



130095002

**Minnesota Pollution  
Control Agency**520 Lafayette Road North  
St. Paul, MN 55155-4194**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): 10/12/2012☒ **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**Parcel ID# or Sec/Twp/Range: 13.00950.02Property address: 56786 194<sup>th</sup> St Park Rapids MN 56470Reason for inspection: Property saleProperty owner: Gary & Ruth Magnuson

Owner's phone: \_\_\_\_\_

or

Owner's representative: \_\_\_\_\_

Representative phone: \_\_\_\_\_

Local regulatory authority: Becker County ESORegulatory authority phone: 218-846-7314Brief system description: 1000 gal. precast tank & 380 sq ft drainfield. 108 Ln. Ft. 3ft wide w/12" rock under the pipe.

Comments or recommendations:

This system was installed on 10/27/2011 for a 2 br type 1 dwelling with an estimated design flow of 300 gpd.

**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: Al WinterbergerCertification number: 3433Business name: Winterberger InspectionsLicense number: 1565Inspector signature: [Signature]Phone number: 218-573-2275**Necessary or Locally Required Attachments**☒ Soil boring logs☒ System/As-built drawing☐ Forms per local ordinance☐ Other information (list): \_\_\_\_\_

**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:**

This system was in use at time of inspection. Normal liquid level observed in first drop box, the other drop box was dry. No ponding was observed in trench inspection pipes, no "soft" spots noted in drainfield area. This system appears to be functioning properly.

**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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, which sewage tank(s) leaks:	

**Any "yes" answer above indicates the system is Failing to Protect Groundwater.**

**Comments/Explanation:**

A 1000 gal. precast tank was installed for this system. Normal liquid levels were observed in the tank.

**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
- \*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: 10/27/2011

☐ 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:

**Indicate depths of elevations**

A. Bottom of distribution media 35in.

B. Periodically saturated soil/bedrock 75in.

C. System separation 40in.

D. Required compliance separation\* 36in.

\*May be reduced up to 15 percent if allowed by Local Ordinance.

**5. Operating Permit and Nitrogen BMP\* – Compliance component #5 of 5** ☒ Not applicableIs the system operated under an Operating Permit? ☐ Yes ☐ No If "yes", A below is requiredIs 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.

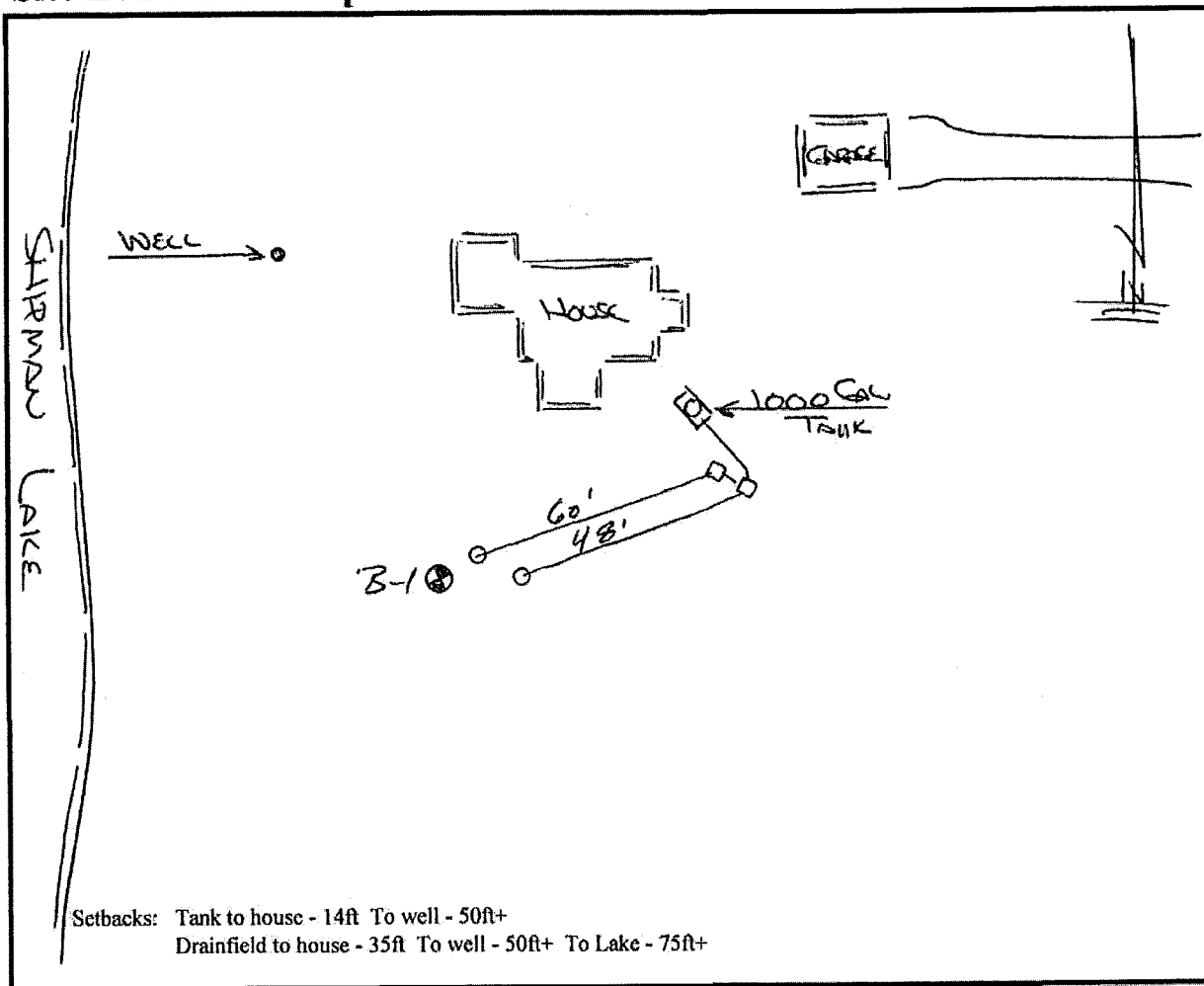
Boring 1 Elevation: Location: 13.00950.02 Depth to system bottom = 35in.				
Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence
0-5	fine sandy loam	10yr 3/2	granular	friable
5--37	med sand	10yr 4/6	single grain	loose
37-75	med sand	10yr 5/6	single grain	loose

