080055005

Minnesota Pollution Control Agency

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

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

For local tracking purposes:

SCANNED

System Status

System status on date (mm/dd/yyyy): 7/10/2019

☒ **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: 080055005

Property address: 21878 FLOYD LAKE DR DETROIT LAKES MN

Reason for inspection: SELLING PROPERTY

Property owner: TREVOR KENT & AMANDA LUNDON

Owner's phone: 218-401-0465

or

Owner's representative:

Representative phone:

Local regulatory authority: BECKER COUNTY

Regulatory authority phone:

Brief system description: 1500 GAL SEPTIC TANK WITH CHAMBER TRENCH

Comments or recommendations:

RECEIVED
JUL 22 2019
ZONING

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: PATRICIA STOCK

Certification number: 5663

Business name: A1SEPTIC

License number: 2029

Inspector signature: Patricia Stock

Phone number: 218-766-7295

Necessary or Locally Required Attachments

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

☐ Other information (list):

Property address: 21878 FLOYD LAKE DR DETROIT LAKES MN Inspector initials/Date: P S 7/10/2019 (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.

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)*

Comments/Explanation:

HOMEOWNER STATED THEY HAVE HAD NO PROBLEMS WITH SEPTIC,SHORTEST TRENCH HAD SOME SATURATION , BUT OTHER TWO WERE DRY

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.

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)*

Comments/Explanation:

CHECKED BAFFELS AND COVERS

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: 21878 FLOYD LAKE DR DETROIT LAKES MN Inspector initials/Date: PS 7/10/2019 (mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: 10/20/2008 (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:

1-8 LOAM 10YR2/1
9-15 CLAY LOAM 10YR3/4
16-42 LOAM 10YR4/4
43-84 LOAM 10YR5/4

Indicate depths or elevations

A. Bottom of distribution media	16"
B. Periodically saturated soil/bedrock	60"
C. System separation	44"
D. Required compliance separation*	36"

