

17, 0685,000



Minnesota Pollution Control Agency

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

Existing

Compliance Inspection Form



170685000

ISTS)

rcement

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

MAY 03 2016

ZONING

System Status

System status on date (mm/dd/yyyy): 5/2/2016

Compliant – Certificate of Compliance

Noncompliant – Notice of Noncompliance

(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)

(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: 170685000

Property address: 12150 Tangelwood Rd. Audubon Reason for inspection: county request

Property owner: Jason Schenck Owner's phone: _____

or

Owner's representative: _____ Representative phone: _____

Local regulatory authority: Becker County Regulatory authority phone: 848-7314

Brief system description: holding tank

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: Randy Anderson Certification number: 3044

Business name: Anderson On-Site License number: 634

Inspector signature: [Signature] Phone number: 218-849-3072

Necessary or Locally Required Attachments

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

Property address: 12150 Tangelwood Rd. Audubon

Inspector initials/Date: PA | 5/2/2016
 (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:

camera

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:

Property address: 12150 Tangelwood Rd. Audubon

Inspector initials/Date EA | 5/2/2016
(mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: 5/14/1985 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.

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 or elevations

A. Bottom of distribution media	
B. Periodically saturated soil/bedrock	
C. System separation	
D. Required compliance separation*	

*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: _____ 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 falling to protect

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: *[Signature]*
Zoning Administrator
Becker County, Minnesota

INSPECTOR'S CHECK LIST
 Make all measurements and computations

Location	Actual	Minimum
	IS ↓	Shall Be ↓
Building Set Back from High Water Mark	33 Ft.	10 Ft.
Building Set Back from State Highway	Ft.	10 Ft.
Side Yard	& Ft.	& Ft.
Rear Yard	Ft.	Ft.
Elevation at Building Line above High Water Mark	Ft.	Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	1600					
Distance from Nearest Well	50			75		50
Distance from Lake or Stream	75					
Distance from Occupied Building	10	10		20		20
Distance from Property Line	10	10		10		10
Distance from Bottom to Water Table				4		4

Inspector's Comments: *Holding tank only. Called this in.*

INTERPRETATION OF ABBREVIATIONS

- GIS — Gallons
- SF — Square Feet
- LF — Linear Feet

Dated: _____
 Inspector's Signature: *Mark Kuehn*

Inspection Dated: *6-12-1978*
 Agency: _____

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION

Tract 12-0170-25
 Lake No. Lake Name Lake Class. Sec. TWP. Range TWP. Name

IDENTIFICATION: Please Print All Information

Last Name: Hurner, E. C. First Initial: E. C. Mailing Address: No. Street City and State: Zip No. Tel. No.

Contractor Name: NEWBORN STATE MFG. CO.

TYPE OF IMPROVEMENT:

() New Building () Alteration () One-Family Dwelling () Multiple Dwelling () Units

NON-RESIDENTIAL PROPOSED USE: Specify

ESTIMATED COST OF IMPROVEMENTS: \$ 100,000.00 Construction Starting Date: 10/1/12

PRINCIPAL TYPE OF FRAME: () Masonry () Wood Frame () Structural Steel () Other - Specify

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

WATER SUPPLY: () Public () Individual Well

Mechanical Equipment: Elevator () Yes () No Air Conditioning () Yes () No () Central () Unit

MECHANICAL EQUIPMENT: Heating: () Electric () Gas () Oil () Coal () None Other

SEWAGE DISPOSAL SYSTEM DATA

Capacity	Septic Tank	Seepage Pit	Drain Field
	Gals.	Sq. Ft.	Sq. Ft.
Distance from nearest well	Feet	Feet	Feet
Distance from lake or stream	Feet	Feet	Feet
Distance from occupied building	Feet	Feet	Feet
Distance from property lines	Feet	Feet	Feet
Distance from bottom to Table	Feet	Feet	Feet

CHARACTERISTICS

Lot Area is _____ square feet Water frontage is _____ feet

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

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

Building set back from State highway is _____ feet from road or street is _____ feet

Side yard is _____ feet Rear yard is _____ feet

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

Building will be located _____ 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: _____ 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: _____ Signature of Becker County Zoning Administrator: _____

Permit Fee \$ _____ State Surcharge \$ _____

Comments: _____

Write - Office
 Yellow - Owner
 Pink - Assessor
 Gold - Inspector

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

Permit No. 10-1170-54
 Date 6-12-78

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

4006

LEGAL DESCRIPTION AND LOCATION: Lot # 8 Bank Club
S. Albertson Beach Lake Eunice
 Lake No. B. Carmichael Lake Name R.D. Lake Classif. 19 Sec. 138 TWP 42 Range Carmichael
 Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name

IDENTIFICATION: Please Print All Information

Check on address

Owner: Last Name Hurner, First G, Initial E, Mailing Address— No. Street, City and State 2605 S. River Shore Drive, Zip No. 56560, Tel. No. Marshall, Mn.
 Contractor Name: _____

TYPE OF IMPROVEMENT: () New Building () Alteration Other _____
 RESIDENTIAL PROPOSED USE: () One Family Dwelling () Multiple Dwelling _____ Units
 NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____

ESTIMATED COST OF IMPROVEMENT \$ _____ Construction Starting Date: _____
 PRINCIPAL TYPE OF FRAME: () Masonry () Wood Frame () Structural Steel () Other — Specify _____
 TYPE OF SEWAGE DISPOSAL: () Public () Individual Septic Tank, etc. WATER SUPPLY: () Public () Individual Well MECHANICAL EQUIPMENT: Elevator: () Yes () No Air Conditioning: () Yes () No () Central () Unit
 DIMENSIONS: Basement: () Yes () No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ HEATING: () Electric () Gas () Oil () Coal () None Other: _____

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>2300</u> Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>55</u> Ft.	Ft.	Ft.
Distance from lake or stream	<u>100</u> Ft.	Ft.	Ft.
Distance from occupied building	<u>65</u> Ft.	Ft.	Ft.
Distance from property line	<u>30</u> Ft.	Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.	Ft.

Holding tank
HOLDING TANK ONLY

All distances are shortest distance between nearest points

CHARACTERISTICS:
 Lot Area is 75 x 170 square feet. Water frontage is 84 feet.
 Building set back from high water mark is 30 feet. (Building Line)
 Land height above high water mark at building line is 6 feet
 Building set back from State highway is _____ feet — from road or street is _____ feet.
 Side yard is 30 and 10 feet. Rear yard is _____ feet.
 Building will be located 10 feet from septic tank (Sewage System Permit must be obtained before installation).
 Building will be located None 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 6-12-78

Kerry J. Carpenter
 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 6-12-78

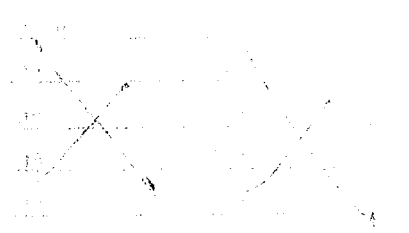
Floyd Avery
 Becker County Zoning Administrator

Permit Fee \$ 10⁰⁰ State Surcharge \$ 50

Comments: pd. 6-12-78

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BECKER COUNTY

Sewage Permit No. SP No. _____

Location: Lake No. _____ Sec. _____ Twp. _____ Range _____ Twp. Name _____

Issued _____ 19____, To _____
Work Authorized _____
HOLDING TANK ONLY

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.

Steph Stearns
Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA
Board of County Commissioners

