



280119001



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

## Certificate of Compliance Inspection Report - Permit #: SS2020-439

Owner & Property Information	
<b>Owner Name:</b>	SHAUN D & KRISTEN D SCHIPPER
<b>Mailing Address:</b>	SHAUN D & KRISTEN D SCHIPPER 3049 HICKORY ST FARGO ND 58102
<b>Parcel #:</b>	280119001
<b>Secondary Parcel #:</b>	
<b>Site Address:</b>	23950 VACATION LN
<b>Township - Sec/Twp/Rng:</b>	SHELL LAKE - 19/140/038
<b>Legal Description:</b>	19-140-38 PT GOVT LOT 5: COMM SW COR SEC 19, E 228.48', NLY 55.17', NE 40.57', E 169.47', N 444.01' TO POB; S 444.01', W 169.47', SW 40.57', NWLY 69.32', NLY 73.5', N 65.02', NWLY 205.39' TO ISLAND LK, NE AL LK 448.19', SE 213.81' TO POB.
<b>Designer:</b>	Anderson On-Site, L634 (Randy Anderson)
<b>Installer:</b>	PROPERTY OWNER - Self Install

Inspector Verified Specifications	
Insp- Effluent Screen Installed:	No
Insp- Alarm Required:	Yes
Insp- Lift Pump in System:	No
Insp- Number of Bedrooms:	1
Insp- Tank Nbr/Size:	1/1500
Insp- Drainfield Type:	No Drainfield
Insp- Drainfield Size:	
Insp- Soil Verification:	#1:N/A #2:N/A #3:N/A

Inspector Verified Setbacks	
Insp- Tank Dist to Road	100+
Insp- Tank Dist to Nearest Prop Line	100+
Insp- Tank Dist to Nearest Structure	
Insp- Tank Dist to Well	
Insp- Tank Dist to OHW	200+
Insp- Tank Dist to Pond/Wetland	
Insp- Tank Dist to Pressure Line	
Insp- Drainfield Dist to Road	
Insp- Drainfield Dist to Nearest Prop Line	
Insp- Drainfield Dist to Nearest Structure	
Insp- Drainfield Dist to Well	75+
Insp- Drainfield Dist to OHW	
Insp- Drainfield Dist to Pond/Wetland	
Insp- Drainfield Dist to Pressure Line	

Certificate of Compliance	
(Yes) 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.	Zoning Office Signature:
Certification Date: 6/23/2020	
	Denise Gubrud - ISTS Inspector

\* Certificate of Compliance is not valid unless signed by a Registered Qualified Employee \*



**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:

## System Status

System status on date (mm/dd/yyyy): 9-7-2016

**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: 280119001

Property address: 23950 Vacation Ln

Reason for inspection: \_\_\_\_\_

Property owner: Shawn Skipper  
or

Owner's phone: 701-238-6165

Owner's representative: \_\_\_\_\_

Representative phone: \_\_\_\_\_

Local regulatory authority: \_\_\_\_\_

Regulatory authority phone: \_\_\_\_\_

Brief system description: sewage tank - no bottom

Comments or recommendations: 3049 Hickory St.  
Fargo, ND 58102

## 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: Dan F. Gershen

Certification number: \_\_\_\_\_

Business name: \_\_\_\_\_

License number: 418

Inspector signature: Dan F. Gershen

Phone number: \_\_\_\_\_

## Necessary or Locally Required Attachments

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

<b>RECEIVED</b>
SEP 09 2016
ZONING

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

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

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

Comments/Explanation:

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

**2. Tank Integrity – Compliance component #2 of 5**

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

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

Comments/Explanation:

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

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

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

Explain:

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

Explain:

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

**Compliance criteria:**

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

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

Comments/Explanation:

**Verification method(s):**

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

**2. Tank Integrity – Compliance component #2 of 5**

**Compliance criteria:**

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

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

Comments/Explanation:

**Verification method(s):**

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

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

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

Explain:

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

Explain:

**4. Soil Separation – Compliance component #4 of 5**

Date of installation: \_\_\_\_\_  Unknown  
 (mm/dd/yyyy)  
 Shoreland/Wellhead protection/Food beverage lodging?  Yes  No

**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.

**Compliance criteria:**

For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment.  Yes  No

Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

- 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)

Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment.  Yes  No

Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.\*

**Comments/Explanation:**

"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080.2350 or 7080.2400 (Advanced Inspector License required))  Yes  No

Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

**Indicate depths or elevations**

A. Bottom of distribution media	_____
B. Periodically saturated soil/bedrock	_____
C. System separation	_____
D. Required compliance separation*	_____

\*May be reduced up to 15 percent if allowed by Local Ordinance.

