



**Minnesota Pollution
Control Agency**

520 Lafayette Road North



060500305

06.0500.305
Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTs)

Doc Type: Compliance and Enforcement

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

RECEIVED	
For local tracking purposes: JUN 24 2013	
ZONING	

System Status

System status on date (mm/dd/yyyy): 6-22-13

☒ **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: 060 500 305

Property address: 14815 Victory Ln

Reason for inspection: Property Sale

Property owner: Chuck Sust

Owner's phone: _____

or

Owner's representative: Jim Kaizer

Representative phone: _____

Local regulatory authority: 846-7314

Regulatory authority phone: 201.29

Brief system description: 1000 gal tank with 420 sq ft seepage bed.

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: Rick Renner

Certification number: _____

Business name: Renner Exc. LLC

License number: 2567

Inspector signature: Chick Renner

Phone number: 439-3514

Necessary or Locally Required Attachments

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

Property address: 14815 Victory LnInspector Initials/Date: RR
(mm/dd/yyyy)**1. Impact on Public Health – Compliance component #1 of 5****Compliance criteria:**System discharges sewage to the ground surface. ☐ Yes ☒ NoSystem discharges sewage to drain tile or surface waters. ☐ Yes ☒ NoSystem causes sewage backup into dwelling or establishment. ☐ Yes ☒ 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. ☐ Yes ☒ No*Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.*Sewage tank(s) leak below their designed operating depth. ☐ Yes ☒ 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 be structurally unsound. ☐ Yes* ☒ No ☐ Unknownb. 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 failing to protect groundwater.**

Explain:

Property address: 14815 Victory Ln

Inspector initials/Date: RR 6-22-13
(mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: 1989 ☐ 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:

Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

☐ Yes ☐ No

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:

Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*

☒ Yes ☐ No

"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)

Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

☐ Yes ☐ No

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:

Sand to Sandy loam

Indicate depths or elevations

A. Bottom of distribution media	<u>30"</u>
B. Periodically saturated soil/bedrock	<u>84" +</u>
C. System separation	<u>54"</u>
D. Required compliance separation*	<u>36"</u>

*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: _____
Have the Operating Permit requirements been met? ☐ Yes ☐ No

