100223000

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

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

Doc Type: Compliance and Enforcement

OCT 07 2019

For local tracking purposes:

SCANNED

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): 9-30-19

☐ **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

Parcel ID# or Sec/Twp/Range: 100223000

Property address: 20702 Co 29

Reason for inspection: County

Property owner: Brian Huesman

Owner's phone:

or

Owner's representative:

Representative phone:

Local regulatory authority: Becker Co Zoning

Regulatory authority phone:

Brief system description: Multiple Lift's to Septic tank (Concrete) to Lift to D.F.

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 Ohm

Certification number: 2228

Business name: Deweys Septic Service

License number: 2884

Inspector 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: [illegible] 9-30-19 (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:

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: Soil Seperation 24" approx

Property address: _____ Inspector initials/Date: ZA | 9-30-19 (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: 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:
0-7 Black Sandy Loam loyr 3/3
8-38 med. tan Sand loyr 6/4
39 water table

Indicate depths or elevations

A. Bottom of distribution media	19"
B. Periodically saturated soil/bedrock	38
C. System separation	19"
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

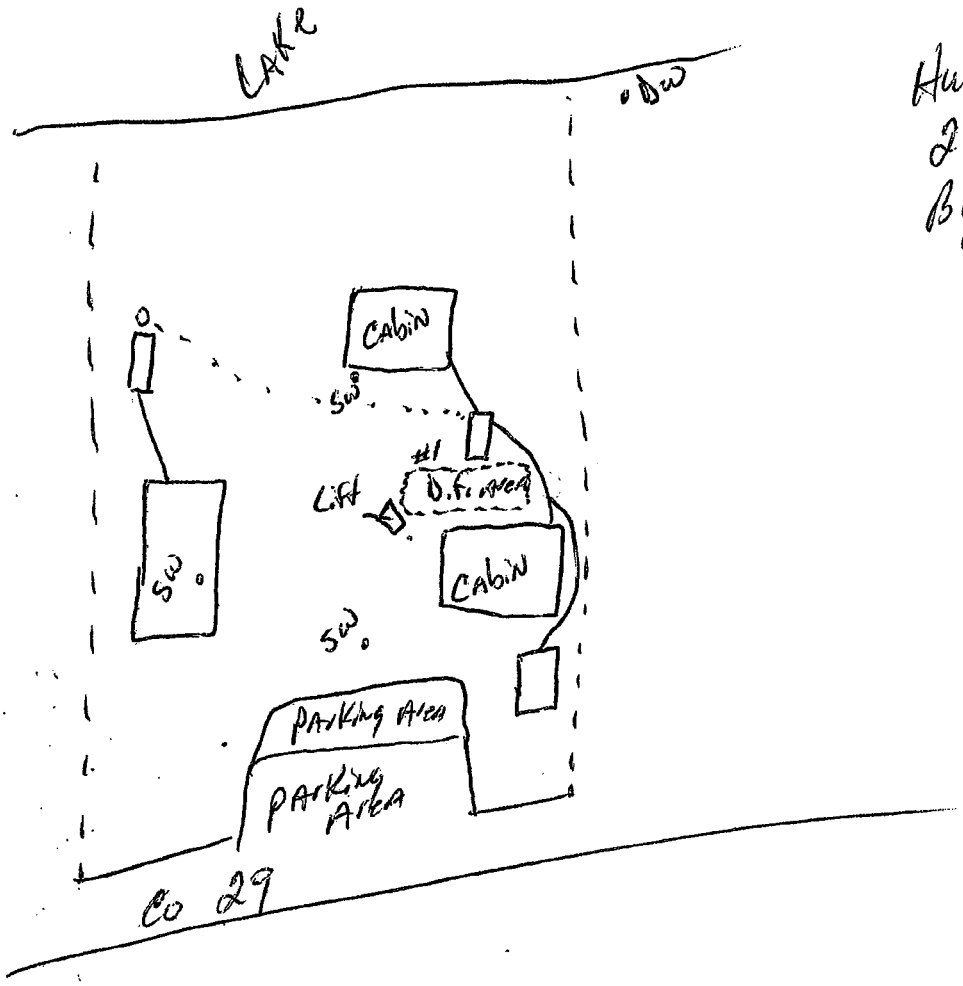
If the answer to both questions is "no", this section does not need to be completed.

