



Minnesota Pollution Control Agency

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

RECEIVED
JUL 29 2010
ZONING



191320000

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (ESSTs)

Parcel number: 191337000

BACK LOT

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

For Local Tracking Purposes:

191337000

Summary Form

Property Information

Property owner name(s): Al Johnson
 Property address: 11693 Fern Beach Rd.
 Property owner's address (if different): Box 519 Casselton ND 58012
 County: Becker Property owner phone: _____ Permitting authority: Zoning
 Date system constructed: _____ Reason for inspection: County Request

System Description

Brief system description: 1000 gal low profile tank 300 sq ft seepage bed
 Local permit number: _____ Number of bedrooms: _____ Design flow rate: _____

Is the system:

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

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

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

Certificate of Compliance - valid until (3 years from date of report): 8-21-12

Notice of Noncompliance - For Noncompliant systems:

The reason for noncompliance is: _____

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

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: Rick Renner Certification number: _____

Business license name and number: Renner Excavating 2567 or

Name of local unit of government: Becker County Zoning

Signature: Rick Renner Date: 8-21-09

Required Attachments

Inspector Completes: This inspection Report is _____ pages long.

Check compliance forms attached: Hydraulic Performance Tank Integrity Soil Separation Operating Permit Form (if applicable) System drawing/As-built drawing An assessment of any local requirements that are different from what is required on this form Soil Boring Logs Abandonment form (if appropriate) Other information (list): _____

Upgrade Requirements (derived from Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, repaired, or its use discontinued within the time required by local ordinance. If an existing system is not failing as required by 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.

191337000

Parcel number: _____

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

Hydraulic Performance and Other Compliance

Compliance Issue #1 of 4

Date of observation: 8-21-09 Reason for observation: County Request

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

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

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

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

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

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

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

Certification

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

Property owner name(s): Al Johnson

Property address: 11693 Sun Beach Rd

Property owner's address (if different): _____

County: Becker Phone: _____

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

Name: Rick Renner Certification number: _____

Business license name and number: Renner Excavating 2567 or _____

Name of local unit of government: Becker County Zoning

Signature: Rick Renner Date: 8-21-09

number: _____

191337000

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

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: 8-21-09 Reason for observation: County Request

This form expires on (three years): 8-21-12

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

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

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

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

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

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

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

Safety Check

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

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

Certification

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

Property owner name(s): Al Johnson
Property address: 11693 Fern Beach Rd
Property owner's address (if different): Box 519 Casselton ND 58012
County: Becker Phone: _____

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

Name: Rick Renner Certification number: _____
Business license name and number: Renner Excavating 2567
Name of local unit of government: Becker County Zoning
Signature: Rick Renner Date: 8-21-09

191337000

Parcel number:

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

Soil Separation Compliance and Other Compliance

Compliance Issue #3 of 4

Date of observation: 8-21-09 Reason for observation: County Request
This information on this form does not expire.

Compliance question/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: _____

Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?

Yes No

For non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage or lodging establishment:

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

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):

Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*

Yes No

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

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

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

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

Certification

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Property address: 11693 Fern Beach Rd

Property owner's address (if different): Box 519 Casselton ND 58012

County: Becker Phone: _____

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Name: Rick Renner Certification number: _____

Business license name and number: Renner Excavating 2567 or

Name of local unit of government: Becker County Zoning

Signature: Rick Renner Date: 8-21-09



Minnesota Pollution Control Agency

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

RECEIVED
AUG 27 2009
Existing Subsurface Sewage Treatment Systems (SSTS)
ZONING

Compliance Inspection Form

Lake side

Parcel number: 191320000

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

For Local Tracking Purposes:

Summary Form

Property Information

Property owner name(s): Al Johnson
Property address: 11693 Fern Beach Rd.
Property owner's address (if different): Box 519 Casselton ND. 58012
County: Becker Property owner phone: _____ Permitting authority: Zoning
Date system constructed: _____ Reason for inspection: County Request

System Description

Brief system description: 1000 gal low prow tank 300 sq ft seepage bed.
Local permit number: _____ Number of bedrooms: _____ Design flow rate: _____

Is the system:

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

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

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

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Name: Rick Renner Certification number: _____
Business license name and number: Renner Excavating 2567 or
Name of local unit of government: Becker County Zoning
Signature: Rick Renner Date: 8-21-09

Required Attachments

Inspector Complete: This Inspection Report is _____ pages long.