b. Is the required nitrogen BMP in place and properly functioning? ☐ Yes ☐ No

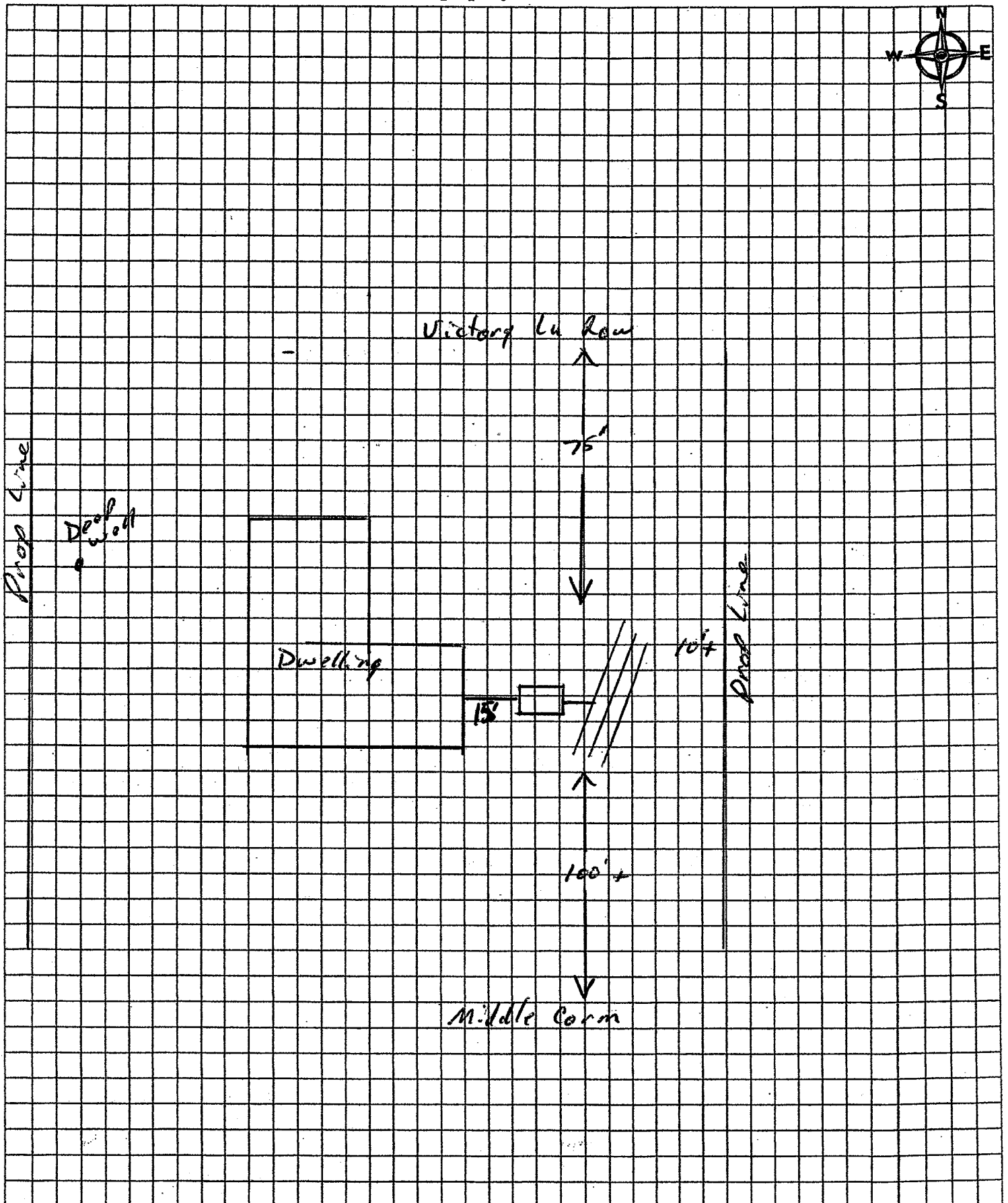
Any "no" answer indicates Noncompliance.

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.

