



835 Lake
 PO Box 7
 Detroit La
 Phone: (218) 846-7314
 Fax: (218) 846-7266



020231000

Individual Sewage Treatment System
 Permit Application

PD's Report # 255992

1. PROPERTY DATA (as it appears on tax statement)

Parcel number(s) of property system will be installed on: 02.0231.000
 (if parcel is a new split and a parcel number has not yet been issued, indicate the main parcel number from which the new parcel was split from)

Section 3A Twp 139 Range 4A Township Name Audubon Lake Name Little Cormorant Lake Classification RD

Legal Description: _____

Project Address: 16142 MAPLE RIDGE RD

2. PROPERTY OWNER INFORMATION (as it appears on tax statement, purchase agreement or deed)

First name John & Kimberly Last Name SCHAFFER

Mailing Address 16142 MAPLE RIDGE RD City, State Zip Audubon, MN, 56511

Phone Number 439-3097

3. DESIGNER/INSTALLER INFORMATION

Company Name: OHM EXCAVATING License #: 932 Address: Box 293, Audubon, MN

Designer Name: GRANT OHM Registration #: 742 Telephone Number: 439-6428

Will the system be installed by the designer? (circle one) YES NO Unknown/To be bid

COMPLETE INSTALLER INFORMATION IF INSTALLER IS KNOWN AND DIFFERENT THAN THE DESIGNER!

Company Name: _____ License #: _____ Address: _____

Installer Name: _____ Registration #: _____ Telephone Number: _____

4. SYSTEM DESIGN INFORMATION

Existing System Status - CHECK ONE	Date of Site Evaluation <u>7-18-03</u>	Size of ALL tank types to be installed:	Check type of drainfield medium to be used:
<input type="checkbox"/> No existing system - new home/structure	Gallons Per Day <u>600</u>	<u>Add 1500</u> gals Septic Tank	<input checked="" type="checkbox"/> Chamber
<input type="checkbox"/> Cesspool/Seepage		_____ gals Lift Station	_____ Drainfield Rock
<input type="checkbox"/> Failing (other than cesspool/seepage pit)	What will new system serve? CHECK ONE	_____ gals Holding Tank	_____ Gravelless
<input checked="" type="checkbox"/> Undersized (addition to drainfield/tanks needed)	<input checked="" type="checkbox"/> Dwelling	_____ gals Other Tanks	_____ No drainfield
<input type="checkbox"/> Repairs needed to existing system	_____ Resort/Campground	Drainfield Size sq ft	Check type of drainfield to be installed:
<input type="checkbox"/> Replacement needed of existing system	_____ Commercial (non-resort)	<u>Add 500-750</u>	<input checked="" type="checkbox"/> Trench
<input type="checkbox"/> Unknown	_____ other - explain below	_____	_____ At-grade
<input type="checkbox"/> Other - explain below		_____	_____ Pressure Bed
		_____	_____ Seepage Bed
		_____	_____ Mound

Explanation:
 Check box if system will be experimental

Best placement system

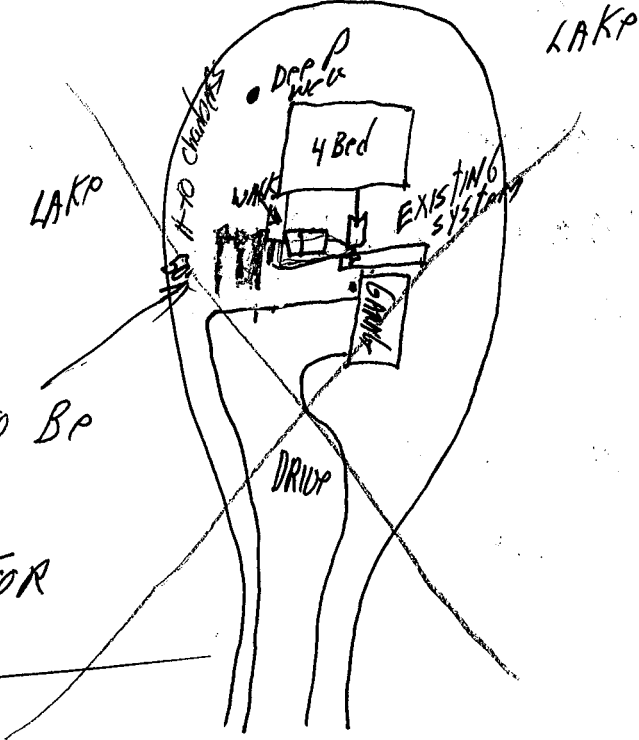
Design Flow <u>600</u> GPD	Well Depth <u>7.50</u>	Original Soil or Compacted Soil	Depth to Restricting Layer <u>7.5'</u>
Number of Bedrooms <u>4</u>	Depth of wells of	Type of Soil Observation	Maximum Depth of System <u>8'</u>
Garbage Disposal YES <u>NO</u>	within 100 feet	PROBE PIT <u>BORING</u>	Perc Rate <u>16</u>
Grinder pump/lift station in house YES <u>NO</u>	system <u>NONP</u>		Soil Sizing Factor <u>1.67</u>

