

### Minnesota Pollution Control Agency

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

# Compliance Inspection Form

**Existing Subsurface Sewage Treatment System** 

(38T

Doc Type: Compliance and Enforcer

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Instructions: Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply.	For local tracking purposes:
Submit completed form to Local Unit of Government (LUG) and system owner	RECEIVED
within 15 days	APR 2 4 2020
System Status	ZONING
System status on date (mm/dd/yyyy): 04/16/20	
	n <b>pliant Notice of Nonco</b> mplian rade Requirements on page 3)
Reason(s) for noncompliance (check all applicable)  Impact on Public Fleath (Compliance Component #1) – Immirient threat to Other Compliance Conditions (Compliance Component #3) – Immirient threat to Tank Integrity (Compliance Component #2) – Failing to protect groundwate Other Compliance Conditions (Compliance Component #3) – Failing to protect groundwate Soil Separation (Compliance Component #4) – Failing to protect groundwate Operating permit/monitoring plan requirements (Compliance Component #4)	eat to public health and safety er rect groundwater ater
	To a contract the second contract to the seco
Property Information Parcel ID# or Souther/Porce	Inn709000
ancer than to be con white and	
Property address: 21864NE Rickeral Reason for Property owner: Robert J Larson Owner's p.	or inspection: county request
Property address: 21864NE Rickeral Reason to Owner's por	or inspection: County reguest
Property address: 21864NE Rickeral Reason for Property owner: Robert J Larson Owner's por Owner's representative: Representative: Representative: Regulatory authority: Becker County Zoning Regulatory	or inspection: county request
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Properly address: Al&GANE Rickeral Reason for Properly owner: Robert J Larson Owner's por Owner's representative:  Local regulatory authority: Becker County Zoning Regulator Brief system description: Septic tank, Lift Station Comments or recommendations:  Certification  I hereby certify that all the necessary information has been gathered to determine the objective determination of future system performance has been nor can be made due to unknown possible abuse of the system, inadequate maintenance, or future water usage.  Inspector name: Richard Vareberg Certification  Vareberg Backhoe Service Licen	tative phone:  y authority phone: 218-847-731
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Property address: 21864NE Rickeral Reason for Property owner: Robert J Larson Owner's por Owner's representative: Representati	or inspection: County request phone: Itative phone:

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Prop	erty	address: 21864 NE	Pickerel	Inspector initials/Date: RVI 04/16/20			
(mm/dd/yyyy)  1. Impact on Public Health - Compliance component #1 of 5							
-		mpliance criteria:					
•				Verification method(s):			
	gro	stem discharges sewage to the und surface.	☐ Yes ☒ No	☑ Searched for surface outlet ☑ Searched for seeping in yard/backup in home			
•		tem discharges sewage to drain	☐ Yes ☒ No	☐ Excessive ponding in soil system/D-boxes			
	tile	or surface waters.	T 169 \$7 140	Homeowner testimony (See Comments/Explanation)			
		tem causes sewage backup into	☐ Yes ☒ No	"Black soil" above soil dispersal system			
-	dwe	elling or establishment.		System requires "emergency" pumping			
•		y "yes" answer above Indi		☐ Performed dye test			
		stem is an imminent threat	to public	☐ Unable to verify (See Comments/Explanation)			
-	ne	alth and safety.	ADDICUSARION OF THE RESIDENCE OF THE SECOND STATE OF THE SECOND ST	☐ Other methods not listed (See Comments/Explanation)			
	Cor	mments/Explanation:					
2.	Tai	nk Integrity – Compliance o	romponent #2 of E				
CONTRACTOR OF			Joinpondin #2 Or 0				
d	Co	mpliance criteria:		Verification method(s):			
		stem consists of a seepage pit,	☐ Yes 🔼 No	☐ Probed tank(s) bottom			
		spool, drywell, or leaching pit.		☐ Examined construction records			
	See	epage pits meeting 7080.2550 may be mpliant if allowed in local ordinance.		☐ Examined Tank Integrity Form (Attach)			
•		wage tank(s) leak below their	☐ Yes ☒ No	☐ Observed liquid level below operating depth			
		ewage tank(s) leak below their esigned operating depth.	LI TES KINO	☐ Examined empty (pumped) tanks(s)			
	If ye	es, which sewage tank(s) leaks:		Probed outside tank(s) for "black soil"			
•	An	y "yes" answer above indi	cates the	☐ Unable to verify (See Comments/Explanation) ☐ Other methods not listed (See Comments/Explanation)			
		stem is falling to protect gr					
•		mmente/Explanation:	The state of the s	train set in exists			
		•	•	· control and cont			
	•	•		e de la companya del companya de la companya del companya de la co			
	,						
2	<b>O</b> 61	har Camplianes Candition					
٥.	Ou	her Compliance Condition					
	a.	Maintenance hole covers are dama	ged, cracked, unsecure	ed, 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 Unknow  *System is an imminent threat to public health and safety.						
		Explain:					
				•			
	c.	System is non-protective of ground *System is falling to protect ground	water for other condition	ons as determined by inspector . □ Yes* 区 No			
		Explain:	<del></del>				
			<b>^</b> ;				
				,			

