



Compliance Inspection Form Individual Sewage Treatment



060087000

This form reflects the requirements of the 1996 version of MN Rules Chapter 7080

Minnesota Pollution Control Agency

Note: Local inspection standards may be more or less restrictive than the state requirements. These differences must be made available by the Local Unit of Government.

Date of Inspection: 11-8-01
Property Owner(s) David and Paulette Ness Telephone () 846-2414
Person requesting inspection (if different than owner) _____ Telephone () _____
Reason for inspection: Selling property
Site Address 14946 City Lake Park
Zip Code 56554 Unit of Government Regulating this property _____
Fire No. _____ Parcel No. 06,0087,000 Township Name Cormorant
Township _____ Range _____ Section _____ Quarter _____

(Check appropriate sewer system component and indicate location on site sketch).

Tank(s):	Soil Treatment System:	Other (briefly describe):	Flow Meter
<input checked="" type="checkbox"/> Septic tank	<input type="checkbox"/> Rock trench	<input type="checkbox"/> Alternative system	Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Aerobic tank	<input type="checkbox"/> Gravelless pipe trench	<input type="checkbox"/> Experimental system	If yes, _____
<input type="checkbox"/> Pump tank	<input type="checkbox"/> Chamber trench	<input type="checkbox"/> Warranted system	
<input type="checkbox"/> Holding tank	<input checked="" type="checkbox"/> Seepage bed	Exp. Date: _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Mound	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> At-grade		

System Classification

System Built Prior to April 1, 1996 and not Located in Shoreland or Wellhead Protection Area or Serving a Food, Beverage or Lodging Establishment	Any System located in Shoreland or Wellhead Protection Area or Serving a Food, Beverage or Lodging Establishment, plus all systems Built after April 1, 1996
Is the system an imminent public health threat (IPHT)? Upgrade 1. Discharge of sewage to the ground surface? YES NO 10 mo 2. Discharge of sewage to drain tile or surface waters? YES NO 10 mo 3. Sewage backup into dwelling? YES NO 10 mo 4. Situation with the potential to immediately and adversely impact or threaten public health or safety? YES NO 10 mo Is the system failing? 5. Less than TWO feet of vertical separation between system bottom and saturated soil or bedrock? YES NO LGU** 6. A seepage pit, cesspool, drywell, or leaching pit? YES NO LGU**	Is the system an IPHT? Upgrade 1. Discharge of sewage to the ground surface? YES <input checked="" type="checkbox"/> NO 10 mo 2. Discharge of sewage to drain tile or surface waters? YES <input checked="" type="checkbox"/> NO 10 mo 3. Sewage backup into dwelling? YES <input checked="" type="checkbox"/> NO 10 mo 4. Situation with the potential immediately and adversely impact or threaten public health or safety? YES <input checked="" type="checkbox"/> NO 10 mo Is the system failing? 5. Less than THREE feet of vertical separation between system bottom and saturated soil or bedrock? YES <input checked="" type="checkbox"/> NO LGU** 6. A seepage pit, cesspool, drywell, or leaching pit? YES <input checked="" type="checkbox"/> NO LGU**

** LGU = Local Unit of Government ordinance must specify the time period within which the system must be upgraded.

STATUS OF THE SYSTEM

Based on the compliance criteria above the system status is (check one) ☒ in compliance (functioning) ☐ failing ☐ an imminent threat therefore, this document is a (check one) ☒ Certificate of Compliance ☐ Notice of Noncompliance.

What methods were used to make the determinations for the compliance inspection? Soil Boring, Probe, Tank
Probe Drinkfield location

Please attach the following:

- 1) Site sketch. Suggested items for drawing include: Well, well setback to system, dwelling or other establishment, tank(s), soil treatment system, reserved soil treatment area, curtain drain, property lines, waterways, and buried lines (those NOT installed by the utility). Include sizes and length and approximate distances from fixed reference points such as streets and buildings.
- 2) Soil boring logs, showing each horizon. Indicate the texture, structure, color, depth of each different soil type, evidence of mottling, bedrock and standing water and whether the material is fill. Locate each boring on attached site sketch.
- 3) A list of any and all requirements of the local ordinance that are different than the state requirements referred to on this form.

