



191872000



Becker County Planning & Zoning
915 Lake Ave
Detroit Lakes, MN 56501
(218) 846-7314
www.co.becker.mn.us

Compliance Inspection Report

Existing Subsurface Sewage Treatment Systems (SSTS)
No. SCOM2019-445

System Status

System status on date: 8/30/2019

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 at page bottom.*)

Reason(s) for noncompliance (check all applicable)

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

Owner & Property Information

Owner Name: HERTSGAARD REVOCABLE LIVING TRUST
Parcel #: 191872000
Site Address: 24164 CO HWY 22
Township - Sec/Twp/Rng: LAKE VIEW - 20/138/041

Owner Phone: none
Reason for inspection: Lake Study
Brief system description: Holding tank

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 & certification number:
Richard A. Vareberg, C4632
Business name & license number:
Vareberg Backhoe Services, L910 (Richard Vareberg)
Phone number: 218-847-7372

Inspector signature:

* **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.



Minnesota Pollution Control Agency

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

Compliance Inspection Form
Existing Subsurface Sewage Treatment Systems (SST)

Doc Type: Compliance and Enforcement

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

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

For local tracking purposes:

System Status

System status on date (mm/dd/yyyy): 6-28-19.

Compliant - Certificate of Compliance
(Valid for 9 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

Property address: 24164 Co Hwy 22

Parcel ID# or Sec/Twp/Range: 191872006

Property owner: Ira Hertzgaard

Reason for inspection: County Request

Owner's representative:

Owner's phone:

Local regulatory authority: Becker County Zoning

Representative phone:

Regulatory authority phone: 218-846-7314

Brief system description: Holding Tank

Comments or recommendations:

Certification

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

Inspector name: Richard Vareberg

Certification number:

Business name: Vareberg Backhoe Service

License number: 1910

Inspector signature: [Signature]

Phone number: 218-847-7372

Necessary or Locally Required Attachments

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

Property address: 24164 Co Hwy 22

Inspector Initials/Date: RW628-19
(mm/dd/yyyy)

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

Compliance criteria:

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

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

Comments/Explanation:

Verification method(s):

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

2. Tank Integrity - Compliance component #2 of 5

Compliance criteria:

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

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

Comments/Explanation:

Verification method(s):

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

b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety. Yes* No Unt
*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:

NOV 01 2006

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 R191872000
(if parcel is a new split and a parcel number has not yet been issued, indicate the main parcel number from which the new parcel has been split from)

Section 20 Township 138N Range 41W Township Name Lake View

Lake Name Lake Saké Lake Classification GD

Legal Description: _____

Project Address: 24164 County Hwy 22 Detroit Lakes

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

Owner's First Name Ira Owner's Last Name Hertsgaard

Mailing Address 16663 52nd St SE City, State, Zip Kindred ND 58051

Phone Number 701-428-3389

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 8-14-06

EXISTING SYSTEM STATUS - Check One

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

What will new system serve? Check one

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

Design Flow 450 Gallons Per Day
Number of Bedrooms 3
Garbage Disposal Yes No
Grinder Pump in House Yes No
Lift station in House Yes No

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

Original Soil Compacted Soil _____
Type of Soil Observation
Pit _____ Probe Boring,
Depth to Restricting Layer 36'
Maximum Depth of System +

✓ in intake Tea

Size of All Tanks to Be installed
 _____ gal Septic Tank
300 gal Lift Station
3000 gal Holding Tank
 _____ gal Other Tanks

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

Type of Alarm _____
 Size of Lift Pump _____
 Size of Lift Line _____

Type of Drainfield to be installed Size of Drainfield sq ft to be installed
 Trench _____ sq ft
 At-grade _____ sq ft
 Pressure Bed _____ sq ft
 Seepage Bed _____ sq ft
 Mound _____ sq ft

SETBACKS
 TANK DRAINFIELD
 Distance to Well 550 _____
 Distance to Building >10 _____
 Distance to Property Line >10 _____
 Distance to OHW 30' _____
 Distance to Pressure Line >20 _____

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

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

5. DESIGNER'S CERTIFIED STATEMENT

I, Richard Vareberg 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]
 Signature of Designer

10-31-06
 Date

***** FOR OFFICE USE ONLY *****
 Application Approved by: [Signature] Date: 11/6/06
 Amount Paid \$ 100.00 Receipt Number 119945-344071 Permit Number _____

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.

