



Minnesota Pollution Control Agency

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



080329000

Compliance Inspection Form
Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

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): 5-30-13

[X] 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:

Property address: 25626 Brandy Lake Rd. Detroit Lakes Reason for inspection: County Request

Property owner: Timothy Wisbrock, Terrell Usher Owner's phone: 218-849-2242

Owner's representative: Representative phone:

Local regulatory authority: Becker County Zoning Regulatory authority phone: 846-7314

Brief system description: septic tank & 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: Richard Vareberg Certification number:

Business name: Vareberg Backhoe Service License number: 1910

Inspector signature: [Signature] Phone number:

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:

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.

Comments/Explanation:

Indicate depths of elevations

A. Bottom of distribution media	< 2'
B. Periodically saturated soil/bedrock	4'
C. System separation	> 2'
D. Required compliance separation*	

*May be reduced up to 15 percent if allowed by Local Ordinance.

Any "no" answer above indicates the system is Failing to Protect Groundwater.

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

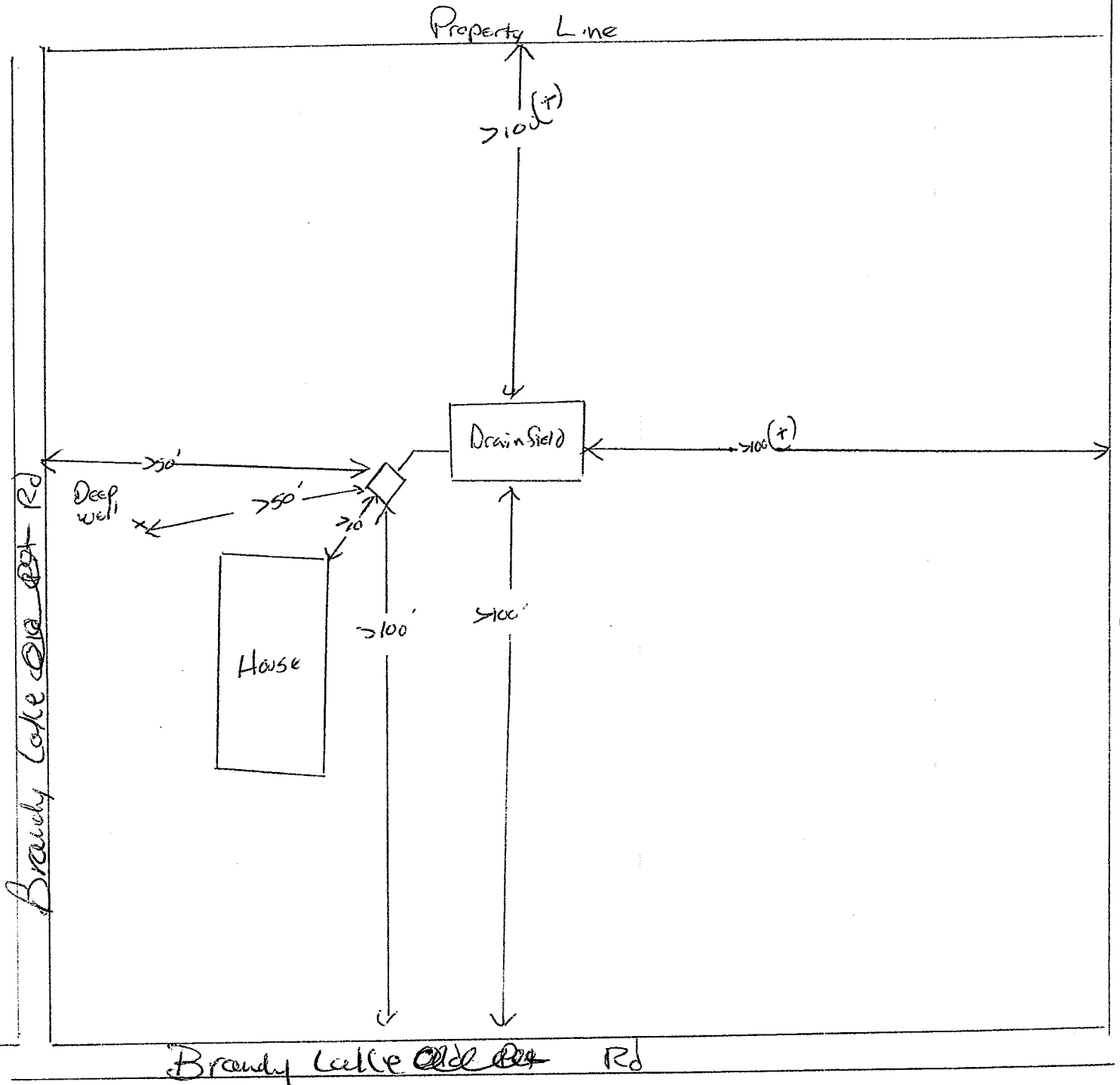
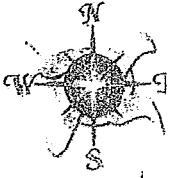
Any "no" answer indicates Noncompliance.

