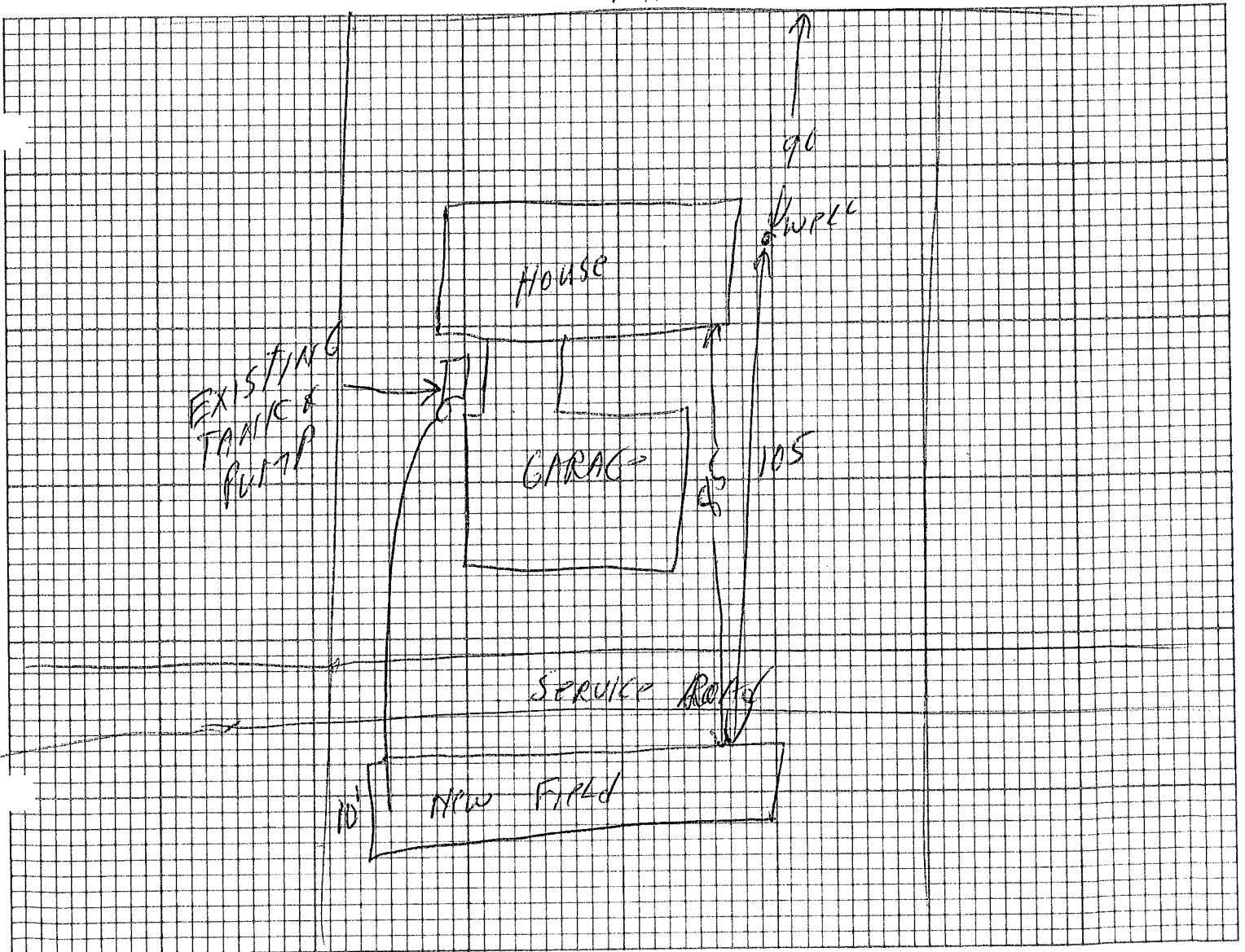
Date _____

Rusty Tallman

Location or Legal Description _____

Remarks:

