Onsite Septic Syste

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

1. PROPERTY DATA (as it appears on the tax s' Parcel Number(s) of property where the system will		leed) O	·
Is this a split of an existing property? Yes No (If yes and a parcel number has not yet been assigned	l, indicate the main parcel number fi	om which the new	parcel was split.)
Section 21 Township 138 Range 4	Township Name <u>La</u>	Ke View	
Lake Name Lake Mellissa	Lake Classification	GD	Responsible 1
Legal Description: 21-138-411 PT6	out Lot 3	Š	MAY 1.9 2015
Project Address: 12434 Lois L	n D4		ZONING
2. PROPERTY OWNER INFORMATION (as it Owner's First Name	Owner's Last Name	Argen	4
Mailing Address NOY W24000 Brandon Oa	Ks Oc. City, State, Zip For	aukee Wi	53072
Phone Number 218-640 - 1314			
3. DESIGNER/INSTALLER INFORMATION Designer Name Richard Vareberg	Company Name Vareberg	Backhoe	icense # <u>1910</u>
Address 32344 Co Rd 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? Che	ck one	
Vacant Lot-No existing system-new structure Replacement – structure removed and being r Failing –Replacement- cesspool/seepage pit of Enlargement of system-Undersized Repairs Needed to existing Additional system on property	ebuilt Resort/Commercial	resort)	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	Type of Soil Obse	obeBoring ng Layer
gal Compartmented Tank 2600	gal Separate Lift Station gal Holding Tank Existing Tank to be used	Existing ta Holding T	nk w/new Additional Tank nk w/new Lift Station ank with Privy CA at end of year.)
Total Lighton of failes to ac marginer in this system	(11115 # WIII	or rehorien to wir	on at one or year.

•								L	
								APP	SEPTIC
Type of Drai	infield	Full Size of D	rainfield I	Reduced/Warrant	ied cize			YEAR	
	ber Trench	8		sq ft			of chamber		
	Trench		en ft	sq ft		Denth o	f Pock		
Grave		S	aft	sq ft		Depin o.	. ROOK		•
Moun		S	of ***						
	ire Bed	8	9 ft ***		*	Alarm?	vec 🗸	No	
	ge Bed	s	9 Tt			Type of	Alorm 1	No	
At-gra		s	9 Tt 0 ft ***			Size of I	if Dumn		
	native /	s	чи aft*** **	*Attach Worksho	ante	Size of I	ift I ine		
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4			PR∩P	OSED SETBAC	KS				
			TANK	DRAIN			•		
Distance to V	Well		>50		עונווו				
Distance to I			> 20						
	roperty Line		> 10	· · · · · · · · · · · · · · · · · · ·					
	OHW		> 75	<u> </u>					
Distance to F		OI Luxo	> 50	1	 				
	Vetland/Prote	cted Water	335	.	 				
21014110010	· chanarrote	occu water		<u> </u>			F 1		* 1 · · · · · · · · · · · · · · · · · ·
Perc Rate		Soil Sizi	ng Factor		:	*if CCF o	ther than 83	attach Pero Te	et Data
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Soil Borings	(three are red	quired)			1				
Depth	Texture	Color	Structure		Depth		Texture	Color	Structure
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Depth	Texture	Color	Churchina		D41-		T m	101	
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5 DEOLUI	TED DOCUM	ETT TOTAL							,
5. REQUII	RED DOCUM	VIENTS							
II -CAO						_			
U OI IVIN	worksneets	are required to	or mounds, pr	essure beds, see	page bec	is, at-grad	les or Type IV	√or Type V s	ystems. Are the
required	worksheets at	ttached?	Yes	_ No					
C DEGRASS	Dia Arra						*		
o. DESIGNI	SK'S CERTI	FIED STATE	MENT						
. () (1	\ \/.	. (_							
1, Kicha		eberg	certify	that I have comp	leted the	precedin	g design work	in accordance	with all
	ne of Designo								•
applicable rec	luirements (ir	ncluding, but n	ot limited to	Minnesota Chapt	er 7080	and the I	Becker County	Individual Se	ewage Treatment
System Ordin	ance).	$\cap \cap \cap$							
()	$() \setminus ($	1/ V /					مد	سي، الما	
=10L								<u>-14-15</u>	
Signature of I	Designer	· -)					Date		

PARCE

Date

KETCH OF PROPERTY PARCEL Please sketch all structures and septic systems on the property; Include setbacks and wells within 100 feet of the property. APP YEAR SEPTIC INSPECTION Property Line Ocep Well Lake Mellissa House Property Line

	mouled coc 5-21-15 YEAR
*********	***************************************
Application Approved by:	Receipt Number 78520 -59/0/Permit Number
Amount Paid /50	Receipt Number 78520 -59/0/Permit Number
NOTES:	Receipt Hailoct 7/2000 3/10/34 of mit Hailoof
NOTES.	5-26-15
	5-2010
********	********************
•	INSPECTION REPORT
Home Information	HIOLDS INC.
Does the structure contain any of the f	following elements?
Garbage disposer Yes	
Grinder pump Yes	No Lift pump in basement Yes No
Effluent screen installed? Yes	No Effluent screen manufacturer
Alarm required?Yes	No Alarm Type Alarm manufacturer
That it is a second of the sec	That Type
Lift pump in system? Yes	No Pump manufacturer
roo	
Number of bedrooms 3	
C Information	,
Component Information Tank size /500 +/	Tank manufacturer Stown
Tank Size	Tank manufacturer
Drainfield size	
Drainfield medium	Madium manufacturar
Drainfield medium size/dept	Medium manufacturer
Drainfield filedidin size/depu	1 to Iding
O 11.77 (C. 14)	770 /000
Soil Verification	tank
Vertical separation vertiled i	for Boring #1 on Depth
	Souther to 110
vertical separation vertiled i	for Boring #2 on Depth
Warriagh apparation varified 4	Fam Danding #2 and Dand
vertical separation verified i	for Boring #3 on Depth
Catharle Varification	
Setback Verification	TAND DD ADDUCT D
Distance to Well	TANK DRAINFIELD
	730
Distance to Building	+20
Distance to Property Line	410
Distance to OHW of Lake	-713
Distance to Pressure Line	+ 5-0
Distance to Wetland/Protect	ed Water ± 75
/	
<u> </u>	15 Installer R. Vareberg Exc. Inspector Facel foll
Date System Installed 0/00/	Installer K, Vareberg EX2, Inspector January
,	
********	**************************
*****	*************
·	
	CERTIFICATE OF COMPLIANCE
	· ·
() Certificate Is Hereby Denied	
	Based upon the Application, addendum from, plans, specifications and all other supporting da
With property maintenance, this systematical	em can be expected to function satisfactory, however, this is not a guarantee.
Tail of 1704	Ists inspector 5/22/15
Signature	Title
(Certificate of Compliance is not val-	id unless signed by a Registered Qualified Employee)



