



Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Su



170574026

(TS)
ment

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:



SCANNED

System Status

System status on date (mm/dd/yyyy): 5/8/2019

[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

Parcel ID# or Sec/Twp/Range: 170574026

Property address: 15356 BLACK HAWK RD Reason for inspection: COUNTY REQUEST

Property owner: TODD BOLINGER Owner's phone: [Handwritten: Uk study]

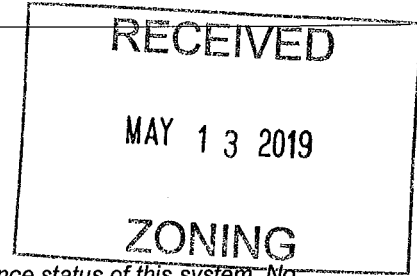
Owner's representative: Representative phone:

Local regulatory authority: BECKER CO ZONING Regulatory authority phone: 218-846-7314

Brief system description: 1500/2 GAL TANK AND APPROX 1000 SQ FT DRAINFIELD

Comments or recommendations:

ONLY THE FIRST OUT OF 5 TRENCHES HAD ANY WATER IN THEM



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: RICK RENNER Certification number: 7202

Business name: REXNER EXC LLC License number: 2567

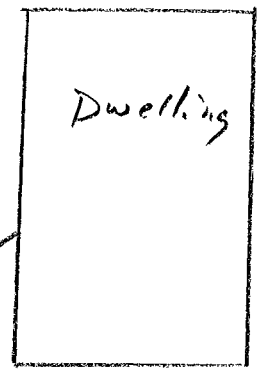
Inspector signature: [Handwritten: Rick Renner] Phone number: 439-3514

Necessary or Locally Required Attachments

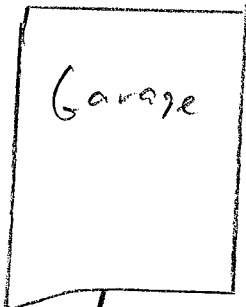
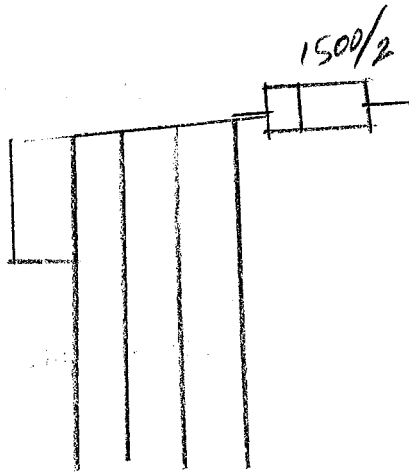
- [] Soil boring logs [X] System/As-built drawing [] Forms per local ordinance
[] Other information (list):



Deal
• well



Leaf
Lake
200'



Prop Line



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: 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:

Indicate depths or elevations

A. Bottom of distribution media	24"
B. Periodically saturated soil/bedrock	7'+
C. System separation	4'+
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.

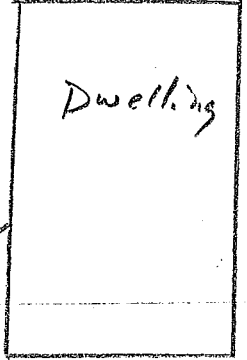
Compliance criteria

- a. Operating Permit number: _____ Yes No
Have the Operating Permit requirements been met?
- b. Is the required nitrogen BMP in place and properly functioning? Yes No

Any "no" answer indicates Noncompliance.

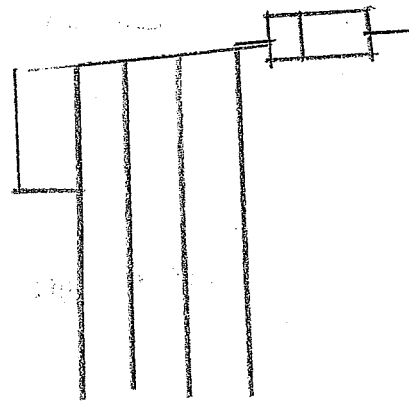
Upgrade Requirements (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, 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.