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

**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**

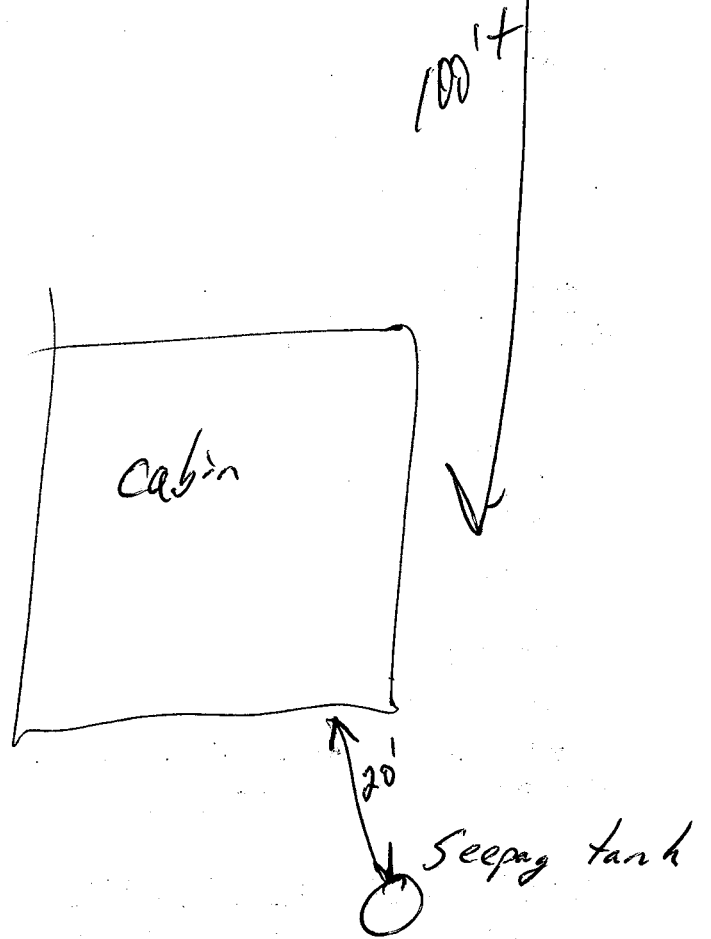
a. Operating Permit number: \_\_\_\_\_  
 Have the Operating Permit requirements been met?  Yes  No

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.

# Island Lake



Inspection does not imply or guarantee future hydraulic functioning, only what conditions were found on date of inspection

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

BECKER COUNTY ZONING ADMINISTRATION

Permit No. 12-13,044-22  
 Date 7-23-84

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

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION: SW1/4 Rines heights Add. (Waldens point) Lots 1+2 28.0119.001 sep 84

153 Island Lake RD 19 140 38 Shell Lake

Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name

9008

IDENTIFICATION: Please Print All Information

Owner: Last Name Martin, First Initial Gene Mailing Address: No. Street, City and State Rt 1 Box 341 Moorhead MN 56560 Zip No. 56560 Tel. No.

Contractor: Name Jim Stenger - Sewer

TYPE OF IMPROVEMENT:  New Building ( ) Alteration Other Cabin

RESIDENTIAL PROPOSED USE:  One Family Dwelling ( ) Multiple Dwelling \_\_\_\_\_ Units

NON-RESIDENTIAL PROPOSED USE: Specify: Cabin Size: 26 X 34

ESTIMATED COST OF IMPROVEMENT'S Construction Starting Date:

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

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

WATER SUPPLY: ( ) Public  Individual Well

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

DIMENSIONS: Basement: ( ) Yes  No Stories above basement: one Sq. feet (outside dimension) 26 X 34 Bedrooms \_\_\_\_\_ Baths \_\_\_\_\_

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

Type of Roof: Asphalt

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity <u>1000 Gals</u>	+ 1000 Gls.	<u>350</u> Sq. Ft.	Sq. Ft.
Distance from nearest well	+ 75 Ft.	75 Ft.	Ft.
Distance from lake or stream	+ 75 Ft.	75 Ft.	Ft.
Distance from occupied building	110 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

CHARACTERISTICS: 600 X 350

Lot Area is 209 square feet. Water frontage is 368 feet.

