



Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems

RECEIVED
AUG 08 2012
ZONING



060652000

Instructions: 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

For local tracking purposes:

System Status

System status on date (mm/dd/yyyy): 8-7-12

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: 652 06.0638,000
 Property address: 14658 Dahlgren Bch Rd Reason for inspection: County
 Property owner: Michael Dahlgren Owner's phone: _____
 or
 Owner's representative: _____ Representative phone: _____
 Local regulatory authority: _____ Regulatory authority phone: _____
 Brief system description: Concrete septic tank w/drainfield
 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: David Olson Certification number: 2228
 Business name: Olson Excavating License number: 932
 Inspector signature: [Signature] Phone number: 218-234-1256

Necessary or Locally Required Attachments

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

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 7080.2550 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 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 failing to protect groundwater**

Explain:

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.

- 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)

Compliance criteria:

<i>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:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	
<i>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:</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	
<i>“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)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	

Comments/Explanation:

Indicate depths of elevations

A. Bottom of distribution media	
B. Periodically saturated soil/bedrock	
C. System separation	
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: _____ Have the Operating Permit requirements been met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the required nitrogen BMP in place and properly functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any “no” answer indicates Noncompliance.

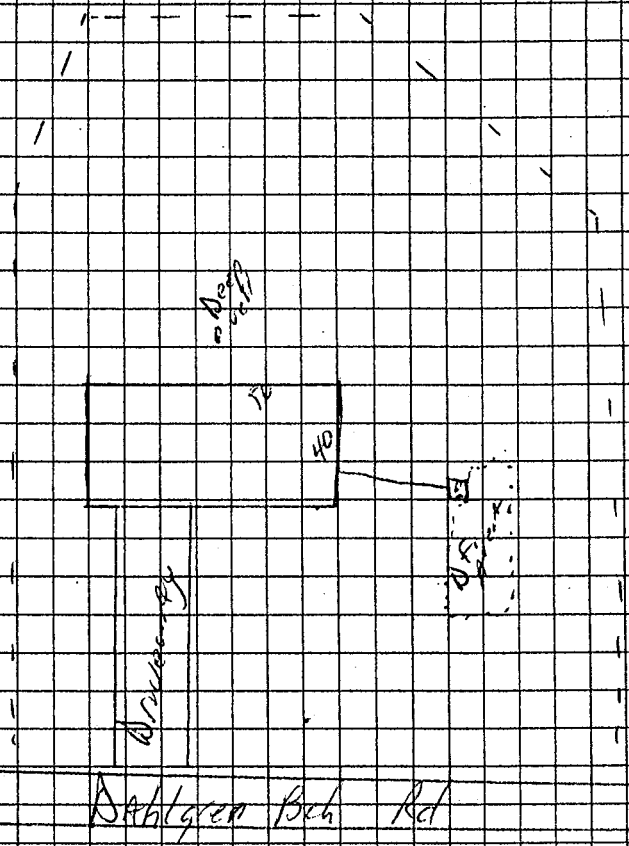
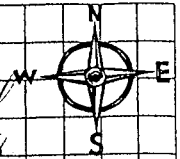
Upgrade Requirements (Minn. Stat. § 115.55) *An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water,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

Michael Dahlgren
14698 Dahlgren Beh Rd
By David Or 2288
8-7-12



U of MN Onsite Sewage Treatment Program Soil Boring Log

Client/ Address: *M. Sahlgren 14658 Sahlgren Beach Rd* Legal Description/GPS: *8-7-12*

Soil Parent Material(s): *Till* Outwash Lacustrine Alluvium Loess Organic Matter Bedrock
(circle all that apply)

Landscape Position: *Summit* Shoulder Back/Side Slope Foot Slope Toe Slope
(circle one)

Vegetation: *Dry* Soil Survey Map Unit(s): Slope (%): *1*

Weather conditions/Time of Day: *Sunny* Slope Shape:

