17.0472.000

Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

170472000

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:

RECEIVED
JUL 24 2013
ZONING

System Status

System status on date (mm/dd/yyyy): 7-21-2013

☒ **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: 11048 S Lake Eunice Dr
Parcel ID# or Sec/Twp/Range: 170472000
Property owner: Mike Montpleisir
or
Reason for inspection: Mandate
Owner's phone:
Owner's representative:
Local regulatory authority:
Representative phone:
Brief system description: 1000 gal tank - 300 lift - mound drainfield
Regulatory authority phone:
Comments or recommendations: Tank only 30' from well - grandfathered in until system fails - then new setback will need to be in effect

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: Doug Boyer
Business name:
Certification number: 478
Inspector signature: Doug Boyer
License number:
Phone number: 478

Necessary or Locally Required Attachments

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

Property address: _____ Inspector initials/Date: _____

1. Impact on Public Health – Compliance component #1 of 5

Compliance criteria:	
System discharge sewage to the ground surface.	☐ Yes ☒ No
System discharge sewage to drain tile or surface waters.	☐ Yes ☒ No
System cause sewage backup into dwelling or establishment.	☐ Yes ☒ No

Any "yes" answer above indicates the system is an Imminent Threat to Public Health and Safety.

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)*

Comments/Explanation:

2. Tank Integrity – Compliance component #2 of 5

Compliance criteria:	
System consists of a seepage pit, cesspool, drywell, or leaching pit. *Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.*	☐ Yes ☒ No
Sewage tank(s) leak below their designed operating depth.	☐ Yes ☒ No
If yes, which sewage tank(s) leaks:	

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

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)*

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:

Property address: _____ Inspector initials/Date: _____

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____ ☒ 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	41'
B. Periodically saturated soil/bedrock	21+
C. System separation	3'
D. Required compliance separation*	36"

*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.

