



340112000

**CERTIFICATE OF COMPLIANCE  
SEWAGE SYSTEM**

This certificate has been issued this 25 day of SEPTEMBER 1980.

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

The premises covered by this certificate are legally described as: NW COR TOW 2

Lake No. 17 Sec. 14 Twp. 141 Range 36 Twp. Name WATKINS

New sewer system has 1000 gal. septic tank, 70 ft. from nearest well, 150 ft. from lake, 55 ft. from occupied buildings 50 ft. from property line, seepage bed is 300 sq. ft., (12x25), 80 ft. from nearest well, 160 ft. from lake, 50 ft. from occupied building, 50 ft. from property line, and over 4 1/2 ft. from bottom to water table.

Owner: Name RABHART, GATZART  
2436 N. ALBERT  
Address SP. PAUL, MN. 55112

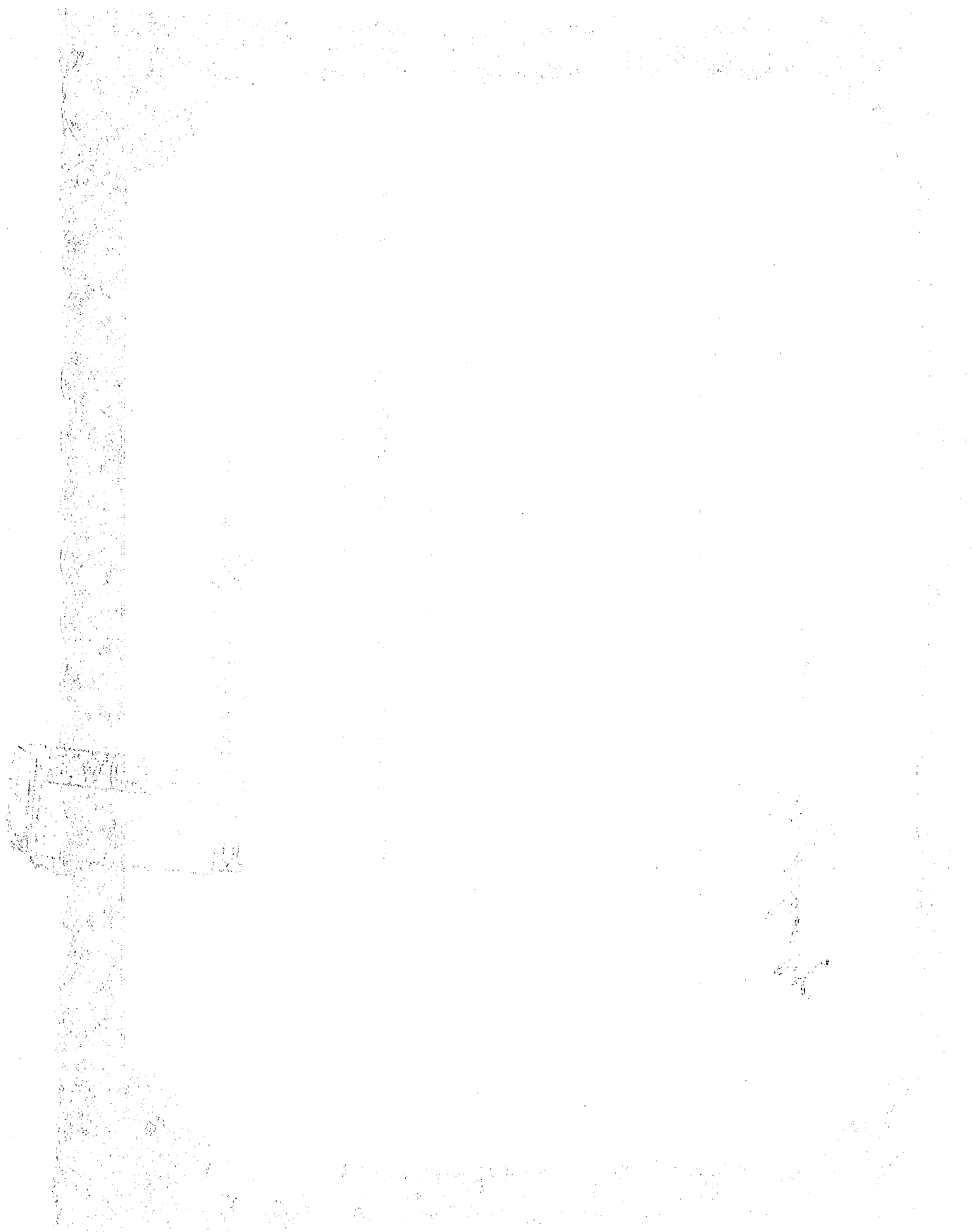
Permit No. SP 12-10,201-9

Signed by:

*Thyde Swandy*

Zoning Administrator  
Becker County, Minnesota

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



Yellow - Owner  
Pink - Assessor  
Green - Inspector

BECKER COUNTY ZONING ADMINISTRATION

Permit No. 10-10201-4  
Date 9-24-80

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

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

6021  
55  
32  
9/3

LEGAL DESCRIPTION AND LOCATION: Beq. 924' E + 761.6' SW NW cor. lot 2  
TH 5200' E 312' N 200' W along lake, NW 303' to Beq  
 LOCATION: TWO INLET RD 141 36 July 1980

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

IDENTIFICATION: Please Print All Information

Owner: Last Name LAIZAT, RAPHAEL First Initial LA Mailing Address— No. Street, City and State 2436 N ALBERT ST PAUL, MN Zip No. 55413 Tel. No. 55413

Contractor Name: \_\_\_\_\_

TYPE OF IMPROVEMENT:  New Building  Alteration  
 Other: Septic System

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

NON-RESIDENTIAL PROPOSED USE: Specify: \_\_\_\_\_ Size: \_\_\_\_\_

ESTIMATED COST OF IMPROVEMENTS \$ \_\_\_\_\_ Construction Starting Date: \_\_\_\_\_

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

Type of Roof: \_\_\_\_\_

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 1

HEATING:  Electric  Gas  Oil  
 Coal  None  
 Other: Beef

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1000</u> Gls.	<u>300</u> Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>50</u> Ft.	<u>50</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 200 X 800 square feet. Water frontage is 200 feet.

Building set back from high water mark is 6.90 feet. (Building Line)

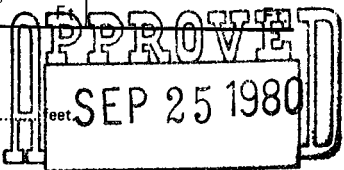
Land height above high water mark at building line is 6 feet

Building set back from State highway is \_\_\_\_\_ feet - from road or street is \_\_\_\_\_ feet.

Side yard is 10 and 10 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 9-24-80 R. Laizat  
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 9-25-80  
Permit Fee \$ 10.00 State Surcharge \$ 50  
Lloyd Suenby  
Becker County Zoning Administrator

