



Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

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

For local tracking purposes:

System Status

System status on date (mm/dd/yyyy): 8-16-16

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: 19.0994.000

Property address: 24253 N. Melissa Dr

Reason for inspection: County

Property owner: SM WINGSTAD

Owner's phone: 701-361-8236

Owner's representative: _____

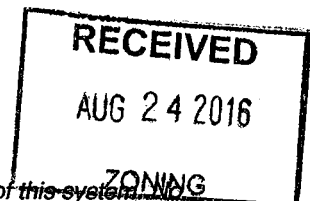
Representative phone: _____

Local regulatory authority: _____

Regulatory authority phone: _____

Brief system description: Concrete low profile septic tank etc & 1000 gal low profile tank etc

Comments or recommendations: manhole type drainfield also 1500 gal septic tank to manhole



Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. ~~determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.~~

Inspector name: David Ok

Certification number: 2228

Business name: Okm Excavating

License number: 932

Inspector signature: [Signature]

Phone number: 218-234-1256

Necessary or Locally Required Attachments

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

Property address: _____

Inspector initials/Date: |

 | 8/16/16
(mm/dd/yyyy)

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/Explanation)
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

2. Tank Integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, or leaching pit. <i>Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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/Explanation)

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

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

Explain: _____

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

Explain: _____

Property address: _____

Inspector initials/Date: _____

JD 8-16-16
(mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: 06 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: Yes No
Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment: Yes No
Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*

"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080.2350 or 7080.2400 (Advanced Inspector License required) Yes No
Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

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

Verification method(s):

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

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

Comments/Explanation:

0-8 core 3/3 Black
9-36 core 8/4 Brown
water table

Indicate depths or elevations

A. Bottom of distribution media	18"
B. Periodically saturated soil/bedrock	60"
C. System separation	48"
D. Required compliance separation*	36"

*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.

SKETCH OF PROPERTY

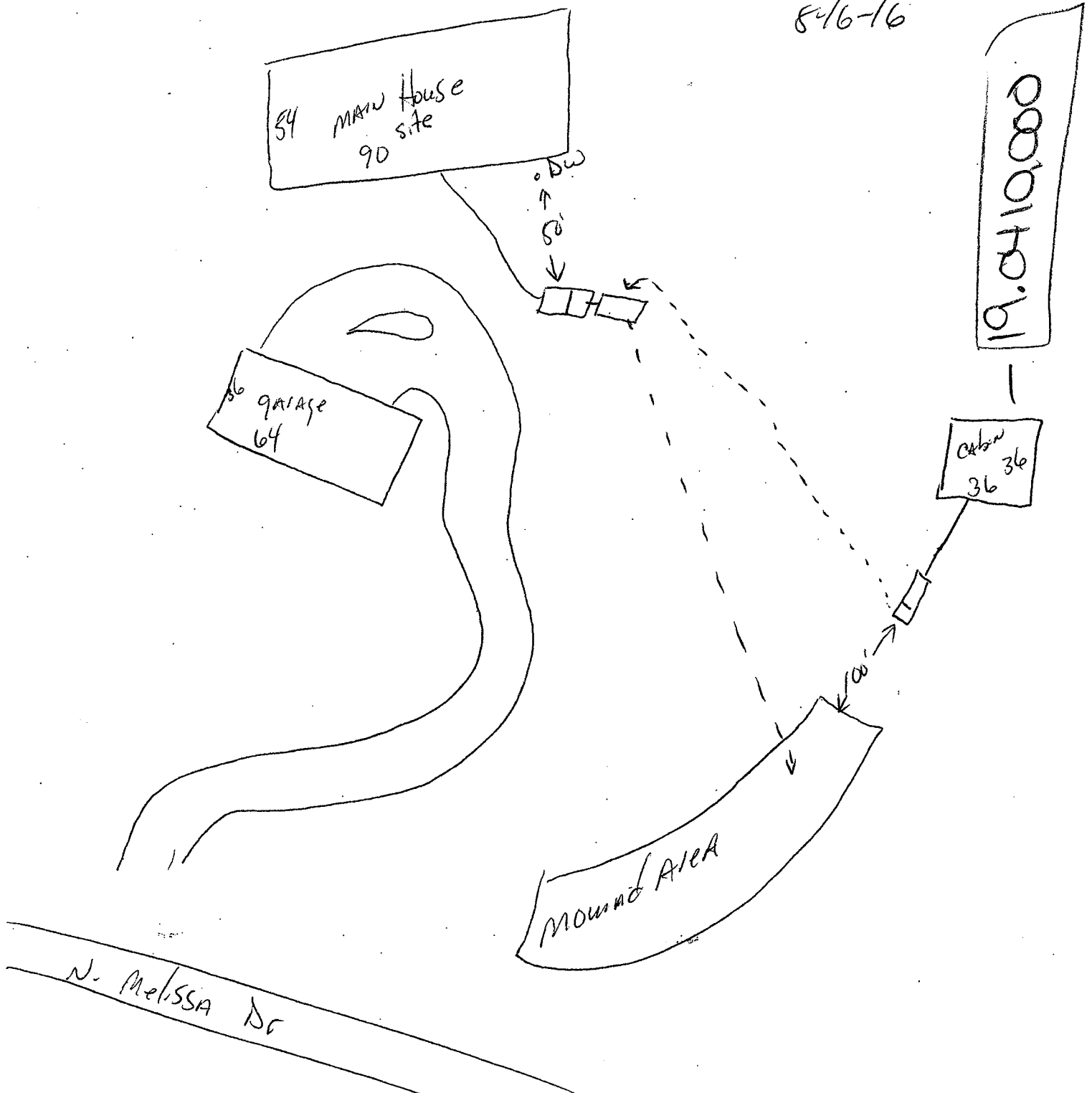
Please sketch all structures and septic systems on the property;
Include setbacks and wells within 100 feet of the property.

PARCEL	
APP	SEPTIC INSPECTION
YEAR	

Lake



ingstad
24253 N. Melissa Drive
By David Ohm
2228
8/16-16



Pds mailed
10/24/06

Onsite Septic System Site Evaluation/Design

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

Parcel Number(s) of property system will be installed 19-0994-000
(if parcel is a new split and a parcel number has not yet been issued, indicate the main parcel number from which the new parcel has been split from)
Section 20 Township 138 Range 41 Township Name LAKE View
Lake Name LAKE Melissa Lake Classification GD
Legal Description: RV Corbetts 3rd Lots 28 & 29

Project Address: N. Melissa Drive

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

Owner's First Name Sim Owner's Last Name Ingstad
Mailing Address P.O. Box 9439 City, State, Zip Fargo ND 58106
Phone Number 701-277-4200

3. DESIGNER/INSTALLER INFORMATION

Designer Name David Ohm Company Name Ohm Excavating License # 932
Address P.O. Box 293 Audubon Phone Number 218-439-6428
Installer Name David Ohm Company Name Ohm Excavating License # 932
Address P.O. Box 293 Audubon Phone Number 218-234-1256

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation _____

EXISTING SYSTEM STATUS - Check One

- 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

Design Flow 900 Gallons Per Day
Number of Bedrooms 6
Garbage Disposal Yes No
Grinder Pump in House Yes No
Lift station in House Yes No

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

Original Soil Compacted Soil _____
Type of Soil Observation
 Pit Probe Boring
Depth to Restricting Layer 3
Maximum Depth of System 0

Ingstad

Size of All Tanks to Be installed
 multiple gal Septic Tank
 1500 gal Lift Station
 gal Holding Tank
 gal Other Tanks

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

Type of Alarm Electric
 Size of Lift Pump 1/2 hp
 Size of Lift Line 2"

Type of Drainfield to be installed Size of Drainfield sq ft to be installed

Trench _____ sq ft
 At-grade _____ sq ft
 Pressure Bed _____ sq ft
 Seepage Bed _____ sq ft
 Mound _____ sq ft

SETBACKS

TANK	DRAINFIELD
5'	100'
10' +	30' +
10'	10'

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

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
	SAND						

5. DESIGNER'S CERTIFIED STATEMENT

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

[Signature] 10-18-06
 Signature of Designer Date

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

Application Approved by: [Signature] Date: 10-24-06
 Amount Paid 250.00 Receipt Number 119224-343350 Permit Number 119224-343350

CERTIFICATE OF COMPLIANCE

() Certificate Is Hereby Denied
 Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data. With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

[Signature] JS's Inspector oct 06
 Signature Title Date

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed Oct/06 Inspected by [Signature]

