Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment System

170836000

RECEIVED
SEP 28 2012
ZONING

RECEIVED
Sept. 28 2012

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:

System Status

System status on date (mm/dd/yyyy): 9-11-12

☒ **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: 17.0836000

Property address: 13827 Pearl Lake Ln

Reason for inspection: County Request

Property owner: Everet Anderson

Owner's phone: 439-6383

or

Owner's representative:

Representative phone:

Local regulatory authority: Becker County Zoning

Regulatory authority phone:

Brief system description: Septic Tank + Drainfield

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: Richard Varebera

Certification number:

Business name: Varebera Backhoe

License number: 1910

Inspector signature:

Phone number:

Necessary or Locally Required Attachments

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

Property address: 13827 Pearl Lake Ln Inspector initials/Date: RV 9-11-12

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.

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. *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.

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 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: 13827 Pearl Lake Ln Inspector initials/Date: RV 9-11-12

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	< 4
B. Periodically saturated soil/bedrock	> 7
C. System separation	> 3
D. Required compliance separation*	3

*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

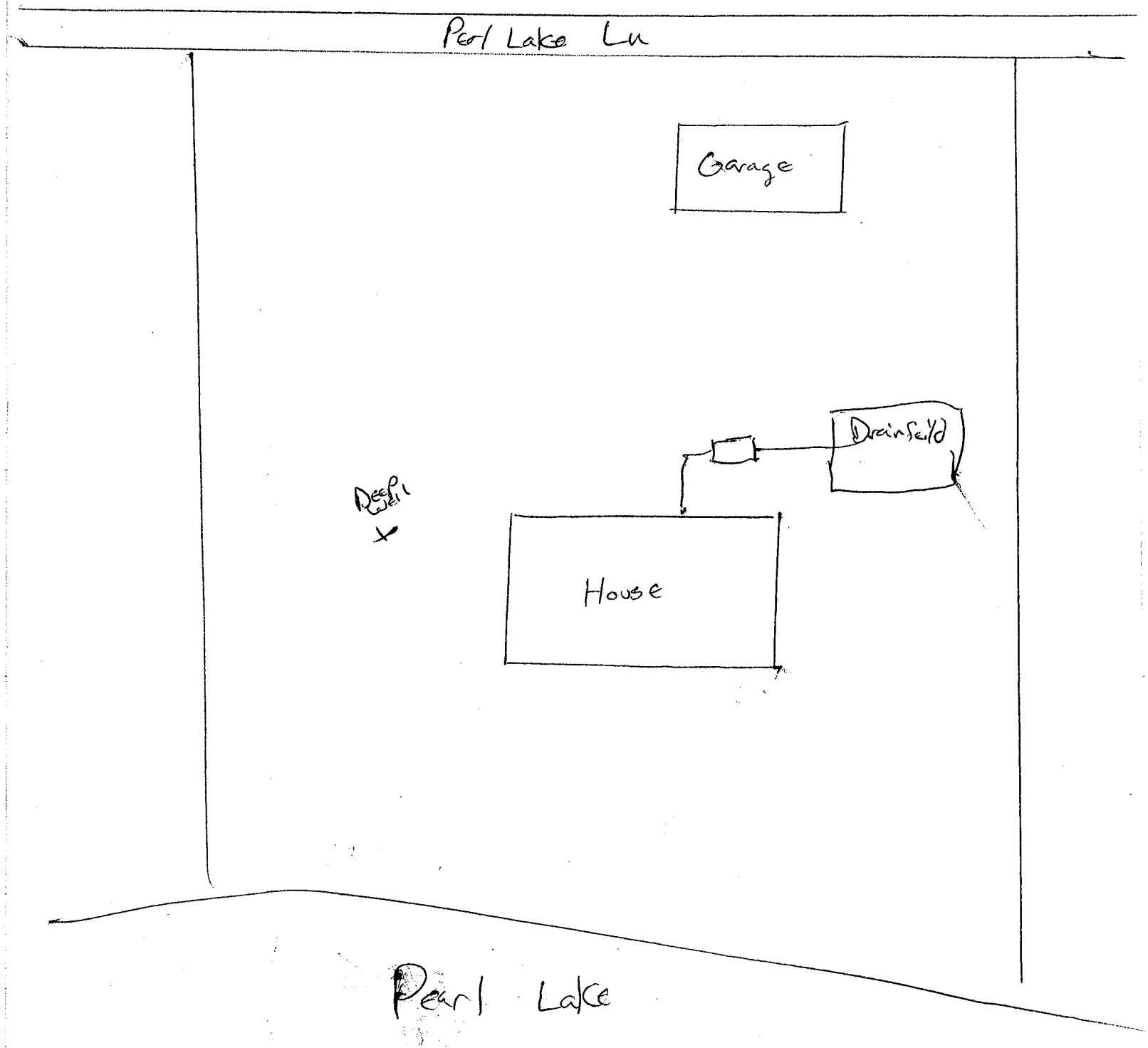
Any "no" answer indicates Noncompliance.

