

PERMIT MUST BE POSTED AT JOB



492542544

BECKER COUNTY PLANNING & ZONING

829 LAKE AVENUE, PO BOX 787
DETROIT LAKES, MN 56502-0787
PHONE (218) 846-7314 - FAX (218) 846-7266

BUILDING PERMIT APPLICATION/PERMIT
RECEIPT NO. 10991

FIRE NO. Y1085
TAX PARCEL NUMBER 08.1276.000

LEGAL DESCRIPTION
Lot 15 Willow Springs

Table with columns: LAKE/STREAM NAME, LK/STR CLASS, SECTION, TWP, RANGE, TOWNSHIP NAME. Values: NA, 27, 139, 41, Detroit

PROPERTY OWNER: RICK + SHAW MANKE
ADDRESS: WILLOW SPRINGS RD
PHONE NO: 218-847-7106

CONTRACTOR: MARK WILLIAMS
LICENSE NO: 9209
PHONE NO: 218-847-5464

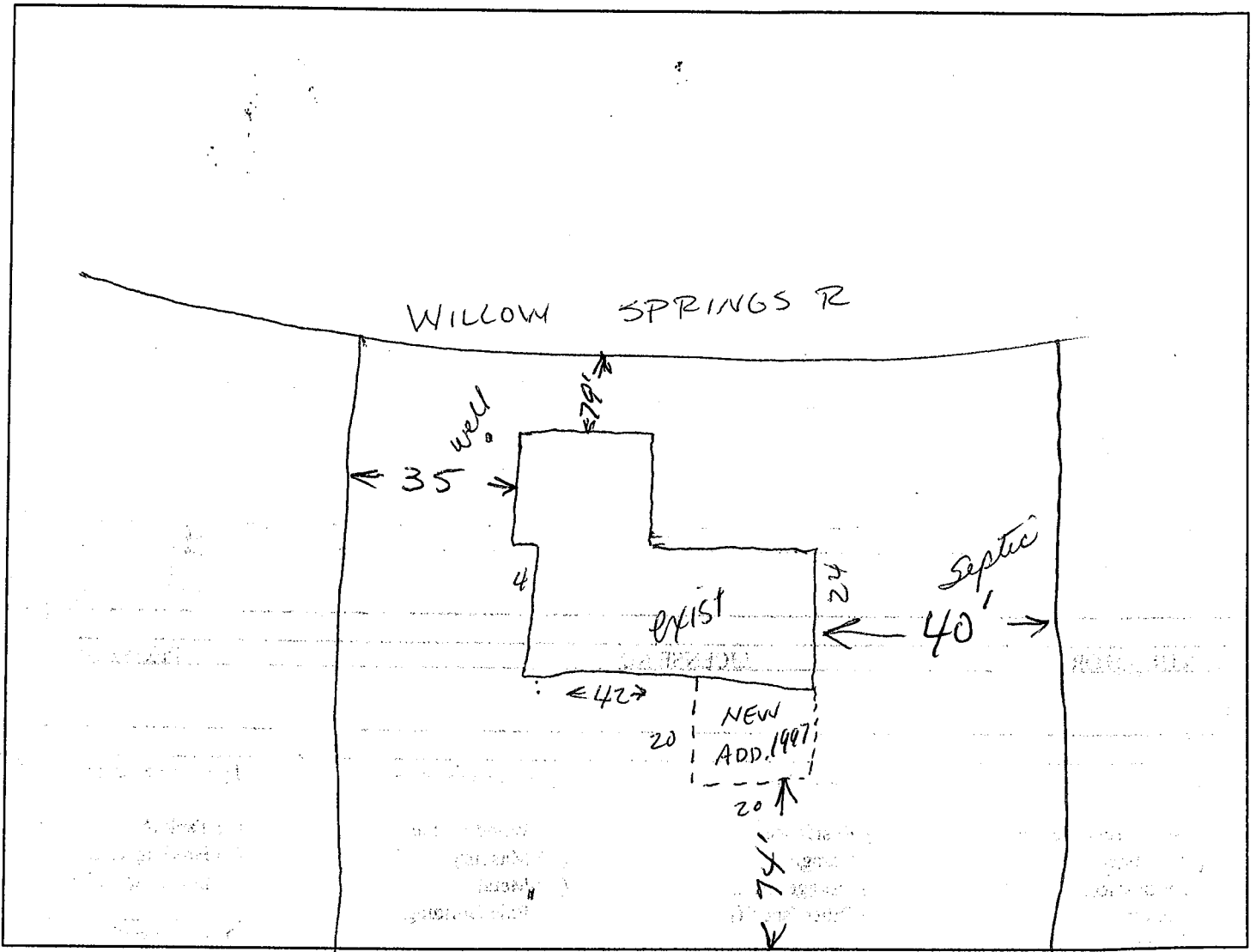
Table with columns: Type of Project, Structure Type, Type of Construction, Type of Sewer System. Includes checkboxes for New Construction, Addition, etc., and fields for Well Depth (50') and Date of Installation (MAY 96).

Brief description of the work to be done: Width 20' Length 20' Height 22
20 X 20 ADDITION WITH WOOD BASEMENT
two stories with basement

Table with columns: Lot Dimensional Data, Setbacks From: Lake/Stream, Side Lot Line, Rear Lot Line, TWP Road (cl), County Road (cl), State Road (ROW). Values include Area in Sq Ft (25,289), Lot width (121'), Lot Depth (209'), and setbacks (40', 35', 74', 79').