Building set back from high water mark is 295 feet. (Building Line)

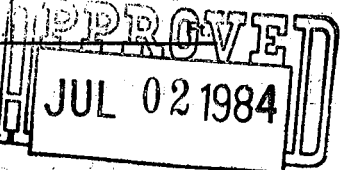
Land height above high water mark at building line is +6 feet

Building set back from State highway is +100 feet - from road or street is +100 feet.

Side yard is +100 and +100 feet. Rear yard is +100 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 7-23-84

Gene Martin  
 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 7-2-84

MUST BE POSTED AT THE BUILDING SITE  
Floyd Sunby  
 Becker County Zoning Administrator

Permit Fee \$ 27.00 State Surcharge \$ .50

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.	SF	SF	SF	SF
Distance from Nearest Well	F	F	F	75	F	50
Distance from Lake or Stream	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	4	F	4

Inspector's Comments: \_\_\_\_\_

**INTERPRETATION  
OF ABBREVIATIONS**

Gls — Gallons  
 SF — Square Feet  
 F — Linear Feet

Inspector's Signature \_\_\_\_\_

Title \_\_\_\_\_

Inspection  
 Dated \_\_\_\_\_ 19\_\_

Agency \_\_\_\_\_

Sep 84

**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 \_\_\_\_\_

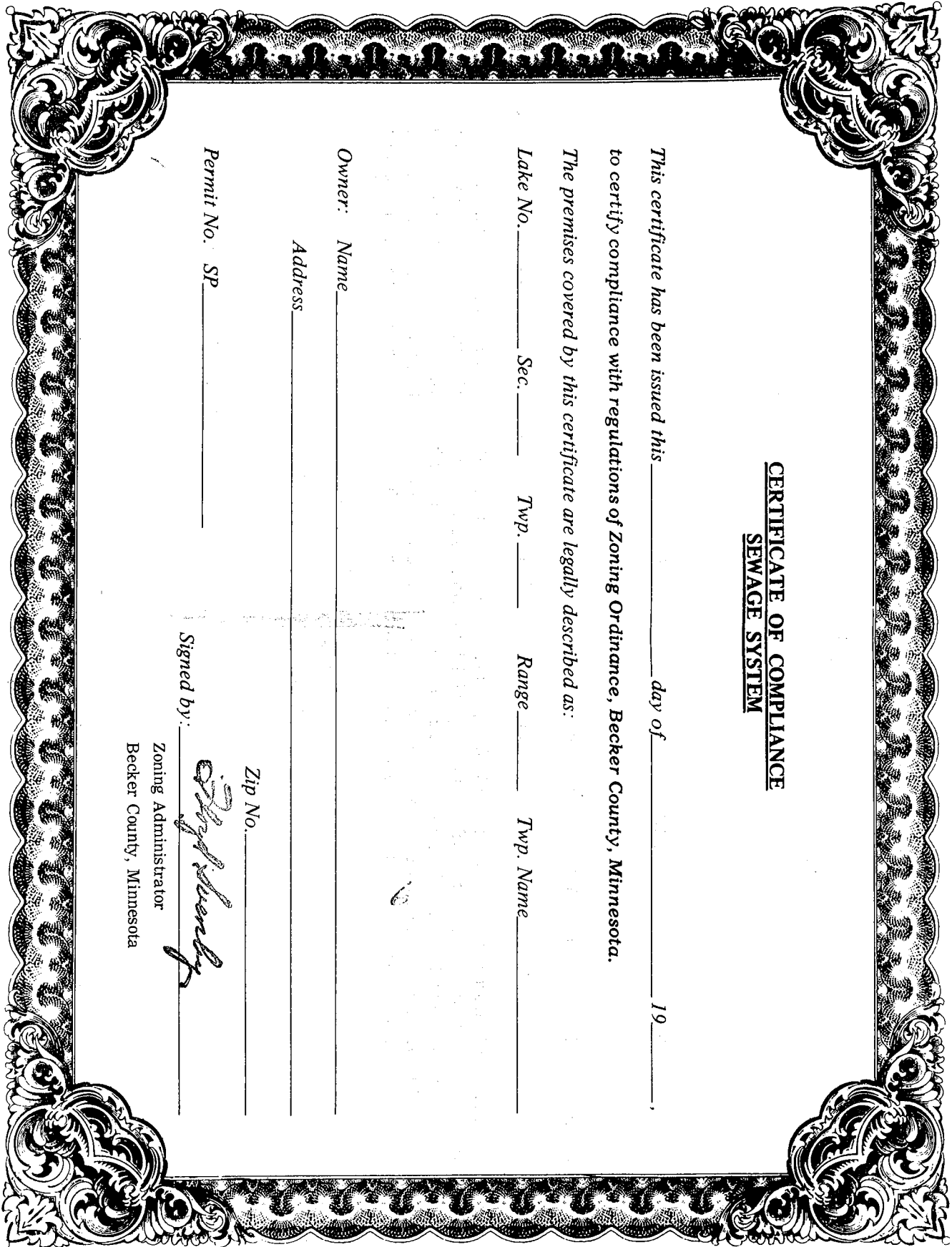
Zip No. \_\_\_\_\_

Permit No. SP \_\_\_\_\_

Signed by:

*[Handwritten Signature]*

Zoning Administrator  
Becker County, Minnesota





28.0119.001  
Sep 84

**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.

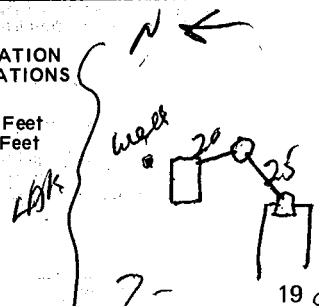
**SEWAGE DISPOSAL SYSTEM STATISTICS**

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity <i>ROUND</i>	1100 Gls.				40x12 450 SF	
