



Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)



170281001

17.0281.001

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: RECEIVED APR 20 2016 ZONING

System Status

System status on date (mm/dd/yyyy): 4-19-2016

[X] 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: 22484 Nelson Rd DLMA Parcel ID# or Sec/Twp/Range: 170281001
Property owner: Theodore Kiebke 56501 Reason for inspection: Selling property
Owner's phone: 218-234-6195
Owner's representative: Representative phone:
Local regulatory authority: Regulatory authority phone:
Brief system description: 1000 gal tank gravelless pipe drain field
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: [Signature] Certification number:
Business name: License number: 478
Inspector signature: [Signature] Phone number:

Necessary or Locally Required Attachments

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

Property address: _____

Inspector initials/Date: _____
(mm/dd/yyyy)

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: _____ 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:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

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.

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

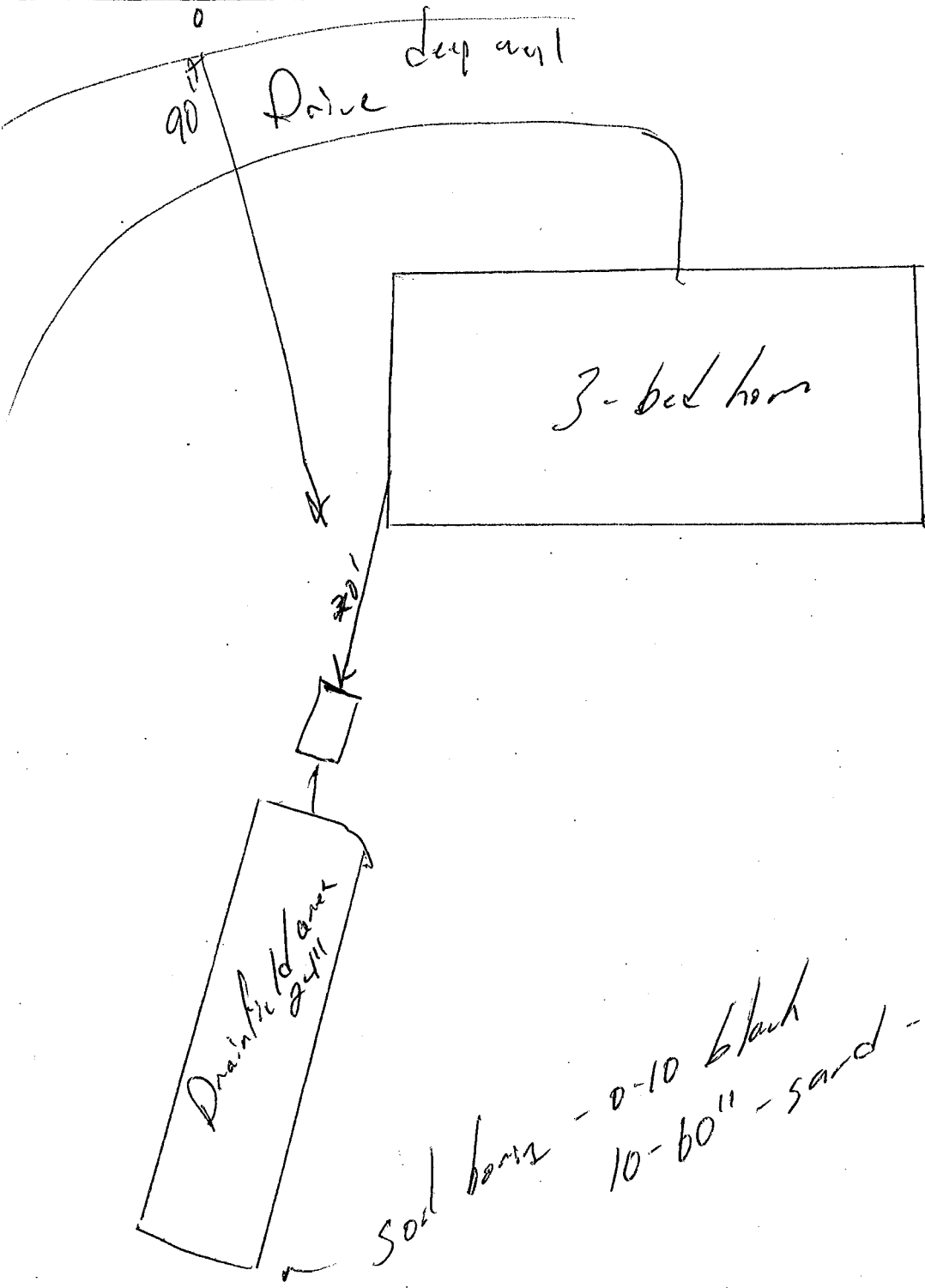
Any "no" answer indicates Noncompliance.