Boring 2 Elevation: Location:				
Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence

Boring 3 Elevation: Location:				
Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence

Boring 4 Elevation: Location:				
Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence

# Site Evaluation Map



List any compliance issues: 13.00950.02 No issues.

## Mapping Checklist

Map scale: N/A x indicate north — show slope — % direction —

### Locate

- lot dimensions/property lines
- x dwellings and other improvements
- x existing and/or proposed system(s)
- replacement area
- unsuitable area(s)
- public water supply wells
- pumping access
- inner wellhead zone

### Easements

- phone
- electric
- gas
- x borings
- benchmark
- perc tests
- horiz&vert reference pts

### Setbacks

- x building
- x all water wells within 100ft
- pressure pipe
- water suction pipe
- x streams, lakes, rivers
- floodway and fringe

I hereby certify this work has been completed in accordance with all applicable ordinances, rules and laws.

A. Wintle (signature)

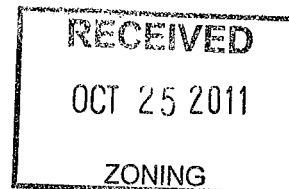
10/12/2012 (date)

1565 (license #)

218-573-2275

(phone number)

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

se/11

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

Parcel Number(s) of property system will be installed 13.0095.002  
(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 has been split from)

Section 15 Township 139 Range 36 Township Name GREEN VALLEY

Lake Name SHIPMAN LAKE Lake Classification N.E.

Legal Description: N 200' OF S 400' OF N 1/2 OF SE 1/4 12.14 ACRES

Project Address: 56786 194TH ST. PARK RAPIDS MN. 56470

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

Owner's First Name GARY + RUTH Owner's Last Name MAGNUSON

Mailing Address 56786 194TH ST City, State, Zip Park Rapids, MN 56470

Phone Number 564-4799

3. DESIGNER/INSTALLER INFORMATION

Designer Name DAVID E HACKER  
MEWAHBA

Address 57125 CO HWY 40

Installer Name SAME

Address \_\_\_\_\_

Company Name BACKHOE PETE License # 909

Phone Number 255-1215

Company Name SAME License # 909

Phone Number \_\_\_\_\_

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 10-24-11

EXISTING SYSTEM STATUS - Check One

- ☐ No existing system-new structure  
☐ Cesspool/Seepage  
☐ Failing (other than cesspool)  
☐ Undersized  
☒ Replacement or repair to existing