LAKS Signature _____



BECKER COUNTY

Building Permit No. _____ Sewage System Permit No. 12-17801-35

Township LAKE VIEW Sec. 21 Description T138N R41W

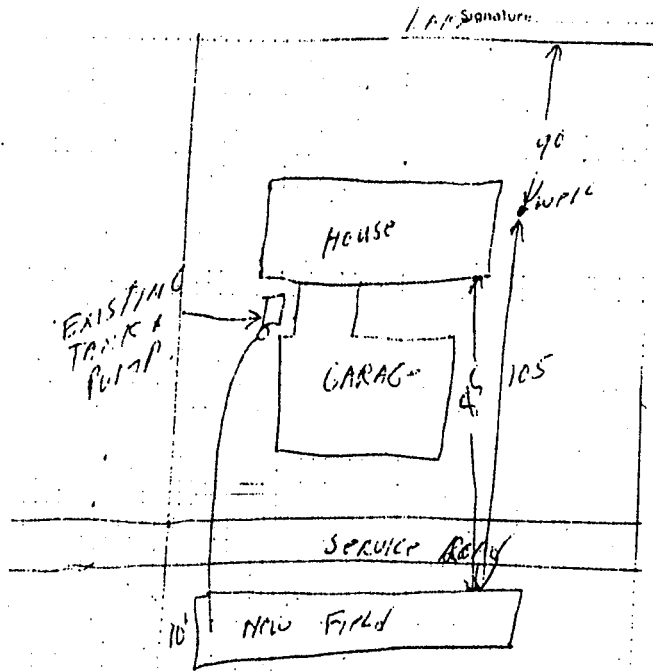
P4 Lot 3 Beg 235' N of Inter S Ln & Lk Th Nly 75' E to Service RD 51475
ALRD 400 to Beg.
 Work Authorized DRAIN FIELD

Contractor Grant OHM.

TYPE OF IMPROVEMENT: () New Building () Alteration
 RESIDENTIAL PROPOSED USE: () One Family Dwelling () Multiple Dwelling Units
 NON-RESIDENTIAL PROPOSED USE: Specify: _____
 Other _____ Size: _____
 Stories ONE Basement () Yes () No Bedrooms 2 Bathrooms 1

Issued to: Name G O TALLMAN Ph. No. _____
 Address: Rt 5 - Bx 241 Town DETROIT LAKES
 State MN. Zip 56501 Fire Number _____

Sketch



1 Inch = _____ Feet

HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake _____
 Side Lot Lines _____
 Center Line of Public Road _____
 Well Depth _____ Other _____
 APPROVED: Board of Adjustment Date: _____
 Planning Commission Date: _____
 County Commissioners Date: _____

SEWAGE DISPOSAL SYSTEM DATA

Installed in 19 89 Septic Tank Drain Field
 Capacity EXISTING SEPTIC Gls. 300 Ft.
 Distance from nearest well +15 ft station Ft. 75 Ft.
 Distance from lake or stream Ft. 75 Ft.
 Distance from occupied building Ft. 10 Ft.
 Distance from property line Ft. 10 Ft.
 Distance from bottom to Water Table Ft. 14 Ft.
 Lift Pump () Yes () No

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE, AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED BY A FINE NOT TO EXCEED \$700.00 FOR EACH VIOLATION. NOTIFY THE 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.

SIGNATURE OF OWNER

Received By M Kuehne

Date 6-6-89

Approved By Stacy Swanby
 Becker County Zoning Administrator

BECKER COUNTY
 DETROIT LAKES, MN 56501

BECKER COUNTY

SEWAGE SYSTEM PERMIT APPLICATION

1. Location of property: Lake Melissa Sec. 21 Twp 138 Range 41
Legal description _____
2. Lot length 210' Width 75' Lot size area 16000
3. Contour of property: Approximate elevation above water table at building site 3 sewage system site 3 adjacent property _____
4. Type of building: residential Commercial _____ accessory _____
5. Location of roads: County _____ Township _____ State _____
6. Type of sewage system planned: Tank size 1200
Number of tanks 1 Drainfield _____ Lineal feet _____
7. Type of soil: Sand Clay _____ Other _____
8. Location of sewage system on adjacent property 100' N
Number of feet _____
9. Location of well on your property _____ (Sketch on reverse side). On adjacent property _____
10. Name of sewage system contractor Lakes Pumping?
Well drilling contractor _____

