



490672425

**CERTIFICATE OF COMPLIANCE**  
**SEWAGE SYSTEM**

This certificate has been issued this 17th day of November 19 75,

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

The premises covered by this certificate are legally described as:

Lake No. \_\_\_\_\_ Sec. 32 Twp. 139 Range 44 Twp. Name Detroit

SEPTIC TANK - 1,000 GALS.

DRAIN FIELD - 400 sq. ft.

Owner: Name Ronald J. Smet

Address Route 3

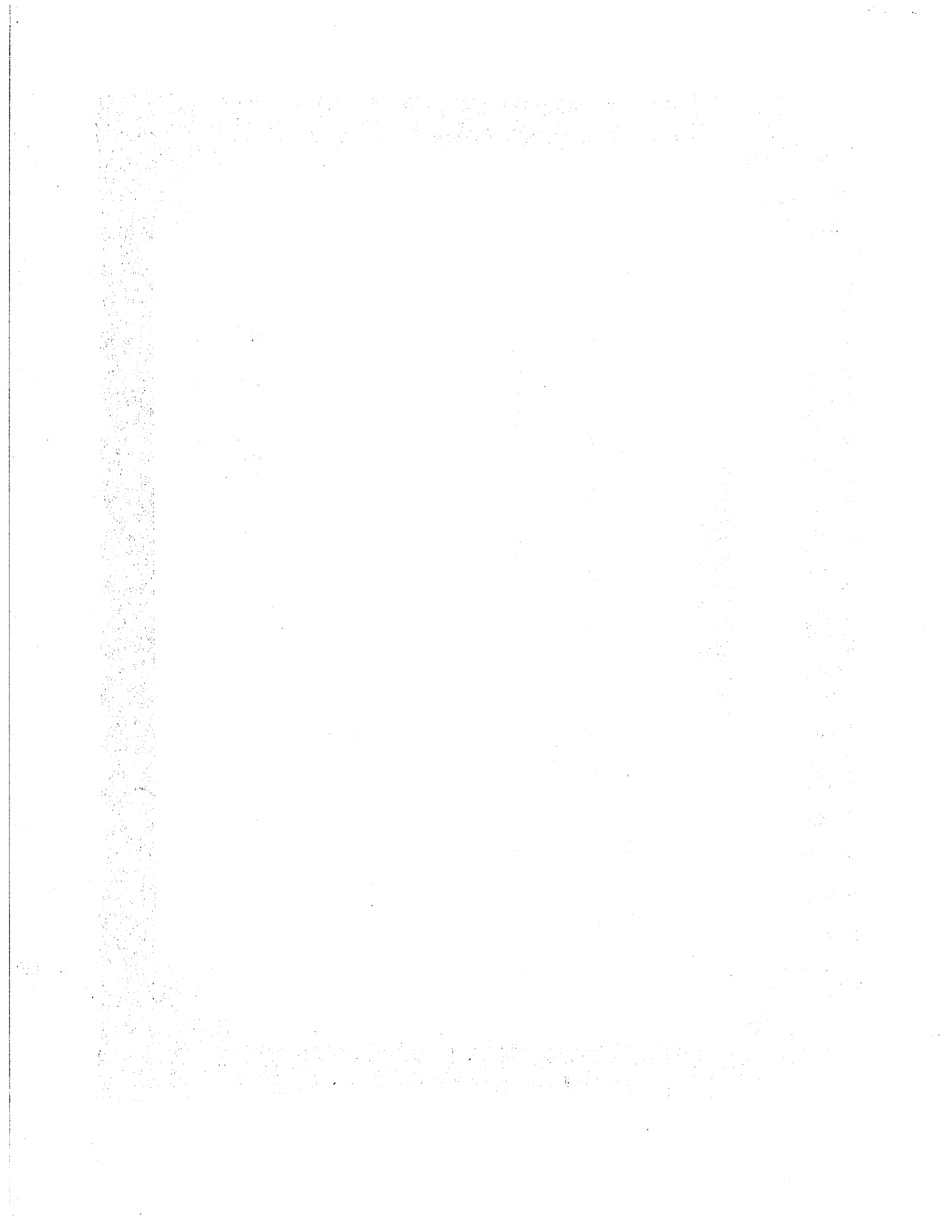
Detroit Lakes, MN

Zip No. 56501

Permit No. SP 12-3331-30

Signed by: Ronald Smet

Zoning Administrator  
Becker County, Minnesota



**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**

352  
 750  
 35  
 420

Bell 2 x 35

CATEGORY	SEPTIC TANK				SEEPAGE PFT				DRAIN FIELD		
	Actual		Should be		Actual		Should be		Actual	Should be	
Capacity	1000	Gls.	750	Gls.	420	SF		SF	SF	SF	
Distance from Nearest Well	60	F	50	F	75	F	50	F	F	50	F
Distance from Lake or Stream	100	F	75	F	125	F		F	F		F
Distance from Occupied Building	10	F	10	F	20	F	20	F	F	20	F
Distance from Property Line	10	F	10	F	10	F	10	F	F	10	F
Distance from Bottom to Water Table	--	F	--	F	4	F	4	F	F	4	F

Inspector's Comments: Left pump in basement - check valve in basement up  
Real good job, fine sand -  
22 yds. washed Rock - straw - etc.  
(Little deep with drain field about 3ft from top)

**INTERPRETATION  
 OF ABBREVIATIONS**  
 Gls — Gallons  
 SF — Square Feet  
 F — Linear Feet

Mark Kuehne  
