



Minnesota Pollution Control Agency

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

Existing Sul



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JTS)

Doc Type: Compliance and Enforcement

RECEIVED
For local tracking purposes: AUG 12 2020
ZONING

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

System Status

System status on date (mm/dd/yyyy): 8-8-20

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: 0305 15000

Property address: 31076 Acron Lk Rd

Reason for inspection: County

Property owner: Jerry Gibbons

Owner's phone: 334-8383

Owner's representative: _____

Representative phone: _____

Local regulatory authority: _____

Regulatory authority phone: _____

Brief system description: 600 gallon lift, 1000 gallon septic and 600 septic

Comments or recommendations: 375' sq ft drainfield

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: Tim Stenger

Certification number: _____

Business name: Stenger Excavating LLC

License number: 2553

Inspector signature: Tim Stenger

Phone number: _____

Necessary or Locally Required Attachments

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

Property address: 31076 Acorn Lk Rd

Inspector initials/Date: AS | 8-8-20
(mm/dd/yyyy)

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 falling to protect groundwater.

Comments/Explanation:

Looked Inside with camera looked good

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 falling to protect groundwater.**

Explain:

Property address: 31076 Acron Lk

Inspector initials/Date: AS | 8-8-20
(mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: 11-26-02 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:

0-8 104R LS
8-64 104R S/4 S

Indicate depths or elevations

A. Bottom of distribution media	<u>22"</u>
B. Periodically saturated soil/bedrock	<u>64"</u>
C. System separation	<u>42"</u>
D. Required compliance separation*	

*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.

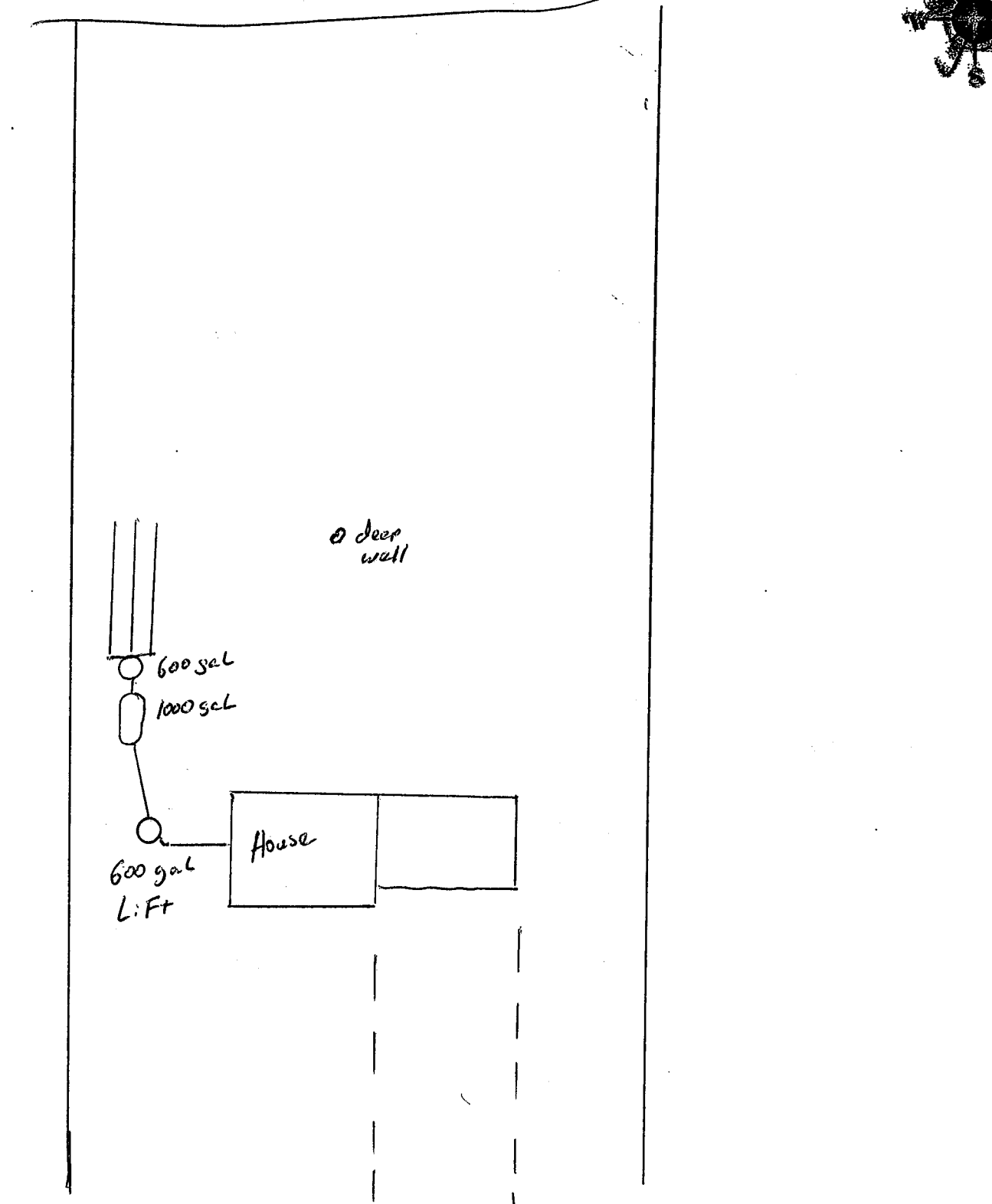
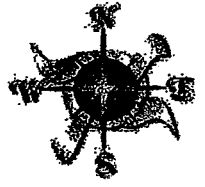
Upgrade Requirements (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, 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	

