



Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

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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): 5-16-2012

- 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

Property address: 18254 302 Ave Duluth 55810 Parcel ID# or Sec/Twp/Range: Sec 20 - T139N - R 40W

Property owner: ~~Dan Nisse~~ Reason for inspection: Selling Property

or
Owner's representative: Tom Nisse Owner's phone: ~~841-9127~~

Local regulatory authority: _____ Representative phone: 841-9127

Brief system description: 1000 gal solids, 500 gal lift - chamber - installed Regulatory authority phone: _____

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: Daryl Jorgensen Certification number: _____

Business name: _____ License number: 476

Inspector signature: Daryl Jorgensen Phone number: _____

Necessary or Locally Required Attachments

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

Property address: _____

Inspector initials/Date: DA

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

Explain:

- c. System is non-protective of ground water for other conditions as determined by inspector Yes* No

Explain:

4. Soil Separation – Compliance component #4 of 5

Date of installation: 5-16-2012 Unknown
 Shoreland/Wellhead protection/Food Beverage Lodging? Yes No

<p>Compliance criteria:</p> <p>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:</p> <p>Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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:</p> <p>Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>"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)</p> <p>Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

Indicate depths of elevations

A. Bottom of distribution media	2' 2'
B. Periodically saturated soil/bedrock	5'
C. System separation	3'
D. Required compliance separation*	3'

*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

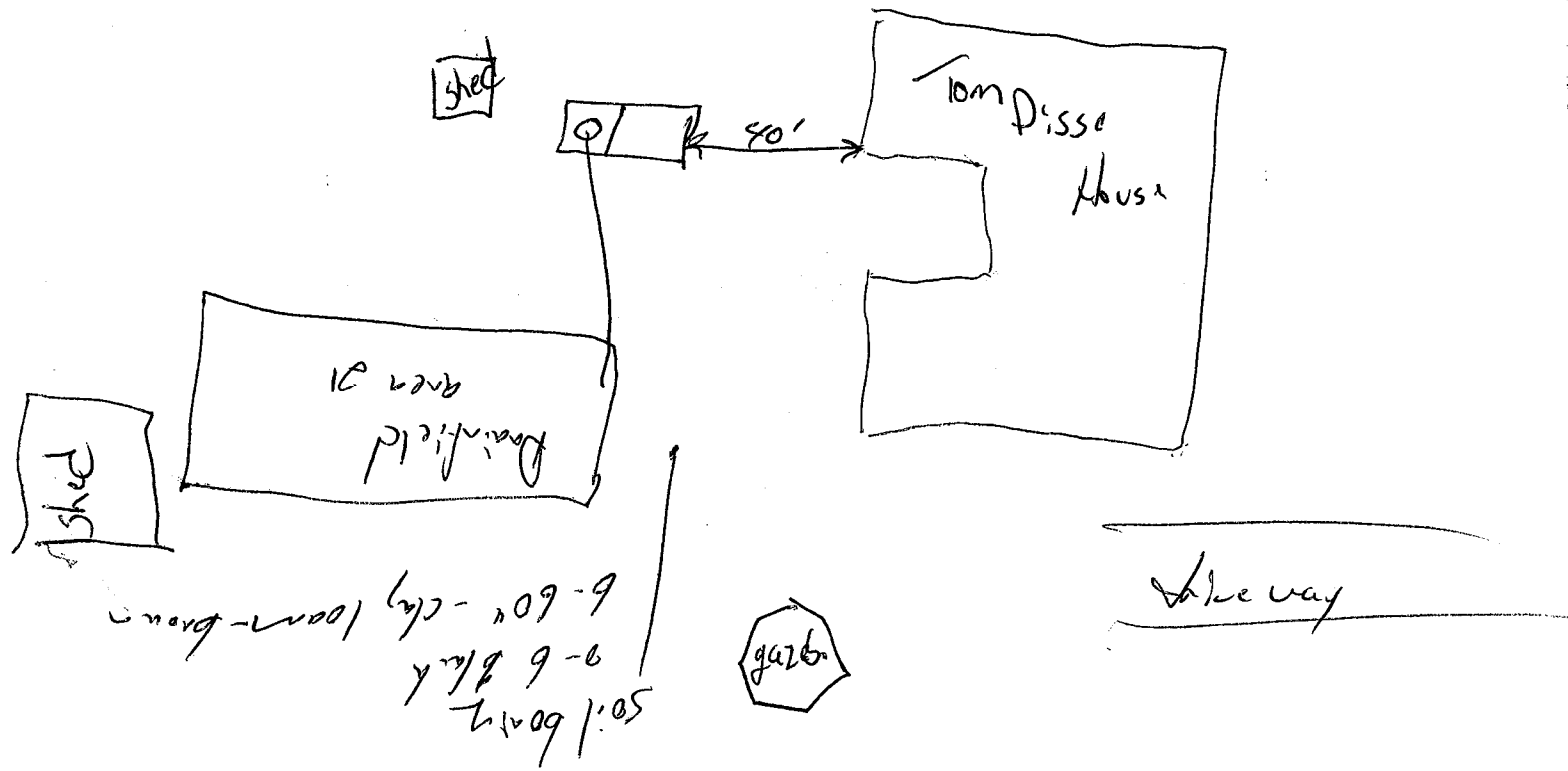
Any "no" answer indicates Noncompliance.

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.

GPS Coordinates

Twp/Sec/Rang

Conclusions and recommendations





Becker County Planning and Zoning
 835 Lake
 PO Box 787
 Detroit Lakes, MN
 Phone: (218) 846-7314
 Fax: (218) 846-7266

Individual Sewage Treatment System Permit Application

1. PROPERTY DATA (as it appears on tax statement)

Parcel number(s) of property system will be installed on: R/O. 0627, 103
 (if parcel is a new split and a parcel number has not yet been issued, indicate the main parcel number from which the new parcel was split from)

Section 20 Twp 139 Range 40 Township Name Saxe Lake Name Schulte Lake Classification NE

Legal Description: Block eol lot 3

Project Address: 18254 302 Ave Detroit Lakes MN 56501

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

First name Tom Last Name Disse

Mailing Address 18254 302 Ave City, State Zip Detroit Lakes MN 56501

Phone Number 847-0561

3. DESIGNER/INSTALLER INFORMATION

Company Name: Pamyl Design License #: 478 Address: 23151 W Hwy 87

Designer Name: _____ Registration #: _____ Telephone Number: 847-0561

Will the system be installed by the designer? (circle one) **YES** NO Unknown/To be bid

COMPLETE INSTALLER INFORMATION IF INSTALLER IS KNOWN AND DIFFERENT THAN THE DESIGNER!

Company Name: _____ License #: _____ Address: _____

Installer Name: _____ Registration #: _____ Telephone Number: _____

4. SYSTEM DESIGN INFORMATION

Existing System Status - CHECK ONE	Date of Site Evaluation <u>7-3-30</u>	Size of ALL tank types to be installed:	Check type of drainfield medium to be used:
<input type="checkbox"/> No existing system - new home/structure	Gallons Per Day <u>300</u>	<u>1000</u> gals Septic Tank	<input checked="" type="checkbox"/> Chamber
<input checked="" type="checkbox"/> Cesspool/Seepage	What will new system serve? CHECK ONE	<u>500</u> gals Lift Station	<input type="checkbox"/> Drainfield Rock
<input type="checkbox"/> Failing (other than cesspool/seepage pit)	<input checked="" type="checkbox"/> Dwelling	<input type="checkbox"/> gals Holding Tank	<input type="checkbox"/> Gravelless
<input type="checkbox"/> Undersized (addition to drainfield/tanks needed)	<input type="checkbox"/> Resort/Campground	<input type="checkbox"/> gals Other Tanks	<input type="checkbox"/> No drainfield
<input type="checkbox"/> Repairs needed to existing system	<input type="checkbox"/> Commercial (non-resort)	Drainfield Size sq ft <u>693</u>	Check type of drainfield to be installed:
<input type="checkbox"/> Replacement needed of existing system	<input type="checkbox"/> other - explain below		<input checked="" type="checkbox"/> Trench
<input type="checkbox"/> Unknown			<input type="checkbox"/> At-grade
<input type="checkbox"/> Other - explain below			<input type="checkbox"/> Pressure Bed
			<input type="checkbox"/> Seepage Bed
			<input type="checkbox"/> Mound

Explanation: _____

Check box if system will be experimental

354180

Design Flow <u>2300</u> GPD	Well Depth <u>50'</u>	Original Soil	Or Compacted Soil	Depth to Restricting Layer <u>16'</u>
Number of Bedrooms <u>2</u>	Depth of wells of	Type of Soil Observation		Maximum Depth of System <u>3'</u>
Garbage Disposal YES <u>(NO)</u>	within 100 feet	PROBE	PIT <u>(BORING)</u>	Perc Rate <u>54</u>
Grinder pump/lift station in house YES <u>(NO)</u>	system			Soil Sizing Factor <u>2.20</u>

	Tank	Drainfield
Distance to well	<u>50'</u>	<u>50'</u>
Distance to Building	<u>30'</u>	<u>40'</u>
Distance to Property Line	<u>10'</u>	<u>10'</u>
Distance to OHW (Ordinary Highwater Mark)	<u>1150'</u>	<u>1150'</u>
Distance to Pressure Line	<u>10'</u>	

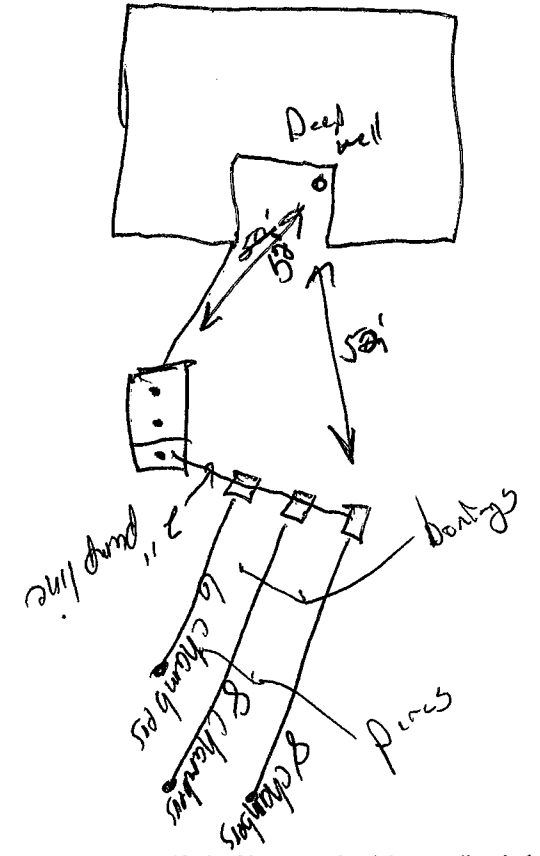
Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-6	silt	Black	blocky	0-7	silt	Black	Blocky
6-21	sandy loam	10yr 4/6	blocky	7-26	sandy loam	10yr 4/6	Blocky
24-72	clay loam	10yr 4/4	blocky	26-72	clay loam	10yr 4/4	Blocky

6. SITE PLAN - indicate capacity of all tanks, size of drainfield, and depth of well(s)

SHOW PROPOSED AND/OR EXISTING:

1. Water supply wells w/in 100' of the proposed ISTS
2. Buildings or improvements on the lot
3. Buried water pipes w/in 50' of the proposed ISTS
4. Easements on the lot
5. Ordinary high water level of public waters
6. Property lines
7. ALL required setbacks from the system
8. ALL required setbacks from the system
9. Site contours
10. ISTS
11. Alternative site if lot was created after January 23rd, 1996.
12. Other site characteristics pertinent to system design

10.0627.103



Installed
7/16/03
Bergstrom Excavating

7. CERTIFIED STATEMENT

I, Daryl Bergstrom (PRINT NAME) certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).
Daryl Bergstrom (SIGNATURE) 7-3-03 (DATE)

*****FOR OFFICE USE ONLY*****
 Application approved by: Hebi Moltzan Date: 7/8/03 # 253100

Certificate of Compliance

() Certificate is hereby denied
 Certificate is hereby granted based upon the application, addendum forms, plans, specifications and all other supporting data. With proper maintenance, this system can be expected to function satisfactorily, however, this is not a guarantee.

Signature of Registered Qualified Employee Hebi Moltzan Date: 7-16-03

BECKER COUNTY

SEWAGE SYSTEM PERMIT APPLICATION

1. Location of property: Lake SCHULTZ Sec 20 Twp 139 Range 40
Legal description LOT 2 WEST OF TOWNSHIP ROAD

2. Lot length _____ width _____ lot size area 5 ACRES

3. Contour of property: Approximate elevation above water table at building site 30 FT. sewage system site 30 FT. adjacent property _____

4. Type of building: residential commercial _____ accessory _____

5. Location of roads: County _____ Township State _____

6. Type of sewage system planned: Tank size 750 GAL
Number of tanks 2 Drainfield _____ Lineal feet _____

7. Type of soil: Sand _____ Clay Other _____

8. Location of sewage system on adjacent property NONE
Number of feet _____

9. Location of well on your property IN HOUSE (Sketch on reverse side). On adjacent property NONE

10. Name of sewage system contractor SELF

Well drilling contractor _____

Note: If making either of the above installations yourself indicate _____

11. Minimum set back:	Building	Sewage System
From Road R.O.W.	_____	<u>50 FT</u>
Adjacent Property	_____	<u>NONE</u>
Lakeshore (High Water Mark)	_____	<u>480 FT</u>

12. Any other information: _____

Dated 4-17-72

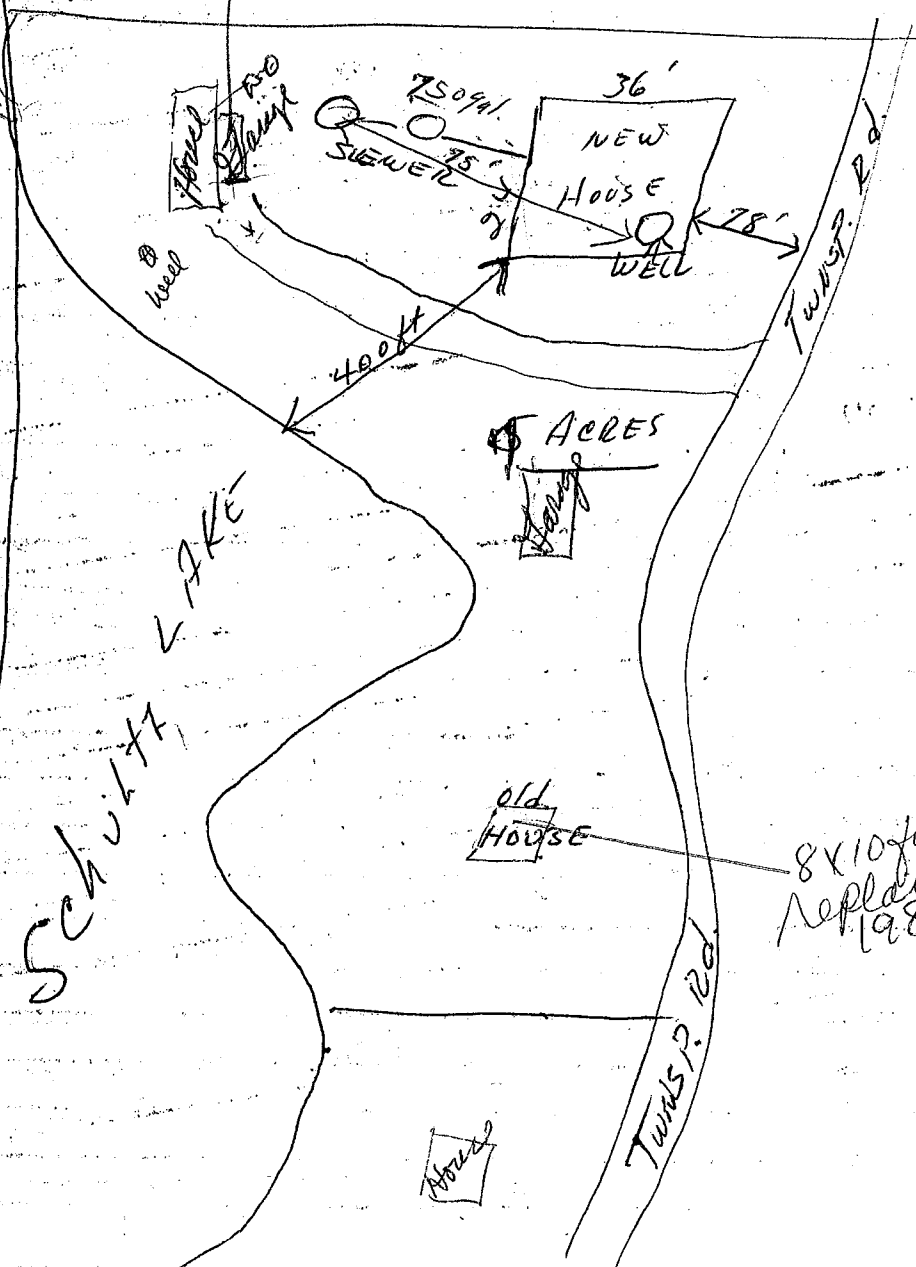
[Signature]
Applicants signature

Permit No. 315

Permit Fee W/ bldg permit

Permit denied 4/17/72

1986



← HWAY-34 → EAST