



170574023

BECKER COUNTY ATTORNEY

COUNTY ATTORNEY:
Brian W. McDonald

913 Lake Ave
Detroit Lakes, MN 56501
(218) 847-6590 • FAX (218) 844-6748

ASSISTANTS:
Braden F. Sczepanski
Nathaniel D. Welte
Lisa M. Tufts
Matthew D. Jorud

Rod and Bernie Moser
P O Box 81238
Billings MT 59108

April 22, 2020

Re: Property ID Number: 170574023

Dear Property Owner:

The Becker County Zoning Office has forwarded your property file to our office for not complying with the deadlines of the Shoreland Individual Sewage Treatment Compliance Program.

Property Owners were given until September 30, 2016 to submit a compliance inspection with an extension until September 30, 2019 to either upgrade a noncompliant system or submit a compliance inspection showing a compliant system.

To avoid further legal action, you must furnish a Certificate of Compliance to the Zoning Office by June 5, 2020 or submit a design and site evaluation and obtain a septic permit by June 5, 2020 and have the new system installed by September 4, 2020.

If you have any questions, please contact the zoning office at 218-846-7314.

Sincerely yours,

BECKER COUNTY ATTORNEY'S OFFICE

/s/ Lisa M. Tufts

Lisa M. Tufts

Assistant Becker County Attorney

lisa.tufts@co.becker.mn.us

LMT:ldb

cc: Becker County Planning & Zoning

Onsite Septic System Site Evaluation/Design

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

Parcel Number(s) of property system will be installed 17-0574-023
(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 5 Township 138 Range 42 Township Name LAKE EUNICE
Lake Name LEAF LAKE Lake Classification REC
Legal Description: BLACK HAWK MTN Bch 3rd ADDN,
Lot-003, Block-001, 1.89 AC
Project Address: N/A

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

Owner's First Name ROD & BERNIE Owner's Last Name MOSCR
Mailing Address 1800 CRYSTAL DR City, State, Zip BILLINGS, MT 59106
Phone Number 406-651-9169

3. DESIGNER/INSTALLER INFORMATION

Designer Name Todd Rosteman Company Name CENSTONE License # 2347
Address 15580 460TH AVE Phone Number 218-334-3274
Installer Name SAME Company Name _____ License # _____
Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 3-20-06

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 450 Gallons Per Day
Number of Bedrooms 3
Garbage Disposal Yes No
Grinder Pump in House Yes No
Lift station in House Yes No

Well Depth DEEP 150+
Depth of other wells within
100 ft of system _____

Original Soil Compacted Soil _____
Type of Soil Observation
Pit _____ Probe _____ Boring _____
Depth to Restricting Layer _____ NIA
Maximum Depth of System _____

*NOTE: Ground is Froze, will complete test
when it has thawing out

✓ all SS
✓ In Intake

Size of All Tanks to Be installed
1000 gal Septic Tank
 ___ gal Lift Station
 ___ gal Holding Tank
 ___ gal Other Tanks

Type of Drainfield Medium to be used
 Chamber α-43
 ___ H10 EQ36
 ___ Drainfield Rock
 ___ 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
752 sq ft
 ___ sq ft
 ___ sq ft
 ___ sq ft
 ___ sq ft

SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>108'</u>	<u>108'</u>
Distance to Building	<u>45'</u>	<u>45'</u>
Distance to Property Line	<u>16'</u>	<u>16'</u>
Distance to OHW	<u>N/A</u>	<u>N/A</u>
Distance to Pressure Line	<u>---</u>	<u>---</u>

Perc Rate _____ Soil Sizing Factor 1.67 *If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
<u>0'-8"</u>	<u>Loam</u>	<u>10 YR 2/1</u>	<u>Crumbly</u>				
<u>8'-8"</u>	<u>SAND</u>	<u>10 YR 5/8</u>	<u>" "</u>				
<u>4'-8"-96"</u>	<u>Loam</u>	<u>10 YR 6/6</u>	<u>" "</u>				

5. DESIGNER'S CERTIFIED STATEMENT

I, Todd Rodeman 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).

Todd Rodeman
 Signature of Designer _____ Date 4-21-06

***** FOR OFFICE USE ONLY *****
 Application Approved by: Hebi Moltis Date: 4-20-06
 Amount Paid 100 Receipt Number 102657 Permit Number _____
316783

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.

Jault & Stoll _____ ISTS Inspector _____ 5/22/06
 Signature Title Date
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed 5/22/06 Inspected by Jault & Stoll

Size of All Tanks to Be installed
1000 gal Septic Tank
 ___ gal Lift Station
 ___ gal Holding Tank
 ___ gal Other Tanks

Type of Drainfield Medium to be used
 Chamber 2-43
 ___ H10 ___ EQ36
 ___ Drainfield Rock
 ___ Rock Depth
 ___ Gravelless
 ___ Experimental
 ___ No Drainfield

Type of Alarm ___
 Size of Lift Pump ___
 Size of Lift Line ___

Type of Drainfield to be installed Size of Drainfield sq ft to be installed
 Trench 752 sq ft
 ___ At-grade ___ sq ft
 ___ Pressure Bed ___ sq ft
 ___ Seepage Bed ___ sq ft
 ___ Mound ___ sq ft

SETBACKS
 TANK DRAINFIELD
 Distance to Well 108' 108'
 Distance to Building 45' 45'
 Distance to Property Line 16' 16'
 Distance to OHW N/A N/A
 Distance to Pressure Line --- ---

Perc Rate ___ Soil Sizing Factor 1.67 *If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
<u>0-8"</u>	<u>Loam</u>	<u>10 YR 2/1</u>	<u>Coarse</u>				
<u>8-38"</u>	<u>SAND</u>	<u>10 YR 5/8</u>	<u>" "</u>				
<u>48-96"</u>	<u>Loam</u>	<u>10 YR 6/6</u>	<u>" "</u>				

5. DESIGNER'S CERTIFIED STATEMENT

I, Todd Rodeman 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).

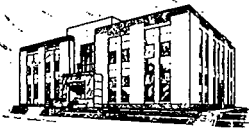
Todd Rodeman
 Signature of Designer Date 4-21-06

*****FOR OFFICE USE ONLY*****
 Application Approved by: Hebi Moltis Date: 4-20-06
 Amount Paid 100 Receipt Number 102057 Permit Number 326783

CERTIFICATE OF COMPLIANCE

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 (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.

Jared Stoll ISTS Inspector 5/22/06
 Signature Title Date
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed 5/22/06 Inspected by Jared Stoll



BECKER COUNTY

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

Application No.
Tax Parcel No.

SKETCH PLAN FORM H

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 = 40' feet

Drawing By: Todd Rodman

Date of Drawing: 3-20-06

Remarks: _____



Lot is 1.89 ACRES

Signature
136

