



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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SST)

Doc Type: Compliance and Enforcement

RECEIVED
 For local tracking purposes:
 ZONING

Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms - additional local requirements may also apply.

Submit completed form to Local Unit of Government (LUG) and system owner within 15 days



System Status

System status on date (mm/dd/yyyy): 9-8-19

- Compliant - Certificate of Compliance** (Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)
- Noncompliant - Notice of Noncompliance** (See Upgrade Requirements on page 3.)

Reason(s) for noncompliance (check all applicable)

- Impact on Public Health (Compliance Component #1) - Imminent threat to public health and safety
- Other Compliance Conditions (Compliance Component #3) - Imminent threat to public health and safety
- Tank Integrity (Compliance Component #2) - Failing to protect groundwater
- Other Compliance Conditions (Compliance Component #3) - Failing to protect groundwater
- Soil Separation (Compliance Component #4) - Failing to protect groundwater
- Operating permit/monitoring plan requirements (Compliance Component #5) - Noncompliant

Property Information

Parcel ID# or Sec/Twp/Range: 190825000

Property address: Co Hwy 22, DL Reason for inspection: County Request

Property owner: Douglas E Mark Trust Owner's phone: _____

or

Owner's representative: _____ Representative phone: _____

Local regulatory authority: Becker County Zoning Regulatory authority phone: 218-846-7314

Brief system description: septic tank, lift station, & drain field

Comments or recommendations: _____

Certification

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

Inspector name: Richard Vareberg Certification number: _____

Business name: Vareberg Backhoe Service License number: 1910

Inspector signature: [Signature] Phone number: 218-847-7372

Necessary or Locally Required Attachments

- Soil boring logs
- System/As-built drawing
- Forms per local ordinance
- Other information (list): _____

Property address: Co Hwy 22 DL Parcel # 190825000

Inspector Initials/Date: RJ 9-8-19
(mmk)

1. Impact on Public Health – Compliance component #1 of 5

Compliance criteria:

System discharges sewage to the ground surface.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System discharges sewage to drain tile or surface waters.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System causes sewage backup into dwelling or establishment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Comments/Explanation:

Verification method(s):

- Searched for surface outlet
- Searched for seeping in yard/backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony (See Comments/Explar.
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Exp.

2. Tank Integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, or leaching pit. <i>Seepage pits meeting 7080.2850 may be compliant if allowed in local ordinance.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Comments/Explanation:

Verification method(s):

- Probed tank(s) bottom
- Examined construction records
- Examined Tank Integrity Form (Attach)
- Observed liquid level below operating depth
- Examined empty (pumped) tanks(s)
- Probed outside tank(s) for "black soil"
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Exp.

3. Other Compliance Conditions – Compliance component #3 of 5

- a. Maintenance hole covers are damaged, cracked, unsecured, or appear to be structurally unsound. Yes* No
- b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety. Yes* No
***System is an imminent threat to public health and safety.**

Explain:

- c. System is non-protective of ground water for other conditions as determined by inspector. Yes* No
***System is failing to protect groundwater.**

Explain:

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____ Unknown
 (mm/dd/yyyy)
 Shoreland/Wellhead protection/Food beverage lodging? Yes No

Compliance criteria:

For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment: Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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: Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080, 2350 or 7080.2400 (Advanced Inspector License required) Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any "no" answer above indicates the system is failing to protect groundwater.

Verification method(s):

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

- Conducted soil observation(s) (Attach boring logs)
- Two previous verifications (Attach boring logs)
- Not applicable (Holding tank(s), no drainfield)
- Unable to verify (See Comments/Explanation)
- Other (See Comments/Explanation)

Comments/Explanation:

Indicate depths or elevations

A. Bottom of distribution media	< 3'
B. Periodically saturated soil/bedrock	> 7'
C. System separation	> 3'
D. Required compliance separation*	3

*May be reduced up to 15 percent if allowed by Local Ordinance.