	<i>:</i>	,	
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C TO LO WINDOWS WITH A STATE OF THE STATE OF			
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ate of installation:	Unknown Ve		Veriti	cation method(s):			
(mm/dd/yyyy) Shoreland/Wellhead protection/Food beverage lodging? Compliance criteria:		□ No	Soli observation does not expire. Previous soll observations by two independent parties are sufficient unless site conditions have been altered or local requirements differ.				
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:		□No	Conducted soil observation(s) (Attach boring logs)				
		<u> </u>		Two previous verifications (Attach boring logs)			
			Not applicable (Holding tank(s), no drainfield)				
ainfield has at least a two-foot vertical			☐ Unable to verify (See Comments/Explanation) ☐ Other (See Comments/Explanation)				
paration distance from periodically lurated soil or bedrock.							
on-performance systems built April 1, 196, or later or for non-performance stems located in Shoreland or Wellhead otection Areas or serving a food, verage, or lodging establishment:	Yes	□No	Comn	nents/Explanation:			
ainfield has a three-foot vertical paration distance from periodically turated soil or bedrock.*							
xperimental", "Other", or "Performance"	☐ Yes	☐ No	Indic	ate depths or elevation	ons		
stems built under pre-2008 Rules; Type IV V systems built under 2008 Rules (7080.	B. ( C. s		A. Bot	tom of distribution media	+1		
50 or 7080.2400 (Advanced Inspector ense required)			***************************************				
ainfield meets the designed vertical			B. Periodically saturated soll/bedrock				
paration distance from periodically			C. Sys	tem separation	>3'		
turated soil or bedrock.			D. Rec	uired compliance separatio	n* 3		
ny "no" answer above indicates t	he syste	yeir i <del>y</del>		anaa			
ny "no" answer above indicates to a second s	_		Ordin ance con		☐ Not applicable		
lling to protect groundwater.  Operating Permit and Nitrogen	BMP*-	– Complia	ince con	ponent #5 of 5			
lling to protect groundwater.  Operating Permit and Nitrogen Is the system operated under an Operating	BMP* -	- Complie	ance con		equired		
lling to protect groundwater.  Operating Permit and Nitrogen Is the system operated under an Operating	BMP* - Permit?	Complie □ Ye □ Ye	ance con	ponent #5 of 5	equired		
Us the system operated under an Operating Permit and Nitrogen is the system operated under an Operating is the system required to employ a Nitrogen BMP = Best Management Practice(s) is	BMP* Permit? n BMP? specified in	- Complia □ Ye □ Ye n the system	ance con es X No es X No m design	nponent #5 of 5 If "yes", A below is r If "yes", B below is r	equired equired		
Operating Permit and Nitrogen Is the system operated under an Operating Is the system required to employ a Nitrogen BMP = Best Management Practice(s) and the answer to both questions is "r	BMP* Permit? n BMP? specified in	- Complia □ Ye □ Ye n the system	ance con es X No es X No m design	nponent #5 of 5 If "yes", A below is r If "yes", B below is r	equired equired		
Uperating Permit and Nitroger Is the system operated under an Operating Is the system required to employ a Nitroger BMP = Best Management Practice(s) is If the answer to both questions is "r	BMP* Permit? n BMP? specified in	- Complia □ Ye □ Ye n the system	ance con es X No es X No m design	nponent #5 of 5 If "yes", A below is r If "yes", B below is r	equired equired		
Operating Permit and Nitrogen Is the system operated under an Operating Is the system required to employ a Nitrogen BMP = Best Management Practice(s) a If the answer to both questions is "r Compliance criteria a. Operating Permit number:	n BMP* I Permit? In BMP? Specified in	Complia	ance con es X No es X No m design	nponent #5 of 5 If "yes", A below is r If "yes", B below is r	equired equired		
Operating Permit and Nitrogen  Is the system operated under an Operating  Is the system required to employ a Nitrogen  BMP = Best Management Practice(s):  If the answer to both questions is "r  Compliance criteria  a. Operating Permit number:  Have the Operating Permit requirement	Permit? n BMP? specified in	Complia Ye n the system section de	ance con es No es No n design oes not i	Iponent #5 of 5  If "yes", A below is r  If "yes", B below is r  need to be completed	equired equired		
Operating Permit and Nitrogen Is the system operated under an Operating Is the system required to employ a Nitrogen BMP = Best Management Practice(s) and the answer to both questions is "r Compliance criteria a. Operating Permit number: Have the Operating Permit requirement. b. Is the required nitrogen BMP in place	Permit?  Permit.  Per	Complia Ye n the system section do met?	ance con es No es No n design oes not i	nponent #5 of 5  If "yes", A below is r  If "yes", B below is r	equired equired		
Operating Permit and Nitrogen  Is the system operated under an Operating  Is the system required to employ a Nitrogen  BMP = Best Management Practice(s):  If the answer to both questions is "r  Compliance criteria  a. Operating Permit number:  Have the Operating Permit requirement	Permit?  Permit.  Per	Complia Ye n the system section do met?	ance con es No es No n design oes not i	Iponent #5 of 5  If "yes", A below is r  If "yes", B below is r  need to be completed	equired equired		

Inspector initials/Date: LV | 04 | 10 100 70

moperty address: \_

21804



#### Becker County Planning & Zoning 835 Lake Ave, P O Box 787 Detroit Lakes, MN 56502-0787 Phone (218)-846-7314; Fax (218)-846-7266

#### Onsite Septic System Site Evaluation/Design

1. <b>PROPERTY DATA</b> (as it appears on the Parcel Number(s) of property system will be install	tax statement) R 100769	000
(if parcel is a new split and a parcel number has n	ot yet been issued, indicate the mai	n parcel number from which the new parcel ha
been split from Younship 139 Range 4	10 Township Name Eri	'e
Or k- 1	Township Rumo	2 ^
Lake Name Rickeral	Lake Classification	<u> </u>
Legal Description:		
	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	
Project Address: 21864 NE Pick	erel Lake Rd	
2. PROPERTY OWNER INFORMATION	N (as it appears on the tax statement	, purchase agreement or deed).
Owner's First Name Robert Lar	SGN Owner's Last Name	1 ar son
Mailing Address 1329 7th 5t S.	City State 7in F	58103
		790.0
Phone Number	· 	
3. DESIGNER/INSTALLER INFORMAT	TION	
Designer Name Richard Vareberg	Company Name Vareber	g Backae License # 1910
Address 22344 (o R) 104	Phone Number <u>847-737</u> 2	2 849-2177
Installer Name <u>Same</u>	Company Name	License #
Address	Phone Number	
4. SYSTEM DESIGN INFORMATION		
Date of Site Evaluation $6 - 11 - 06$		
EXISTING SYSTEM STATUS – Check One	What will new system serve? Ch	eck one
No existing system-new structure Cesspool/Seepage		
Failing (other than cesspool)	Commercial (non resort)	
Undersized	Other – explain below	
Replacement or repair to existing		
Design Flow 600 Gallons Per Day	Well Depth >50	Original Soil X Compacted Soil
Number of Bedrooms	Depth of other wells within	Type of Soil Observation
Garbage Disposal Yes X No	100 ft of system None	Pit Probe Boring "
Grinder Pump in House Yes No		Depth to Restricting Layer 28  Maximum Depth of System 7/2"