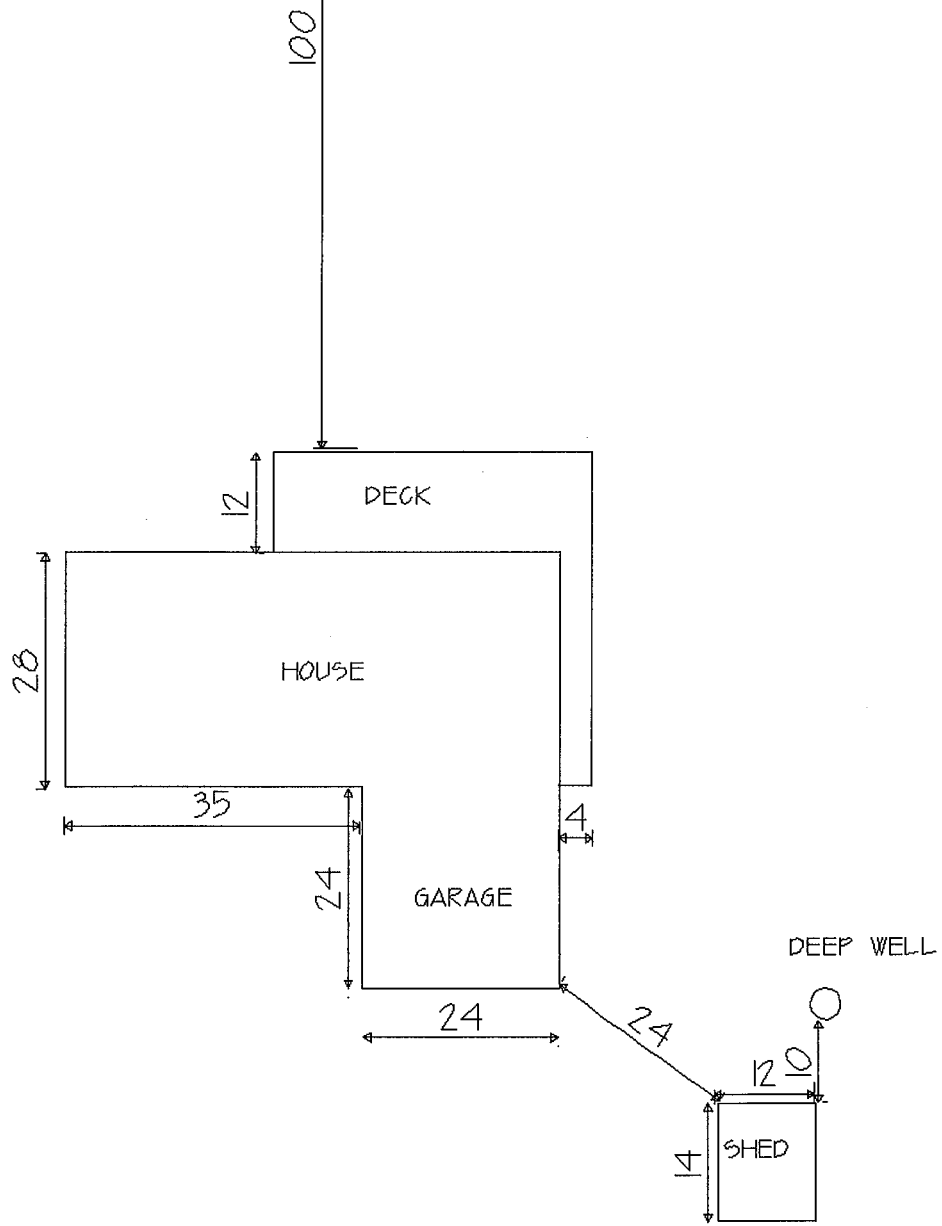
PARCEL	
APP	SEPTIC INSPECTION
YEAR	2012



MIDDLE CORMORANT

06.0500.305
LAWERANCE COX

INSPECTED BY JASN FLATAU
BECKER COUNTY
7-24-95



06.0500.304

RICK HANSON

THE SEWER SYSTEM WAS INSTALLED IN 1989. THERE IS A 1000 GALLON
TANK AND THE SEEPAGE BED IS 400 SQUARE FEET. THE TANK IS 17 FEET
FROM THE HOUSE. THE WELL WAS UNKNOWN.

INSPECTED BY JASON FLATAU

7-24-95

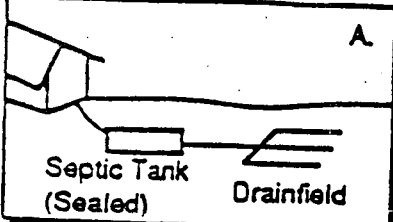
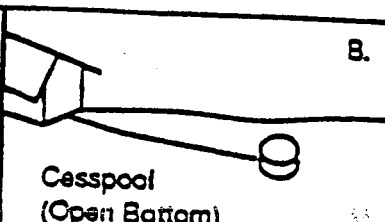
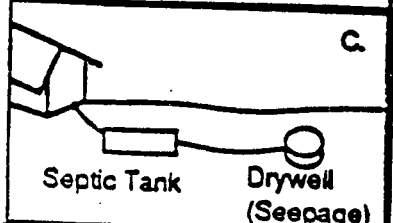
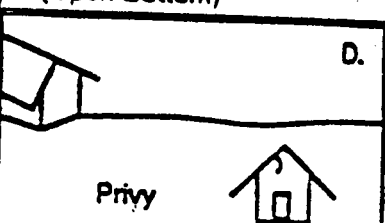
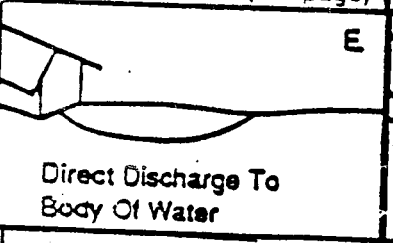

