



330084000

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 9 day of NOVEMBER, 1981,
to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: WENEN (80 ACRES)

Lake No. _____ Sec. 7 Twp. 139 Range 78 Twp. Name TOTAL LAND

New sewer system has 1000 gal. septic tank, 60 ft. from nearest well, 100 ft. from pond, 15 ft. from occupied building, over 10 ft. from property line, drain field is 418 sq. ft. (11x38); 78 ft. from nearest well, 30 ft. from occupied building, over 10 ft. from property line, and 25 ft. from bottom to water table. One (1) foot of rock, fifteen (15) yards.

Owner: Name DUANE NELSON

Address 2248 FOYLE
DEER CREEK LAKE, MN. 55501

Zip No. _____

Permit No. SP 12-11, 078-27

Signed by: [Signature]
Zoning Administrator
Becker County, Minnesota

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

BECKER COUNTY ZONING ADMINISTRATION
COUNTY COURT HOUSE - Phone 218-847-3938 - Detroit Lakes, Minn. 56501
APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

Permit No. 12-11078-27
Date 11/5/81

7151

LEGAL DESCRIPTION AND LOCATION	7 1/2 NW 1/4 (80 acres)					
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range
				7	139	38
						TWP Name
						Toad Lake

IDENTIFICATION: Please Print All Information						Zip No.	Tel. No.
Owner	Last Name	First	Initial	Mailing Address - No. Street, City, and State			
	Melroy	Duane		Star Route			
				Detroit Lakes, Minn.		56501	
Contractor	Name						

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
() New Building () Alteration Other <u>Bed House</u>	() One Family Dwelling () Multiple Dwelling _____ Units	Specify: _____ Size: _____

ESTIMATED COST OF IMPROVEMENT \$ <u>15,000.00</u>	Construction Starting Date: _____	
PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:
() Masonry (X) Wood Frame () Structural Steel () Other - Specify _____	() Public (X) Individual Septic Tank, etc. WATER SUPPLY: () Public (X) Individual Well MECHANICAL EQUIPMENT Elevator: () Yes (X) No Air Conditioning: () Yes (X) No () Central () Unit	Basement: (X) Yes () No Stories above basement: <u>one and one half</u> Sq. feet (outside dimension) <u>32x28 ft.</u> Bedrooms <u>2</u> Baths _____
Type of Roof: <u>asphalt</u>		HEATING: () Electric () Gas () Oil () Coal () None <u>wood</u> Other: _____

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1000</u> Gls.	<u>500</u> Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>over 50</u> Ft.	<u>over 50</u> Ft.	Ft.
Distance from lake or stream	Ft.	Ft.	Ft.
Distance from occupied building	<u>over 10</u> Ft.	<u>over 10</u> Ft.	Ft.
Distance from property line	<u>over 10</u> Ft.	<u>over 10</u> Ft.	Ft.
Distance from bottom to Water Table	Ft.	<u>over</u> Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS: 80 acres

Lot Area is 80 acres 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 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 11/5/81

Howard Khander
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 11/6/81

Sheldon Swenby
Becker County Zoning Administrator

Permit Fee \$ 20.00 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.		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

Inspection
 Dated _____

19

Inspector's Signature _____

Title _____

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	1000	Gls.		Gls.		SF		SF	11x38 418	SF		SF
Distance from Nearest Well	60	F		F		F	75	F	78	F	50	F
Distance from Lake or Stream Pond.	100	F		F		F		F		F		F
Distance from Occupied Building	15	F	10	F		F	20	F	30	F	20	F
Distance from Property Line	5	F	10	F		F	10	F	—	F	10	F
Distance from Bottom to Water Table	—	F	—	F		F	4	F	25	F	4	F

Inspector's Comments: Clay soil - 11x38 Bed - 1 ft rock

15 yards -

**INTERPRETATION
OF ABBREVIATIONS**

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SF — Square Feet
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Floyd Duenkel
Inspector's Signature

Inspection

Dated 11-9-81

Title

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

7151

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: () New Building () Alteration Other _____	RESIDENTIAL PROPOSED USE: () One Family Dwelling () Multiple Dwelling _____ Units	NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____
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ESTIMATED COST OF IMPROVEMENT \$ PRINCIPAL TYPE OF FRAME: () Masonry (x) Wood Frame () Structural Steel () Other — Specify _____	TYPE OF SEWAGE DISPOSAL: () Public (x) Individual Septic Tank, etc. WATER SUPPLY: () Public (x) Individual Well MECHANICAL EQUIPMENT: Elevator: () Yes () No Air Conditioning: () Yes () No () Central () Unit	CONSTRUCTION STARTING DATE: _____ DIMENSIONS: Basement: () Yes () No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ HEATING: () Electric () Gas () Oil () Coal () None Other: _____
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SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
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Side yard is _____ and _____ feet. Rear yard is _____ feet.

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MUST BE POSTED AT THE BUILDING SITE

Dated 11/6/81 _____
Becker County Zoning Administrator

Permit Fee \$ _____ State Surcharge \$ _____

Comments: _____

BECKER COUNTY

Department_

Becker County Courthouse

Detroit Lakes, MN 56501

Subject

Name

Address

Town

State.

Zip

Date_____

Location or Legal Description

Remarks:

Signature.