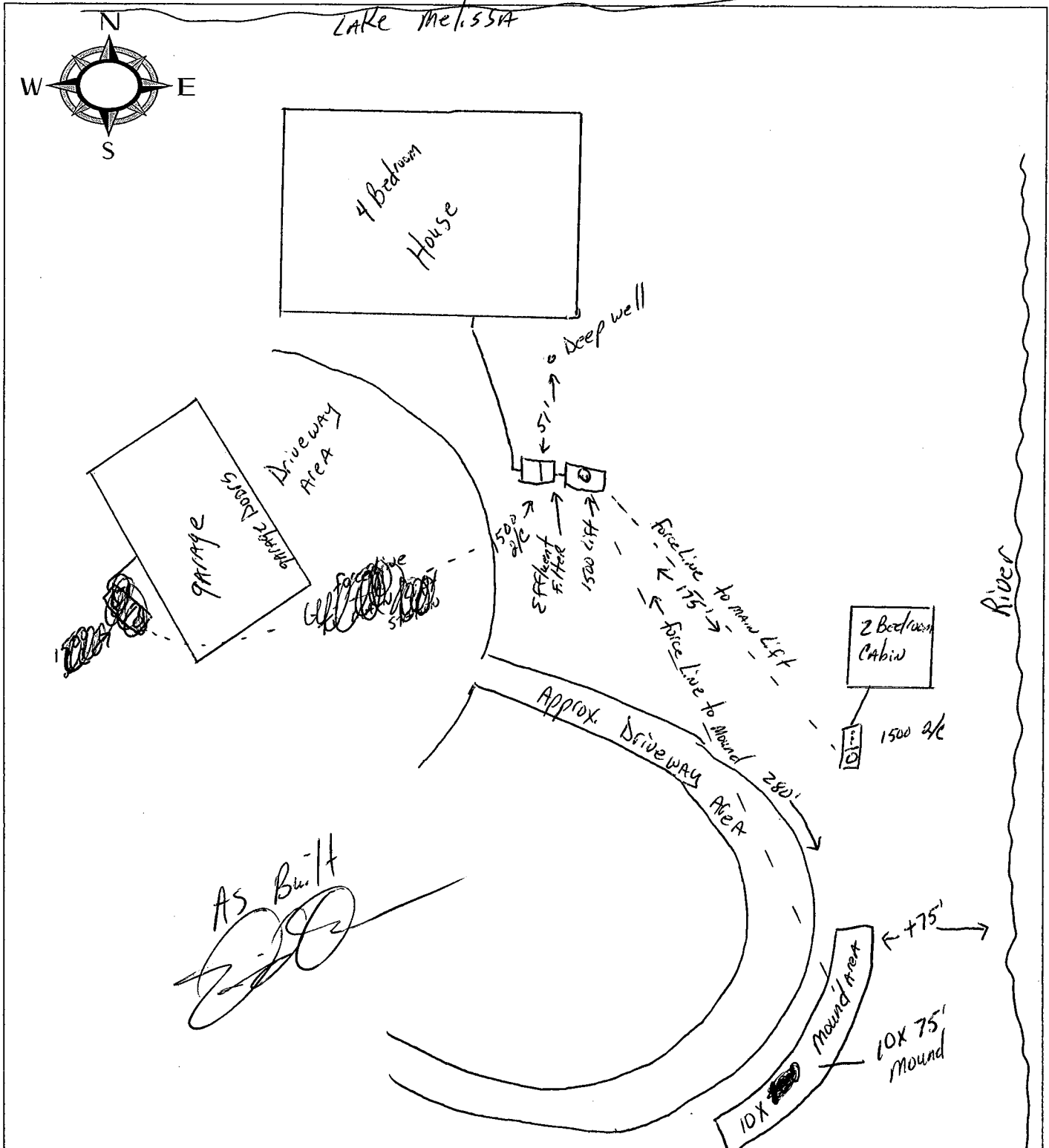
As built system

SITE PLAN

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

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

Signature _____

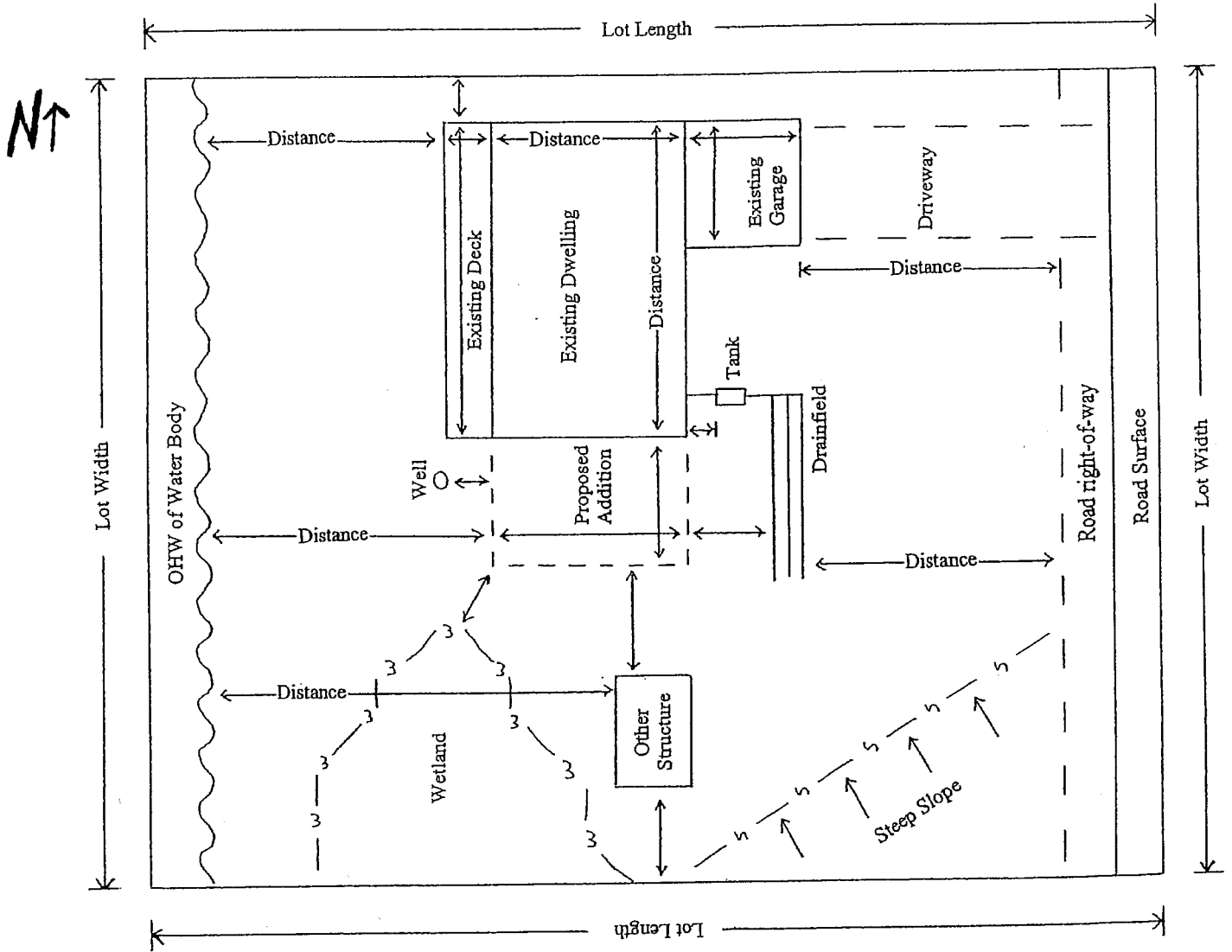


I hereby certify and agree that the above sketch accurately represents the work to be done in conjunction with this permit.

Applicant or Agent

Date 10-18-06

SITE PLAN EXAMPLE



MOUND DESIGN WORK SHEET (For Flows up to 1200 gpd)

A. Average Design FLOW

Estimated 900 gpd (see figure A-1)
 or measured _____ x 1.5 (safety factor)
 = _____ gpd

number of bedrooms	Class I	Class II	Class III	Class IV
2	300	225	180	60%
3	450	300	218	of the
4	600	375	256	values
5	750	450	294	in the
6	900	525	332	Class I,
7	1050	600	370	II, or III
8	1200	675	408	columns.

B. SEPTIC TANK Capacity

_____ gallons (see figure C-1)

C. SOILS (refer to site evaluation)

- Depth to restricting layer = 3 feet
- Depth of percolation tests = _____ feet
- Texture SAND
 Percolation rate .2 mpi
- Soil loading rate 1.2 gpd/sqft (see figure D-33)
- Percent land slope 1 %

Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal	Liquid capacity with disposal & lift inside
2 or less	750	1125	1500
3 or 4	1000	1500	2000
5 or 6	1500	2250	3000
7, 8 or 9	2000	3000	4000

D. ROCK LAYER DIMENSIONS

- Multiply average design flow (A) by 0.83 to obtain required rock layer area.
900 gpd x 0.83 sqft/gpd = 747 sqft
- Determine rock layer width = 0.83 sqft/gpd x linear Loading Rate (LLR)
 0.83 sqft/gpd x _____ gpd/sqft = _____ ft
- Length of rock layer = area ÷ width =
747 sqft (D1) ÷ 10 ft (D2) = 74.7 ft

< 120 MPI	≤ 12
≥ 120 MPI	≤ 6

E. ROCK VOLUME

- Multiply rock area (D1) by rock depth of 1 ft to get cubic feet of rock
747 sqft x 1 ft = 747 cuft
- Divide cuft by 27 cuft/cuyd to get cubic yards
747 cuft ÷ 27 cuyd/cuft = 27.6 cuyd
- Multiply cubic yards by 1.4 to get weight of rock in tons
 _____ cuyd x 1.4 ton/cuyd = _____ tons

F. SEWAGE ABSORPTION WIDTH

Absorption width equals absorption ratio (See Figure D-33)
 times rock layer width (D2)

10 x 1 ft = 10 ft

Percolation Rate In Minutes per Inch (MPI)	Soil Texture	Loading Rate Gallons per day per square foot	Absorption Ratio
Faster than 5	Coarse Sand Medium Sand Loamy Sand Fine Sand	1.20	1.00
6 to 15	Sandy Loam	0.79	1.50
16 to 30	Loam	0.60	2.00
31 to 45	Silt Loam	0.50	2.40
46 to 60	Silt Sandy Clay Loam	0.45	2.67
61 to 120	Silly Clay Loam Clay Loam Silly Clay Sandy Clay	0.24	5.00
Slower than 120	Clay		

*System designed for these soils must be other or performance

**ONSITE
SEWAGE
TREATMENT
PROGRAM**





<=1% land slope

G. Mound Slope Width and Length
(landslope less than or equal to 1%)

1. Absorption width (F) 10 ft

2. Calculate mound size

a. Determine depth of clean sand fill

at upslope edge of rock layer = 3 ft
minus the distance to restricting layer (C1)

3 ft - 1 ft = 2 ft

b. Mound height at the upslope edge of rock layer = depth of clean sand for separation (G2a)

at upslope edge plus depth of rock layer (1 ft) plus depth of cover (1 ft)

1 ft + 1ft + 1ft = 3 ft

c. Berm width = upslope mound height (G2b) times 4 (4 is recommended, but could be 3-12)

3 x 4 = 12 ft

d. The total landscape width is the sum of berm (G2c) width plus rock layer width (D2) plus berm width (G2c): 12 ft + 10 ft + 12 ft = 34 ft

e. Additional width necessary for absorption = absorption width (F) minus the landscape width (G2d)

 ft - ft = ft, if number is negative (<0) skip to g

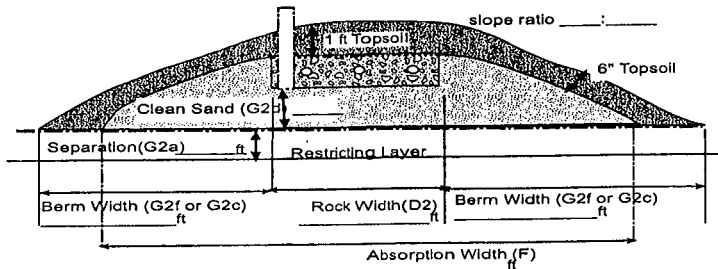
f. Final berm width = additional width (G2e) plus the berm width (G2c)

 ft + ft = ft

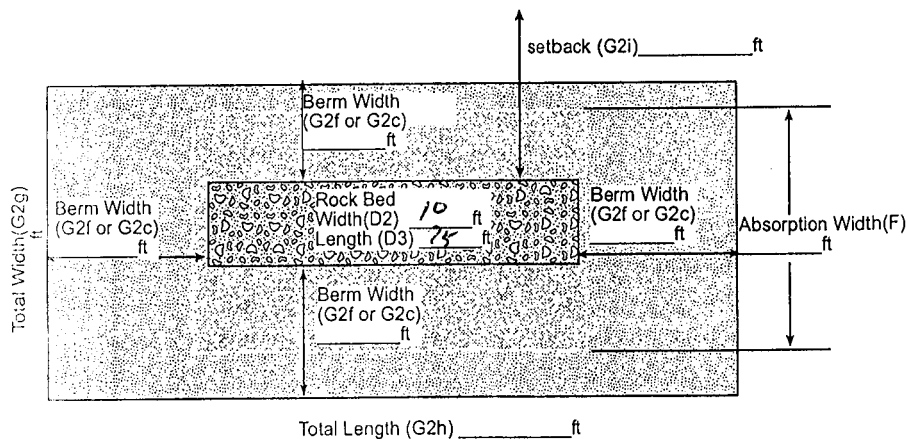
g. Total mound width is the sum of berm width (G2f or G2c) plus rock layer width (D2) plus berm width (G2f or G2c): 12 ft + 10 ft + 12 ft = 34 ft

h. Total mound length is the sum of berm (G2f or G2c) plus rock layer length (D3) plus berm (G2f or G2c): 12 ft + 75 ft + 12 ft = 99 ft

i. Setbacks from the rockbed are calculated as follows: the absorption width (F) minus the rock bed width (D2) divided by 2: (ft - ft) ÷ 2 = ft



