



330279301



Control Agency

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

County copy

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): 10-13-2020

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: 330279301

Property address: 21778 Bayview Rd Usage Reason for inspection: Mandate

Property owner: Ben, Jodie Cariesen Owner's phone: 58570

Owner's representative: _____ Representative phone: _____

Local regulatory authority: _____ Regulatory authority phone: _____

Brief system description: 1000 gal tank - rock downfield

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: Paul Bjork Certification number: _____

Business name: _____ License number: 478

Inspector signature: Paul Bjork Phone number: _____

Necessary or Locally Required Attachments

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

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 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 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

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.

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.*

"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.

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

A. Bottom of distribution media	24"
B. Periodically saturated soil/bedrock	60"
C. System separation	36"
D. Required compliance separation*	31"

*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.

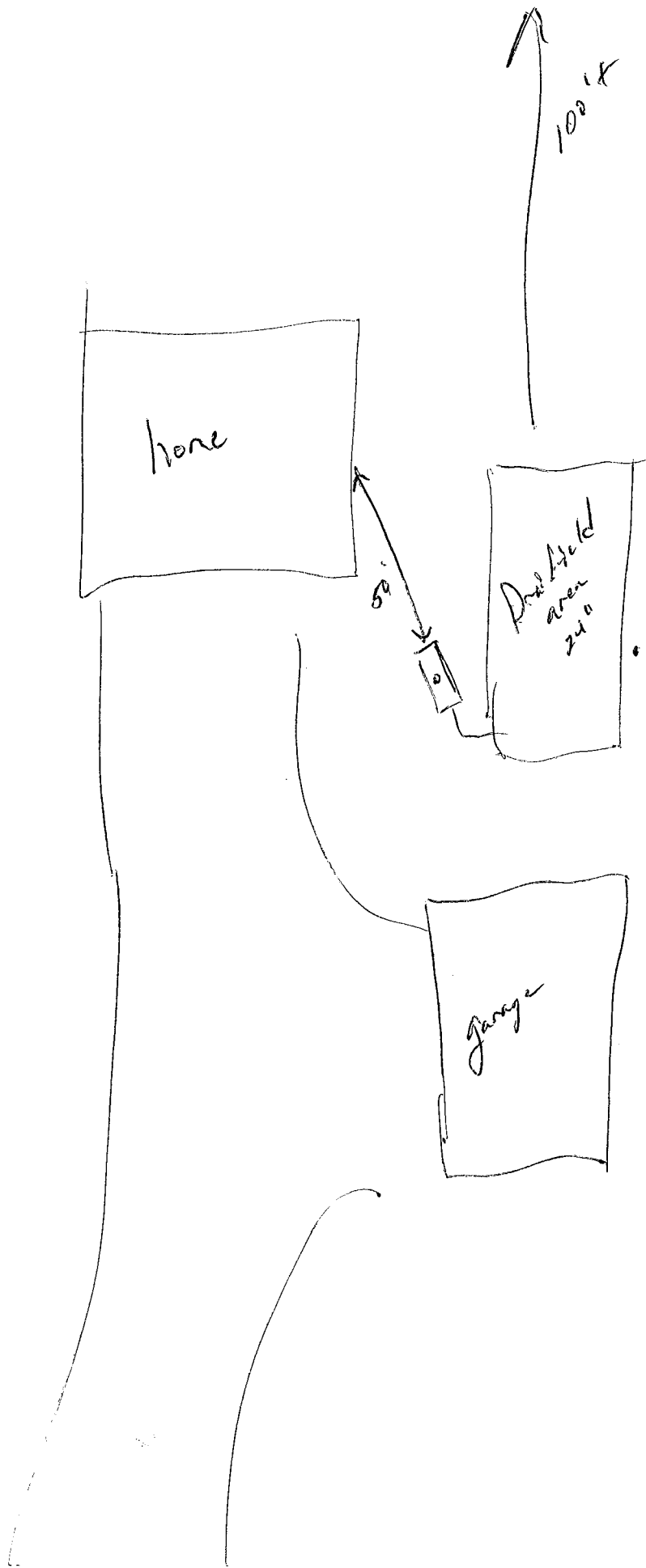
Compliance criteria

- a. Operating Permit number: _____ Yes No
 Have the Operating Permit requirements been met?
- 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.