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.*



Huesmann
20702 Co 29
By David Ohm
2228
9-30-19

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 20th *day of* November *19* 74,

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

The premises covered by this certificate are legally described as:

Lake No. _____ *Sec.* 12 *Twp.* 139 *Range* 40 *Twp. Name* Erie

Owner: Name Johnsen Edith

Address Rochert, Mn.

Zip No. 56578

Permit No. SP 12-2522-29

Signed by: _____

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.

35
15
175
35
525

SEWAGE DISPOSAL SYSTEM STATISTICS

15X35

CATEGORY	SEPTIC TANK Actual		SEPTIC TANK Should be		SEEPAGE ~~PIT~~ Bed Actual		SEEPAGE ~~PIT~~ Bed Should be		DRAIN FIELD Actual	DRAIN FIELD Should be	
Capacity 2 -	800	Gls.		Gls.	525	S F		S F	S F		S F
Distance from Nearest Well		F		F	50	F	75	F	F	50	F
Distance from Lake or Stream		F		F		F		F	F		F
Distance from Occupied Building		F	10	F	20	F	20	F	F	20	F
Distance from Property Line		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: Okay.

INTERPRETATION OF ABBREVIATIONS
Gls — Gallons
SF — Square Feet
F — Linear Feet

Mark Kuehne
Inspector's Signature

Bldg. Inspector
Title

Inspection Dated 11 - 19 19 74

Beckes County
Agency

Yellow — Owner
Pink — Assessor
Blue — Inspector

COUNTY COURT 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

	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:_____

Yellow — Owner
Pink — Assessor
Blue — Inspector

BECKER COUNTY ZONING ADMINISTRATION

Permit No. [illegible]

COUNTY COURT HOUSE — Phone 218-847-7721 — Detroit Lakes, Minn. 56501 Date 11-13-74

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

12-2523-29

#171

LEGAL DESCRIPTION AND LOCATION	OSTERHOUT Beg at a pt. 335' S of NE cor Lot 4, th S along rd. 48' to beg. th NW 182' to lake th SW 25' along lake th SE 87' th SW 25 ft. th S SE 95' th NE 50' to beg. Pt. of Lot 4

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
			12	139	40	Erie

IDENTIFICATION: Please Print All Information

	Last Name First Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
Owner	Johnson, Edith	Rochert, MN 56578		
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
(X) Individual Septic Tank, etc. 2

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~~ BED
Capacity	2-1000 Gls.	Sq. Ft.	500 Sq. Ft.
Distance from nearest well	OVER 50 Ft.	Ft.	OVER 50 Ft.
Distance from lake or stream	OVER 50 Ft.	Ft.	OVER 75 Ft.
Distance from occupied building	OVER 10 Ft.	Ft.	OVER 10 Ft.
Distance from property line	OVER 10 Ft.	Ft.	OVER 10 Ft.
Distance from bottom to Water Table	Ft.	Ft.	Fill to OVER 4 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

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Dated 11-13-74

Edith Johnson Osterhout
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 11-13-74

Floyd Swenby
Becker County Zoning Administrator

Permit Fee $ 2-6.00 State Surcharge $ 1.00

Comments: _____

BECKER COUNTY

Sewage Permit No. SP № _____

SP № 2465

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.

BECKER COUNTY, MINNESOTA
Board of County Commissioners

_____
Becker County Zoning Administrator

BECKER COUNTY

SP № 2463

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.