On back, please draw a site plan showing the above information.

Please draw a site plan showing the distances furnished on the front of the application.



I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge. I also understand that this permit is valid for a period of six (6) months, with a six (6) month extension if footings are in place.

Calvin M. Williams Date 6-6-97
Signature

For Office Use Only

Application Fee 88⁰⁰ Cormorant Surcharge — Total 88⁰⁰

Application is hereby denied
 Application is hereby granted to R. Manke to construct addition
all in accordance with the application, addendum, form, plans, specifications and all other supporting data. By order of:

Don A. Holm Becker County Zoning 6/6/97
Signature of Permitting Authority Date
This Permit expires on 12/6/97

APPLICATION FOR SEWAGE SYSTEM CERTIFICATE OF COMPLIANCE

With The Becker County Zoning Ordinance

Application Number 9376
Tax Parcel Number 08.1276.000
Fire Number of Project Location V1085

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) Manke Richard		2. Authorized Agent (If applicable)	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) 319 Willow Springs Detroit Lakes Mn 56501			
4. Day Phone	5. Evening Phone 847-7106	6. Section 27	7. Township Detroit

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name
Lot 15 Willow Springs

7. Note: If the property is a metes and bounds description, check here [] and attach a copy of the exact legal description.

SEWAGE SYSTEM DATA

Anticipated Use

a. Single Family

b. Multiple Family

c. Commercial

d. Agricultural

e. Other (specify)

Type of System

a. Septic Tank Only

b. Drainfield Only

c. Septic Tank & Drainfield

d. Holding Tank

e. Alternative System (specify)

Type of Drainfield

a. Standard System

b. Mound (pressure distribution)

c. Mound (gravity distribution)

Well Data

a. Depth: **+50'**

b. Diameter: _____

Type of Well

a. Drilled

b. Sand Point

1 Inch Equals DESIGN

Show Distance Between Sewage System And Buildings, Property Lines, Lake, Roads And All Wells Within 125 Feet.

	Tank	Drainfield		Tank	Drainfield
Distances to Well:	150'	150'	Distance to Pressure Line:	120'	120'
Distance to Building:	120'	120'	Tank Capacity (gal.) & Area of Drainfield (ft. 2):	2 x 10' x 10'	375 additional
Distance to Property Line:	10'	10'	Distance to Ordinary High Water Level:	NA	NA
Distance to Suction Line:	—	—	Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	—	14ft

