

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

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

1. PROPERTY DATA (as it appears on the Parcel Number(s) of property system will be install (if parcel is a new orbit and second in the parcel is a new orbit and secon	led /7 - A con 494/_ A	23
(if parcel is a new split and a parcel number has a been split from) Section Township Range	not yet been issued, indicate the ma	ain parcel number from which the new parcel has
Lake Name	Township Name	RE ZUNICE
Legal Description: Black Haw	Lake Classification	REC
Lot-003, Block-00,	NIN BCH	3Rd Alech
Project Address:	1189 AC	
2201 ERTT OWNER HATORINATIO	N (as it appears on the tax statement	t, purchase agreement or deed).
Owner's First Name Rod & Brewic	Owner's Last Name	Moser
Mailing Address 1800 CR13441 Phone Number 406 -651- 9	City, State, Zip	Billings, M+ 59106
•	•	
3. DESIGNER/INSTALLER INFORMAT		10.
Designer Name Tock Revenue Address 15580 460th Auc	Company Name	License # <u>1347</u>
	Phone Number 218 334	3274
Installer NameSAME.	Company Name	License #
Address	Phone Number	
4. SYSTEM DESIGN INFORMATION	,	
Date of Site Evaluation 370006		
EXISTING SYSTEM STATUS - Check One	What will new system serve? Che	ck one
No existing system-new structure Cesspool/Seepage	DwellingResort/Commercial	
Failing (other than cesspool)Undersized	Commercial (non resort)	
Replacement or repair to existing	Other – explain below	
Design Flow 450 Gallons Per Day	Well Depth Dech 150+	
Number of Bedrooms Garbage Disposal Yes No	Depth of other wells within	Original Soil Compacted Soil Type of Soil Observation
Grinder Pump in House Yes No Lift station in House Yes No	100 ft of system	Pit Probe Boring Depth to Restricting Layer
		Maximum Depth of System
PRIOTE: GROUND is	TROZE, WILL	complete test
when it has that	wing out	Van Dutake
		. 0/1 (3/0/3/20

Size of All Tanks to Be installed		Type of Drainfield M to be used	edium	Type of Alar Size of Lift I		
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gal Lift Station		H10	· •	DIZE OF EAR I	<u> </u>	
gal Holding Tank	ζ	Drainfield Roo				
gal Other Tanks		Rock 1				
		Gravelless	-			
		Experimental				
		No Drainfield				
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Type of Drainfield to be Trench	installed Size of	Drainfield sq ft to be in	istalled	ጥ ልን	SETBACKS	
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Pressure Bed		sq ft	Distance to W		We !	
Seepage Bed			Distance to B		1/2	16
Mound		sq ft	Distance to O		N. C. Ber	A.S. 1169
		54 11	Distance to Pr		S. S	
		/				
Perc Rate	Soil Sizing	Factor /16	*If SS	SF other than .83,	attach Perc Te	est Data
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Signature of Designer				Date		06
				2410		
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Application Approved by:	Hebi -	1/10003		Date:	0000	·
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		CERTIFICATE C	F COMPLIANCE	£		
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With property maintenar	nce, this system can	be expected to function	satisfactory, howe	ver, this is not a g	guarantee.	
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within 100' of drainfield

[] fill & grading limits

BECKER COUNTY

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

SKETCH PLAN FORM H

Please be as complete as possible.	include all of the items listed below where applicable.
GENERAL CHECKLIST	WATER RESOURCE CHECKLIST
[ˈ] scale	location of ordinary
[🔏 north arrow	high water level (OHWL)
[lot dimensions	[] location of present
[Yes structure location	(water line
[] side lot setback	[} setback from OHWL
[🖈 road setback	[] location of highest
[} septic tank location	້ _ລ ຸ known water level
[] _drainfield location	[🎻 existing local drainage
[] location of all wells	[] elocation of wetland areas

Application No.

Tax Parcel No.

Scale of Diagram: 1 inch = 40 feet

Drawing By: Total Rosentas

Date of Drawing: 3-20-06