	Tank	Drainfield
Distance to well	<u>50</u>	<u>60</u>
Distance to Building	<u>10</u>	<u>20</u>
Distance to Property Line	<u>+10</u>	<u>+10</u>
Distance to OHW	<u>65'</u>	<u>50'</u>
(Ordinary Highwater Mark)		
Distance to Pressure Line	<u>+40</u>	

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
<u>0-4</u>	<u>SANDY LOAM</u>	<u>10YR2/1 BLACK</u>		<u>0-9</u>	<u>SANDY LOAM</u>	<u>10YR2/1 BLACK</u>	
<u>4-14</u>	<u>LOAM</u>	<u>10YR4/3 BRN</u>		<u>9-60</u>	<u>LOAM</u>	<u>10YR6/1 H.Y. BRN</u>	
<u>14-60</u>	<u>LOAM</u>	<u>10YR6/1 H.Y. BRN</u>					

**6. SITE PLAN - indicate capacity of all tanks, size of drainfield, and depth of well(s)
SHOW PROPOSED AND/OR EXISTING:**

1. Water supply wells w/in 100' of the proposed ISTS
2. Buildings or improvements on the lot
3. Buried water pipes w/in 50' of the proposed ISTS
4. Easements on the lot
5. Ordinary high water level of public waters
6. Property lines
7. ALL required setbacks from the system
8. ALL required setbacks from the system
9. Site contours
10. ISTS
11. Alternative site if lot was created after January 23rd, 1996.
12. Other site characteristics pertinent to system design



NEW DRAIN FIELD TO BE
50' FROM OHW
NO OTHER PLACE FOR
SYSTEM ADDITION

7. CERTIFIED STATEMENT

I, Grant Ohm (PRINT NAME) certify that I have completed the preceding design work in accordance with all applicable requirements including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).
Grant Ohm (SIGNATURE) 7-16-03 (DATE)

*****FOR OFFICE USE ONLY*****

Application approved by: Debi Maltby Date: 7-21-03

Certificate of Compliance

() Certificate is hereby denied
 (X) Certificate is hereby granted based upon the application, addendum forms, plans, specifications and all other supporting data. With proper maintenance, this system can be expected to function satisfactorily, however, this is not a guarantee.

Signature of Registered Qualified Employee Lugay Moore #6432 Date: 9-3-03

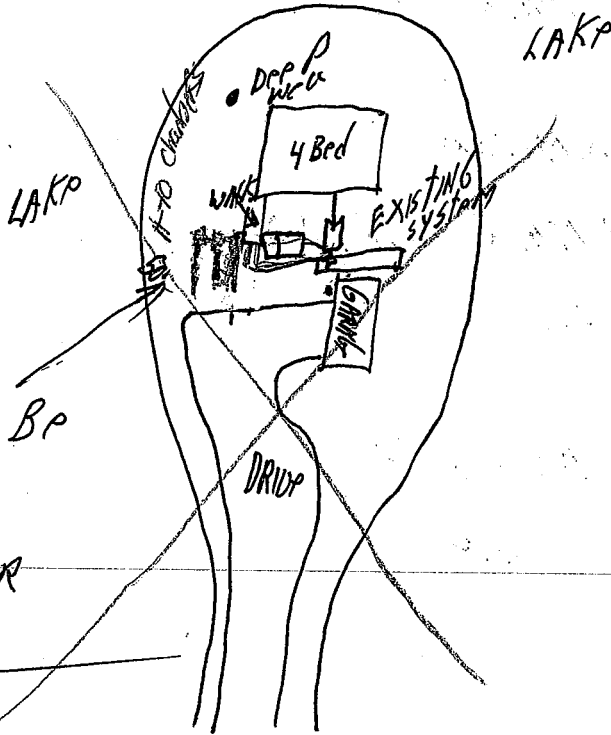
Design Flow	600 GPD	Well Depth	7.50' Original Soil or Compacted Soil	Depth to Restricting Layer	7.5'
Number of Bedrooms	4	Depth of wells of	Type of Soil Observation	Maximum Depth of System	8'
Garbage Disposal	YES NO	within 100 feet	PROBE PIT BORING	Perc Rate	16
Grinder pump/lift station in house	YES NO	system	NONP	Soil Sizing Factor	1.67