Depth (in)	Texture	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Saturated Soil Indicator(s) (see back)	Structure		
						Shape	Grade	Consistence
0-4	<i>Sandy loam</i>	<i>10YR 3/3 Black</i>		Concentrations Depletions Gleyed		<i>Granular Platy Blocky Prismatic Single Grain Massive</i>	<i>Weak Moderate Strong Loose</i>	<i>Loose Friable Firm Extremely Firm Rigid</i>
5-28	<i>Sandy loam</i>	<i>10YR 5/4 Brown</i>		Concentrations Depletions Gleyed		<i>Granular Platy Blocky Prismatic Single Grain Massive</i>	<i>Weak Moderate Strong Loose</i>	<i>Loose Friable Firm Extremely Firm Rigid</i>
29-60	<i>SAND</i>	<i>10YR 7/4 Tan</i>		Concentrations Depletions Gleyed		<i>Granular Platy Blocky Prismatic Single Grain Massive</i>	<i>Weak Moderate Strong Loose</i>	<i>Loose Friable Firm Extremely Firm Rigid</i>
61-84	<i>SAND & ROCKS</i>	<i>10YR 7/4 Tan</i>		Concentrations Depletions Gleyed		<i>Granular Platy Blocky Prismatic Single Grain Massive</i>	<i>Weak Moderate Strong Loose</i>	<i>Loose Friable Firm Extremely Firm Rigid</i>
				Concentrations Depletions Gleyed		<i>Granular Platy Blocky Prismatic Single Grain Massive</i>	<i>Weak Moderate Strong Loose</i>	<i>Loose Friable Firm Extremely Firm Rigid</i>
				Concentrations Depletions Gleyed		<i>Granular Platy Blocky Prismatic Single Grain Massive</i>	<i>Weak Moderate Strong Loose</i>	<i>Loose Friable Firm Extremely Firm Rigid</i>

Comments:

**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 2066 (58401) Address _____

Legal Description: Dahlgren Beh 1st Add Lot 7 Section 27 TWP 138 Range 043

Lake Name Idca Lake Classification () RD () GD () NE Township Name Cormorant

Owner's Name Mike Dahlgren Mailing Address 1014 Cath Ave SW Jamestown ND 58401

City Jamestown ND State/Zip 58401 Phone Number _____

Number of Bedrooms 2 Well Casing Depth 20 ft Garbage Disposal (Yes) (No) (No)
Design Flow _____ GPD Depth of other Wells within _____ Grinder Pump/Lift Station

(dwellings must be classified as Type 1) 100 ft of system _____ In House (Yes) (No) (No)
Type of Observation: Probe Pit Boring

Original Soil (Yes) (No) Compacted Soil (Yes) (No) Proposed Design Type of Drainfield
Depth to Restricting Layer 76 () Replace Septic Tank (X) Chamber- H10, EQ36 other _____

Maximum Depth of System 3' (X) Septic Tank/Drainfield () Standard rock- depth _____
Perc Rate 4 Soil Sizing Factor _____ () Drainfield Only () Standard gravelless

() Holding Tank () Mound () Standard Bed
() Lift Station () Pressurized Bed () At Grade

SOIL BORING LOG

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE	DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
1-8"	Black	4/2	BLOCKY PLATY PRISMATIC NONE	Same			BLOCKY PLATY PRISMATIC NONE
8'-72"	Sand	5/6	BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE

Type of alarm Device on lift Station or Holding tank _____

Attach perc test Information if Required

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

Name and Address of Designer Tory Schumberg 1318 Miller Wergus ND 58458 Phone 218 310-2135

MPCA Number 2315 Date of Site Evaluation 7/22 Signature of Designer [Signature]

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 7-29-02 Application Fee 75⁰⁰ Fine 0 Total 75⁰⁰

[] Application is hereby denied
[X] Application is hereby granted to MIKE DAHLGREN 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: Nancy Young 7-29-02 17958
Signature of Becker County Qualified Employee Date Permit Issued Permit Number