Distance from Nearest Well	70 F	F	F	75 F	F	50 F
Distance from Lake or Stream	200 F	F	F	F	F	F
Distance from Occupied Building	20 F	10 F	F	20 F	F	20 F
Distance from Property Line	+20 F	10 F	F	10 F	F	10 F
Distance from Bottom to Water Table	---	F	F	4 F	F	4 F

Inspector's Comments: 18 yards Rock. STINGER

Interpretation of Abbreviations

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



Inspection Dated 7-19-84

*Floyd Suenly*  
Inspector's Signature

2A  
Title

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, 094-22  
 Date 7-2-84

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION  
 SW 1/4  
 153  
 Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name

IDENTIFICATION: Please Print All Information

Owner: Last Name Martinez First Initial Gene Mailing Address— No. Street, City and State \_\_\_\_\_ Zip No. \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 Contractor Name \_\_\_\_\_

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

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

Type of Roof: Asphalt

SEWAGE DISPOSAL SYSTEM DATA:		SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>with lift pump?</u>	<u>1200</u> Gls.	<u>550</u> Sq. Ft.	Sq. Ft.
Distance from nearest well		<u>75</u> Ft.	<u>75</u> Ft.	Ft.
Distance from lake or stream		<u>75</u> Ft.	<u>75</u> Ft.	Ft.
Distance from occupied building		<u>15</u> Ft.	<u>15</u> Ft.	Ft.
Distance from property line		<u>110</u> Ft.	<u>110</u> Ft.	Ft.
Distance from bottom to Water Table		Ft.	<u>14</u> Ft.	Ft.