Nels Thorsen Installer

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct: _____

Signature of Applicant Date

TO BE COMPLETED BY ZONING OFFICE

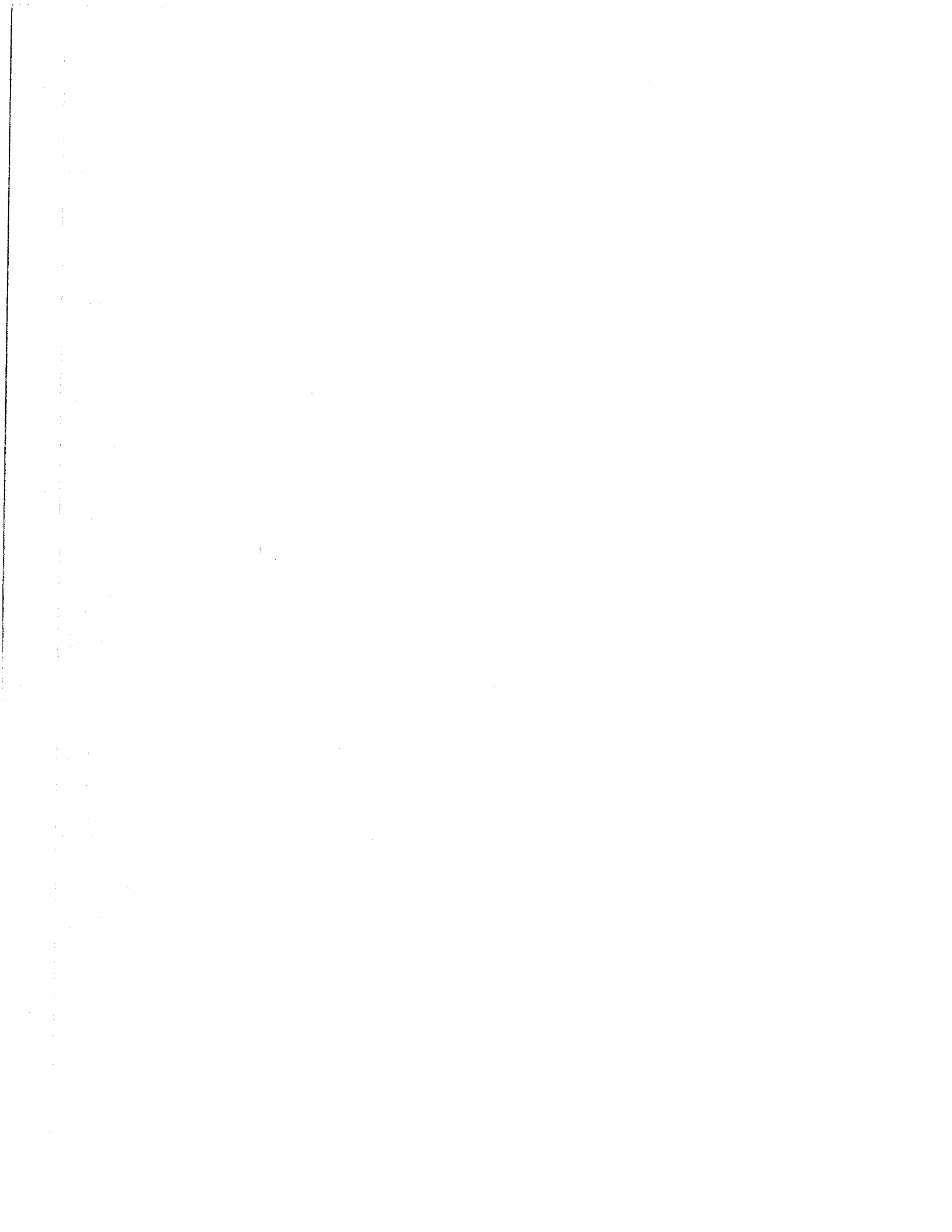
BECKER COUNTY ZONING OFFICE

CERTIFICATE IS HEREBY DENIED: (See Back For Reasons)

CERTIFICATE IS HEREBY GRANTED; Based upon the application, addendum form, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.

Heborah Maltzer
Signature

Inspector MPCA #2998 11/8/95
Title Date



BECKER COUNTY PLANNING & ZONING

829 LAKE AVENUE, PO BOX 787
 DETROIT LAKES, MN 56502-0787
 PHONE (218) 846-7314 - FAX (218) 846-7266

FIRE NO. Y1085
 TAX PARCEL NUMBER 08.1276.000

SEWER PERMIT APPLICATION/PERMIT
 RECEIPT NO. 9376

LEGAL DESCRIPTION

Lot 15 Willow Springs

LAKE/STREAM NAME	LK/STR CLASS	SECTION	TWP	RANGE	TOWNSHIP NAME
<u>N/A</u>		<u>27</u>	<u>139</u>	<u>41</u>	<u>Detroit Lakes</u>

PROPERTY OWNER	ADDRESS	PHONE NO
<u>Richard Manke</u>	<u>319 Willow Springs</u>	<u>847-7106</u>

INSTALLER/CONTRACTOR	LICENSE NO	PHONE NO
<u>Nels Thorson Excavating</u>		<u>439-3833</u>

SEWAGE TREATMENT SYSTEM DATA

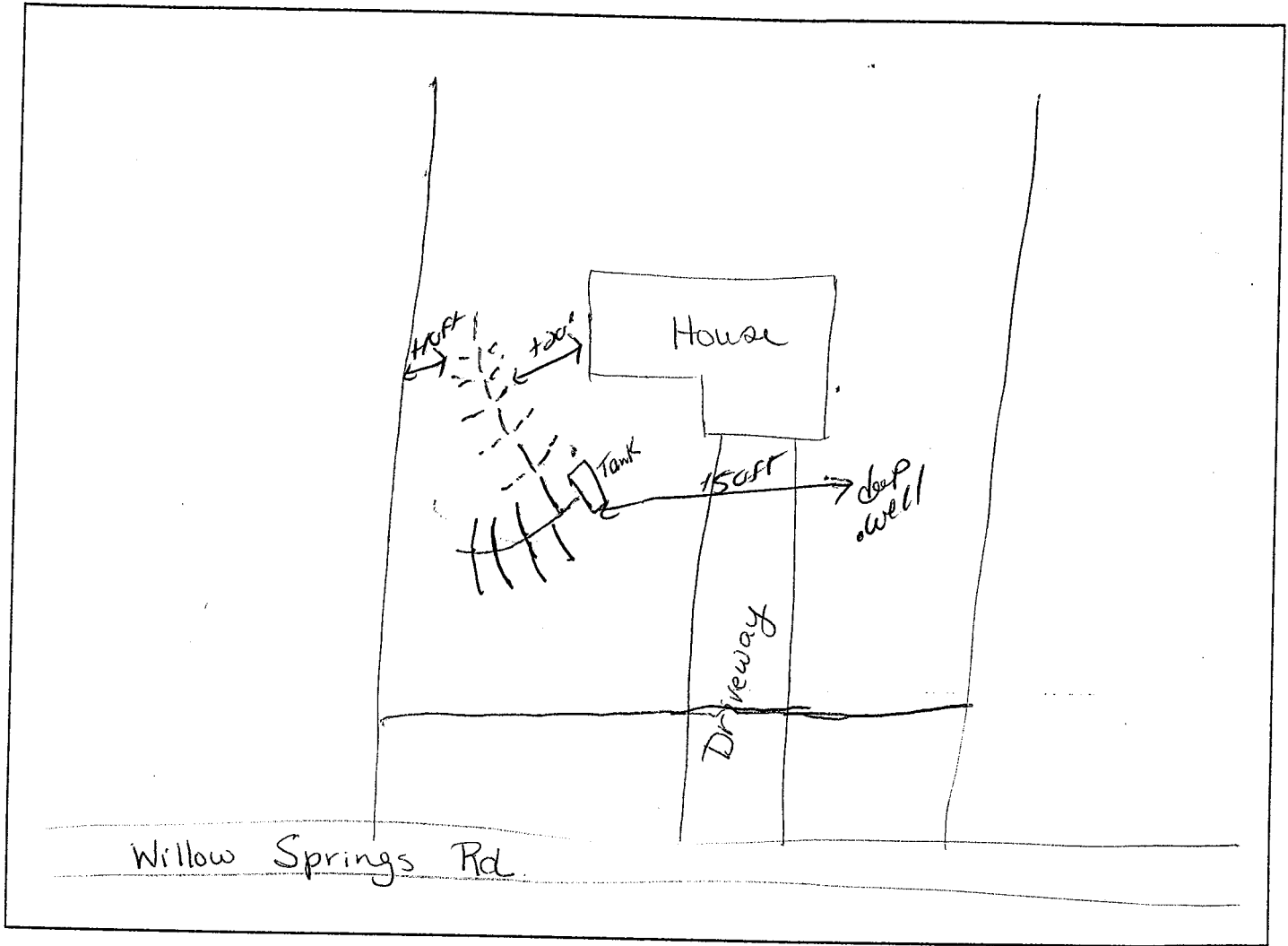
