

17.0940.000



Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance Inspection Form

Exl



170940000

ems
STS)

Due type, Compliance and Enforcement

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:

RECEIVED

JUL 23 2013

ZONING

System Status

System status on date (mm/dd/yyyy): 7-13-13

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: 170940000

Property address: 15465^W Maple Ridge Reason for inspection: Property Sale

Property owner: Dan Burtell Owner's phone: _____

or

Owner's representative: Jim Brouse Representative phone: _____

Local regulatory authority: Becker Co Zoning Regulatory authority phone: 846-7314

Brief system description: 1000 gal holding with 1500 gal holding

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: Rick Renner Certification number: _____

Business name: Renner Exc. LLC. License number: 2567

Inspector signature: Rick Renner Phone number: 218-439-3514

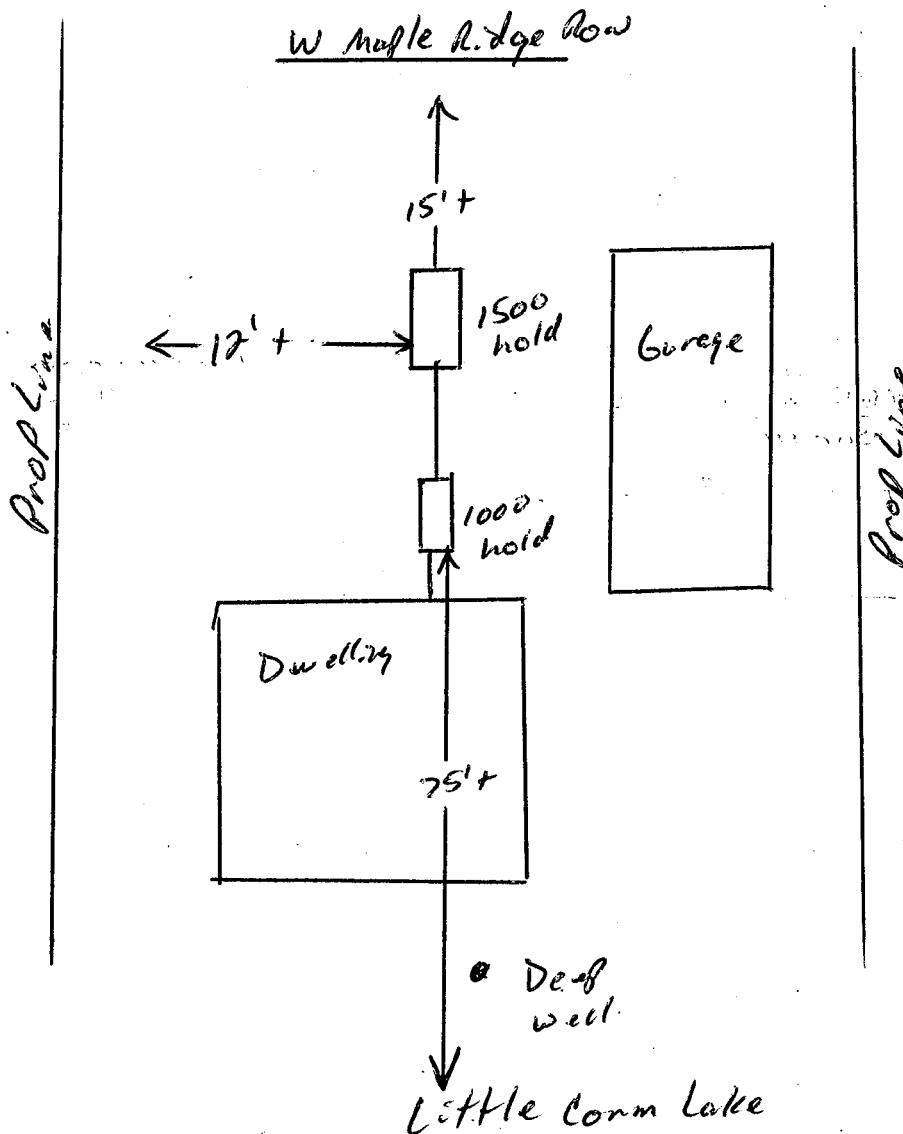
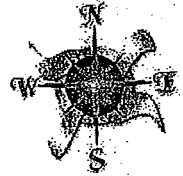
Necessary or Locally Required Attachments

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

SKETCH OF PROPERTY

1. Please sketch all structures on the property; include setbacks
And wells within 100 feet of the property.

PARCEL	
APP	SITE
YEAR	2011



Remember EROSION CONTROL!

Please use best management practices and/or silt fence to control erosion on all projects.

Property address: 15465 W Maple Ridge

Inspector initials/Date: RR 7-13-13

1. Impact on Public Health – Compliance component #1 of 5

Compliance criteria:

System discharge sewage to the ground surface.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System discharge sewage to drain tile or surface waters.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System cause 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

4. Soil Separation – Compliance component #4 of 5

NA - Holding tanks

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	
B. Periodically saturated soil/bedrock	
C. System separation	
D. Required compliance separation*	