Tand Lake



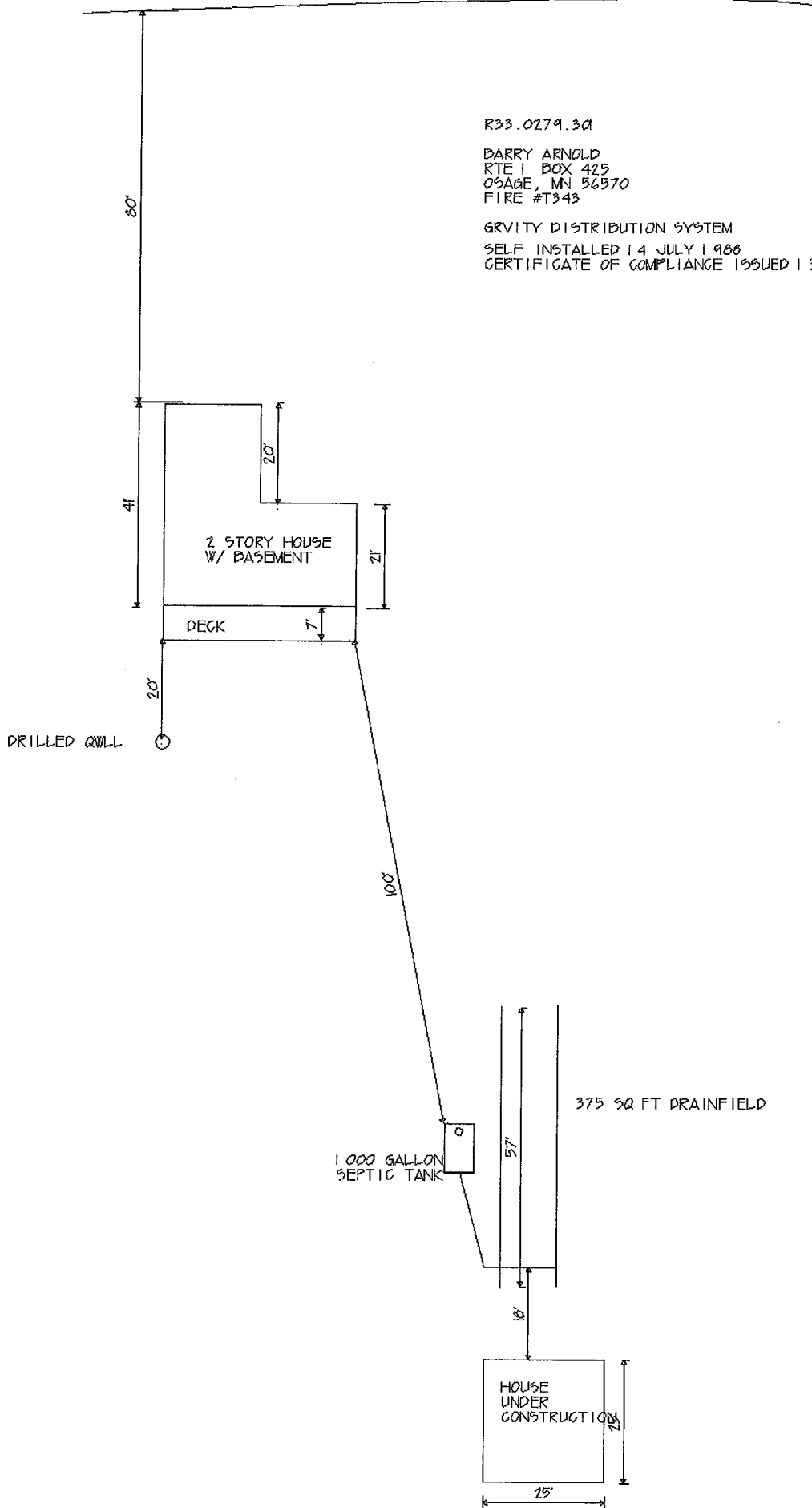
- soil banks
- 0-6- Black
- 6-24 - sandy loam dark brown
- 24-60 - sandy clay loam light brown