5. Operating Permit and Nitrogen BMP* – Compliance component #5 of 5 Not applicable

Is the system operated under an Operating Permit? Yes No If "yes", A below is required
 Is the system required to employ a Nitrogen BMP? Yes No If "yes", B below is required
 BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria

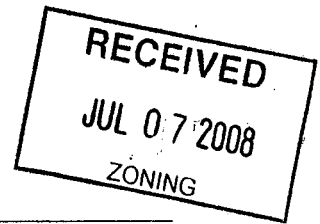
- a. Operating Permit number: _____ Yes No
 Have the Operating Permit requirements been met?
- b. Is the required nitrogen BMP in place and properly functioning? Yes No

Any "no" answer indicates Noncompliance.

Upgrade Requirements (Minn. Stat. § 115.55) An imminent threat to public health and safety (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.

2008 Onsite Septic System Application

Becker County Planning & Zoning
835 Lake Ave, P O Box 787
Detroit Lakes, MN 56502-0787
Phone (218)-846-7314; Fax (218)-846-7266



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: R190025000

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 19 Township 138 Range 41 Township Name Lakeview

Lake Name Melissa Lake Classification GD

Legal Description: _____

Project Address: 23439 B Hwy 22 Detroit Lakes, MN 56501

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

Owner's First Name Doug Owner's Last Name Mark

Mailing Address 5151 Belmont Ave City, State, Zip Minneapolis, MN 55419

Phone Number 218-846-3673

3. DESIGNER/INSTALLER INFORMATION

Designer Name Dan Schlauderer Company Name Dan Schlauderer AP Services License # 418

Address 20393 Oakside Trl D.L. Phone Number 218-847-6247

Installer Name Nels Thorsen Company Name Nels Thorsen Excav. License # 47

Address 22403 260st. Det. Lakes, MN Phone Number 218-8439-3823

4. SYSTEM DESIGN INFORMATION

Existing System Status?

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

What will new system serve? Check one

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

8-7-08 Date of site evaluation

Design Flow 750 Gallons Per Day
Number of Bedrooms 5
Garbage Disposal Yes No
Dishwasher Yes No
Lift station in House Yes No
Grinder pump in House Yes No

Well Depth shallow
Depth of other wells within
100 ft of system NA

~~no soil work - tanks only~~
Original Soil Compacted Soil
Type of Soil Observation
 Pit Probe Boring
Depth to Restricting Layer 5'
Maximum Depth of System 2'

Size of All Tanks to be installed
1500 + 1000 gal Septic Tank
_____ gal Holding Tank

100 gal Lift Station
_____ Other Tank

No Existing tank to be used

Compartmented tank Yes No

Multiple Tanks Yes No

Total Number of tanks to be installed in this system 3 (This # will be reported to MPCA at end of year.)

ACW

Type of Drainfield
 Chamber Trench 625 sq ft
 Rock Trench _____ sq ft
 Gravelless _____ sq ft
 Mound _____ sq ft ***
 Pressure Bed _____ sq ft ***
 Seepage Bed _____ sq ft ***
 At-grade _____ sq ft ***
 Alternative / Performance _____ sq ft ***

Reduced/Warrantied size
 _____ sq ft
 _____ sq ft
 _____ sq ft
 _____ sq ft

Type of chamber Q-4 H.Cop
 Depth of Rock HA

Alarm? Yes No _____
 Type of Alarm Elec in House
 Size of Lift Pump 1/2 HP
 Size of Lift Line 1 1/2"

***Attach Worksheets

SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>50'</u>	<u>50'</u>
Distance to Building	<u>32'</u>	<u>>100'</u>
Distance to Property Line	<u>>10'</u>	<u>>10'</u>
Distance to OHW of Lake	<u>>100'</u>	<u>>100'</u>
Distance to Pressure Line	<u>N/A</u>	<u>N/A</u>
Distance to Wetland/Protected Water	<u>N/A</u>	<u>N/A</u>

Perc Rate 1-5 Soil Sizing Factor .83 *If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
<u>0-6</u>	<u>Sandy loam</u>	<u>TOP Soil</u>			<u>0-4</u>	<u>Sandy loam</u>	<u>TOP Soil</u>	
<u>6-36</u>	<u>Sandy</u>	<u>10YR 5/4</u>	<u>Blocky</u>		<u>4-40</u>	<u>Sandy</u>	<u>10YR 5/4</u>	<u>Blocky</u>
<u>36-60</u>	<u>Sandy</u>	<u>10YR 5/6</u>	<u>Blocky</u>		<u>40-60</u>	<u>Sandy</u>	<u>10YR 5/6</u>	<u>Blocky</u>

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, Dan Schlauderer 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).