Acorn Lk



Acron Lk Rd

**PERMIT MUST BE
POSTED AT THE
CONSTRUCTION SITE**

Becker County Planning & Zoning
835 Lake Ave, P O Box 787
Detroit Lakes, MN 56502-0787
Phone (218)-846-7314; Fax (218)-846-7266

Onsite Septic System Site Evaluation/Design Tax Parcel Number 13.0515700 911 Address _____

Legal Description: Lot 4 Engel Estaks Section 28 TWP 138 Range 10

Lake Name Acorn Lake Classification rd Township Name _____

Owner's Name Michael & Sue Markey Address 31076 Acorn Lake Rd

City France State/Zip Mn Phone Number 334-4008

Number of Bedrooms 4 Well Casing Depth Deep Garbage Disposal (Yes) (No)
Design Flow 600 GPD Depth of other Wells within 100 ft of system Deep Grinder Pump/Lift Station In House (Yes) (No)

Type of Observation: Probe Pit Boring
Original Soil (Yes) (No) Compacted Soil (Yes) (No)
Depth to Restricting Layer 7' Proposed Design () Replace Septic Tank (X) Standard (gravelless/chamber) Type of Drainfield (X) Standard (gravelless/chamber)
Maximum of Depth of System 2' (X) Septic Tank/Drainfield () Standard (rock depth _____)
Perc Rate 23 Soil Sizing Factor 2.83 () Drainfield Only () Standard Bed
 () Holding Tank () Mound () At Grade
 () Lift Station () Pressurized Bed

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-8	Topsoil		BLOCKY PLATY PRISMATIC (NONE)
8-60	Sand	10yrbly	BLOCKY PLATY PRISMATIC (NONE)
			BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-10	Topsoil		BLOCKY PLATY PRISMATIC (NONE)
10-60	Sand	10yrbly	BLOCKY PLATY PRISMATIC (NONE)
			BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE

Type of alarm Device on lift Station or Holding tank
Visible Float
Attach perc test Information if Required

Name and Address of Designer Tom Zell 45638 Century 35 Phone 849-2388

MPCA Number 632 Date of Site Evaluation 11-18-03 Signature of Designer Tom Zell

Name of Installer (if different from Designer) _____ MPCA Number _____

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

*** Any changes to the permit must first be approved by Becker County Planning & Zoning. No system shall be covered up without inspection by Becker County Planning & Zoning.
*** Inspections must be scheduled at least 24 hours prior to time requested.

Date Received 11/22/03 Application Fee 75⁰⁰ State Surcharge _____ Total 75⁰⁰

[] Application is hereby denied
[X] Application is hereby granted to M. Mailey to install an individual septic system according to the specifications of the site evaluation and design submitted to the Becker County Environmental Services Office. By Order of: Hebi Moltz 11-22-03 18600

Signature of Becker County Qualified Employee _____ Date Permit Issued _____ Permit Number _____
This permit expires on 11-23-03

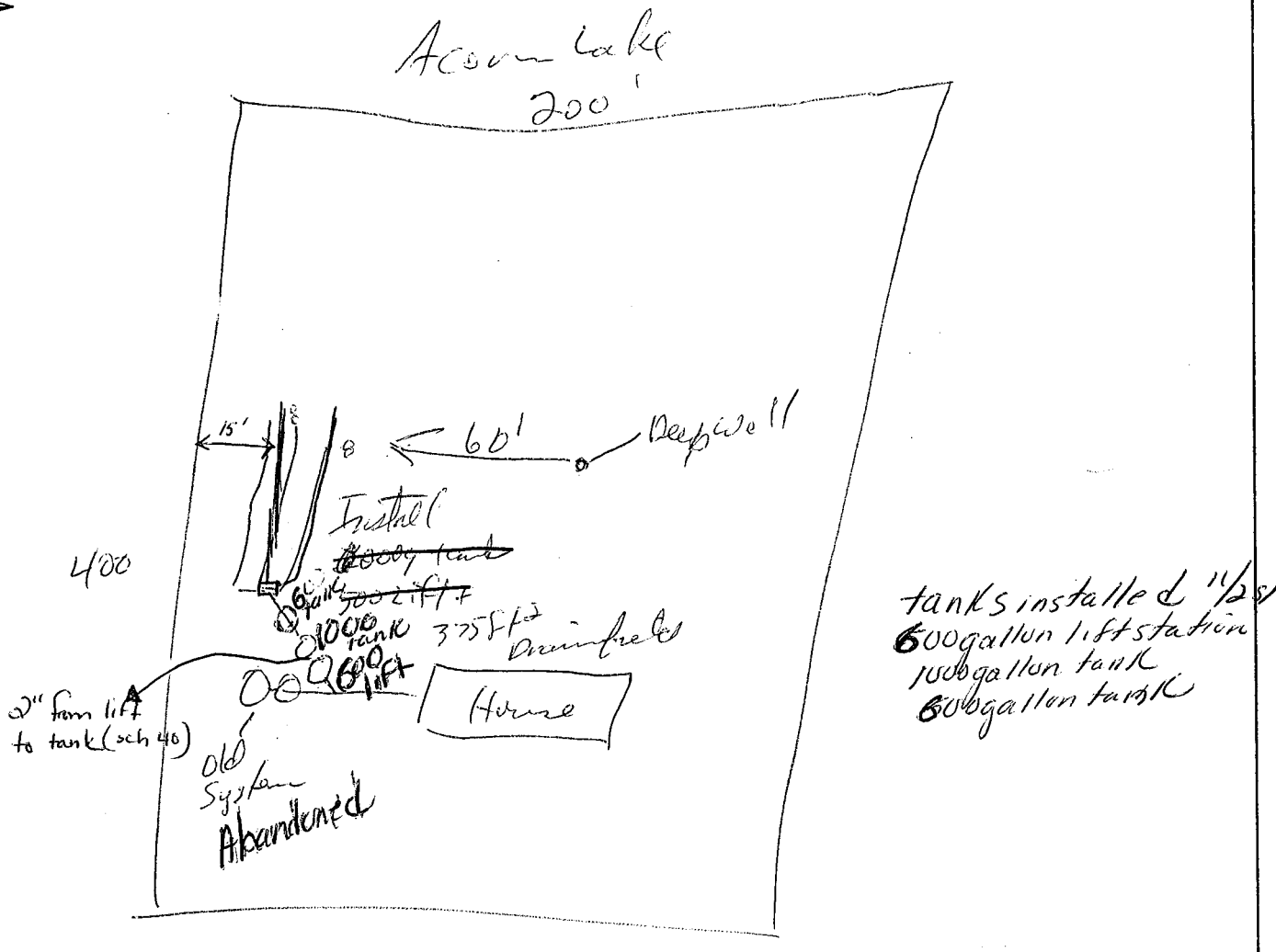
The site plan must be drawn to dimension or to scale:

- *Dimensions of Lot
- *Well & Water Line Locations within 100 ft of System

- *Existing & Proposed Buildings
- *Distance from Property Lines
- *Distance from OHWM

- *Easements & setbacks
- *Tank Access Route
- *Distance from buildings

- *Scale - One inch = _____ ft
- *Location of any Unsuitable Soil
- *Soil Borings & Per Test Locations
- *Alternate Drainfield Location



	Tank (estimated)	Tank (actual)	Drainfield (estimated)	Drainfield (actual)
Distances to Well	75	160 FT	60	65'
Distance to Building	30	120 FT	50	120
Distance to Property Line	20	110 FT	10	15'
Distance to Pressure Line	40	150 FT		10'
Distance to Ordinary High Water	7+	175 FT		175'

Tank size ~~600~~/1000/600
 Lift station size ~~600 gal~~ lift to 1000 gal tank
 Drainfield size 375 ft²
 Pump HP 1/2
 Date Installed 11-26-02