Check compliance forms attached: Hydraulic Performance Tank Integrity Soil Separation Operating Permit Form (if applicable) System drawing/As-built drawing An assessment of any local requirements that are different from what is required on this form Soil Boring Logs Abandonment form (if appropriate) Other information (list): _____

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Parcel number: 191320000

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

Hydraulic Performance and Other Compliance

Compliance Issue #1 of 4

Date of observation: 8-21-09 Reason for observation: County Request

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

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

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

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- Searched for seeping in yard
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Property owner name(s): Al Johnson

Property address: 11693 Burn Beach Rd

Property owner's address (if different): _____

County: Becker Phone: _____

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

Name: Rick Renner Certification number: _____

Business license name and number: Renner Excavating 2567 or _____

Name of local unit of government: Becker County Zoning

Signature: Rick Renner Date: 8-21-09

Parcel number: 191 320 000

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

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: 8-21-09 Reason for observation: County Request

This form expires on (three years): 8-21-12

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

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

If yes, identify which sewage tank leaks. _____

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

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

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

- Probed tank bottom
- Observed low liquid level
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- Probed outside tank for "black soil"
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- Other: _____

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Safety Check

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

Explain: _____

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

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Property owner name(s): Al Johnson

Property address: 11693 Fern Beach Rd

Property owner's address (if different): Box 519 Casselton ND 58012

County: Becker Phone: _____

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

Name: Rick Renner Certification number: _____

Business license name and number: Renner Excavating 2567 or

Name of local unit of government: Becker County Zoning

Signature: Chuck Renner Date: 8-21-09

Parcel number: 191320000

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

Soil Separation Compliance and Other Compliance

Compliance Issue #3 of 4

Date of observation: 8-21-09 Reason for observation: County Request

This information on this form does not expire.

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

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

For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:

Conducted soil observation(s) (attach boring logs)

Two previous verifications (attach boring logs)

Other: _____

Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?

Yes No

For non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage or lodging establishment:

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

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):

Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*

Yes No

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

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Property address: 11693 Fern Beach Rd

Property owner's address (if different): Box 519 Casselton ND 58012

County: Becker Phone: _____

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

Name: Rick Renner Certification number: _____

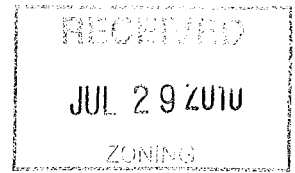
Business license name and number: Renner Excavating 2567 or

Name of local unit of government: Becker County Zoning

Signature: Rick Renner Date: 8-21-09

Renner Excavating, LLC

14306 Co Hwy 11
Audubon, MN 56511
218-439-3514



July 27, 2010

Property owner - Al Johnson
Property address - 11693 Fern Beach Rd
Owners address - Box 519 Casselton, ND 58012

Parcel # 191320000 has no septic system on it - the system is on parcel # 191337000.

Rick Renner

A handwritten signature in cursive script that reads "Rick Renner".

