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

Compliance Inspection Form

Existing Subsr

060907211

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): 4/13/2016

☒ **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: 060907211

Property address: 15356 trillium trail
Reason for inspection: property sale

Property owner: CURTIS TEIKEN
Owner's phone:

or Tess/lee

Owner's representative:
Representative phone:

Local regulatory authority: BECKER CO ZONING
Regulatory authority phone: 218-846-7314

Brief system description: 1500 GAL 2/COMP TANK WITH 1343 SQ FT CHAMBER DRAINFIELD

Comments or recommendations:
TANK NEEDS PUMPING

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.

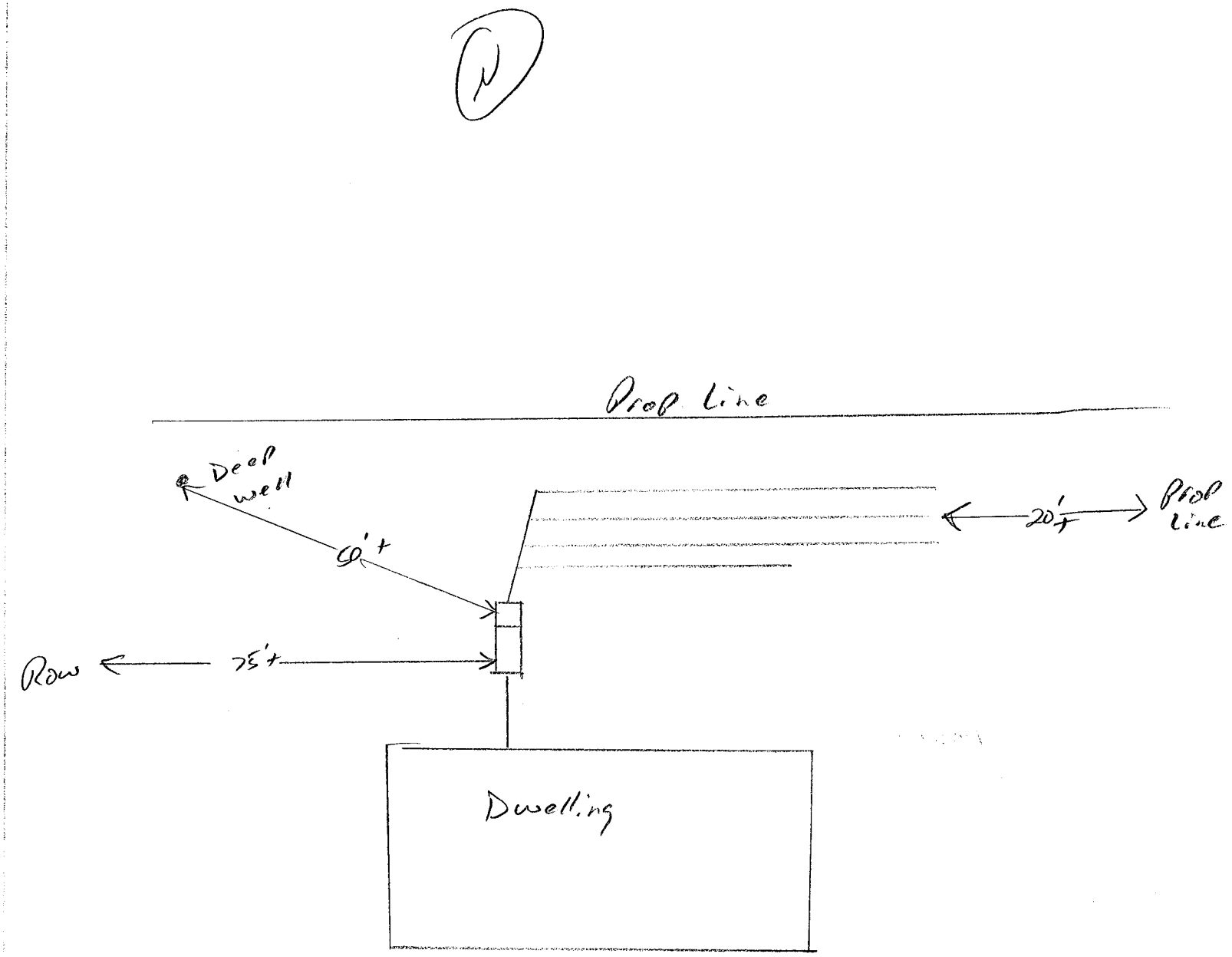
Inspector name: RICK RENNER
Certification number: 7202