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.

SKETCH OF PROPERTY

Please sketch all structures and septic systems on the property;
Include setbacks and wells within 100 feet of the property.

PARCEL	
APP	SEPTIC INSPECTION
YEAR	



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

BUILDING AND SEWAGE SYSTEM PERMIT

BECKER COUNTY ZONING AND PLANNING

829 LAKE AVENUE, BOX 787, PHONE 847-4427, DETROIT LAKES, MN 56502

Parcel No. 17.0281.001 Lake Name NA Permit No. 10-19,119-34
 Fire No. 12-34 -34

No. 17 Township Lake Eunice Section 25 Description P4 E 1/2 SW 1/4 Big at SE Cor
1/4 N 2640' W 530' S 1320' E 280' S 1320' + 250' Lot Size 11.52

Issued to: Name Theodore Kiebler Tel. No. _____
 Address Route 1 Box 276A Detroit Lakes, MN

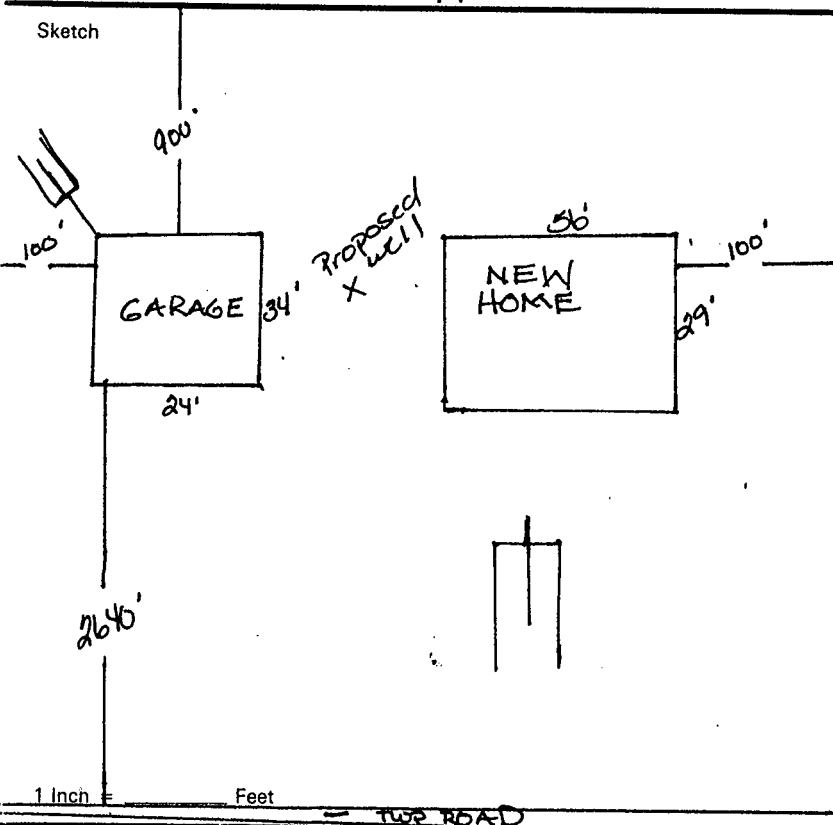
Work Authorized new home, garage, and sewage disposal system
(29' x 56') (24' x 34')

Type of Improvement: New Home Alteration Garage Mobile Home Yr. _____
 Cottage Septic System Other Building Multiple Dwelling _____ Units.