Final Dimensions:
10 x 75



I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

[Signature] (signature) 932 (license #) 10-18-06 (date)

BECKER COUNTY

Subject Install Sewer System # 2

Department _____

Name Village Resort

Becker County Courthouse

Address RR 5

Detroit Lakes, MN 56501

Town Detroit Lakes State MN Zip 56501 Date 6-26-84

Location or Legal Description Corbetts Third Addition, lots 28 and 29, Auditors 1 lots 22, 23 and Auditors lot 24, less parts lying North of lots 24-27, incl. of Corbetts Third Addition, Section 20, Township 138, Range 41, Lake View Township

Remarks:

ALL Tanks will have bin. Stand pipes Man holes and baffels.

The septic tanks will be 1250 gallons each

TOTAL NUMBER OF PEOPLE 31

40 Stenger Excavation

380 FEET to WELL

Star Route Box 285A

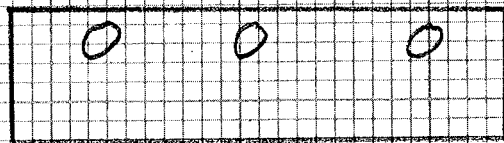
SYSTEM FOR SEASONAL CABINS 8-12

Detroit Lakes, MN 56501

Signature Tom Stenger

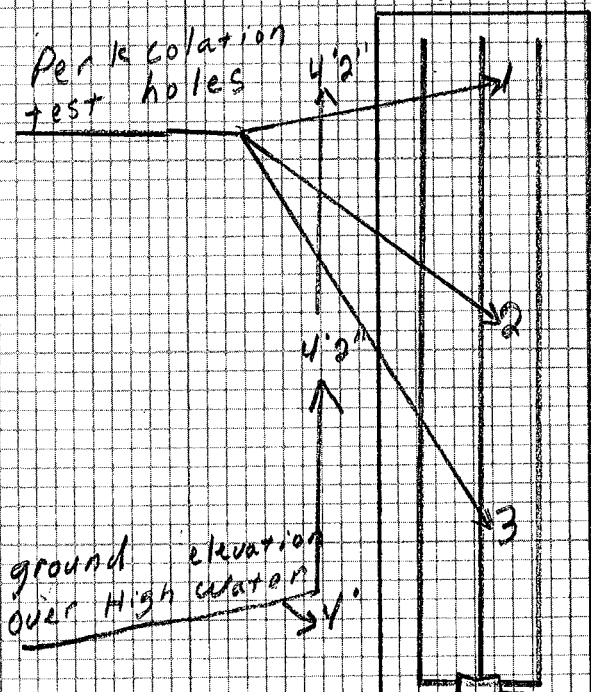
System II

No more than 1 in. 3 slope



12" Sand Fill below Field
Sand Fill on both Sides of Field

Perk colation test holes

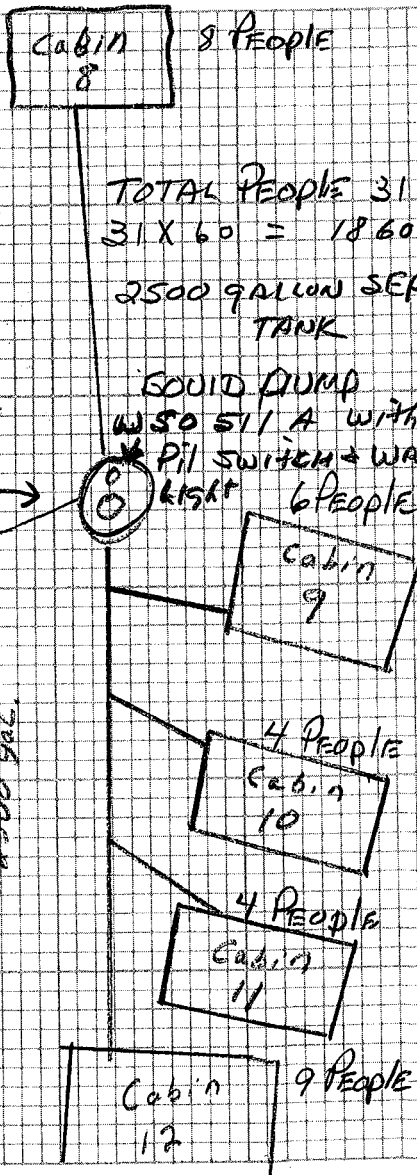


CONCRETE TANK

26.4 FT.
1250 GALLON TANKS

2500 GAL.

SOLID PUMP
W/ 50 511 A WITH
PIL SWITCH & WARNING
LIGHT



TOTAL PEOPLE 31
31 X 60 = 1860
2500 GALLON SEPTIC TANK

90' to River

PERCOLATION TEST DATA SHEET

Test hole location CABINS # 1-5 Hole number #3
 Date test hole was prepared 6-26-84, Depth of hole bottom, 8 inches.
 Diameter of hole, 8 inches.

Soil data from test hole:

Depth, inches	Soil texture
<u>8</u>	<u>Black dirt</u>

Method of scratching sidewall Post hole digger

Depth of pea-sized gravel in bottom of hole, none inches.

Date and hour of initial water filling 3:33 P.M. 6-26-84

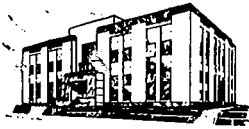
Depth of initial water filling, 8 inches above hole bottom.

Method used to maintain at least 12 inches of water depth in hole for at least 4 hours

Percolation test readings made by Robert Wellman on 6-26-84 starting at 3:33 a.m. Maximum water depth above hole bottom (date) p.m. during test, 8 inches.

Time	Time Interval, Minutes	Measurement, inches	Drop in water level, inches	Percolation rate, minutes per inch	Remarks
1:30		10			
3:34		8"			
3:39	5	6 1/16	1 1/16		
3:44	5	6	0		
3:50	6	5 1/2	2 1/2		
3:56	6	4 1/8	3 1/8		

Percolation rate = minutes per inch.



BECKER COUNTY

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

PRWD

Application No. <u>5398</u>
Tax Parcel No. <u>19-0410-000</u>

ZONING APPLICATION SUMMARY FORM FORM A

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <u>Willman Robert</u>		2. Authorized Agent (if applicable)	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) <u>Route 5 Box 167 Detroit Lakes MN</u>			
4. Day Phone	5. Evening Phone	6. Fire Number of Project Location	

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name <u>Aud lots 22+23+24</u>	2. Section <u>20</u>	3. Township <u>B8</u>	4. Range <u>41</u>	5. Qtr./Qtr.	6. Gov. Lot No.
7. Note: If the property is a metes and bounds description, check here [] and attach a copy of the exact legal description.					

C. APPLICABLE ZONING DISTRICTS

(check all that apply)

- Residential
- Business
- Commercial
- Industrial
- Agricultural
- Shoreland(*)
- Wild & Scenic River
- Flood Fringe
- Floodway
- General Flood Plain
- Other (specify below)

*Fill in Section E. also.

D. TYPE OF ZONING REQUEST

Project Type	Necessary Supplemental Form
1. <input type="checkbox"/> Building Permit	Form B and H
2. <input checked="" type="checkbox"/> Sewage System Permit	Form C and H
3. <input type="checkbox"/> Well Information	Form D and H
4. <input type="checkbox"/> Land Alteration Permit	Form E and H
5. <input type="checkbox"/> Conditional Use Permit	Form F
6. <input type="checkbox"/> Variance	Form G
7. <input type="checkbox"/> Zoning District Change	Form F
8. <input type="checkbox"/> Subdivision Approval	Form F
9. <input type="checkbox"/> Ordinance Amendment	Form F
10. <input type="checkbox"/> Other (specify below)	

E. SHORELAND MANAGEMENT DATA

- Lake / Stream Name
Missoua
- Lake / Stream I.D. Number
- Classification: NE; RD; GD;
 Other (specify below)

- IMPORTANT NOTICE -
Most projects require the submission of one or more additional forms as shown in SECTION D. and sometimes plans, specifications and a written project description before your application is considered to be complete. Form A primarily provides summary information for record keeping.