Renner Excavating, LLC
License # - 2567

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION
 Fairview Add. Lot 11 — Fern Beach
 First Add. Lot 8 — Fern Park
 475 Melissa HD 30 (38 4) Lake View
 Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name

IDENTIFICATION: Please Print All Information
 Owner: Johnson, Albert Curtis
 Mailing Address: Box 519 Casselton, ND
 Contractor: _____

TYPE OF IMPROVEMENT:
 New Building Alteration
 Other: Sewer Sep.
 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 Roof: _____
 TYPE OF SEWAGE DISPOSAL:
 Public Individual Septic Tank, etc.
 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 3 Baths _____
 HEATING:
 Electric Gas Oil
 Coal None
 Other: _____

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity: <u>Plumb</u>	1000 Gls.	375 Sq. Ft.	Sq. Ft.
Distance from nearest well: <u>Green's</u>	+75 Ft.	+75 Ft.	Ft.
Distance from lake or stream	+50 Ft.	+50 Ft.	Ft.
Distance from occupied building	+10 Ft.	+10 Ft.	Ft.
Distance from property line: <u>(2) lift station</u>	+10 Ft.	+10 Ft.	Ft.
Distance from bottom to water table: <u>ground type</u>	Ft.	+7 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 3 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 +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 8-1-86
 Signature of Owner: Booby Green

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 8-29-86
 Permit Fee \$ 40. State Surcharge \$.50

 Mark Kuehne asst.
 Becker County Zoning Administrator

Comments: (2) lifts 20.00
(1) tank field 20.00
\$40.00

10935

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	SF
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