DIG TOAD LAKE

R33.0279.301

BARRY ARNOLD
RTE 1 BOX 425
OSAGE, MN 56570
FIRE #T343

GRAVITY DISTRIBUTION SYSTEM
SELF INSTALLED 14 JULY 1988
CERTIFICATE OF COMPLIANCE ISSUED 13 DECEMBER 1988



CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 12 day of December 19 88

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

The premises covered by this certificate are legally described as: Lot 1 Bay View

Lake No. _____ Sec. 4 Twp. 139 Range 38 Twp. Name Trud Lake

CAPACITY	SEPTIC TANK	DRAINFIELD
DISTANCE FROM NEAREST WELL	1250 gls	90 F
DISTANCE FROM LAKE OR STREAM	100 F	175 F
DISTANCE FROM OCCUPIED BUILDING	200 F	40 F
DISTANCE FROM PROPERTY LINE	50 F	+10 F
DISTANCE FROM BOTTOM TO WATER TABLE	+ 10 F	4 F

Owner: Name BARRY K. ARNOLD

Address RT 1

BOX 130 Zip No. _____
OSAGE MN 56570

Permit No. SP 12-16,953-27 Signed by: [Signature]
30 yds rock 20' rock under pipe Clay subsoil

7070

Zoning Administrator
Becker County, Minnesota



LEGAL DESCRIPTION AND LOCATION: Lot 1 Bay View FIRE NUMBER _____
107 B-Toad RD 4 139 38 Toad Lake
 Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name

IDENTIFICATION: Please Print All Information

1601
 Owner: Last Name Arnold, First Barry R, Initial RT1, Mailing Address— No. Box 180, Street, City and State Osage, MN., Zip No. 56570, Tel. No. 847-1234
 Contractor: Name Self

TYPE OF IMPROVEMENT: New Building Alteration
 Other: Siding

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 & BUILDING: Wood Frame Masonry Structural Steel Other — Specify _____ Year _____

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

WATER SUPPLY: Individual Well Type Drilled Depth 100 Public

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

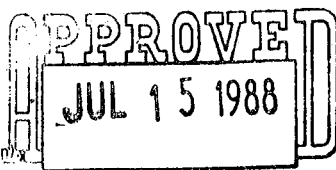
DIMENSIONS: Basement: Yes No Stories above basement: 2 Sq. feet (outside dimension) 1200 Bedrooms 3 Baths 2

HEATING: Electric Gas Oil Coal None Other: wood

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1000</u> Gls.	<u>+375</u> Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>50</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>10</u> Ft.	<u>10</u> Ft.	Ft.
Distance from property line	<u>10</u> Ft.	<u>10</u> Ft.	Ft.
Distance from bottom to Water Table	Ft.	<u>4</u> Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS: Lot Area is 460 X 392 square feet. Water frontage is 392 feet.
 Building set back from high water mark is 100 feet. (Building Line)
 Land height above high water mark at building line is APPROX 30 FT feet
 Building setback from State - County - Township Highway +850 feet from the Center Line - Right of Way
 Side yard is +10 and +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 7-1-88 Signature of Owner Barry Arnold

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 _____ Signature of Zoning Administrator Floyd Sweeney
 Becker County Zoning Administrator

Permit Fee \$ 20.50 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.
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	
	Gls.	Gls.	SF	SF	SF	SF	SF	SF	SF	SF	SF	SF
Capacity												
Distance from Nearest Well	F	F	75	F	F	50	F	F	50	F	F	F
Distance from Lake or Stream	F	F	F	F	F	F	F	F	F	F	F	F
Distance from Occupied Building	F	10	F	F	20	F	F	F	20	F	F	F
Distance from Property Line	F	10	F	F	10	F	F	F	10	F	F	F
Distance from Bottom to Water Table	---	F	---	F	F	4	F	F	4	F	F	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