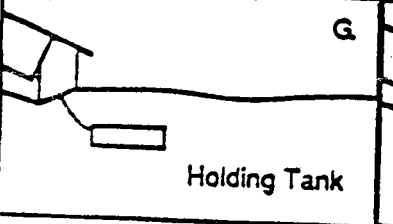
MIDDLE CORMORANT LAKE ASSOCIATION SEPTIC SYSTEM SURVEY

NAME: LAWRENCE L. COX FIRE NUMBER: R5658

Please complete this survey as part of our 1994-95 Middle Cormorant assessment study and return it to Bob Taylor as noted at the end of the questionnaire. Your responses will definitely help in making this study useful for protecting and preserving the lake for all who share it.

Please circle the letter that corresponds to the drawing that best describes your system.

☒ A. B. C. D. E. F. G. H.

<p>A.</p>  <p>Septic Tank (Sealed) Drainfield</p>	<p>B.</p>  <p>Cesspool (Open Bottom)</p>
<p>C.</p>  <p>Septic Tank Drywell (Seepage)</p>	<p>D.</p>  <p>Privy</p>
<p>E.</p>  <p>Direct Discharge To Body Of Water</p>	<p>F.</p>  <p>Direct Discharge To Land Surface Or Ditch</p>
<p>G.</p>  <p>Holding Tank</p>	<p>H.</p> <p>Other (Describe Below)</p>

H. (other) Please describe,

SEPTIC SYSTEM SURVEY • page 2

375 sq. ft.
 _____ Length
 _____ width
 _____ height
 _____ diameter

1. What is your septic tank capacity, 1000 gal.; or, what size is your septic tank?
 a. Does your septic system have a lift station? Yes ☒ No
 b. How old is your septic system? 5 years.
 c. Distance from drainfield, cesspool, privy, or holding tank to the lake 15 ft.
2. How many bathrooms does your house have? 3
3. How many bedrooms does your house have? 4
4. Is your lake house _____ your primary residence? Yes ☒ No
 Average number of occupants at residence 2
5. Is your home/cabin used year round or seasonal? Please circle one.
6. How many days per year is your home occupied? 365
7. Which of the following does your lake home/cabin have? Please circle:
 a. garbage disposal b. dishwasher c. washing machine d. water softener
 e. foundation drains f. guest house g. rain gutters h. fish cleaning house.
8. Please list the above items which are hooked up to your septic system by indicating the appropriate letter(s) _____
9. How often do you have your septic tank pumped? EVERY YEAR IF NEEDED
10. Have you ever experienced wet spots or spongy ground over your drainfield? Yes ☒ No
11. Have you ever had any problems with your septic system such as backups? Please describe: NO
12. What type of well do you have? Circle one: Sandpoint, shallow well, deep well.
13. What is the depth of your well? 100 ft. Distance from septic or waste system? 100
14. Are there any abandoned wells on your property? Yes ☒ No Please explain. _____
15. Please list any of your concerns about pollution that should be considered in this study.

If you have any questions regarding this survey, please contact Bob Taylor 218-532-2482.

Please return this survey as soon as possible, and no later than June 1, 1995 to Bob Taylor. RR 2, Box 246, Lake Park, MN 56554

Thank you very much for your cooperation!