 Inspector's Signature  
Blay Inspector  
 Title  
Bicker County, Virginia  
 Agency

Inspection Dated 11-17 19 75

Yellow - Owner  
Pink - Assessor  
Blue - Inspector

Permit No. \_\_\_\_\_  
Date \_\_\_\_\_

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

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					

<b>TYPE OF IMPROVEMENT:</b> <input type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	<b>RESIDENTIAL PROPOSED USE:</b> <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	<b>NON-RESIDENTIAL PROPOSED USE:</b> Specify: _____ Size: _____
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<b>ESTIMATED COST OF IMPROVEMENT \$</b> <b>PRINCIPAL TYPE OF FRAME:</b> <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify _____  Type of Roof: _____	<b>TYPE OF SEWAGE DISPOSAL:</b> <input type="checkbox"/> Public <input type="checkbox"/> Individual Septic Tank, etc. <b>WATER SUPPLY:</b> <input type="checkbox"/> Public <input type="checkbox"/> Individual Well <b>MECHANICAL EQUIPMENT :</b> 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	<b>CONSTRUCTION STARTING DATE:</b> _____ <b>DIMENSIONS:</b> Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____    Baths _____  <b>HEATING:</b> <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	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 \_\_\_\_\_

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 \_\_\_\_\_ Becker County Zoning Administrator \_\_\_\_\_