60 ft Long 4' wide 120 Lft 60 ft long 3' 1/4 wide

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1250	Gls.		Gls.		S F		S F		S F		S F
Distance from Nearest Well	100	F		F		F	75	F	90	F	50	F
Distance from Lake or Stream	200	F		F		F		F	175	F		F
Distance from Occupied Building	50	F	10	F		F	20	F	40	F	20	F
Distance from Property Line	40	F	10	F		F	10	F	40	F	10	F
Distance from Bottom to Water Table	--	F	--	F		F	4	F	4	F	4	F

Inspector's Comments: *30 yds Rock - 20" Rock under pipe*
Clay sub soil - Self installed (Drop Boxes)
Side hill trenches

**INTERPRETATION
OF ABBREVIATIONS**

Gls — Gallons
 SF — Square Feet
 F — Linear Feet

Mark Kuehn
 Inspector's Signature

_____ Title

Inspection Dated *2-14* 19 *88*

_____ Agency

LEGAL DESCRIPTION AND LOCATION
 Lot 1 Bay View
 1077 5th St S
 Lake No. _____ Lake Name _____ Lake Classif. _____ Sec. _____ TWP _____ Range _____ TWP Name _____
FIRE NUMBER 12-16953-27

IDENTIFICATION: Please Print All Information

Owner	Last Name: <u>Arnold</u>	First: <u>Bary</u>	Initial: <u>K</u>	Mailing Address— No. Street, City and State: <u>Rt 1, Box 112, Detroit Lakes, MN 56501</u>	Zip No. _____	Tel. No. _____
Contractor	Name _____					

TYPE OF IMPROVEMENT: <input type="checkbox"/> New Building <input type="checkbox"/> Alteration Other: <u>SPRING</u>	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 & BUILDING <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other — Specify _____ Type of Roof: _____	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 Type: <u>Drilled</u> Depth: <u>100</u> 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: _____
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SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE-PIT	DRAIN FIELD
Capacity	<u>1200</u> Gls.	<u>215</u> Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>100</u> Ft.	<u>75</u> Ft.	Ft.
Distance from lake or stream	<u>100</u> Ft.	<u>75</u> Ft.	Ft.
Distance from occupied building	<u>100</u> Ft.	<u>10</u> Ft.	Ft.
Distance from property line	<u>20</u> Ft.	<u>16</u> Ft.	Ft.
Distance from bottom to Water Table	<u>24</u> Ft.	<u>4</u> Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:
 Lot Area is 460 x 392 square feet. Water frontage is 32 feet.
 Building set back from high water mark is 100 feet. (Building Line)
 Land height above high water mark at building line is 30.5 feet
 Building setback from State - County - Township Highway 195 feet from the Center Line - Right of Way
 Side yard is _____ and _____ feet. Rear yard is 30 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 7-1-88 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 _____
 Permit Fee \$ 20.50 State Surcharge \$ _____
 Becker County Zoning Administrator
 Cormorant Surcharge \$ _____

Comments: _____

BECKER COUNTY

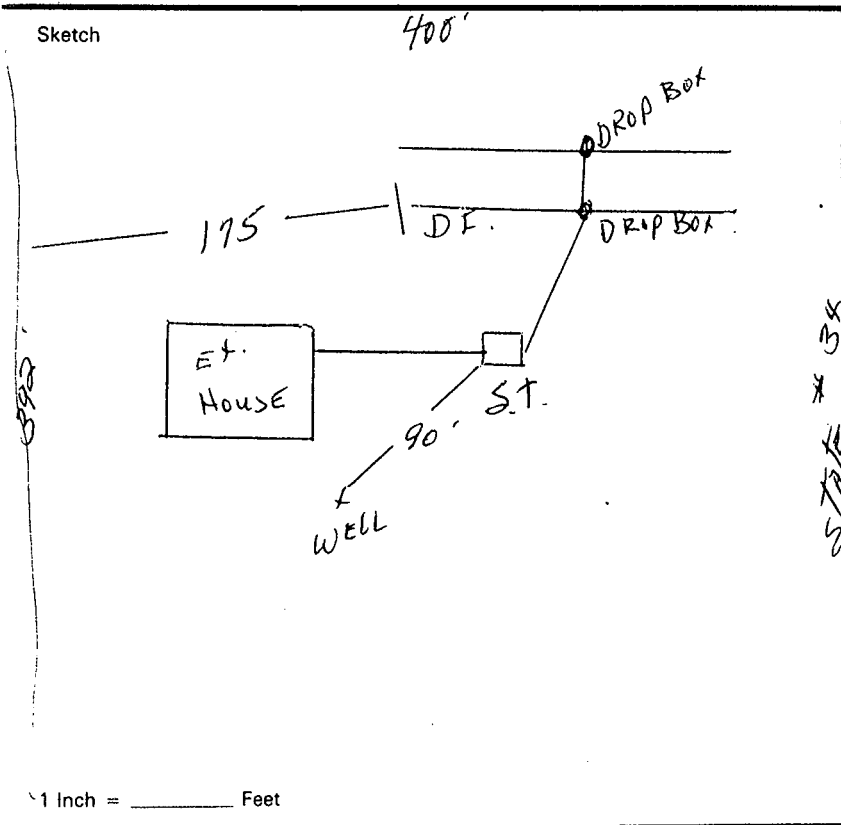
Building Permit No. 9-16953-27 Sewage System Permit No. 12-16953-27