Size of All Tanks to		Type of Drainfield M	ledium	Type of Alarm	1 SV E	lectro	
Be installed		to be used		Size of Lift Pu Size of Lift Li	imp /4	hp	
/000 gal Septic Tank		Chamber		Size of Lift Li	ne 2		
500 gal Lift Station		H10	EQ36				
gal Holding Tar	ık	> Drainfield Roo					
gal Other Tanks		Rock					
5 • •		Gravelless	· F				
		Experimental					
		No Drainfield					
Type of Drainfield to b	e installed Size of	Drainfield sq ft to be in	nstalled		SETBACKS		
Trench	500			TAN		RAINFIELD	
At-grade		sq ft	Distance to Wel			> 75	
Pressure Bed		sq ft	Distance to Buil			750	
Seepage Bed	<del></del>	sq ft	Distance to Prop			>10	
Mound		sq ft	Distance to OHV	W >9	341"	>84"	
Widdid	<del></del>	34 11	Distance to Orres		20	> 20	
			Distance to 11cs	suic Line	<u>-</u>	720	
Perc Rate /6	Soil Sizing	Factor /, 67	*If SSF	other than .83, a	ttach Perc Tes	t Data	
Depth Texture	Color	Structure	Depth	Texture	Color	Structure	
	10YR	Structure	Debin		169R	Structure	
1-2 Top	10/1	Block.	1-6	Jop	10/1	RIV.	
	10 40	Blocky Blocky			IOYR	Blocky Blocky	
2-18 Sand	, , , ,	Block.	621	Sandy	5/3	Blacky	
2-18 Loan	n 12	Ologey	- 21	Loan	14 410	Piony	
18-24 Loar	10YR	Block	2-28	Loan	108/12	Blocky	
18-24 Loan	7 //	Ciock	2- 48	1000	1/2	Olocia	
					*		
						·	
5. DESIGNER'S CERTIFIED STATEMENT  I, Vare berg 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).  8-22-06							
Signature of Designer	2			Date			
********	******	******FOR OFFICE	E USE ONLY ******	*****	*******	******	
Application Approved by	: Llebi "	11/ollran	'	Date:	13-06		
Amount Paid _/003	, v	Receipt Number		Permit	Number		
7							
*******	******	*******	******	*******	******	*****	
CERTIFICATE OF COMPLIANCE							
( ) Certificate Is Here							
(X) Certificate is Her	eby Granted Based ι	upon the Application,	addendum from, plans	s, specifications	and all other	supporting data.	
With property mainten	ance, this system can	be expected to functio	n satisfactory, howeve	er, this is not a gr	uarantee.	· <b>f</b>	
$\bigvee \cap \bigcap$	· VL 00		the Donor	ha in	9/4	120	
Hand &	Mark		sts izspec	,		100	
Signature		Tit	le /	~ A	Date		
(Certificate of Complia		ss signed by a Register	ed Qualified Employe	e) 🕖 🔭	TelLen		
Date System Installed			Inspected by _	Jank	7/10		
	7.4			<b>V</b>			

SITE PLAN I hereby agree to have flags, lathes, or ribbons in place for inspection by date: I understand that Becker County will not issue the permit until staking has been approved. Signature Property Line Pickeral Lake House Property Lina 1500 2/e Browni Wilbert + 500 Bomber plastic 10x50 mond 500 sgift, drawfield All Schbacks mit Ifs: 9/6/06 I hereby certify and agree that the above sketch accurately represents the work to be done in conjunction with this permit. Date Applicant or Agent

## SITE PLAN EXAMPLE