Business name: RENNER EXC LLC
License number: 2567

Inspector signature: Rick Renner
Phone number: 439-3514

Necessary or Locally Required Attachments

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


N
Prop Line
Deep well
90'+
20'+
Prop Line
Row
25'+
Dwelling

Property address: 15356 trillium trail

Inspector initials/Date: RR | 4/13/2016 *(mm/dd/yyyy)*

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

Compliance criteria:

System discharges sewage to the ground surface.	☐ Yes ☒ No
System discharges sewage to drain tile or surface waters.	☐ Yes ☒ No
System 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:
INSPECTION PIPES WERE MISSING

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. *Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.*	☐ Yes ☒ No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	☐ Yes ☒ 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 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 failing to protect groundwater.

Explain:

Property address: 15356 trillium trail Inspector initials/Date: RR | 4/13/2016 (mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: 11/22/2004 (mm/dd/yyyy) ☐ Unknown

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:

Indicate depths or elevations

A. Bottom of distribution media	2.5'
B. Periodically saturated soil/bedrock	7'+
C. System separation	3'+
D. Required compliance separation*	3'

*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.*

(100)

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

Rcpt# 676618-291745

Onsite Septic System Site Evaluation/Design

1. **PROPERTY DATA** (as it appears on the tax statement)
Parcel Number(s) of property system will be installed 06.0907.211
(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 has been split from)
Section 11 Township 138 Range 043 Township Name Cormorant

Lake Name None Lake Classification _____

Legal Description: _____

Project Address: Sec 11 Lady Slipper Lot 11 Blk 01 - 1.59 Ac

2. **PROPERTY OWNER INFORMATION** (as it appears on the tax statement, purchase agreement or deed).
Trend development
Owner's First Name Jason Owner's Last Name Francis

Mailing Address _____ City, State, Zip _____

Phone Number 218-531-0055

3. **DESIGNER/INSTALLER INFORMATION**

Designer Name Rick Renner Company Name Renner Excavating License # 2567

Address 43306 Co Hwy 11 Audubon Phone Number 218-439-3514 849-0239

Installer Name Same Company Name _____ License # _____

Address _____ Phone Number _____

4. **SYSTEM DESIGN INFORMATION**

Date of Site Evaluation 10-8-04

EXISTING SYSTEM STATUS – Check One

X No existing system-new structure
_____ Cesspool/Seepage
_____ Failing (other than cesspool)
_____ Undersized
_____ Replacement or repair to existing

What will new system serve? Check one

X Dwelling
_____ Resort/Commercial
_____ Commercial (non resort)
_____ Other – explain below

Design Flow 600 Gallons Per Day
Number of Bedrooms 4
Garbage Disposal X Yes _____ No
Grinder Pump in House X Yes ___ No
Lift station in House ____ Yes ____ No

Well Depth None
Depth of other wells within 100 ft of system _____

Original Soil X Compacted Soil _____
Type of Soil Observation
____ Pit ____ Probe X Boring
Depth to Restricting Layer >84"
Maximum Depth of System 48"

Size of All Tanks to Be installed
1500 gal Septic Tank 2 comp
____ gal Lift Station
____ gal Holding Tank
____ gal Other Tanks

Type of Drainfield Medium to be used
X Chamber
X H10 ____ EQ36
____ Drainfield Rock
____ Rock Depth
____ Gravelless
____ Experimental
____ No Drainfield

Type of Alarm ____
Size of Lift Pump None
Size of Lift Line ____

Type of Drainfield to be installed
X Trench
____ At-grade
____ Pressure Bed
____ Seepage Bed
____ Mound

Size of Drainfield sq ft to be installed
1343 sq ft
____ sq ft
____ sq ft
____ sq ft
____ sq ft

SETBACKS	TANK	DRAINFIELD
Distance to Well	None	None
Distance to Building	12'	>20
Distance to Property Line	30'	40'
Distance to OHW	>84"	>84"
Distance to Pressure Line	>20'	>20'

Perc Rate ____ Soil Sizing Factor 2.2 *If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
0-9"	Top Soil	10YR 2/2	Blocky		0-10"	Top Soil	10YR 2/2	Blocky
9-23"	Clay loam	10YR 3/3	Blocky		10"-27"	clay loam	10YR 3/3	Blocky
23"-46"	Clay loam	10YR 5/6	Blocky		27"-46"	clay loam	10YR 5/6	Blocky
46"-84"	Clay loam	10YR 5/6	Blocky		46"-84"	clay loam	10YR 5/6	Blocky

5. DESIGNER'S CERTIFIED STATEMENT

I, Rick Renner (Print Name of Designer) 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).