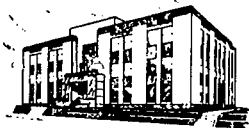
I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge:

Willman Robert
Signature

4/30/92
Date

F. ADMINISTRATIVE DATA SUMMARY (For Office Use Only)

1. <input checked="" type="checkbox"/> Proper addendum to application has been submitted.	10. Administrative Summary for Applications for Subdivision Approval, Variances, Conditional Use Permits, Ordinance Amendments and Zoning District Changes:
2. <input type="checkbox"/> Detailed plans have been submitted which were prepared by: _____ Dated: _____	a. Referred to Township on: _____
3. <input type="checkbox"/> Written project description has been submitted which was prepared by: _____ Dated: _____	b. Referred to Planning Commission on: _____
4. <input type="checkbox"/> Approved [] with, [] without modification on: _____	c. Referred to Board of Adjustment on: _____
5. <input type="checkbox"/> Denied on: _____	d. Referred to County/City Engineer on: _____
6. Itemization of Fees: General Application <u>45.00</u> State Surcharge <u>.50</u>	e. Referred to County/City Attorney on: _____
7. Total Fees = _____	f. Referred to Soil and Water Cons. Dist. on: _____
8. Fee paid on (date): _____	g. Referred to Watershed District on: _____
9. Administrative Summary for Building Permits, Sewage System Permits, and Shoreland Alteration Permits.	h. Date of Hearing Notice: _____
a. Dates of inspection(s): _____	i. Date of Public Hearing: _____
b. Certificate of Occupancy (Zoning Compliance) issued on: _____	j. Is ten (10) day notice to the DNR necessary? [] yes, [] no If yes, enter date sent to DNR here: _____
	k. Is ten (10) day final notice to the DNR necessary? [] yes, [] no If yes, enter date sent to DNR here: _____
	l. Final Action: [] APPROVED [] with, [] without modification [] DENIED
	By: [] County Board; [] Board of Adjustment
	Date of Action: _____



BECKER COUNTY

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

Application No. <u>3398</u>
Tax Parcel No. <u>19-0410-000</u>

SUPPLEMENTAL DATA FOR SEWAGE SYSTEM PERMIT FORM C

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <u>Wellman Robert</u>	2. Day Phone No.	3. Evening Phone No.
4. Sewer Installer <u>Modern Heating</u>	5. Soil Tester/Earthwork Contractor <u>Modern Heating</u>	6. MPCA Certification No. <u>1417</u>

B. SEWAGE SYSTEM DATA

C. SITE DATA

<p>1. Work Category</p> <p>a. <input checked="" type="checkbox"/> New System b. <input type="checkbox"/> Repair</p> <p>3. Anticipated Use</p> <p>a. <input type="checkbox"/> Single Family b. <input type="checkbox"/> Multiple Family c. <input checked="" type="checkbox"/> Commercial d. <input type="checkbox"/> Agricultural e. <input type="checkbox"/> Other (specify)</p>	<p>2. Type of System</p> <p>a. <input type="checkbox"/> Septic Tank Only b. <input type="checkbox"/> Drainfield Only c. <input type="checkbox"/> Septic Tank & Drainfield d. <input checked="" type="checkbox"/> Alternative System (specify) <u> Holding tank </u></p> <p>4. Type of Drainfield <u>N/A</u></p> <p>a. <input type="checkbox"/> Standard System b. <input type="checkbox"/> Mound (pressure distribution) c. <input type="checkbox"/> Mound (gravity distribution)</p>	<p>1. Soils <u> Holding tank </u></p> <p>a. Soil Type: _____ b. Percolation Rate (minutes per inch): _____ c. Depth to Water Table: _____ d. Depth to Mottled Soil: _____ e. Date of Soil Testing: _____</p> <p>2. Supporting Data/Attachments</p> <p><input checked="" type="checkbox"/> Sketch Plan** <input type="checkbox"/> Percolation Data Sheets <input type="checkbox"/> Soil Borings <input type="checkbox"/> Tank/Drainfield Design Calculations</p> <p>** This is normally a mandatory requirement. It is recommended that the applicant submit sketch plan on FORM H.</p>																										
<p>5. System Design Data</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Tank</td> <td style="text-align: center;">Drainfield</td> </tr> <tr> <td>a. Distance to Well: <u>DR</u></td> <td style="text-align: center;">- <u>50'</u> -</td> <td>_____</td> </tr> <tr> <td>b. Distance to Building:</td> <td style="text-align: center;">- <u>10'</u> -</td> <td>_____</td> </tr> <tr> <td>c. Distance to Property Line:</td> <td style="text-align: center;">- <u>30'</u> -</td> <td>_____</td> </tr> <tr> <td>d. Distance to Suction Line:</td> <td style="text-align: center;">- _____ -</td> <td>_____</td> </tr> <tr> <td>e. Distance to Pressure Line:</td> <td style="text-align: center;">- _____ -</td> <td>_____</td> </tr> <tr> <td>f. Tank Capacity (gal.) and Area of Drainfield (ft. 2):</td> <td style="text-align: center;">- <u>1500</u> -</td> <td>_____</td> </tr> <tr> <td>g. Distance to Lake or Stream (from Ordinary High Water Level):</td> <td style="text-align: center;">- <u>+200'</u> -</td> <td>_____</td> </tr> <tr> <td>h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:</td> <td style="text-align: center;">- <u>N/A</u> -</td> <td>_____</td> </tr> </table>		Tank	Drainfield	a. Distance to Well: <u>DR</u>	- <u>50'</u> -	_____	b. Distance to Building:	- <u>10'</u> -	_____	c. Distance to Property Line:	- <u>30'</u> -	_____	d. Distance to Suction Line:	- _____ -	_____	e. Distance to Pressure Line:	- _____ -	_____	f. Tank Capacity (gal.) and Area of Drainfield (ft. 2):	- <u>1500</u> -	_____	g. Distance to Lake or Stream (from Ordinary High Water Level):	- <u>+200'</u> -	_____	h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	- <u>N/A</u> -	_____	<p>3. Water Level Data Worksheet</p> <p>a. Highest Known Water Level: - <u>3</u> -</p> <p>b. 100-Year Flood Elevation: - _____ -</p> <p>c. 10-Year Flood Elevation: - _____ -</p> <p>D. Design of Tank and/or Drainfield is Based on: <u>N/A</u></p> <p><input type="checkbox"/> 100-Year Flood Elevation <input type="checkbox"/> 10-Year Flood Elevation <input type="checkbox"/> Highest Known Water Level <input type="checkbox"/> Highest Known Ground Water Level <input type="checkbox"/> Soil Mottling or Impervious Soil Layer</p> <p>Note: The proper design of sewage systems is contingent upon these limiting factors. The most conservative resulting design prevails.</p>
	Tank	Drainfield																										
a. Distance to Well: <u>DR</u>	- <u>50'</u> -	_____																										
b. Distance to Building:	- <u>10'</u> -	_____																										
c. Distance to Property Line:	- <u>30'</u> -	_____																										
d. Distance to Suction Line:	- _____ -	_____																										
e. Distance to Pressure Line:	- _____ -	_____																										
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g. Distance to Lake or Stream (from Ordinary High Water Level):	- <u>+200'</u> -	_____																										
h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	- <u>N/A</u> -	_____																										

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge:

Robert Wellman 4/30/92
Signature of Applicant Date

SEWAGE SYSTEM PERMIT

APPLICATION IS HEREBY DENIED
 PERMISSION IS HEREBY GRANTED TO Bob Wellman

All in accordance with the application, addendum form, plans, specifications and all other supporting data, unless specified hereinafter in the GENERAL and/or SPECIAL PROVISIONS.

BY ORDER OF:

Floyd Svanby
Signature of Permitting Authority

Zoning Administrator
Title

4-30-92
Date

NOTE: THIS PERMIT TERMINATES ON: 10-30-92 except as provided for by local ordinance and/or Minnesota Law.

- SEE REVERSE FOR GENERAL AND SPECIAL PROVISIONS -

Application Fee \$ 45.00

State Skurcharge .50

Total \$ 45.50

2784

LEGAL DESCRIPTION AND LOCATION: Village Resort & Campground
Rt 5 Box 167 Detroit Lakes, Minn 56501
 FIRE NUMBER _____
 Lake No. _____ Lake Name Melissa Lake Classif. GD Sec. _____ TWP 41 Range LAKEVIEW
 TWP Name _____

IDENTIFICATION: Please Print All Information

Owner	Last Name <u>Wellman</u> First <u>Robert</u> Initial <u>D</u>	Mailing Address— No. Street, City and State <u>Rt 5 Box 167 Dtlks</u>	Zip No. <u>56501</u>	Tel. No. <u>847892</u>
Contractor	Name <u>Tim Stenger</u>	St. Rt. <u>Detroit Lakes Minn</u>	<u>56501</u>	<u>847</u>

TYPE OF IMPROVEMENT: New Building Alteration
 Other Septic & Drain Field

RESIDENTIAL PROPOSED USE: One Family Dwelling Multiple Dwelling 2 Units

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

ESTIMATED COST OF IMPROVEMENT \$ _____ Construction Starting Date: 8-28-89

PRINCIPAL TYPE OF FRAME & BUILDING <input type="checkbox"/> Masonry <input type="checkbox"/> New Home <input type="checkbox"/> Wood Frame <input type="checkbox"/> Garage <input type="checkbox"/> Structural Steel <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other — Specify _____ Year _____ <input type="checkbox"/> Cottage <input checked="" type="checkbox"/> Septic System Type of Roof: <input type="checkbox"/> Other _____	TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input type="checkbox"/> Individual Well Type _____ Depth _____ MECHANICAL EQUIPMENT: Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	DIMENSIONS: Basement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms <u>4</u> Baths <u>2</u> HEATING: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: <u>Bed Mound 30x60</u>
---	---	---

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE P4E	DRAIN FIELD
Capacity	<u>1500</u> Gls.	<u>625</u> Sq. Ft.	<u>625</u> Sq. Ft.
Distance from nearest well	<u>150</u> Ft.	<u>165</u> Ft.	Ft.
Distance from lake or stream	<u>75</u> Ft.	<u>55</u> Ft.	Ft.
Distance from occupied building	<u>15</u> Ft.	<u>15</u> Ft.	Ft.
Distance from property line	<u>70</u> Ft.	<u>40</u> Ft.	Ft.
Distance from bottom to Water Table	Ft.	<u>4</u> Ft.	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 100 feet. (Building Line)
 Land height above high water mark at building line is 4 feet
 Building setback from () State - () County - Township Highway 45 feet from the () Center Line - Right of Way
 Side yard is 10 and 10 feet. Rear yard is _____ feet.
 Building will be located 10 feet from septic tank (Sewage System Permit must be obtained before installation).
 Building will be located 10 feet from soil absorption system (Cesspool, Drainfield, etc.).