	Tank	Drainfield
Distance to well	50	60
Distance to Building	10	20
Distance to Property Line	7.0	7.10
Distance to OHW	65'	50'
(Ordinary Highwater Mark)		
Distance to Pressure Line	7.40	

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-4	SANDY LOAM	10YR2/1 BLACK		0-9	SANDY LOAM	10YR2/1 BLACK	
4-14	LOAM	10YR4/3 BRN		9-60	LOAM	10YR6/1 H.Y. BRN	
14-60	LOAM	10YR6/1 H.Y. BRN					

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(SIGNATURE) Grant Ohm (DATE) 7-18-03

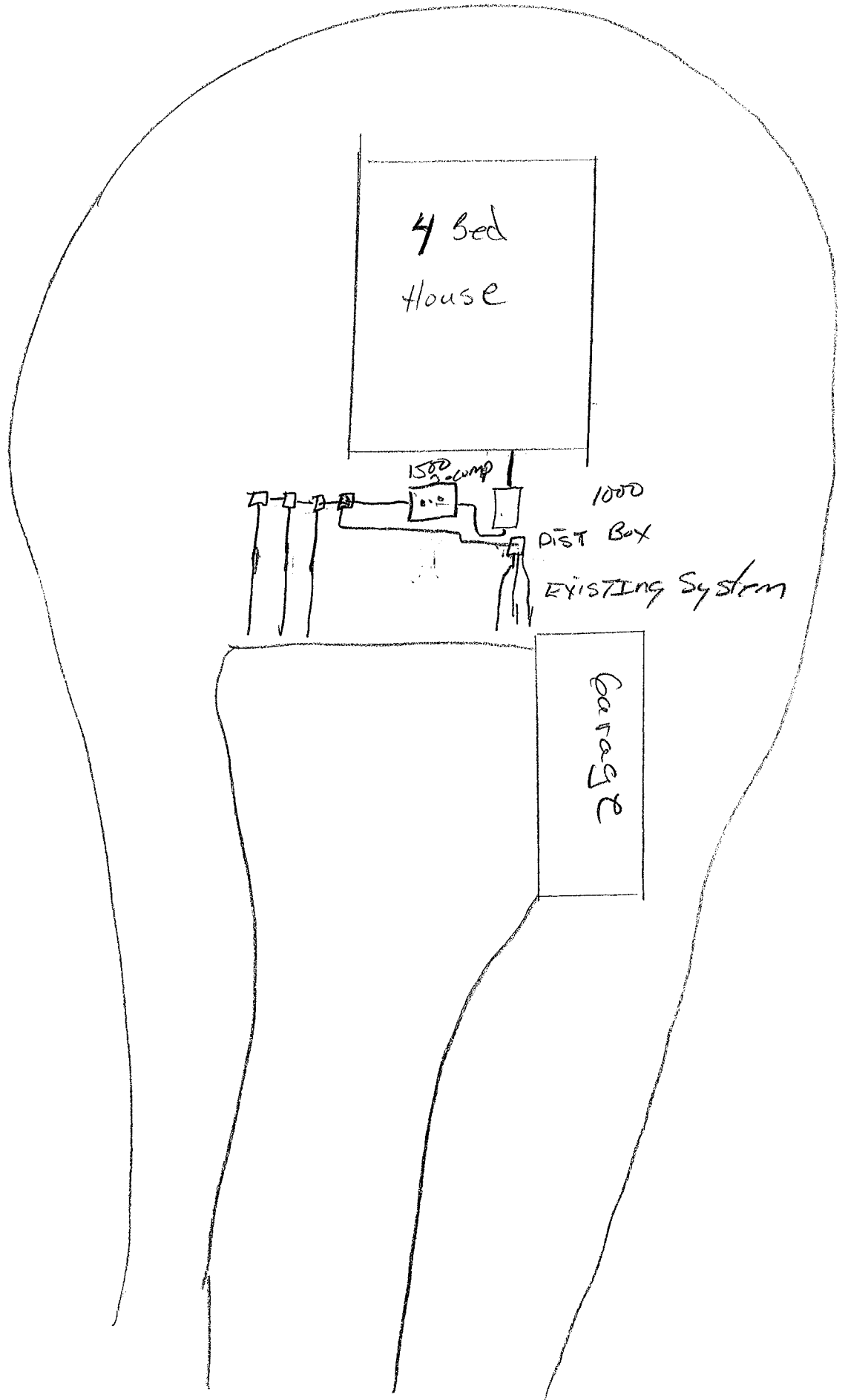
*****FOR OFFICE USE ONLY*****
Application approved by: [Signature] Date: 7-21-03