CERTIFICATION

- A. I hereby certify that all the information I have provided regarding the individual sewage treatment system is true, accurate, and complete.
Property Owner Paullette Neer Date Nov 16-01
- B. I hereby certify as a state of Minnesota licensed Inspector and/or Designer I or Qualified Employee Inspector and/or Qualified Employee Designer I that I conducted an investigation in accordance with applicable requirements that accurately determined the compliance status of this system and that my observations recorded are accurate as of this date. No determination of future hydraulic performance has been nor can be made due to unknown conditions during system construction, abuse of the system, inadequate maintenance, or future water usage.

Inspector's name (print) Darryl Bigsten Phone 847-0561
License and/or Registration Number 4780 Address 23151 city Hwy 37 P.O. Box 56581
Employed by Self Address _____

Valid until Nov 16, 04 unless the system becomes an imminent threat to public health or safety as defined at Minn. R. 7080.0020, subp. 19a, before that time.

Signature Darryl Bigsten Date 10-16-01

Upgrade Criteria

Minnesota Statutes § 115.55 ("law") Upgrade Requirements

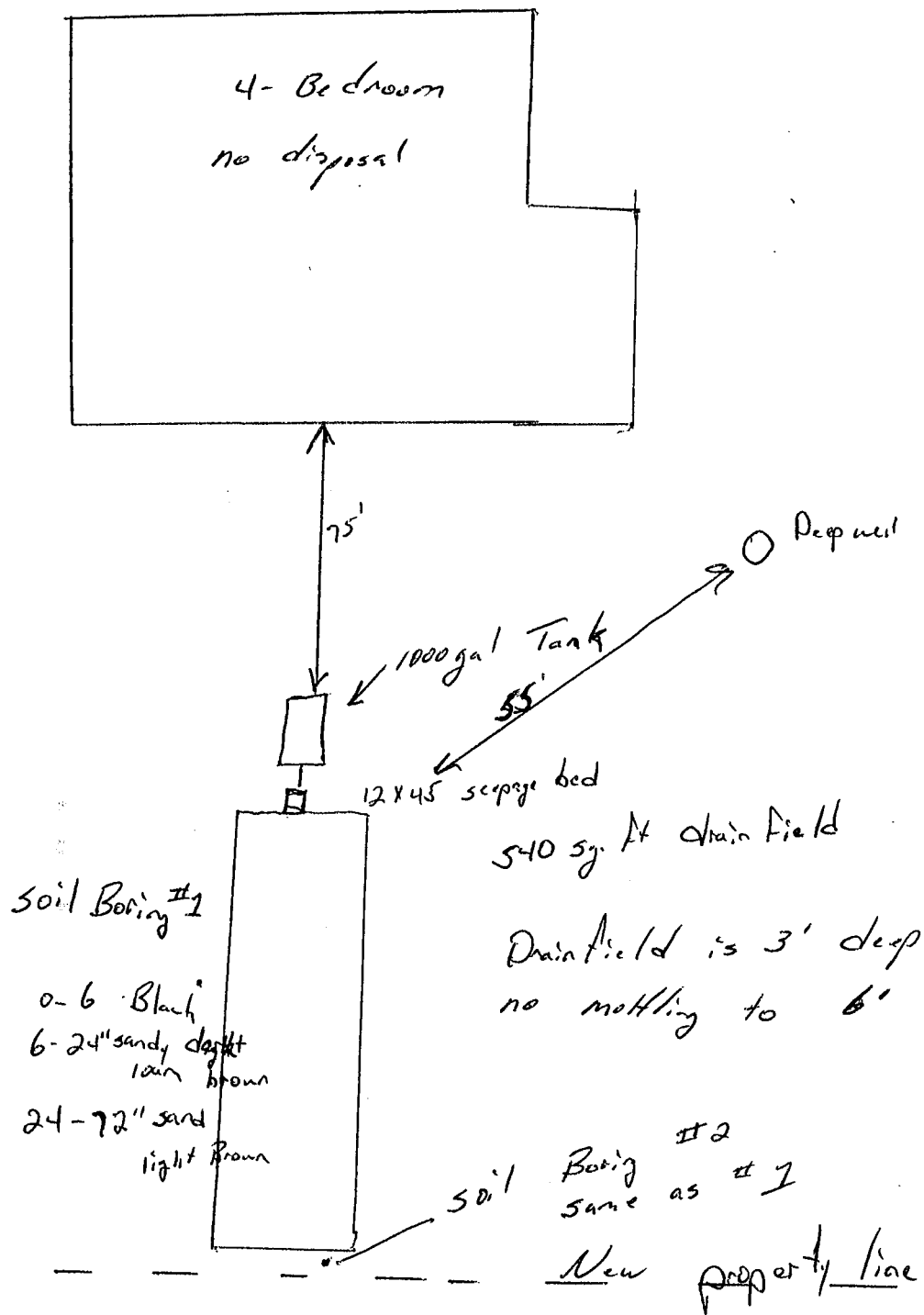
Any situation with the potential to immediately and adversely affect or threaten public health or safety, must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period of time if required by local ordinance.