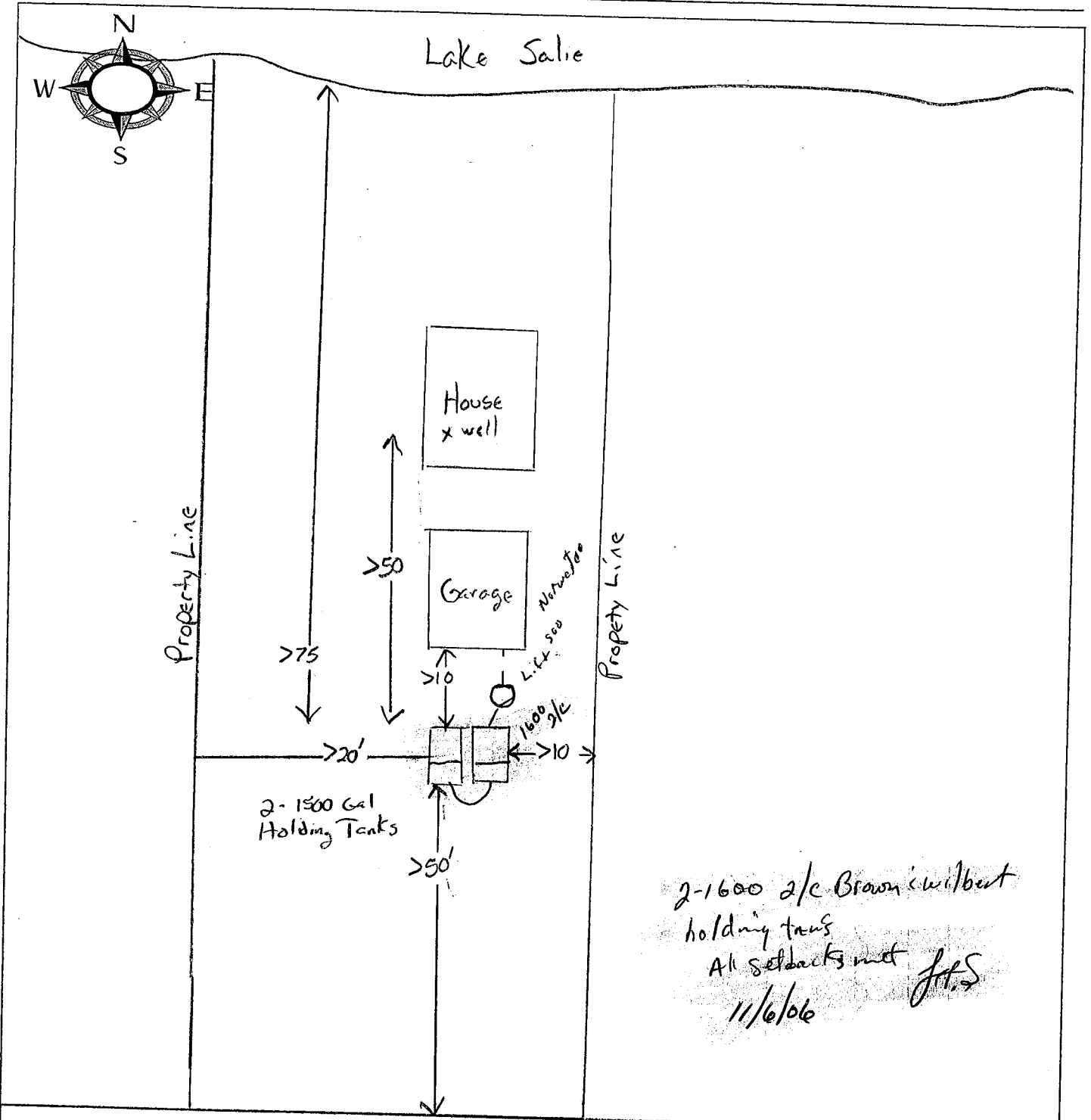
[Signature] ISIS Inspector 11/6/06
 Signature Title Date
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed 11/06/06 Inspected by [Signature]

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 _____



2-1600 2/c Brown & Wilbert
holding tanks
All setbacks met
11/6/06
J.H.S.

