



191465505

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 17 day of APRIL 1985,
to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: LOT 6 BLOCK 2 CORMORANT BEACH
Lake No. 576 Sec. 22 Twp. 138 Range 43 Twp. Name CORMORANT

Upon inspection of the property described above, in regards to an existing sewer system, the following was found: It is a two (2) tank system (one tank is a septic tank and the other is a seepage pit), the septic tank is 40 ft. from the dwelling, 151 feet from high water mark, 50 feet from nearest well, 15 ft. from side lot line; Seepage pit is over 151 feet from high water mark, over 50 ft. from nearest well, 15 ft. from property line, over 50 ft. from dwelling.

Owner:

Name

AUGUST BRENDEN ESTATE (ESTHER)

Address % BRANT BEESON

BOX 1350

DETROIT LAKES, MN. 56501

Zip No.

Permit No. SP

Signed by:

Howard Shively
Zoning Administrator

Becker County, Minnesota

THE ABOVE INSPECTION WAS MADE, AND THE LATERAL DISTANCES ARE
RECORDED AS FOUND. THIS DOES NOT MEAN THE SEWER SYSTEM WILL
CONSTITUTE NO HAZARD TO ANY DEED TAKER.

INSPECTOR'S CHECK LIST
Make all measurements and computations

	ACTUAL IS ↓	MINIMUM Shall Be ↓ Sq. Ft.
14 3 5 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	1000	Gls.		Gls.	540	SF		SF		SF		SF
Distance from Nearest Well	50	F		F	65	F	75	F		F	50	F
Distance from Lake or Stream		F		F		F		F		F		F
Distance from Occupied Building	36	F	10	F	50	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:

Henry Johnston Installer, Sandy

Sub-soil

**INTERPRETATION
OF ABBREVIATIONS**

Gls — Gallons
SF — Square Feet
F — Linear Feet

Mark Kuehne
Inspector's Signature

Title

Inspection

Dated

2-16

19

79

Agency

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

BECKER COUNTY ZONING ADMINISTRATION

Permit No. _____

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

Date _____

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION							
	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 type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____
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ESTIMATED COST OF IMPROVEMENT \$		Construction Starting Date: _____
PRINCIPAL TYPE OF FRAME: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other — Specify _____	TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input type="checkbox"/> Individual Well 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 type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: _____

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	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 set back from State highway is _____ feet — from road or street is _____ feet. Side yard is _____ and _____ feet. Rear yard is _____ feet. Building will be located _____ feet from septic tank (Sewage System Permit must be obtained before installation). Building will be located _____ feet from soil absorption system (Cesspool, Drainfield, etc.).

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

Dated _____ Signature of Owner _____

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

MUST BE POSTED AT THE BUILDING SITE

Dated 6-21-79 Becker County Zoning Administrator

Permit Fee \$ _____ State Surcharge \$ _____

Comments: _____

Scale: Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated _____ 19 _____

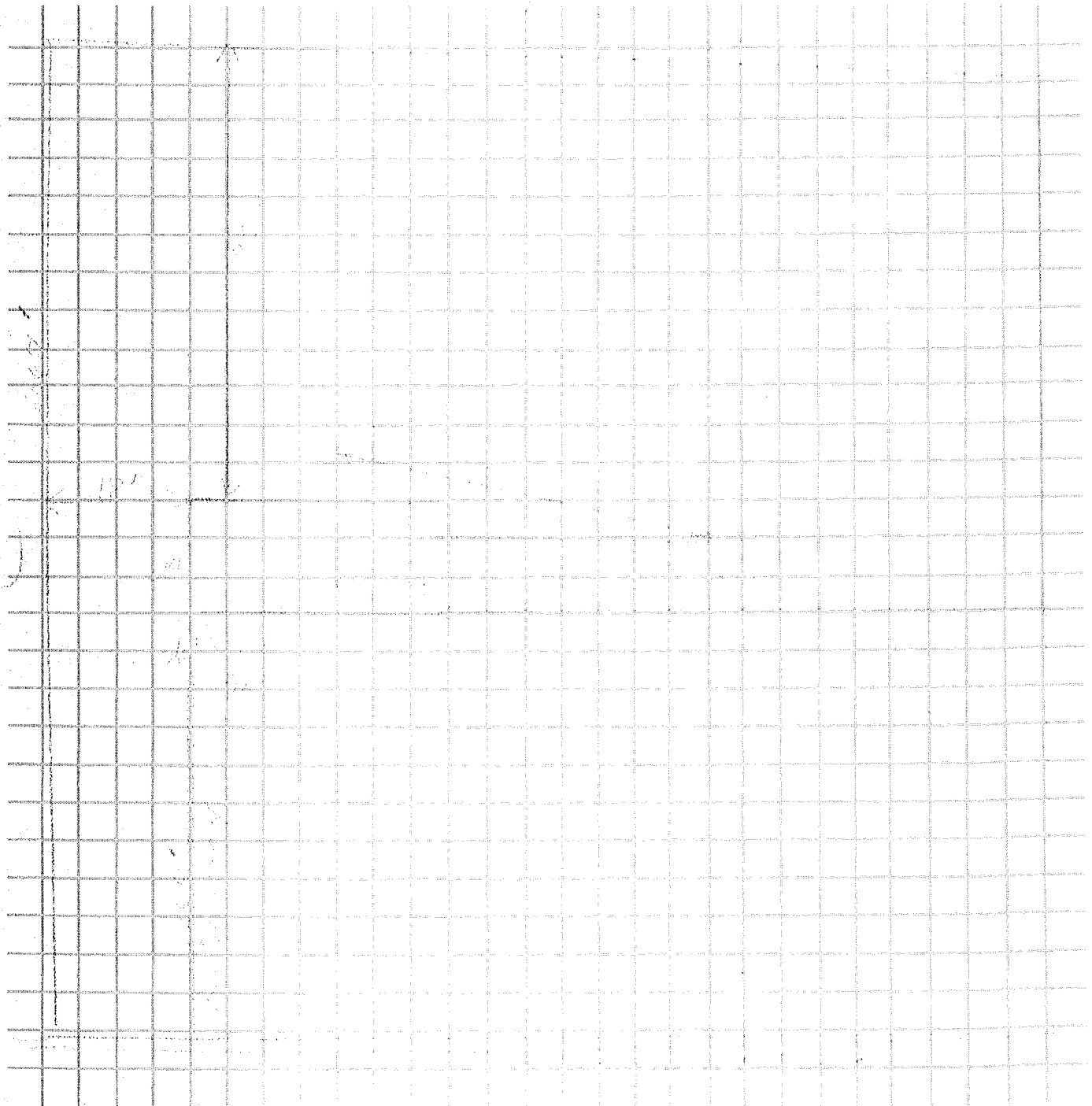
Application for Sewage System Permit Dated _____ 19 _____