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

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

# BECKER COUNTY

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

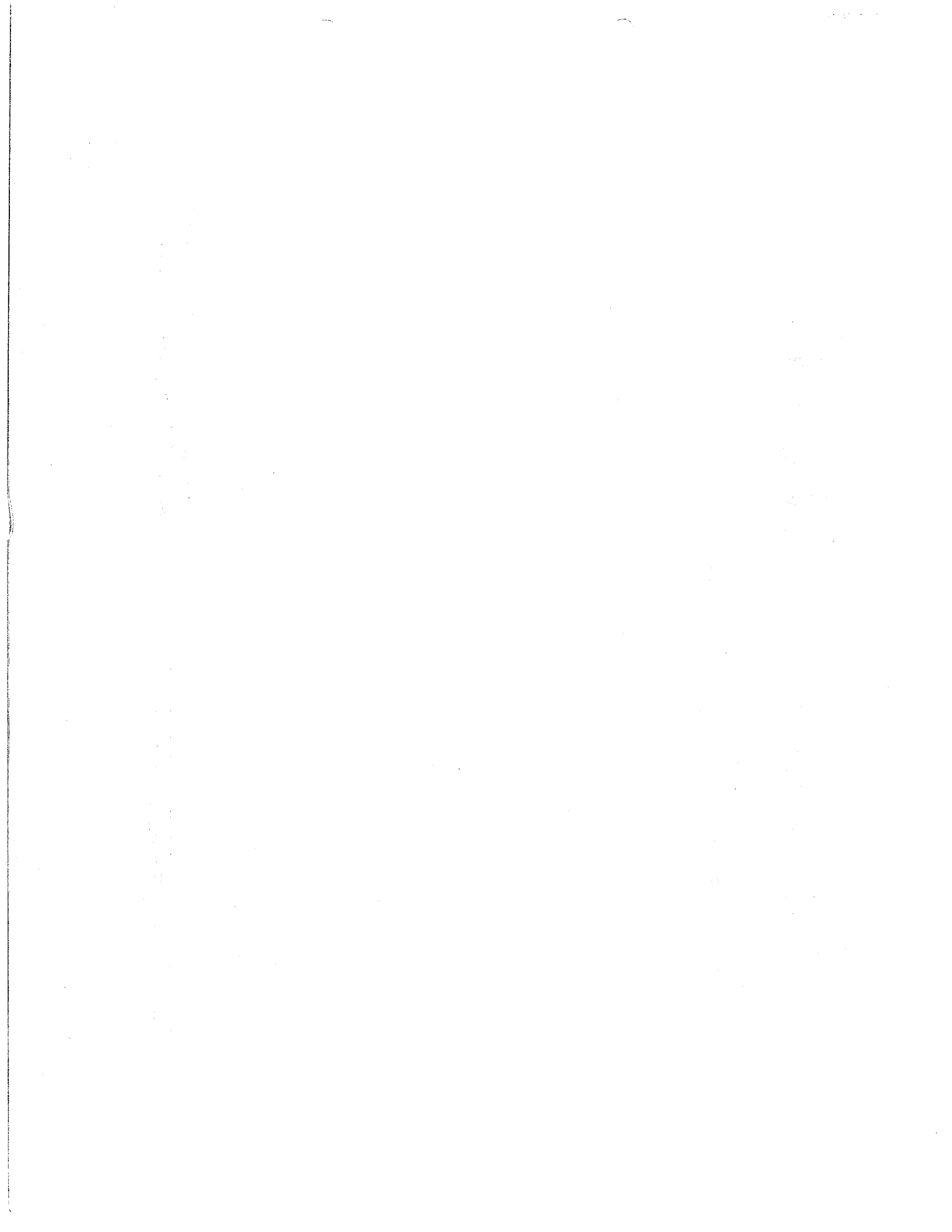
**Location:** Lake No. \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Range \_\_\_\_\_ Twp. Name \_\_\_\_\_

Issued \_\_\_\_\_ 19\_\_\_\_, To \_\_\_\_\_  
Work Authorized \_\_\_\_\_

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. No part of system shall be covered until it has been inspected and approved. Notify Zoning Administrator, (847-7721) office when job is ready for inspection.

Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA  
Board of County Commissioners



**BECKER COUNTY ZONING ADMINISTRATOR**

White - Office  
Yellow - Inspector  
Pink - Owner

COUNTY COURT HOUSE  
Phone 218-847-7721 - Detroit Lakes, MN 56501

APPLICATION FOR PERMIT TO INSTALL SEWAGE DISPOSAL SYSTEM

<b>LEGAL</b>	—							Permit No. <u>1208 S</u>
<b>DESCRIPTION</b>								Date <u>5-24-73</u>
<b>AND</b>								
<b>LOCATION</b>	<u>3-383</u>	<u>LONG LAKE</u>	<u>R-D</u>	<u>32</u>	<u>139</u>	<u>41W</u>	<u>DETROIT</u>	
	<small>Lake No.</small>	<small>Lake Name</small>	<small>Lake Classif.</small>	<small>Sec.</small>	<small>TWP</small>	<small>Range</small>	<small>TWP Name</small>	

**IDENTIFICATION: Please Print All Information.**

	Last Name	First	Initial	Mailing Address -No. Street, City and State	Zip No.	Tel. No.
<b>OWNER</b>	<u>Smet,</u>	<u>Ronald</u>	<u>J</u>	<u>RT #3</u> <u>D.L. Minn.</u>	<u>565-1</u>	<u>847-5611</u>
<b>SEWAGE SYSTEM INSTALLER</b>	Name _____					

⚡ This System will be ready for inspection on Two weeks, 19\_\_\_\_

*This space for office use only*

\_\_\_\_\_ 19\_\_\_\_ M \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Time Rec'd \_\_\_\_\_ Phone Call Rec'd By \_\_\_\_\_

Owner or Agent Signature \_\_\_\_\_

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1500</u> Gls.		Sq. Ft.
Distance from nearest well	<u>70</u> Ft.	<u>same</u> Ft.	<u>same</u> Ft.
Distance from lake or stream	<u>50</u> Ft.		Ft.
Distance from occupied building	<u>20</u> Ft.	<u>same</u> Ft.	Ft.
Distance from property line	<u>30</u> Ft.		Ft.
Distance from bottom to Water Table	<u>10</u> Ft.	<u>1'</u> Ft.	<u>1'</u> Ft.