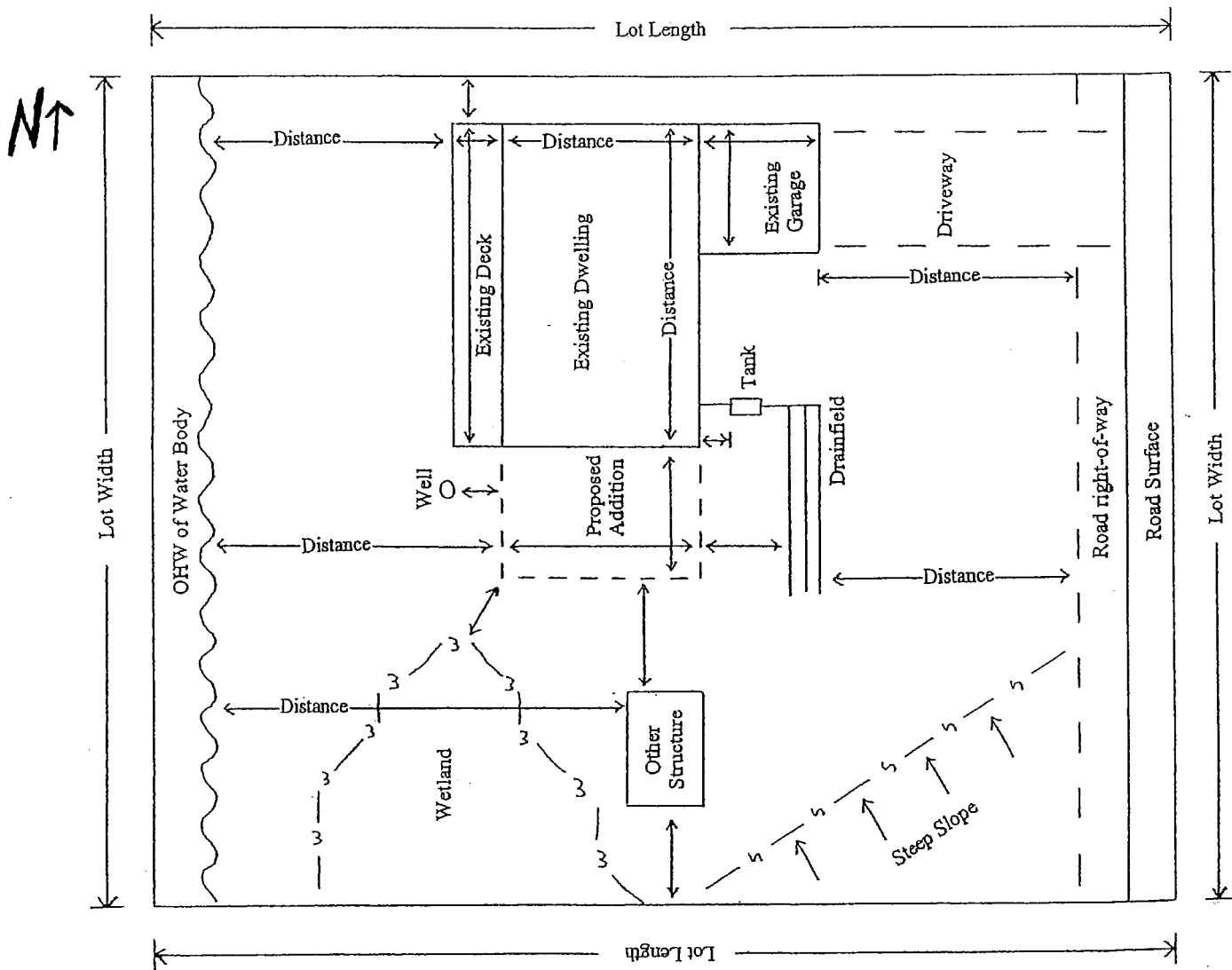
County Hwy 22

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

Applicant or Agent _____

Date _____

SITE PLAN EXAMPLE





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	1580	Gls.		Gls.		SF		SF		SF		SF
Distance from Nearest Well	350	F		F	F	75	F	F	50	F		F
Distance from Lake or Stream	190	F		F	F		F	F		F		F
Distance from Occupied Building	60	F	10	F	F	20	F	F	20	F		F
Distance from Property Line	10	F	10	F	F	10	F	F	10	F		F
Distance from Bottom to Water Table	---	F	---	F	F	4	F	F	4	F		F