If the local unit of government with jurisdiction over the system has adopted an ordinance containing alternative local standards, the existing system must comply with the ordinance. If the system does not comply with the ordinance, it must be upgraded, replaced, or its use discontinued according to the ordinance.

If a seepage pit, drywell, cesspool, or leaching pit exists and the local unit of government with jurisdiction over the system has not adopted local standards to the contrary, the system is failing and must be upgraded, replaced, or its use discontinued within the time required by local ordinance.

If the system fails to provide sufficient groundwater protection, then the local unit of government or its agent shall order that the system be upgraded, replaced, or its use discontinued within the time required by rule or the 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 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.



Sight Address
14946 City Hwy #1
Lake Park, MN 56554

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this _____ day of _____ 19____

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

The premises covered by this certificate are legally described as:

Lake No. _____ Sec. _____ Twp. _____ Range _____ Twp. Name _____

Owner: Name _____

Address _____

Zip No. _____

Permit No. SP _____

Signed by: _____

Zoning Administrator
Becker County, Minnesota

1
C.

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

White - Office
Yellow - Inspector
Pink - Owner

BECKER COUNTY ZONING ADMINISTRATOR

COUNTY COURT HOUSE

Phone 218-847-7721 - Detroit Lakes, MN 56501

APPLICATION FOR PERMIT TO INSTALL SEWAGE DISPOSAL SYSTEM

LEGAL DESCRIPTION AND LOCATION	$n \frac{1}{2}$ of the n.e. $\frac{1}{4}$ of sec 7						Permit No. <u>11965</u>
							Date <u>5-23-23</u>
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
		<u>Rose Lake</u>	<u>n.e.</u>	<u>7</u>	<u>138N</u>	<u>47W</u>	<u>Cornman</u>

IDENTIFICATION: Please Print All Information.

OWNER	Last Name	First	Initial	Mailing Address - No. Street, City and State		Zip No.	Tel. No.
	<u>Ness</u>	<u>Arnold</u>	<u>L</u>	<u>Lake Park R.R. #2</u>		<u>56504</u>	
SEWAGE SYSTEM INSTALLER	Name <u>self</u>						

⏏ This System will be ready for inspection on _____, 19____

This space for office use only

Date Rec'd _____ 19____	Time Rec'd _____ M	Phone Call Rec'd By _____	Owner or Agent Signature _____
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SEWAGE DISPOSAL SYSTEM DATA:

	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	1000 Sq. Ft.	100 Sq. Ft.
Distance from nearest well	75 Ft.	85 Ft.	90 Ft.
Distance from lake or stream	200 Ft.	200 Ft.	200 Ft.
Distance from occupied building	100 00 Ft.	110 Ft.	115 Ft.
Distance from property line	325 Ft.	335 Ft.	340 Ft.
Distance from bottom to Water Table	50 Ft.	50 Ft.	50 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 _____