<p>WORK CATEGORY</p> <p><input type="checkbox"/> NEW SYSTEM <input checked="" type="checkbox"/> REPAIR</p> <p>TYPE OF SYSTEM</p> <p><input type="checkbox"/> SEPTIC TANK/DRAINFIELD <input checked="" type="checkbox"/> DRAINFIELD ONLY <input type="checkbox"/> HOLDING TANK <input type="checkbox"/> ALTERNATE (specify)</p> <p>TYPE OF DRAINFIELD</p> <p><input checked="" type="checkbox"/> STANDARD (bed) <input type="checkbox"/> STANDARD (trench) <input type="checkbox"/> MOUND (pressure distb)</p>	<p>WATER USES</p> <p><input checked="" type="checkbox"/> WASHING MACHINE <input type="checkbox"/> DISHWASHER <input checked="" type="checkbox"/> WATER SOFTENER <input checked="" type="checkbox"/> GARBAGE DISPOSAL <input type="checkbox"/> HOT TUB/SPA <u>3</u> NO OF BEDROOMS <u>2</u> NO OF BATHROOMS <u>1100</u> TOTAL FT² OF STRUCTURE</p> <p>PIPE SPECIFICATIONS</p> <p><input type="checkbox"/> GRAVELESS <input type="checkbox"/> ROCK (clean, washed 3/4"-2 1/2") (specify depth under pipe) _____</p>	<p>WELL INFORMATION</p> <p><input type="checkbox"/> SHALLOW WELL <input checked="" type="checkbox"/> DEEP WELL <u>58'</u> DEPTH OF WELL _____ DEPTH OF CASING</p> <p>SOIL CHARACTERISTICS</p> <p>SOIL TYPE _____ SOIL BORING RESULTS (if required) _____</p> <p>PERCOLATION TEST (if required) _____ MPI</p>
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SEWAGE TREATMENT SYSTEM DESIGN