Certificate of Compliance

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Signature of Registered Qualified Employee [Signature] #6432 Date: 9-3-03



4 bed
House

1500
amp

1000
DIST BOX

EXISTING System

Garage



Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Instructions: Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply.

For local tracking purposes:

Submit completed form to Local Unit of Government (LUG) and system owner within 15 days

System Status

System status on date (mm/dd/yyyy): 4-7-12

- 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: 02.0231.000

Property address: 16142 Maple Ridge Reason for inspection: _____

Property owner: John & Kimberly Schaefer Owner's phone: _____

Owner's representative: _____ Representative phone: _____

Local regulatory authority: Becker County Zoning Regulatory authority phone: _____

Brief system description: Septic Tank & Drain field

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: Richard Vareberg Certification number: _____

Business name: Vareberg Backhoe Service License number: 1910

Inspector signature: [Signature] Phone number: _____

Necessary or Locally Required Attachments

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

RECEIVED
MAY 08 2013
ZONING

Property address: 16142 Maple Ridge

Inspector initials/Date: RV 4-2-12

1. Impact on Public Health – Compliance component #1 of 5

Compliance criteria:

System discharge sewage to the ground surface.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System discharge sewage to drain tile or surface waters.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System cause 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 7080.2650 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, which sewage tank(s) leaks:	

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 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 falling to protect groundwater**

Explain:

Property address: 16142 Maple Ridge

Inspector Initials/Date: KU 4-7-12

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____ Unknown
Shoreland/Wellhead protection/Food Beverage Lodging? Yes No

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.

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.

- 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)

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.*

Comments/Explanation:

"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.

Indicate depths of elevations	
A. Bottom of distribution media	24'
B. Periodically saturated soil/bedrock	>7'
C. System separation	>3
D. Required compliance separation*	3

Any "no" answer above indicates the system is Failing to Protect Groundwater.

*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

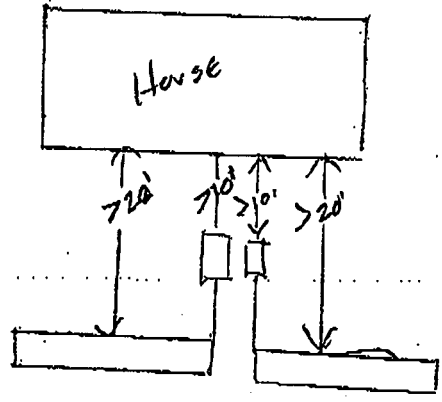
Any "no" answer indicates Noncompliance.

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.

SKETCH OF PROPERTY

Please sketch all structures and septic systems on the property;
Include setbacks and wells within 100 feet of the property.

PARCEL	
APP	SEPTIC INSPECTION
YEAR	2012



CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 25 day of AUGUST 19 77.

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

The premises covered by this certificate are legally described as: SW 1/4

Lake No. 506 Sec. 33 Twp. 139 Range 42 Twp. Name ANDERSON

New sewer system has 1000 gal. septic tank, 50 ft. from nearest well, 75 ft. from lake, 10 ft. from occupied building, over 10 ft. from property line, seepage bed is 300 sq. ft., (10x30), 60 ft. from nearest well, 75 ft. from lake, 20 ft. from occupied building, over 10 ft. from property line, and over 4 ft. from bottom to water table.