Size H=29'x56' G=24'x34' Stories 1 Basement YES No. of Bedrooms 3 Bathrooms 2

Contractor: Name & Address SELF Tel. No. _____

Estimated Cost \$71,000 Permit Fee 139.50 State Fee .50 Receipt No. 3763



HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:
 High Water Mark of Lake NA
 Side Lot Lines 100' and E100' rear yard 900'
 Center Line of Public Road TWP R.O.W. 2640'
 Right of way State or Co. _____
 APPROVED: Board of Adjustment Date: _____
 Planning Commission Date: _____
 County Commissioners Date: _____
 Zoning Administrator Date: _____

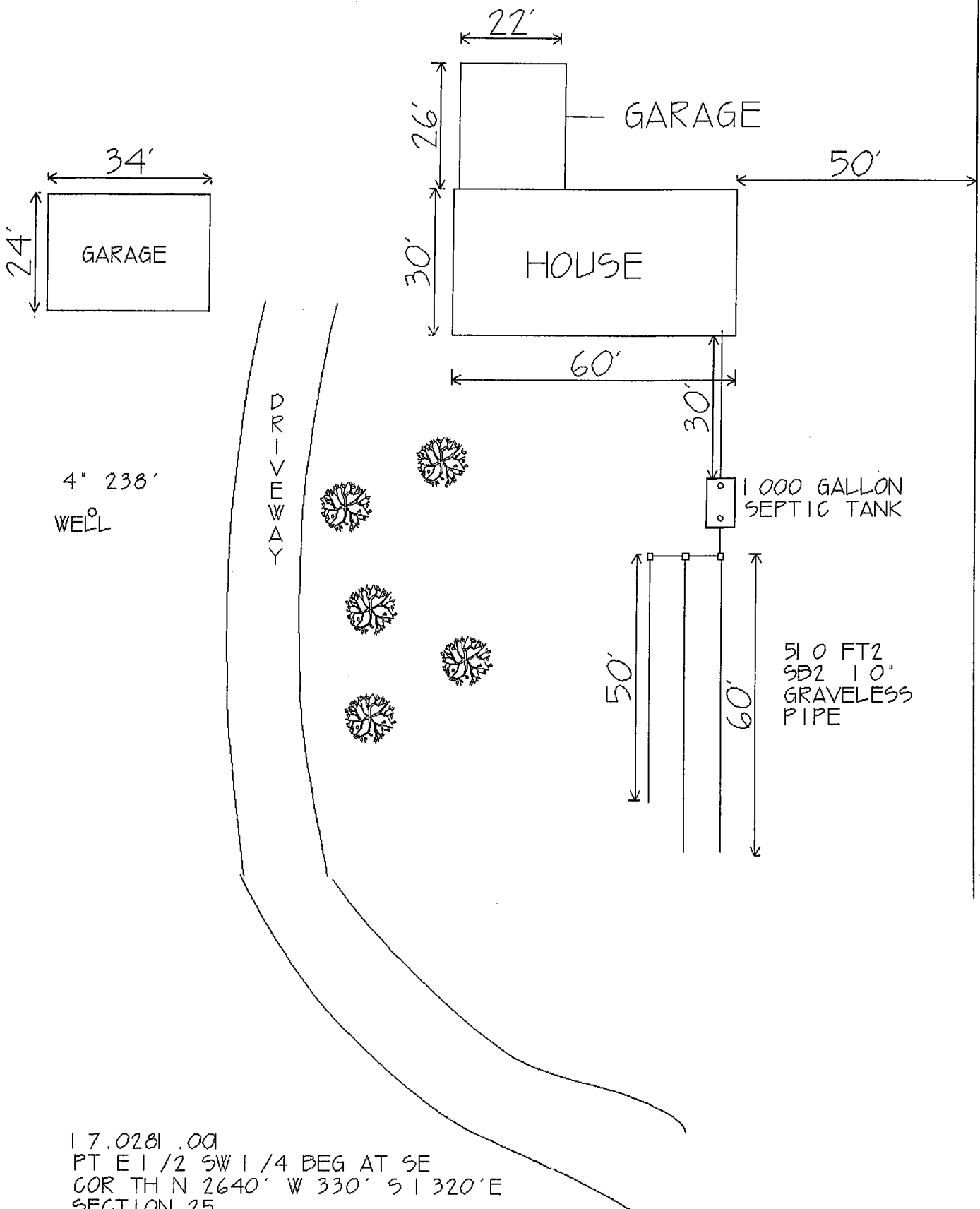
SEWAGE DISPOSAL SYSTEM DATA

Installed in 19 <u>90</u>	Septic Tank	Drain Field
Capacity	<u>1000</u> Gls.	<u>375</u> Sq. Ft.
Distance from nearest well	<u>50</u> Ft.	<u>50</u> Ft.
Distance from lake or stream	<u>NA</u> Ft.	<u>NA</u> Ft.
Distance from occupied building	<u>10</u> Ft.	<u>20</u> Ft.
Distance from property line	<u>10</u> Ft.	<u>10</u> Ft.
Distance from bottom to Water Table	Ft.	<u>+4</u> Ft.
Lift Pump <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Well Depth	type <u>Drilled</u>

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE. AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED BY A FINE NOT TO EXCEED \$700.00 FOR EACH VIOLATION. NOTIFY THE BECKER COUNTY ZONING ADMINISTRATOR (847-4427) BEFORE BUILDING FOOTINGS HAVE BEEN COMPLETED. NO PART OF THE SEWAGE SYSTEM SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED AND APPROVED. NOTIFY THE ZONING ADMINISTRATOR 24 HOURS BEFORE THE JOB IS READY FOR INSPECTION.

Received By Patty Severson