Note: If making either of the above installations yourself indicate

11. Minimum set back:	Building	Sewage System
From Road R.O.W.	_____	_____
Adjacent Property	_____	_____
Lakeshore (High Water Mark)	_____	_____

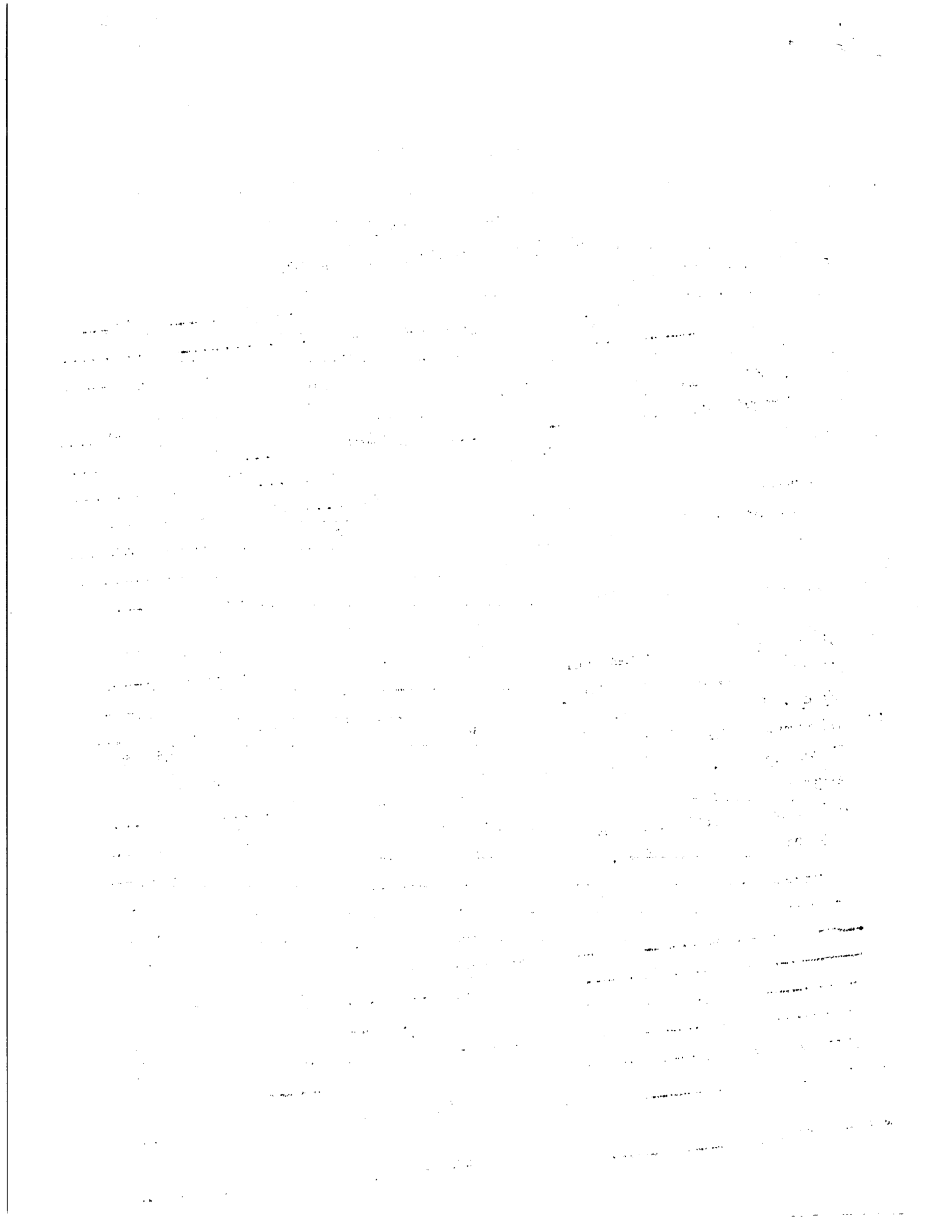
12. Any other information: _____

Dated Aug 10, 1972

Applicants Signature Chas E Tallman

Permit No. _____

Permit Fee _____