(Print Name of Designer)

Dan Schlauderer
 Signature of Designer

7-7-08
 Date

Application Approved by: Hebi Moltys Date: 7-10-08
 Amount Paid \$100.00 Receipt Number 171324-395450 Permit Number _____
 NOTES: _____

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 SAME Alarm manufacturer _____
 Lift pump in system? Yes No Pump manufacturer _____
 Number of bedrooms 5

Component Information

Tank size 1500 2/2, 1000, 1000 1.75 Tank manufacturer _____
Tank Hole Good Sand O.K.
 Drainfield size 710 sq. ft. 46 24's H-CAPS Brown iurbest 7/10/08
 Drainfield medium _____ Medium manufacturer _____
 Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth All sand - J. A. Hall O.K.
 Vertical separation verified for Boring #2 on _____ Depth _____
 Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

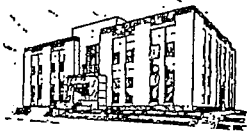
	TANK	DRAINFIELD	
Distance to Well	_____	_____	O.K.
Distance to Building	_____	_____	
Distance to Property Line	_____	_____	
Distance to OHW of Lake	_____	_____	
Distance to Pressure Line	_____	_____	
Distance to Wetland/Protected Water	_____	_____	

Date System Installed 8/4/08 Installer Nels Inspector J. A. Hall

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.

J. A. Hall Signature Title ISTS inspector Date 8/4/08
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)



BECKER COUNTY

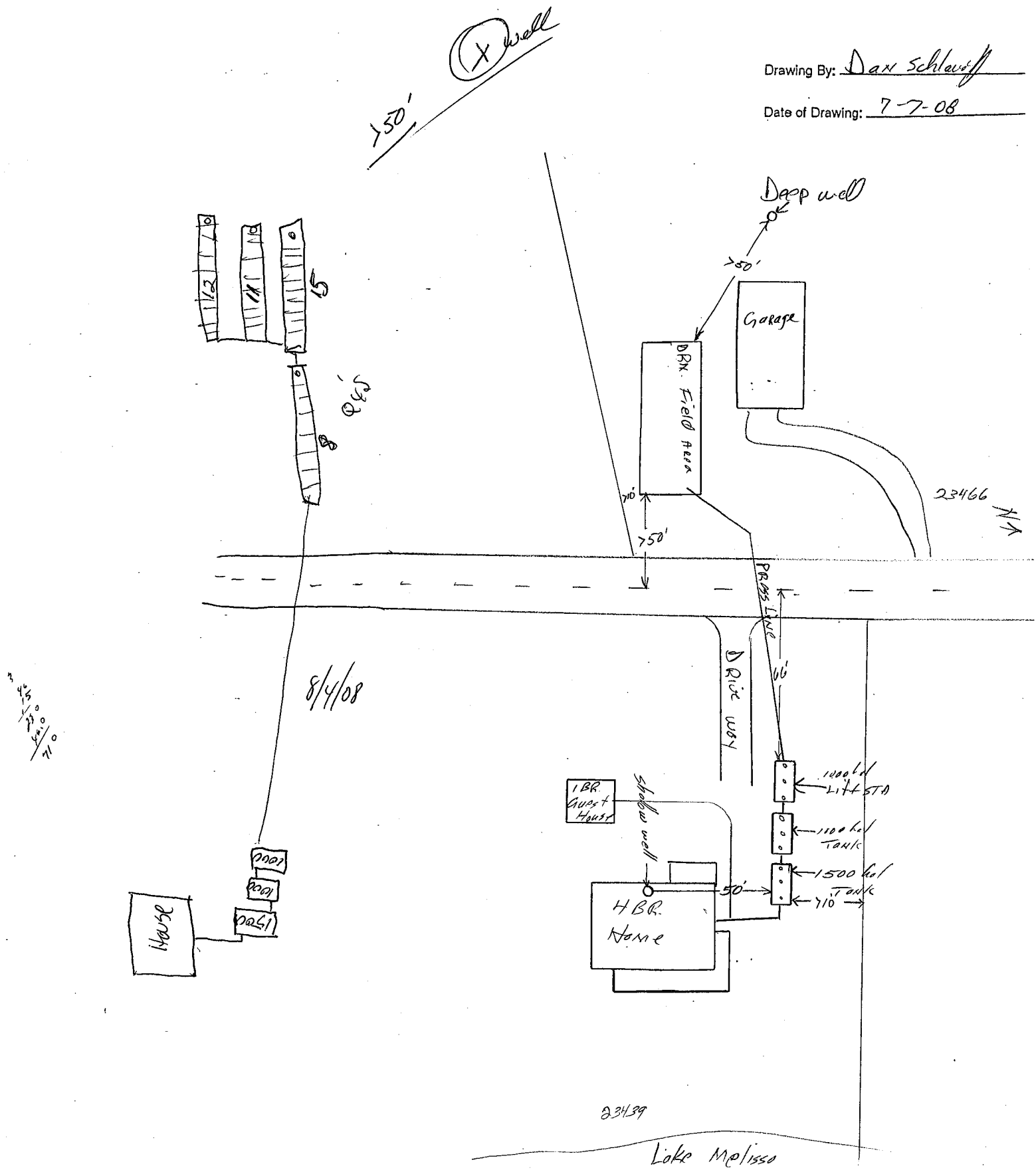
835 LAKE AVENUE, P.O. BOX 787
DETROIT LAKES, MINNESOTA 56502-0787
(218) 846-7314

