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

Existing Compliance Inspection Form (SSTS)

061046000

Doc Type: Compliance and Enforcement

RECEIVED SEP 07 2016 ZONING

For local tracking purposes:

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

System Status

System status on date (mm/dd/yyyy): 8/25/2016

☒ **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: 061046000

Property address: 15598 Snoeshoe Beach Rd

Reason for inspection: Becker county 10yr

Property owner: Carpenter Family Tst

Owner's phone:

or

Owner's representative:

Representative phone:

Local regulatory authority:

Regulatory authority phone:

Brief system description: 2 holding tanks

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: Ross Seifert

Certification number: 1322

Business name: Seifert Septic service LLC

License number: 2042

Inspector signature:

Phone number: 701-219-4139

Necessary or Locally Required Attachments

☐ Soil boring logs ☐ System/As-built drawing ☐ Forms per local ordinance

☐ Other information (list):

Property address: 15598 Snoeshoe Beach Rd Inspector initials/Date: NY | 8/25/2016 (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:

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:
used camera

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: 15598 Snoeshoe Beach Rd Inspector initials/Date: 8/25/2016 (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: 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:

Holding Tanks

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.*

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

RECEIVED
OCT 0 n 2006
ZONING

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 06.1046.000

(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 23 Township 138 Range 43 Township Name Cormorant

Lake Name Big Cormorant Lake Classification RD

Legal Description: Lot 2 Snowshoe Beach PRT of Lot 3

Project Address: 15598 Snowshoe Beach Rd

2. PROPERTY OWNER INFORMATION (as it appears on the tax statement, purchase agreement or deed).

Owner's First Name Jim & Sue Owner's Last Name Carpenter

Mailing Address 15598 Snowshoe Beach Rd City, State, Zip Detroit Lakes, MN 56501

Phone Number _____

3. DESIGNER/INSTALLER INFORMATION

Designer Name Dan Schlauderaff Company Name Dan Schlauderaff Services License # 418

Address 20393 Oakside TRL. Detroit Lakes, MN 56501 Phone Number 218-847-6247

Installer Name Nel Thorson Company Name Nels Thorson Excav. Co. License # 47

Address 22403 260 ST. Detroit Lakes, MN 56501 Phone Number 218-439-3833

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 9-25-06

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 ___ Yes X No
Grinder Pump in House ___ Yes X No
Lift station in House ___ Yes X No

Well Depth Deep
Depth of other wells within 100 ft of system N/A

No soil work - Holding Tank
Original Soil X Compacted Soil ___
Type of Soil Observation
___ Pit ___ Probe ___ Boring
Depth to Restricting Layer ___
Maximum Depth of System ___

✓ in intake
ALL ✓

Pd & ~~mailed~~ in file
10/9/06

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

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

Type of Alarm _____
Size of Lift Pump _____
Size of Lift Line _____

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

Size of Drainfield sq ft to be installed
~~sq ft~~
~~sq ft~~
~~sq ft~~
~~sq ft~~
~~sq ft~~

SETBACKS

	TANK	DRAINFIELD
Distance to Well	70'	
Distance to Building	10'	
Distance to Property Line	10'	
Distance to OHW	> 75'	
Distance to Pressure Line	N/A	

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

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

5. DESIGNER'S CERTIFIED STATEMENT

I, Dan Schlauderaff certify that I have completed the preceding design work in accordance with all
(Print Name of Designer)
applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

