



Minnesota Pollution Control Agency

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



100605000

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:



System Status

System status on date (mm/dd/yyyy): 6/24/2019

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: 100605000

Property address: 33738 S Cotton Lake Rd, Rochert, MN 56578

Reason for inspection: County Request

Property owner: Tim Somes

Owner's phone: _____

or

Owner's representative: _____

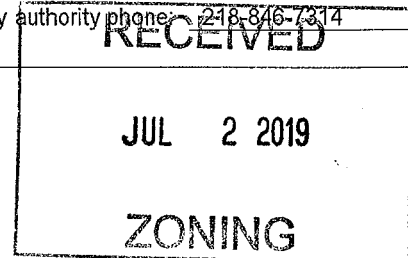
Representative phone: _____

Local regulatory authority: Becker County

Regulatory authority phone: 218-846-7314

Brief system description: 1500 gal tank to 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: Phil Stoll

Certification number: 7526

Business name: Stoll Inspections

License number: 2982

Inspector signature: *Phil Stoll*

Phone number: 218-839-1849

Necessary or Locally Required Attachments

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

COMING



1985

1. Impact on Public Health – Compliance component #1 of 5

Compliance criteria:

System discharges sewage to the ground surface.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System discharges sewage to drain tile or surface waters.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System causes 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 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:

4. Soil Separation – Compliance component #4 of 5

Date of installation: 8/9/1996 Unknown
(mm/dd/yyyy)

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: 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.

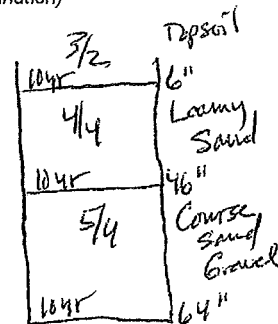
Any "no" answer above indicates the system is failing to protect groundwater.

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:



Indicate depths or elevations

A. Bottom of distribution media	24"
B. Periodically saturated soil/bedrock	>60"
C. System separation	>36"
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the required nitrogen BMP in place and properly functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