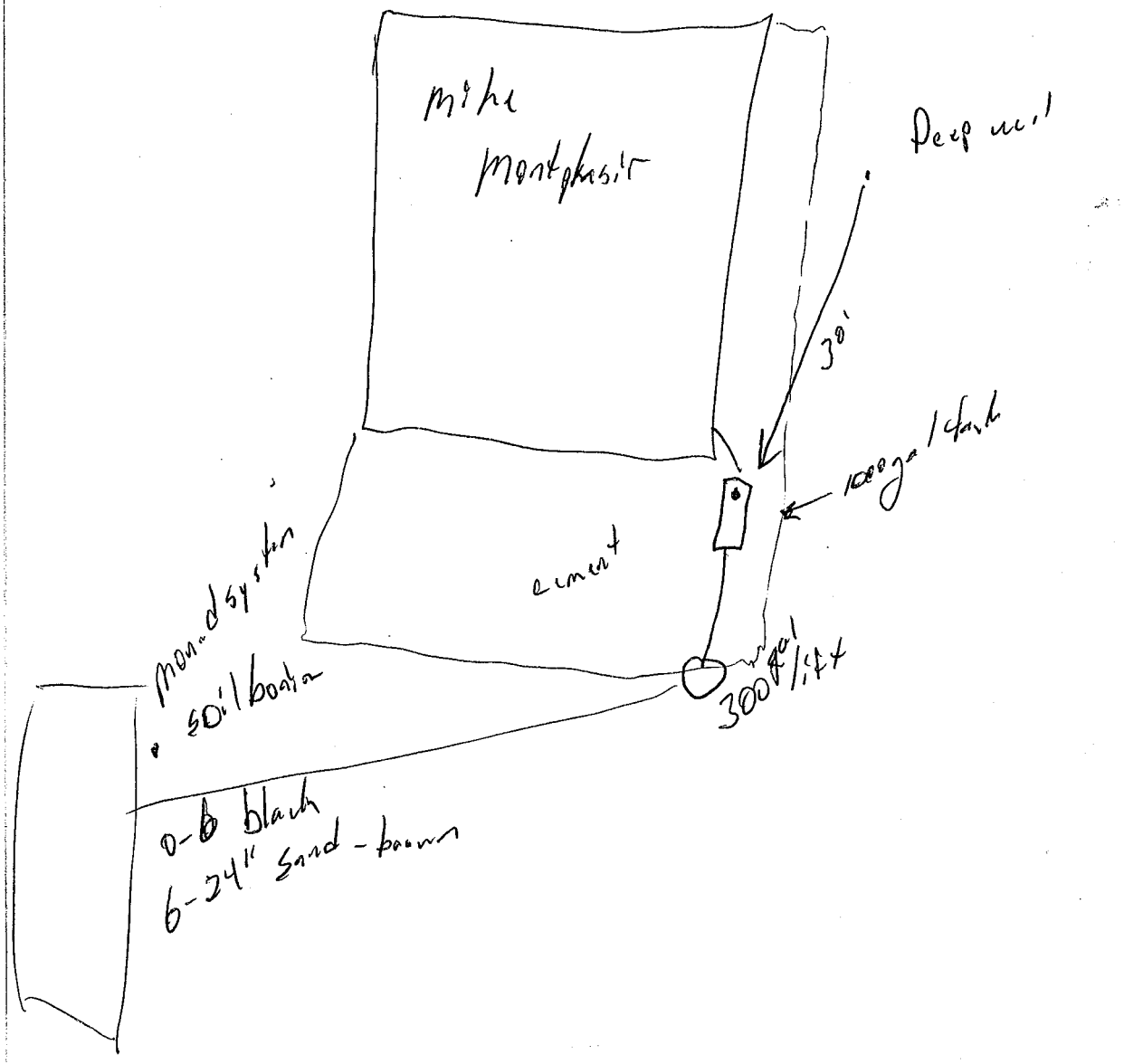
Compliance criteria

a. Operating Permit number: _____ Have the Operating Permit requirements been met?	☐ 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.*

Lake Eunice


mike
monkphasit
Deep well
38'
1000 gal/flush
cement
mound system
50'/bed
300' 4" PVC
0-6 black
6-24" Sand - brown

DESIGN PAD

BECKER COUNTY

Department Zoning

Becker County Courthouse

Detroit Lakes, MN 56501

Subject

Name Bob Harris

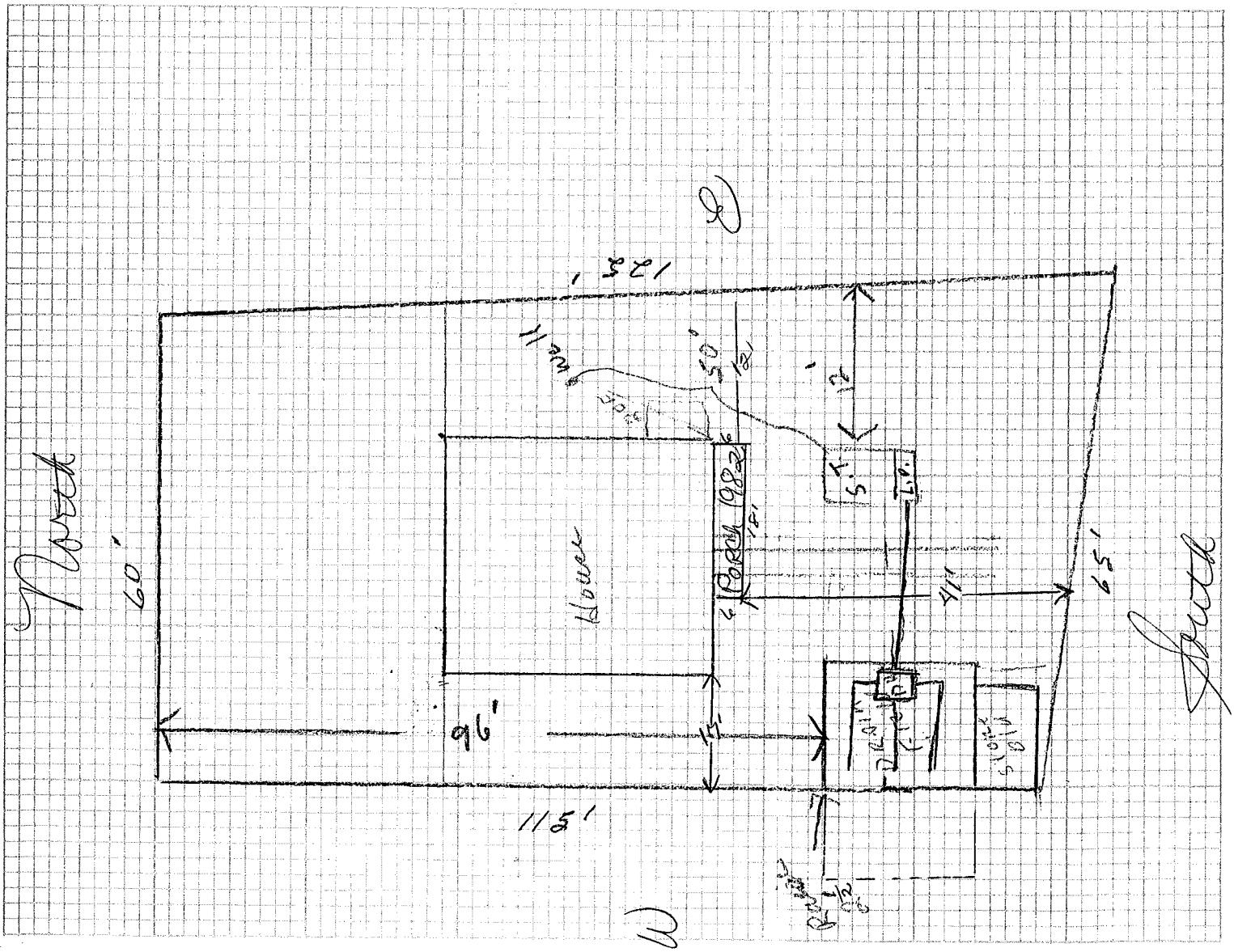
Address Bx 202 G

Town D.L State Minn. Zip Date 5-5-78

Location or Legal Description Berggust Beach. Lot 7. 4th add.