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.*

SKETCH OF PROPERTY

Please sketch all structures and septic systems on the property;
Include setbacks and wells within 100 feet of the property.

PARCEL	
APP	SEPTIC INSPECTION
YEAR	2012



PROPERTY LINE AGREEMENT

I, EVERETT ANDERSON,

owner of the property described as:

_____,

Parcel Number: R17.0836.000 give

KEITH & SANDY SKALIN,

owner of the property described as:

13847 PEARL LK LN DETROIT LAKES,

Parcel Number: R17.0835.000

permission to have their sewer system closer than the required 10 feet to the lot line.

Signed: Everett Anderson

Dated: 10-9-06

Subscribed and sworn to before me this _____ day of _____, 20 _____.

_____

Notary

10-9-06

Jerry Herman 10/9/06

COMPLIANCE INSPECTION

INSPECTION REPORT

FIRE NUMBER _____

LEGAL DESCRIPTION AND LOCATION

KNOLLWOOD GLEN SECOND ADDITION LOT 3 BLOCK 1

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
	PEARL LAKE	RD	11	138	42	LAKE EUNICE

IDENTIFICATION: Please Print All Information

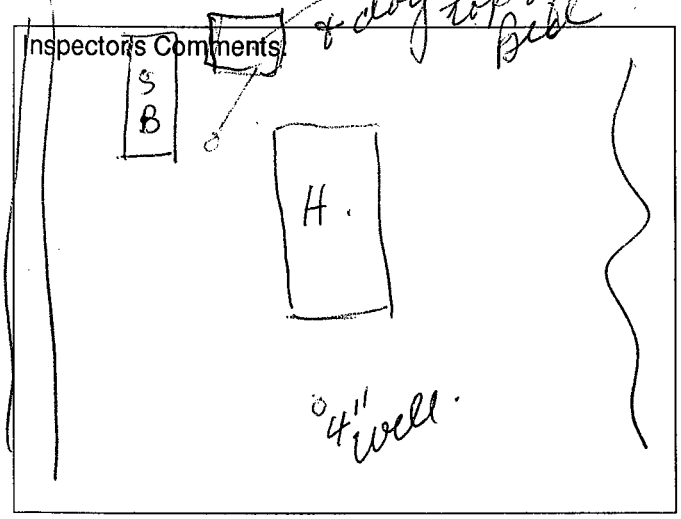
	Last Name First Initial	Mailing Address - No. Street, City, and State	Zip No.	Tel. No.
Owner	ANDERSON, EVERETT	ROUTE 1 BOX 49E		
		DETROIT LAKES, MN 56501		
Contractor	Name SEND TO FIRST AMERICAN BANK			

	ACTUAL IS	MINIMUM Shall Be
Building Set Back From High Water Mark	Ft.	Ft.
Building Set Back From Highway	Ft.	Ft.
Side Yard	_____ & _____ Ft.	_____ & _____ Ft.
Rear Yard	Ft.	Ft.
Elevation above High Water Mark at Building Setback Line	Ft.	Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK Actual		SEPTIC TANK Minimum		SEEPAGE BED Actual		SEEPAGE BED Minimum		DRAIN FIELD Actual		DRAIN FIELD Minimum	
Capacity	1000	Gls.		Gls.	300	SF		SF		SF		SF
Distance from Nearest Well	50	F		F	+50	F		F		F		F
Distance from Lake or Stream	+100	F		F	+100	F		F		F		F
Distance from Occupied Building	10'	F	10	F	+20	F	20	F		F	20	F
Distance from Property Line	10	F	10	F	10	F	10	F		F	10	F
Distance from Bottom to Water Table	--	F	--	F	+4	F	4	F		F	4	F

Inspector's Comments



Advise removing wood & moving dog. The drain field is not being maintained properly.