Township Toad Lake Sec. 4 Description T139N R38W
lot 1 Bay View

Work Authorized Sewage System, Siding 1200 SF

TYPE OF IMPROVEMENT: RESIDENTIAL PROPOSED USE: NON-RESIDENTIAL PROPOSED USE:
 New Building () Alteration One Family Dwelling Specify: _____
 Other Siding () Multiple Dwelling _____ Units Size: _____
 Stories _____ Basement () Yes No Bedrooms 3 Bathrooms 1

Issued to: Name Barry Arnold
 Address: R 1 Box 180 Town Osage
 State MN Zip 56570 Fire Number _____



HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake _____
 Side Lot Lines _____
 Center Line of Public Road _____
 Road Right of Way _____
 Septic Tank _____ Drain Field _____
 Other _____

SEWAGE DISPOSAL SYSTEM DATA

	Septic Tank	Drain Field
Capacity	+ 1000 Gls.	400 Sq. Ft.
Distance from nearest well	+ 75 Ft.	+ 75 Ft.
Distance from lake or stream	+ 75 Ft.	+ 75 Ft.
Distance from occupied building	+ 10 Ft.	+ 10 Ft.
Distance from property line	+ 10 Ft.	+ 10 Ft.
Distance from bottom 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.

Received By M. K. Kubine
Floyd Swenby, Jr.
 Becker County Zoning Administrator

SIGNATURE OF OWNER _____
 Date 7/15/88
 BECKER COUNTY
 DETROIT LAKES, MN 56501

Yellow - Owner
Pink - Assessor
Goldenrod - Inspector

COUNTY COURT HOUSE - PHONE 210-1000
APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

32/46

3199

Grant Lat 7

LEGAL DESCRIPTION AND LOCATION: 107 B Toad RD 4 139 38 Toad
 Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name

IDENTIFICATION: Please Print All Information

Owner: Last Name ARNOLD, LARRY First Initial RT 1 Mailing Address— No. Street, City and State OSAGE MN. Zip No. 56570 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: BASEMENT Size: 20'x40'

ESTIMATED COST OF IMPROVEMENT \$ 3,000 Construction Starting Date:

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

Type of Roof: FLAT

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: four Sq. feet (outside dimension) 800 Bedrooms 1 Baths

HEATING: Electric Gas Oil Coal None Other: wood 12x32

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

All distances are shortest distance between nearest points

CHARACTERISTICS: 150x300 square feet. Water frontage is 150 feet.

Lot Area is 1 ac. square feet. Building set back from high water mark is 150 feet. (Building Line)

Land height above high water mark at building line is 20' feet

Building set back from State highway is 500' feet - from road or street is Private feet.

Side yard is over 10 and over 10 feet. Rear yard is 45 feet.