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

Dated 8-28-89
 Signature of Owner Robert Wellman

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 8-30-89
 Permit Fee \$ 65.00 State Surcharge \$ 50 Cormorant Surcharge \$ _____
 Signature of Zoning Administrator Glenn Averby

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	
		Gls.		Gls.		SF		SF		SF		SF
Capacity												
Distance from Nearest Well		F		F		F	75	F		F	50	F
Distance from Lake or Stream		F		F		F		F		F		F
Distance from Occupied Building		F	10	F		F	20	F		F	20	F
Distance from Property Line		F	10	F		F	10	F		F	10	F
Distance from Bottom to Water Table	--	F	--	F		F	4	F		F	4	F

Inspector's Comments: _____

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

Inspection
 Dated _____ 19 _____

 Inspector's Signature

 Title

 Agency

BECKER COUNTY

Building Permit No. _____ Sewage System Permit No. 12-18, 139-35

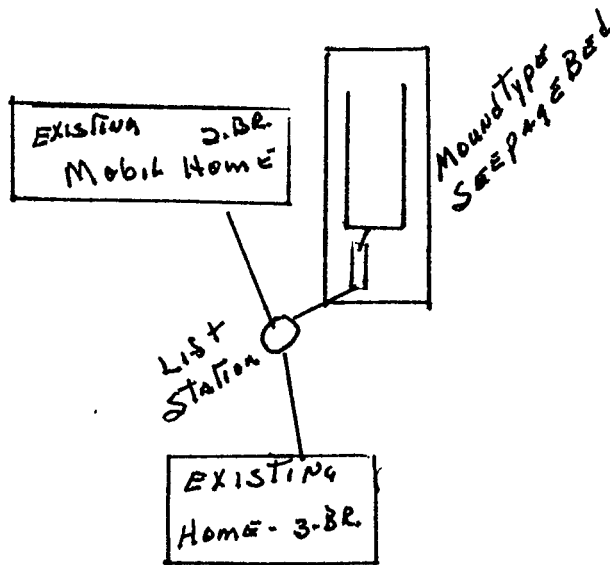
Township LAKEVIEW Sec. _____ Description _____
Village Resort & Campground

Work Authorized SEWER SYSTEM, OWNER'S HOME AND HIS SONS
Mobil Home - List Station to Mound Type Contractor _____

TYPE OF IMPROVEMENT: RESIDENTIAL PROPOSED USE: D.F. NON-RESIDENTIAL PROPOSED USE:
 New Building Alteration One Family Dwelling Specify: _____
 Other _____ Multiple Dwelling _____ Units Size: _____
 Stories _____ Basement Yes No Bedrooms 4 Bathrooms 2

Issued to: Name ROBERT D WELLMAN Ph. No. 847-8923
 Address: Rt 5 - Box 167 Town DETROIT LAKES
 State MN. Zip 56501 Fire Number _____

Sketch



HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

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

SEWAGE DISPOSAL SYSTEM DATA

Installed in 19 <u>89</u>	Septic Tank	Drain Field
Capacity	<u>1500</u> Gls.	<u>600</u> q. Ft.
Distance from nearest well	<u>75</u> Ft.	<u>05</u> Ft.
Distance from lake or stream	<u>56</u> Ft.	<u>50</u> Ft.
Distance from occupied building	<u>10</u> Ft.	<u>10</u> Ft.
Distance from property line	<u>10</u> Ft.	<u>10</u> Ft.
Distance from bottom to Water Table	Ft. <u>4</u>	Ft.
Lift Pump <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

1 Inch = _____ Feet

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE, AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED BY A FINE NOT TO EXCEED \$700.00 FOR EACH VIOLATION. NOTIFY THE BECKER COUNTY ZONING ADMINISTRATOR (847-4427) BEFORE BUILDING FOOTINGS HAVE BEEN COMPLETED. NO PART OF THE SEWAGE SYSTEM SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED AND APPROVED. NOTIFY THE ZONING ADMINISTRATOR 24 HOURS BEFORE THE JOB IS READY FOR INSPECTION.

SIGNATURE OF OWNER

Received By M. Kuehn

Date 8-30-89

Approved By Floyd Sweeney
 Becker County Zoning Administrator

BECKER COUNTY
 DETROIT LAKES, MN 56501

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 30th day of August 19 89

to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.
 Aud Lots 22 & 23 & Aud Lot 24 ex pt
 lying N of Lots 24-27 Incl of Corbetts
 3rd Addition, Village Resort & Campground

Lake No.	Sec.	Twp.	Range	Twp. Name
	20	138	41	Lake View
Capacity			Septic Tank	Seepage Bed Mound-type
Distance from Nearest Well			1500 gls	625 Sf
Distance from Stream			150 ft	165 ft
Distance from Occupied Building			75 ft	55 ft
Distance from Property Line			15 ft	15 ft
Distance from Bottom to Water Table			+10 ft	+10 ft
				+4 ft

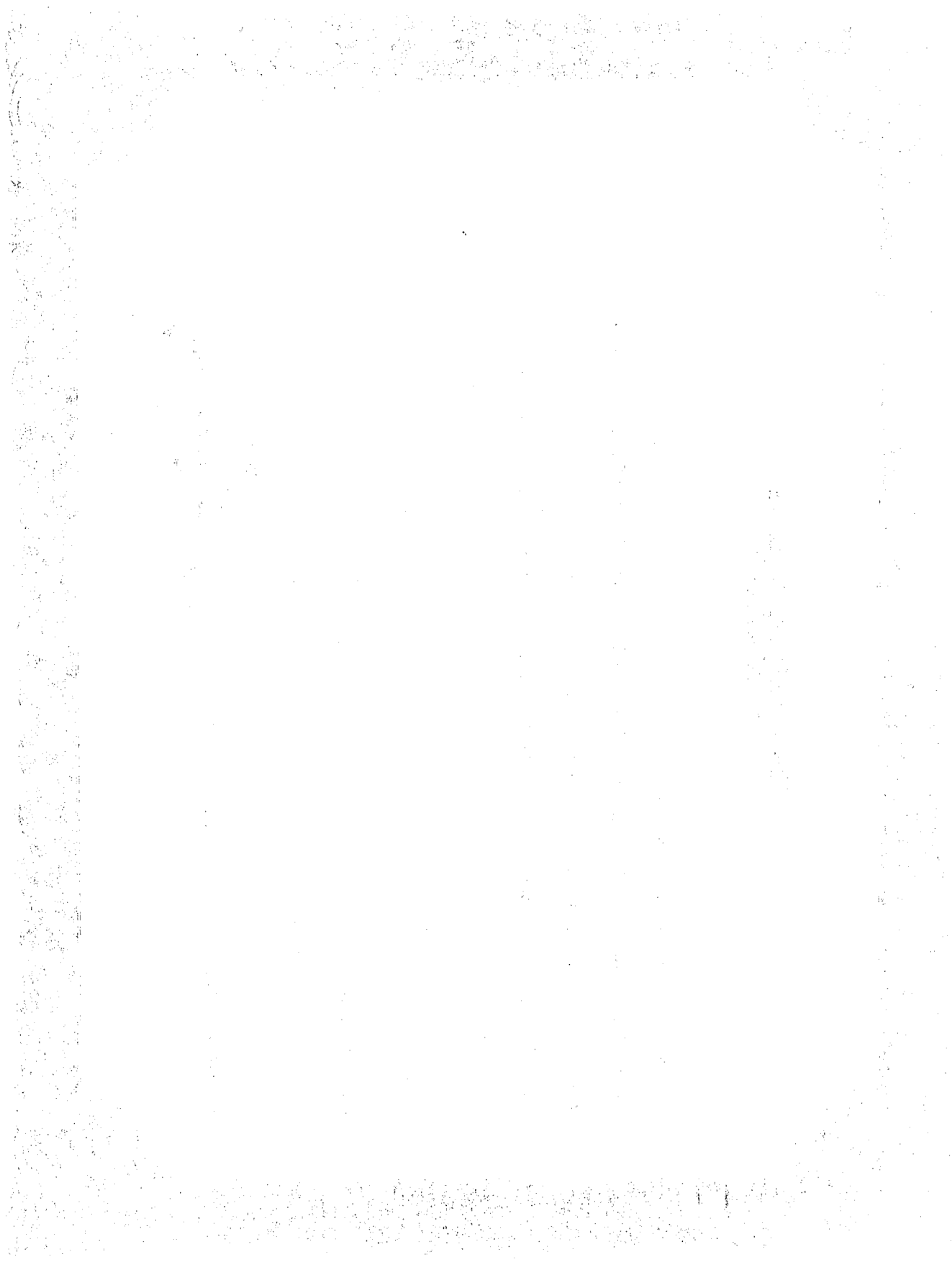
Owner: Name Robert D. Wellman

Address Rt. 5 Box 167 Detroit Lakes, MN

Zip No. 56501

Permit No. SP 12718, 139-35
 20 yds Rock

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



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

Mound type SEEPAGE BED

CATEGORY	SEPTIC TANK				SEEPAGE-PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1500	Gls.		Gls.	625	SF		SF		SF		SF
Distance from Nearest Well	150	F		F	165	F	75	F		F	50	F
Distance from lake or Stream	75	F		F	55	F		F		F		F
Distance from Occupied Building	15	F	10	F	15	F	20	F		F	20	F
Distance from Property Line	+10	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

Inspector's Comments: Mound type Bed. - L.S.T station from House's
to SEPTIC TANK. Double compartment SEPTIC TANK
FOR SETTING OF PUMP ACTION, 20 yds ROCK (STENGER INSTALLER)

INTERPRETATION OF ABBREVIATIONS

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

Mark Kuehn
 Inspector's Signature

 Title

Inspection Dated 8.30 19 89

 Agency

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

2784

LEGAL DESCRIPTION AND LOCATION	Village of _____ Rt 5 Box 10 _____						FIRE NUMBER _____
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

IDENTIFICATION: Please Print All Information

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

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

ESTIMATED COST OF IMPROVEMENT \$ PRINCIPAL TYPE OF FRAME & BUILDING <input type="checkbox"/> Masonry <input type="checkbox"/> New Home <input type="checkbox"/> Wood Frame <input type="checkbox"/> Garage <input type="checkbox"/> Structural Steel <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other — Specify _____ Year _____ Type of Roof: <input type="checkbox"/> Cottage <input type="checkbox"/> Septic System <input type="checkbox"/> Other _____	TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input type="checkbox"/> Individual Well Type _____ Depth _____ MECHANICAL EQUIPMENT : Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	CONSTRUCTION STARTING DATE: _____ DIMENSIONS: Basement: <input type="checkbox"/> Yes <input 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: _____
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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.

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 setback from () State - () County - () Township Highway _____ feet from the () Center Line - () Right of Way

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 2-28-89 _____
 Signature of Owner _____

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

Dated _____
 Permit Fee \$ 65.00 State Surcharge \$ _____
 Becker County Zoning Administrator
 Cormorant Surcharge \$ _____

Comments: _____

BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

DESIGN PAD

Subject

Name

Address

Town

36 1/4 North, Install Sewer System # 1

Village Resort

RRS

Detroit Lakes State MN Zip 56501 Date 6-26-84

Location or Legal Description Corbetts Third Addition, lots 28 and 29, Auditors lots 22, 23, and Auditors lot 24 less parts lying North of lots 24-27, incl. of Corbetts Third Addition, section 20 Township 138, Range 41, Lake View Township

Remarks:

All tanks will have 6 in stand pipes man holes and baffles.

the septic tanks will be 1250 gallons each.