*All distances are shortest distance between nearest points*

**RECORD OF TESTS:**

Inspection was made on \_\_\_\_\_, 19\_\_\_\_, Time \_\_\_\_\_M By \_\_\_\_\_

**PERCOLATION TEST DATA:** Date of First Test \_\_\_\_\_, 19\_\_\_\_, Rate \_\_\_\_\_

Date of Second Test \_\_\_\_\_, 19\_\_\_\_, Rate \_\_\_\_\_

1st Test Taken By \_\_\_\_\_

2nd Test Taken By \_\_\_\_\_ First Test \_\_\_\_\_ + 2nd Test \_\_\_\_\_ = \_\_\_\_\_ = \_\_\_\_\_ Rate \_\_\_\_\_

**Agreement:** The undersigned hereby makes application for permit to install or extend Sewage Disposal System herein specified, agreeing to do all such work in strict accordance with ordinances of the County of Becker, Minnesota and Minnesota Individual Sewage Disposal Code Minimum Standards set forth by Minnesota Department of Health. Applicant agrees that plot plan, sketches and specifications submitted herewith and which are approved by Zoning Administrator shall become a part of the permit. Applicant further agrees that no part of the 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 5/24/73 \_\_\_\_\_  
Signature Ronald J. Smet

**Permit:** Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon express condition that the person to whom it is granted, and his agents, employees and workmen shall conform in all respects to ordinances of Becker County Minnesota.

**NOTE:** Permit void if work is not commenced within (6) months.

Issued Date: MAY 25, 1973 \_\_\_\_\_  
Becker County Zoning Administrator Shelby Swerby

Fee \$ 6<sup>00</sup> Surcharge \$ 50

Comments: Temporary repair of septic system to last unit. 1 permanent relocation within next year.

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

BECKER COUNTY ZONING ADMINISTRATION

COUNTY COURT HOUSE — Phone 218-847-7721 — Detroit Lakes, Minn. 56501

Permit No. 10-2221 Date 11-14-75

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

1044

LEGAL DESCRIPTION AND LOCATION							
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
		<u>Long Lake</u>	<u>R-D</u>	<u>32</u>	<u>139</u>	<u>41</u>	<u>Detroit</u>

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address— No. Street, City and State			Zip No.	Tel. No.
	<u>Smet</u>	<u>Ronald</u>	<u>J.</u>	<u>Route 3</u> <u>Detroit Lakes MN</u>			<u>56501</u>	
Contractor	Name							
	<u>Joe Stenger</u>							

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

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

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1,000</u> Gls.	Sq. Ft.	<u>400</u> Sq. Ft.
Distance from nearest well	<u>50</u> Ft.	Ft.	<u>50</u> Ft.
Distance from lake or stream	<u>75</u> Ft.	Ft.	<u>75</u> Ft.
Distance from occupied building	<u>10</u> Ft.	Ft.	<u>10</u> Ft.
Distance from property line	<u>10</u> Ft.	Ft.	<u>10</u> Ft.
Distance from bottom to Water Table	Ft.	Ft.	<u>over 4</u> 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 11-14-75