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

Building will be located over 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 8-1-77

Benny R Arnold
Signature of Owner

Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. 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 8-1-77

Floyd Sweeney
Becker County Zoning Administrator

Permit Fee \$ 10 State Surcharge \$ 50

Comments: Paid 8-1-77 - Ready to install

Scale: Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated _____ 19 _____

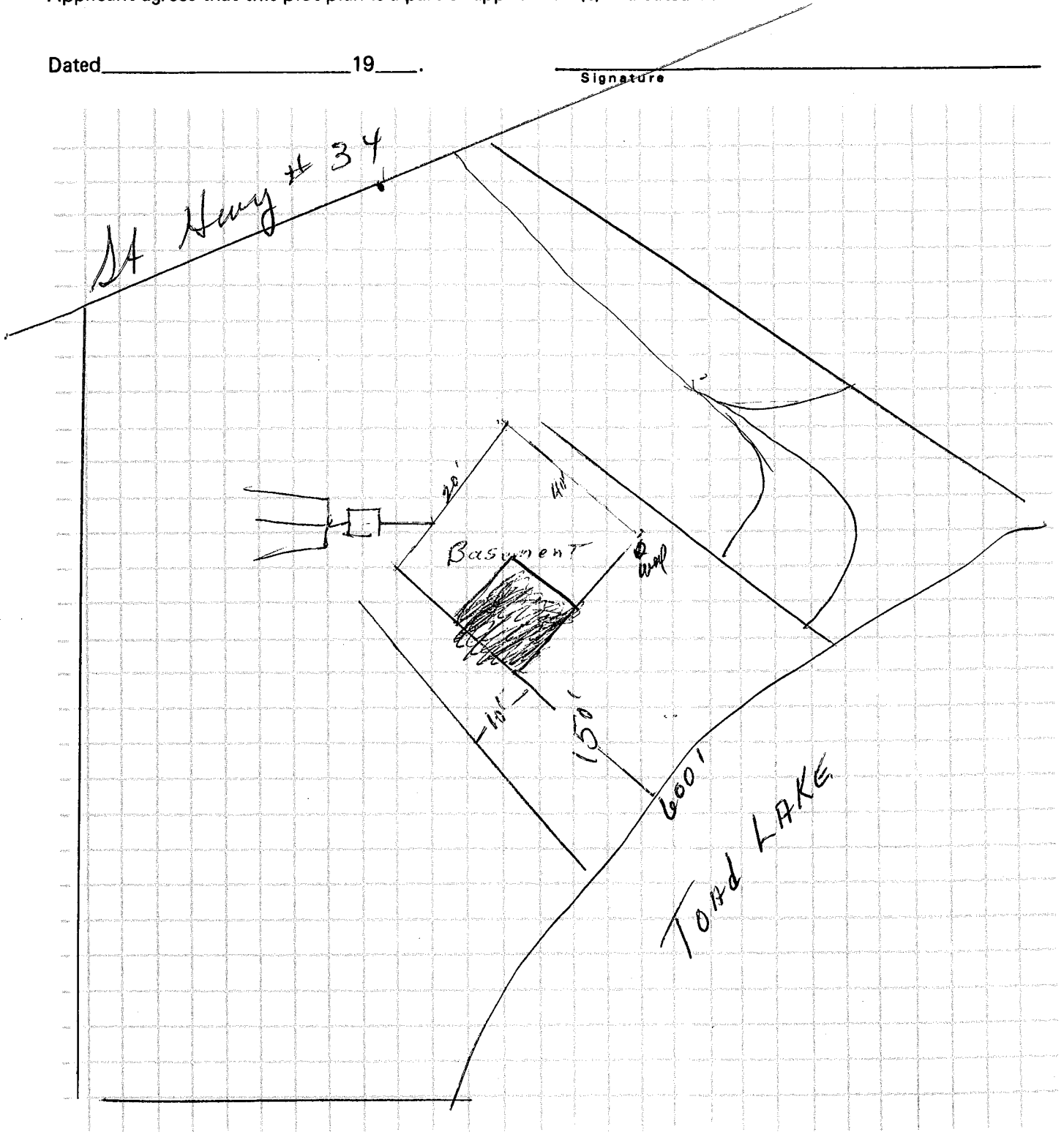
Application for Sewage System Permit Dated _____ 19 _____

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