DISTANCE FROM	TO SEPTIC TANK	TO DRAINFIELD	
NEAREST WELL	<u>75'</u>	<u>100'</u>	CAPACITY OF TANK <u>1000</u> gallons AREA OF DRAINFIELD <u>450</u> Sq Ft SEPARATION FROM HIGHEST KNOWN WATER LEVEL/MOTTILING <u>+4 FT</u>
LAKE/STREAM	<u>N/A</u>	<u>N/A</u>	
OCCUPIED BLD	<u>+10 FT</u>	<u>+20 FT</u>	
PROPERTY LINE	<u>30'</u>	<u>16'</u>	
SUCTION LINE	<u>+50 FT</u>	<u>+50 FT</u>	
PRESSURE LINE	<u>+10 FT</u>	<u>+10 FT</u>	

On back, please draw a site plan showing the above information.

Please draw a site plan showing the distances furnished on the front of the application.



I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge.

Shaw Marke
Signature

10/26/95
Date

For Office Use Only

Application Fee \$45⁰⁰ State Surcharge 50 Total \$45⁵⁰

Application is hereby denied
 Application is hereby granted to R. Marke to install septic system all in accordance with the application, addendum form, plans, specifications and all other supporting data. By Order of:

Alan Holm WPM
Signature of Permitting Authority Title

10/26/95
Date

This permit expires on 4/20/96

BECKER COUNTY

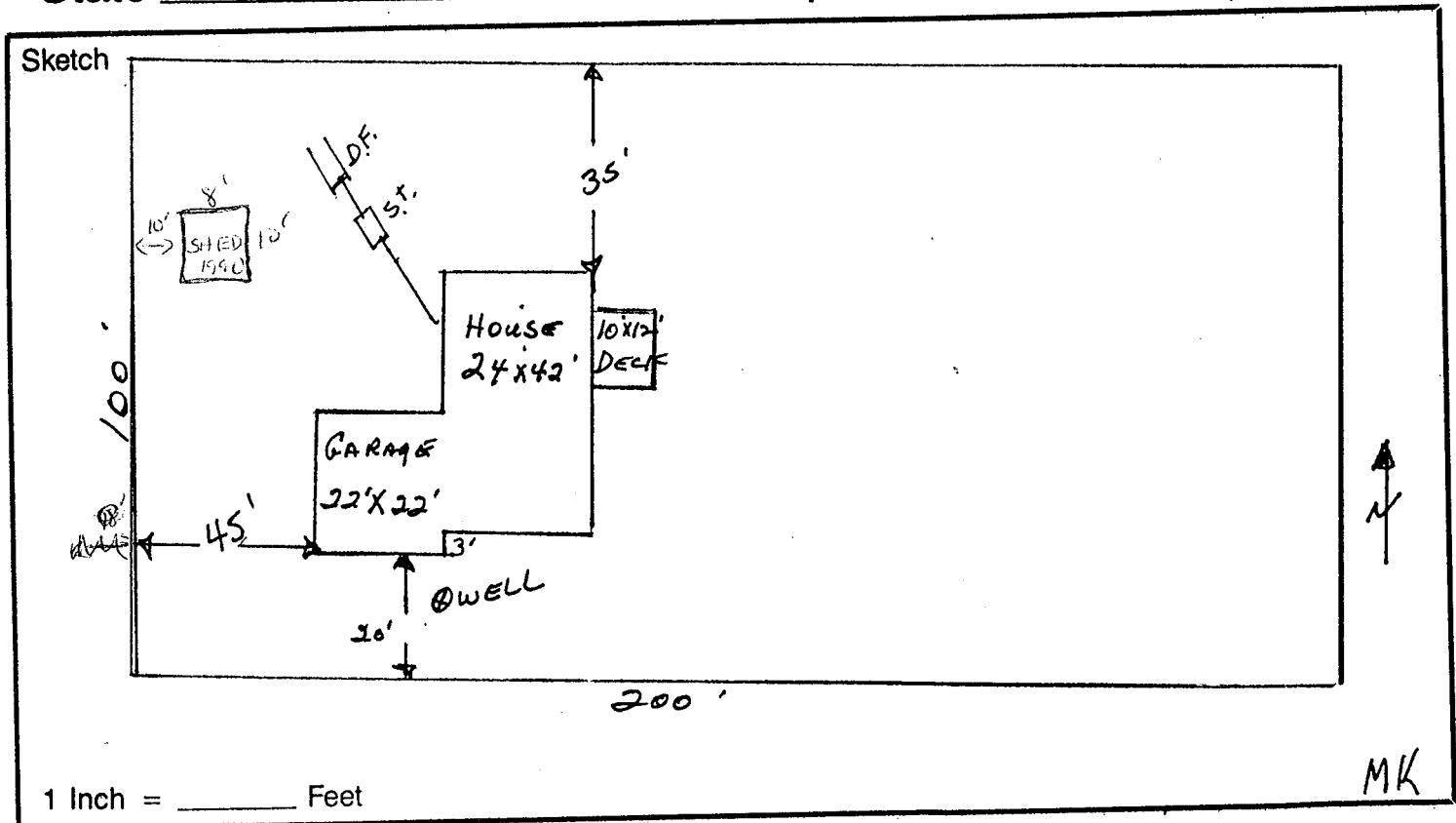
Permit Number 1-14627-30 Date 5-27-86
12-14627-30

Building New Home Sewage System 1000 Gals. + 300 sqft.

Township Detroit Sec. 22 Description T138NR41W
Lot 15 Willow Springs

Work Authorized New Home 24' x 42' w/ attached
Garage 22' x 22' + Deck 10' x 12'
1000 Gals. Septic Tank w/ + 300 sqft.
Seepage Bed w/ Lift Pump.

Issued to: Name Dynamic Homes
Address: 525 Roosevelt Ave. Town Detroit Lakes
State MN Zip 56501



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. Notify Becker County Zoning Administrator (847-3938) 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.

Maril Kuehne asst.
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 8th day of JULY 1985.

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

The premises covered by this certificate are legally described as:

Lake No. _____	Sec. <u>22</u>	Twp. <u>178</u>	Range <u>41</u>	Twp Name _____	SEWAGE BED
			SEPTIC TANK		400 SQ. FT.
CAPACITY			1000 GALL.		75 FT.
DISTANCE FROM NEAREST WELL			65 FT.		N/A
DISTANCE FROM LAKE OR STREAM			N/A		40 FT.
DISTANCE FROM OCCUPIED BUILDING			30 FT.		10 FT.
DISTANCE FROM PROPERTY LINE			10 FT.		4 FT.
DISTANCE FROM BOTTOM TO WATER TABLE					