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

12-17922-33

LEGAL DESCRIPTION AND LOCATION	BLOCK NUMBERED ONE(1), LOT NUMBERED FIVE (5), AGAPE ACRES SUBDIVISION						FIRE NUMBER R5658
	3-602	Middle Cormorant	R.D.	22	T138N	R43W	CORMORANT
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name Boyer, Thomas	First Initial	Mailing Address— No. Street, City and State Route 2, Box 255C, Hawley, MN	Zip No. 56549	Tel. No. (218) 847-3041 W 483-3409 H
Contractor	Name Jasken Construction (Ron)			HC 10, Box 40A, Rochert, MN 56578	847-0425

TYPE OF IMPROVEMENT: <input checked="" type="checkbox"/> New Building Other _____	() Alteration. () Multiple Dwelling _____ Units	RESIDENTIAL PROPOSED USE: <input checked="" type="checkbox"/> One Family Dwelling () Multiple Dwelling _____ Units	NON-RESIDENTIAL PROPOSED USE: Specify: Garage Size: 24 x 24
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ESTIMATED COST OF IMPROVEMENT \$ **67,200.00** Construction Starting Date: _____

PRINCIPAL TYPE OF FRAME & BUILDING () Masonry <input checked="" type="checkbox"/> New Home <input checked="" type="checkbox"/> Wood Frame () Garage () Structural Steel () Mobile Home () Other — Specify _____ Year _____ () Cottage () Septic System Type of Roof: () Other Asphalt Shingle	TYPE OF SEWAGE DISPOSAL: () Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: () Public <input checked="" type="checkbox"/> Individual Well Type 4" Depth 160 MECHANICAL EQUIPMENT: Elevator: () Yes <input checked="" type="checkbox"/> No Air Conditioning: () Yes <input checked="" type="checkbox"/> No () Central () Unit	DIMENSIONS: Basement: <input checked="" type="checkbox"/> Yes () No Stories above basement: 1 Sq. feet (outside dimension) 1680 SF Bedrooms 2 Baths 1 1/2 HEATING: () Electric <input checked="" type="checkbox"/> LP Gas () Oil () Coal () None Other: _____
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SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	375 Sq. Ft.	Sq. Ft.
Distance from nearest well	75 Ft.	75 Ft.	Ft.
Distance from lake or stream Ed Jute.	75 Ft.	75 Ft.	Ft.
Distance from occupied building	10 Ft.	10 Ft.	Ft.
Distance from property line	10 Ft.	10 Ft.	Ft.
Distance from bottom to Water Table	Ft.	+ 4 Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is **42,000** est. square feet. Water frontage is **150** feet.
Building set back from high water mark is **110 +** feet. (Building Line)
Land height above high water mark at building line is **+ 4** feet
Building setback from () State - () County - () Township Highway **108** feet from the **XXX** Center Line - () Right of Way
Side yard is **110 +** and _____ feet. Rear yard is **78** feet.
Building will be located **15** feet from septic tank (Sewage System Permit must be obtained before installation).
Building will be located **25** 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 **June 29, 1989**

Thomas A. Boyer
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.

Dated **6-30-89**

Floyd Suenby ny.
Becker County Zoning Administrator
Cormorant Surcharge \$ _____

Permit Fee \$ **146.00** State Surcharge **125.50**
20.50

Comments: **146.00**

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.		S F		S F		S F		S F
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: _____

**INTERPRETATION
OF ABBREVIATIONS**

Gls — Gallons
 SF — Square Feet
 F — Linear Feet

Inspector's Signature _____

Title _____

Inspection
 Dated _____

19

Agency _____

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 6 day of December 19 89,
to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: Blk 1 lot 5 Agape Acres

Lake No. _____ Sec. 22 Twp. 138 Range 43 Twp. Name Cornorant

CAPACITY	SEPTIC TANK	DRAINFIELD
DISTANCE FROM LANE OR STREAM	1000 Gls	420 SF
DISTANCE FROM NEAREST WELL	110 F	100 F
DISTANCE FROM OCCUPIED BUILDING	100 F	110 F
DISTANCE FROM PROPERTY LINE	21 F	30 F
DISTANCE FROM BOTTOM TO WATER TABLE	+ 10 F	+10 F
		+ 4 F