Minnesota Pollution Control Agency

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

Compliance Inspection Form

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): Property owner name(s): Property address: A 434 Lois Lane
System Description Brief system description: Sufic 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 System serving a Minnesota Department Yes No Agency (EPA) Class V Injection Well? Yes No No No No No No Yes No No No No No No No N
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: Prain Geld 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: Pero G. Miller Certification number: 234/ Business license name and number: Wenck Associates, the 4/282 or Name of local unit of government: Signature: Date: 9/28/10
Required Attachments Hydraulic Performance
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)		Systen (as det	n status: 🛱 Compliant 🔲 Noncompliant termined by this form)
Commission on India #4 of A				oliance Inspection Form for Existing SSTS
Date of observation: $\frac{9/38/10}{}$	Re	ason for obser	vation:	Courty Regist
Date of observation: 9/28//0	broo year	s whichever o	ccure firet	
This form expires upon next inspection or in t	inee year	s, willonever o		
Compliance questions/criteria: (Require	ed)			fication Method*: (Optional)
(Check the appropriate box)			(Ci	heck the appropriate box)
Does the system discharge sewage to the	☐ Yes	⊠ No		Searched for surface outlet
ground surface?		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Performed hydraulic test
Does the system discharge sewage to drain tile or surface waters?	☐ Yes	ΓΧί Μο	X	Searched for seeping in yard
Does the system cause sewage backup	☐ Yes	□No		Checked for backup in home
into dwelling or establishment?				Excessive ponding in soil system/D-boxes
Do other situations exist that have the	☐ Yes	⊠ No		Homeowner testimony
potential to immediately and adversely impact or threaten public health or safety				Examined for surging in tank
(electrical, unsafe covers, etc.)?				"Black soil" above soil dispersal system
Any "yes" answer indicates that the system threat to public health and safety.	is an imn	ninent		System requires "emergency" pumping
9				Performed dye test
Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	☐ Yes	⊠ No		Other:
"Yes" indicates that the system is failing	to protec	t		
ground water. If "yes", describe the cond	ition note	ed:	in s	standard protocol exists. This list is not exhaustive, equential order, nor does it indicate which nbinations are necessary to make this determination.
			CON	indicated the the decay to make the second
Inspection Form for Existing Subsurface completed by an inspector. Completed form	Sewage 1 must be s	Freatment Sysubmitted to the	e local unit	
Property owner name(s):	Hrg	MI		
Property address:				
Property owner's address (if different):				
County:		Property of	owner pho	ne:
I hereby certify that I personally made the obcorrect.	oservation			onclusions reported on this form and that they are
Name: 1871 (21 ///////	v Wend	ck #1	Certi ? <i>\$2</i> _	ification number:34/or
Business license name and number:	WCM			/ /:
Name of local unit of government:				Date: 9/28/10
Signature: July MMM				Date: //oru//

Parcel number: 19-0441,000

Parcel nui	mber: <u>19-0441,000</u>	S	ystem status: \(\int\) Compliant \(\square\) Nor as determined by this form)	ncompliant	
Tank l	ntegrity and Safety Co	mpliance – Compliance	Inspection Form for Existing S	STS	
Compli	ance Issue #2 of 4 $_{/}$		a / n		
Date of ol	oservation: 9/28/10	Reason for observation:	County Meg.d.		
This form	expires on (three years):		· /		
	nce questions/criteria: (Requick the appropriate box)	T	Verification Method**: (Optional) (Check the appropriate box)		
Does the	system consist of a seepage pit*,	☐ Yes ☒ No	☐ Probed tank bottom		
	drywell, or leaching pit?	☐ Yes ☑ No	☐ Observed low liquid level		
	ewage tank(s) leak below their operating depth?	103 147110	☐ Examined construction records		
	entify which		☐ Examined empty (pumped) tank		
sewage to	ank leaks.	n in failing to protect	Probed outside tank for "black s	OII"	
Any "yes ground w	" answer indicates that the system rater.	n is failing to protect	Pressure/vacuum check	loof a	hr
	ge pits meeting 7080.2550 may be	compliant if allowed	✓ Other: <u>See notes</u> s. additional int	Cours A	2/
r Seepag in ordir	ge pits meeting 7000.2000 may be nance by local permitting authority.		• • • • • • • • • • • • • • • • • • • •		untivo in
			** No standard protocol exists. This list is sequential order, nor does it indicate are necessary to make this determina	which comp	inations
Safety	Check				
-	maintenance hole covers damaged	. cracked, or appeared to be stru	icturally unsound?	☐ Yes*	∭'No
	e maintenance hole covers replace			🙎 Yes	☐ No*
3. Was	s secondary access restraint presen	t (safety pan, second cover, or s	afety netting) highly recommended.	☐ Yes	⊠ No
	other safety/health issue present?			☐ Yes*	[∑] No
Expl	•				
•	stem is an imminent threat to pu	ıblic health and safety.			
Certifi This form	ication n is to be completed and attached	to the Summary Form of the M	innesota Pollution Control Agency's (s. Observations, interpretations, and c	MPCA) Co l conclusions	mpliance must be
complete 15 days.	ed by an inspector, maintainer, or s	service provider. Completed for	III filest be sublinated to allo look.		
Ducasarla	(aunor pama(s): - (1/1/0 (Amont			
Property	owner name(s).	The second			
	v address:v v owner's address (if different):				
			r phone:		
County:		· · · · · · · · · · · · · · · · · · ·			
I hereby correct.	certify that I personally made the	1.1	and conclusions reported on this form	anu mai m	oy are
Name:	s license name and number:	Wenck #1282	Certification number: #234/		or
			, ,	<u> </u>	
Signatu	f local unit of government:	1	Date: 9/28//	0	
Signatu	ie. I MAN A PARK				

Parcel number:	System status: Compliant Noncompliant (as determined by this form)
Soil Separation Compliance and C	Other Compliance – Compliance Inspection Form for Existing SSTS
Compliance Issue #3 of 4	a + b
Date of observation: $\frac{9/28/10}{28}$ This information on this form does not expire.	Reason for observation: County Reg 'd
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:	Conducted soil observation(s) (attach boring logs) Two previous verifications (attach boring logs) Other: <u>See notes and</u>
Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?	
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:	Soil observation does not expire. Previous observations by two independent parties are sufficient, unless site conditions have been altered.
Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*	☐ Yes 🕅 No
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):	* May be reduced by up to 15 percent if allowed in local ordinance. ** No standard protocol exists. This list is not exhaustive,
Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*	in sequential order, nor does it indicate which combinations are necessary to make this Yes No determination.
Any "no" answer indicates that the system is fa ground water.	ailing to protect
Inspection Form for Existing Subsurface Set	e Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance wage Treatment Systems. Observations, interpretations, and conclusions must be ted form must be submitted to the local unit of government within 15 days.
County:	Property owner phone:
	convertions, interpretations, and conclusions reported on this form and that they are Certification number: 234/ or
Name of local unit of government: Signature:	Date: 9/38/10
	to the in elegantive format

	By PM/RZ		RGENT	Sheet	of
•	Chkd. By	_DescriptionCOMP. INC	T. S.	Job No	
	P. V. Werman	ES: Tank not basilt oat purch oat purch unt	May have G. U. infiltreting Ref. primains and inspection coad-does not most G.W. Separato	6 10	23 vertical Separation
(i) Tore 1/61534	132	S S S S S S S S S S S S S S S S S S S	State 1 25 1 25 1 25 1 25 1 25 1 25 1 25 1 2	A COSAM	24 48" Sandy Fill Sand 24 48" SATHAFTES MILES PEADER

BECKER COUNTY

Building Permit No Sewage S	System Permit No. /2-1780/-35
Township LAKE VIEW Sec. 2/ PH Cot 3 Beg 235'N of Inter 5 CARLET Work Authorized DRAIN FIELD	- 1/28/1/ PG/1/
TYPE OF IMPROVEMENT: () New Building () Alteration () Multiple Dwelling () Multiple Dwelling () Multiple Dwelling () Multiple Dwelling () No Bedrooms () Yes () No Bedrooms () TALL MAN	NON-RESIDENTIAL PROPOSED USE: Specify: Units Bathrooms
House House GARAGE SERVICE REMY 10 New FIRES	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 County Commissioners Date: SEWAGE DISPOSAL SYSTEM DATA Installed in 19 89 Septic Tank Drain Field Capacity EXISTING SEPTIC GIS. 30 69. Ft. Distance from nearest well 1.54 STATIGE. 75 Ft. Distance from lake or stream Ft. 175 Ft. Distance from occupied building Distance from property line Ft. 10 Ft. Distance from botton to Water Table Ft. 7 4 Ft.

