



100578000



MINNESOTA POLLUTION CONTROL AGENCY

Control Agency

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

County 0119

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:	RECEIVED
	AUG 6 2020
ZONING	

System Status

System status on date (mm/dd/yyyy): 8-4-2020

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: 100578000

Property address: 33176 560th Ln Rd Reason for inspection: _____

Property owner: Lisa Brandle Owner's phone: 701-219-9011

or _____

Owner's representative: _____ Representative phone: _____

Local regulatory authority: _____ Regulatory authority phone: _____

Brief system description: grinder lift station to tank and drain

Comments or recommendations: 6205 58th Ave S

Fargo, ND 58104

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: Paul Byrd Certification number: _____

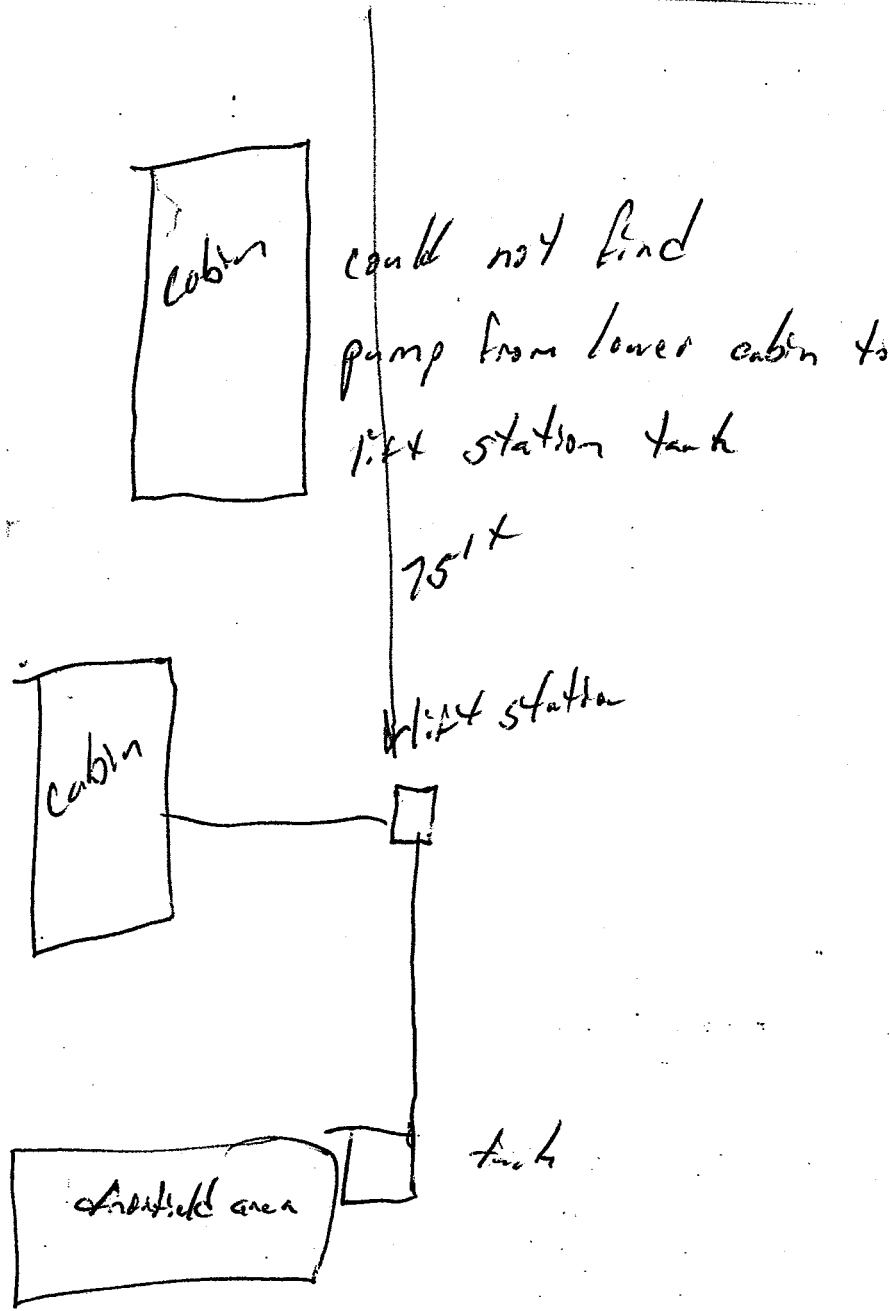
Business name: _____ License number: 478

Inspector signature: Paul Byrd Phone number: _____

Necessary or Locally Required Attachments

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

Cotton Water



Inspection does not imply or guarantee future hydraulic functioning, only what conditions were found on date of inspection

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

Beel 15x21

CATEGORY	SEPTIC TANK				SEEPAGE BT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity <i>1250 gal tank (lift)</i>	1000	Gls.		Gls.	300	SF		SF		SF		SF
Distance from Nearest Well	85	F		F	65	F	75	F		F	50	F
Distance from Lake or Stream	127	F		F	92	F		F		F		F
Distance from Occupied Building	102	F	10	F	82	F	20	F		F	20	F
Distance from Property Line	40	F	10	F	40	F	10	F		F	10	F
Distance from Bottom to Water Table	---	F	---	F	4	F	4	F		F	4	F

Inspector's Comments: *15 yrs Rock Sandy sub-soil Zobel available left station by House to septic tank well (2) compartments*

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

Mark Kulm
 Inspector's Signature

Title

Inspection Dated *9-28* 19 *87*

Agency

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION: Section 16, Twp 145N, R 24W, S 104

Lake No. 117111 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.	City/Tel. No.
<u>17</u>	<u>17</u>	<u>17</u>	<u>515 GRIESON AVE</u> <u>West Fargo N.D.</u>	<u>58078</u>	<u>505-841-1111</u>

Owner Name: 17

Contractor Name: 17

TYPE OF IMPROVEMENT: New Building Alteration Other

RESIDENTIAL PROPOSED USE: One Family Dwelling Multiple Dwelling

NON-RESIDENTIAL PROPOSED USE: Specify 17

ESTIMATED COST OF IMPROVEMENT \$ 17 Construction Starting Date: 17

PRINCIPAL TYPE OF FRAME: Wood Frame

TYPE OF SEWAGE DISPOSAL: Individual Well

DIMENSIONS: Basement Yes No

MECHANICAL EQUIPMENT: Electric Gas Oil

SEWAGE DISPOSAL SYSTEM DATA		SEPTIC TANK	SEEPAGE PITS	DRAIN FIELD
Capacity	<u>2 Compartment Septic Tank</u>	<u>2650 Gal</u>	<u>0</u>	<u>0</u>
Distance from nearest well	<u>85</u>	<u>150</u>	<u>0</u>	<u>0</u>
Distance from lake or stream	<u>150</u>	<u>150</u>	<u>0</u>	<u>0</u>
Distance from occupied building	<u>30</u>	<u>10</u>	<u>0</u>	<u>0</u>
Distance from property line	<u>30</u>	<u>10</u>	<u>0</u>	<u>0</u>
Distance from bottom to Water Table	<u>10</u>	<u>10</u>	<u>0</u>	<u>0</u>

All distances are shortest distance between nearest points

CHARACTERISTICS

Lot Area is 10 square feet. Water frontage is 10 feet.

Building set back from high water mark is 10 feet (Building Line)

Land height above high water mark at building line is 10 feet

Building set back from State highway is 10 feet - from road on street is 10 feet

Side yard is 10 feet and 10 feet. Rear yard is 10 feet

Building will be located 10 feet from septic tank (Sewage System Permit must be obtained before installation)

Building will be located 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: 9-10-87 Signature of Owner: [Signature]

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. 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.

MUST BE POSTED AT THE BUILDING SITE

Dated: 9-10-87 Becker County Zoning Administrator: [Signature]

Permit Fee \$ 90 State Surcharge \$ 90 Cormorant Surcharge \$ 90

Comments: [Handwritten notes]

**CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM**

This certificate has been issued this 24 day of November 19 87

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

The premises covered by this certificate are legally described as: Cofell Beach W55 of lot 4

Lake No. _____	Sec. <u>11</u>	Twp. <u>139</u>	Range <u>40</u>	Twp. Name <u>ERIE</u>
			SEPTIC TANK	SEPTAGE BED
CAPACITY			1000 GALS	300 SF
DISTANCE FROM NEAREST WELL			85 F	65 F
DISTANCE FROM LAKE OR STREAM			127 F	92 F
DISTANCE FROM OCCUPIED BUILDING			102 F	82 F
DISTANCE FROM PROPERTY LINE			110 F	110 F
DISTANCE FROM BOTTOM TO WATER TABLE				4 F

Owner: Name OTTO EVENSON
Address 515 Orjeson Avenue

WEST FARGO ND Zip No. 58078

Permit No. SP 12 16 197 29
 2 compartment septic with lift stati
 15 yards rock Sandy Subsoil

Signed by: [Signature]
 Zoning Administrator
 Becker County, Minnesota

Handwritten signature or mark, possibly "G. H. H."

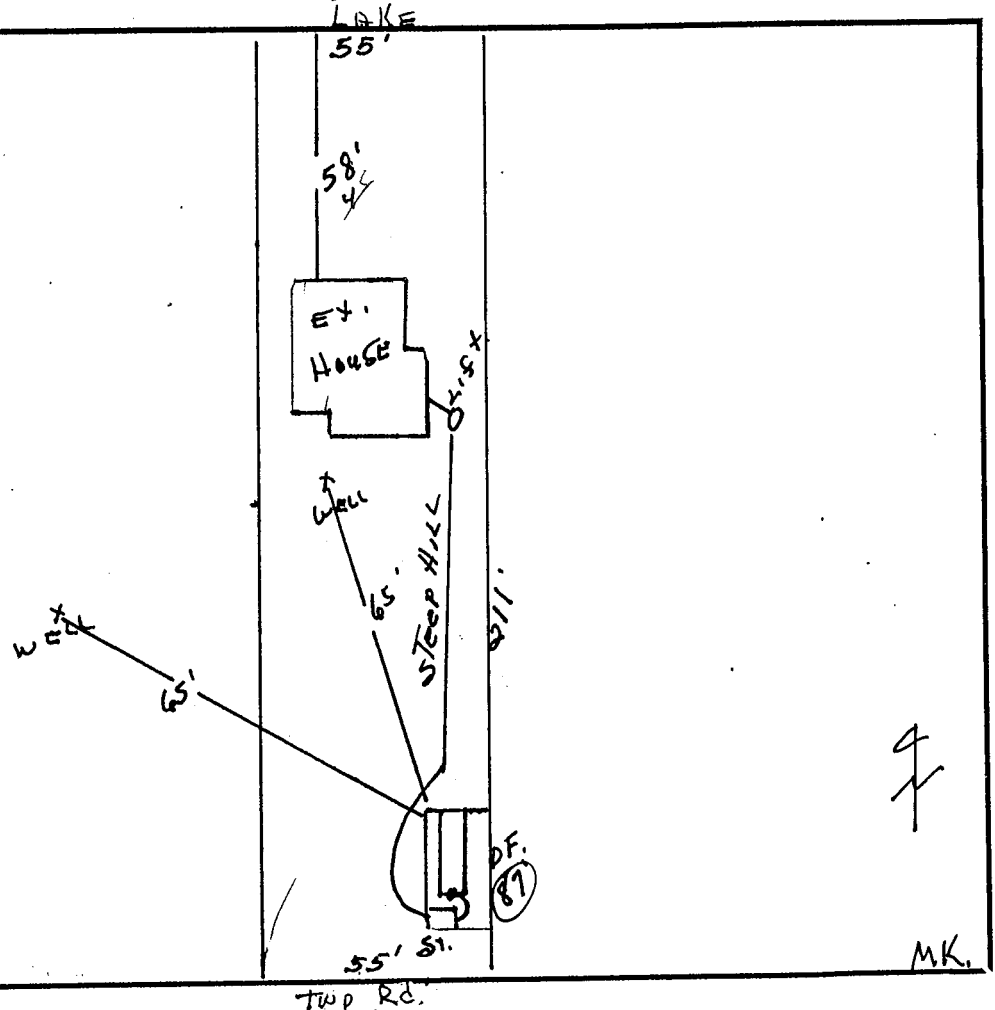
BECKER COUNTY

Permit Number 12-16197-29 Date 9-12-87

Building _____ Sewage System 1250 g/s
300 SF
Township Erie Sec. 11 Description T139N R40W
Cotell Beach W55' of Lot 4
Work Authorized Septic 1250 g/s Seepage Bed
300 SF Lift Station

Issued to: Name Otto Evenson
Address: 515 Grieson Ave Town West Fargo
State ND Zip 58078

Sketch



1 Inch = _____ Feet

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. Notify Becker County Zoning Administrator (847-4427) before building footings have been completed. No part of the sewage system shall be covered until it has been inspected and approved. Notify the Zoning Administrator 24 hours before the job is ready for inspection.

Floyd Swanby

Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501

LEGAL DESCRIPTION AND LOCATION

Cofell Beach W55' of Lot 4

3286 Cotton RD 11 139 40 ERIE

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.
	<u>Evenson</u>	<u>Otto</u>	<u>-</u>	<u>515 Grieson Ave. West Fargo, ND</u>	<u>58078</u>	<u>(701) 282-4240</u>
Contractor	Name					

845

TYPE OF IMPROVEMENT: () New Building () Alteration
 Other Replace Septic Tank

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

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

ESTIMATED COST OF IMPROVEMENT \$ _____ Construction Starting Date: _____

PRINCIPAL TYPE OF FRAME: () Masonry (X) Wood Frame () Structural Steel () Other - Specify	TYPE OF SEWAGE DISPOSAL: () Public (X) Individual Septic Tank, etc. WATER SUPPLY: () Public (X) Individual Well MECHANICAL EQUIPMENT: Elevator: () Yes (X) No Air Conditioning: () Yes (X) No () Central () Unit	DIMENSIONS: Basement: () Yes (X) No Stories above basement: <u>1</u> Sq. feet (outside dimension) <u>720</u> Bedrooms <u>2</u> Baths <u>1</u> HEATING: (X) Electric () Gas () Oil () Coal () None Other: <u>Oil</u>
Type of Roof: <u>Asphalt</u>		

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PITS	DRAIN FIELD
Capacity <u>2-Compartment Septic</u>	<u>1250</u> Gls.	<u>300</u> Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>45</u> Ft.	<u>70</u> Ft.	Ft.
Distance from lake or stream	<u>75</u> Ft.	<u>194</u> Ft.	Ft.
Distance from occupied building	<u>10</u> Ft.	<u>98</u> Ft.	Ft.
Distance from property line	<u>10</u> Ft.	<u>45 + 0</u> Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 11,440 square feet. Water frontage is 55 feet.

Building set back from high water mark is 58 feet. (Building Line)

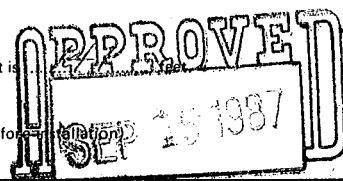
Land height above high water mark at building line is 7 1/2 feet

Building set back from State highway is _____ feet -- from road or street is _____ feet

Side yard is 24 and 9 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 98 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 Otto Evenson

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. 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.

MUST BE POSTED AT THE BUILDING SITE

Dated 9-10-87 _____
 Permit Fee \$ 30. State Surcharge \$.50 _____
 Cormorant Surcharge \$ _____
 Becker County Zoning Administrator David Swenby

Comments: total \$30.50

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

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

Inspector's Comments: _____

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

 Inspector's Signature

 Title

 Agency

Inspection
 Dated _____ 19____