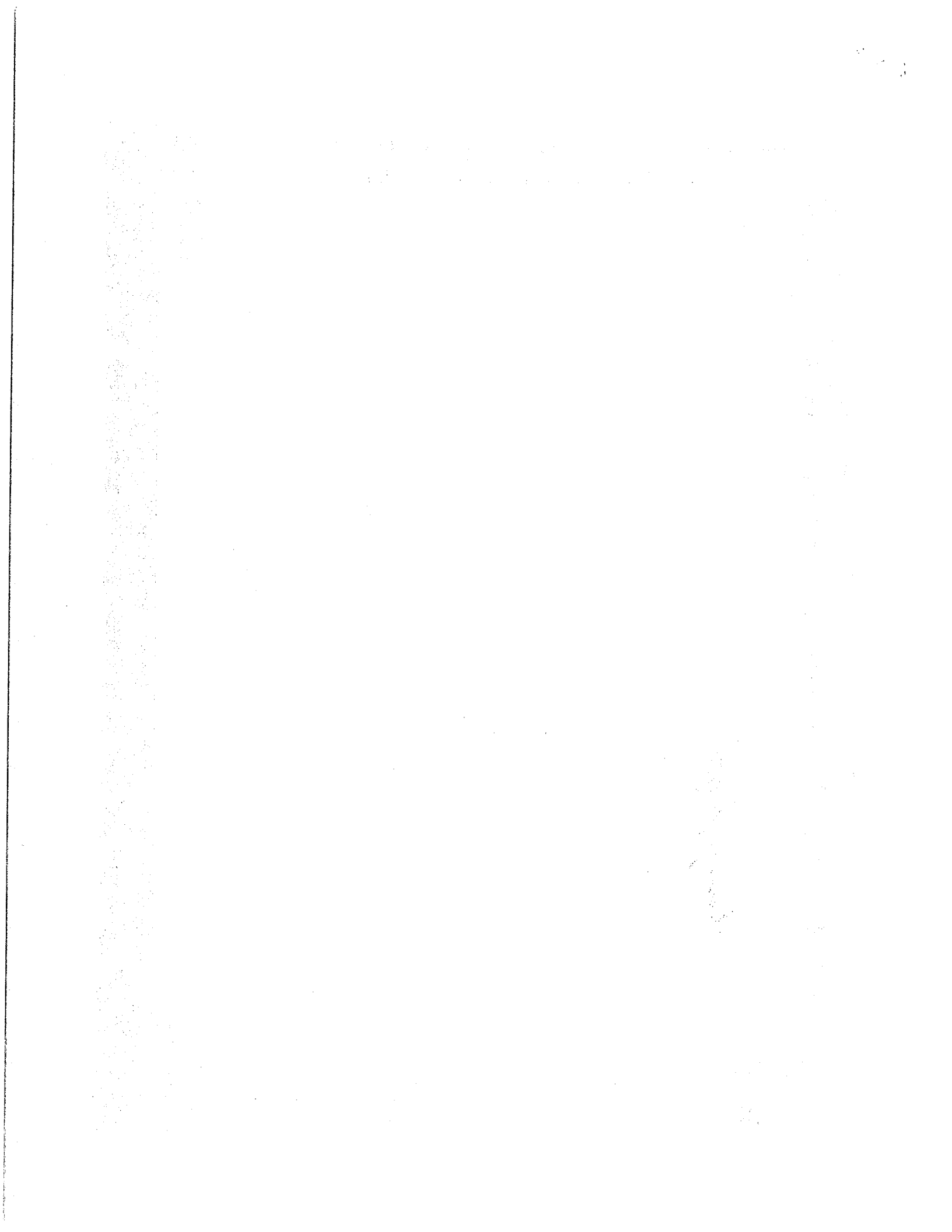
Owner: Name DYNAMIC HOMES

Address 525 ROOSEVELT AVE., DETROIT LAKES, MN

Zip No. 56501

Permit No. SP 12-14, 627-50

Signed by: [Signature]
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

Bed

CATEGORY	SEPTIC TANK				SEEPAGE & PIT				DRAIN FIELD		
	Actual		Should be		Actual		Should be		Actual	Should be	
Capacity	1000	Gls.		Gls.	300	SF		SF	SF	SF	
Distance from Nearest Well	65	F		F	75	F	75	F	F	50	F
Distance from Lake or Stream	N/A	F		F	N/A	F		F	F		F
Distance from Occupied Building	30	F	10	F	40	F	20	F	F	20	F
Distance from Property Line	40	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: *14 year Rock St. Sandy sub soil well though*

Insulation

INTERPRETATION OF ABBREVIATIONS

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

Maile Kuelmey
 Inspector's Signature

Title

Inspection Dated *7-2* 19 *80*

Agency

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

BECKER COUNTY ZONING ADMINISTRATION

Permit No. _____

829 LAKE AVE., BOX 787 - Phone 218-847-4427 - Detroit Lakes, Minn. 56501

Date _____

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

10513

LEGAL DESCRIPTION AND LOCATION

Table 15

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						

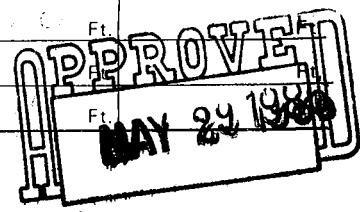
TYPE OF IMPROVEMENT: <input checked="" type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	RESIDENTIAL PROPOSED USE: <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____
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ESTIMATED COST OF IMPROVEMENT \$ _____ Construction Starting Date: _____

PRINCIPAL TYPE OF FRAME: <input type="checkbox"/> Masonry <input checked="" 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 checked="" type="checkbox"/> Individual Well 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	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 5/27/86 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 5-29-86 _____
Becker County Zoning Administrator

Permit Fee \$ 20.00 State Surcharge \$ _____

Comments: 70.50

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

BECKER COUNTY ZONING ADMINISTRATION

Permit No. 1-14627-30
23464730
5/27/86

829 LAKE AVE., BOX 787 - Phone 218-847-4427 - Detroit Lakes, Minn. 56501
 APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

10593

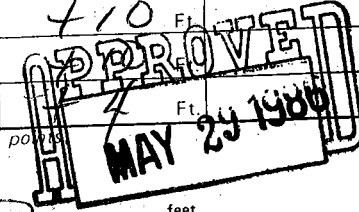
LEGAL DESCRIPTION AND LOCATION: Lot 15 Willow Springs
 Lake No. _____ Lake Name _____ Lake Classif. _____ Sec. 22 TWP. 138 Range 41 TWP Name Detroit

IDENTIFICATION: Please Print All Information
 Owner: Last Name Dynamis First Thomas Initial _____ Mailing Address - No. Street, City, and State 525 Roosevelt Ave Zip No. _____ Tel. No. _____
 Contractor Name Self