Owner: Name ROBERT KOHLER

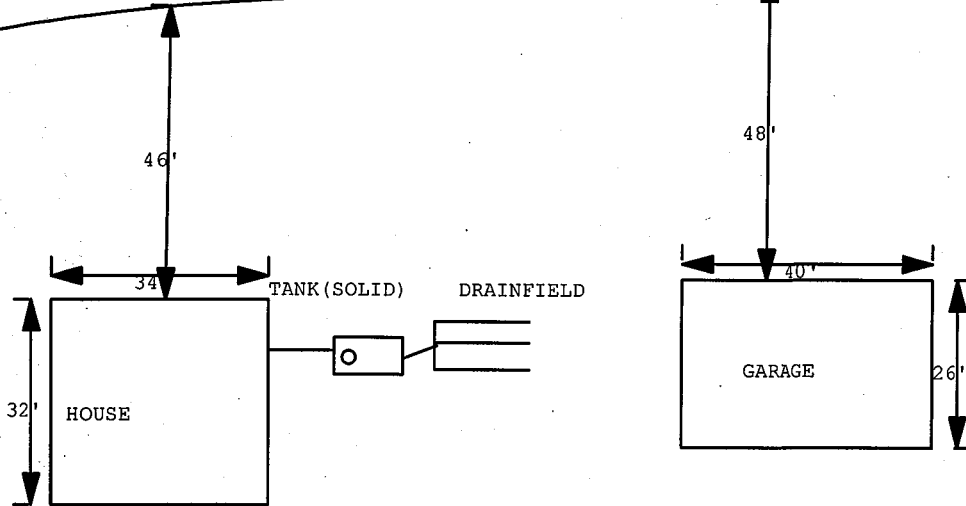
Address 220 5th AVE. ANDERLIN, NORTH DAKOTA 58027