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE COUNTY. I AGREE TO POST THIS DANCE 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 PERMIT ON THE PREMISES ON WHICH THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING ADMINISTRATOR (847-4427) BEFORE BUILDING HINE 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 Muchine

Approved By Horyd Suently My Becker County Zoning Administrator Date 6-6-89

BECKER COUNTY DETROIT LAKES, MN 56501

Minnesota Pollution OCT 1.4 2010 **Control Agency**

RECEIVED

Compliance Inspection Form

ZONExisting Subsurface Sewage Treatment Systems (SSTS)

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

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 owns	er name(s): JAMES ARGENT Property owner phone: 262693 7216 ress: 12434 LOK LNDETROIT LAKES, MN 56501 rer address (if different): N24 124020 BRANDON ORAS DRPENAULSE, MI 5307
System Description Brief system of Local permit r Is the system In Shorelan An U.S. Fri	description: GRAVITY TO GEPTIC, LIFT-FRESSURE TO GRAVITY BRY number: 12-17801-35 Number of bedrooms: 2 Design flow rate: 300 n:
Based on the Certificate Notice of I	e Status (Based on state requirements – additional local requirements may also apply.) e information gathered and reported on attached forms, the compliance status of this system is (check one): e of Compliance – valid until (3 years from date of report): Noncompliance - For Noncompliant systems: ason for noncompliance is: Concompliant system is classified as (check one below): ninent threat to public health & safety Failing to protect ground water Not in compliance with operating permit
determination possible abus Name: Business lice	ify that all the necessary information has been gathered to determine the compliance status of this system. No no of future system performance has been nor can be made due to unknown conditions during system construction, use of the system, inadequate maintenance, or future water usage. Certification number: Certification number: Or all unit of government: Date:
Required A Hydrauli Soil Bori	Attachments ic Performance
Upgrade Requested or its useful failing to protect existing system is	uirements (derived from Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an 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, use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland if 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)		
		(as determined by this form)		
Hydraulic Performance and O	ther Compliance	 Compliance Inspection Form for Existing SSTS 		
Compliance Issue #1 of 4		2 - 5 - 6 - 4 - 5		
Date of observation: 040072010	Reason for obser	vation: COUNTY PEQUIREMENT		
This form expires upon next inspection or in t	hree years, whichever o	cours first:		
Compliance questions/criteria: (Require (Check the appropriate box)	ed)	Verification Method*: (Optional) (Check the appropriate box)		
Does the system discharge sewage to the ground surface?	☐ Yes ☆ No	Searched for surface outlet		
Does the system discharge sewage to drain	☐ Yes No	Performed hydraulic test		
tile or surface waters?		Searched for seeping in yard		
Does the system cause sewage backup into dwelling or establishment?	☐ Yes ☐ No	Checked for backup in home		
Do other situations exist that have the	☐ Yes 🌠 No	Excessive ponding in soil system/D-boxes		
potential to immediately and adversely	7.00	☐ Homeowner testimony ★ Examined for surging in tank		
impact or threaten public health or safety (electrical, unsafe covers, etc.)?		"Black soil" above soil dispersal system		
Any "yes" answer indicates that the system threat to public health and safety.	is an imminent	System requires "emergency" pumping		
		Performed dye test		
Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	Yes No	Other:		
"Yes" indicates that the system is failing				
ground water. If "yes", describe the condi	tion noted:	* No standard protocol exists. This list is not exhaustive,		
		in sequential order, nor does it indicate which combinations are necessary to make this determination.		
		combinations are necessary to make the accommission		
Certification				
	the Cummon Form of the	ne Minnesota Pollution Control Agency's (MPCA) Compliance		
Inspection Form for Existing Subsurface completed by an inspector. Completed form	Sewage Treatment Sys	tems. Observations, interpretations, and conclusions must be		
Property owner name(s): James	ARGIENT			
Property address: 12434 LOIS	, LN			
Property owner's address (if different): N2	4 W2402	O BRANDON DANS DR.		
County: BECKER	Property o	wner phone:		
I hereby certify that I personally made the ob-	servations, interpretation	ns, and conclusions reported on this form and that they are		
Name: MICHAEL HOLD	t t	Certification number: 2006		
Business license name and number:	770,	or		
Name of local unit of government:				
Signature:	/	Date: 06 OCT 2010		
	/			

Parcel number: 19044 000	System status: ☐ Compliant X No (as determined by this form)	oncompliant
Tank Integrity and Safety Compliance - Compliance	e Inspection Form for Existing S	SSTS
Compliance Issue #2 of 4		
Date of observation: 010CT2010 Reason for observation:	COUNTY PEQUIPEMEN	\
This form expires on (three years): 0-1007 2013		
Compliance questions/criteria: (Required) (Check the appropriate box)	Verification Method**: (Optional) (Check the appropriate box)	
Does the system consist of a seepage pit*, Yes Vocesspool, drywell, or leaching pit?	Probed tank bottom	
Do any sewage tank(s) leak below their designed operating depth?	☐ Observed low liquid level Examined construction records	
If yes, identify which	Examined empty (pumped) tank	<
sewage tank leaks.	Probed outside tank for "black s	soil"
Any "yes" answer indicates that the system is failing to protect ground water.	Pressure/vacuum check	
	Other:	
* Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.		4.1
	** No standard protocol exists. This list sequential order, nor does it indicate are necessary to make this determina	which combinations
Safety Check		
Are maintenance hole covers damaged, cracked, or appeared to be str	ucturally unsound?	☐ Yes* XNo
Were maintenance hole covers replaced in a secured manner (e.g., scr		Yes ☐ No*
3. Was secondary access restraint present (safety pan, second cover, or		☐ 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 Minspection Form for Existing Subsurface Sewage Treatment System completed by an inspector, maintainer, or service provider. Completed for 15 days. Property owner name(s):	s. Observations, interpretations, and c	CONCIUSIONS MUST DE
Property address: 12434 LOIS LA - DETROIT	1 LOWES, MN 5650	04.
Property owner's address (if different): N24 W2402	O BRANDON DAYS	DR, -PEHALLELLI
County: BECKER Property owner	er phone:	53072
I hereby certify that I personally made the observations, interpretations, a correct.	and conclusions reported on this form	and that they are
Name: Michael House	Certification number: 2006	
Business license name and number:		or
Name of local unit of government:	カングナ	2010
Signature:	Date:	2010
www.pca.state.mn.us • 651-296-6300 • 800-657-3864 TTY 6	51-282-5332 or 800-657-3864 • Availal	ble in alternative formats Page 3 of 8