APPROVED  
 JUL 02 1984

CHARACTERISTICS: 600 X 350  
 Lot Area is 153 square feet. Water frontage is 368 feet.  
 Building set back from high water mark is 225 feet. (Building Line)  
 Land height above high water mark at building line is 13 feet.  
 Building set back from State highway is \_\_\_\_\_ feet - from road or street is 100 feet.  
 Side yard is 100 and 100 feet. Rear yard is \_\_\_\_\_ feet.  
 Building will be located 110 feet from septic tank (Sewage System Permit must be obtained before installation).  
 Building will be located 110 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 7-2-84 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 7-2-84 \_\_\_\_\_  
 Becker County Zoning Administrator

Permit Fee \$ 27.00 State Surcharge \$ .50

Comments: \_\_\_\_\_

BECKER COUNTY

Department \_\_\_\_\_

Becker County Courthouse

Detroit Lakes, MN 56501

Subject \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Date \_\_\_\_\_

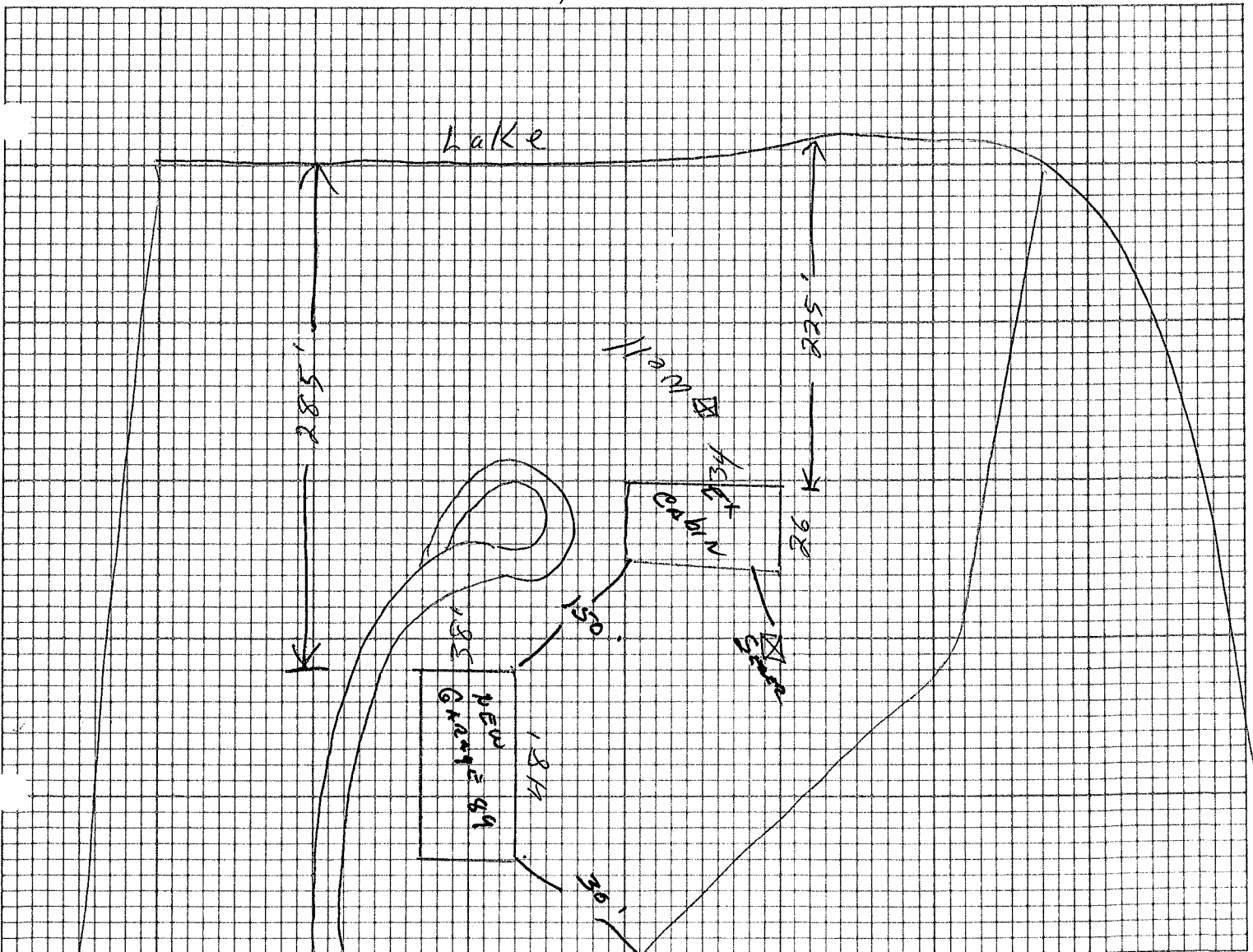
28.0119.001

site 89

Location or Legal Description \_\_\_\_\_

Remarks:

Signature \_\_\_\_\_



$$\begin{array}{r}
 3848 \quad 4 \\
 \hline
 1302 \quad 4 \\
 \hline
 18 \quad 24 \quad 10 \\
 \hline
 18 \quad 24 \quad 10 \\
 \hline
 \end{array}$$

$$\begin{array}{r}
 136.30 \\
 \hline
 19.50 \\
 \hline
 \end{array}$$

$$\begin{array}{r}
 25.00 \\
 19.50 \\
 \hline
 4.50 \\
 \hline
 \end{array}$$

✓

Sep 94

GENE L & JULIE MARTIN  
RT 1 BOX 25B  
MOOREHEAD, MN 56560-9801

SEPTIC SYSTEM SURVEY

1. What is your septic tank capacity? 1000; or, what size is your septic tank? \_\_\_\_\_.
- a. Does your septic system have a lift station? Yes  No
- b. How old is your septic system? 8 years.
- c. Distance from the drainfield, cesspool, privy, or holding tank to the lake 300 Feet.
2. How many bathrooms does your home have? one.
3. How many bedrooms does your home have? one.
4. Is your lake home on Island Lake your primary residence? Yes  No
- a. Average number of occupants at residence? 2.
5. Is your home/cabin used year around or seasonal? Circle one.
6. How many days per year is your home occupied? 30.
7. Please circle the following that your lake home is equipped with.
 

a. garbage disposal	b. dishwasher	<input checked="" type="radio"/> c. washing machine
<input checked="" type="radio"/> d. water softener	e. foundation drains	f. guest house
g. rain gutters	h. fish cleaning house	
8. Please list the above items which are hooked up to your septic system by indicating the appropriate letter (s) d, c.
9. How often do you have your septic tank pumped? 5 years.
10. Have you ever experienced wet spots or spongy ground over your drainfield? Yes  No
11. Have you ever had any problems with your septic system such as backups? Please describe NO
12. What type of well do you have? Circle one. Sandpoint: less 50 feet of casing, Deep well drilled +50 feet of casing.
13. What is the depth of your well? 166 feet.
14. Are there any abandoned wells on your property? Yes  No Please explain.
15. Please list any of your concerns about pollution that should be considered in this study. Keep up the good work  
I also have 28 0213 but just would no home on it

If you have any questions or comments concerning this survey please contact our office at (218) 846-7314.

RETURN FORM TO:  
BECKER COUNTY ZONING ADMINISTRATOR  
FLOYD SVENBY  
829 LAKE AVE PO BOX 787  
DETROIT LAKES, MN 56502-0787

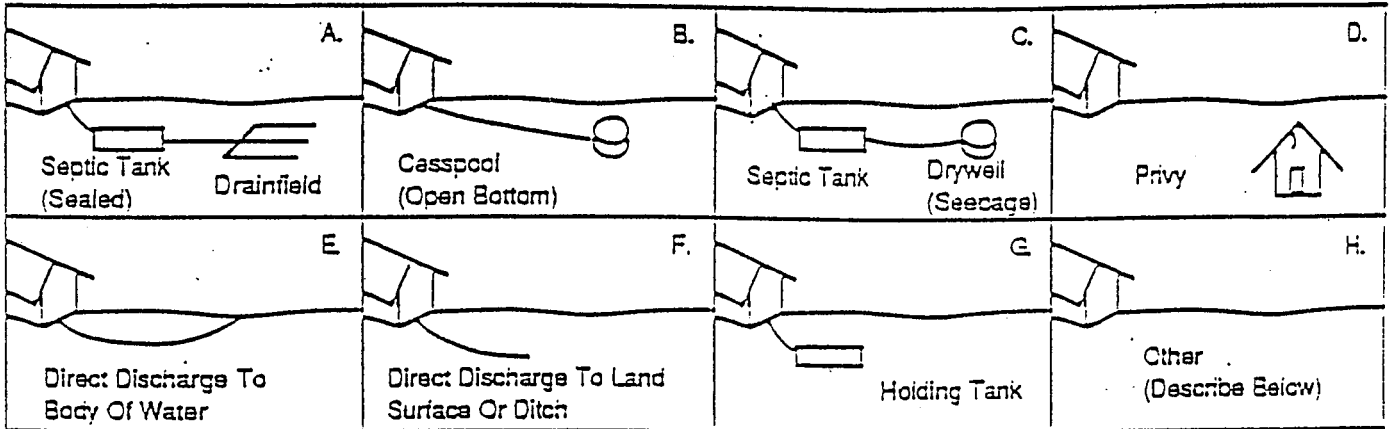
Thank you for your cooperation!