Application No.
Tax Parcel No.

SKETCH PLAN

Drawing By: Dax Schlusoff

Date of Drawing: 7-7-08



CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 5 day of January 19 87.

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

The premises covered by this certificate are legally described as: BIRCH HILL LINDEN PARK LAKE VIEW

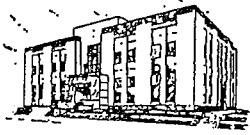
Lake No.	Sec.	Twp.	Range	41	Twp. Name	LAKE VIEW
CAPACITY		138	SEPTIC TANK	41	BEAUFIELD	
DISTANCE FROM NEAREST WELL		1000	GIS		375	SF
DISTANCE FROM LAKE OR STREAM		53	F		70	F
DISTANCE FROM OCCUPIED BUILDING		149	F		99	F
DISTANCE FROM PROPERTY LINE		30	F		40	F
DISTANCE FROM BOTTOM TO WATER TABLE		+10	F		+10	F
					4	F

14,966-35

Owner: Name SARAH JOELSON
Address 1723 9th ST SOUTH
FARGO, ND
Zip No. 58103

Permit No. SP 12-15, 124-35
SANDY SOIL 14 yds rock. Modern Heating
Installer 3 trenches 2.5 ft wide
45 feet long. 1 trench 30 ft lone
2.4 ft wide.

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



BECKER COUNTY

835 LAKE AVENUE, P.O. BOX 787
DETROIT LAKES, MINNESOTA 56502-0787
(218) 846-7314


Application No.

