



150096000

County copy

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Control Agency

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

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): 4-27-2020

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: 150096000

Property address: 20986 E Hol Dr Dh Reason for inspection: Mandate

Property owner: Kenneth Anderson Owner's phone: _____

or
Owner's representative: _____ Representative phone: 849-7376

Local regulatory authority: _____ Regulatory authority phone: _____

Brief system description: Seepage tank - rock chamber

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: Donald Bjork

Certification number: _____

Business name: _____

License number: 478

Inspector signature: Donald Bjork

Phone number: _____

Necessary or Locally Required Attachments

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

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____ 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.

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:

did not do soil boring since tank was failing

Indicate depths or elevations

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

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

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

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.

Hol Lake

deep well
o

3-bed
home

o sleeping vault

garage

drain field

garage

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



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 on page 6

Summary Form (Completed form must be submitted to the local unit of government within 15 days.)

Parcel number: R150096000

System status: Compliant Noncompliant
(based on all compliance requirements)

For Local Tracking Purposes:

Property Information

Property owner name(s): Ken Anderson Property owner phone: 218-847-7067
 Property address: 20986 East Height of Land Dr. Detroit Lakes, MN 56501
 Property owner address (if different): _____
 County: Becker Permitting authority: Becker County
 Date system constructed: 1979 Reason for inspection: Required by permitting authority

System Description

Brief system description: 1000 gal. tank to 600 sq. ft. Seepage Bed 20 x 30
 Local permit number: _____ Number of bedrooms: 3 Design flow rate: _____

Is the system:

In Shoreland area? Yes No In Wellhead Protection Area? Yes No
 An U.S. Environmental Protection Agency (EPA) Class V Injection Well? Yes No System serving a Minnesota Department of Health (MDH) licensed facility? Yes No

Compliance Status (Based on state requirements – additional local requirements may also apply.)

Based on the information gathered and reported on attached forms, the compliance status of this system is (check one):

Certificate of Compliance – valid until (3 years from date of report): 9/20/2013
 Notice of Noncompliance - For Noncompliant systems:

The reason for noncompliance is: _____

This noncompliant system is classified as (check one below):

Imminent threat to public health & safety Failing to protect ground water Not in compliance with operating permit

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.

Name: Phil Stoll Certification number: L2982 SEP 29 2010

Business license name and number: Stoll Inspections

Name of local unit of government: _____

Signature: *Phil Stoll* Date: 9-20-10

Required Attachments

Hydraulic Performance Tank Integrity Operating Permit Form (if applicable)
 Soil Boring Logs Soil Separation
 System drawing/As-built drawing Any local requirements that are different from what is required on this form
 Other information (list): _____

Upgrade Requirements (derived from 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: R150096000

System status: Compliant Noncompliant
(as determined by this form)

Hydraulic Performance and Other Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #1 of 4

Date of observation: 9-20-10 Reason for observation: Required by Permitting Authority

This form expires upon next inspection or in three years, whichever occurs first: 9-20-13

Compliance questions/criteria: (Required) (Check the appropriate box)

Verification Method*: (Optional) (Check the appropriate box)

Does the system discharge sewage to the ground surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system discharge sewage to drain tile or surface waters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system cause sewage backup into dwelling or establishment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

- Searched for surface outlet
- Performed hydraulic test
- Searched for seeping in yard
- Checked for backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony
- Examined for surging in tank
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Other: _____

Any "yes" answer indicates that the system is an imminent threat to public health and safety.

Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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"Yes" indicates that the system is failing to protect ground water. If "yes", describe the condition noted:

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.*

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Ken Anderson

Property address: 20986 East Height of Land Dr. Detroit Lakes, MN 56501

Property owner's address (if different): _____

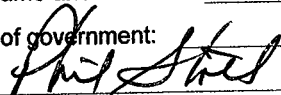
County: Becker Property owner phone: 218-847-7067

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Phil Stoll Certification number: L2982

Business license name and number: Stoll Inspections or

Name of local unit of government: _____

Signature:  Date: 9-20-10

Parcel number: R150096000

System status: Compliant Noncompliant
(as determined by this form)

Tank Integrity and Safety Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #2 of 4

Date of observation: 9-20-10 Reason for observation: Required by permitting authority

This form expires on (three years): 9-20-13

Compliance questions/criteria: (Required) (Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do any sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If yes, identify which sewage tank leaks. _____
Any "yes" answer indicates that the system is failing to protect ground water.

* Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.

Verification Method** (Optional) (Check the appropriate box)

- Probed tank bottom
- Observed low liquid level
- Examined construction records
- Examined empty (pumped) tank
- Probed outside tank for "black soil"
- Pressure/vacuum check
- Other: _____

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Safety Check

1. Are maintenance hole covers damaged, cracked, or appeared to be structurally unsound? Yes* No
2. Were maintenance hole covers replaced in a secured manner (e.g., screws replaced)? Yes No*
3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended. Yes No
4. Are other safety/health issue present? Yes* No

Explain: _____

***System is an imminent threat to public health and safety.**

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Ken Anderson

Property address: 20986 East Height of Land Dr. Detroit Lakes, MN 56501

Property owner's address (if different): _____

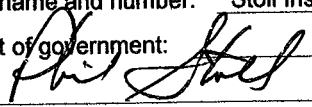
County: Becker Property owner phone: 218-847-7067

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Phil Stoll Certification number: L2982

Business license name and number: Stoll Inspections or

Name of local unit of government: _____

Signature:  Date: 9-20-10

Parcel number: R150096000

System status: Compliant Noncompliant
(as determined by this form)

Soil Separation Compliance and Other Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #3 of 4

Date of observation: 9-20-10 Reason for observation: Required by permitting authority

This information on this form does not expire.

