191416000

'00 9-24-19

Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

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:

SCANNED

System Status

System status on date (mm/dd/yyyy): 9/23/2019

☒ **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: 191416000

Property address: 24608 Cty Hwy 22, Detroit Lakes, MN 56501
Reason for inspection: Owner Request

Property owner: Scott Kjos
Owner's phone:

or

Owner's representative:
Representative phone:

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

Brief system description: Main House= 1000 gal. tank to 1500/2 comp tank with lift to graveless pipe drainfield 200' plus Guest House= 1000 gal. tank, gravity flow to 375 sq.ft. seepage bed drainfield.

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: Phil Stoll
Certification number: 7526

Business name: Stoll Inspections
License number: 2982

Inspector signature: Phil Stoll
Phone number: 218-839-1849

Necessary or Locally Required Attachments

☒ Soil boring logs ☐ System/As-built drawing ☒ Forms per local ordinance

☐ Other information (list):

Property address: 24608 Cty Hwy 22, Detroit Lakes, MN 56501 Inspector initials/Date: PJS | 9/23/2019 (mm/dd/yyyy)

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

Compliance criteria:	
System discharges sewage to the ground surface.	☐ Yes ☒ No
System discharges sewage to drain tile or surface waters.	☐ Yes ☒ No
System causes sewage backup into dwelling or establishment.	☐ Yes ☒ 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. *Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.*	☐ Yes ☒ No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	☐ Yes ☒ 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: 24608 Cty Hwy 22, Detroit Lakes, MN 56501 Inspector initials/Date: PJS | 9/23/2019 (mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____ (mm/dd/yyyy) ☐ Unknown

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.	☐ Yes ☐ 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.*	☒ Yes ☐ 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.	☐ Yes ☐ No

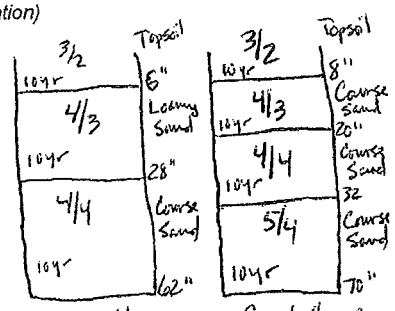
Any "no" answer above indicates the system is failing to protect groundwater.

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	Main House	Guest House
A. Bottom of distribution media	24"	26"
B. Periodically saturated soil/bedrock	>60"	>62"
C. System separation	>36"	>36"
D. Required compliance separation*	36"	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: _____ Have the Operating Permit requirements been met?	☐ Yes ☐ No
b. Is the required nitrogen BMP in place and properly functioning?	☐ Yes ☐ No

Any "no" answer indicates Noncompliance.

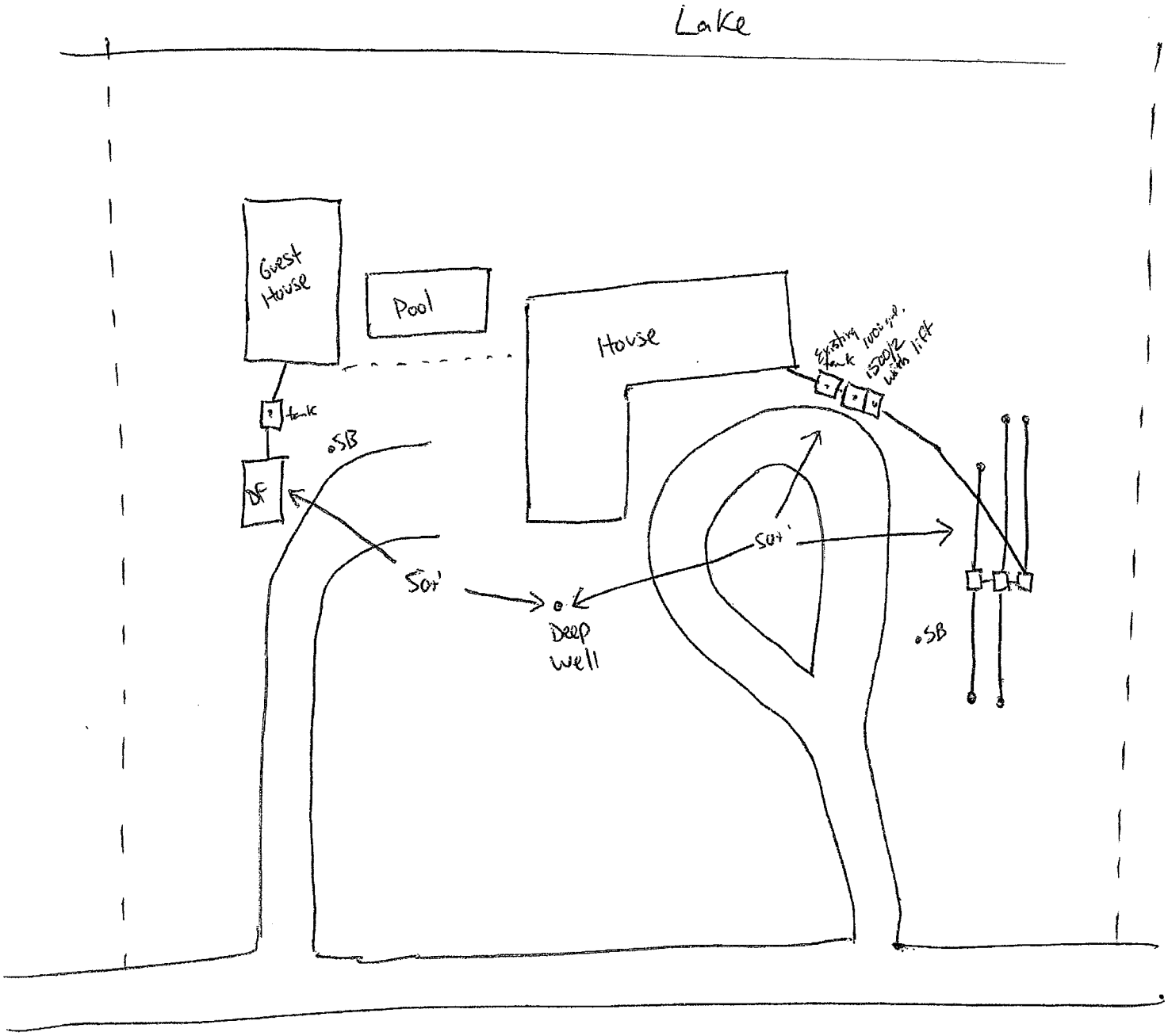
Upgrade Requirements *(Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, 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.*

Parcel Number: 191416000

Date & Initial: 9-23-19 PJS

System Drawing

The system drawing which includes and identifies a graphic scale in feet or indicates all setback distances, all septic/holding/lift tanks, drainfields, wells within 100 feet of system (indicate depth of wells), dwelling and non-dwelling structures, lot lines, road right-of-ways, easements, OHWLs, wetlands, and *topographic features (i.e. bluffs)*.