First Test _____ + 2nd Test _____ = _____ = _____ Rate

2nd Test Taken By _____

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 May 17-1973

Arnold L. Ness
Signature

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: 5-23-23

Thyrd Sherry
Becker County Zoning Administrator

Fee \$ 90 is with final permit
Surcharge \$ _____

Comments: _____

Scale: Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated May 17 1973

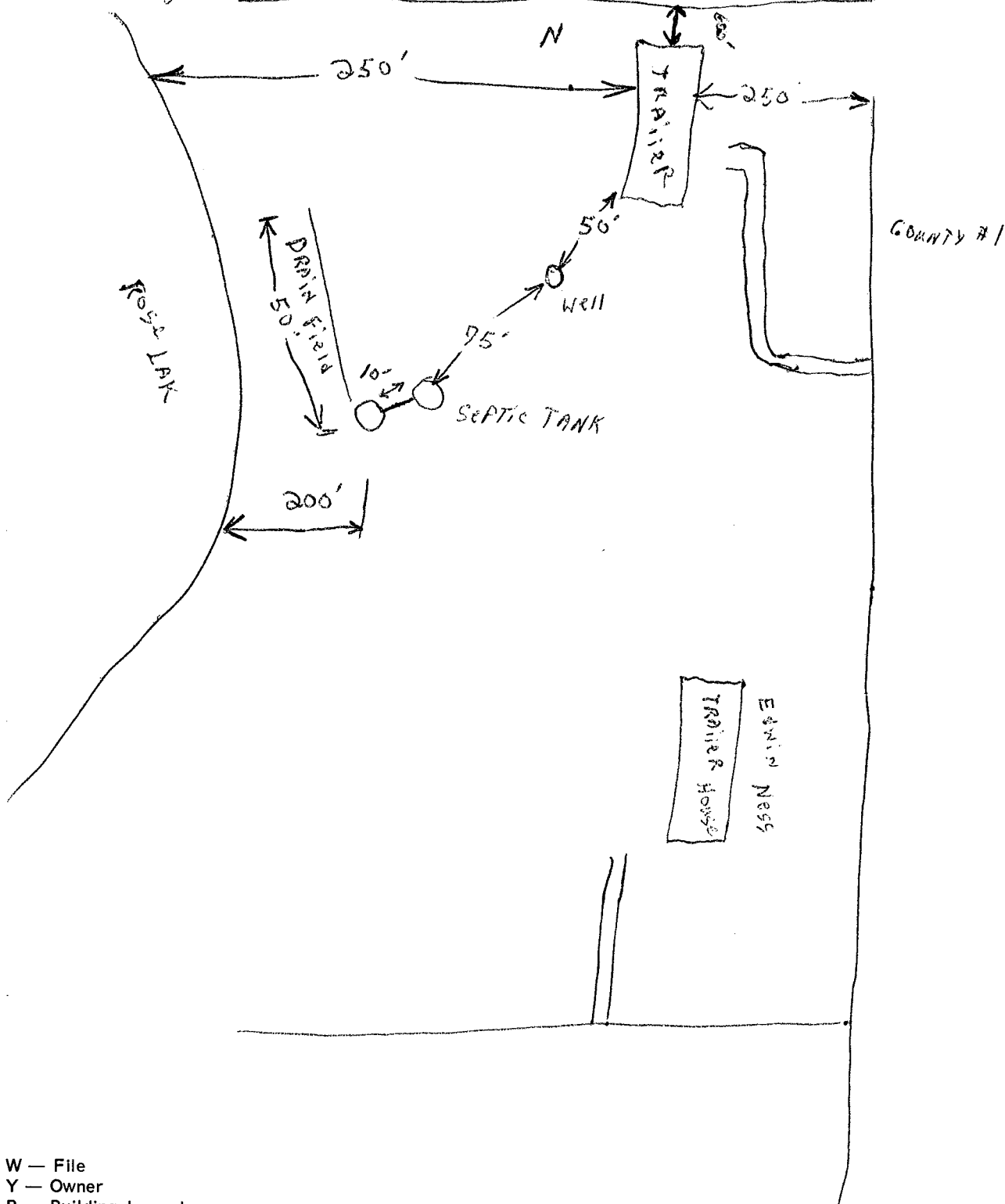
Application for Sewage System Permit Dated May 17 1973

Building Permit Number _____ Sewage System Permit Number _____

Applicant agrees that this plot plan is a part of application (s) indicated above.

Dated May 17 1973

Arnold I. Ness
Signature



W — File
Y — Owner
B — Building Inspector

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