What will new system serve? Check one

- ☒ Dwelling  
☐ Resort/Commercial  
☐ Commercial (non resort)  
☐ Other - explain below

Design Flow 300 Gallons Per Day

Number of Bedrooms 2

Garbage Disposal Yes ☒ No ☐

Grinder Pump in House Yes ☒ No ☐

Lift station in House Yes ☒ No ☐

Well Depth SHALLOW

Depth of other wells within

100 ft of system SHALLOW

Original Soil YES Compacted Soil \_\_\_\_\_

Type of Soil Observation

☐ Pit ☐ Probe ☒ Boring

Depth to Restricting Layer > 7'

Maximum Depth of System 4'

Se/11 130095002

Size of All Tanks to be installed  
\_\_\_\_\_ gal Septic Tank 1600  
\_\_\_\_\_ gal Lift Station EXISTING  
\_\_\_\_\_ gal Holding Tank  
\_\_\_\_\_ gal Other Tanks

Type of Drainfield Medium to be used  
\_\_\_\_\_ Chamber  
\_\_\_\_\_ H10 EQ36  
☒ Drainfield Rock  
\_\_\_\_\_ 12" Rock Depth  
\_\_\_\_\_ Gravelless  
\_\_\_\_\_ Experimental  
\_\_\_\_\_ No Drainfield

Type of Alarm \_\_\_\_\_  
Size of Lift Pump \_\_\_\_\_  
Size of Lift Line \_\_\_\_\_

Type of Drainfield to be installed  
☒ Trench  
\_\_\_\_\_ At-grade  
\_\_\_\_\_ Pressure Bed  
\_\_\_\_\_ Seepage Bed  
\_\_\_\_\_ Mound

Size of Drainfield sq ft to be installed  
381/305 sq ft  
\_\_\_\_\_ sq ft  
\_\_\_\_\_ sq ft  
\_\_\_\_\_ sq ft  
\_\_\_\_\_ sq ft

SETBACKS

TANK	DRAINFIELD
Distance to Well <u>+100'</u>	<u>+100'</u>
Distance to Building <u>+10'</u>	<u>+20'</u>
Distance to Property Line <u>+10'</u>	<u>+10'</u>
Distance to OHW <u>+150'</u>	<u>+150'</u>
Distance to Pressure Line <u>+50'</u>	<u>+50'</u>

Perc Rate \_\_\_\_\_ Soil Sizing Factor 1.27 \*If SSF other than .83, attach Perc Test Data

B#1 + 2 B#3

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-4"	TOP SOIL	4/4 10yr	FRAGILE	0-4	TOP SOIL	4/4 10yr	FRAGILE
4'-36'	S. LOAM	5/4	LOOSE S. GRAIN	4-36	S. LOAM	5/4	LOOSE S. GRAIN
36'-60'	SAND	6/4		36-60	SAND	6/4	
60'-84'	SAND	7/4		60-84	SAND	7/4	

5. DESIGNER'S CERTIFIED STATEMENT

I, DAVID E HACKER 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).

David E. Hacker 10-24-11  
Signature of Designer Date

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

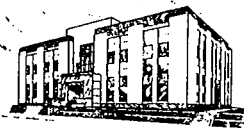
Application Approved by: Heidi Maltz Date: 10-26-11  
Amount Paid 100 Receipt Number 265559 Permit Number \_\_\_\_\_  
489685

\*\*\*\*\*

CERTIFICATE OF COMPLIANCE

( ) Certificate Is Hereby Denied  
( ) Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data. With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)  
Date System Installed \_\_\_\_\_ Inspected by \_\_\_\_\_



# BECKER COUNTY

835 LAKE AVENUE, P.O. BOX 787  
DETROIT LAKES, MINNESOTA 56502-0787  
(218) 846-7314

Application No.

Tax Parcel No.

13.0095.002

## SKETCH PLAN FORM H

se/11

Please be as complete as possible. Include all of the items listed below where applicable.

### GENERAL CHECKLIST

- ☐ scale
- ☐ north arrow
- ☒ lot dimensions
- ☒ structure location
- ☒ side lot setback
- ☒ road setback
- ☒ septic tank location
- ☒ drainfield location
- ☒ location of all wells within 100' of drainfield
- ☒ fill & grading limits
- ☒ vegetation alteration limits

### WATER RESOURCE CHECKLIST

- ☒ location of ordinary high water level (OHWL)
- ☒ location of present water line
- ☒ setback from OHWL
- ☒ location of highest known water level
- ☐ existing local drainage
- ☒ location of wetland areas

Scale of Diagram: 1 inch = \_\_\_\_\_ feet

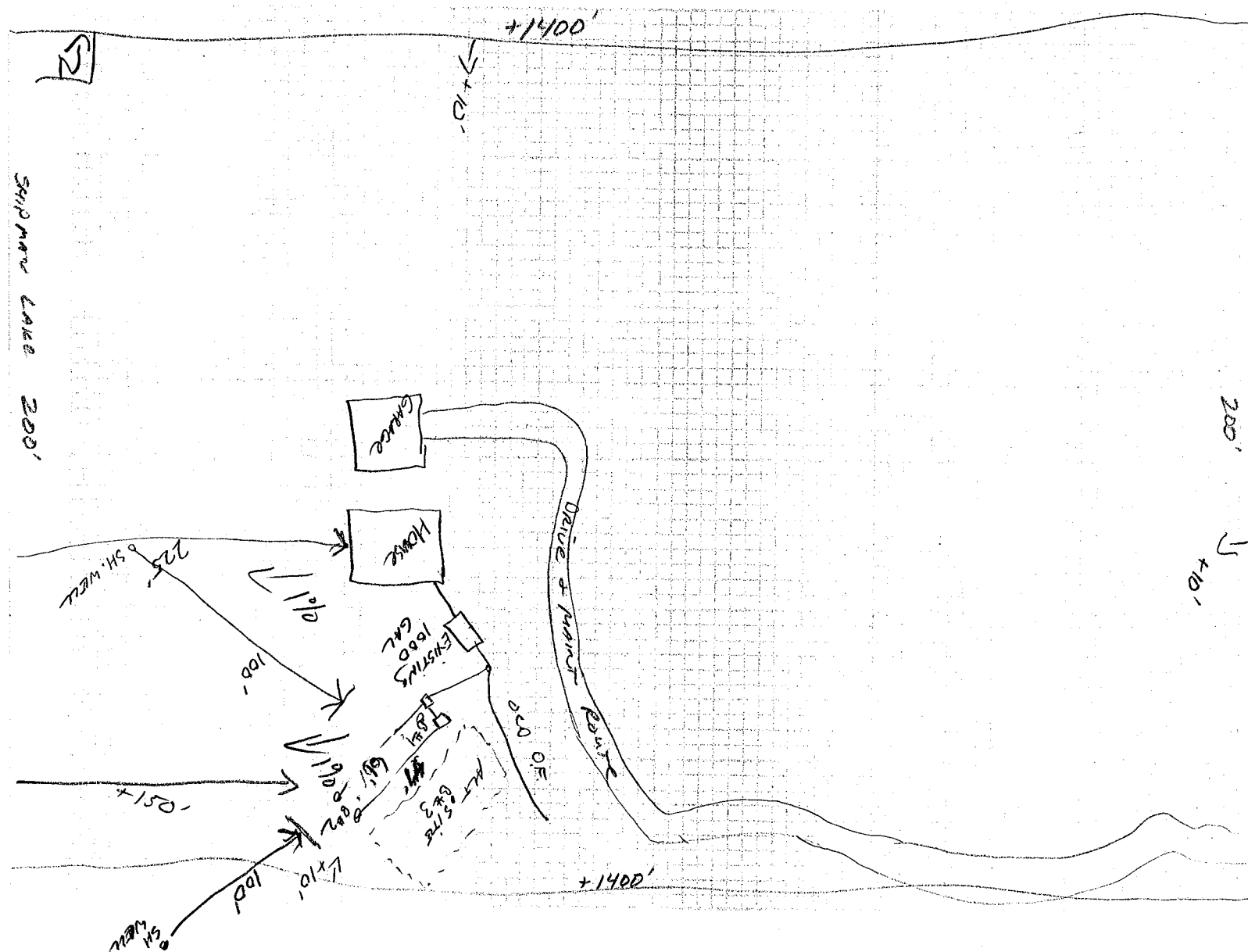
Drawing By:

Date of Drawing: 10-24-11

Remarks:

Signature

David E. Haskin





Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_ Permit Number \_\_\_\_\_

NOTES: \_\_\_\_\_

*same* mailed c/c to homeowner 11/23/11

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# INSPECTION REPORT

se/11 130095.002

## Home Information

Does the structure contain any of the following elements?

Garbage disposer \_\_\_\_\_ Yes \_\_\_\_\_ No Dishwasher \_\_\_\_\_ Yes \_\_\_\_\_ No  
Grinder pump \_\_\_\_\_ Yes \_\_\_\_\_ No Lift pump in basement \_\_\_\_\_ Yes \_\_\_\_\_ No  
Effluent screen installed? \_\_\_\_\_ Yes \_\_\_\_\_ No Effluent screen manufacturer \_\_\_\_\_

Alarm required? \_\_\_\_\_ Yes \_\_\_\_\_ No Alarm Type *same* Alarm manufacturer \_\_\_\_\_

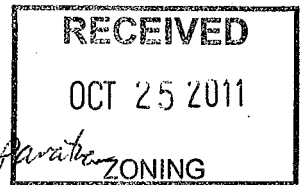
Lift pump in system? \_\_\_\_\_ Yes \_\_\_\_\_ No Pump manufacturer \_\_\_\_\_

Number of bedrooms 2

## Component Information

Tank size 1000 existing Tank manufacturer \_\_\_\_\_

Drainfield size +300 sq. ft. Medium manufacturer 108' trenches  
Drainfield medium \_\_\_\_\_  
Drainfield medium size/depth \_\_\_\_\_



## Soil Verification

Vertical separation verified for Boring #1 on \_\_\_\_\_ Depth +36" *Good Separation*  
Vertical separation verified for Boring #2 on \_\_\_\_\_ Depth \_\_\_\_\_  
Vertical separation verified for Boring #3 on \_\_\_\_\_ Depth \_\_\_\_\_

## Setback Verification

	TANK	DRAINFIELD
Distance to Well	<u>+100'</u>	<u>+100'</u>
Distance to Building	<u>+10'</u>	<u>+20'</u>
Distance to Property Line	<u>+10'</u>	<u>+10'</u>
Distance to OHW of Lake	<u>+150'</u>	<u>+150'</u>
Distance to Pressure Line	<u>+50'</u>	<u>+50'</u>
Distance to Wetland/Protected Water	<u>N/A</u>	<u>N/A</u>

Date System Installed 10/27/11 Installer Hacker Inspector James A. Stoll

\*\*\*\*\*

## CERTIFICATE OF COMPLIANCE

( ) Certificate Is Hereby Denied  
(X) Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data.  
With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Signature James A. Stoll Title ITS Inspector Date 10/27/11

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

**APPLICATION  
FOR SEWAGE SYSTEM  
CERTIFICATE OF COMPLIANCE**  
With The Becker County Zoning Ordinance

Application Number <u>5240</u>
Tax Parcel Number <u>13:0095.002</u>

5e/92

**A. GENERAL INFORMATION**

1. Applicant's Name (Last, First, M.I.) <u>Magnuson, Gary</u>		2. Authorized Agent (If applicable)	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) <u>Box 251, Herman, MN 56248</u>			
4. Day Phone <u>612-677-2588</u>	5. Evening Phone	6. Fire Number of Project Location	

**B. PROPERTY DESCRIPTION**

1. Lot(s), Block, Subdivision Name <u>N200' of S400' N 1/2 of SE 1/4</u>	2. Section <u>15</u>	3. Township	4. Range	5. Qtr./Qtr.	6. Gov. Lot No.
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7. Note: If the property is a metes and bounds description, check here [ ] and attach a copy of the exact legal description.

<b>SEWAGE SYSTEM DATA</b>  Anticipated Use a. <input checked="" type="checkbox"/> Single Family b. <input type="checkbox"/> Multiple Family c. <input type="checkbox"/> Commercial d. <input type="checkbox"/> Agricultural e. <input type="checkbox"/> Other (specify)  Type of System a. <input type="checkbox"/> Septic Tank Only b. <input type="checkbox"/> Drainfield Only c. <input checked="" type="checkbox"/> Septic Tank & Drainfield d. <input type="checkbox"/> Holding Tank e. <input type="checkbox"/> Alternative System (specify)  Type of Drainfield a. <input checked="" type="checkbox"/> Standard System b. <input type="checkbox"/> Mound (pressure distribution) c. <input type="checkbox"/> Mound (gravity distribution)  Well Data a. Depth: <u>+50 casing</u> b. Diameter: <u>4"</u>  Type of Well a. <input checked="" type="checkbox"/> Drilled b. <input type="checkbox"/> Sand Point	<b>1 Inch Equals 50'</b> <b>DESIGN</b>    <b>130' FT SB2</b>
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Show Distance Between Sewage System And Buildings,  
Property Lines, Lake, Roads And All Wells Within 125 Feet.