% Stenger Excavating Star Route Box 285A Detroit Lakes, MN 56501

TOTAL NUMBER OF PEOPLE 26

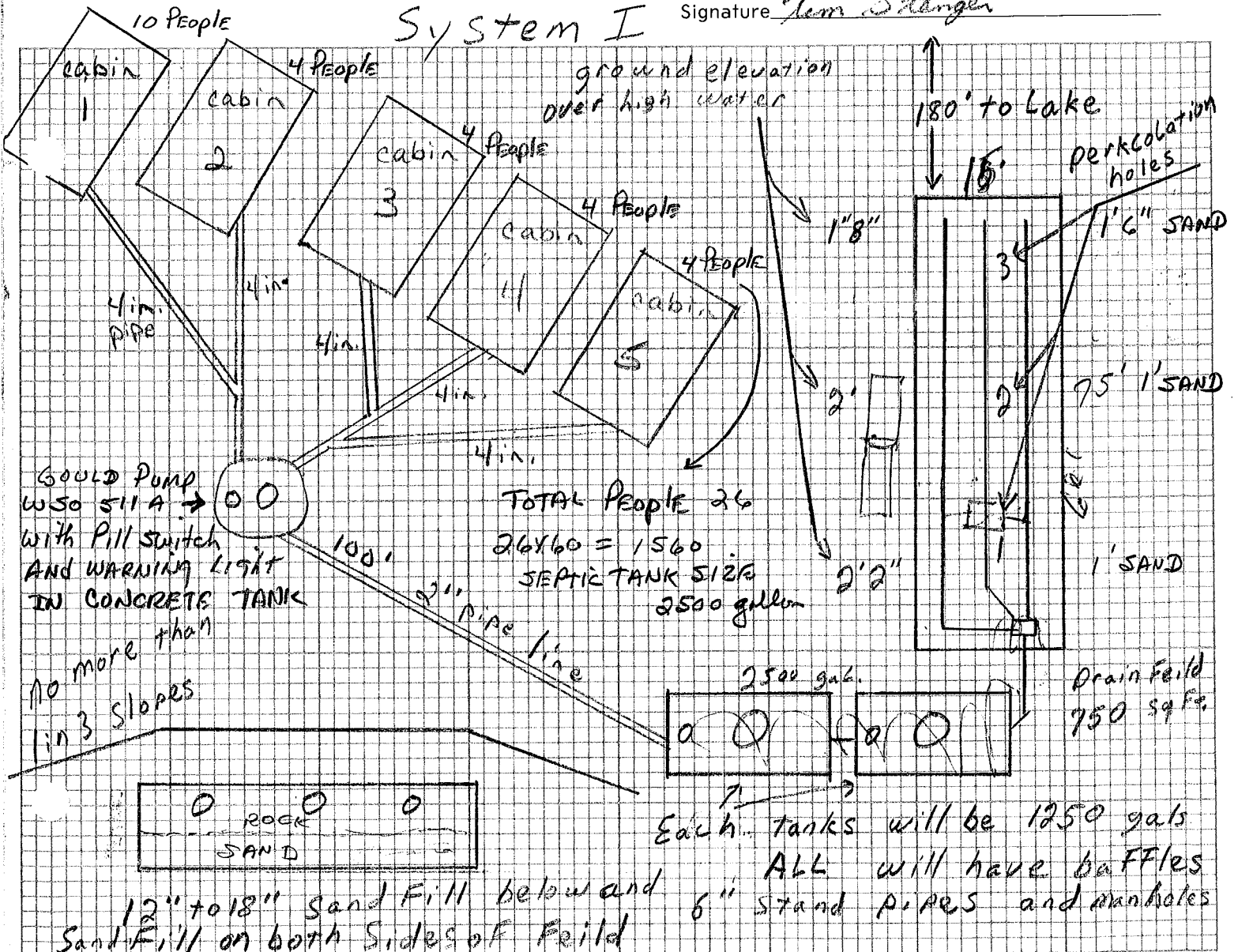
SYSTEM FOR SEASONAL CABINS # 1-5

100 FEET TO WELL

System I

Signature

Tom Stenger



Gould Pump W50 511A with pill switch AND WARNING LIGHT IN CONCRETE TANK

No more than 1 in 3 slopes

TOTAL PEOPLE 26
26 x 60 = 1560
SEPTIC TANK SIZE 2500 gallon

2500 gal. tanks

Drain Field 750 sq. ft.

12" to 18" sand fill below and Sand fill on both sides of field

Each tanks will be 1250 gals ALL will have baffles 6" stand pipes and manholes

PERCOLATION TEST DATA SHEET

Test hole location CABINS 1-5, HOR Hole number #1
 Date test hole was prepared 6-26-84, Depth of hole bottom, 8" inches.
 Diameter of hole, 8" inches.

Soil data from test hole:

Depth, inches	Soil texture
<u>7"</u>	<u>BLACK DIRT</u>
<u>1"</u>	<u>SAND</u>

Method of scratching sidewall POST Hole DIGGER
 Depth of pea-sized gravel in bottom of hole, NONE inches.
 Date and hour of initial water filling 3:33 P.M.
 Depth of initial water filling, 8" inches above hole bottom.
 Method used to maintain at least 12 inches of water depth in hole for at least 4 hours

Percolation test readings made by Robert Wellman on 6-28-84 starting at 3.33 ^{a.m.} _{p.m.} Maximum water depth above hole bottom during test, 8 inches.

Time	Time Interval, Minutes	Measurement, inches	Drop in water level, inches	Percolation rate, minutes per inch	Remarks
<u>1:30</u>		<u>8</u>			
<u>3:33</u>					
<u>3:35</u>	<u>2</u>	<u>7 1/8</u>	<u>7/8</u>		
<u>3:41</u>	<u>6</u>	<u>5 3/4</u>	<u>2 1/4</u>		
<u>3:45</u>	<u>4</u>	<u>4 3/8</u>	<u>3 5/8</u>		
<u>3:51</u>	<u>6</u>	<u>3</u>	<u>5</u>		

Percolation rate = _____ minutes per inch.

PERCOLATION TEST DATA SHEET

Test hole location CABINS #1-5 Hole number #2
 Date test hole was prepared 6-26-84, Depth of hole bottom, 8" inches.
 Diameter of hole, 8" inches.

Soil data from test hole:

Depth, inches	Soil texture
<u>8"</u>	<u>BLACK BIRT</u>

Method of scratching sidewall Past Hole digger

Depth of pea-sized gravel in bottom of hole, none inches.

Date and hour of initial water filling 3:33 PM 6-26-84

Depth of initial water filling, 8" inches above hole bottom.

Method used to maintain at least 12 inches of water depth in hole for at least 4 hours

Percolation test readings made by Robert Wellman on 6-26-84 starting at 3:33 a.m. Maximum water depth above hole bottom during test, 8 inches.

Time	Time Interval, Minutes	Measurement, inches	Drop in water level, inches	Percolation rate, minutes per inch	Remarks
3:33		<u>8"</u>			
<u>3:33</u>		<u>8"</u>			
<u>3:40</u>	<u>7'</u>	<u>7'</u>	<u>1"</u>		
<u>3:45</u>	<u>5</u>	<u>5 7/8</u>	<u>2 1/8"</u>		
<u>4:07</u>	<u>22</u>	<u>3 15/16</u>	<u>4 1/16</u>		

Percolation rate = _____ minutes per inch.

NOTE: Hole #2 was the lowest spot of the three holes tested for CABINS #1-5.

PERCOLATION TEST DATA SHEET

Test hole location CABINS 8, 9, 10, 11 Hole number #1
 Date test hole was prepared 6-26-84, Depth of hole bottom, 8 inches.
 Diameter of hole, 8 inches.

Soil data from test hole:

Depth, inches	Soil texture
<u>8"</u>	<u>Black Dirt</u>
_____	_____
_____	_____
_____	_____

Method of scratching sidewall Post hole

Depth of pea-sized gravel in bottom of hole, NONE inches.

Date and hour of initial water filling 6-26-84 4:35

Depth of initial water filling, 8 inches above hole bottom.

Method used to maintain at least 12 inches of water depth in hole for at least 4 hours _____

Percolation test readings made by Robert Wellman on 6-26-84 starting at 4:35 ^{a.m.} ~~p.m.~~ Maximum water depth above hole bottom during test, 8 inches.

Time	Time Interval, Minutes	Measurement, inches	Drop in water level, inches	Percolation rate, minutes per inch	Remarks
<u>4:35</u>	<u>-</u>	<u>8"</u>	<u>-</u>		
<u>4:40</u>	<u>5</u>	<u>5 1/8</u>	<u>2 7/8"</u>		
<u>4:45</u>	<u>5</u>	<u>4</u>	<u>4"</u>		
<u>4:50</u>	<u>5</u>	<u>3 3/16</u>	<u>4 3/16</u>		
<u>4:55</u>	<u>5</u>	<u>2 7/8</u>	<u>5 1/8</u>		
		<u>1 15/16</u>	<u>6 1/16</u>		

Percolation rate = _____ minutes per inch.

PERCOLATION TEST DATA SHEET

Test hole location CABINS 8, 9, 10, 11 Hole number #12
 Date test hole was prepared 6-26-84, Depth of hole bottom, 8 inches.
 Diameter of hole, 8 inches.

Soil data from test hole:

Depth, inches	Soil texture
<u>8"</u>	<u>Black dirt</u>
_____	_____
_____	_____
_____	_____

Method of scratching sidewall Part hole

Depth of pea-sized gravel in bottom of hole, NONE inches.

Date and hour of initial water filling 6-26-84 4:25

Depth of initial water filling, 8 inches above hole bottom.

Method used to maintain at least 12 inches of water depth in hole for at least 4 hours _____

Percolation test readings made by Robert Wellman on 6-26-84 starting at 4:35 ^{a.m.} _{p.m.}. Maximum water depth above hole bottom during test, 8 inches.

Time	Time Interval, Minutes	Measurement, inches	Drop in water level, inches	Percolation rate, minutes per inch	Remarks
1:30					
4:35		<u>8"</u>	<u>-</u>		
4:40	<u>5</u>	<u>6 1/4</u>	<u>1 3/4</u>		
4:46	<u>6</u>	<u>4 7/8</u>	<u>3 1/8</u>		
4:51	<u>5</u>	<u>3 7/8</u>	<u>4 1/8</u>		
4:55	<u>4</u>	<u>3 1/16</u>	<u>4 13/16</u>		
5:00	<u>5</u>	<u>2 1/2</u>	<u>5 1/2</u>		

Percolation rate = _____ minutes per inch.

PERCOLATION TEST DATA SHEET

Test hole location CABINS #8, 9, 10, 11 Hole number #3
 Date test hole was prepared 6-26-84, Depth of hole bottom, 8 inches.
 Diameter of hole, 8 inches.

Soil data from test hole:

Depth, inches	Soil texture
<u>7 3/4</u>	<u>Black Dirt</u>
<u>1/4</u>	<u>SAND</u>

Method of scratching sidewall Test hole

Depth of pea-sized gravel in bottom of hole, _____ inches.

Date and hour of initial water filling 6/26-84

Depth of initial water filling, 8" inches above hole bottom.

Method used to maintain at least 12 inches of water depth in hole for at least 4 hours _____

Percolation test readings made by Robert Wellman on 6-26-84 starting at 4:35 a.m. Maximum water depth above hole bottom during test, 8 inches. p.m.