Additional Comments: Septic in compliance

Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Parcel number: 191 416 000

For Local Tracking Purposes:

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

Summary Form

Property Information

Property owner name(s): Dan Skolness

Property address: 24608 CO Hwy 22 Detroit Lakes

Property owner's address (if different):

County: Becker Property owner phone: Permitting authority: Zoning

Date system constructed: Reason for inspection: County Request

System Description

Brief system description: guest house 1000 gal tank + 300 sq ft. seepage bed, main house 1500 gal comp w lift pump + 200+ Lin. Ft trench drainfield,

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 Heath (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)*: 5-16-12

☐ 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: 5-16-09

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):

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

Parcel number: 19141 6000 System status: ☒ Compliant ☐ Noncompliant
(as determined by this form)

Hydraulic Performance and Other Compliance

Compliance Issue #1 of 4

Date of observation: 5-16-09 Reason for observation: County Request

This form expires upon next inspection or in three years, whichever occurs first: 5-16-12

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

Does the system discharge sewage to the ground surface?	☐ Yes ☒ No
Does the system discharge sewage to drain tile or surface waters?	☐ Yes ☒ No
Does the system cause sewage backup into dwelling or establishment?	☐ Yes ☒ No
Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)?	☐ Yes ☒ No

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

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

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

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

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

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

Certification

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

Property owner name(s): Dan Skolness

Property address: 24608 Co Hwy 22 D.L.

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: 5-16-09

Parcel number: 19141 6000 System status: ☒ Compliant ☐ Noncompliant
(as determined by this form)

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: 5-16-09 Reason for observation: County Request

This form expires on (three years): 5-16-12

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

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	☐ Yes ☒ No
Do any sewage tank(s) leak below their designed operating depth?	☐ Yes ☒ 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

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.

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): Dan Skolness

Property address: 24608 CO Hwy 22 D.L.

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: 5-16-09

Parcel number: 19141 6000 System status: ☒ Compliant ☐ Noncompliant
(as determined by this form)

Soil Separation Compliance and Other Compliance

Compliance Issue #3 of 4

Date of observation: 5-16-09 Reason for observation: County Request

This information on this form does not expire.

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

For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:	
Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?	☐ Yes ☐ No
For non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage or lodging establishment:	
Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*	☒ 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.

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

- ☒ Conducted soil observation(s) (attach boring logs)
- ☐ Two previous verifications (attach boring logs)
- ☐ Other: _____

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

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

Property owner name(s): Dan Skolness

Property address: 24608 Co Hwy 22 D.L.

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: 5-16-09

BECKER COUNTY PLANNING & ZONING

829 LAKE AVENUE, PO BOX 787
DETROIT LAKES, MN 56502-0787
PHONE (218) 846-7314 - FAX (218) 846-7266

INSTALLATION PERMIT FOR
INDIVIDUAL SEWAGE TREATMENT

FIRE NO. 5901

PERMIT/RECEIPT NO. 10552

TAX PARCEL NUMBER 19.1416.000

LEGAL DESCRIPTION

Lot 546 Pt Lot 7 Kenney & Beaton Beach

LAKE/STREAM NAME	LK/STR CLASS	SECTION	TWP	RANGE	TOWNSHIP NAME
Sallie	60	17	138	41	Lake View

PROPERTY OWNER	ADDRESS/ CITY/ STATE	PHONE NO
Lowell Mickelson	Detroit Lakes MN	

INSTALLER	LICENSE NO	PHONE NO
Nels Thorson		

SEWAGE TREATMENT SYSTEM DATA

WORK CATEGORY

(X) NEW SYSTEM
( ) REPAIR

TYPE OF SYSTEM

(X) SEPTIC TANK/DRAINFIELD
( ) DRAINFIELD ONLY
( ) HOLDING TANK
( ) ALTERNATE (specify)

( ) LIFT STATION

SIZE OF TANK
1000 GALLONS

SIZE OF DRAINFIELD
774 FT2

SYSTEM LENGTH
258 FT

NUMBER OF TRENCHES 6

ESTIMATED FLOW 600 GPD

TYPE OF DRAINFIELD

(X) STANDARD (gravelless)
( ) STANDARD (rock trench)
( ) STANDARD (bed)
( ) MOUND (pressure distb)

SIZE OF LIFT STATION
NA GALLONS

SIZE OF PUMP
NA

DEPTH TO RESTRICTING LAYER 5'

MAXIMUM DEPTH OF SYSTEM 2'

PERC RATE 6

SSF 1.27

SIZE OF GRAVELLESS PIPE 10 inch

DEPTH OF ROCK NA

I hereby certify with my signature that all the data contained herein as well as all supporting data are true and correct to the best of my knowledge. I also understand that this permit is valid for a period of six (6) months.

x _____ 10-18-96
Signature Date

Any changes to the permit must first be approved by Becker County Planning & Zoning. No system shall be covered up without inspection by Becker County Planning & Zoning.

Site Plan as approved on Site Evaluation.

attached

For Office Use Only

Application Fee 60.00 State Surcharge .50 Total $60.50

[ ] Application is hereby denied

[X] Application is hereby granted to L. Mickelson to install an individual septic system according to the specifications of the site evaluation and design submitted to the Becker County Environmental Services Office. By Order of:

Debi Moltzan 10-18-96

Signature of Becker County Qualified Employee Date

This permit expires on 4-18-97

APPLICATION FOR SEWAGE SYSTEM

CERTIFICATE OF COMPLIANCE

With The Becker County Zoning Ordinance

Application Number	10552
Tax Parcel Number	19.1416000
Fire Number of Project Location	5901

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.)	2. Authorized Agent (if applicable)		
Mickelson Howell			
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)			
Rt 3 Box 151C Detroit Lakes MN 56501			
4. Day Phone	5. Evening Phone	6. Section	7. Township
		17	Lake View

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name

Lot 5 & 6 & Pt Lot 7 Kenney & Bratin Beach

SEWAGE SYSTEM DATA

Anticipated Use
- a. (X) Single Family
- b. ( ) Multiple Family
- c. ( ) Commercial
- d. ( ) Other (specify)

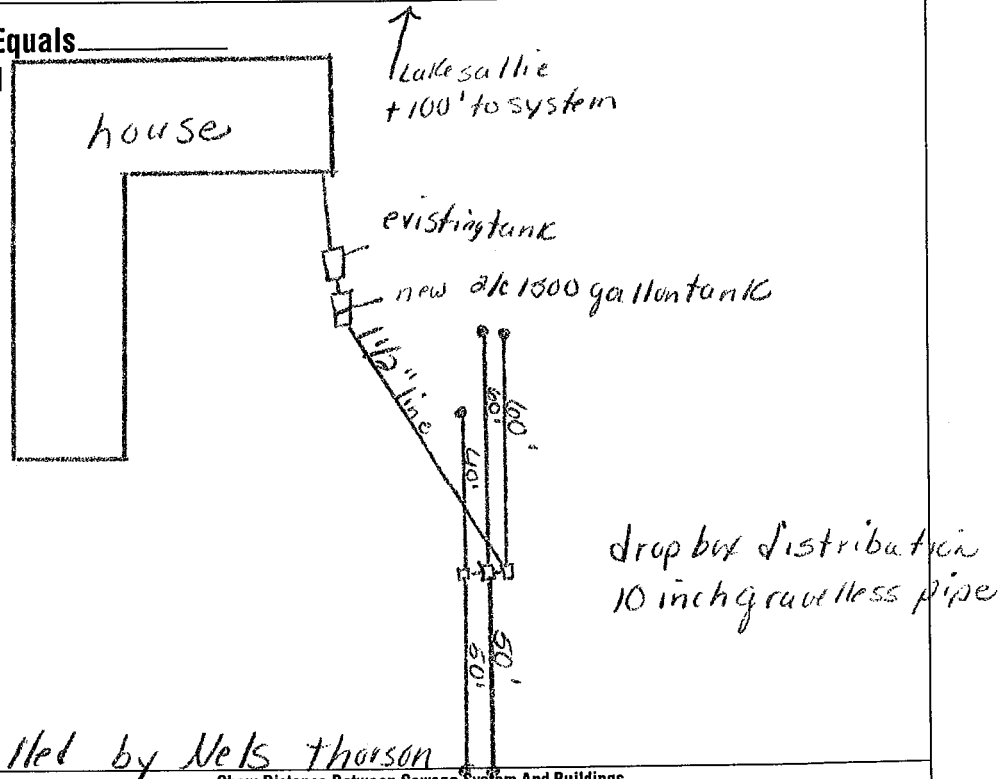
Type of Installation
- a. ( ) Septic Tank Only
- b. ( ) Drainfield Only
- c. ( ) Septic Tank & Drainfield
- d. ( ) Holding Tank
- e. (X) Septic Tank/Drainfield Lift Station