Deep well

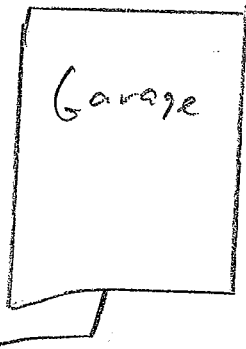


Dwelling

Leaf
Lake
200'



1500/2



Garage

Prop Line





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 R170574026
(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 Leif Lake Classification RD

Legal Description: Black Hawk Mountain Beach 3rd Add. Lot 6 Block 1

Project Address: 15356 Blackhawk Rd.

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

Owner's First Name Todd Owner's Last Name Bollinger

Mailing Address 5149 Rose creek Parkway City, State, Zip Fargo ND 58104

Phone Number 701-212-2236

3. DESIGNER/INSTALLER INFORMATION

Designer Name Rick Renner Company Name Renner Excavating License # 2567

Address 14306 Col Hwy 11 Audubon Phone Number 439-3514 849-0239

Installer Name Same Company Name _____ License # _____

Address _____ Phone Number _____

4. SYSTEM DESIGN INFORMATION

Date of Site Evaluation 7-2-07

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 600 Gallons Per Day
Number of Bedrooms 4
Garbage Disposal Yes No
Grinder Pump in House Yes No
Lift station in House Yes No

Well Depth > 50'
Depth of other wells within
100 ft of system _____

Original Soil Compacted Soil _____
Type of Soil Observation
 Pit Probe Boring
Depth to Restricting Layer > 84"
Maximum Depth of System 48"

Acc Land

Size of All Tanks to Be installed
1500 gal Septic Tank
 _____ gal Lift Station
 _____ gal Holding Tank
 _____ gal Other Tanks

Type of Drainfield Medium to be used
 Chamber
 _____ H10 _____ EQ36 Q4
 _____ Drainfield Rock
 _____ Rock Depth
 _____ Gravelless
 _____ Experimental
 _____ No Drainfield

Type of Alarm None
 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
1320 sq ft
 _____ sq ft
 _____ sq ft
 _____ sq ft
 _____ sq ft

SETBACKS

	TANK	DRAINFIELD
Distance to Well	> 50'	> 50'
Distance to Building	20'	> 30'
Distance to Property Line	> 40'	10'
Distance to OHW	> 84"	> 84"
Distance to Pressure Line	> 20'	> 30'

Perc Rate _____ Soil Sizing Factor 2.2 *If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-6"	Top Soil	10YR 2/2	Blocky	0-10"	Top Soil	10YR 2/2	Blocky
6"-27"	clay loam	10YR 4/4	Blocky	10"-30"	clay loam	10YR 4/4	Blocky
27"-72"	clay loam	10YR 5/6	Blocky	30"-66"	clay loam	10YR 5/6	Blocky
72"-84"	clay loam	10YR 5/6	Blocky	66"-84"	clay loam	10YR 5/6	Blocky

5. DESIGNER'S CERTIFIED STATEMENT

I, Rick Romer 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).

Rick Romer Signature of Designer
 _____ Date 7-24-07

*****FOR OFFICE USE ONLY*****
 Application Approved by: Jane A. Stoll Date: 7/25/07
 Amount Paid 8100.00 Receipt Number 142211-304337 Permit Number 7125107

CERTIFICATE OF COMPLIANCE

() Certificate Is Hereby Denied
 Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data. With proper maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Jane A. Stoll Signature
 _____ Title ISTS inspector
 _____ Date 7/31/07