Scale: Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated Aug 10 1972

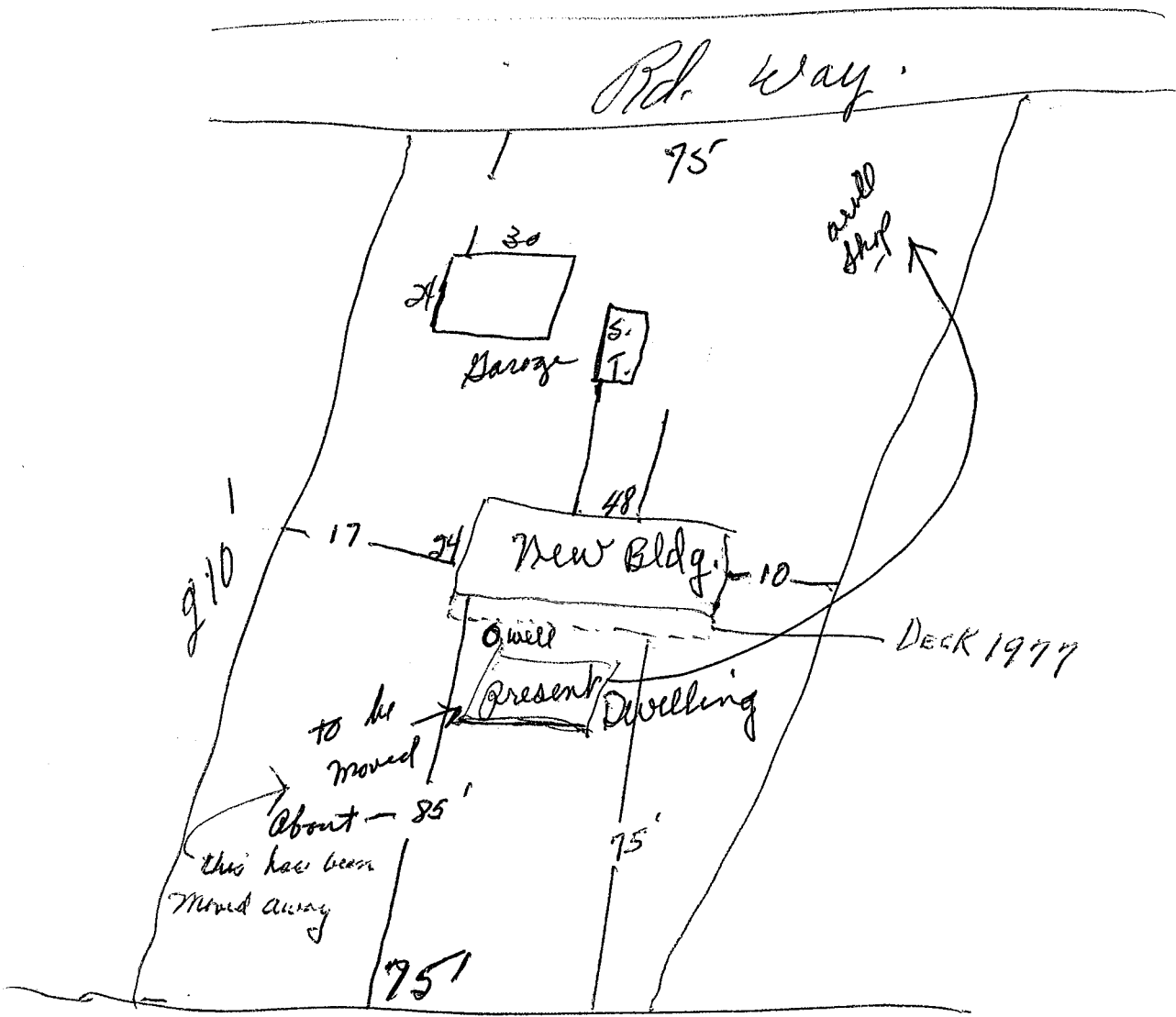
Application for Sewage System Permit Dated Aug 10 1972

Building Permit Number 676 Sewage System Permit Number 676

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

Dated Aug 10 1972

Bob C Tallman
Signature



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