*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

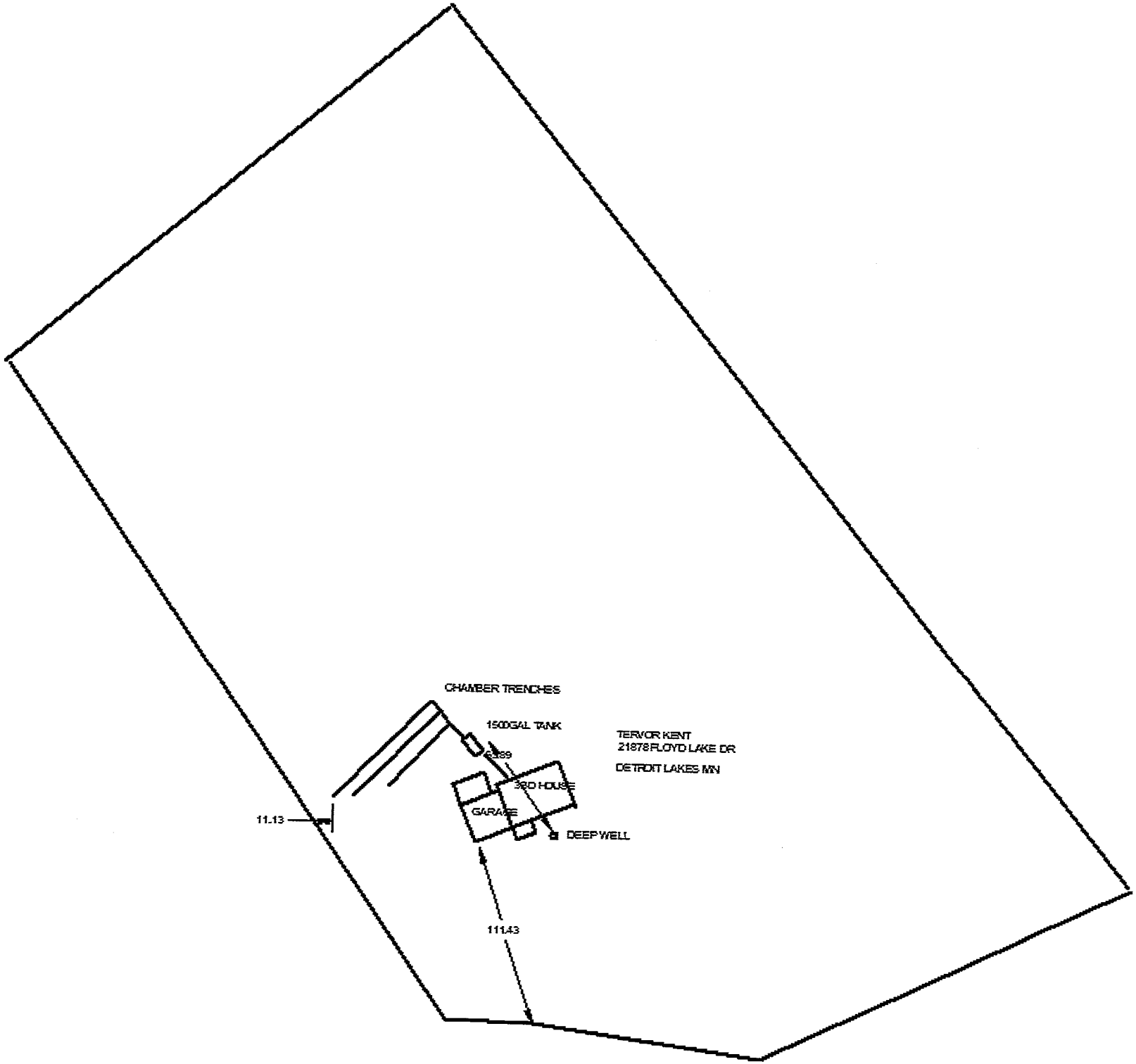
If the answer to both questions is "no", this section does not need to be completed.

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.*


CHAMBER TRENCHES
150DGAL TANK
TERYOR KENT
21878 FLOYD LAKE DR
DETROIT LAKES MN
SHED HOUSE
GARAGE
DEEP WELL
11.13
111.43

2008 Onsite Septic System Application

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 10 2008
ZONING

1. PROPERTY DATA (as it appears on the tax statement, purchase agreement or deed)

Parcel Number(s) of property where the system will be installed: 08.0055.00X

Is this a split of an existing property? Yes No
(If yes and a parcel number has not yet been assigned, indicate the main parcel number from which the new parcel was split.)

Section 4 Township 139 Range 41W Township Name Detroit

Lake Name None Lake Classification _____

Legal Description: Pt Govt Lot 3 & Pt Govt Lot 4

Project Address: Needs 911 Floyd Lake Drive

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

Owner's First Name Richard Owner's Last Name Grossman

Mailing Address _____ City, State, Zip _____

Phone Number 218-849-9757

3. DESIGNER/INSTALLER INFORMATION

Designer Name Richard Vareberg Company Name Vareberg Bankloe License # 1960

Address 22344 Co Rd 104 Phone Number 847-7372

Installer Name Same Company Name _____ License # _____

Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

Existing System Status?

- 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

10-8-08 Date of site evaluation

Design Flow 450 Gallons Per Day
Number of Bedrooms 3
Garbage Disposal _____ Yes X No
Dishwasher X Yes ___ No
Lift station in House ___ Yes X No
Grinder pump in House ___ Yes X No

Well Depth >50
Depth of other wells within 100 ft of system None

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
_____ gal Holding Tank
_____ gal Lift Station
_____ Other Tank
_____ Existing tank to be used

Compartmented tank X Yes _____ No Multiple Tanks _____ Yes X No
Total Number of tanks to be installed in this system 1 (This # will be reported to MPCA at end of year.)