 Approved By Thayla Overby Mba
 Signature of Owner: TKiebler
 Becker County Zoning Administrator

Date 8/23/90
 BECKER COUNTY
 DETROIT LAKES, MN 56501



17.0281 .00
 PT E 1/2 SW 1/4 BEG AT SE
 COR TH N 2640' W 330' S 1320'E
 SECTION 25

THEODORE KIEBKE, OWNER
 NELS THORSON, INSTALLER
 MPCA NO. 2185

**CERTIFICATE OF COMPLIANCE
SEWAGE DISPOSAL SYSTEM**

This certificate has been issued this 28 day of September 19 90
to certify compliance on described premises and has been inspected by myself or my assigns on
September 28, 1990 and that the applicable codes, ordinances, and supporting data on
file were correct.

Parcel # 17-0281-001

Property description PT. E 1/4 SW 1/4 BEG. AT SE COR THE N 2640' W 330' S 1320' E.
LAKE EUNICE TOWNSHIP
SECTION 25

Lake Name: NA

All horizontal distances meet the Becker County Zoning Ordinance and codes. With proper
maintenance this system can be expected to function satisfactorily, however this is not a
guarantee.

This certificate was issued to: Name: THEODORE KIEBKE

Address: ROUTE 1 BOX 276A

City, State, & Zip: DETROIT LAKES, MN 56501

PERMIT NO. 19-119 Signed by Floyd Swenby
Zoning Administrator Becker County



LEGAL
DESCRIPTION
AND
LOCATION

Pt E $\frac{1}{2}$ SW $\frac{1}{4}$ BEG AT SE COR THE N 2640' W 330' S 1320'

NA Lake No. NA Lake Name NA Lake Classif. 25 Sec. 138 TWP 42 Range LAKE EUNICE TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address - No. Street, City, and State	Zip No.	Tel. No.
	KIEBKE, THEODORE			ROUTE 1 BOX 276A DETROIT LAKES, MN 56501		
Contractor	Name					