Building Permit Number _____ Sewage System Permit Number _____

Applicant agrees that this plot plan is a part of application (s) indicated above.

Dated _____ 19 _____.

Signature



W — File
Y — Owner
B — Building Inspector

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

BUILDING AND SEWAGE SYSTEM PERMIT

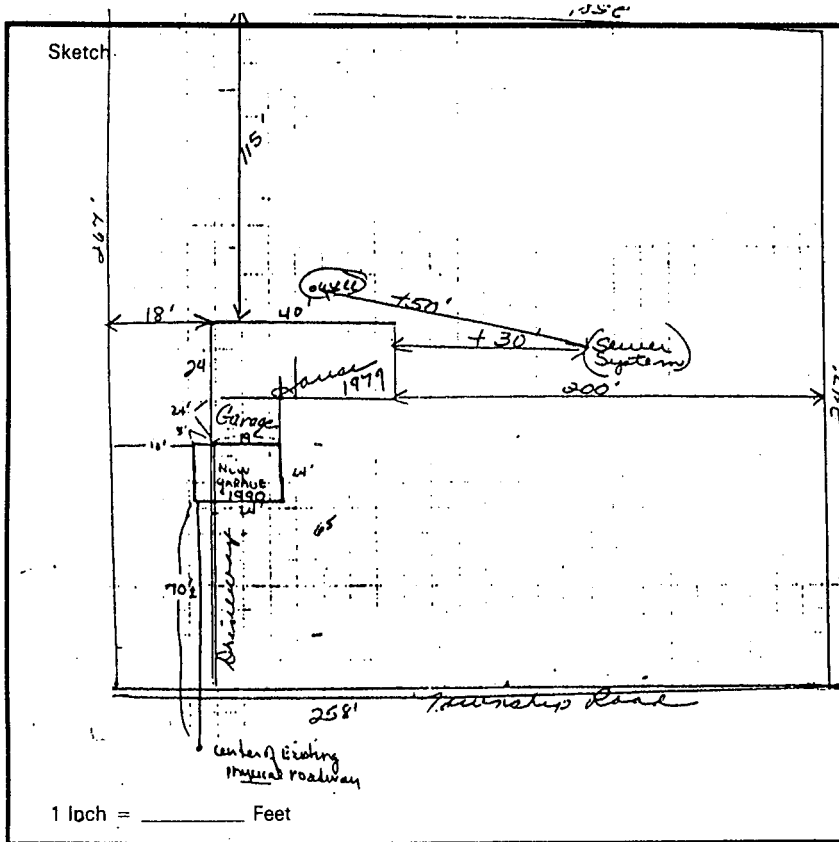
BECKER COUNTY ZONING AND PLANNING

829 LAKE AVENUE, BOX 787, PHONE 847-4427, DETROIT LAKES, MN 56502

Parcel No. 19.1465.505 Lake Name _____ Permit No. _____
Fire _____
No. _____ Township Phew Section 16 Description Lot 6 Block 1 Merry Meadows

Lot Size _____
Issued to: Name Grant G. Ruon Tel. No. 847-7860
Address 245
Work Authorized Garage

Type of Improvement: () New Home () Alteration ☒ Garage () Mobile Home Yr. _____
() Cottage () Septic System () Other Building () Multiple Dwelling _____ Units.
Size 24 x 24 Stories _____ Basement _____ No. of Bedrooms _____ Bathrooms _____
Contractor: Name & Address Howard Klunder Tel. No. 847-
Estimated Cost \$15,000.00 Permit Fee 26.50 State Fee _____ Receipt No. 3666



HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake _____
Side Lot Lines _____ and _____ rear yard
Center Line of Public Road 70 ft. from Twp RA
Right of way State or Co. _____
APPROVED: Board of Adjustment Date: April 11, 1990
Planning Commission Date: _____
County Commissioners Date: _____
Zoning Administrator Date: _____

SEWAGE DISPOSAL SYSTEM DATA

Installed in	85	Septic Tank	Drain Field
Capacity		Gls.	Sq. Ft.
Distance from nearest well		Ft.	Ft.
Distance from lake or stream		Ft.	Ft.
Distance from occupied building		Ft.	Ft.
Distance from property line		Ft.	Ft.
Distance from bottom to Water Table		Ft.	Ft.
Lift Pump () Yes () No		Well Depth	type

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 _____

Date 8-2-90

Approved By _____
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501