INTERPRETATION OF ABBREVIATIONS

Gls -- Gallons
SF -- Square Feet
F -- Linear Feet

Margaret M. Foster
Inspector's Signature & Title

Inspection Dated April 16, 1991

CERTIFICATE OF COMPLIANCE
SEWAGE DISPOSAL SYSTEM

This certificate has been issued this 17 *day of* April *19*91

to certify compliance on described premises and has been inspected by myself or my assigns on April 16, 1991 *and that the applicable codes, ordinances, and supporting data on file were correct.*

Parcel # 17.0836.000

Property description KNOLLWOOD GLEN SECOND ADDITION LOT 3 BLOCK 1

LAKE EUNICE TOWNSHIP

SECTION 11

Lake Name: PEARL LAKE

All horizontal distances meet the Becker County Zoning Ordinance and codes. With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.

This certificate was issued to: *Name:* EVERETT ANDERSON

Address: ROUTE 1 BOX 49E

City, State, & Zip: DETROIT LAKES, MN 56501

PERMIT NO. 19,515 *Signed by* Floyd Swenby MS

Zoning Administrator Becker County

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 16x30

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.	1000	Gls.	300	S.F		S.F		S.F		S.F
Distance from Nearest Well	50	F.	50	F.	65	F.	50	F.		F.	50	F.
Distance from Lake or Stream	100	F.	75	F.	100	F.	75	F.		F.		F.
Distance from Occupied Building	10	F.	10	F.	10	F.	20	F.		F.	20	F.
Distance from Property Line	20	F.	10	F.	15	F.	10	F.		F.	10	F.
Distance from Bottom to Water Table	—	F.		F.	4+	F.	4	F.		F.	4	F.

Inspector's Comments: Self Installed

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

Mark Kuebler
Inspector's Signature

Title

Inspection Dated 1-22 19 99

Agency

BECKER COUNTY ZONING ADMINISTRATOR

ow — Owner
Assessor
enfred — Inspector

COUNTY COURTHOUSE — Phone 218-847-3938 — Detroit Lakes, Minn. 56501 — Date

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION: 2nd add. Lot 5

LAND LOCATION: 14 138 45

Lake No.	Lake Name	Lake Classif.	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	EVERSON	ERNEST				
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 Roof

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	Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well	Ft.	Ft.	Ft.
Distance from lake or stream	Ft.	Ft.	Ft.
Distance from occupied building	Ft.	Ft.	Ft.
Distance from property line	Ft.	Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:
Lot Area is ..... square feet Water Frontage is ..... feet
Building setback from high water mark is ..... feet (Building Line)
Land height above high water mark at building line is ..... feet
Building setback from State highway is ..... feet — from road or street is ..... feet
Side yard is ..... and ..... 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 Becker County Zoning Administrator Deputy

Permit Fee $ State Surcharge $

Comments:

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

White – Office
Yellow – Owner
Pink – Assessor
Goldenrod – Inspector

BECKER COUNTY ZONING ADMINISTRATION

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

Permit No. [illegible]
Date 4-4-77

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION

Lot 3 Knollwood Glen Second Add

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
486	Pearl		11	138	42	Lake Eunice

IDENTIFICATION: Please Print All Information

	Last Name	First	Initial	Mailing Address– No. Street, City and State	Zip No.	Tel. No.
Owner	Iverson, Fred			R.R. 1 Box 495 Detroit Lakes, Minn.	56501	
Contractor	Name Self					

2568

TYPE OF IMPROVEMENT:
( ) New Building ( ) Alteration
Other Sewer sys.

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 Roof:

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 2 Baths 1

HEATING:
( ) Electric ( ) Gas ( ) Oil
( ) Coal ( ) None
Other:

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	Sq. Ft.	300 Sq. Ft. (10 x 30)
Distance from nearest well	over 50 Ft.	Ft.	over 50 Ft.
Distance from lake or stream	over 75 Ft.	Ft.	over 75 Ft.
Distance from occupied building	over 10 Ft.	Ft.	over 20 Ft.
Distance from property line	over 10 Ft.	Ft.	over 20 Ft.
Distance from bottom to Water Table	Ft.	Ft.	over 4 Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 19,100 square feet. Water frontage is 100 feet.

Building set back from high water mark is 100 feet. (Building Line)

Land height above high water mark at building line is 15 feet

Building set back from State highway is ..... feet – from road or street is ..... feet.

Side yard is over 10 and over 10 feet. Rear yard is over 45 feet.