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: 040CT 2010 This information on this form does not expire.	Reason for observation: COUNTY PEQUIREMENT
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:	☐ Conducted soil observation(s) (attach boring logs) ☐ Two previous verifications (attach boring logs) ☐ Other: ☐ CORE
Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?	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:	Soil observation does not expire. Previous observations by two independent parties are sufficient, unless site conditions have been altered.
Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*	☐ Yes No
For reduced separation distance systems (i.e., "performance" systems under old 7080.0179 or Type IV or V system under new 7080. 2350 or	* May be reduced by up to 15 percent if allowed in local ordinance.
7080.2400): Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*	** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this Yes No determination.
Any "no" answer indicates that the system is fa ground water.	ailing to protect
Inspection Form for Existing Subsurface Sev	e Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance wage Treatment Systems. Observations, interpretations, and conclusions must be ted form must be submitted to the local unit of government within 15 days.
Property address: 12 + 3+ LOIS	LM - DETROIT LANES, MM 56501
Property owner's address (if different): 121	+ W241120 BRUNDON DALS DR-PENGUEEINI
County: BECLER	Property owner phone:53072
	rvations, interpretations, and conclusions reported on this form and that they are
Name: Michael House	Certification number: 2006
Business license name and number:	-770, or
Name of local unit of government:	
Signature:	Date: 060072010
www.pca.state.mn.us • 651-296-6300 • 8	300-657-3864 • TTY 651-282-5332 or 800-657-3864 • Available in alternative formats

Parcel number: _	System status: Compliant Noncompliant (as determined by this form)
Operating Pe for Existing SS	ermit Compliance and Nitrogen BMP Compliance – Compliance Inspection Form
Compliance Is	ssue #4 of 4
Applicability:	l l
	m operated under an Operating Permit? 🔲 Yes 💘 No 💮 If "yes", then complete item A, below
Is the syster	n required to employ a nitrogen BMP? 🔲 Yes 🏋 No 🔝 If "yes", then complete item B, below
If the answ	er to both questions is "no", then this form does not need to be completed.
	estions/criteria: (Required) appropriate box)
A. For sys	tems with operating permits:
	the required monitoring and maintenance taken place and does the monitoring indicate compliance with the hresholds?
☐ Yes	□ No
	ystem that has a required nitrogen reducing BMP and does not have an operating permit:
	itrogen BMP in-place and appears to be properly operating? Yes No
Any "no" a	nswers indicates noncompliance
Date of observation	n: Reason for observation:
Operating permit n	umber:
This form expires u	pon next inspection or in three years, whichever occurs first:
Certification	
Inspection Form form form form formale	completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance for Existing Subsurface Sewage Treatment Systems. Observations, interpretations and conclusions must be dvanced inspector, service provider, or maintainer (maintainer for holding tanks only). Completed form must be call unit of government within 15 days.
Property owner na	me(s):
Property address:	
Property owner's a	ddress (if different):
County:	Property owner phone:
I hereby certify tha correct.	t I personally made the observations, interpretations and conclusions reported on this form and that they are
Name:	Certification number:
	ame and number: or
Name of local unit	of government:
Signature:	Date: 060CT2010
	/



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

DATE:	40CT 2010
PROJEC	T: ARCTENT JOMES
PAGE	OF

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			R	COMPANY OF THE PROPERTY OF THE	1 ST Principles and Address of the Advanced Principles and Princip	3 3 3 3 4 4 4 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6	
					Soil Probe:	1.8 TO LIMIT SATISFIED (S ELEVATION	ine Layer Easthair
i V	2 colored	House	760 0	2010	\J# 7	10/C2	006



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 ☒ Noncom	noliant	For Local Tracking Purposes	RECEIVED
Cystom status.	(based on all compliance r			OCT 0.6 2010
Property Inf	formation	.1 1		ZOŃING
Property owner	- 1	s Argent	Property owner phon	e: #262-893-12/6
Property addre		Lane		
Property owne	er address (if different): N24-	W24020-A Bran	don Oaks Dr.; Pewa	ikee, WI 53072
County: Bec	Ker	Permitting authority:	Becker County	PXZ
	onstructed: $1973 + 16$	789 Reason for i	inspection: County Reg	i'd.
			1 0	•
System Desc	cription	1 11/1 Pacia	Dual Gill and	acc Dand
Brief system d	escription: <u>SUTIC 1a</u>		, Drain Field acr	OSS KOUO
Local permit n	umber: <u>/2 - 1780/ - 35</u>	Number of bedroo	oms: Design flow	rate:
ls the system		<u> </u>		
In Shoreland		-	head Protection Area?	☐ Yes ☒ No
	/ironmental Protection A) Class V Injection Well?		serving a Minnesota Departmenth (MDH) licensed facility?	TYes ⊠ No
Compliance	Status (Based on state re	equirements – additional lo	cal requirements may also apply	·.)
•	•		the compliance status of this sys	
	of Compliance – valid until (
				1. 1
The reas	son for noncompliance is: D	rain field does	<u>not have required vi</u>	ertical separation
i nis noi	ncompiiant system is clas:	sified as (check one belo	VV 1.	
☐ Immi	nent threat to public health 8	safety 🕅 Failing to prote	ect ground water	pliance with operating permit
Certification	n			
I hereby certify	y that all the necessary infor	mation has been gathered	to determine the compliance sta	tus of this system. No
determination	of future system performant e of the system, inadequate	e has been nor can be ma	ade due to unknown conditions of	uring system construction,
10	+ or the system, madequate	mamtenance, or ruture wa ∕∕	Certification number: 2	34/
Name:	nse name and number:	Wenck Assoc		or
	unit of government;	WERCE TISSUE	MICH MICH -INV	
	The state of government.	1	Data: 0	lockin
Signature:	tay or mex		Date:/	18/10
Required At	ttachments			
☐ Hydraulic	Performance	☐ Tank Integrity	☐ Operating	Permit Form (if applicable)
Soil Borin		Soil Separation	and the terms of	at the manufact on this form
	rawing/As-built drawing	☐ Any local requireme	ents that are different from wh	iat is required on this lotti
Other infor				
Upgrade Requi	rements (derived from Minn	Stat. § 115.55) An immine	ent threat to public health and safety ithin a shorter period if required by lo	(ITPHS) must be upgraded, cal ordinance. If the system is
failing to protect g	round water, the system must b	e upgraded, replaced, or its u	se discontinued within the time requi	red 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: <u>19-0441, 000</u>)	System status: Compliant Noncompliant (as determined by this form)
-	ther Compliance	- Compliance Inspection Form for Existing SSTS
Compliance Issue #1 of 4		$\rho = 1, \rho = 0$
Date of observation: 9/28/10	Reason for obser	rvation: County Regd
This form expires upon next inspection or in	three years, whichever o	occurs first:
Compliance questions/criteria: (Require (Check the appropriate box)	red)	Verification Method*: (Optional) (Check the appropriate box)
Does the system discharge sewage to the ground surface?	☐ Yes X No	☐ Searched for surface outlet
Does the system discharge sewage to drain tile or surface waters?	☐ Yes ☐ No	☐ Performed hydraulic test ☐ Searched for seeping in yard
Does the system cause sewage backup into dwelling or establishment?	☐ Yes ☐ No	☐ Checked for backup in home☐ Excessive ponding in soil system/D-boxes
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	☐ Homeowner testimony ☐ Examined for surging in tank
Any "yes" answer indicates that the system threat to public health and safety.	is an imminent	 □ "Black soil" above soil dispersal system □ System requires "emergency" pumping □ Performed dye test
Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	☐ Yes X No	Other:
"Yes" indicates that the system is failing to ground water. If "yes", describe the condi		* 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		
Inspection Form for Existing Subsurface scompleted by an inspector. Completed form	Sewage Treatment Sys must be submitted to the	he Minnesota Pollution Control Agency's (MPCA) Compliance tems. Observations, interpretations, and conclusions must be local unit of government within 15 days.
Property owner name(s): Tames	rirgens	<u> </u>
Property owner's address (if different):		
County:	Property o	wner phone:
I hereby certify that I personally made the obcorrect.		ns, and conclusions reported on this form and that they are
Name: 1111 (2. ///////////////////////////////////	Wenck #12	Certification number: 234/
Name of local unit of government:	W. C. C. C.	
Signature: July Market		Date: 9/28/10
		•, •