Type of Drainfield
- a. (X) Standard System
- b. ( ) Mound (pressure distribution)

Well Data
- a. Depth 150'
- b. Diameter

Type of Well
- a. (X) Drilled
- b. ( ) Sand Point

1 Inch Equals _____
DESIGN



Show Distance Between Sewage System And Buildings, Property Lines, Lake, Road And All Wells Within 125 Feet.

	Tank	Drainfield		Tank	Drainfield
Distances to Well:	+70'	+50'	Distance to Pressure Line:	+20'	+20'
Distance to Building:	+20'	+40'	Tank Capacity (gal.& Area of Drainfield (ft 2)	a/c 1500	780
Distance to Property Line:	+10'	+10'	Distance to Ordinary High Water Level:	+100'	+100'
Drainfield separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:		+3'			

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct: _____

Signature of Applicant — Date

TO BE COMPLETED BY PLANNING AND ZONING

( ) CERTIFICATE IS HEREBY DENIED: (See back For Reasons)

(X) CERTIFICATE IS HEREBY GRANTED: Based upon the application, addendum from, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactory, however this is not a guarantee.

BECKER COUNTY PLANNING AND ZONING

Debi Mottan
Signature

Inspector — 11/4/96
Title — Date

Onsite Septic System Site Evaluation/Design

Fire Number 5901
Tax Parcel Number 19.1416.000

Legal Description:
Lot 5 & 6 Pt Lot 7 Kenney & Benton Beach

Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name
Sallie	60 RD	17	138	41	Lake View

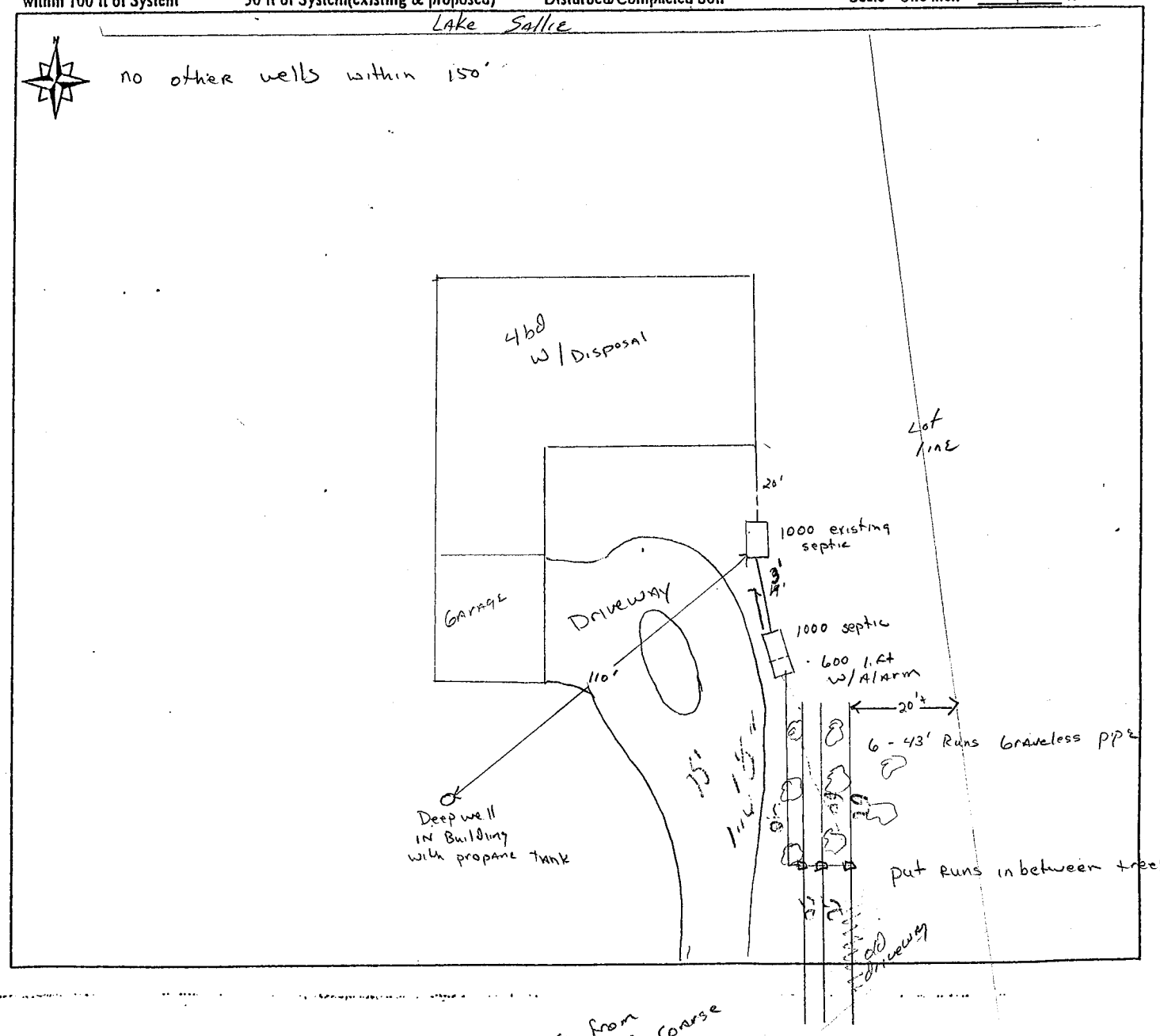
Property Owner	Address	City, State, Zip Code	Phone Number
Dr Lowell McKelsen		Detroit Lakes mn 56501	

ISTS Designer I / Designer II	License Number	Address	Phone Number
Randy Anderson	634	Detroit Lakes mn	849-1143

Site Plan

The site plan must be drawn to dimension or to scale:

- *All Wells within 100 feet of the System
- *Distance from all Wells within 100 ft of System
- *Existing & Proposed Buildings
- *Easements
- *Distance from Water Lines within 50 ft of System(existing & proposed)
- *Distance from OHW
- *Distance from Property Lines
- *Location of any Unsuitable Disturbed/Compacted Soil
- *Soil Boring & Perc Test Locations
- *Dimensions of Lot
- *Tank Access Route
- *Scale - One Inch = 40 ft



SOIL INFORMATION

TEST HOLE #1				TEST HOLE #2			
DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE	DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
0-12	SAND	10YR 4/3	BLOCKY PLATY PRISMATIC NONE	0-14	SAND	10YR 4/3	BLOCKY PLATY PRISMATIC NONE
12-30	~~10YR 3~~ SANDY LOAM	10YR 3/4	BLOCKY PLATY PRISMATIC NONE	14-30	SANDY LOAM	10YR 3/4	BLOCKY PLATY PRISMATIC NONE
30-60	SAND	10YR 5/3	BLOCKY PLATY PRISMATIC NONE	30-60	SAND	10YR 5/3	BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
Depth to standing water				Depth to standing water			
Depth to mottling	NF			Depth to mottling			

Describe the surface features (slope, runoff, weather conditions, vegetation type, evidence of compaction, etc.)