This permit expires on 7-29-02

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

*Dimensions of Lot

*Existing & Proposed Buildings

*Easements & setbacks

*Scale - One inch = _____ ft

*Well & Water Line Locations within 100 ft of System

*Distance from Property Lines

*Tank Access Route

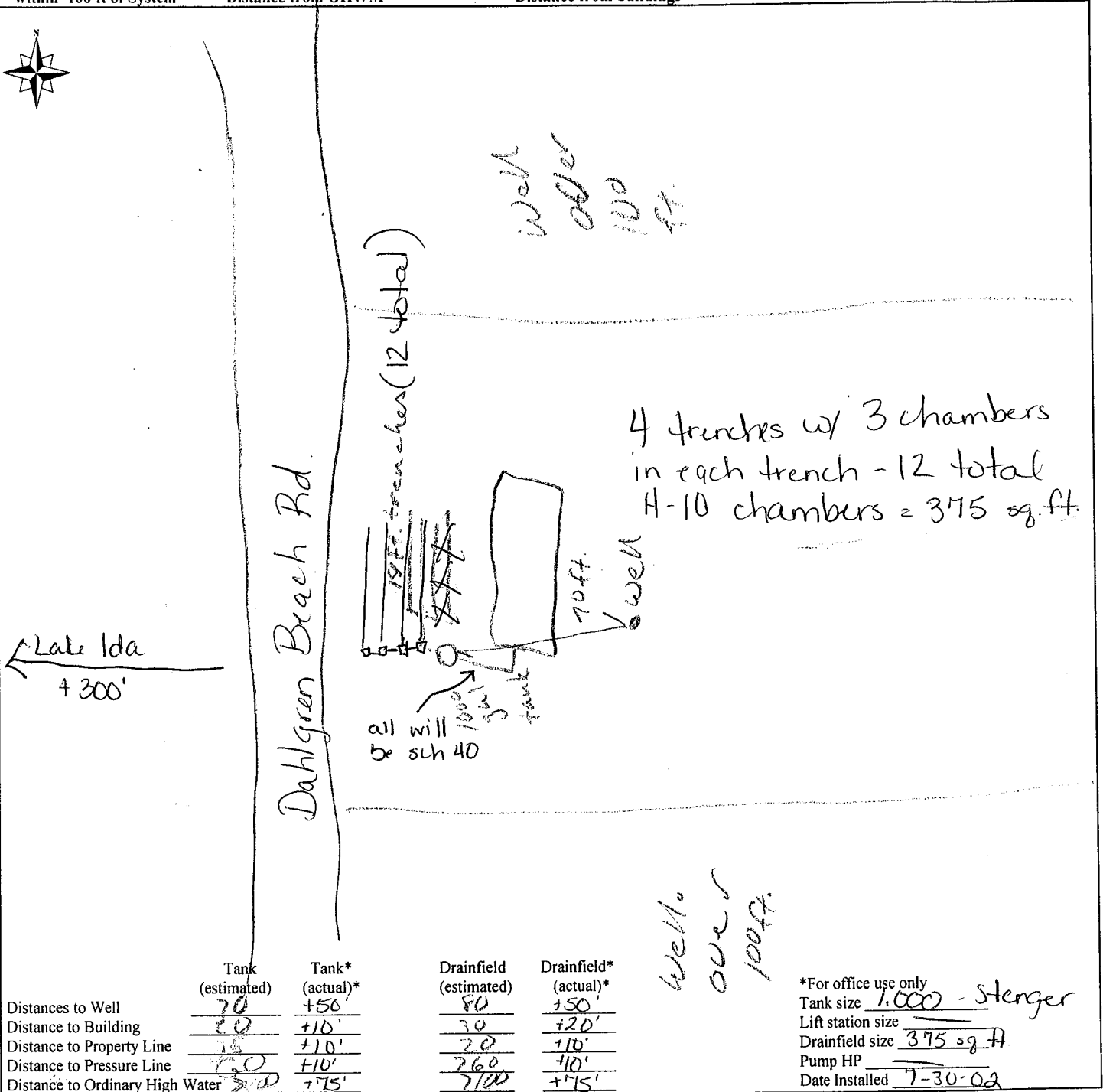
*Location of any Unsuitable Soil

*Distance from OHWM

*Distance from buildings

*Soil Borings & Per Test Locations

*Alternate Drainfield Location



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.

Nancy Young
Signature

Zoning Inspector
Title

7-30-02
Date

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