Inspector's Comments: *Dick Westland fossils - Holding tanks only
 Left Station from House to Holding Tanks*

INTERPRETATION OF ABBREVIATIONS

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

Mark Kuhn
 Inspector's Signature

Inspection Dated 7-17 1980

Title

Agency

LEGAL DESCRIPTION AND LOCATION
 Hook Lot 1
 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 Hertzog, R.H. _____ 56501
 Contractor Name _____

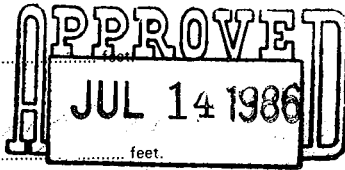
TYPE OF IMPROVEMENT: RESIDENTIAL PROPOSED USE: NON-RESIDENTIAL PROPOSED USE:
 New Building Alteration One Family Dwelling Specify: _____
 Other: _____ Multiple Dwelling _____ Units Size: _____

ESTIMATED COST OF IMPROVEMENT \$ _____ Construction Starting Date: _____
 PRINCIPAL TYPE OF FRAME: TYPE OF SEWAGE DISPOSAL: DIMENSIONS:
 Masonry Public Basement: Yes No
 Wood Frame Individual Septic Tank, etc. Stories above basement: _____
 Structural Steel WATER SUPPLY: Sq. feet (outside dimension) _____
 Other — Specify Public Bedrooms _____ Baths _____
 Individual Well MECHANICAL EQUIPMENT: HEATING:
 Elevator: Yes No Electric Gas Oil
 Air Conditioning: Yes No Coal None
 Other: _____
 Type of Roof: _____

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 _____ Signature of _____
 Permit Fee \$ _____ State Surcharge \$ _____
 Becker County Zoning Administrator

Comments: _____

BUILDING AND SEWAGE SYSTEM PERMIT

BECKER COUNTY ZONING AND PLANNING
829 LAKE AVENUE, BOX 787, PHONE 847-4427, DETROIT LAKES, MN 56502

Parcel No. 19.1872:000 Lake Name Lake Sallie Permit No. 11-18,835-3
 Fire No. _____ Township Lake View Section 20 Description Block A W 50' of Nely
90' of Lot 1 Shawham Lot Size _____

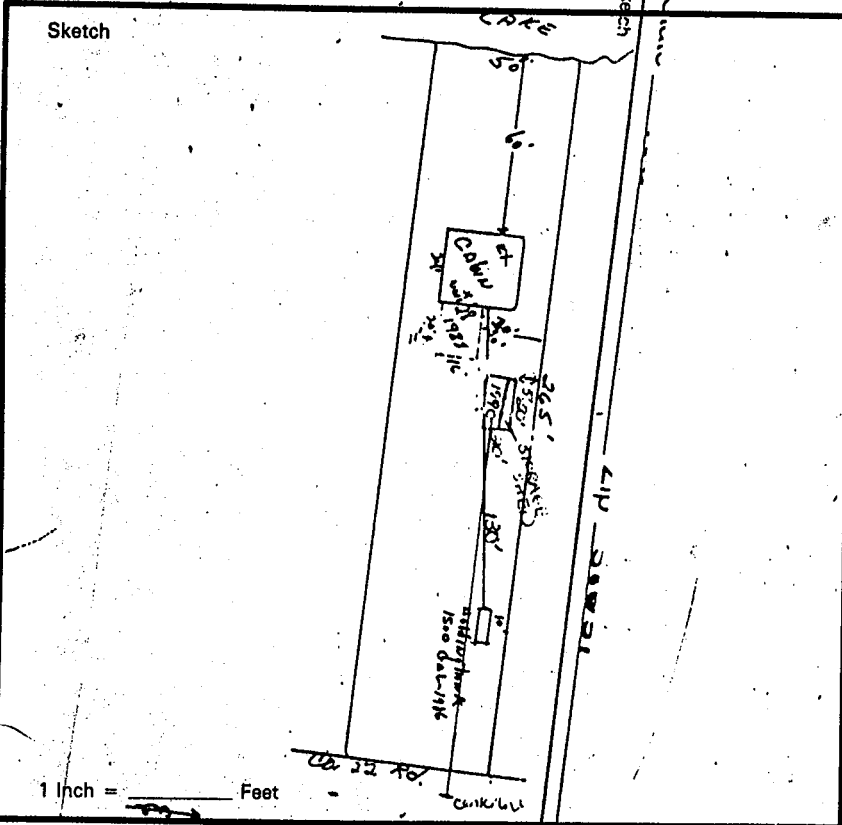
Issued to: Name IRA Hertsgaard Tel. No. _____
 Address R.R. Kindred RD 58051
 Work Authorized CARPOR + storage shed