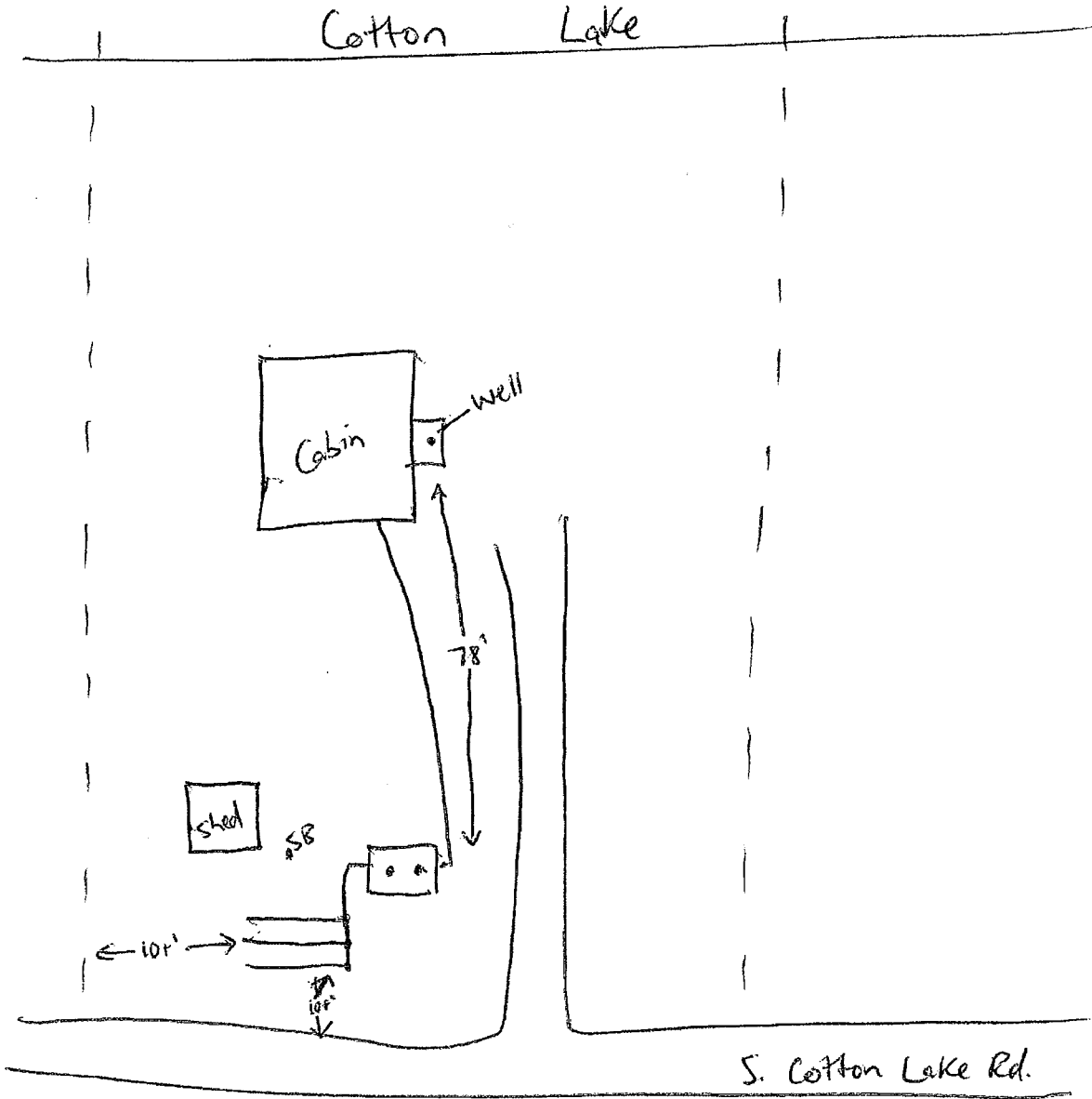
Parcel Number: _____

Date & Initial: 6-24-19

PJS

System Drawing

The system drawing which includes and identifies a graphic scale in feet or indicates all setback distances, all septic/holding/lift tanks, drainfields, wells within 100 feet of system (indicate depth of wells), dwelling and non-dwelling structures, lot lines, road right-of-ways, easements, OHVWLs, wetlands, and topographic features (i.e. bluffs).



Additional Comments: Septic in compliance

PROPERTY LINE AGREEMENT

I, Arthur Dix, give Tim
Somls, permission to have their sewer
system closer than the required 10 feet to the lot line.

SIGNED Arthur Dix

DATE Aug 7, 1996

8-14-96
RECEIVED

11

BECKER COUNTY PLANNING & ZONING

829 Lake Avenue, P O Box 787
 Detroit Lakes, MN 56502-0787
 Phone (218) 846-7314, Fax (218) 846-7266

Onsite Septic System Site Evaluation/Design

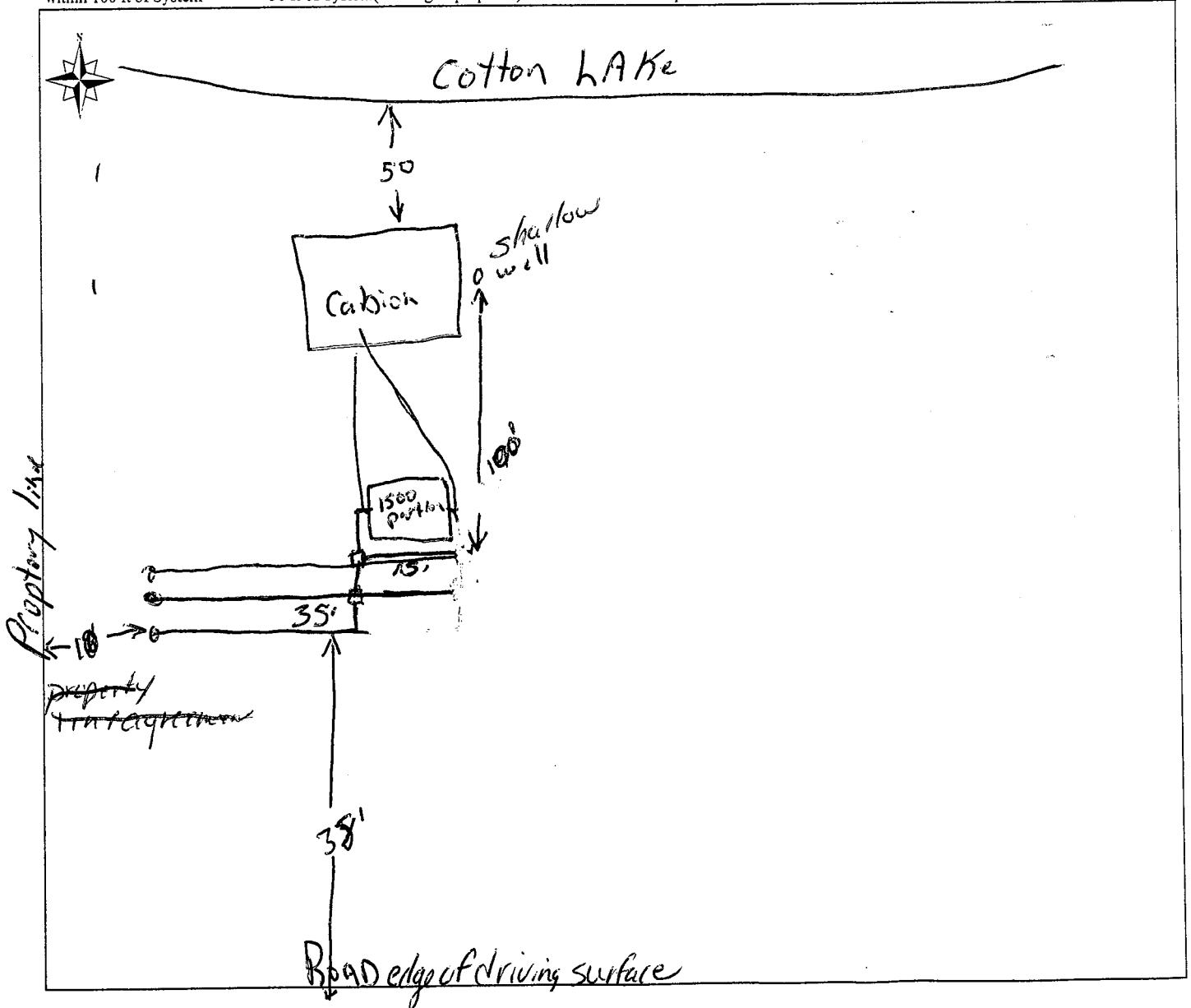
Fire Number R 412
 Tax Parcel Number 10.0605.000

Legal Description: <u>Lot 25 1st Ad Cotton Lake Beach</u>						
Lake/Stream Name	Lake/Stream Class	Section	TWP	Range	Township Name	
<u>Cotton</u>		<u>11</u>	<u>139</u>	<u>40</u>	<u>Erie</u>	
Property Owner	Address	City, State, Zip Code		Phone Number		
<u>Somes, Tim</u>	<u>917 14th Ave N Fargo ND 58102</u>					
ISTS Designer I / Designer II	License Number	Address		Phone Number		
<u>Tom Stanger</u>	<u>353</u>	<u>H/C 9 Box 305 DL</u>		<u>846-1575</u>		

Site Plan

The site plan must be drawn to dimension or to scale:

- *All Wells within 100 feet of the System
- *Distance from all Wells within 100 ft of System
- *Existing & Proposed Buildings
- *Easements
- *Distance from Water Lines within 50 ft of System (existing & proposed)
- *Distance from OHW
- *Distance from Property Lines
- *Location of any Unsuitable Disturbed/Compacted Soil
- *Soil Boring & Perc Test Locations
- *Dimensions of Lot
- *Tank Access Route
- *Scale - One inch = _____ ft



- PERCOLATION TEST SHEET -

Test hole location _____ Hole # _____ Date test hole was prepared: _____

Depth of hole bottom: _____ inches Diameter of hole: _____ inches

Soil Data from test hole:

depth, inches	soil texture:	soil color
_____	_____	_____
_____	_____	_____
_____	_____	_____

Method of scratching sidewall: _____ Depth of pea size gravel in bottom of hole: _____ inches

Date and hour of initial water filling: _____ Depth of initial water filling: _____ above hole bottom

Method used to maintain 12" of water depth in hole for 4 hours: _____

Percolation test conducted by: _____ Percolation test started at _____ (am / pm).

Maximum water depth above hole bottom during test: _____ inches

TIME	INTERVAL (MINUTES)	WATER DEPTH	WATER DROP (fraction)	WATER DROP (decimal)	PERC RATE CALCULATION	conversions
____	START	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ A	1/16 = .06
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ B	1/8 = .13
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ C	3/16 = .19
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ D	1/4 = .25
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ E	5/16 = .31
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ F	3/8 = .38
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ G	7/16 = .44
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ H	1/2 = .5
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ A	9/16 = .56
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ B	5/8 = .63
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ C	11/16 = .69
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ D	3/4 = .75
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ E	13/16 = .81
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ F	7/8 = .88
____	REFILL	-----	-----	-----	$\frac{\text{TIME}}{\text{DROP}} = \frac{\text{PERC}}{\text{(Decimal)}}$ G	15/16 = .94

Ten Percent Calculation *

A, B, C

Largest # of ABC _____ Smallest # of ABC _____

_____ / _____ = _____

Smallest # of ABC x 0.10 = _____

C, D, E

Largest # of CDE _____ Smallest # of CDE _____

_____ / _____ = _____

Smallest # of CDE x 0.10 = _____

E, F, G

Largest # of EFG _____ Smallest # of EFG _____

_____ / _____ = _____

Smallest # of EFG x 0.10 = _____

B, C, D

Largest # of BCD _____ Smallest # of BCD _____

_____ / _____ = _____

Smallest # of BCD x 0.10 = _____

D, E, F

Largest # of DEF _____ Smallest # of DEF _____

_____ / _____ = _____

Smallest # of DEF x 0.10 = _____

F, G, H

Largest # of FGH _____ Smallest # of FGH _____

_____ / _____ = _____

Smallest # of FGH x 0.10 = _____

* If the top number in each set of boxes is larger than the bottom number then take another reading. If the top number is equal or smaller than bottom number, average the three numbers for the perc rate.

- FLOW**
 A. Estimated 180 gpd
 measured _____ x 1.5 = _____ gpd
- SEPTIC TANK VOLUME**
 B. _____ gallons

- SOILS (Site evaluation data)**
 C. Depth to restricting layer = None feet
 D. Maximum depth of system C - 3 ft = 2 feet
 E. Texture Coarse Percolation rate Sand MPI
 F. SSF .83 sq ft/gpd
 G. Slope 2 %

Estimated Sewage Flows in Gallons per day (gpd)				
Number of Bedrooms	Type I	Type II	Type III	Type IV
2	300	225	180	60% of the values in Type I, II or III columns
3	450	300	218	
4	600	375	256	
5	750	450	294	
6	900	525	332	
7	1050	600	370	
8	1200	675	408	

Septic Tank Capacities (in gallons)		
Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal
2 or less	750	1125
3 or 4	1000	1500
5 or 6	1500	2250
7, 8 or 9	2000	3000

- TRENCH BOTTOM AREA**
 H. For trenches with 6 inches of rock below the pipe:
 $A \times F = ___ \times ___ = ___ \text{ sq ft of bottom area}$
- I. For trenches with 12 inches of rock below the pipe:
 $A \times F \times 0.8 = ___ \times ___ \times 0.8 = ___ \text{ sq ft of bottom area}$
- J. For trenches with 18 inches of rock below the pipe:
 $A \times F \times 0.66 = ___ \times ___ \times 0.66 = ___ \text{ sq ft of bottom area}$
- K. For trenches with 24 inches of rock below the pipe:
 $A \times F \times 0.6 = ___ \times ___ \times 0.6 = ___ \text{ sq ft of bottom area}$
- BED BOTTOM AREA**
 L. For seepage beds with 6 or 12 inches of rock below the pipe;
 $1.5 \times A \times F = 1.5 \times ___ \times ___ = ___ \text{ sq ft of bottom area}$

Soil Characteristics and Required Areas for Sewage Treatment		
Percolation Rate in Minutes per Inch (MPI)	Soil Texture	Square feet per gallon per day
Faster than 0.1 *	Coarse Sand	----
0.1 to 5	Sand	0.83
0.1 to 5	Fine Sand **	1.67
6 to 15	Sandy Loam	1.27
16 to 30	Loam	1.67
31 to 45	Silt Loam	2.00
46 to 60	Clay Loam	2.20
Slower than 60***	Clay	----

* Soil too coarse for sewage treatment. Use systems for rapidly permeable soils.
 ** Soil having 50% or more of fine sand plus very fine sand.
 *** Soil with too high a percentage of clay for installation of an inground standard system.

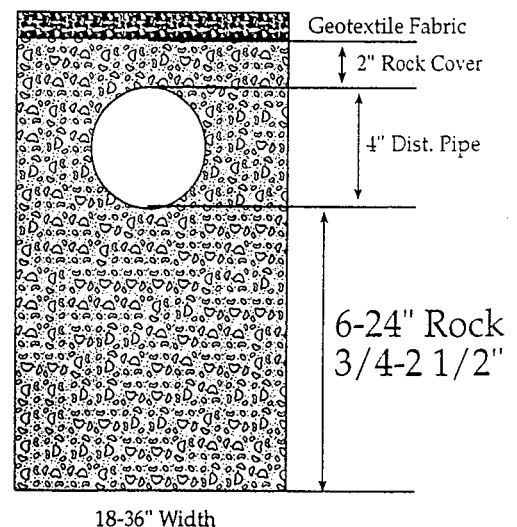
- ROCK VOLUME IN CU FT**
 M. Rock depth below distribution pipe plus 0.5 foot times bottom area:
 $M = \text{Rock depth} + 6 \text{ inches} \times \text{Area (H,I,J,L,K)}$
 $(___ + 0.5 \text{ ft}) \times ___ = ___ \text{ cu ft}$
- ROCK VOLUME IN CU YDS**
 N. Volume in cu ft divided by 27
 $M \div 27 = \text{cu yds } ___ \div 27 = ___ \text{ cu yds}$
- ROCK WEIGHT**
 O. Cubic yards times 1.4 = tons
 $N \times 1.4 = \text{tons } ___ \times 1.4 = ___ \text{ tons}$

6 inches= 0% Reduction*
12 inches= 20% Reduction
18 inches= 34% Reduction
24 inches= 40% Reduction
 * sizing for gravelless trench

- SYSTEM LENGTH**
 P. Select trench width = _____ ft
 Q. Divide bottom area by trench width: (H, I, J, or K) ÷ P = lineal feet
 $___ \div ___ = ___ \text{ lineal feet}$
- Q1. Gravelless Design
 $A \times F \div (3 \text{ for } 10" \text{ pipe, } 2 \text{ for } 8" \text{ pipe, width of the Chamber})$
 $___ \times ___ \div ___ = \underline{100} \text{ feet}$

- LAWN AREA**
 R. Select trench spacing, center to center = _____ feet
 S. Multiply trench spacing by lineal feet R x Q = sq ft of lawn area
 $___ \times ___ = ___ \text{ sq ft}$

If the site evaluation determines a mound system, please attach the mound design worksheets.



SOIL INFORMATION

TEST HOLE #1

TEST HOLE #2

DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE	DEPTH IN INCHES	SOIL TEXTURE	MUNSELL COLOR	STRUCTURE
48	Coarse	SANDS Gravel	BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
			BLOCKY PLATY PRISMATIC NONE				BLOCKY PLATY PRISMATIC NONE
Depth to standing water	None			Depth to standing water			
Depth to mottling				Depth to mottling			

Describe the surface features (slope, runoff, weather conditions, vegetation type, evidence of compaction, etc.)

Nice Drainage on hill grass

SYSTEM IS NEW REPAIR

SYSTEM DESIGN

GRAVITY FLOW PRESSURE DISTRIBUTION

WATER USES:

- WASHING MACHINE
- DISHWASHER
- WATER SOFTENER
- GARBAGE DISPOSAL

NUMBER OF BEDROOMS 1
 NUMBER OF BATHROOMS 1
 TOTAL SQ. FT OF STRUCTURE 700
 TANK SIZE 1500

DEPTH OF SYSTEM 2ft
 SYSTEM DESIGN FLOW 300 GPD
 SOIL SIZING FACTOR .83
 PUMP SIZE _____

TYPE OF RESIDENCE

- TYPE I
- TYPE II
- TYPE III
- TYPE IV

LIFT STATION SIZE in house
 SOIL TREATMENT _____
 AREA SIZE 300 SQ FT
 DOSE VOLUME _____

LENGTH OF LIFT LINE _____
 TOTAL DYNAMIC HEAD _____

Name of Designer I Tom Stenger
 Designer II _____

Date of Site Evaluation 8-5-96

MPCA Number _____

Phone 946-1575

I certify that the site evaluation has been completed in accordance with all provisions of ISTS Minnesota Rules Chapter 7080.

Signature of Evaluator Tom Stenger Date 8-5-96

For Office Use Only

Date Site Evaluation / Design received 8/7/96 Received by Hebi Moller
 Date Site Evaluation approved 8/7/96 Approved by Hebi Moller

BECKER COUNTY PLANNING & ZONING

829 LAKE AVENUE, PO BOX 787
 DETROIT LAKES, MN 56502-0787
 PHONE (218) 846-7314 - FAX (218) 846-7266

INSTALLATION PERMIT FOR
 INDIVIDUAL SEWAGE TREATMENT

FIRE NO. _____

PERMIT/RECEIPT NO. 1498

TAX PARCEL NUMBER 10.0605000

LEGAL DESCRIPTION
Lot 25 1st Ad Cotton Lake Beach

LAKE/STREAM NAME	LK/STR CLASS	SECTION	TWP	RANGE	TOWNSHIP NAME
<u>Cotton</u>	<u>RD</u>	<u>11</u>	<u>139</u>	<u>40</u>	<u>Erie</u>

PROPERTY OWNER	ADDRESS/ CITY/ STATE	PHONE NO.
<u>Tim Somes</u>	<u>917 14th Ave N Fargo ND 58102</u>	

INSTALLER	LICENSE NO	PHONE NO
<u>Tony Stenger</u>	<u>353</u>	

SEWAGE TREATMENT SYSTEM DATA

WORK CATEGORY <input checked="" type="checkbox"/> NEW SYSTEM <input type="checkbox"/> REPAIR	SIZE OF TANK <u>1500</u> GALLONS SIZE OF DRAINFIELD <u>300</u> FT ² SYSTEM LENGTH <u>100</u> FT NUMBER OF TRENCHES <u>3</u> ESTIMATED FLOW <u>300</u> GPD TYPE OF DRAINFIELD <input checked="" type="checkbox"/> STANDARD (gravelless) <input type="checkbox"/> STANDARD (rock trench) <input type="checkbox"/> STANDARD (bed) <input type="checkbox"/> MOUND (pressure distb)	SIZE OF LIFT STATION <u>10</u> GALLONS SIZE OF PUMP <u>1/2 HP</u> DEPTH TO RESTRICTING LAYER <u>5 FT</u> MAXIMUM DEPTH OF SYSTEM <u>2 FT</u> PERC RATE <u>sand</u> SSF <u>1.83</u> SIZE OF GRAVELLESS PIPE <u>1 1/2 inch</u> DEPTH OF ROCK _____
TYPE OF SYSTEM <input checked="" type="checkbox"/> SEPTIC TANK/DRAINFIELD <input type="checkbox"/> DRAINFIELD ONLY <input type="checkbox"/> HOLDING TANK <input type="checkbox"/> ALTERNATE (specify) _____ <input type="checkbox"/> LIFT STATION		

I hereby certify with my signature that all the data contained herein as well as all supporting data are true and correct to the best of my knowledge. I also understand that this permit is valid for a period of six (6) months.

Tim Somes _____ 8/9/96 _____
 Signature Date

Any changes to the permit must first be approved by Becker County Planning & Zoning. No system shall be covered up without inspection by Becker County Planning & Zoning.

site plan attached

For Office Use Only

Application Fee \$45⁰⁰ State Surcharge .50 Total \$45⁵⁰

Application is hereby denied

Application is hereby granted to T. Lomes to install an individual septic system according to the specifications of the site evaluation and design submitted to the Becker County Environmental Services Office. By Order of:

Hebi Meltzer
Signature of Becker County Qualified Employee

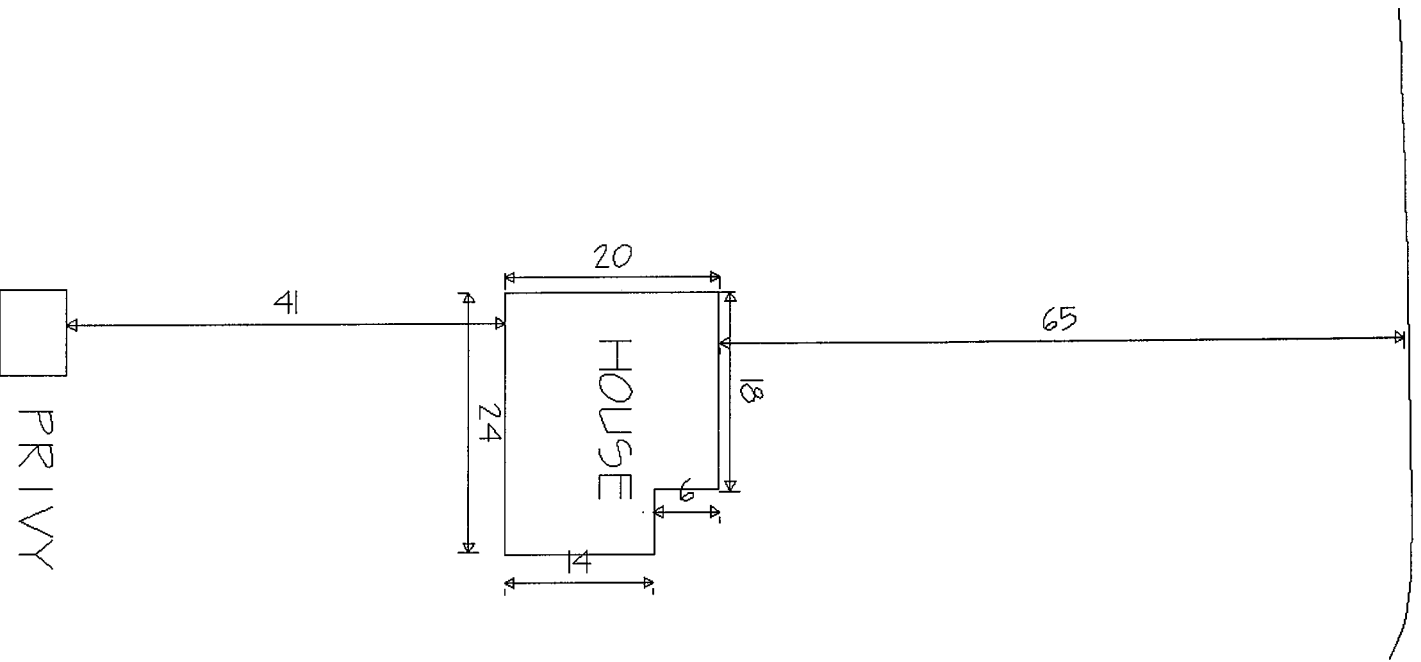
8/7/96
Date

This permit expires on 2/7/97

COTTON LAKE

10.0605.000
PETERMANN
FIRST ADDITION COTTON LAKE
LOT 25

JASON FLATAU, INSPECTOR
BECKER COUNTY
7-1 2-94



10.0605.000
ELENORE PETERMANN

LOCATED ON THE FIRST ADDTION OF COTTON LAKE. THERE IS NO
SEWER AT THIS LOCATION. THERE IS A PRIVY THAT IS 41 FEET
FROM THE HOUSE AND THE HOUSE IS 63 FEET FROM THE LAKE.
CHECKED 7-12-94
JASON FLATAU