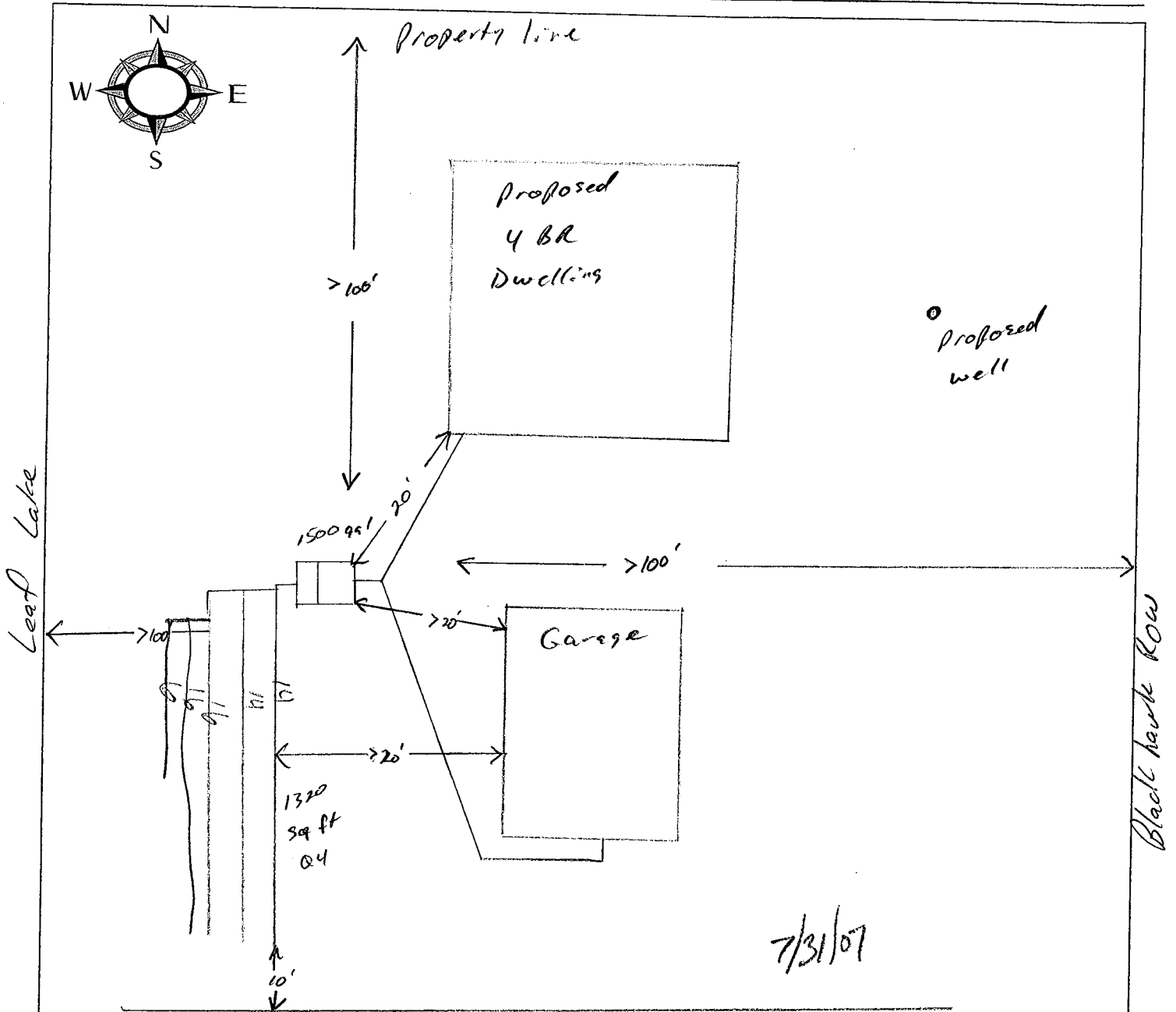
(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
 Date System Installed 7/31/07 Inspected by Jane A. Stoll

SITE PLAN

I hereby agree to have flags, lathes, or ribbons in place for inspection by date: _____

I understand that Becker County will not issue the permit until staking has been approved.

Signature _____



I hereby certify and agree that the above sketch accurately represents the work to be done in conjunction with this permit.

Applicant or Agent

Paul Bremer

Date 7-24-07

SITE PLAN EXAMPLE

NT