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

CERTIFICATE OF COMPLIANCE

- () Certificate Is Hereby Denied
- (✓) Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data. With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Signature: Nancy Young Title: Zoning Inspector Date: 11-26-02

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

BECKER COUNTY

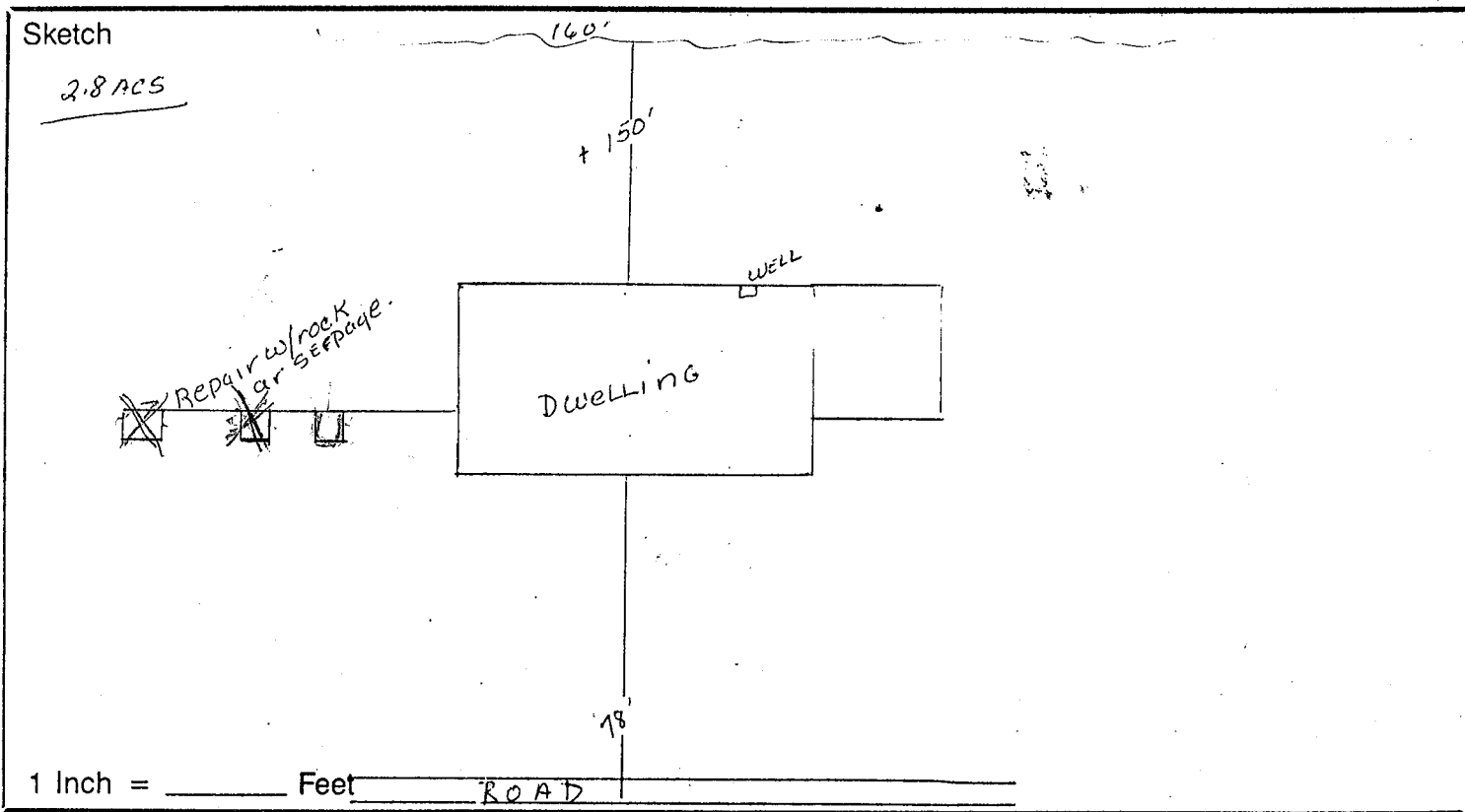
Permit Number 14-15,312-36 Date 11-5-86

Building _____ Sewage System Add Rock

Township Burlington Sec. 28 Description T138N R40W
Lot 4 Engel Estates

Work Authorized Repair with rock around seepage

Issued to: Name Howard Ziegler
Address: RR4 Box 396 Town Frazier
State MN Zip 56544



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 (847-4427) 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.

Floyd Sweeney
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501