Ronald J Smet  
 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 11-14-75

Floyd Shively  
 Becker County Zoning Administrator

Permit Fee \$ 6.00 State Surcharge \$ .50

Comments: 6.50


# BECKER COUNTY

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

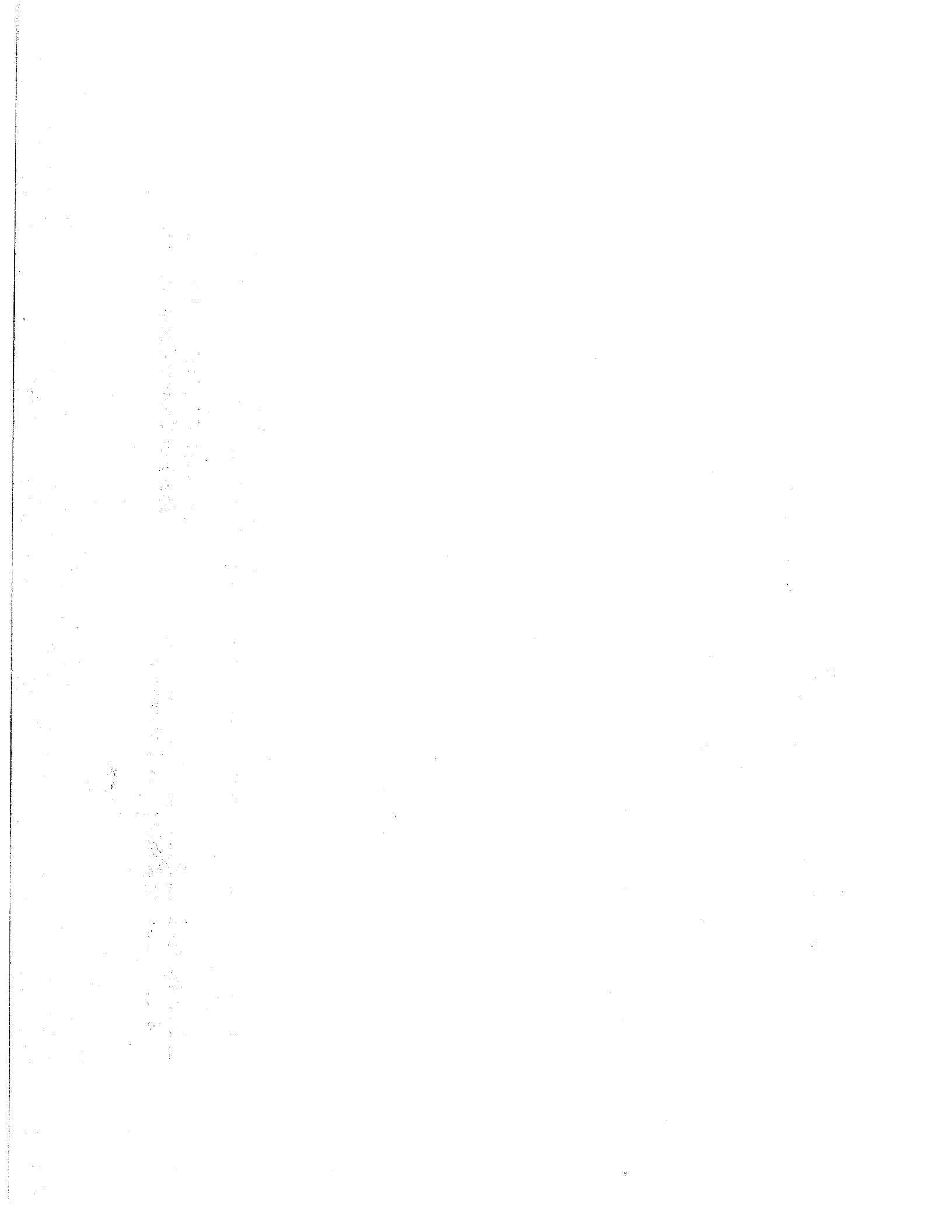
Location: Lake No. \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Range \_\_\_\_\_ Twp. Name \_\_\_\_\_

Issued \_\_\_\_\_ 19\_\_\_\_, To \_\_\_\_\_  
Work Authorized \_\_\_\_\_

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. No part of system shall be covered until it has been inspected and approved. Notify Zoning Administrator, (847-3938) office when job is ready for inspection.

  
Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA  
Board of County Commissioners



# INSPECTION RESULTS

*Inspector must make all measurements*

## 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
Capacity												
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: \_\_\_\_\_

*I did not check this as I wasn't called and I wouldn't approve of a temporary repair anyway. So I did not send this man a certificate of compliance*

Date of Inspection 5-24 1973

Time of Inspection P M

**INTERPRETATION OF ABBREVIATIONS**  
 Gls = Gallons  
 SF = Square Feet  
 F = Linear Feet

Mark Kuehne  
 Signature of Inspector

Blod Inspector  
 Job Title

Becker County zoning  
 Agency