Owner: Name THOMAS BOYER

Address RT 2 BOX 255C

HAILEY M,N Zip No. 56549

Permit No. SP 12-17, 922-33 Signed by: _____
15 yds rock, Sandy gravel

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

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1000	Gls.		Gls.		SF		SF	420	SF		SF
Distance from Nearest Well	100	F		F		F	75	F	170	F	50	
Distance from Lake or Stream	110	F		F		F		F	100	F		F
Distance from Occupied Building	21	F	10	F		F	20	F	30	F	20	F
Distance from Property Line	40	F	10	F		F	10	F	10	F	10	F
Distance from Bottom to Water Table	--	F	--	F		F	4	F	4	F	4	F

Inspector's Comments: 15 yds Rock: Sandy gravel.
Judy Prosser

**INTERPRETATION
OF ABBREVIATIONS**

Gls — Gallons
SF — Square Feet
F — Linear Feet

Mary Kuehn
Inspector's Signature

Inspection Dated 9-28 1989

Title

Agency

LEGAL DESCRIPTION AND LOCATION	BLOCK NUMBERED ONE(1), LOT NUMBERED FIVE (5), AGAPE ACRES SUBDIVISION						FIRE NUMBER
	3-602 Middle Cormorant RD. 22 T138N R43W CORMORANT						R5658
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

IDENTIFICATION: Please Print All Information

Last Name	First	Initial	Mailing Address- No. Street, City and State	Zip No.	Tel. No.
Owner	Boyer	Thomas	Route 2, Box 255C, Hawley, MN	56549	(218) 847-3041 W 847-3409 R
Contractor	Name	Jasken Construction (Ron)	HC 10, Box 40A, Rochert, MN	56578	847-0425

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
<input checked="" type="checkbox"/> New Building () Alteration Other _____	<input checked="" type="checkbox"/> One Family Dwelling () Multiple Dwelling _____ Units	Specify: _____ Size: _____

ESTIMATED COST OF IMPROVEMENT \$ 61,200.00	Construction Starting Date:
PRINCIPAL TYPE OF FRAME & BUILDING () Masonry <input checked="" type="checkbox"/> New Home <input checked="" type="checkbox"/> Wood Frame () Garage () Structural Steel () Mobile Home () Other - Specify _____ Year _____ () Cottage () Septic System Type of Roof: () Other _____ Asphalt Shingle	TYPE OF SEWAGE DISPOSAL: () Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: () Public <input checked="" type="checkbox"/> Individual Well Type _____ Depth 660 MECHANICAL EQUIPMENT: Elevator: () Yes <input checked="" type="checkbox"/> No Air Conditioning: () Yes <input checked="" type="checkbox"/> No () Central () Unit
DIMENSIONS: Basement: <input checked="" type="checkbox"/> Yes () No Stories above basement: _____ Sq. feet (outside dimension) 40 x 40 Bedrooms _____ Baths _____	HEATING: T.P. () Electric <input checked="" type="checkbox"/> Gas () Oil () Coal () None Other: _____

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity 1000	Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well 75	Ft.	Ft.	Ft.
Distance from lake or stream 15	Ft.	Ft.	Ft.
Distance from occupied building 15	Ft.	Ft.	Ft.
Distance from property line 15	Ft.	Ft.	Ft.
Distance from bottom to Water Table 4	Ft.	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 42,000 est square feet.	Water frontage is 150 feet.
Building set back from high water mark is 110 + feet. (Building Line)	
Land height above high water mark at building line is 4 feet	
Building setback from () State - () County - () Township Highway 100 feet from the Center Line - () Right of Way	
Side yard is 110+ feet. Rear yard is 78 feet.	
Building will be located 15 feet from septic tank (Sewage System Permit must be obtained before installation).	
Building will be located 25 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 June 29, 1989

Thomas A. Boyer
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.

Dated 6-30-89

Becker County Zoning Administrator

Permit Fee \$ 146.00

State Surcharge \$

Cormorant Surcharge \$

Comments: