



**Minnesota Pollution
Control Agency**

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

Existing S

Compliance Inspection Form



061011000

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

For local tracking purposes

SCANNED

F 10

SEP 27 2019

ZONING

System Status

System status on date (mm/dd/yyyy): 7-3-19

☒ **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

Property address: 13520 maple Rd

Parcel ID# or Sec/Twp/Range: 061011000

Property owner: Barry Steen

Reason for inspection: County

or

Owner's phone: 218-790-0505

Owner's representative: _____

Representative phone: _____

Local regulatory authority: Becker Co. zoning

Regulatory authority phone: _____

Brief system description: Concrete Holding Tank

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: Deweys Septic Service

License number: 2884

Inspector signature: [Signature]

Phone number: 218-841-3292

Necessary or Locally Required Attachments

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

Property address: _____

Inspector Initials/Date: JD 7-3-19

(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 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: _____

Inspector initials/Date: 7-3-19

(mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____

(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:

☐ 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:**6" water 7-3-19
4 1/2' of dirt on tank**Indicate depths or 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?

☐ Yes ☐ No

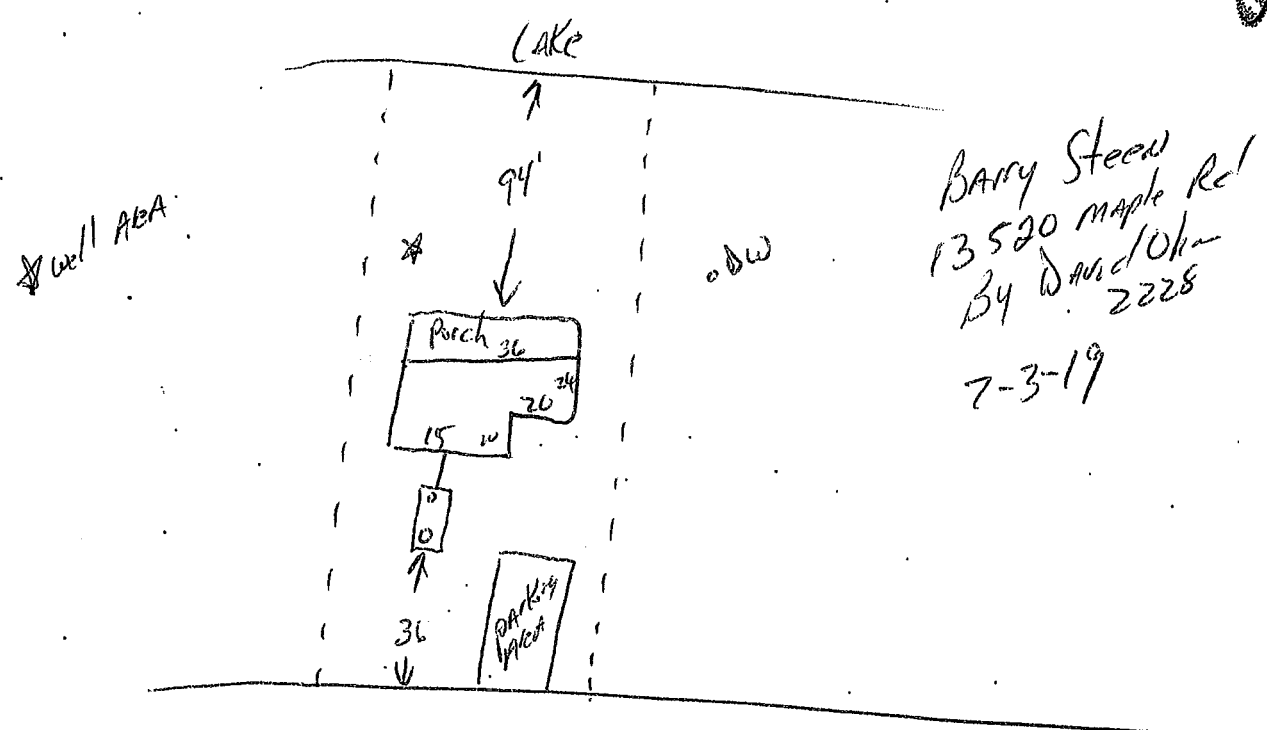
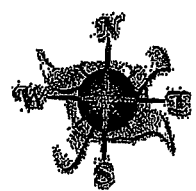
b. Is the required nitrogen BMP in place and properly functioning?

☐ 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.

CLIENT
 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	





**Minnesota Pollution
Control Agency**

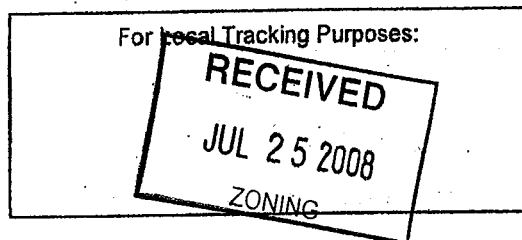
520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Parcel number: 061011000

System status: ☒ Compliant ☐ Noncompliant
(based on all compliance requirements)



Summary Form

Property Information

Property owner name(s): Barry Steen
Property address: 13520 Maple Rd.
Property owner's address (if different): 1102 BMW Dr. Duluth Mn 55829
County: Becker Property owner phone: 218-790-0505 Permitting authority: Zoning
Date system constructed: _____ Reason for inspection: County letter

System Description

Brief system description: 1000 gal holding Tank
Local permit number: _____ Number of bedrooms: _____ Design flow rate: _____

Is the system:

In Shoreland area? ☒ Yes ☐ No In Wellhead Protection Area? ☐ Yes ☒ No
An U.S. Environmental Protection Agency (EPA) Class V Injection Well? ☐ Yes ☒ No System serving a Minnesota Department of Health (MDH) licensed facility? ☐ Yes ☒ No

Compliance Status (Based on state requirements -- additional local requirements may also apply.)

Based on the information gathered and reported on attached forms, the compliance status of this system is (check one):

☒ Certificate of Compliance -- valid until (3 years from date of report): 7-24-2011

☐ Notice of Noncompliance - For Noncompliant systems:

The reason for noncompliance is: _____

This noncompliant system is classified as (check one below):

☐ Imminent threat to public health & safety ☐ Failing to protect ground water ☐ Not in compliance with operating permit

Certification (Completed form must be submitted to the local unit of government within 15 days.)

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.

Name: Rick Renner Certification number: _____

Business license name and number: Renner Excavating 2567 or _____

Name of local unit of government: Becker County Zoning

Signature: Rick Renner Date: 7-24-08

Required Attachments

Inspector Complete: This Inspection Report is _____ pages long.

Check compliance forms attached: ☐ Hydraulic Performance ☐ Tank Integrity ☐ Soil Separation ☐ Operating Permit Form (if applicable) ☐ System drawing/As-built drawing ☐ An assessment of any local requirements that are different from what is required on this form ☐ Soil Boring Logs ☐ Abandonment form (if appropriate) ☐ Other information (list): _____

Upgrade Requirements (derived from 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.

Parcel number: 061011000System status: ☒ Compliant ☐ Noncompliant
(as determined by this form)**Hydraulic Performance and Other Compliance****Compliance Issue #1 of 4**Date of observation: 7-24-08 Reason for observation: County letterThis form expires upon next inspection or in three years, whichever occurs first: 7-24-2011**Compliance questions/criteria: (Required)**
(Check the appropriate box)

Does the system discharge sewage to the ground surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system discharge sewage to drain tile or surface waters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system cause sewage backup into dwelling or establishment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any "yes" answer indicates that the system is an imminent threat to public health and safety.	
Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

"Yes" indicates that the system is failing to protect ground water. If "yes", describe the condition noted:

Verification Method*: (Optional)

(Check the appropriate box)

- ☒ Searched for surface outlet
☐ Performed hydraulic test
☒ Searched for seeping in yard
☐ Checked for backup in home
☐ Excessive ponding in soil system/D-boxes
☒ Homeowner testimony
☐ Examined for surging in tank
☐ "Black soil" above soil dispersal system
☐ System requires "emergency" pumping
☐ Performed dye test
☐ Other: _____

* No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Barry SteenProperty address: 13520 Maple Rd.

Property owner's address (if different): _____

County: Becker Phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Rick Renner Certification number: _____Business license name and number: Renner Excavating 2567 orName of local unit of government: Becker County ZoningSignature: Rick Renner Date: 7-24-08

Parcel number: 061011000

System status: ☒ Compliant ☐ Noncompliant
(as determined by this form)

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: 7-24-08

Reason for observation: County letter

This form expires on (three years): 7-24-2011

Compliance questions/criteria: (Required)

(Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit? ☐ Yes ☒ No

Do any sewage tank(s) leak below their designed operating depth? ☐ Yes ☒ No

If yes, identify which sewage tank leaks.

Any "yes" answer indicates that the system is failing to protect ground water.

* Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.

Verification Method** (Optional)

(Check the appropriate box)

☒ Probed tank bottom

☐ Observed low liquid level

☐ Examined construction records

☒ Examined empty (pumped) tank

☐ Probed outside tank for "black soil"

☐ Pressure/vacuum check

☐ Other: _____

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Safety Check

- Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound? ☐ Yes* ☒ No
- Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)? ☒ Yes ☐ No*
- Was secondary access restraint present (safety pan, second cover, or safety netting) - highly recommended. ☐ Yes ☒ No
- Was any other safety/health issue present? ☐ Yes* ☒ No

Explain: _____

*System is an imminent threat to public health and safety.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Barry Steen

Property address: 13520 Maple Rd.

Property owner's address (if different): 1102 BMW Dr. Dilworth Mn.

County: Becker

Phone: 218-790-0505

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Rick Renner

Certification number: _____

Business license name and number: Renner Excavating 2567

or

Name of local unit of government: Becker County Zoning

Signature: Rick Renner

Date: 7-24-08

Parcel number: _____ System status: ☐ Compliant ☐ Noncompliant
(as determined by this form)

Soil Separation Compliance and Other Compliance

Compliance Issue #3 of 4

Date of observation: _____ Reason for observation: _____

This information on this form does not expire.

Compliance questions/criteria: (Required) (Check the appropriate box)

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:

Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?

☐ Yes ☐ No

For 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:

Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*

☐ Yes ☐ No

For reduced separation distance systems (i.e., "performance" systems under old 7080.0179 or Type IV or V system under new 7080.2350 or 7080.2400):

Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*

☐ Yes ☐ No

Any "no" answer indicates that the system is failing to protect ground water.

Verification Method** (Optional)

(Check the appropriate box)

☐ Conducted soil observation(s) (attach boring logs)

☐ Two previous verifications (attach boring logs)

☐ Other: _____

Soil observation does not expire. Previous observations by two independent parties are sufficient, unless site conditions have been altered.

* May be reduced by up to 15 percent if allowed in local ordinance.

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector or designer. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): _____

Property address: _____

Property owner's address (if different): _____

County: _____ Phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Rick Renner Certification number: _____

Business license name and number: Renner Excavating 2567 or _____

Name of local unit of government: Becker County Zoning

Signature: _____ Date: _____

**APPLICATION
FOR SEWAGE SYSTEM
CERTIFICATE OF COMPLIANCE
With The Becker County Zoning Ordinance**

Application Number

Tax Parcel Number

Fire Number of Project Location

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <u>Steen, Barry</u>		2. Authorized Agent (If applicable)	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) <u>304 1st Ave SE Dilworth mn 56529</u>			
4. Day Phone <u>233-3240</u>	5. Evening Phone	6. Section <u>16</u>	7. Township <u>Cormorant</u>

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name <u>Sevenson Beach Lot 11</u>			
7. Note: If the property is a metes and bounds description, check here [] and attach a copy of the exact legal description.			
SEWAGE SYSTEM DATA Anticipated Use a. <input checked="" type="checkbox"/> Single Family b. <input type="checkbox"/> Multiple Family c. <input type="checkbox"/> Commercial d. <input type="checkbox"/> Agricultural e. <input type="checkbox"/> Other (specify) Type of System a. <input type="checkbox"/> Septic Tank Only b. <input type="checkbox"/> Drainfield Only c. <input type="checkbox"/> Septic Tank & Drainfield d. <input checked="" type="checkbox"/> Holding Tank e. <input type="checkbox"/> Alternative System (specify) Type of Drainfield <u>N/A</u> a. <input type="checkbox"/> Standard System b. <input type="checkbox"/> Mound (pressure distribution) c. <input type="checkbox"/> Mound (gravity distribution) Well Data a. Depth: _____ b. Diameter: <u>2"</u> Type of Well a. <input type="checkbox"/> Drilled b. <input checked="" type="checkbox"/> Sand Point	1 Inch Equals DESIGN	<p style="text-align: center;">Show Distance Between Sewage System And Buildings, Property Lines, Lake, Roads And All Wells Within 125 Feet.</p>	
Distances to Well: Distance to Building: Distance to Property Line: Distance to Suction Line:	Tank <u>55'</u> <u>11'</u> <u>10'</u> <u>50'</u>	Drainfield _____ _____ _____ _____	Distance to Pressure Line: Tank Capacity (gal.) & Area of Drainfield (ft. 2): Distance to Ordinary High Water Level: Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:
I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct: _____			
Signature of Applicant		Date	

TO BE COMPLETED BY ZONING OFFICE

[] CERTIFICATE IS HEREBY DENIED: (See Back For Reasons)
[☒] CERTIFICATE IS HEREBY GRANTED; Based upon the application, addendum form, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.

BECKER COUNTY ZONING OFFICE

Floyd Svenby
Signature
Zoning Administrator
Title

7-7-93
Date