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.

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



White - Office
 Yellow - Owner
 Pink - Assessor
 Blue - Inspector

BECKER COUNTY ZONING ADMINISTRATION

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

Permit No. 11-7056-50
 Date 7-20-76

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION: Brandy Lake Estates 2nd Addition
Lot 2 Block 4 Part of Lot 3
 Lake No. _____ Lake Name _____ Lake Classif. _____ Sec. 21 TWP. 137 41 Range _____ TWP Name DETROIT

IDENTIFICATION: Please Print All Information

Owner: Jahnston, James Mailing Address - No. R.R. 3 Street, City and State Box 727 Zip No. _____ Tel. No. _____
Detroit Racket Club Detroit Lakes, Minn. 56501
 Contractor Name: _____

1772

TYPE OF IMPROVEMENT: New Building () Alteration () One Family Dwelling () Multiple Dwelling _____ Units
 Other: Handball Court
 RESIDENTIAL PROPOSED USE: _____
 NON-RESIDENTIAL PROPOSED USE: Specify: Court Size: 40x60 ft.

ESTIMATED COST OF IMPROVEMENT \$ 25,000 Construction Starting Date: 7-21-76

PRINCIPAL TYPE OF FRAME: Masonry block () Wood Frame () Structural Steel () Other - Specify _____
 Type of Roof: wood
 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: one Sq. feet (outside dimension) 40x60 ft. Bedrooms 3 Baths 5 Showers room
 HEATING: () Electric () Gas Oil () Coal () None Other: _____

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1600</u> Gls.	Sq. Ft.	Sq. Ft. <u>300?</u>
Distance from nearest well	<u>50</u> Ft.	Ft.	<u>50</u> Ft.
Distance from lake or stream	_____ Ft.	Ft.	_____ Ft.
Distance from occupied building	<u>over 10</u> Ft.	Ft.	<u>over 10</u> Ft.
Distance from property line	<u>over 10</u> Ft.	Ft.	<u>over 10</u> Ft.
Distance from bottom to Water Table	_____ Ft.	Ft.	<u>over 4</u> Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 1 1/2 acre (?) 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 over 6 feet
 Building set back from State highway is _____ feet - from road or street is 45 feet. from R.O.W.
 Side yard is over 30 and over 30 feet. Rear yard is over 45 feet. (18 ft. from center)
 Building will be located over 10 feet from septic tank (Sewage System Permit must be obtained before installation).
 Building will be located over 10 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 7-20-76

James E. Jahnston
 Signature of Owner
RACKET CLUB

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.