### SEPTIC SYSTEM SURVEY

Please complete this survey for the review of your subdivision on Island Lake and return it to the address listed at the end of the questionnaire.

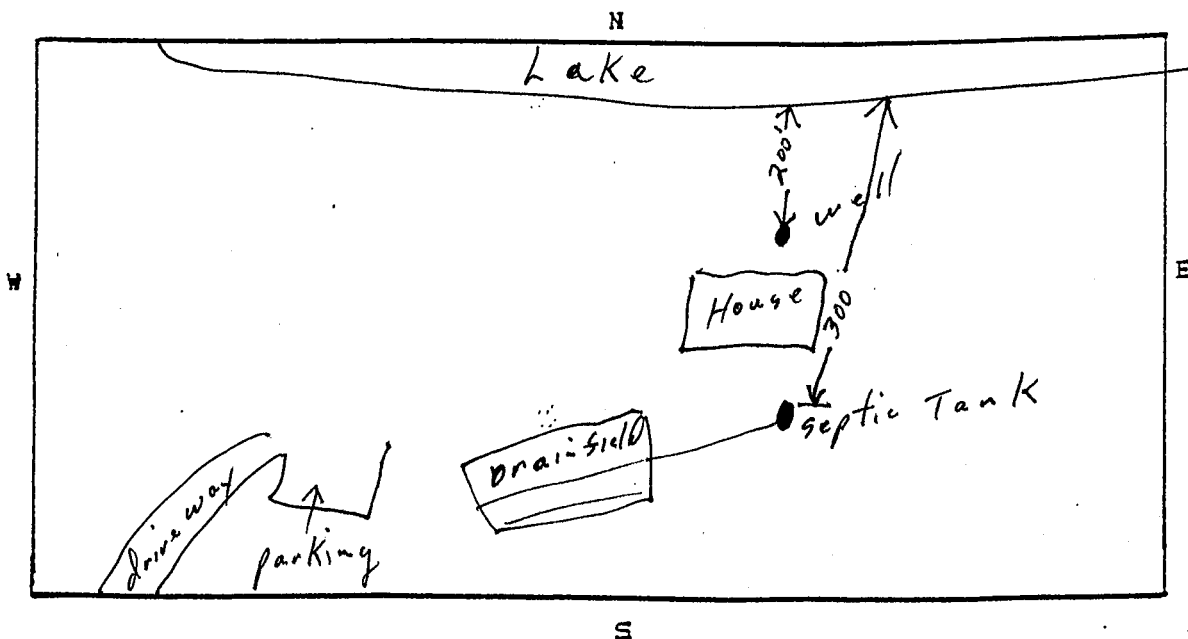
Please circle the letter that corresponds to the drawing that best describes your system.

- A.
- B.
- C.
- D.
- E.
- F.
- G.
- H.



H. (other) Please describe \_\_\_\_\_

Please sketch an aerial diagram of home, septic tank, drainfield, well, driveway, parking areas and lakeshore plus approximate distances in the area below. Please use pencil.