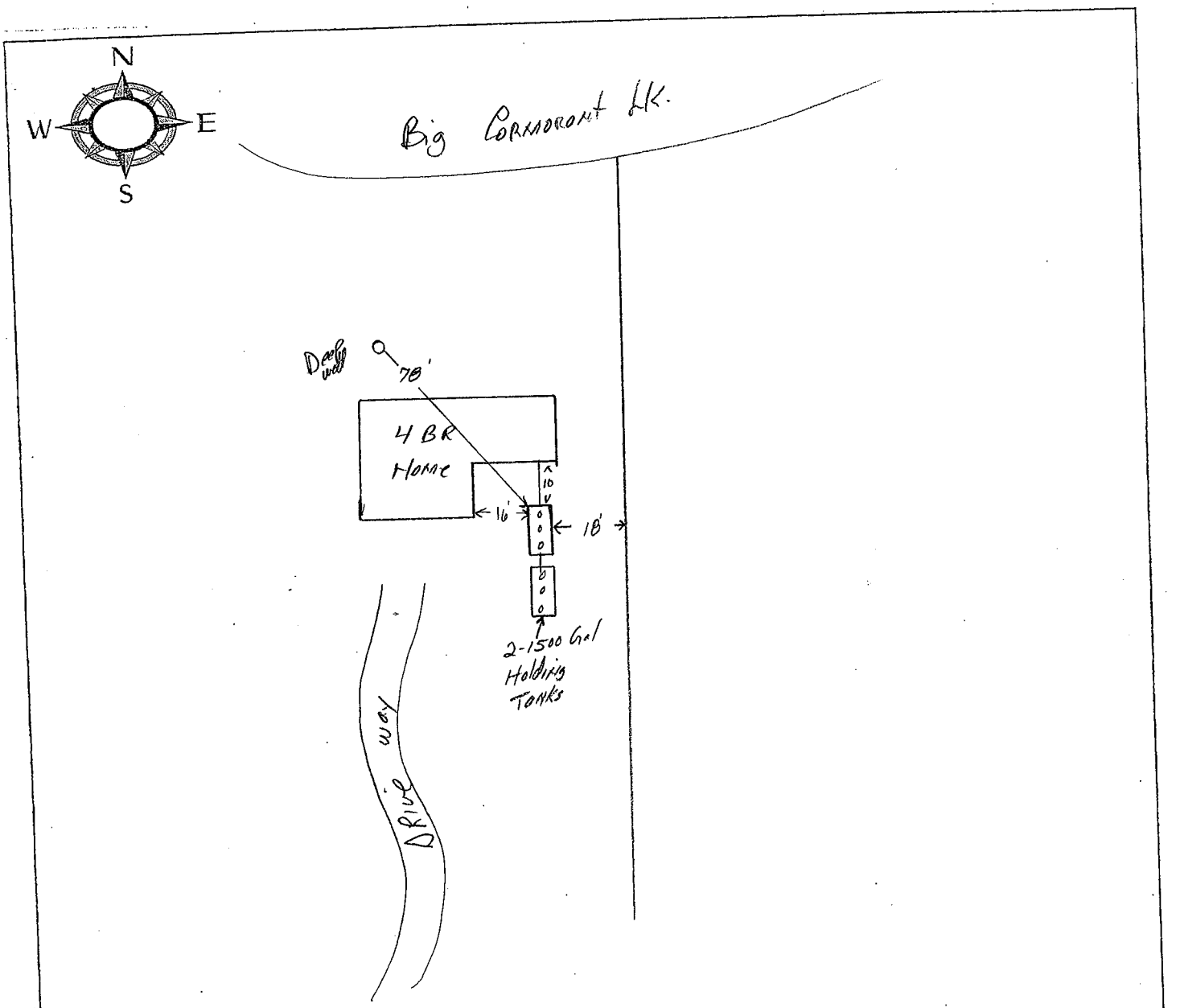
Dan Schlauderaff 9-25-06
Signature of Designer Date

********** FOR OFFICE USE ONLY **********
Application Approved by: Jack A Stall Date: 10/9/06
Amount Paid $100.00 Receipt Number 116979-341105 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.

Jack A Stall ISTS Inspector 10/10/06
Signature Title Date
(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
Date System Installed 10/10/06 Inspected by Jack A Stall



Two 1500 Brown & Wilbert
Holding tanks
All setbacks met JKS.
10/10/05

I hereby certify and agree that the above sketch accurately represents the work to be done in conjunction with this permit.