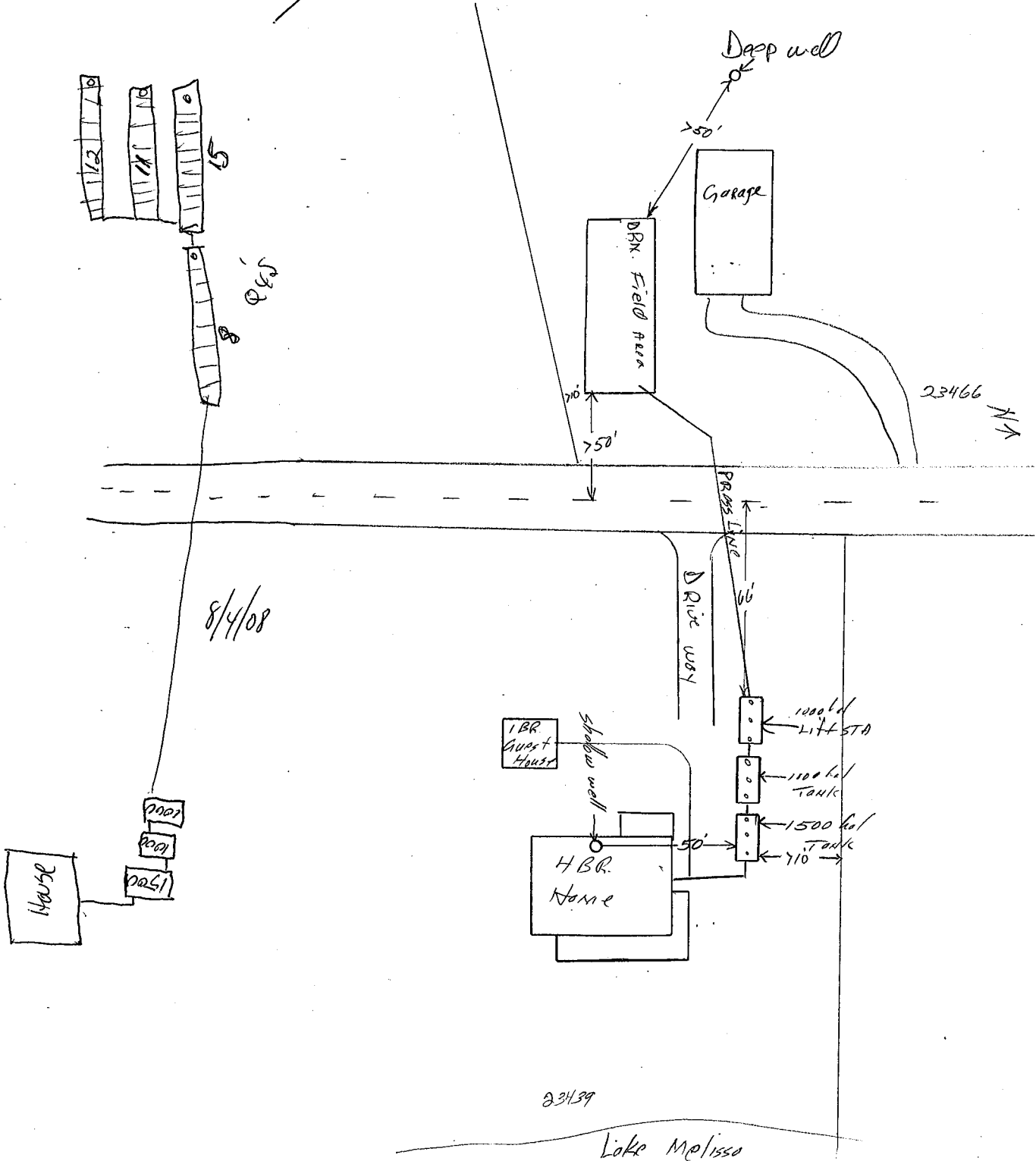
Tax Parcel No.

SKETCH PLAN

Drawing By: Dan Schlusoff

Date of Drawing: 7-7-08

150'  well



11084

LEGAL DESCRIPTION AND LOCATION: Duck Hill 138-41 com at NW cor lot 1 FA SW 57 1/2' SE TO SE LN LOT 1 NE 100' + W To Beg. also 1ST ADD TO LINDEN PARK 138 41 PT LOTS 344 DESC AS Beg at SE CORNER LOT 4 TH NW 226' To Hwy SW 102' + E 283' To Beg

Lake No. _____ Lake Name MELISSA Lake Classif. HO Sec. _____ TWP. 138 Range 41 TWP Name LAKEVIEW

IDENTIFICATION: Please Print All Information

Owner: Last Name JOELSON, First SARAH, Initial ET AL, Mailing Address- No. Street, City and State 1723 So 9th St Fargo N.D., Zip No. 58103, Tel. No. 701-238-9606