	ACTUAL IS ↓	MINIMUM Shall Be ↓	Sq. Ft.
Building Set Back From High Water Mark			
Building Set Back From Highway			
Side Yard	_____ & _____ Ft.	_____ & _____ Ft.	
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 <i>Bathroom only -</i>	500 Gl.	1000 (2) Gl.	20 LF SF	3-375 SF		
Distance from Nearest Well	+50 F	50 F	+50 F	50 F	F	F
Distance from Lake or Stream	N/A F	NA F	N/A F	NA F	F	F
Distance from Occupied Building	+20 F	10 F	+30 F	20 F	F	20 F
Distance from Property Line	+10 F	10 F	+10 F	10 F	F	10 F
Distance from Bottom to Water Table	-- F	-- F	+4 F	4 F	F	4 F

Inspector's Comments:

200' x 20" well

Cabin convert to garage

rock.

INTERPRETATION
OF ABBREVIATIONS

Gl -- Gallons
SF -- Square Feet
F -- Linear Feet

Margaret M. Foster
Inspector's Signature & Title

Inspection
Dated

Sept 28, 19*90*

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

Application Number 7136
Tax Parcel Number 17.0281.001
Fire Number of Project Location L 2627

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) Kiebke, Theodore		2. Authorized Agent (If applicable)	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) Route 1 Box 276A, Detroit Lakes, MN 56501			
4. Day Phone	5. Evening Phone	6. Section 25 138 42	7. Township Lake Eunice

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name
Pt E 1/2 SW 1/4 Beg at SE Cor Th N 2640' W 330' S 1320' E 280' S 1320' E 50' to Beg

7. Note: If the property is a metes and bounds description, check here [] and attach a copy of the exact legal description.

<p>SEWAGE SYSTEM DATA</p> <p>Anticipated Use</p> <p>a. <input checked="" type="checkbox"/> Single Family</p> <p>b. <input type="checkbox"/> Multiple Family</p> <p>c. <input type="checkbox"/> Commercial</p> <p>d. <input type="checkbox"/> Agricultural</p> <p>e. <input type="checkbox"/> Other (specify)</p> <p>Type of System</p> <p>a. <input type="checkbox"/> Septic Tank Only</p> <p>b. <input type="checkbox"/> Drainfield Only</p> <p>c. <input checked="" type="checkbox"/> Septic Tank & Drainfield</p> <p>d. <input type="checkbox"/> Holding Tank</p> <p>e. <input type="checkbox"/> Alternative System (specify)</p> <p>Type of Drainfield</p> <p>a. <input checked="" type="checkbox"/> Standard System</p> <p>b. <input type="checkbox"/> Mound (pressure distribution)</p> <p>c. <input type="checkbox"/> Mound (gravity distribution)</p> <p>Well Data</p> <p>a. Depth: <u>238'</u></p> <p>b. Diameter: <u>4"</u></p> <p>Type of Well</p> <p>a. <input checked="" type="checkbox"/> Drilled</p> <p>b. <input type="checkbox"/> Sand Point</p>	<p>1 Inch Equals _____</p> <p>DESIGN</p> <p align="center"><i>See Attached Site Plan</i></p> <p align="center">Show Distance Between Sewage System And Buildings, Property Lines, Lake, Roads And All Wells Within 125 Feet.</p>
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	Tank	Drainfield		Tank	Drainfield
Distances to Well:	- 700	190	Distance to Pressure Line:	- 150	50
Distance to Building:	- 30	45	Tank Capacity (gal.) & Area of Drainfield (ft. 2):	- 1000	570 FT
Distance to Property Line:	- 50	50	Distance to Ordinary High Water Level:	- N/A	N/A
Distance to Suction Line:	- N/A	N/A	Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	- N/A	4

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct: _____

Signature of Applicant Date

TO BE COMPLETED BY ZONING OFFICE

CERTIFICATE IS HEREBY DENIED: (See Back For Reasons)

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.

BECKER COUNTY ZONING OFFICE

Patricia Swenson
Signature

Zoning Inspector 11-18-93
Title Date