LAWN AREA - PART OF DRAINFIELD IN OLD DRIVEWAY

SYSTEM IS ( ) NEW (X) REPAIR SYSTEM DESIGN (X) GRAVITY FLOW ( ) PRESSURE DISTRIBUTION

WATER USES:
( ) WASHING MACHINE
( ) DISHWASHER
( ) WATER SOFTENER
( ) GARBAGE DISPOSAL

TYPE OF RESIDENCE
(X) TYPE I ( ) TYPE II
( ) TYPE III ( ) TYPE IV

NUMBER OF BEDROOMS 4
NUMBER OF BATHROOMS
TOTAL SQ. FT OF STRUCTURE
TANK SIZE 1000 + 1000
LIFT STATION SIZE 600
SOIL TREATMENT AREA SIZE 1270 SQ FT
DOSE VOLUME 90

DEPTH OF SYSTEM 2'
SYSTEM DESIGN FLOW 600 GPD
SOIL SIZING FACTOR 1.27
PUMP SIZE 25 gpm
LENGTH OF LIFT LINE 55'
TOTAL DYNAMIC HEAD 10

WELL INFORMATION-Property's Well DEPTH OF WELL Deep
TYPE OF WELL Drilled

Neighboring wells (within 100 ft of system) Depth of Wells NA
Type of Wells NA

Name of Designer I
Designer II Randy Anderson
Date of Site Evaluation 10-14-96

MPCA Number 634
Phone 849-1143

I certify that the site evaluation has been completed in accordance with all provisions of ISTS Minnesota Rules Chapter 7080.

Signature of Evaluator Randy Anderson Date 10-14-96

For Office Use Only 10-18-96 Debi Mottaz

- PERCOLATION TEST SHEET -

Test hole location: proposed Drain Hole # 1 Date test hole was prepared: 10-14
Depth of hole bottom: 20 inches Diameter of hole: 6 inches
Soil Data from test hole:

depth, inches	soil texture:	soil color
0 - 12	SAND	10 YR 4/3
12 - 20	Sandy loam	10 yr 3/4

Method of scratching sidewall: nailboard Depth of pea size gravel in bottom of hole: 20 inches
Date and hour of initial water filling: 10-14 Depth of initial water filling: 12 above hole bottom
Method used to maintain 12" of water depth in hole for 4 hours: not needed
Percolation test conducted by: Randy Anderson Percolation test started at 3 (am) pm.
Maximum water depth above hole bottom during test: 8 inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	conversions
	START 10	8 / 5	3	3	10 TIME ÷ 3 DROP (Decimal) = 3.33 PERC A	1/16 = .06
	REFILL 6.5	8 / 6 1/8	1 7/8	1.88	6.5 TIME ÷ 1.88 DROP (Decimal) = 3.45 PERC B	1/4 = .25
	REFILL 10	8 / 5 1/8	2 7/8	2.88	10 TIME ÷ 2.88 DROP (Decimal) = 3.47 PERC C	3/8 = .38
	REFILL				TIME ÷ DROP (Decimal) = PERC D	7/16 = .44
	REFILL				TIME ÷ DROP (Decimal) = PERC E	1/2 = .5
	REFILL				TIME ÷ DROP (Decimal) = PERC F	9/16 = .56
	REFILL				TIME ÷ DROP (Decimal) = PERC G	11/16 = .69
	REFILL				TIME ÷ DROP (Decimal) = PERC H	3/4 = .75
	REFILL				TIME ÷ DROP (Decimal) = PERC	13/16 = .81
	REFILL				TIME ÷ DROP (Decimal) = PERC	7/8 = .88
	REFILL				TIME ÷ DROP (Decimal) = PERC	15/16 = .94

Ten Percent Calculation *

A,B,C: Largest # of ABC − Smallest # of ABC = ____ ; Smallest # of ABC × 0.10 = ____	B,C,D: Largest # of BCD − Smallest # of BCD = ____ ; Smallest # of BCD × 0.10 = ____
C,D,E: Largest # of CDE − Smallest # of CDE = ____ ; Smallest # of CDE × 0.10 = ____	D,E,F: Largest # of DEF − Smallest # of DEF = ____ ; Smallest # of DEF × 0.10 = ____
E,F,G: Largest # of EFG − Smallest # of EFG = ____ ; Smallest # of EFG × 0.10 = ____	F,G,H: Largest # of FGH − Smallest # of FGH = ____ ; Smallest # of FGH × 0.10 = ____

* If the top number in each set of boxes is larger than the bottom number then take another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

- PERCOLATION TEST SHEET -

Test hole location: proposed Drainfield Hole # 2 Date test hole was prepared: 10-14
Depth of hole bottom: 20 inches Diameter of hole: 6 in.
Soil Data from test hole:

depth, inches	soil texture:	soil col.
0 - 14	SAND	10 YR 4/3
14 - 20	Sandy loam	10 yr 3/4

Method of scratching sidewall: nailboard Depth of pea size gravel in bottom of hole: 20
Date and hour of initial water filling: 10-14 Depth of initial water filling: 12 above
Method used to maintain 12" of water depth in hole for 4 hours: not needed
Percolation test conducted by: Randy Anderson Percolation test started at 4
Maximum water depth above hole bottom during test: 8 inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION
	START 10	8 / 7 3/8	5/8	.63	10 TIME ÷ .63 DROP (Decimal) = 15.87 PERC A
	REFILL 10	8 / 7 1/4	3/4	.75	10 TIME ÷ .75 DROP (Decimal) = 13.3 PERC B
	REFILL 15	8 / 6 7/8	1 1/8	1.13	15 TIME ÷ 1.13 DROP (Decimal) = 13.2 PERC C
	REFILL 10	8 / 7 1/4	3/4	.75	10 TIME ÷ .75 DROP (Decimal) = 13.3 PERC D
	REFILL				TIME ÷ DROP (Decimal) = PERC E
	REFILL				TIME ÷ DROP (Decimal) = PERC F
	REFILL				TIME ÷ DROP (Decimal) = PERC G
	REFILL				TIME ÷ DROP (Decimal) = PERC H

Ten Percent Calculation *

A,B,C: Largest # of ABC − Smallest # of ABC = ____ ; Smallest # of ABC × 0.10 = ____	B,C,D: Largest # of BCD − Smallest # of BCD = ____ ; Smallest # of BCD × 0.10 = ____
C,D,E: Largest # of CDE − Smallest # of CDE = ____ ; Smallest # of CDE × 0.10 = ____	D,E,F: Largest # of DEF − Smallest # of DEF = ____ ; Smallest # of DEF × 0.10 = ____
E,F,G: Largest # of EFG − Smallest # of EFG = ____ ; Smallest # of EFG × 0.10 = ____	F,G,H: Largest # of FGH − Smallest # of FGH = ____ ; Smallest # of FGH × 0.10 = ____

* If the top number in each set of boxes is larger than the bottom number then take another r
the top number is equal or smaller than bottom number, average the three numbers for the p

INDIVIDUAL SEWAGE TREATMENT SYSTEM WORKSHEET

FLOW

A. Estimated 600 gpd
measured _____ x 1.5= _____ gpd

SEPTIC TANK VOLUME

B. 2000 gallons

SOILS (Site evaluation data)

C. Depth to restricting layer = 5 feet
D. Maximum depth of system C - 3 ft = 2 feet
E. Texture Sandy loam Percolation rate 6 15 MPI
F. SSF 1.27 sq ft/gpd
G. Slope 0 %

TRENCH BOTTOM AREA

H. For trenches with 6 inches of rock below the pipe:
A x F = _____ x _____ = _____ sq ft of bottom area

I. For trenches with 12 inches of rock below the pipe:
A x F x 0.8 = _____ x _____ x 0.8 = _____ sq ft of bottom area

J. For trenches with 18 inches of rock below the pipe:
A x F x 0.66 = _____ x _____ x 0.66 = _____ sq ft of bottom area

K. For trenches with 24 inches of rock below the pipe:
A x F x 0.6 = _____ x _____ x 0.6 = _____ sq ft of bottom area

BED BOTTOM AREA

L. For seepage beds with 6 or 12 inches of rock below the pipe;
1.5 x A x F = 1.5 x _____ x _____ = _____ sq ft of bottom area

ROCK VOLUME IN CU FT

M. Rock depth below distribution pipe plus 0.5 foot times bottom area:
M =Rock depth + 6 inches x Area (H,I,J,L,K)
(_____ + 0.5 ft) x _____ = _____ cu ft

ROCK VOLUME IN CU YDS

N. Volume in cu ft divided by 27
M + 27 = cu yds _____ + 27 = _____ cu yds

ROCK WEIGHT

O. Cubic yards times 1.4 = tons
N x 1.4 = tons _____ x 1.4 = _____ tons

SYSTEM LENGTH

P. Select trench width = _____ ft

Q. Divide bottom area by trench width: (H, I, J, or K) + P = lineal feet
_____ + _____ = _____ lineal feet

Q1. Gravelless Design
A x F + (3 for 10" pipe, 2 for 8" pipe , width of the Chamber)
600 x 1.27 + 3 = 254 feet

LAWN AREA

R. Select trench spacing, center to center = 5 feet

S. Multiply trench spacing by lineal feet R x Q = sq ft of lawn area
254 x 5 = 1270 sq ft

If the site evaluation determines a

Estimated Sewage Flows in Gallons per day (gpd)

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

Septic Tank Capacities (in gallons)

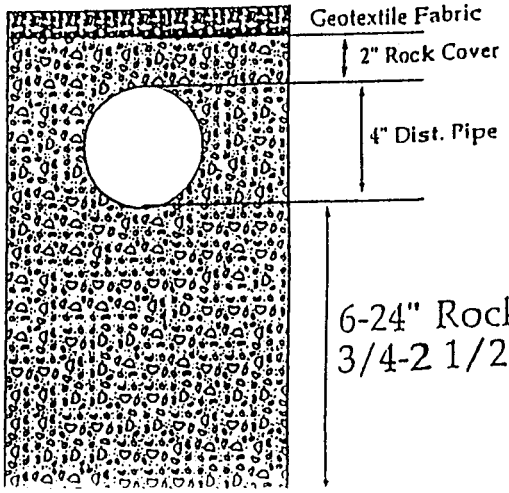
Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal
2 or less	750	1125
3 or 4	1000	1500
5 or 6	1500	2250
7, 8 or 9	2000	3000

Soil Characteristics and Required Areas for Sewage Treatment

Percolation Rate in Minutes per Inch (MPI)	Soil Texture	Square feet per gallon per day
Faster than 0.1 *	Coarse Sand	.....
0.1 to 5	Sand	0.83
0.1 to 5	Fine Sand **	1.67
6 to 15	Sandy Loam	1.27
16 to 30	Loam	1.67
31 to 45	Silt Loam	2.00
46 to 60	Clay Loam	2.20
Slower than 60***	Clay	.....

* Soil too coarse for sewage treatment. Use systems for rapidly permeable soils.
** Soil having 50% or more of fine sand plus very fine sand.
*** Soil with too high a percentage of clay for installation of an inground standard system.

6 inches= 0% Reduction*
12 inches= 20% Reduction
18 inches=34% Reduction
24 inches=40% Reduction
*sizing for gravelless trench



BECKER COUNTY

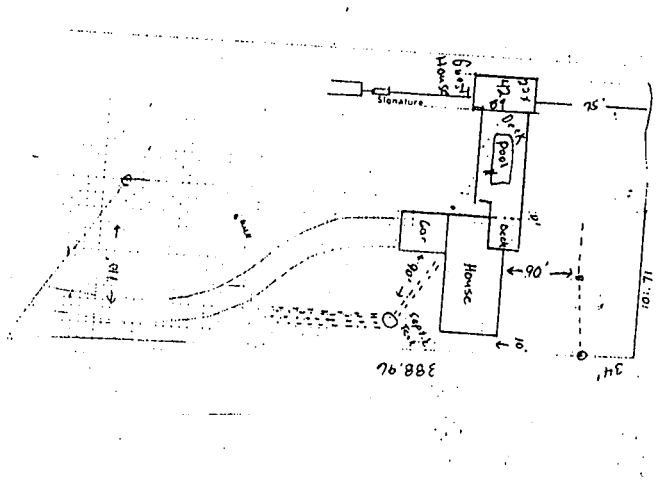
Building Permit No. 11-17841-35 Sewage System Permit No. 12-17841-35

Township Lake View Sec. 17 Description T138N R41W
Lot 5 & 6 Kenney / Beaton Subdivision
Work Authorized Guest House 22x42
Sewer System 1000SF Contractor

TYPE OF IMPROVEMENT: (X) New Building ( ) Alteration Other
RESIDENTIAL PROPOSED USE: ( ) One Family Dwelling ( ) Multiple Dwelling Units
NON-RESIDENTIAL PROPOSED USE: Specify: Guest Home Size: No Kitchen 22x42
Stories 1 Basement ( ) Yes (X) No Bedrooms 2 Bathrooms 1

Issued to: Name Lowell Mickelson Ph. No.
Address: Rt 5 Box 151C Town Detroit Lakes
State MN Zip 56501 Fire Number

Sketch



1 Inch = Feet

HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake 75'
Side Lot Lines +10' - +10'
Center Line of Public Road + 28'
Well Depth Other
APPROVED: Board of Adjustment Date:
Planning Commission Date
County Commissioners Date:

SEWAGE DISPOSAL SYSTEM DATA

Installed in 19 89	Septic Tank	Drain Field
Capacity	1000 Gls.	375 Sq. Ft.
Distance from nearest well	75 Ft.	75 Ft.
Distance from lake or stream	50 Ft.	50 Ft.
Distance from occupied building	10 Ft.	20 Ft.
Distance from property line	10 Ft.	10 Ft.
Distance from botton to Water Table	Ft. + 4	Ft.

Lift Pump ( ) Yes ( ) No

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

Wally Solmon
SIGNATURE OF OWNER

Received By Margaret M. Foster Date 6-15-89

Approved By Floyd Swenby mf
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501

White – Office
Yellow – Owner
Pink – Assessor
Goldenrod – Inspector

BECKER COUNTY ZONING ADMINISTRATION

829 LAKE AVE., BOX 787 — Phone 218-847-4427 — Detroit Lakes, Minn. 56501

Permit No. 11-17841-35
Date 6-15-89.

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

12-17841-35

2486

LEGAL DESCRIPTION AND LOCATION: Lot 5 & 6 Kenney / Beaton Subdivision — FIRE NUMBER _____

359	Sallie	GD	17	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.
Owner	Mickelson, Lowell	Box 151C - RT5 Detroit Lakes MN	56501	
Contractor	Name ?			

TYPE OF IMPROVEMENT:
( ) New Building ( ) Alteration
Other _____

RESIDENTIAL PROPOSED USE:
( ) One Family Dwelling
( ) Multiple Dwelling _____ Units

NON–RESIDENTIAL PROPOSED USE:
Specify: Guest House.
Size: _____

ESTIMATED COST OF IMPROVEMENT $ 27,000.00 Construction Starting Date: No Kitchen.

PRINCIPAL TYPE OF FRAME & BUILDING
( ) Masonry
(X) Wood Frame
( ) Structural Steel
( ) Other – Specify
( ) New Home
( ) Garage
( ) Mobile Home
Year _____
( ) Cottage
(X) Septic System
( ) Other
Type of Roof: _____

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

WATER SUPPLY:
( ) Public (X) Individual Well
Type _____ Depth _____

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

DIMENSIONS:
Basement: ( ) Yes (X) No
Stories above basement: .....
Sq. feet (outside dimension) ..... 22 X 42.
Bedrooms ..... Baths 1

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

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	375 Sq. Ft.	Sq. Ft.
Distance from nearest well	75 Ft.	75 Ft.	Ft.
Distance from lake or stream	50 Ft.	50 Ft.	Ft.
Distance from occupied building	10 Ft.	20 Ft.	Ft.
Distance from property line	10 Ft.	10 Ft.	Ft.
Distance from bottom to Water Table	Ft.	+4 Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 200 x 360 square feet. Water frontage is 200 feet.

Building set back from high water mark is 78 feet. (Building Line)

Land height above high water mark at building line is +4 feet

Building setback from ( ) State - (X) County - (X) Township Highway +175 feet from the ( ) Center Line - ( ) Right of Way

Side yard is S 30 and N 10 feet. Rear yard is +40 feet.

Building will be located 10 feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located 20' feet from soil absorption system (Cesspool, Drainfield, etc.).

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

Dated 6/15/89

Marty Solmon
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 _____

Floyd Svenby mg
Becker County Zoning Administrator

Permit Fee $ 78.50 State Surcharge $ _____ Cormorant 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.		S F		S F	S F		S F
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

	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 Precast Concrete	1250	Gls.		Gls.		SF		SF	500	SF		SF
Distance from Nearest Well	75	F		F		F	75	F	75	F	50	F
Distance from Lake or Stream	120	F		F		F		F	125	F		F
Distance from Occupied Building	40	F	10	F		F	20	F	50	F	20	F
Distance from Property Line	+10	F	10	F		F	10	F	+20	F	10	F
Distance from Bottom to Water Table	--	F	--	F		F	4	F	4	F	4	F

Inspector's Comments: Installed by Ohm. 20 yards Rock

INTERPRETATION OF ABBREVIATIONS

Gls — Gallons
SF — Square Feet
F — Linear Feet

Lloyd Swenson
Inspector's Signature

Zoning Administrator
Title

Inspection Dated 11-9 19 84

Agency

White – Office
Yellow – Owner
Pink – Assessor
Goldenrod – Inspector

BECKER COUNTY ZONING ADMINISTRATION

COUNTY COURT HOUSE — Phone 218-847-3938—Detroit Lakes, Minn. 56501

Permit No. 12-13-203-35

Date 8/16/84

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION: Lot 6 – Tenney / Beaton Subdivision

359 (Lake No.) Sallie (Lake Name) GD (Lake Classif.) 14 (Sec.) 138 (TWP) 41 (Range) Lake View (TWP Name)

IDENTIFICATION: Please Print All Information

	Last Name	First	Initial	Mailing Address– No. Street, City and State	Zip No.	Tel. No.
Owner	Mickelson	Lowell		Box 5095, Fargo, N. Dak.	58107	701-235-1910
Contractor	Name ProHome			Box 7289 Fargo, ND	58103	293-7896

MAIL TO 9161

TYPE OF IMPROVEMENT:
(X) New Building ( ) Alteration
Other House

RESIDENTIAL PROPOSED USE:
(X) One Family Dwelling
( ) Multiple Dwelling _____ Units

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

ESTIMATED COST OF IMPROVEMENT $ $125,000 **Construction Starting Date:** 8/20/84

PRINCIPAL TYPE OF FRAME:
( ) Masonry
(X) Wood Frame
( ) Structural Steel
( ) Other – Specify

Type of Roof: Cedar Shake

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

WATER SUPPLY:
( ) Public
(X) Individual Well

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

DIMENSIONS:
Basement: (X) Yes ( ) No
Stories above basement: 1
Sq. feet (outside dimension) 2,000 Upper 1,240 Lower
Bedrooms 3 Baths 3

HEATING:
(X) Electric ( ) Gas ( ) Oil
( ) Coal ( ) None
Other: Fireplace w/ Gas Backup

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE ~~PIT~~ Bed DRAIN FIELD
Capacity	1250 / 1000 Gls.	~~375~~ / 750 Sq. Ft. Sq. Ft.
Distance from nearest well	+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	+10 Ft.	+10 Ft. Ft.
Distance from bottom to Water Table	Ft.	+4 Ft. Ft.

All distances are shortest distance between nearest points

APPROVED AUG 20 1984

CHARACTERISTICS:

Lot Area is 39,000 square feet. Water frontage is 100 feet.
Building set back from high water mark is 90' feet. (Building Line)
Land height above high water mark at building line is 9' feet
Building set back from State highway is ~~XXX~~ County #22 210' feet – from road or street is _____ feet.
Side yard is 10' and 10' feet. Rear yard is 210 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 8/16/84

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 8/16/84

Becker County Zoning Administrator

Permit Fee $ 130.00 State Surcharge $ .50

Comments: _____

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 9 *day of* NOVEMBER *19* 84,

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

The premises covered by this certificate are legally described as: LOT 6 KENNEY/BEATON SUBDIVISIO

Lake No. 359 *Sec.* 17 *Twp.* 138 *Range* 41 *Twp. Name* LAKE VIEW

Sewer system has 1250 gal. septic tank, 75 ft. from nearest well, 120 ft. from lake, 40 ft. from occupied building, over 10 ft. from property line, drain field is 500 sq.ft., 75 ft. from nearest well,=135 ft. from lake, 50 ft. from occupied building, over 20 ft. from property line, and 4 ft. from bottom to water table. Twenty (20) yards of rock.

Owner: *Name* LOWELL MICKELSON

Address BOX 5095
FARGO, NORTH DAKOTA
58107

Zip No.

Permit No. SP 12-13,203-35

Signed by: Floyd Svenby

Zoning Administrator
Becker County, Minnesota

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 3rd *day of* July *19* 89,

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

The premises covered by this certificate are legally described as: Lot 5&6 Kenney/Beatin Subdividion

Lake No. _____ *Sec.* 17 *Twp.* 138 *Range* 41 *Twp. Name* Lake View

	Septic Tank	Seepage Bed
Capacity	1000 gls	375 sf
Distance from Nearest Well	100 ft	100 ft
Distance from Lake or Stream	122 ft	134 ft
Distance from Occupied Building	10 ft	22 ft
Distance from Property Line	30 ft	25 ft
Distance from Bottom to Water Table		

Owner: *Name* Lowell Mickelson

Address Box 151C Rt 5 Detroit Lakes, MN

Zip No. 56501

Permit No. SP 11-17841-35

11 yrd rock, sand subbsoil.
Guest House.

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

CATEGORY	SEPTIC TANK Actual		SEPTIC TANK Should be		SEEPAGE ~~PIT~~ Bed Actual		SEEPAGE ~~PIT~~ Bed Should be		DRAIN FIELD Actual		DRAIN FIELD Should be	
Capacity	1000	Gls.		Gls.	375	S F		S F	S F			S F
Distance from Nearest Well	100	F		F	100	F	75	F	F		50	F
Distance from Lake or Stream	122	F		F	134	F		F	F			F
Distance from Occupied Building	10	F	10	F	22	F	20	F	F		20	F
Distance from Property Line	30	F	10	F	25	F	10	F	F		10	F
Distance from Bottom to Water Table	—	F	—	F		F	4	F	F		4	F

Inspector's Comments: 11 yrs Rock - Sandy sur soil - Nels Thorsen Installer - Guest house

INTERPRETATION OF ABBREVIATIONS

Gls — Gallons
SF — Square Feet
F — Linear Feet

Mark Kuehne
Inspector's Signature

Title

Inspection Dated 6-16 1980

Agency

White – Office
Yellow – Owner
Pink – Assessor
Goldenrod – Inspector

BECKER COUNTY ZONING ADMINISTRATION

829 LAKE AVE., BOX 787 — Phone 218-847-4427 — Detroit Lakes, Minn. 56501

Permit No. 11-1-84

Date 6-15-84

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

12-11841-35

2486

LEGAL DESCRIPTION AND LOCATION

Lot 6 Block 4 Evergreen Heights Addition

FIRE NUMBER _____

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
359	Sallie	D	17	138	41	Lake View

IDENTIFICATION: Please Print All Information

	Last Name	First	Initial	Mailing Address– No. Street, City and State	Zip No.	Tel. No.
Owner	Mickelson,	[illegible]	[illegible]	[illegible]		
Contractor	Name ?					

TYPE OF IMPROVEMENT:
( ) New Building ( ) Alteration
Other _____

RESIDENTIAL PROPOSED USE:
( ) One Family Dwelling
( ) Multiple Dwelling _____ Units

NON–RESIDENTIAL PROPOSED USE:
Specify: Guest House
Size: _____

ESTIMATED COST OF IMPROVEMENT $ 7000 Construction Starting Date: No Kitchen

PRINCIPAL TYPE OF FRAME & BUILDING
( ) Masonry
(X) Wood Frame
( ) Structural Steel
( ) Other – Specify
( ) New Home
( ) Garage
( ) Mobile Home
Year _____
( ) Cottage
(X) Septic System
( ) Other
Type of Roof: _____

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

WATER SUPPLY:
( ) Public (X) Individual Well
Type _____ Depth _____

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

DIMENSIONS:
Basement: ( ) Yes (X) No
Stories above basement: .....
Sq. feet (outside dimension) ..... 24 x 16
Bedrooms ..... Baths 1

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

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	200 Sq. Ft.	Sq. Ft.
Distance from nearest well	15 Ft.	75 Ft.	Ft.
Distance from lake or stream	50 Ft.	50 Ft.	Ft.
Distance from occupied building	10 Ft.	20 Ft.	Ft.
Distance from property line	10 Ft.	10 Ft.	Ft.
Distance from bottom to Water Table	Ft.	+4 Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 200 x 360 square feet. Water frontage is 200 feet.

Building set back from high water mark is 78 feet. (Building Line)

Land height above high water mark at building line is +4 feet

Building setback from ( ) State - (X) County - ( ) Township Highway 170 feet from the ( ) Center Line - ( ) Right of Way

Side yard is 530 and 10+ feet. Rear yard is 10+ feet.

Building will be located 10 feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located 20 feet from soil absorption system (Cesspool, Drainfield, etc.).

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

Dated 6/15/84

Wally Mickelson
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 _____

Becker County Zoning Administrator

Permit Fee $ 78.50 State Surcharge $ _____ Cormorant Surcharge $ _____

Comments: _____

DESIGN PAD

BECKER COUNTY

Department

Becker County Courthouse

Detroit Lakes, MN 56501

Subject

Name Lowell Mickelson

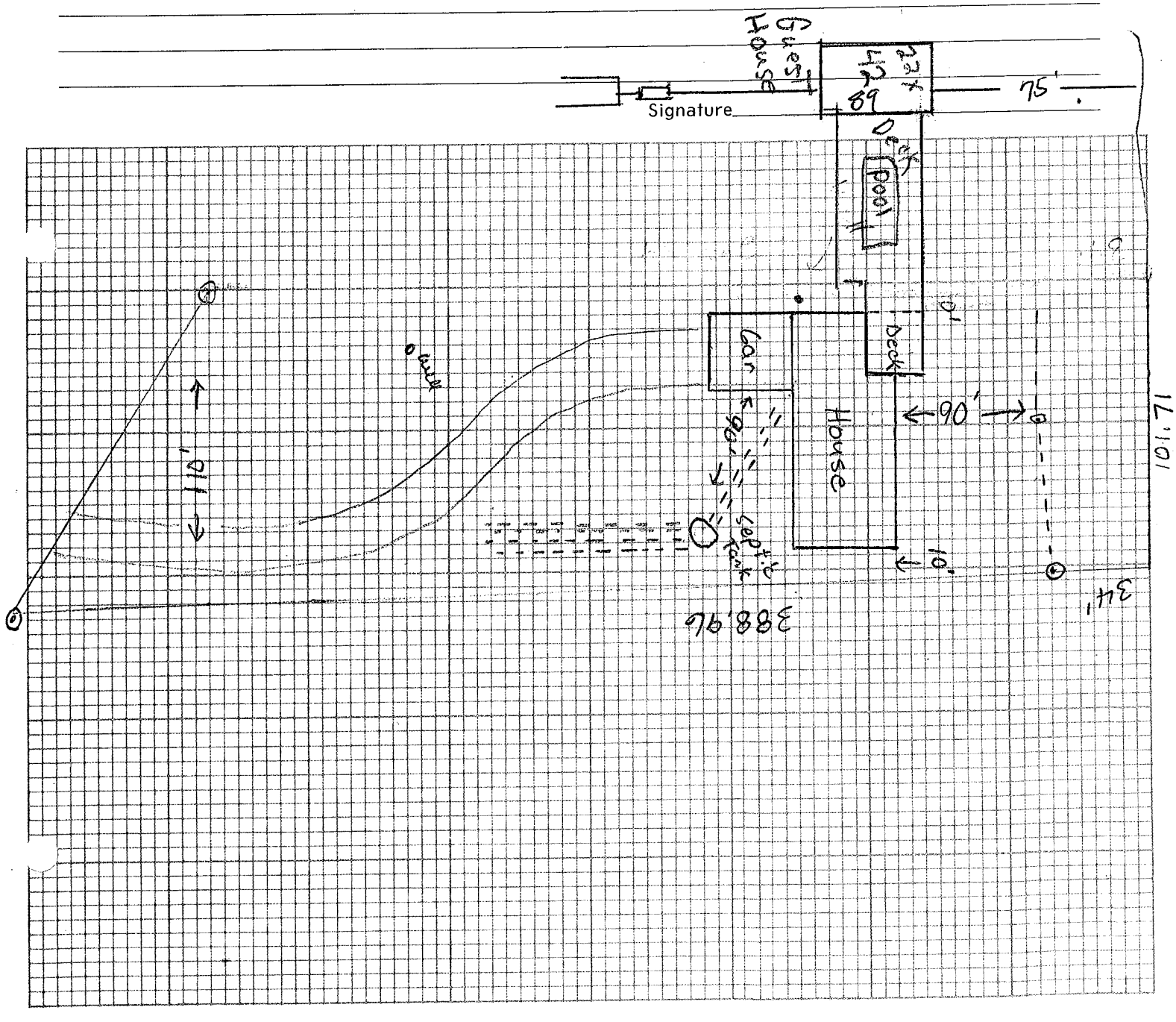
Address Box 5095 Fargo, N.D 58107

Town State Zip Date 8/16/84

Location or Legal Description Lot 6 Kenny & Beaton Add.

Remarks:

Signature



11:08

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

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 R 19141 6000
(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 17 Township 141 Range 38 Township Name Lake View

Lake Name Lake Sallie Lake Classification _____

Legal Description: Lots 5 & 6 & Lot 7 Ex PT Beg 846.81 NW of Most SLY Cor Lot

Project Address: 24608 Co Hwy 22

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

Owner's First Name Lowell Owner's Last Name Mickelson

Mailing Address 24608 Co Hwy 22 City, State, Zip Detroit Lakes Mn

Phone Number 847-7753

3. **DESIGNER/INSTALLER INFORMATION**

Designer Name Richard Vareberg Company Name Vareberg Backhoe License # 1910

Address 22344 Co Rd 104 Phone Number 847-7372 849-2177

Installer Name Same Company Name _____ License # _____

Address _____ Phone Number _____

4. **SYSTEM DESIGN INFORMATION**

Date of Site Evaluation 9-15-06

EXISTING SYSTEM STATUS – Check One

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

What will new system serve? Check one

X Dwelling
_____ Resort/Commercial
_____ Commercial (non resort)
_____ Other – explain below

Design Flow 600 Gallons Per Day
Number of Bedrooms 4
Garbage Disposal ____ Yes X No
Grinder Pump in House ____ Yes X No
Lift station in House ____ Yes X No

Well Depth >50'
Depth of other wells within 100 ft of system none

Original Soil X Compacted Soil ____
Type of Soil Observation
____ Pit ____ Probe X Boring
Depth to Restricting Layer >84"
Maximum Depth of System 48"

INV
ACC

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

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

Type of Alarm ___
Size of Lift Pump ___
Size of Lift Line ___

Type of Drainfield to be installed
X Trench
___ At-grade
___ Pressure Bed
___ Seepage Bed
___ Mound

Size of Drainfield sq ft to be installed
498 sq ft
___ sq ft
___ sq ft
___ sq ft
___ sq ft

SETBACKS	TANK	DRAINFIELD
Distance to Well		>50
Distance to Building		>50
Distance to Property Line		>10
Distance to OHW		>84"
Distance to Pressure Line		>50

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

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
1-7	Top Soil	10YR 2/1	Blocky		1-4	Top Soil	10YR 2/1	Blocky
7-15	Sandy Loam	10YR 3/3	Blocky		4-12	Sandy Loam	10YR 3/4	Blocky
15-43	Sand	10YR 4/4	None		12-39	Sand	10YR 5/6	None
43-84	Sand	10YR 5/3	None		39-84	Sand	10YR 5/3	None

5. DESIGNER'S CERTIFIED STATEMENT

I, Richard Vareberg (Print Name of Designer) 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 of Designer — Date: 9-19-06

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

Application Approved by: David A Stoll Date: 9/22/06
Amount Paid $100.00 Receipt Number ___ Permit Number 115358-339484

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.

David A Stoll — Signature
ISTS inspector — Title
9/26/06 — Date

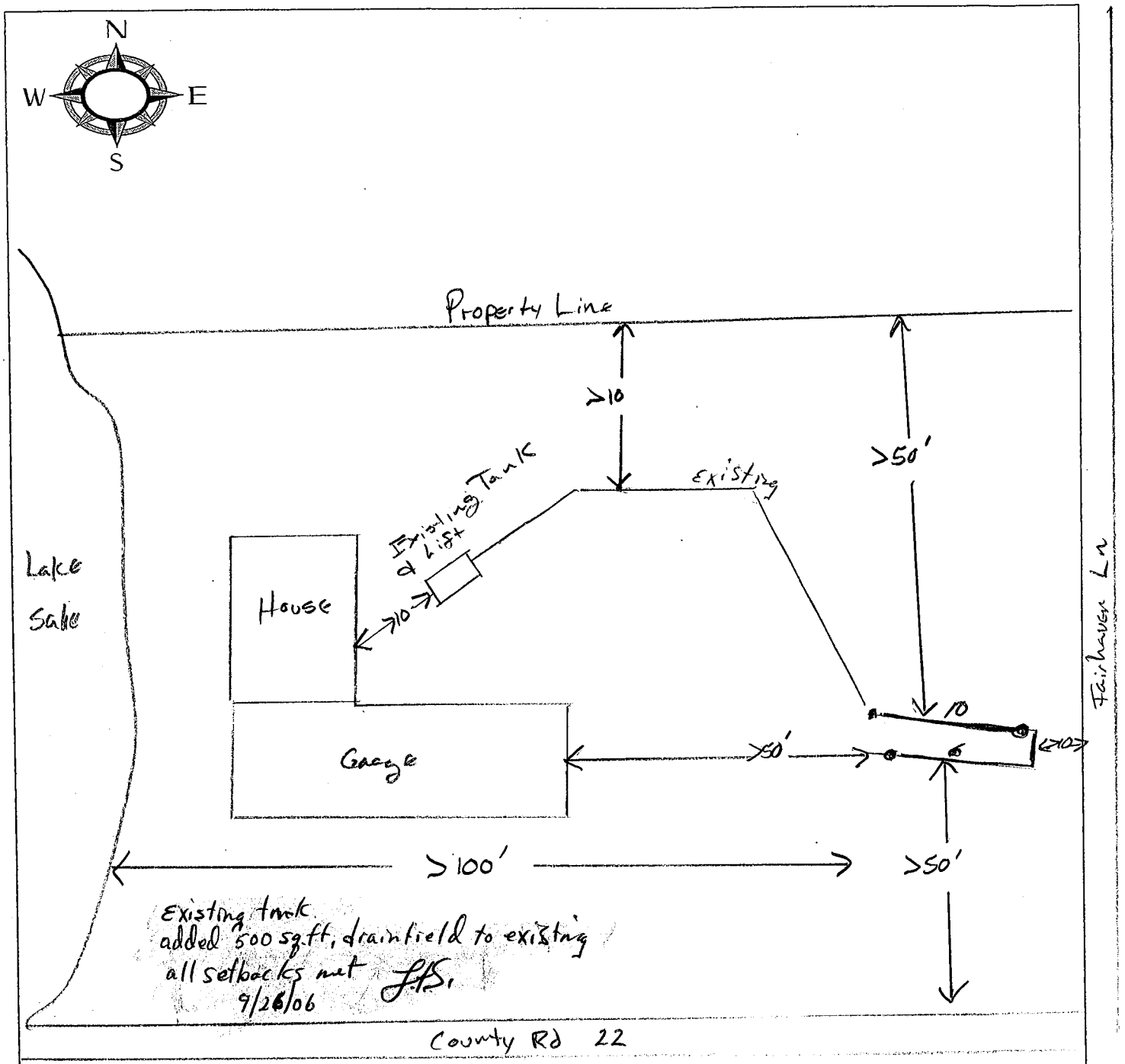
(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
Date System Installed 9/26/06 Inspected by David A Stoll

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.

_____ Date _____

Applicant or Agent

SITE PLAN EXAMPLE