TYPE OF IMPROVEMENT: New Building Alteration Other new home
 RESIDENTIAL PROPOSED USE: One Family Dwelling Multiple Dwelling _____ Units
 NON-RESIDENTIAL PROPOSED USE: Specify Attached garage Size: 22x22 ft.
 ESTIMATED COST OF IMPROVEMENT \$ _____ Construction Starting Date: Deck 10x12 ft.
 PRINCIPAL TYPE OF FRAME: Masonry Wood Frame 3 1/2" thick on deck 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) 24x12 ft. Bedrooms 2 Baths 1
 HEATING: Electric Gas Oil Coal None Other: _____
 Type of Roof: asphalt

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PITS	DRAIN FIELD
Capacity	1000 Gls.	+ 300 Sq. Ft.	Sq. Ft.
Distance from nearest well	+ 75 Ft.	+ 75 Ft.	Ft.
Distance from lake or stream	_____ Ft.	_____ Ft.	Ft.
Distance from occupied building	+ 10 Ft.	+ 10 Ft.	Ft.
Distance from property line	+ 10 Ft.	_____ Ft.	Ft.
Distance from bottom to Water Table	_____ Ft.	_____ Ft.	Ft.

Age Construction
Sandy Septic Pump



CHARACTERISTICS:
 Lot Area is 100 x 200 ft 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 N-38 and S-20 feet. Rear yard is E-111 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 5/27/86

Tom Heller
 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 5-29-86
 \$ 50.00
 \$ 20.00 State Surcharge \$.50
 Comments \$ 70.50

Mark Kuhse asst.
 Becker County Zoning Administrator

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	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	F	4

Inspector's Comments: _____

INTERPRETATION OF ABBREVIATIONS

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

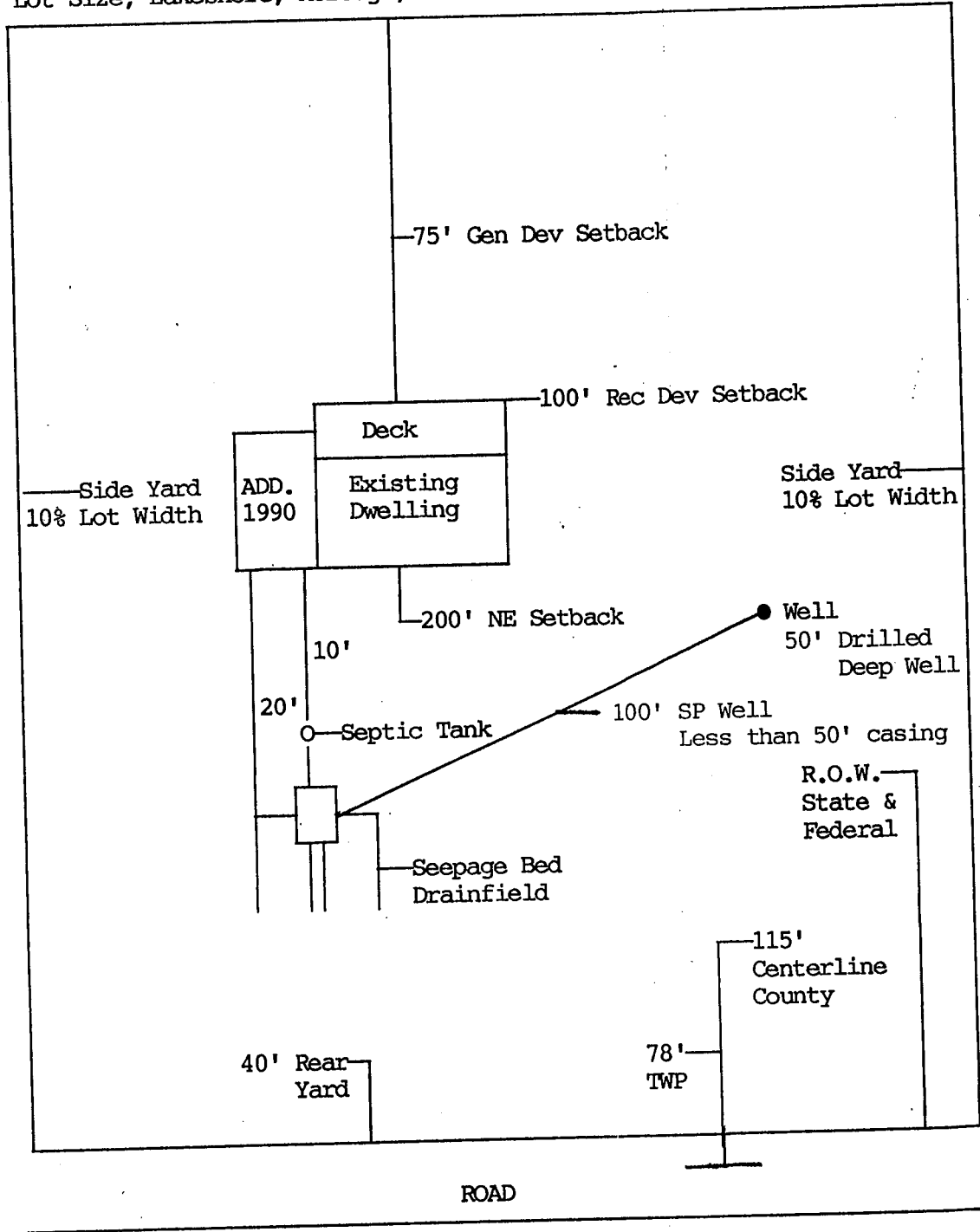
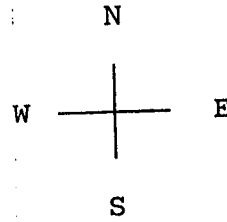
Inspector's Signature _____

Title _____

Inspection Dated _____ 19 _____

Agency _____

Site Plan Guide
Lot Size, Lakeshore, Acreage, Etc.