buried

Type of Drainfield	Full Size of Drainfield	Reduced/Warrantied size
X Chamber Trench	_____ sq ft	751 sq ft
_____ Rock Trench	_____ sq ft	_____ sq ft
_____ Gravelless	_____ sq ft	_____ sq ft
_____ Mound	_____ sq ft ***	
_____ Pressure Bed	_____ sq ft ***	
_____ Seepage Bed	_____ sq ft ***	
_____ At-grade	_____ sq ft ***	
_____ Alternative / Performance	_____ sq ft ***	

***Attach Worksheets

Type of chamber Q-4

Depth of Rock _____

Alarm? Yes _____ No _____

Type of Alarm _____

Size of Lift Pump _____

Size of Lift Line _____

SETBACKS

	TANK	DRAINFIELD
Distance to Well	>50	>50
Distance to Building	>10	>20
Distance to Property Line	>10	>10
Distance to OHW of Lake	>1000	>1000
Distance to Pressure Line	>20	>20
Distance to Wetland/Protected Water	>20	>20

Perc Rate 16 Soil Sizing Factor 1.67 *If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
1-8	Top Soil	10YR 2/1	Blocky		1-7	Top Soil	10YR 2/1	Blocky
8-14	Clay Loam	10YR 3/4	Blocky		7-19	Clay Loam	10YR 4/3	Blocky
14-40	Loam	10YR 4/4	Blocky		19-49	Loam	10YR 2/6	Blaky
40-84	Loam	10YR 5/4	Blocky		49-84	Loam	10YR 5/4	Blocky

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

5. REQUIRED DOCUMENTS

U of MN worksheets are required for mounds, pressure beds, seepage beds, at-grades or Type IV or Type V systems. Are the required worksheets attached? _____ Yes _____ No

6. DESIGNER'S CERTIFIED STATEMENT

I, Richard Vareberg 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).

Signature of Designer

10-6-08
Date

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

Application Approved by: David A Stoll Date: 10/10/08

Amount Paid _____ Receipt Number 178992-403118 Permit Number _____

NOTES: 10/10/08

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INSPECTION REPORT

Home Information

Does the structure contain any of the following elements?

Garbage disposer _____ Yes _____ No Dishwasher _____ Yes _____ No

Grinder pump _____ Yes _____ No Lift pump in basement _____ Yes _____ No

Effluent screen installed? _____ Yes _____ No Effluent screen manufacturer _____

Alarm required? _____ Yes _____ No Alarm Type Float Alarm manufacturer _____

Lift pump in system? _____ Yes _____ No Pump manufacturer _____

Number of bedrooms _____

Component Information

Tank size 1500 - Tank manufacturer Brown in/but

Drainfield size -760 - (38 Q4's)

Drainfield medium _____ Medium manufacturer _____

Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth _____

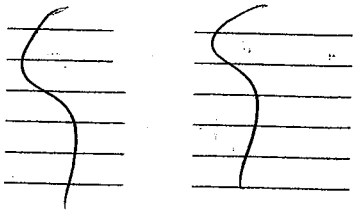
Vertical separation verified for Boring #2 on _____ Depth _____

Vertical separation verified for Boring #3 on _____ Depth _____

Sandy Loam Good Soils

Setback Verification

	TANK	DRAINFIELD
Distance to Well		
Distance to Building		
Distance to Property Line		
Distance to OHWof Lake		
Distance to Pressure Line		
Distance to Wetland/Protected Water		



OK.

Date System Installed 10/20/08 **Installer** R. Vareberg **Inspector** David A Stoll

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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

FSTS, Inspector — Title

10/20/08 — Date

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

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: Richard Vareberg

Date of Drawing: 10-6-08

Impervious surface coverage calculation

_____ ÷ _____

Impervious surface onsite Total Lot area ft²

= _____ x 100 = _____ %

Total percentage of impervious coverage

Remarks: _____

Signature _____