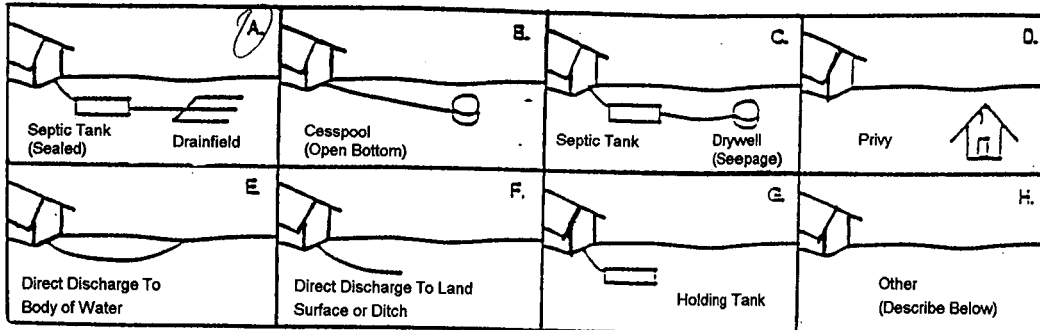
SEPTIC SYSTEM STUDY

28.0119.001 Sep 94

Please complete Parts One, Two and Three of the Study for the review of your lot by the Zoning Office and your Lake Association. If you have any questions contact the Zoning Office (218) 846-7314.

Please circle the letter that best describes your system.

Part One



H. (other) Please describe \_\_\_\_\_

Part Two

SEPTIC SYSTEM STUDY

1. What is Septic Tank capacity? 1000 Gallons
2. Does your Septic Tank have a Lift Station? Yes  No
3. Date of Septic System Installation: 7-1-86
4. Number of Bathrooms in home: ONE
5. Number of Bedrooms in home: ONE
6. Dimensions of Home: 32' + 26'
7. Number of people occupying the home: TWO
8. Is your home/cabin used year around or seasonal? seasonal
9. Circle the following items that your home is equipped with:
 

A. Garbage Disposal	D. Dishwasher
<input checked="" type="checkbox"/> B. Water Softener	E. Foundation Drains
C. Rain Gutters	<input checked="" type="checkbox"/> F. Washing Machine
10. List the above item letters that are connected to the Sewer System: B & C
11. How often do you have your Septic System pumped? 1 in 6 years
12. Most recent date System was pumped? 7-93
13. Most recent date of repair to the System? NONE
14. Have you ever had any of the following problems with your system: (Circle them)
 

A. Seasonal Spongy Ground	C. Discharge to Water Table
B. Backup in the Home	D. Other <u>NONE</u>

BECKER COUNTY ZONING ADMINISTRATOR  
 FLOYD SVENBY  
 829 LAKE AVE  
 PO BOX 787  
 DETROIT LAKES, MN 56502-0787

GENE L & JULIE MARTIN  
 RT 1 BOX 258  
 MOORHEAD, MN 56560-9901

R 28.0119.001

PLACE  
 FIRST-CLASS  
 STAMP  
 HERE

I hereby certify with my signature that all data is true and correct:

Distances to Well:	_____ = Tank	_____ = Drainfield	_____ = Distance to Pressure Line:	_____ = Drainfield	_____ = Tank
Distance to Building:	_____ = 125'	_____ = 150'	_____ = Distance to Ordinary High Water Level:	_____ = 45'	_____ = 45'
Distance to Property Line:	_____ = 40'	_____ = 35'	_____ = Distance to Highest Known Ground Water Level, Imperious Lens or Soil Mottling:	_____ = 400'	_____ = 400'
Distance to Suction Line:	_____ = 3'	_____ = 3'	_____ = Tank Capacity (gal.) & Area of Drainfield (ft. 2):	_____ = 1000	_____ = 20' x 60'

Draw All Building, Sewage Systems, Lake, Roads And All Wells Within 125 Feet. Property Lines, Lake, Roads And All Wells Within 125 Feet.

1 inch Equals \_\_\_\_\_

DESIGN

Anticipated Use  
 a. [X] Single Family  
 b. [ ] Multiple Family  
 c. [ ] Commercial  
 d. [ ] Agricultural  
 e. [ ] Other (specify)

Type of System  
 a. [ ] Septic Tank Only  
 b. [ ] Drainfield Only  
 c. [X] Septic Tank & Drainfield  
 d. [ ] Holding Tank  
 e. [ ] Alternative System (specify)

Type of Drainfield  
 a. [X] Standard System  
 b. [ ] Mound (pressure distribution)  
 c. [ ] Mound (gravity distribution)

Well Data  
 a. Depth: 166'  
 b. Diameter: 4"

Type of Well  
 a. [X] Drilled  
 b. [ ] Sand Point

Part Three

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 Sep 99  
 Lake