Rick Renner
Signature of Designer

10-12-04
Date

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

Application Approved by: Deb Mertz Date: 10-13-04
Amount Paid 100.00 Receipt Number ____ Permit Number ____

****

CERTIFICATE OF COMPLIANCE

( ) Certificate Is Hereby Denied
(X) 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.

David A Stoll — Signature
ISTS Inspector — Title
11/22/04 — Date

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
Date System Installed 11/17/04 Inspected by David A Stoll

Size of All Tanks to Be installed
1500 gal Septic Tank 2 comp
_____ gal Lift Station
_____ gal Holding Tank
_____ gal Other Tanks

Type of Drainfield Medium to be used
X Chamber
X H10 _____ EQ36
_____ Drainfield Rock
_____ Rock Depth
_____ Gravelless
_____ Experimental
_____ No Drainfield

Type of Alarm _____
Size of Lift Pump None
Size of Lift Line _____

Type of Drainfield to be installed	Size of Drainfield sq ft to be installed
X Trench	1343 sq ft
_____ At-grade	_____ sq ft
_____ Pressure Bed	_____ sq ft
_____ Seepage Bed	_____ sq ft
_____ Mound	_____ sq ft

SETBACKS	TANK	DRAINFIELD
Distance to Well	None	None
Distance to Building	12'	>20
Distance to Property Line	30'	10'
Distance to OHW	>84"	>84"
Distance to Pressure Line	>20'	>20'

Perc Rate _____ Soil Sizing Factor 2.2 *If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
0 - 9"	Top Soil	10YR 2/2	Blocky		0 - 10"	Top Soil	10YR 2/2	Blocky
9 - 23"	Clay loam	10YR 3/3	Blocky		10" - 27"	clay loam	10YR 3/3	Blocky
23" - 46"	Clay loam	10YR 5/6	Blocky		27" - 46"	clay loam	10YR 5/6	Blocky
46" - 84"	Clay loam	10YR 5/6	Blocky		46" - 84"	clay loam	10YR 5/6	Blocky

5. DESIGNER'S CERTIFIED STATEMENT

I, Rick Renner (Print Name of Designer) 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).

Rick Renner
Signature of Designer

10-12-04
Date

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

Application Approved by: Rebi Metz Date: 10-13-04
Amount Paid 100.00 Receipt Number _____ Permit Number _____

****

CERTIFICATE OF COMPLIANCE

( ) Certificate Is Hereby Denied
(X) 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.

Jarid A Stoll — Signature
ISTS Inspector — Title
11/22/04 — Date

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
Date System Installed 11/17/04 Inspected by Jarid A Stoll

BECKER COUNTY

835 LAKE AVENUE, P.O. BOX 787
DETROIT LAKES, MINNESOTA 56502-0787
(218) 846-7314

Application No.
Tax Parcel No.

SKETCH PLAN
FORM H

Please be as complete as possible. Include all of the items listed below where applicable.

GENERAL CHECKLIST

- [✓] scale
- [✓] north arrow
- [✓] lot dimensions
- [✓] structure location
- [✓] side lot setback
- [✓] road setback
- [✓] septic tank location
- [✓] drainfield location
- [✓] location of all wells within 100' of drainfield
- [ ] fill & grading limits
- [ ] vegetation alteration limits

WATER RESOURCE CHECKLIST

- [ ] location of ordinary high water level (OHWL)
- [ ] location of present water line
- [ ] setback from OHWL
- [ ] location of highest known water level
- [ ] existing local drainage
- [ ] location of wetland areas

Scale of Diagram: 1 inch = 30 feet

Drawing By: Rick Renner

Date of Drawing: 10-12-04

Impervious surface coverage calculation

Impervious surface onsite ÷ Total Lot area ft² = _____ x 100 = _____ %
Total percentage of impervious coverage

Remarks: _____

Signature Rick Renner