_____ Date _____

Applicant or Agent

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 16th *day of* October *19* 79 ,

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

The premises covered by this certificate are legally described as:

Lake No. _____ *Sec.* 23 *Twp.* 138 *Range* 43 *Twp. Name* Cormorant

SEPTIC TANK - 1,000 Gals. SEEPAGE BED - 9 x 20, 180 sq. ft.

Owner: Name Fernanda Martinson

Address 1207 N. Elm St. Fargo, ND

Zip No. 58102

Permit No. SP 12-3226-33

Signed by: Floyd Svenby
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

Bed - 9X20

CATEGORY	SEPTIC TANK				SEEPAGE ~~PIT~~				DRAIN FIELD		
	Actual		Should be		Actual		Should be		Actual	Should be	
Capacity	1000	Gls.	750	Gls.	180	S F		S F	S F		S F
Distance from Nearest Well	50	F	50	F	60	F	50 ~~75~~	F	F	50	F
Distance from Lake or Stream	75	F	75	F	100	F	100	F	F		F
Distance from Occupied Building	20	F	10	F	30	F	20	F	F	20	F
Distance from Property Line	10	F	10	F	10	F	10	F	F	10	F
Distance from Bottom to Water Table	—	F	—	F	over 4	F	4	F	F	4	F

Inspector's Comments: 7' above lake level

INTERPRETATION OF ABBREVIATIONS

Gls — Gallons
SF — Square Feet
F — Linear Feet

Mark Kuehne
Inspector's Signature

Bldg Inspector
Title

Inspection Dated 10-16 1975

Bedford County Zoning
Agency

Yellow — Owner
Pink — Assessor
Blue — Inspector

BECKER COUNTY ZONING ADMINISTRATOR

COUNTY COURT HOUSE — Phone 218-847-7721 — Detroit Lakes, Minn. 56501 Date_____

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

930

LEGAL DESCRIPTION AND LOCATION	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				
Contractor	Name			

TYPE OF IMPROVEMENT:
( ) New Building ( ) Alteration
Other_____

RESIDENTIAL PROPOSED USE:
( ) One Family Dwelling
( ) Multiple Dwelling _____ Units

NON-RESIDENTIAL PROPOSED USE:
Specify:_____
Size:_____

ESTIMATED COST OF IMPROVEMENT $ Construction Starting Date:

PRINCIPAL TYPE OF FRAME:
( ) Masonry
( ) Wood Frame
( ) Structural Steel
( ) Other — Specify

Type of Roof:

TYPE OF SEWAGE DISPOSAL:
( ) Public
( ) Individual Septic Tank, etc.

WATER SUPPLY:
( ) Public
( ) Individual Well

MECHANICAL EQUIPMENT :
Elevator: ( ) Yes ( ) No
Air Conditioning: ( ) Yes ( ) No
( ) Central ( ) Unit

DIMENSIONS:
Basement: ( ) Yes ( ) No
Stories above basement: .....
Sq. feet (outside dimension) .....
Bedrooms ..... Baths .....

HEATING:
( ) Electric ( ) Gas ( ) Oil
( ) Coal ( ) None
Other:

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

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is ..... square feet. Water frontage is ..... feet.

Building set back from high water mark is ..... feet. (Building Line)

Land height above high water mark at building line is .....feet

Building set back from State highway is ..... feet — from road or street is .... feet.

Side yard is ..... and ..... feet. Rear yard is ..... feet.

Building will be located ..... feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located ..... 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_____ _____
Signature of Owner

Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. 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_____ _____
Becker County Zoning Administrator

Permit Fee $_____ State Surcharge $_____

Comments:_____

BECKER COUNTY

SP № 1788

Sewage Permit No. SP № _____

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.

Floyd Svenby

Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA
Board of County Commissioners