Compliance questions/criteria: (Required) (Check the appropriate box)

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: Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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For 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: Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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For reduced separation distance systems (i.e., "performance" systems under old 7080.0179 or Type IV or V system under new 7080.2350 or 7080.2400): Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Any "no" answer indicates that the system is failing to protect ground water.

Verification Method** (Optional) (Check the appropriate box)

- Conducted soil observation(s) (attach boring logs)
- Two previous verifications (attach boring logs)
- Other: _____

Soil observation does not expire. Previous observations by two independent parties are sufficient, unless site conditions have been altered.

* May be reduced by up to 15 percent if allowed in local ordinance.

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector or designer. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Ken Anderson

Property address: 20986 East Height of Land Dr. Detroit Lakes, MN 56501

Property owner's address (if different): _____

County: Becker Property owner phone: 218-847-7067

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Phil Stoll Certification number: L2982

Business license name and number: Stoll Inspections or

Name of local unit of government: _____

Signature:  Date: 9-20-10

BECKER COUNTY

Sewage Permit No. SP No. _____

Location: Lake No. _____ Sec. _____ Twp. _____ Range _____ Twp. Name _____

Issued _____ 19____, To _____
Work Authorized _____

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. No part of system shall be covered until it has been inspected and approved. Notify Zoning Administrator, (847-3938) office when job is ready for inspection.

[Signature]

Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA
Board of County Commissioners

INSPECTOR'S CHECK LIST

Make all measurements and computations

LOCATION	MINIMUM Shall Be	ACTUAL IS
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.

Handwritten notes: 35, 11, 3, 4, 1, 3, 2, 5

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK		SEEPAGE-PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	1000	Gls.	1000	Gls.		
Distance from Nearest Well	90	Ft.	100	Ft.	50	Ft.
Distance from Lake or Stream	152	Ft.	168	Ft.		
Distance from Occupied Building	10	Ft.	25	Ft.	20	Ft.
Distance from Property Line	30	Ft.	410	Ft.	10	Ft.
Distance from Bottom to Water Table	---	Ft.	4	Ft.	4	Ft.

Bed 20 x 30

Inspector's Comments: *Open Sluages Installed, 24 hrs. Rock*

INTERPRETATION OF ABBREVIATIONS

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

Mark Kuehn
 Inspector's Signature

Inspection Dated *8-9-79*

Title

Agency

White = Office
 Yellow = Owner
 Pink = Assessor
 Goldenrod = Inspector

BECKER COUNTY ZONING ADMINISTRATION

Permit No. 12-870022

COUNTY COURT HOUSE — Phone 218-847-3938 — Detroit Lakes, Minn. 56501

Date 3/19/17

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

ISSUE DATE 2/10/2011

LEGAL DESCRIPTION AND LOCATION
 3195 Highway 140 RD 11 139 37
 Lake No. 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.	Tele No.
Owner	JA	TT	1501 W. 1st St. Detroit Lakes, MN	56501	828-1111
Contractor	JA	TT			

TYPE OF IMPROVEMENT: New Building Alteration Other

RESIDENTIAL PROPOSED USE: One Family Dwelling Multiple Dwelling

NON-RESIDENTIAL PROPOSED USE: Building Other

ESTIMATED COST OF IMPROVEMENT \$ 10,000 Construction Starting Date 3/20/17

PRINCIPAL TYPE OF FRAME: Wood Frame Masonry Structural Steel Other

TYPE OF SEWAGE DISPOSAL: Individual Septic Tank, etc. Public Individual Well

DIMENSIONS: Basement Yes No. Stories above basement 1. Sq. feet (outside dimension) 1100. Bedrooms 3. Baths 2.

MECHANICAL EQUIPMENT: Elevator Air Conditioning Central Unit

HEATING: Electric Gas Oil Coal None

SEWAGE DISPOSAL SYSTEM DATA	SEPTIC TANK	SEEPAGE PITS	DRAIN FIELD
Capacity	100 Gls.	375 Sq. Ft.	Sq. Ft.
Distance from nearest well	100 Ft.	100 Ft.	100 Ft.
Distance from lake or stream	100 Ft.	100 Ft.	100 Ft.
Distance from occupied building	100 Ft.	100 Ft.	100 Ft.
Distance from property line	100 Ft.	100 Ft.	100 Ft.
Distance from bottom to Water Table	100 Ft.	100 Ft.	100 Ft.

CHARACTERISTICS: Lot Area is 100 square feet. Water frontage is 100 feet. Building set back from high water mark is 100 feet. Land height above high water mark at building line is 100 feet. Building set back from State highway is 100 feet. Side yard is 100 feet. Rear yard is 100 feet. Building will be located 100 feet from septic tank. Building will be located 100 feet from soil absorption system.

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 3/17/17 Signature of Owner [Signature]

Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. 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.

Dated 3/17/17 Signature of Becker County Zoning Administrator [Signature]

Permit Fee \$ 100 State Surcharge \$ 0

Comments

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this _____ day of _____, 19____.

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

The premises covered by this certificate are legally described as:

Lake No. _____ Sec. _____ Twp. _____ Range _____ Twp. Name _____

Owner: Name _____

Address _____

Zip No. _____

Permit No. SP _____

Signed by: *Elizabeth Swartz*

Zoning Administrator
Becker County, Minnesota