Comments: Paul 9/10.00



DESIGN PAD

BECKER COUNTY

Department \_\_\_\_\_

Becker County Courthouse

Detroit Lakes, MN 56501

Subject sewer system

Name Raphael Haiyat

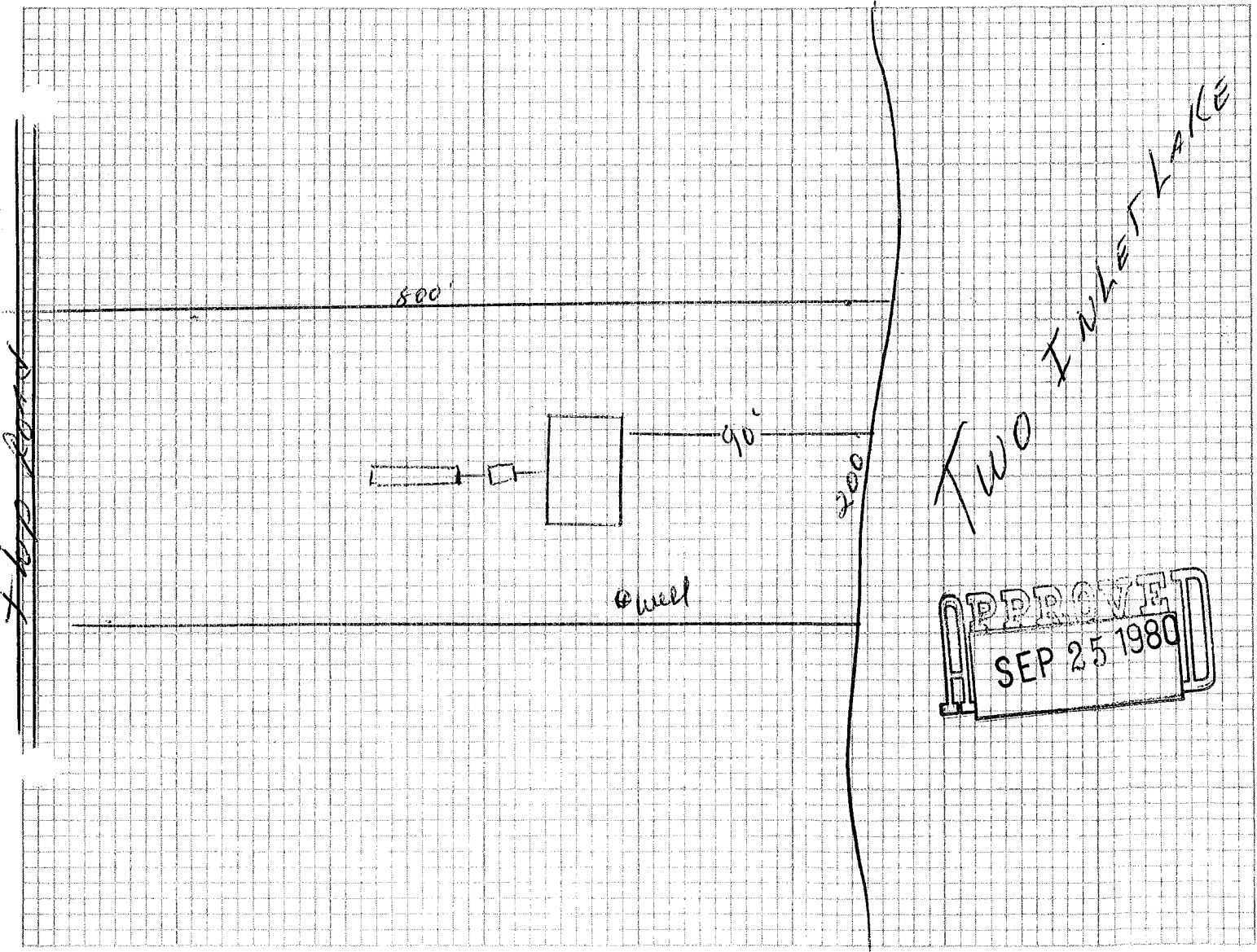
Address 2436 N. Albert

Town St Paul State Mn. Zip 55113 Date 9-24-80

Location or Legal Description beg. 924' E + 761.5' S of NW cor. Lot 2  
th S 200' E 312' N. 200' along lake + W 363' to  
beg

Remarks: Installed a sewer system on updated an  
existing system.

Signature \_\_\_\_\_



**INSPECTOR'S CHECK LIST**  
*Make all measurements and computations*

*13/51*  
*23/69*

	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.

*25*  
*12*  
*50*  
*25*  
*300*

**SEWAGE DISPOSAL SYSTEM STATISTICS**

*Bed - 12125*

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	<i>1000</i> Gls.	Gls.	<i>300</i> SF	SF	SF	SF
Distance from Nearest Well	<i>70</i> F	F	<i>80</i> F	75 F	F	<i>50</i> F
Distance from Lake or Stream	<i>150</i> F	F	<i>160</i> F	F	F	F
Distance from Occupied Building	<i>35</i> F	10 F	<i>50</i> F	20 F	F	<i>20</i> F
Distance from Property Line	<i>50</i> F	10 F	<i>30</i> F	10 F	F	<i>10</i> F
Distance from Bottom to Water Table	-- F	-- F	<i>4</i> F	4 F	F	<i>4</i> F

Inspector's Comments: *10 yds - Rock - Sandy clay sub soil*  
~~*Called this one in - Leased Thelen Crystals*~~

**INTERPRETATION OF ABBREVIATIONS**

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

*Mark Kuehn*  
 Inspector's Signature

Inspection Dated *10-15* 19 *88*

Title \_\_\_\_\_  
 Agency \_\_\_\_\_

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

**LEGAL DESCRIPTION AND LOCATION**

Tract No. \_\_\_\_\_ Lake No. \_\_\_\_\_ Lake Name \_\_\_\_\_ Lake Class. \_\_\_\_\_ 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 Name \_\_\_\_\_

Contractor Name \_\_\_\_\_

**TYPE OF IMPROVEMENT**

New Building  Alteration  Other \_\_\_\_\_

**RESIDENTIAL PROPOSED USE**

One Family Dwelling  Multiple Dwelling \_\_\_\_\_ Units \_\_\_\_\_

**NON-RESIDENTIAL PROPOSED USE**

Specify \_\_\_\_\_

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.  Individual Well

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

SEWAGE DISPOSAL SYSTEM DATA	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity _____	_____ Gals.	_____ 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.

**CHARACTERISTICS**

Lot Area is \_\_\_\_\_ square feet Water frontage is \_\_\_\_\_ feet (Building Line)

Building set back from high water mark \_\_\_\_\_ feet

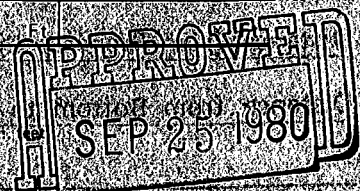
Land height above high water mark at building line is \_\_\_\_\_ feet

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 \_\_\_\_\_

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Dated \_\_\_\_\_ Signature of Becker County Zoning Administrator \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ State Surcharge \$ \_\_\_\_\_

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