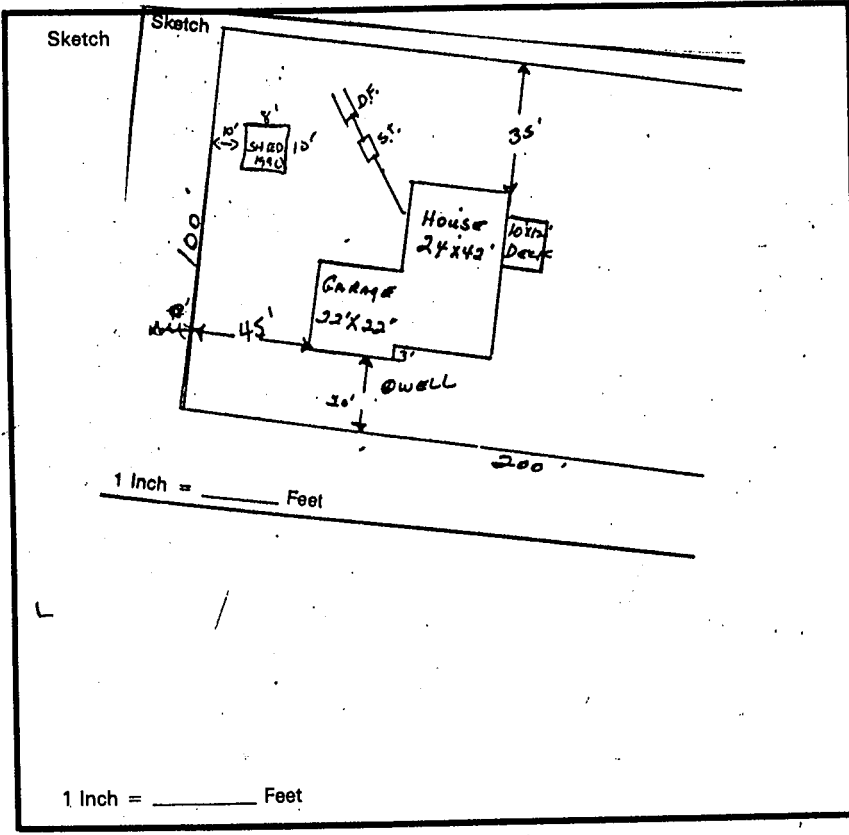
BUILDING AND SEWAGE SYSTEM PERMIT

BECKER COUNTY ZONING AND PLANNING
 829 LAKE AVENUE, BOX 787, PHONE 847-4427, DETROIT LAKES, MN 56502

Parcel No. 08.1276.000 Lake Name N/A Permit No. 11-875-30
 Fire No. _____ Township Detroit Section 22 Description Hot 15 Willow Springs
 Lot Size _____

Issued to: Name Richard Manke Tel. No. _____
 Address Rt 1 Willow Springs D
 Work Authorized garage shed

Type of Improvement: () New Home () Alteration () Garage () Mobile Home Yr. _____
 () Cottage () Septic System Other Building () Multiple Dwelling _____ Units.
 Size 8' x 10' Stories _____ Basement _____ No. of Bedrooms _____ Bathrooms _____
 Contractor: Name & Address John Flat Tel. No. _____
 Estimated Cost _____ Permit Fee \$20.00 State Fee _____ Receipt No. 3319



HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:
 High Water Mark of Lake N/A
 Side Lot Lines 10' and 10' rear yard 40'
 Center Line of Public Road 78'
 Right of way State or Co. _____
 APPROVED: Board of Adjustment Date: _____
 Planning Commission Date: _____
 County Commissioners Date: _____
 Zoning Administrator Date: _____

SEWAGE DISPOSAL SYSTEM DATA

Installed in 19 <u>86</u>	Septic Tank	Drain Field
Capacity	<u>1000</u> Gls	<u>300</u> Sq. Ft.
Distance from nearest well	<u>65</u> Ft.	<u>75</u> Ft.
Distance from lake or stream	<u>N/A</u> Ft.	<u>N/A</u> Ft.
Distance from occupied building	<u>30</u> Ft.	<u>40</u> Ft.
Distance from property line	<u>10</u> Ft.	<u>10</u> Ft.
Distance from bottom to Water Table	Ft.	<u>4</u> Ft.
Lift Pump () Yes (<input checked="" type="checkbox"/>) No	Well Depth _____	type _____

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.

Shan Manke
 SIGNATURE OF OWNER
 Received By [Signature]
 Approved By [Signature]
 Becker County Zoning Administrator

Date 5/17/90
 BECKER COUNTY
 DETROIT LAKES, MN 56501

DESIGN PAD

BECKER COUNTY

Department _____
Becker County Courthouse
Detroit Lakes, MN 56501

Subject _____
Name Richard Manke
Address Rt. 1 - Willow Springs
Town D.L. State MN Zip 56501 Date 5/15/90

Parcel No. _____ Fire No. _____ Legal Description _____

Remarks: We would like a building permit
to put up a wooden garden shed

Signature Rick + Stan Manke