Type of Improvement: () New Home Alteration () Garage () Mobile Home Yr. _____
 () Cottage () Septic System () Other Building () Multiple Dwelling _____ Units.

Size shed 10x20 C. 10' x 20' Stories 1 Basement _____ No. of Bedrooms _____ Bathrooms _____

Contractor: Name & Address SELF Tel. No. _____

Estimated Cost \$3000 Permit Fee \$25.00 State Fee _____ Receipt No. 3477



HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake 130

Side Lot Lines 5' and 25' rear yard _____

Center Line of Public Road _____

Right of way State or Co. 130' center line

APPROVED: Board of Adjustment Date: _____
 Planning Commission Date: _____
 County Commissioners Date: _____
 Zoning Administrator Date: _____

SEWAGE DISPOSAL SYSTEM DATA

Existing Holding Tank

Installed in '99	Septic Tank	Drain Field
Capacity _____	1560 Gls.	Sq. Ft.
Distance from nearest well	30 Ft.	Ft.
Distance from lake or stream	190 Ft.	Ft.
Distance from occupied building	60 Ft.	Ft.
Distance from property line	10 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.

IRA Hertsgaard
SIGNATURE OF OWNER

Received By Jally Jensen

Date 6-22-90

Approved By Alfred Sealing
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501