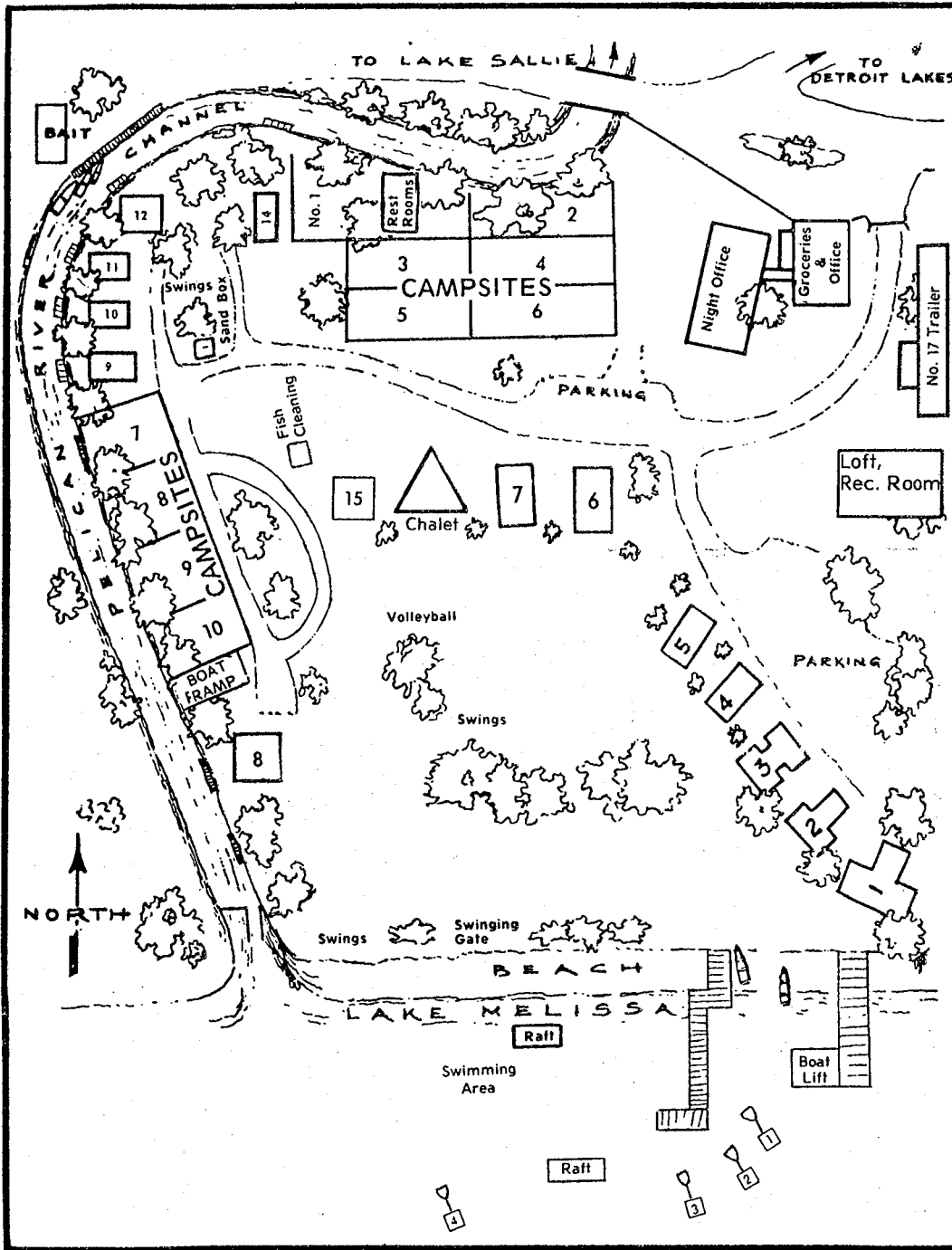
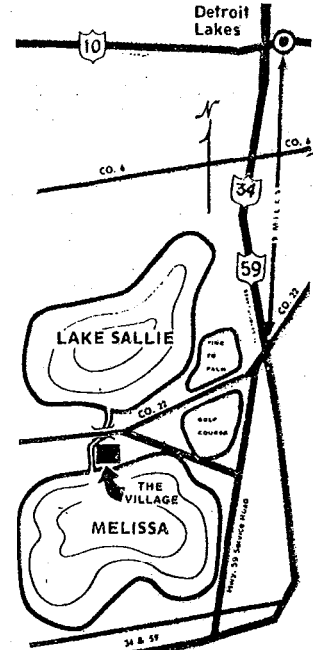
Time	Time Interval, Minutes	Measurement, inches	Drop in water level, inches	Percolation rate, minutes per inch	Remarks
<u>1:30</u>		<u>1</u>			
<u>4:35</u>		<u>8"</u>			
<u>4:40</u>	<u>5</u>	<u>5 7/8"</u>	<u>2 1/8"</u>		
<u>4:45</u>	<u>5</u>	<u>4"</u>	<u>4"</u>		
<u>4:50</u>	<u>5</u>	<u>3 3/4</u>	<u>4 1/4"</u>		
<u>4:55</u>	<u>5</u>	<u>2 1/8</u>	<u>5 1/8</u>		

Percolation rate = _____ minutes per inch.



The Village

FAMILY RESORT
RR 5, Box 167
Detroit Lakes, MN 56501



- Tackle
- Recreation Room
- Beautiful Beach
- Swimming
- Diving Raft
- Sun-bathing
- Swings
- Playhouse
- Swing Gate
- Volleyball Equip.
- Horseshoes
- Boating
- Boat Lift
- Fishing
- Fish Cleaning House
- Groceries
- *****
- Picnic Tables
- Barbeque Grills
- Sport Equipment
- Cribs & High Chairs
- *****

- OTHER ATTRACTIONS NEAR BY**
- Beautiful 36-hole Grass Green Golf Course
 - Tennis Courts
 - Driving Range
 - Airplane Rides
 - Supper Clubs
 - Horseback Riding
 - Fort Detroit Museum
 - Tamarac Wildlife Refuge
 - Itasca State Park

DESIGN PAD

BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

Subject

Install Sewer System #II

Name

The Village Resort

Address

RR 5

Town

Detroit Lakes State MN Zip 56501 Date 6-6-84

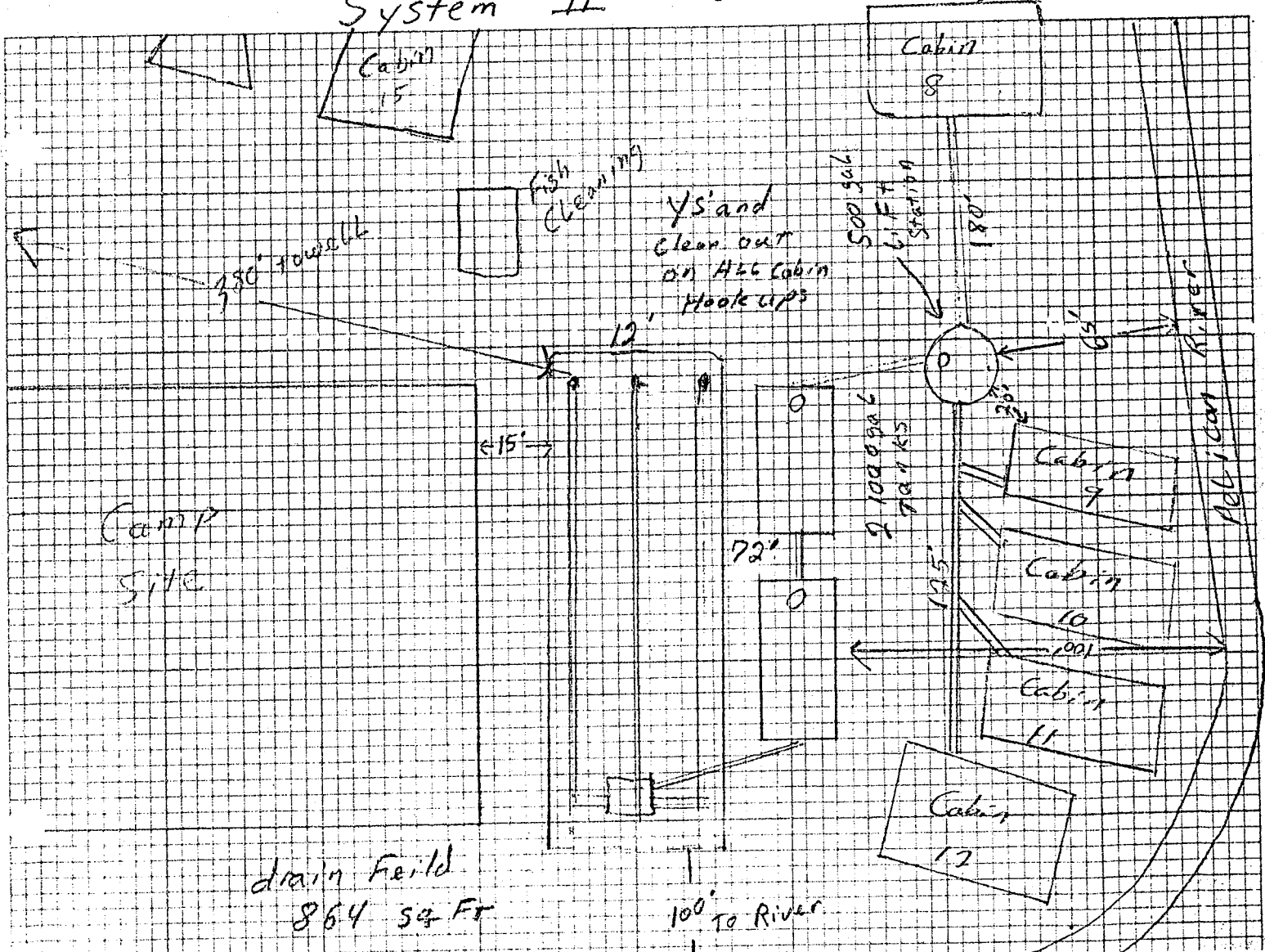
Location or Legal Description Corbetts Third Addition, Lots 28 and 29;
Auditors Lots 22, 23 and Auditors Lot 24 less part lying North
of Lots 24-27 incl of Corbetts Third Addition, Section 20
Township 138, Range 41, Lake View Township

Remarks:

Pipe - 4 inch PVC carlon 13364 A *D3034 D3033
Pipe - 2 inch Duraflo 1500 psi Astm D2239
Pump tank - 500gal 6' around 3' high Mark Stenger - Vergas
Septic tanks - 1000gal. 5'6" wide 10'6" long 4'9" high Schoenborn Boos,
Mahnmen
Pump Gould W50511 A 2in out let
There will be a warning device at the lift station with a
stand by pump. 6 inch vent pipes will be put on all tanks.