Zip No. _____

Permit No. SP 12-7187-31

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

LITTLE CORMORANT LAKE

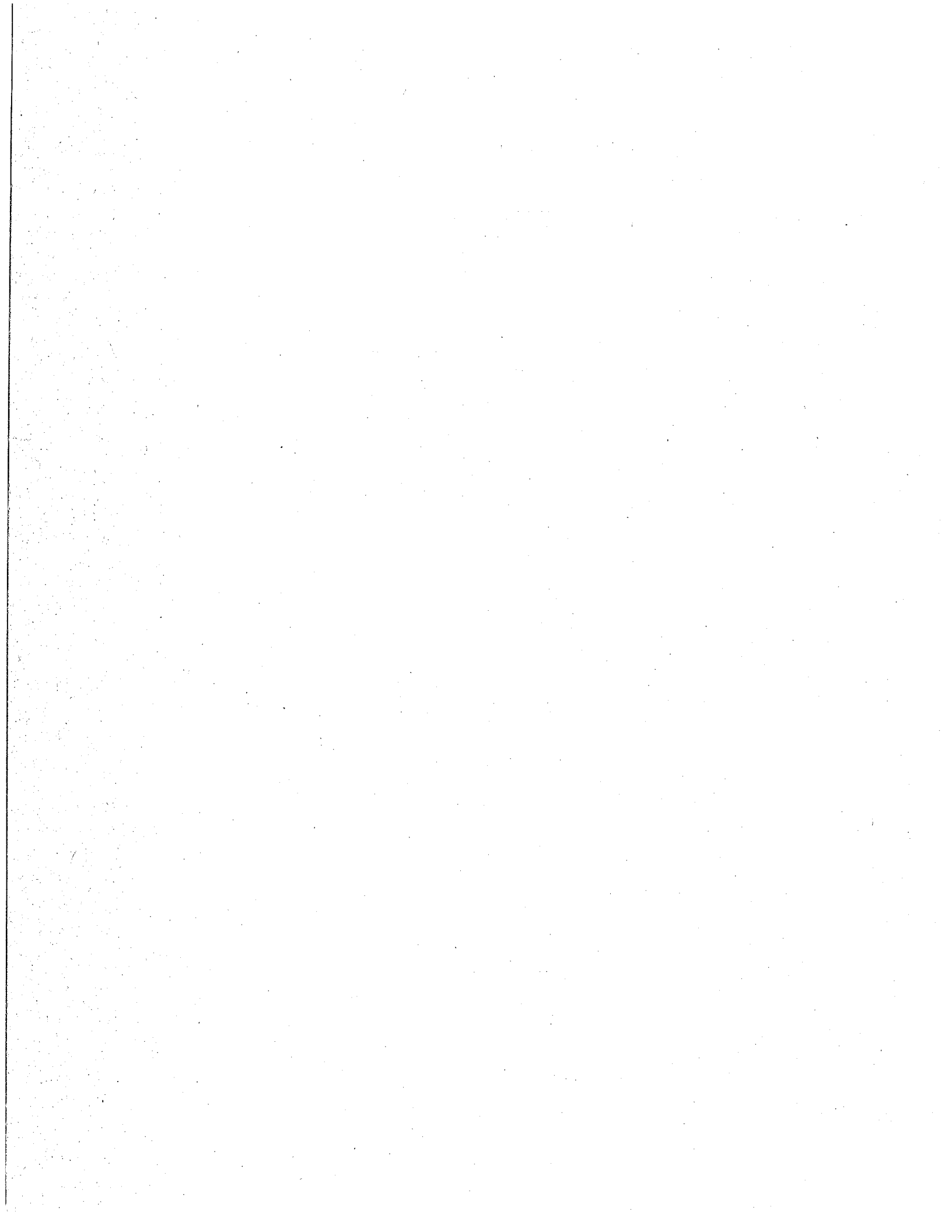


PENNISULA

02.0231.000
ROBERT KOHLER
SECTION 33

INSPECTED BY JASON AND JAY
BECKER COUNTY
7-16-97

LITTLE CORMORANT LAKE



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.

Mark D. Swank
Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA
Board of County Commissioners



APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION

Trk No. _____ Lake Name _____ Lake Classif. _____ Soc. Sec. No. _____ HWY _____ 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	RESIDENTIAL PROPOSED USE	NON-RESIDENTIAL PROPOSED USE
() New Building () Alteration Other _____	() One Family Dwelling () Multiple Dwelling _____ Units	Specify _____ Size _____

ESTIMATED COST OF IMPROVEMENTS _____ 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 _____	Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well _____	Feet	Feet	Feet
Distance from lake or stream _____	Feet	Feet	Feet
Distance from occupied building _____	Feet	Feet	Feet
Distance from property line _____	Feet	Feet	Feet
Distance from bottom to Water Table _____	Feet	Feet	Feet

All distances are shortest distance between nearest points

CHARACTERISTICS

Lot Area _____ square feet Water frontage _____ feet

Building setback from high water mark is _____ feet (Building line)

Front height above high water mark at building line is _____ feet

Building setback from State highway is _____ feet - from road or trail _____ feet

Stoeyard is _____ feet (Back yard) _____ 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, Dr. Infield, 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 the plans and specifications submitted here with shall become a part of this permit application. It also understands that this permit is valid for a period of six (6) months. Applicant shall agree 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 _____

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 10 x 30

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	<i>1000</i>	Gls.	<i>1000</i>	Gls.	<i>300</i>	S F		S F		S F		S F
Distance from Nearest Well	<i>50</i>	F	<i>50</i>	F	<i>60</i>	F	<i>50</i>	F		F	<i>50</i>	F
Distance from Lake or Stream	<i>75</i>	F	<i>75</i>	F	<i>75</i>	F	<i>75</i>	F		F		F
Distance from Occupied Building	<i>10</i>	F	<i>10</i>	F	<i>20</i>	F	<i>20</i>	F		F	<i>20</i>	F
Distance from Property Line <i>over</i>	<i>10</i>	F	<i>10</i>	F	<i>over 10</i>	F	<i>10</i>	F		F	<i>10</i>	F
Distance from Bottom to Water Table	<i>--</i>	F	<i>--</i>	F	<i>+ 4</i>	F	<i>4</i>	F		F	<i>4</i>	F

Inspector's Comments: *Start O.P.M. Installation, on an Island
 20 ft above lake level.*

**INTERPRETATION
OF ABBREVIATIONS**

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

Mark Keckner
 Inspector's Signature

_____ Title

Inspection Dated *8-10* 19 *77*

_____ Agency