	19-0441,000		System status: \(\square\) Compliant \(\square\) Note this form)	O1100111p.1101111	
Tank Integi	rity and Safety Cor	npliance – Compliance	Inspection Form for Existing	SSTS	
	Issue #2 of 4	-	Λ		
•	1330c #201-1	Reason for observation:	County Read.	· · ·	
Date of observation	on	Neason for observation.	Courself Frag 4		
inis form expires	s on (three years):				
	uestions/criteria: (Requi		Verification Method**: (Optional) (Check the appropriate box)		
	consist of a seepage pit*, I, or leaching pit?	Yes No	☐ Probed tank bottom☐ Observed low liquid level		
Do any sewage t designed operati	ank(s) leak below their ng depth?	☐ Yes X No	Examined construction records		
If yes, identify wh	nich		☐ Examined empty (pumped) tan		-
sewage tank leal			☐ Probed outside tank for "black	soil"	
Any "yes" answe	er indicates that the system	is failing to protect	☐ Pressure/vacuum check	. / /	<i>_</i>
	meeting 7080.2550 may be	compliant if allowed	Other: <u>See notes</u> s additional in	heet 1	64
	y local permitting authority.		763-61-1-02		otive in
			** No standard protocol exists. This list sequential order, nor does it indicate are necessary to make this determin	which comb	inations
Safety Chec				-	N-30 k L .
		cracked, or appeared to be stru		☐ Yes*	⊠ No
		in a secured manner (e.g., scre		⊠ Yes	□ No*
3. Was second	lary access restraint present	(safety pan, second cover, or s	afety netting) - highly recommended.	☐ Yes	⊠ No
4. Are other sa	fety/health issue present?			☐ Yes*	[∑] No
Explain:					
	an imminent threat to pub	olic health and safety.			
*System is					
*System is	n				
Certification This form is to b Inspection Form completed by an 15 days.	e completed and attached to	Sewage Treatment Systems ervice provider. Completed for	innesota Pollution Control Agency's (s. Observations, interpretations, and o m must be submitted to the local unit	of governm	ent within
Certification This form is to b Inspection Form completed by an 15 days. Property owner Property address	e completed and attached to m for Existing Subsurface inspector, maintainer, or so name(s):	Sewage Treatment Systems ervice provider. Completed for	s. Observations, interpretations, and on must be submitted to the local unit	of governm	ent within
Certification This form is to b Inspection Form completed by an 15 days. Property owner Property address	e completed and attached to m for Existing Subsurface inspector, maintainer, or so name(s):	Sewage Treatment Systems ervice provider. Completed for	s. Observations, interpretations, and on must be submitted to the local unit	of governm	ent within
Certification This form is to be Inspection Form completed by an 15 days. Property owner Property address Property owner	e completed and attached to m for Existing Subsurface inspector, maintainer, or so name(s):	Sewage Treatment Systems ervice provider. Completed for	s. Observations, interpretations, and on must be submitted to the local unit	of governm	ent within
Certification This form is to b Inspection Form completed by an 15 days. Property owner Property address Property owner County:	e completed and attached to n for Existing Subsurface inspector, maintainer, or so name(s): auccompleted and attached to not name(s) auccomplete Subsurface in section (section section secti	Property owner observations, interpretations, and	m must be submitted to the local unit phone: nd conclusions reported on this form	of governm	ent within
Certification This form is to b Inspection Form completed by an 15 days. Property owner Property address Property owner' County: I hereby certify correct. Name:	e completed and attached to for Existing Subsurface inspector, maintainer, or so name(s): ss: s address (if different): that I personally made the content of the content	Property owner observations, interpretations, and	m must be submitted to the local unit	of governm	ent within
Certification This form is to be Inspection Form completed by an 15 days. Property owner Property address Property owner County: I hereby certify correct. Name:	e completed and attached to n for Existing Subsurface inspector, maintainer, or so name(s): auccompleted and attached to not name(s) auccomplete Subsurface in section (section section secti	Property owner observations, interpretations, and	m must be submitted to the local unit phone: nd conclusions reported on this form	of governm	ent within
Certification This form is to be Inspection Form completed by an 15 days. Property owner Property address Property owner County: I hereby certify correct. Name: Business licens	e completed and attached to for Existing Subsurface inspector, maintainer, or so name(s): s: s address (if different): that I personally made the complete of government:	Property owner observations, interpretations, and	phone: Certification number: - A A A A	of governm	ent within

Parcel number:	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 of
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	Conducted soil observation(s) (attach boring logs)
located in Shoreland or Wellhead Protection Area or not serving a food, beverage or	Two previous verifications (attach boring, logs)
lodging establishment:	□ Other: <u>See notes and</u>
Does the system have at least a two-foot	calculations attached
vertical separation distance from periodically	☐ Yes ☐ No
saturated soil or bedrock?	Tes I No
For non-performance systems built April 1, 1996, or later or for non-performance systems	O II I I I I I I I I I I I I I I I I I
located in Shoreland or Wellhead Protection	Soil observation does not expire. Previous observations by two independent parties are sufficient, unless site
Areas or serving a food, beverage or lodging establishment:	conditions have been altered.
Does the system have a three-foot vertical separation distance from periodically saturated	
soil or bedrock?*	Yes X No
For reduced separation distance systems (i.e.,	* May be reduced by up to 15 percent if allowed in local
"performance" systems under old 7080.0179 or Type IV or V system under new 7080. 2350 or	ordinance.
7080.2400):	** No standard protocol exists. This list is not exhaustive,
Does the system meet the designed vertical	in sequential order, nor does it indicate which
separation distance from periodically saturated	combinations are necessary to make this
soil or bedrock?*	Tes No
Any "no" answer indicates that the system is fa ground water.	inny to protect
Certification	
	Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance
Inspection Form for Existing Subsurface Sev	vage Treatment Systems. Observations, interpretations, and conclusions must be
completed by an inspector or designer. Complet	ed form must be submitted to the local unit of government within 15 days.
Property owner name(s):	Argent
Property address:	
	B
County:	
I hereby certify that I personally made the obser correct.	vations, interpretations, and conclusions reported on this form and that they are
Name: Veter G. Mill	Certification number: 234/
Business license name and number:	enck #1282 or
Name of local unit of government	2/22/2
Signature: Wy W	Date: 9/38/10