System II

Signature Tom Stenger



DESIGN PAD

BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

Subject

Install Sewer System #II

Name

The Village Resort

Address

RR 5

Town

Detroit Lakes State MN Zip 56501 Date 6-6-84

Location or Legal Description Corbetts Third Addition, Lots 28 and 29;
Auditors lots 22, 23 and Auditors lot 24 less Part lying North
of lots 24-27 incl of Corbetts Third Addition, Section 20,
Township 138, Range 41, Lake View Township

Remarks:

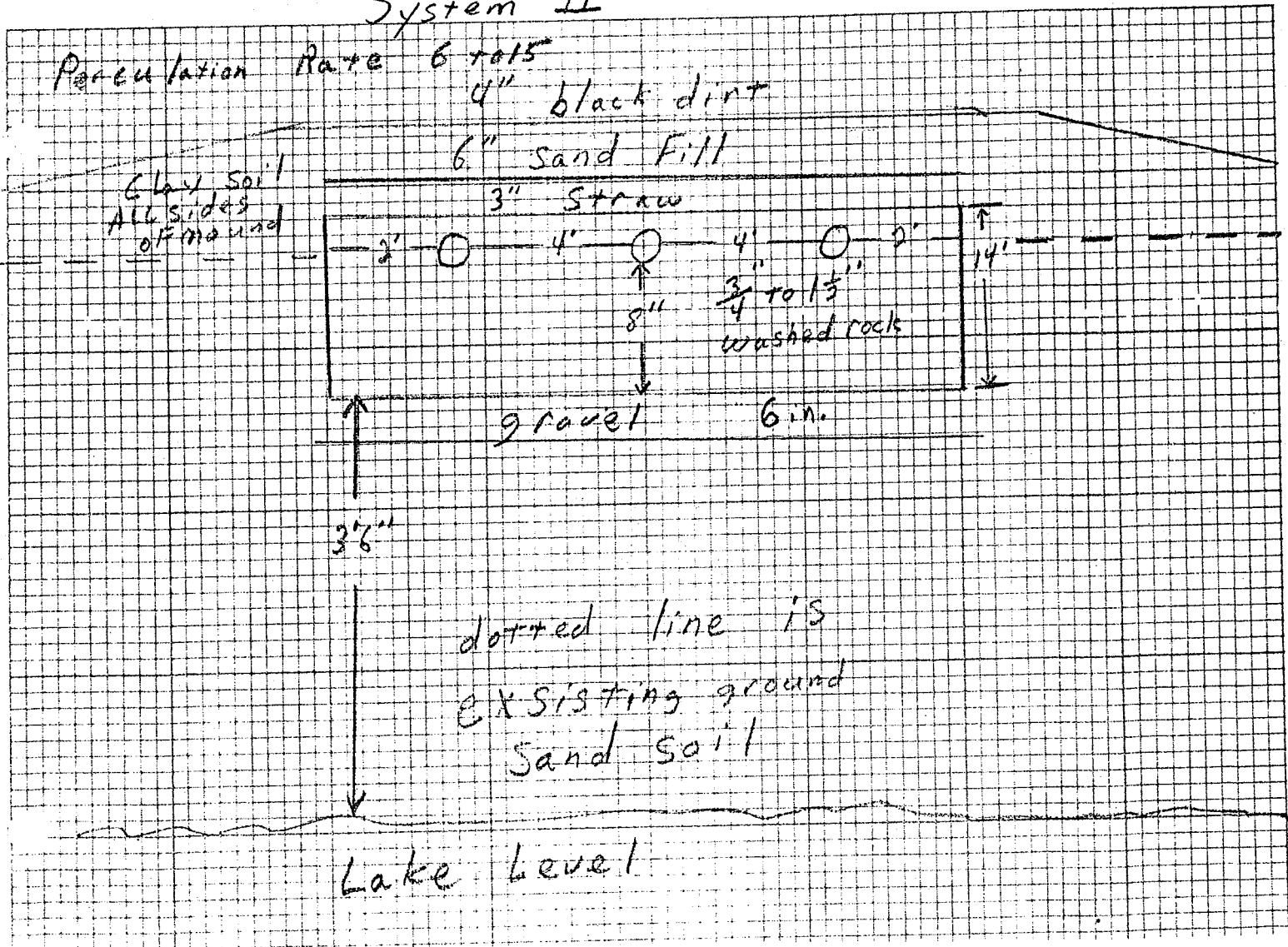
Distribution box 12" x 36" x 12 deep
Rock $\frac{3}{4}$ " to $1\frac{1}{2}$ " washed rock 30 yds Ernest C. Anderson D.L.
Pipe per F. 4in PVC carlon 43215 02029 1500 crush

Schoenborn Bros.
Mahnomon

The distribution box will be vented and there will be
stand pipes on the end of the field, the drain field will
be 864 sq. ft. It will be 3' 6" above lake level
with 6" of gravel under it.

Signature Tim Stangen

System II



DESIGN PAD

BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

Subject Install Sewer System # 1
Name The Village Resort
Address RR5
Town Detroit Lakes State MN Zip 56501 Date 6-6-84

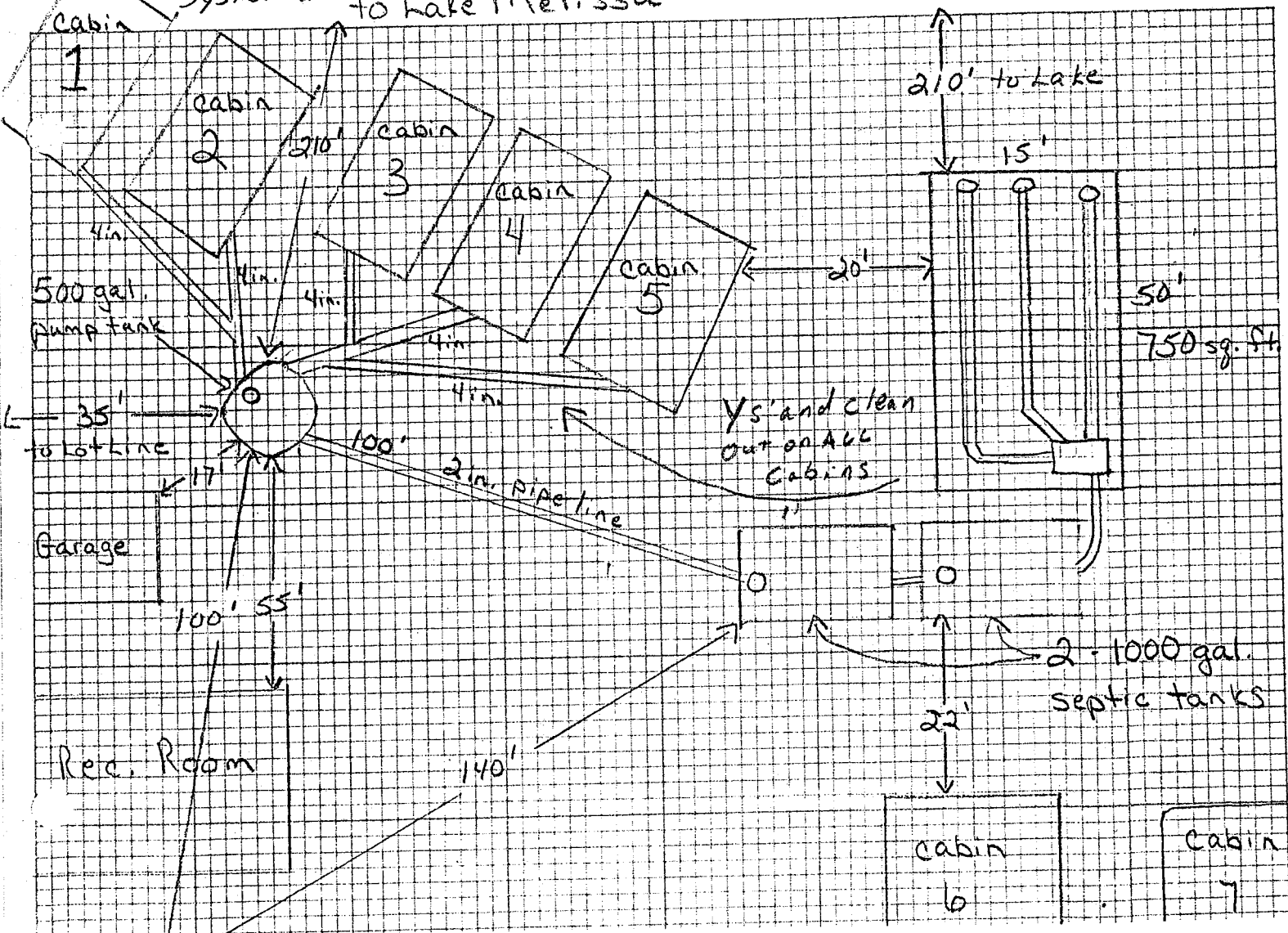
Location or Legal Description Corbetts Third Addition, Lots 28 and 29;
Auditors lots 22, 23 and Auditors lot 24 less part lying North
of lots 24-27 Incl. of Corbetts Third Addition, Section 20,
Township 138, Range 41, Lake View Township

Remarks:

- Pipe - 4 inch PVC Carlon 13364 A D3034 D3033
 - Pipe - 2 inch Duraflo 1500 psi ASTM D2239
 - Pump tank - 500 gal. 6' around 3' high tank - Mark Stenger-Verge
 - Septic tanks - 1000 gal. 5'6" wide 10'6" long 4'9" high tanks - Schoenborn Bros
 - Pump Gould W50511 A 2 in outlet Phil Swick with lift
- There will be a warning ^{W50511A} device at the lift station with a stand by pump. 6 inch vent pipes will be put on all tanks.

Signature Tim Stenger

System I to lake Melissa



BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

Subject

Install Sewer System # 1

Name

The Village Resort

Address

RR 5

Town

Detroit Lakes

State

MN

Zip 56501

Date

6-6-84

Location or Legal Description Corbetts Third Addition, Lots 28 and 29; Auditors lots 22, 23 and Auditors lot 24 less part lying North of lots 24-27 incl of Corbetts Third Addition, Section 20, Township 138, Range 41, Lake View Township

Remarks:

Distribution box 12" x 36" x 12" deep Mahanomen box Rock 3/4" to 1 1/2" washed rock 25 yds. Ernest C. Anderson D.L. Pipe per F. 4in PVC Carlon 43215 D 2729 1500 crush The distribution box will be vented and there will be stand pipes on the end of the Field. The drain Field will be 750 Sq. Ft. and there will be one Foot of gravel under it. It will be 3' 6" above lake level.

System I

Signature Tim Stenger