BECKER COUNTY

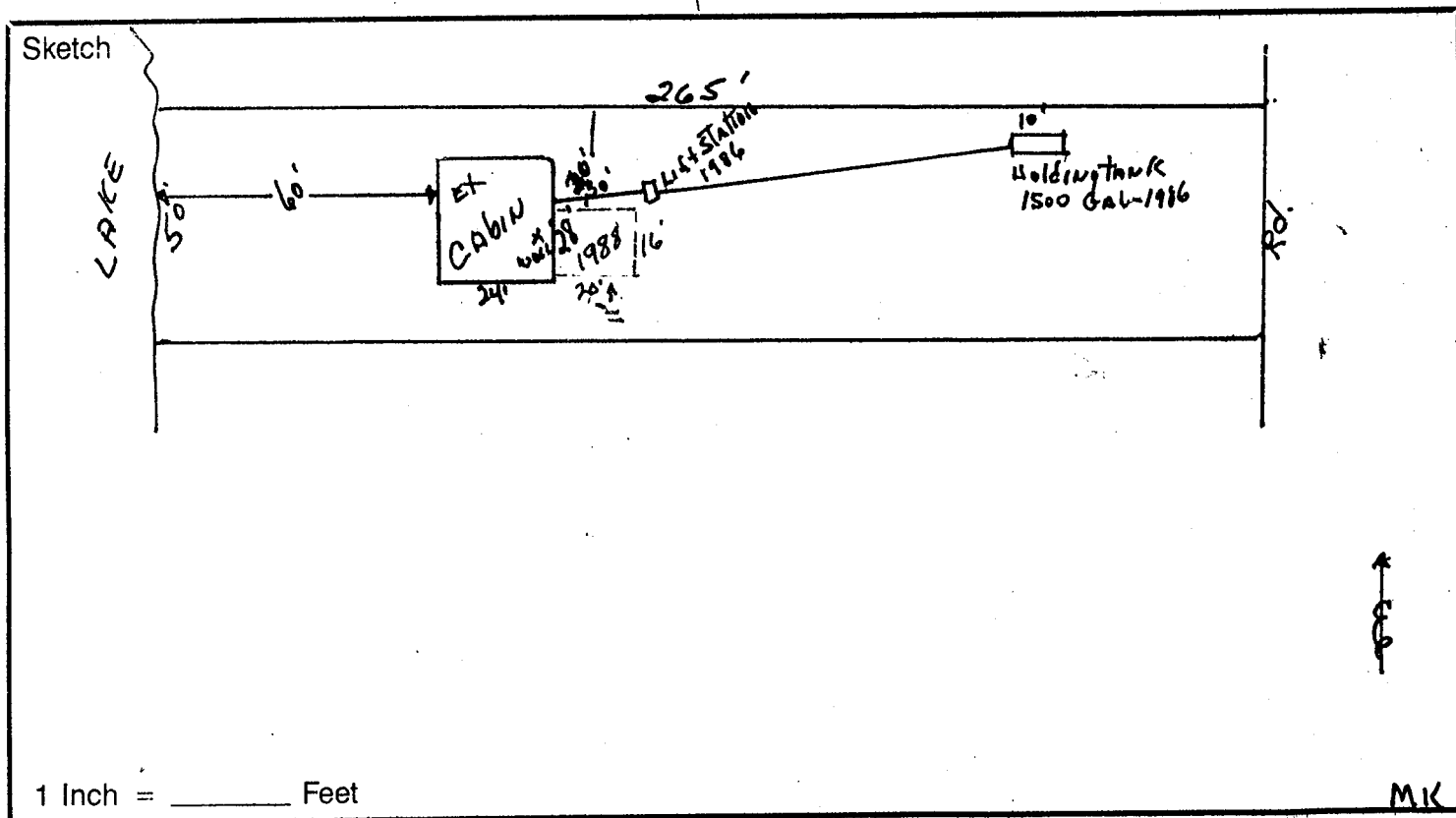
Permit Number 13-14,834-35 Date 7-7-86

Building _____ Sewage System Holding Tank
1600 Gals.

Township Lake View Sec. 20 Description T138 N R 41 W.
Prof Lot 1 BIK(A) John K. West's Add.

Work Authorized Sewer System Holding Tank
1600 Gals. w/ Lift Pump.

Issued to: Name Ira Hertsgaard
Address: _____ Town Kindred,
State ND Zip 58051



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.

Ira Hertsgaard
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501

LEGAL DESCRIPTION AND LOCATION: Plot Lot 1 BLK(A) John K. West's Add.
Sallie GD 2D 138 41 LAKEVIEW
 Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name

10795

IDENTIFICATION: Please Print All Information

Owner	Last Name: <u>Hertsgaard</u> First: <u>L</u> Initial: <u>R</u>	Mailing Address-- No. Street, City and State: <u>Kindred, ND</u>	Zip No.: <u>58051</u>	Tel. No.:
Contractor	Name: <u>Dick Westlund</u>	<u>Rt 2 Lake Park, MN</u>		

Mail Co. →

TYPE OF IMPROVEMENT: New Building Alteration Other: Sewer System

RESIDENTIAL PROPOSED USE: One Family Dwelling Multiple Dwelling _____ Units

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

ESTIMATED COST OF IMPROVEMENT \$ _____ Construction Starting Date: _____

PRINCIPAL TYPE OF FRAME: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify _____	TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Well MECHANICAL EQUIPMENT: Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central _____ 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: _____
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SEWAGE DISPOSAL SYSTEM DATA:	SEEPAGE PIT	DRAIN FIELD
Capacity: <u>1600</u> Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well: <u>90</u> Ft.	Ft.	Ft.
Distance from lake or stream: <u>150</u> Ft.	<u>X</u> Ft.	<u>X</u> Ft.
Distance from occupied building: <u>90</u> Ft.	Ft.	Ft.
Distance from property line: <u>10</u> Ft.	Ft.	Ft.
Distance from bottom to Water Table: <u>+4</u> Ft.	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 50 x 265 square feet. Water frontage is 50' feet.

Building set back from high water mark is 60' feet. (Building Line)

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

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

Side yard is W-40' and E-10' feet. Rear yard is _____ feet.

Building will be located 30' 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 7/7/86 Signature of Owner [Signature]

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 7-11-86 Signature of Zoning Administrator [Signature]
 Permit Fee \$ 30.00 State Surcharge \$ 50
 Becker County Zoning Administrator

Comments: _____

INSPECTOR'S CHECK LIST
Make all measurements and computations

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

SEWAGE DISPOSAL SYSTEM STATISTICS

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

Inspector's Comments: _____

**INTERPRETATION
OF ABBREVIATIONS**

Gls — Gallons
 SF — Square Feet
 F — Linear Feet

Inspection
 Dated

19

Inspector's Signature

Title

Agency