. '	By PW/RL Chkd. By	Date <i>9/28/10_</i> Description <i><i>Cl</i></i>	Client_ARGENT_ DIMP, JNSP,	Sheetc	of
	A Some of the same	NOTES: Lift basin mork	o Septic tank may have C. W. With the prompts of th	- Drain Kield across mad-does not must G.W. Separata - 3.0 dely	23' vortical Separation
pr Late Melissa		27 - 22 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		20 July 2 280 7 July 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SATURATES 10/R S/2 Redox
					18 R

BECKER COUNTY

- u u B	System Permit No. 12-1780/-35
Building Permit No Sewage	System emilition / Male
Township LAKE VIEW Sec. 2/ Pt Lot 3 Beg 235/Nof Inter 5 LAKLK; Work Authorized DRAIN FIEld	Description 13810 R41W
ALKO SIGNOS POR TIME S	
WORK AUTHORIZED AJRANA PIETO	Contractor Grant OHM.
TYPE OF IMPROVEMENT: RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
() New Building () Alteration (One Family Dwelling	Specify:
Other () Multiple Dwelling Stories ONEBasement () Yes (No Bedrooms	
Issued to: Name 60 TALLMAN	
	WN DETROIT LAKES
71. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	Fire Number
State	
Sketch / A. J. Sugnature J. A. J. Sugnature He USP He USP CARAGE Service Rend New Fired	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 Planning Commission County Commissioners Date: SEWAGE DISPOSAL SYSTEM DATA Installed in 19_89 Septic Tank Drain Field Capacity EXISTING SEPTIC Distance from nearest well List Statistic Distance from occupied building Ft. 175 Ft. Distance from property line Ft. 10 Ft.
	Distance from botton to Water Table Ft. 7 4 Ft.
1 inch = Feet	Lift Pump (Yes () No
AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS C DANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE. AND MAINTAIN	ORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCOR- THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS JED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANDR AND LEDAN CONVICTION THEREOF SHALL BE PUNISHED

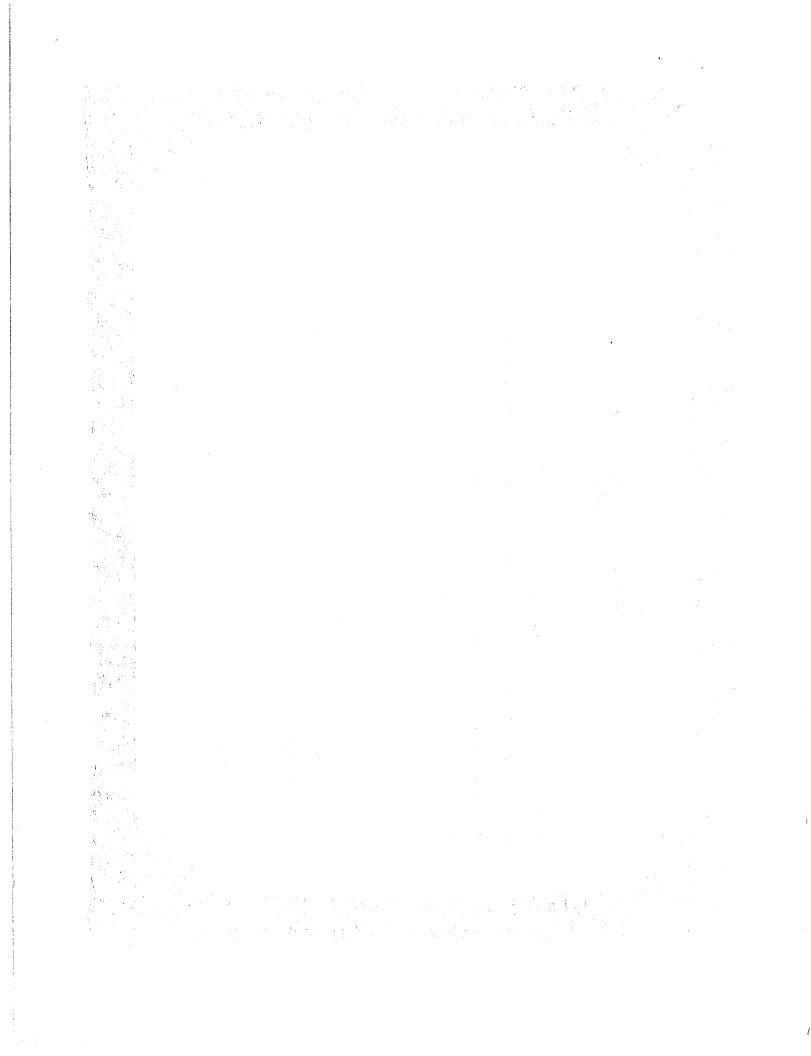
AGREEMENT: I HEREBY GERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS DANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE PROMISES ON WHICH THE WORK IS TO BE DONE. AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT PRIMIT ON THE PREMISES ON WHICH THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED 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 Kuchne	es.
Approved By Secretary Sound Secretary Administration Secretary Secretar	for

Date 6-6-89

BECKER COUNTY DETROIT LAKES, MN 56501

CERTIFICATE OF COMPLIANCE SEWAGE SYSTEM	This certificate has been issued this 7 day of 1000 19 89, 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 Lake No. Sec. 21 Twp. 138 Range 41 Twp. Name LAKEVIEW 400 SF SEEPAGE BED 400 SF SEEPAGE BED 51STANCE FROM NEAREST WELL 101 F DISTANCE FROM COUPLED BUILDING 80 F DISTANCE FROM PROPERTY LINE 10 F DISTANCE FROM BOTTOM TO WATER TABLE 4 F DISTANCE FROM BOTTOM TO WATER TABLE 4 F DISTANCE FROM BOTTOM TO WATER TABLE 4 F DISTANCE FROM BOTTOM TO WATER TABLE 6000 None: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 None: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 None: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 None: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 None: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 None: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 None: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 None: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 None: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 None: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 None: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 NONE: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 NONE: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 NONE: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 NONE: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 NONE: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 NONE: Name CLEO TALLMAN ASSOCIATION FROM BOTTOM TO WATER TABLE 1000 NONE: Name CLEO TALLMAN ASSOCIATION TO WATER TABLE 1000 NONE: Name CLEO TALLMAN ASSOCIATION TO WATER TABLE 1000 NONE: NAME 1000 NON	12-17,801-35 ic and lift station. 15Sign
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INSPECTOR'S CHECK LIST

Make all measurements and computations

Land Manne

SHE NUMBER

games and the second Volkura, da e sa a d

(magnetiski energy

83 (2.) Bore 4 (199)	ACTUAL		MINIMUM Shall Be ↓	Sq. Ft.
Building Set Back from High Water Mark	13 🗸	Ft.		Ft.
Building Set Back from State Highway		Fţ.		Ft.
Side Yard	&	Ft.	&	Ft.
- Rear-Yard		Ft.		Ft.
Elevation at Building Line above High Water Mark		Ft.		Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS

Beck

in the second								<i>'</i>			
10 () at () at ()	SEPTIC TANK		TANK		SEEPAGE PHT				DRAIN FIELD		
CATEGORY	Actua	1	Should	be	Actua	_	Should	be	Actual	Should	be
Capacity 0.5313 MIARO		GIs.		Gls.	400	SF		SF	SF		SF
Distance: from Nearest Well		F		F	101	F	75	F	F	50	F
Distance I 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		F	4	F	4	F	F	4	F

Existing Septic And LIST STATION	and the second second
Inspector's Comments: Or of Just Show Can	slally
. bus that he evads with it with it. this is to tried to make that with the evads with the state of the property of the proper	

INTERPRETATION OF ABBREVIATIONS GIS — Gallons
SF — Square Feet
odt (Fig. — Linear Feet
box behange at the day disnoque smit you to be behan

Constitution Americanism, 48 hours before

		Title	
n			+
n 6.6-	19 X G		
(1) \(\(\) \(\)	1971		

- Inspection Dated

Agency

Yellow - Owner Pink - Assessor 829 LAKE AVE., BOX 787 — Phone 218-847-4427 — Detroit Lakes, Minn. 56501 Goldenrod - Inspector APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY LEGAL DESCRIPTION AND

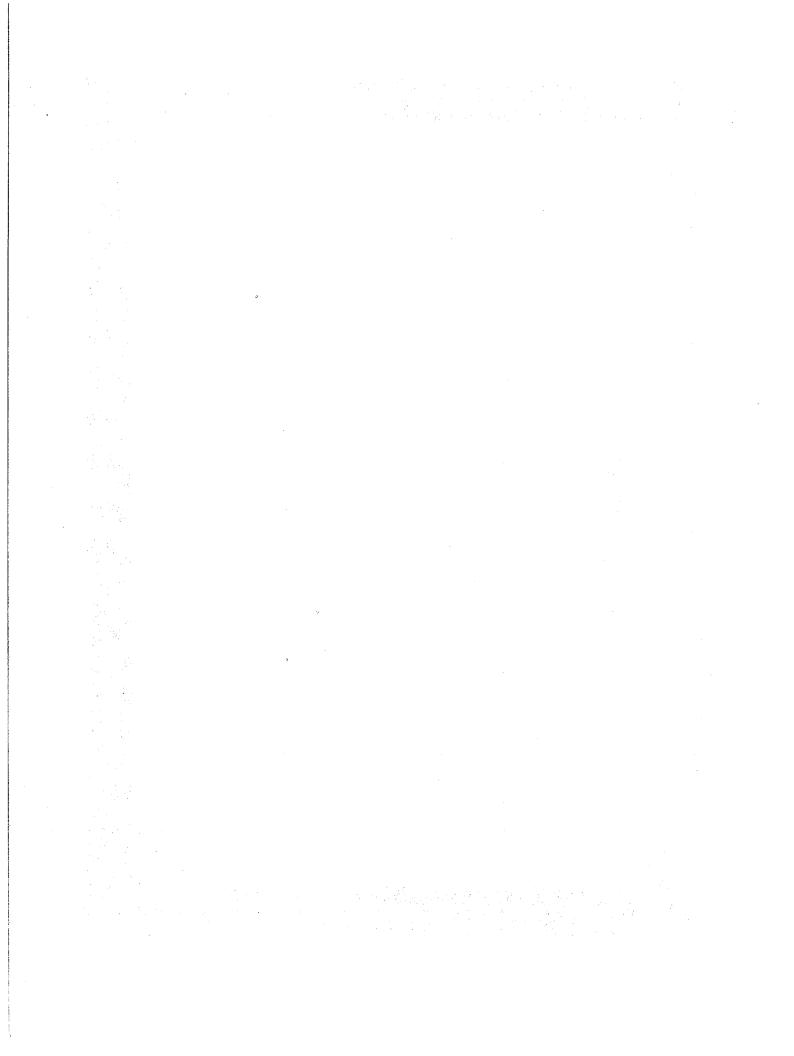
FIRE NUMBER. 41 LOCATION TWP Name Lake Name Lake Classif. TWP Range IDENTIFICATION: Please Print All Information Zip No. Tel. No Initial Mailing Address- No. Street, City and State Contractor TYPE OF IMPROVEMENT NON-RESIDENTIAL PROPOSED USE: RESIDENTIAL PROPOSED USE: () New Building A.) One Family Dwelling Other () Multiple Dwelling Units **ESTIMATED COST OF IMPROVEMENT \$** Construction Starting Date: PRINCIPAL TYPE OF FRAME & BUILDING TYPE OF SEWAGE DISPOSAL: DIMENSIONS () Masonry () New Home () Public Basement: () Yes () No () Wood Frame () Garage (1-) Individual Septic Tank, etc. Stories above basement: () Structural Steel WATER SUPPLY: () Mobile Home Sq. feet (outside dimension) () Other - Specify Year () Public (<) Individual Well Bedrooms Baths/..... Contage _ Depth. MECHANICAL EQUIPMENT: HEATING: Type of Roof: () Other Elevator: () Yes () Electric () Gas () Oil Air Conditioning: () Yes () No () Coal () None () Unit) Central Other SEWAGE DISPOSAL SEEPAGE«PIT SEPTIC TANK DRAIN FIELD Capacity GIs 6100 Sq. Ft Sq. Ft. Distance from nearest well Ft. Ft. Distance from lake or stream Ft. ۴t. Ft. 80 Distance from occupied building Ft. 10 OSDistance from property line Ft Ft. Distance from bottom to Water Table Ft. Ft. All distances are shortest distance between nearest points CHARACTERISTICS: square feet. feet. (Building Line)..... Building set back from high water mark is ... Building setback from () State () County -1 teet from the () Center Line - () Right of Way Side yard is Not A and Link Hear Varding 2. Heet.\ \ 2 Building will be located ... feet from septic tank (Sewäge System Permit must be obtained before installation). beter of the little milities Meanton soil absorption system (Cesspool Chainlield, etal) 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 lob is ready for inspection. the job is ready for inspection. Dated Signature of Owne When signed and approved by the Zoning Administration this decomes 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. Beaker County Zoning Administrator State Surcharge \$_ Cormorant Surcharge

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		unty, Minn	Twp. Name	N Y	Zoning Administrator Becker County, Minnesota	
COMPLIANCE	day of	to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota. The premises covered by this certificate are legally described as:	9			
OF E SY	da	to certify compliance with regulations of Zoning Ordinance, B The premises covered by this certificate are legally described as:	Range		Signed by:	
CERTIFICATE C SEWAGE		of Zoning are legally	Twp.		1	
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	This certificate has been issued	ance with 1 ered by thi.	Sec.	\$3		
	ertificate hu	tify compli remises cov	Vo.	r: Name Address.	t No. SP_	
	This ce	to cert	Lake No.	Owner:	Permit No.	