Contractor: MODERN HTG & PLBG., Box 1051, DETROIT LAKES MN, 56501, 847-9459

TYPE OF IMPROVEMENT: () 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: () Masonry () Wood Frame () Structural Steel () Other - Specify _____

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

WATER SUPPLY: () Public () Individual Well

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

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

HEATING: () Electric () Gas () Oil () Coal () None Other: _____

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	Sq. Ft.	375 Sq. Ft.
Distance from nearest well	50 Ft.	Ft.	65 Ft.
Distance from lake or stream	160' Ft.	Ft.	75' Ft.
Distance from occupied building	50 Ft.	Ft.	50' Ft.
Distance from property line	25 Ft.	Ft.	25' Ft.
Distance from bottom to Water Table	4' Ft.	Ft.	4' Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS: Lot Area is _____ square feet. Water frontage is _____ feet.

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

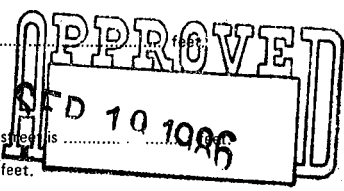
Land height above high water mark at building line is _____ feet

Building set back from State highway is _____ feet - from road or street is _____ feet

Side yard is 10' + and 10' + feet. Rear yard is _____ feet.

Building will be located +1.0 feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located +1.0 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 9/4/86 Signature of Owner Modern Heating & Plumbing by Jack Michaelson

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

MUST BE POSTED AT THE BUILDING SITE

Dated 9/18/86 30.00 Permit Fee \$ _____ State Surcharge \$ 50 Becker County Zoning Administrator Theresa Sweeney

Comments: _____

INSPECTOR'S CHECK LIST
Make all measurements and computations

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

SEWAGE DISPOSAL SYSTEM STATISTICS

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

Inspector's Comments: _____

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

Inspection
 Dated _____ 19____

 Inspector's Signature

 Title

 Agency

BECKER COUNTY

Permit Number 2-15,124-85 Date 9-4-86

Building _____ Sewage System 1000gls
375 SF.

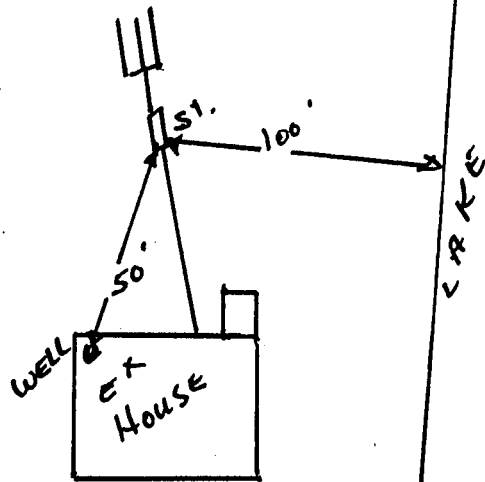
Township Lake View Sec. _____ Description T138N R41W

Work Authorized 1000gls Septic Tank.
375 SF Drainfield

Issued to: Name Sarah Joelson
Address: 1723 So 9th St. Town Fargo
State ND. Zip 58103.

Sketch

County Rd



1 Inch = _____ Feet

MK

NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. Notify 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.

Thyng Anselmy
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501

10927

LEGAL DESCRIPTION AND LOCATION: Linden Park
 Lake No. MELISSA Lake Name LD Lake Classif. 138 Sec. 41 TWP LAKE VIEW Range LAKE VIEW TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name <u>JOELSON, SARAH</u> <u>(HOSSMAN, JOELSON)</u>	First Initial <u></u>	Mailing Address— No, Street, City and State <u>1723 9th St. South</u> <u>Fargo, ND</u>	Zip No. <u>58103</u>	Tel. No.
Contractor	Name				

TYPE OF IMPROVEMENT: () 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: () Masonry () Wood Frame () Structural Steel () Other — Specify _____	TYPE OF SEWAGE DISPOSAL: () Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: () Public <input checked="" type="checkbox"/> Individual Well MECHANICAL EQUIPMENT : Elevator: () Yes () No Air Conditioning: () Yes () No () Central () Unit	DIMENSIONS: Basement: () Yes () No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ HEATING: () Electric () Gas () Oil () Coal () None Other: _____
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SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well	Ft.	Ft.	Ft.
Distance from lake or stream	Ft.	Ft.	Ft.
Distance from occupied building	Ft.	Ft.	Ft.
Distance from property line	Ft.	Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.	Ft.