Remarks: Sewer system, Mound type Seepage Bed 15'x20' with lift pump from septic tank, needs 2½ feet of fill on Bed. Area. ~~Sbbb~~ Set this up for Mr. Harris 5-5-78 will have Mr Bullock install system - Mark

Signature Robert Harris



BECKER COUNTY

Sewage Permit No. SP № _____

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.

Floyd Svenby

_____

Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA
Board of County Commissioners

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: Floyd Svenby

Zoning Administrator
Becker County, Minnesota

INSPECTOR'S CHECK LIST

Make all measurements and computations

	ACTUAL IS ↓		MINIMUM Shall Be ↓	
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.

SEWAGE DISPOSAL SYSTEM STATISTICS

Bed 13 x 20

CATEGORY	SEPTIC TANK Actual		SEPTIC TANK Should be		SEEPAGE PIT Actual		SEEPAGE PIT Should be		DRAIN FIELD Actual		DRAIN FIELD Should be	
Capacity	1000	Gls.		Gls.	300	S.F.		S.F.		S.F.		S.F.
Distance from Nearest Well	50	F.		F.	65	F.	75	F.		F.	50	F.
Distance from Lake or Stream	100	F.		F.	120	F.		F.		F.		F.
Distance from Occupied Building	30	F.	10	F.	35	F.	20	F.		F.	20	F.
Distance from Property Line	10	F.	10	F.	—	F.	10	F.		F.	10	F.
Distance from Bottom to Water Table	—	F.	—	F.	4	F.	4	F.		F.	4	F.

Inspector's Comments: Lift station to Seepage Bed w/ [illegible] on line
And [illegible] well [illegible]

INTERPRETATION OF ABBREVIATIONS
Gls — Gallons
SF — Square Feet
F — Linear Feet

Mark Kuehnl
Inspector's Signature

Inspection Dated 5-26 1978

Yellow — Owner
Pink — Assessor
Goldenrod — Inspector

BECKER COUNTY ZONING ADMINISTRATOR

Permit No. 781

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

Date 5-5-78

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION: Bergwick Beach Add Lot 7

E½ NW¼ SW¼ Sec. 20 TWP. 138 Range 42 Lake Sunset

Lake No. | Lake Name | Lake Class | Sec. | TWP. | Range | TWP. Name

IDENTIFICATION (Please Print All Information)

	Last Name	First	Initial	Mailing Address — No. Street, City and State	Zip No.	Tel. No.
Owner	Harris	Robert	A.	Rt 2 Box 262 C Detroit Lakes	56501	
Contractor	Name Bergwick					

TYPE OF IMPROVEMENT: (X) New Building ( ) Alteration ( ) Other Sewer System

RESIDENTIAL PROPOSED USE: (X) One Family Dwelling ( ) Multiple Dwelling ____ Units

NON-RESIDENTIAL PROPOSED USE: Specify ____ Size ____

ESTIMATED COST OF IMPROVEMENT $ ____ Construction Starting Date ____

PRINCIPAL TYPE OF FRAME: ( ) Masonry (X) Wood Frame ( ) Structural Steel ( ) Other — Specify ____

Type of Roof ____

TYPE OF SEWAGE DISPOSAL: (X) Public ( ) Individual Septic Tank, etc.

WATER SUPPLY: ( ) Public (X) Individual Well

MECHANICAL EQUIPMENT: Elevator ( ) Yes (X) No; Air Conditioning ( ) Yes (X) No; ( ) Central ( ) Unit

DIMENSIONS: Basement: Yes ( ) No (X); Stories above basement ____; Sq. feet (outside dimension) ____; Bedrooms 2; Baths 1

HEATING: ( ) Electric ( ) Gas ( ) Oil ( ) Coal ( ) None (X); Other Blr 15 x 20

SEWAGE DISPOSAL SYSTEM DATA	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	500 Sq. Ft.	Sq. Ft.
Distance from nearest well	50 Ft.	50 Ft.	Ft.
Distance from lake or stream	50 Ft.	50 Ft.	Ft.
Distance from occupied building	10 Ft.	10 Ft.	Ft.
Distance from property line	10 Ft.	10 Ft.	Ft.
Distance from bottom to Water Table	Ft.	4 Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 125 x 120 square feet; Water frontage is 80 feet

Building set back from high water mark is 39 feet (Building Line)

Land height above high water mark at building line is 4 feet

Building set back from State highway is ____ feet from road or street Co. Rd. 4 Sunset Road feet

Side yard is 12 and ____ feet; Rear yard is ____ feet

Building will be located 20 feet from septic tank (Sewage System Permit must be obtained before installation)

Building will be located 30 feet from soil absorption system (Cesspool, Drainfield, etc.)

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 5-5-78 Robert Harris

Signature of Owner

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 ____

Becker County Zoning Administrator ____

Permit Fee $ 10.00 State Surcharge $ 5.00

Comments: ____