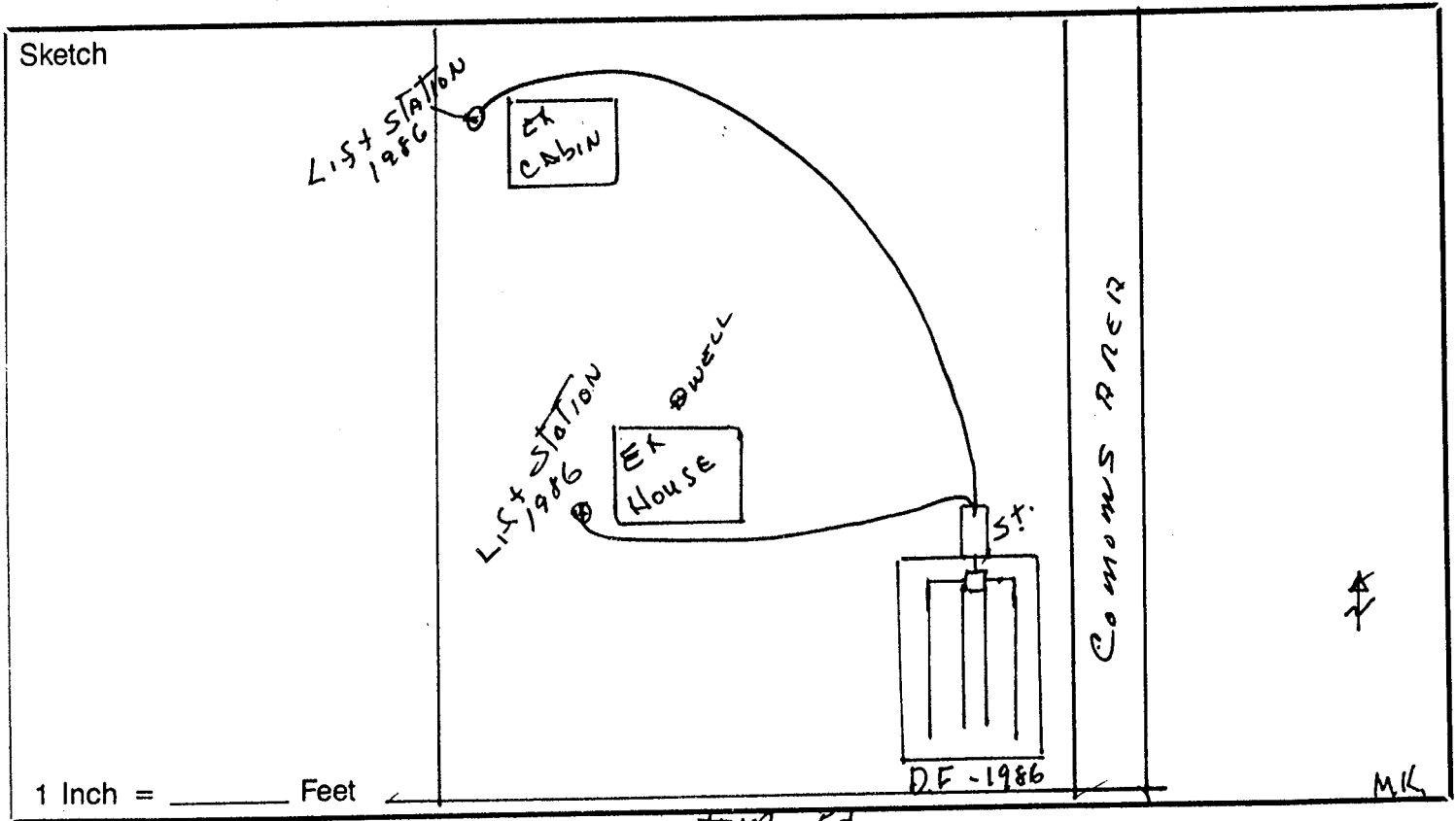
Permit Number 12-14,974-35 Date 8-1-86

Building _____ Sewage System 1000g's
375 SF.

Township Lakeview Sec. 30 Description T138NR41W.
Fourth Add Lot 11 - Fern Beach.
First Add. Lot 18 - Fern Park.

Work Authorized 2 Lift Stations - Mound Type.
1000 Septic Tank 375 Seepage Bed.

Issued to: Name AL Curtis Johnson
Address: Box 519 Town Casselton
State ND Zip _____



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.

Mark Kuehn asst.
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this _____ day of _____ 19____,
to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as:

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

Owner: Name _____

Address _____

Zip No. _____

Permit No. SP _____

Signed by: _____
Zoning Administrator
Becker County, Minnesota



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 - Bed

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD		
	Actual		Should be		Actual		Should be		Actual	Should be	
Capacity	1250	Gls.		Gls.	400	SF		SF		SF	
Distance from Nearest Well	50	F		F	60	F	75	F		50	F
Distance from Lake or Stream	200	F		F	225	F		F			F
Distance from Occupied Building	30	F	10	F	40	F	20	F		20	F
Distance from Property Line	+10	F	10	F	+10	F	10	F		10	F
Distance from Bottom to Water Table	--	F	--	F	4	F	4	F		4	F

Inspector's Comments: *2. Houses on this system - Summers Cabins Only - 15 yds Rock - Railroad ties around Bed with plastic on side - Green's plumbing installer*

INTERPRETATION OF ABBREVIATIONS

Gls — Gallons
 SF — Square Feet
 F — Linear Feet

Mark Kuehn
 Inspector's Signature

Title

Inspection Dated *8-8* 19 *86*

Agency

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

10935

LEGAL DESCRIPTION AND LOCATION
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.
Owner _____
Contractor Name _____

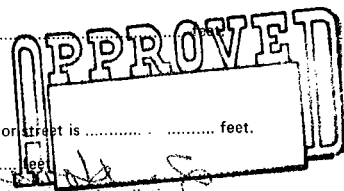
TYPE OF IMPROVEMENT: () New Building () Alteration () One Family Dwelling () Multiple Dwelling _____ Units
Other _____
NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____

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. () Public () 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	000	0250 Gls.	70 Sq. Ft.	Sq. Ft.
Distance from nearest well	00	02 Ft.	Ft.	Ft.
Distance from lake or stream	250	Ft.	Ft.	Ft.
Distance from occupied building	250	000 Ft.	Ft.	Ft.
Distance from property line	04	05 Ft.	Ft.	Ft.
Distance from bottom to Water Table	01	01 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 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 8-1-04 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 8-29-06 Permit Fee \$ 40. State Surcharge \$ _____
Becker County Zoning Administrator _____

Comments: _____