Permit Fee \$ 17.50 State Surcharge \$ 12.50

Greg Dunby
 Becker County Zoning Administrator

Comments: _____

17.50
 12.50
 \$30.00

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BECKER COUNTY

Sewage Permit No. SP No. _____

Location: Lake No. _____ Sec. _____ Twp. _____ Range _____ Twp. Name _____

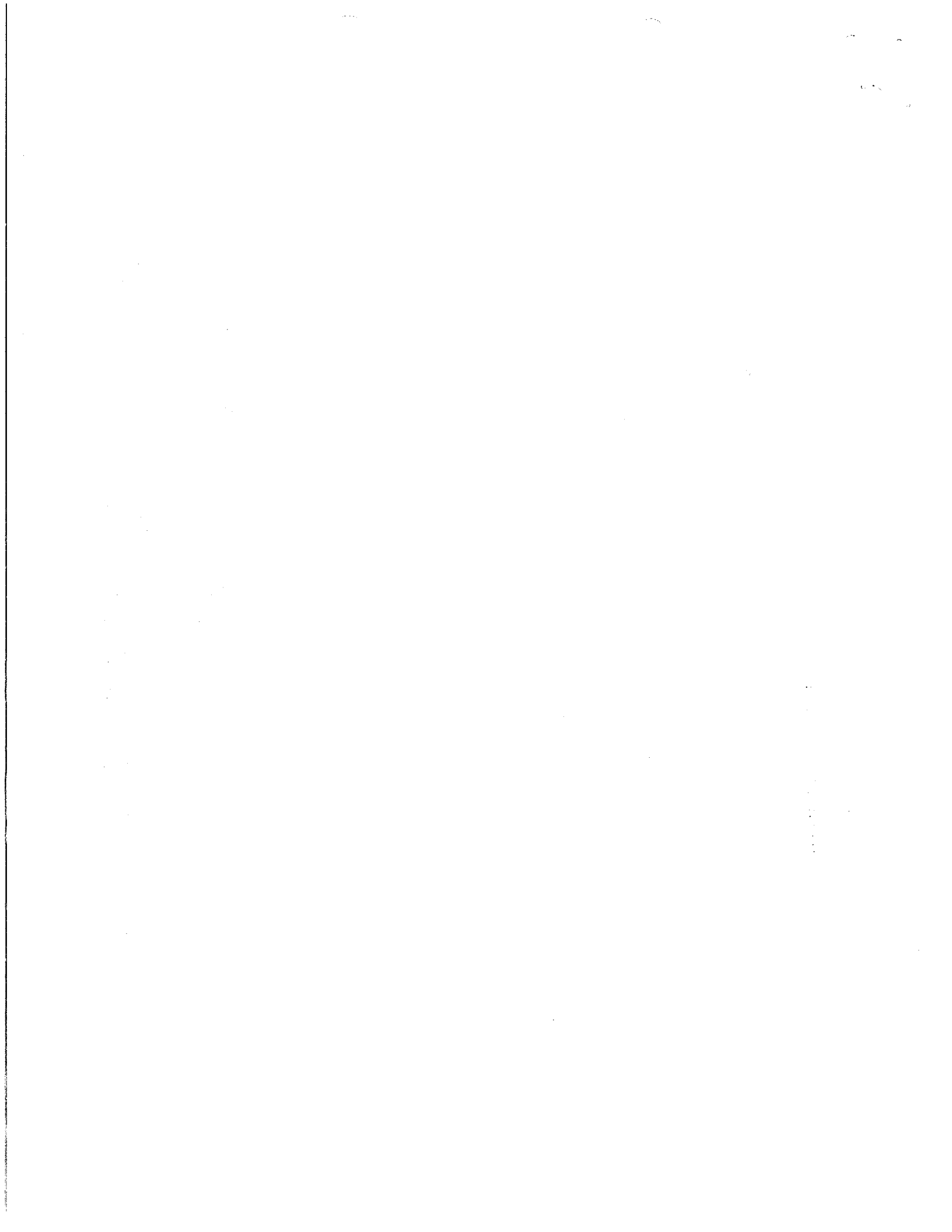
Issued _____ 19____, To _____
Work Authorized _____

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, (847-3938) office when job is ready for inspection



Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA
Board of County Commissioners



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 10x30

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1250	Gls.	1000	Gls.	300	SF		SF		SF		SF
Distance from Nearest Well	75	F	50	F	75	F	50 75	F		F	50	F
Distance from Lake or Stream		F		F		F		F		F		F
Distance from Occupied Building	20	F	10	F	35	F	20	F		F	20	F
Distance from Property Line	over 10	F	10	F	10	F	10	F		F	10	F
Distance from Bottom to Water Table	--	F	--	F	4	F	4	F		F	4	F

Inspector's Comments: Checked 10-14-76 - Septic tank in so far as will work on drainfield in a few days - drainfield will be a little deep - good Gravel sub soil. (Self Installed)

INTERPRETATION OF ABBREVIATIONS

Gls - Gallons
 SF - Square Feet
 F - Linear Feet

Mark Kushner
 Inspector's Signature

Bldg. Inspector
 Title

Inspection Dated 10-14 19 76

Becker County
 Agency

White - Office
Yellow - Owner
Pink - Assessor
Blue - Inspector

BECKER COUNTY ZONING ADMINISTRATION

Permit No. _____

COUNTY CC T HOUSE — Phone 218-847-7721 — Detroit Lakes Minn. 56501

Date _____

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION							
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
Contractor	Name					

TYPE OF IMPROVEMENT: <input checked="" type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	RESIDENTIAL PROPOSED USE: <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____
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ESTIMATED COST OF IMPROVEMENT \$		Construction Starting Date:	
PRINCIPAL TYPE OF FRAME: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other — Specify _____ Type of Roof: _____	TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input type="checkbox"/> Individual Well MECHANICAL EQUIPMENT : Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	DIMENSIONS: Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> 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.).

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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: _____