White - UTTICE BECKER COUNTY ZONING ADMINISTRATION Yellow - Owner Pink - Assessor 829 LAKE AVE., BOX 787 — Phone 218-847-4427 — Detroit Lakes, Minn. 56501 APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY Goldenrod — Inspector Beg 235 Nof Inter S LEGAL 75'E TO SERVICE RP SLY 75 DESCRIPTION AND LOCATION IDENTIFICATION: Please Print All Information Zip No. Tel. No. No. Street, City and State Owner Contractor NON-RESIDENTIAL PROPOSED USE: RESIDENTIAL PROPOSED USE: Specify: One Family Dwelling () Multiple Dwelling Construction Starting Date: **ESTIMATED COST OF IMPROVEMENT \$** DIMENSIONS: TYPE OF SEWAGE DISPOSAL: PRINCIPAL TYPE OF FRAME & BUILDING Basement: () Yes () No () Masonry () New Home () Public Stories above basement: () Wood Frame () Garage Individual Septic Tank, etc. Sq. feet (outside dimension) WATER SUPPLY: () Structural Steel () Mobile Home Bedrooms Baths ... () Public / Individual Well () Other - Specify Year Depth. () Cottage HEATING: MECHANICAL EQUIPMENT : () Septic System () Gas () Oil () Electric Elevator: () Yes () No Type of Roof: () Other () Coal Air Conditioning: () Yes () No () Unit Other: SEEPAGE PH DRAIN FIELD SEPTIC TANK SEWAGE DISPOSAL SYSTEM DATA Sq. Ft. Capacity Ft. Ft Distance from nearest well Ft Ft. Ft. Ft. Ft Ft Distance from occupied building 10 Ft. Ft. Ft Distance from property line Ft. Distance from bottom to Water Table All distances are shortest distance between nearest points CHARACTERISTICS: Water frontage is Building set back from high water mark is &. x ... 8.5. Land height above high water mark at building line is .. Building setback from () State - () County - F Township Highway ________feet from the () Center Line - F Right of Way Side yard is +10 and +10 feet. Rear yard is 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 set forth and Agreement: I necessor certify that the information contained nerein is correct and agree to do the proposed work in accordance with the description above set for in a dark 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. 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_3 State Surcharge \$_450 Cormorant Surcharge \$ Permit Fee \$_ Comments:

INSPECTOR'S CHECK LIST Make all measurements and computations

	No. 19 September 1988	1
	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

	SE	PTIC	TANK		SE	EPA	GE PIT		DRAIN	FIELD	
CATEGORY	Actua	al	Should	be	Actua	ıl	Should	be	Actual	Should	be
Capacity A.		GIs.		GIs.	1.1.4	S F		SF	SF		SF
Distance from Nearest Well		F	The state of the s	ý F		F	, . 	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

ector's Comments:			3 * * * <u> </u>
solor of Comments.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
N.			
INTERPRETATION OF ABBREVIATIONS GIS — Gallons SF — Square Feet F — Linear Feet	, , , , , ,	Inspector's Signatu	re
Inspection 19	· .	Title	
- To		Agency	

DESIGN PAD

BECKER COUNTY Department Becker County Courthouse Detroit Lakes, MN 56501 Location or Legal Description	Address	StateZip	Date
Remarks:			
	ĹA	/-Signature	
	HOUSE		
	New Fired	Roys	

BECKER COUNTY

Ruilding Permit No. Ser	wage System Permit No. /2-1780/-
Building Formit No 00	Tinga Delini
Township LAKE VIEW Sec. c	Description T138N R41W 44474 Nly 75' E to Service RD 51475
Pt Lot 3 Bea 235' Nof Inter 5 Ln	4 CKTH NIY 75'E to Service RD SI475'
ALKD +W to Beg.	1
VVORK Authorized AJRAIN FIEIC	C + D H 11
	Contractor Grant Street
TYPE OF IMPROVEMENT: RESIDENTIAL PROPOS	
() New Building () Alteration (One Family Dwelling () Multiple Dwelling	
tories ONE Basement () Yes (No Bec	droomsBathrooms
ssued to: Name 60 TALLO	<i>NAN</i> Ph. No
	Town Detroit LAKES
••••	
StateZip_ <i>_5&</i>	Fire Number
	FROM NEW CONSTRUCTION TO: High Water Mark of Lake
House House	Side Lot Lines Center Line of Public Road Well DepthOther APPROVED: Board of Adjustment Date: Planning Commission Date County Commissioners Date:
	Side Lot Lines Center Line of Public Road Well DepthOther APPROVED: Board of Adjustment Date: Planning Commission Date
House House The CARAC- 4 105	Side Lot Lines
House House	Side Lot Lines
HOUSE HOUSE TOURS CARACT SERVICE REAL SERVICE REAL	Side Lot Lines Center Line of Public Road Well DepthOther APPROVED: Board of Adjustment Date: Planning Commission Date: County Commissioners Date: SEWAGE DISPOSAL SYSTEM DATA Installed in 19 8 9 Septic Tank Drain Field Capacity EXISTING SEPTIC GIS. 30 6q. Ft. Distance from nearest well List Statist. 75 Ft.
HOUSE HOUSE TOURSE CARACT LINE	Side Lot Lines Center Line of Public Road Well Depth Other APPROVED: Board of Adjustment Planning Commission County Commissioners Date: SEWAGE DISPOSAL SYSTEM DATA Installed in 19 Septic Tank Drain Field Capacity Existing Septic Gis. 30 6q. Ft. Distance from nearest well Distance from lake or stream Ft. 175 Ft.
HOUSE HOUSE TANKA TONIAL CARACT SERVICE REAL SERVICE REAL	Side Lot Lines Center Line of Public Road Well Depth APPROVED: Board of Adjustment Planning Commission County Commissioners Date: SEWAGE DISPOSAL SYSTEM DATA Installed in 19 Septic Tank Drain Field Capacity SEPTIC Gls. 30 6q. Ft. Distance from nearest well List Statist. Distance from occupied building Ft. 1/5 Ft. Distance from property line Ft. 1/6 Ft.
HOUSE HOUSE TRINGING CARACT SERVICE ROLL SERVICE ROLL	Side Lot Lines Center Line of Public Road Well Depth APPROVED: Board of Adjustment Planning Commission County Commissioners Date: County Commissioners Date: SEWAGE DISPOSAL SYSTEM DATA Installed in 19 89 Septic Tank Drain Field Capacity SEPTIC Gls. 30 6q. Ft. Distance from nearest well List Statist. Distance from lake or stream Ft. 175 Ft. Distance from occupied building Ft. 10 Ft.

AGREEMENT: I HEREBY CÉRTIFY 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 ON 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 Muchue

Ppproved By

House Sureby My Becker County Zoning Administrator Date 6-4-89

BECKER COUNTY DETROIT LAKES, MN 56501

BECKER COUNTY

SEWAGE SYSTEM PERMIT APPLICATION

1.	Location of property: Lake Melissa Sec. 2/ Twp/38 Range 4/
	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 ascessory
5.	Location of roads: County Township State
6.	Type of sewage system planned: Tank size 1200
	Number of tanks / Drainfield Lineal feet
7.	
8.	Type of soil: Sand V Clay Other Location of sewage system on adjacent property 100 N
	Number of feet
9.	Location of well on your property (Sketch on re-
	verse side). On adjacent property
10.	Name of sewage system contractor Johes Plumping Well drilling contractor
	Well drilling contractor
	Note: If making either of the abobe 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:
	As A T
L	Pated Aug 10, 1972 Applicants Signature Old Allman
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p	ermit No. Permit Fee

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	Application for Building Permit Dated lung 10	
	Application for Sewage System Permit Dated Que	10 19 ZZ
	1 - 1	wage System Permit Number 676
	Applicant agrees that this plot plan is a part of application	
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	Dated lug 10 19 72 .	Signature Oldleman
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