I hereby certify with my signature that all data on my application forms,  
plans and specifications are true and correct to the best of my knowledge:

Installed by Ron Lindblom  
Signature of Applicant Date

**TO BE COMPLETED BY ZONING OFFICE**

<b>SEWAGE SYSTEM DATA</b>  Distances to Well: Distance to Building: Distance to Property Line: Distance to Suction Line: Distance to Pressure Line:  Tank Capacity (gal.) and Area of Drainfield (ft. 2): Distance to Lake or Stream (from Ordinary High Water Level): Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	<table><tr><td>Tank</td><td>Drainfield</td></tr><tr><td>- <u>125</u></td><td>- <u>140</u></td></tr><tr><td>- <u>15</u></td><td>- <u>30</u></td></tr><tr><td>- <u>+10</u></td><td>- <u>+10</u></td></tr><tr><td>-</td><td>-</td></tr><tr><td>-</td><td>-</td></tr><tr><td>- <u>1000</u></td><td>- <u>390</u></td></tr><tr><td>- <u>+150</u></td><td>- <u>+150</u></td></tr><tr><td>-</td><td>- <u>+3</u></td></tr></table>	Tank	Drainfield	- <u>125</u>	- <u>140</u>	- <u>15</u>	- <u>30</u>	- <u>+10</u>	- <u>+10</u>	-	-	-	-	- <u>1000</u>	- <u>390</u>	- <u>+150</u>	- <u>+150</u>	-	- <u>+3</u>	<p><input type="checkbox"/> CERTIFICATE IS HEREBY DENIED <input checked="" type="checkbox"/> CERTIFICATE IS HEREBY GRANTED Based upon the application, addendum form, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.</p> <p style="text-align: center;"><b>BECKER COUNTY ZONING OFFICE</b></p> <p style="text-align: center;"><u>Margaret M. Foster</u> Signature</p> <p style="text-align: center;"><u>Inspector</u>, <u>10/27/92</u> Title Date</p>
Tank	Drainfield																			
- <u>125</u>	- <u>140</u>																			
- <u>15</u>	- <u>30</u>																			
- <u>+10</u>	- <u>+10</u>																			
-	-																			
-	-																			
- <u>1000</u>	- <u>390</u>																			
- <u>+150</u>	- <u>+150</u>																			
-	- <u>+3</u>																			



LEGAL DESCRIPTION AND LOCATION

5e/92 13.0045.000

n 200' of S 400' n 1/2 of SE 1/4

Lake No. Lake Name Shipman Lake Classif. NE 15 Sec. TWP Range Green Valley TWP Name

INSPECTION REPORT

FIRE NUMBER

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address - No. Street, City, and State	Zip No.	Tel. No.
	Gary	Magnuson		Box 251 Herman, ND 58048		

Contractor	Name

	ACTUAL IS ↓	MINIMUM Shall Be ↓	Sq. Ft.
Building Set Back From High Water Mark			
Building Set Back From Highway			
Side Yard	&	&	
Rear Yard			
Elevation above High Water Mark at Building Setback Line			

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK		SEEPAGE BED		DRAIN FIELD	
	Actual	Minimum	Actual	Minimum	Actual	Minimum
Capacity	Gls.	Gls.	SF	SF	SF	SF
Distance from Nearest Well	F	F	F	F	F	F
Distance from Lake or Stream	F	F	F	F	F	F
Distance from Occupied Building	F	10	F	20	F	20
Distance from Property Line	F	10	F	10	F	10
Distance from Bottom to Water Table	--	F	F	4	F	4

Inspector's Comments:

INTERPRETATION OF ABBREVIATIONS

Gls -- Gallons  
SF -- Square Feet  
F -- Linear Feet

Inspector's Signature & Title

Inspection Dated 19