Compliance Inspection

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is _____ square feet. Water frontage is _____ feet.

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

Land height above high water mark at building line is _____ feet

Building set back from State highway is _____ feet — from road or street is _____ feet.

Side yard is _____ and _____ feet. Rear yard is _____ feet.

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

Building will be located _____ feet from soil absorption system (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 _____ Signature of Owner _____

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

MUST BE POSTED AT THE BUILDING SITE

Dated _____ Becker County Zoning Administrator _____

Permit Fee \$ 20.00 State Surcharge \$ _____

Comments: _____

INSPECTOR'S CHECK LIST
Make all measurements and computations

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

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD							
	Actual	Should be	Actual	Should be	Actual	Should be						
Capacity		Gls.		Gls.		SF		SF		SF		
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

 Inspector's Signature

 Title

Inspection
 Dated _____ 19 _____

 Agency

INSPECTOR'S CHECK LIST
Make all measurements and computations

54
3
162

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

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity, <i>2 tank System</i>	500	Gls.		Gls.	500	SF		SF		SF		SF
Distance from Nearest Well	31	F		F	35	F	75	F		F	50	F
Distance from Lake or Stream	162	F		F	158	F		F		F		F
Distance from Occupied Building	3	F	10	F	5	F	20	F		F	20	F
Distance from Property Line	410	F	10	F	410	F	10	F		F	10	F
Distance from Bottom to Water Table	--	F	--	F	+4	F	4	F		F	4	F

Inspector's Comments: *2-tank System to Close to House and well also to Close to County's well*

INTERPRETATION OF ABBREVIATIONS

Gls — Gallons
 SF — Square Feet
 F — Linear Feet

Mark Kubel

Inspector's Signature

Inspection
 Dated

7. 28 19 86

Title

Agency

LEGAL DESCRIPTION AND LOCATION

LOCATION 138 41 Lake View

Lake No. _____ Lake Name _____ Lake Classif. _____ Sec. _____ TWP _____ Range _____ TWP Name _____

IDENTIFICATION: Please Print All Information

Last Name	First	Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
<u>Johanson</u>					
Owner					
Contractor Name					

TYPE OF IMPROVEMENT:
 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: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other — Specify _____	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 MECHANICAL EQUIPMENT: Elevator: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	DIMENSIONS: Basement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: _____
---	--	---

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity <u>200</u>	<u>200</u> Gls.	<u>200</u> Sq. Ft.	Sq. Ft.
Distance from nearest well <u>25</u>	<u>15</u> Ft.	Ft.	Ft.
Distance from lake or stream <u>100</u>	<u>105</u> Ft.	Ft.	Ft.
Distance from occupied building <u>2</u>	<u>3</u> Ft.	Ft.	Ft.
Distance from property line <u>2</u>	<u>3</u> Ft.	Ft.	Ft.
Distance from bottom to Water Table _____	Ft.	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 44 square feet. Water frontage is _____ feet.
 Building set back from high water mark is _____ feet. (Building Line)
 Land height above high water mark at building line is _____ feet.
 Building set back from State highway is _____ feet — from road or street is _____ feet.
 Side yard is _____ feet. Rear yard is _____ feet.
 Building will be located _____ feet from septic tank (Sewage System Permit must be obtained before installation).
 Building will be located _____ feet from soil absorption system (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 _____ Signature of Owner _____

When signed and approved by the Zoning Administrator this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

MUST BE POSTED AT THE BUILDING SITE

Dated _____
 Permit Fee \$ 20.00 State Surcharge \$ _____
 Becker County Zoning Administrator _____

Comments: _____

DESIGN PAD

BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

Subject _____

Name _____

Address _____

Town _____ State _____ Zip _____ Date _____

Parcel No. _____ Fire No. _____ Legal Description _____

Remarks:

Signature _____