_____
Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA
Board of County Commissioners

Scale: Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated _____ 19____

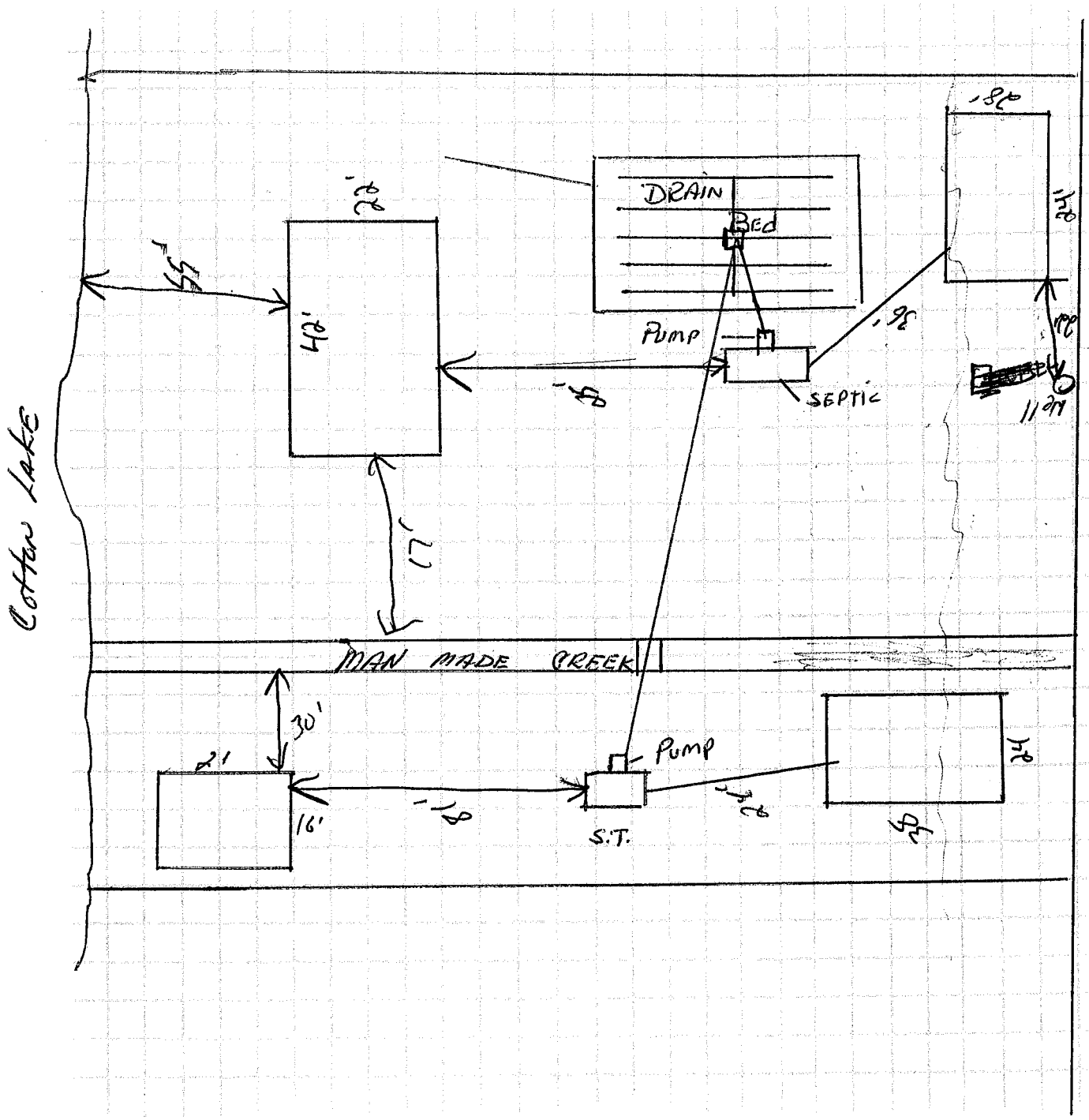
Application for Sewage System Permit Dated _____ 19____