Building will be located over 10 feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located over 10 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 4-4-77

X Fred Iverson
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 4-4-77

Floyd Grundy
Becker County Zoning Administrator

10.50 pd

Permit Fee $ 10.00 State Surcharge $ .50

Comments: _____

Scale: Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated _____ 19____

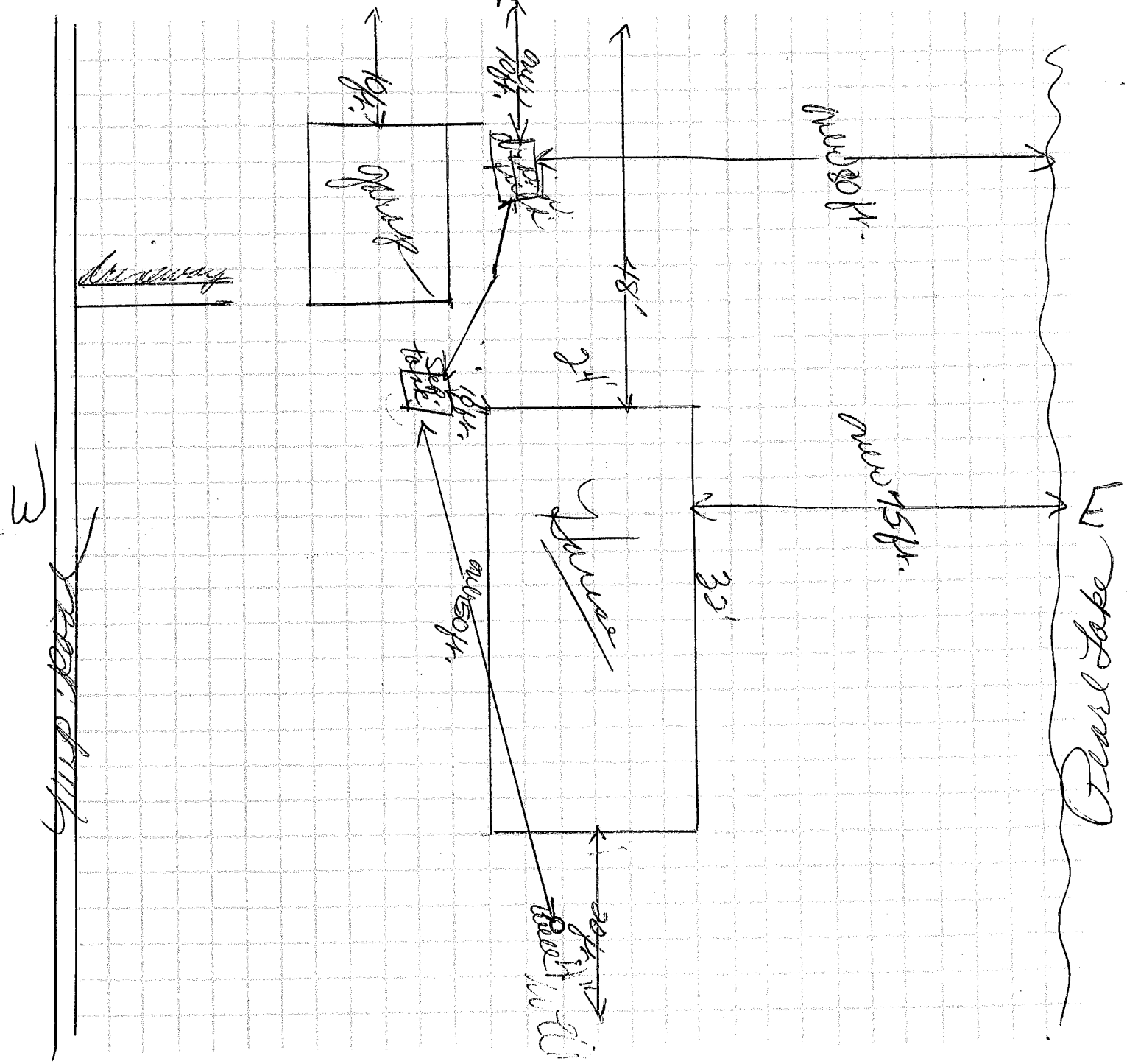
Application for Sewage System Permit Dated _____ 19____

Building Permit Number _____ Sewage System Permit Number _____

Applicant agrees that this plot plan is a part of application (s) indicated above.

Dated _____ 19____.

X Fred Emerson
Signature



S

W — File
Y — Owner
B — Building Inspector

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