Building Permit Number _____ Sewage System Permit Number _____

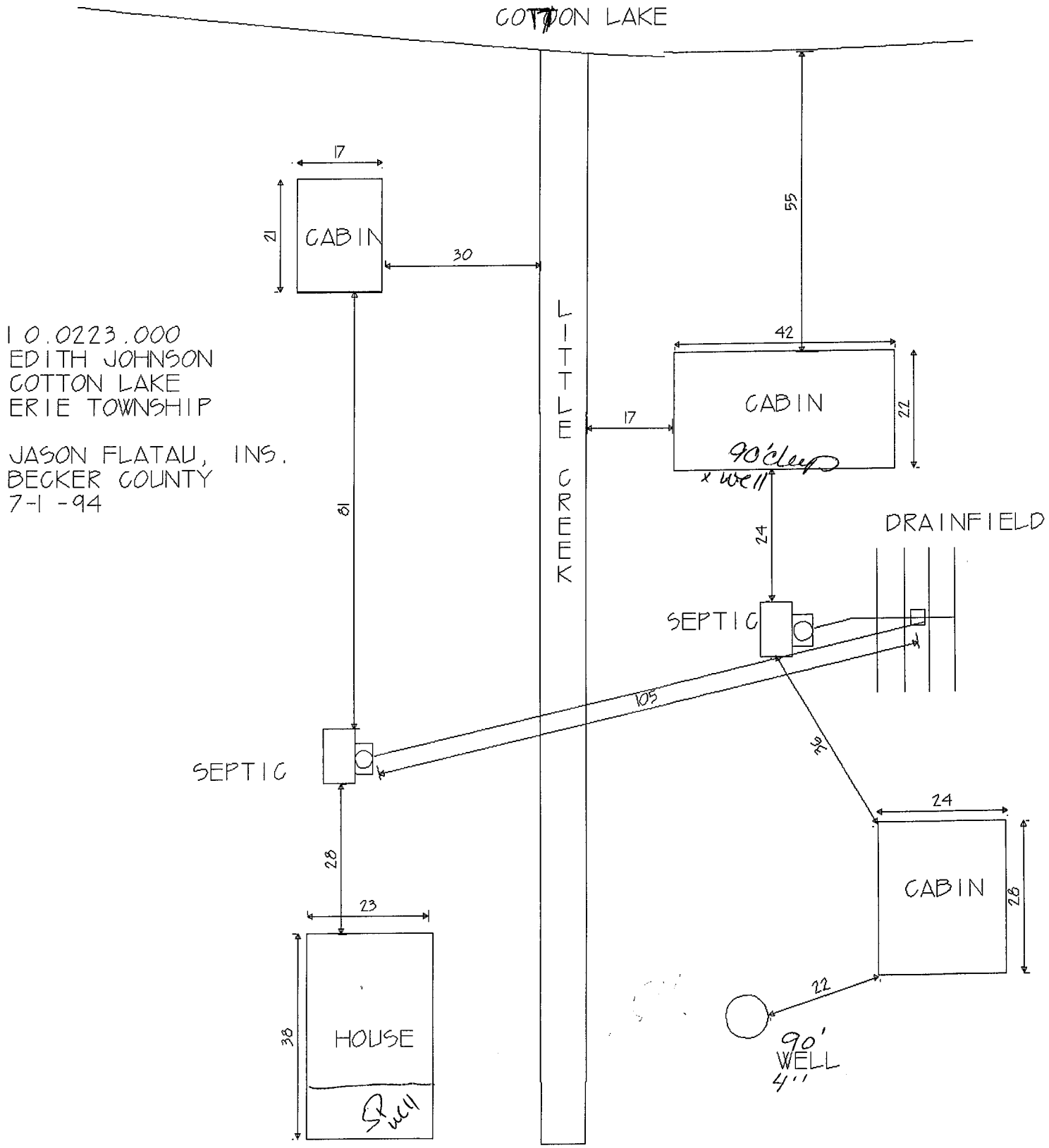
Applicant agrees that this plot plan is a part of application (s) indicated above.

Dated _____ 19____.

_____
Signature



W — File
Y — Owner
B — Building Inspector



10.0223.000
EDITH JOHNSON
COTTON LAKE
ERIE TOWNSHIP

JASON FLATAU, INS.
BECKER COUNTY
7-1-94

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this June 20, *day of* June *19* 75,

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

The premises covered by this certificate are legally described as:

Lake No. 3-286 *Sec.* 12 *Twp.* 139 *Range* 40 *Twp. Name* Erie

Owner: *Name* Edith Johnson

Address Rochert, Mn.

Zip No. 56578

Permit No. *SP* 12-2523-29

Signed by: [signature]

Zoning Administrator
Becker County, Minnesota