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

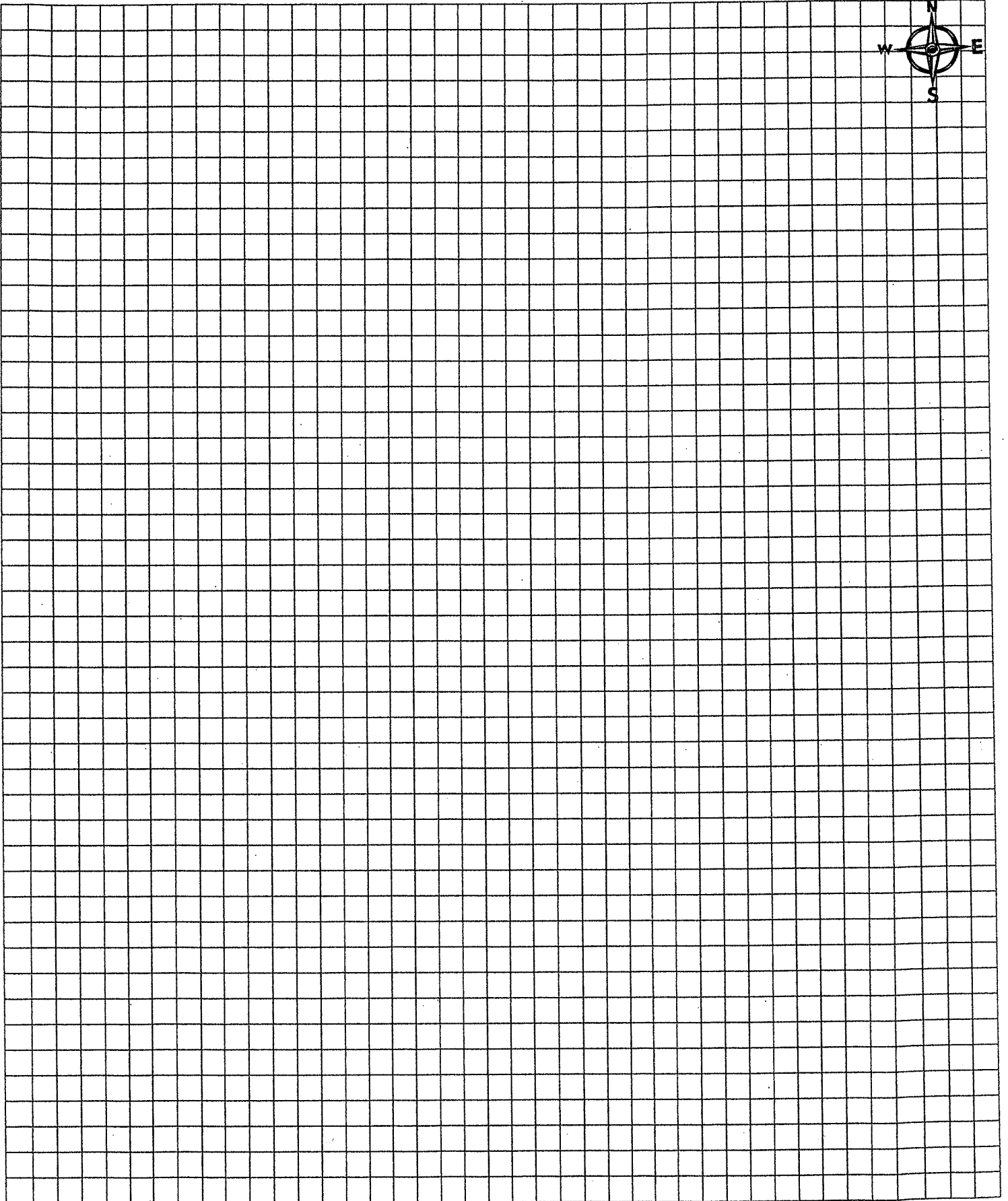
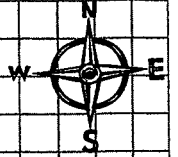
Any "no" answer indicates Noncompliance.

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



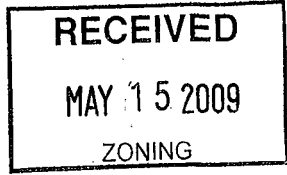
2008 Onsite Septic System Application

Becker County Planning & Zoning

835 Lake Ave, P O Box 787

Detroit Lakes, MN 56502-0787

Phone (218)-846-7314; Fax (218)-846-7266



1. PROPERTY DATA (as it appears on the tax statement, purchase agreement or deed)

Parcel Number(s) of property where the system will be installed: 17.0940.000

Is this a split of an existing property? Yes No

(If yes and a parcel number has not yet been assigned, indicate the main parcel number from which the new parcel was split.)

Section 5 Township 138 Range 42 Township Name Lake Eunice

Lake Name Little Commercial Lake Classification RD

Legal Description: Lot 10

Project Address: 15465 Maple Ridge Rd

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

Owner's First Name DANIEL Owner's Last Name BURTSELL

Mailing Address 5220 MERLOT LANE City, State, Zip BILLINGS, MT 59102

Phone Number 406/656-2525 406-860-7697

3. DESIGNER/INSTALLER INFORMATION

Designer Name Rayl Bergstrom Company Name _____ License # 478

Address _____ Phone Number _____

Installer Name Rayl Bergstrom Company Name _____ License # 478

Address _____ Phone Number 847-0561

4. SYSTEM DESIGN INFORMATION

Existing System Status?

- 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

5-15-09 Date of site evaluation

Design Flow 300 Gallons Per Day
 Number of Bedrooms 2
 Garbage Disposal Yes No
 Dishwasher Yes No
 Lift station in House Yes No
 Grinder pump 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 _____
 Maximum Depth of System _____

Size of All Tanks to be installed

1500 gal Septic Tank _____ gal Lift Station _____ Existing tank to be used
 _____ gal Holding Tank _____ Other Tank

Compartmented tank Yes No Multiple Tanks Yes No
 Total Number of tanks to be installed in this system _____ (This # will be reported to MPCA at end of year.)

Type of Drainfield Full Size of Drainfield Reduced/Warrantied size

_____ Chamber Trench _____ sq ft _____ sq ft

_____ Rock Trench _____ sq ft _____ sq ft

_____ Gravelless _____ sq ft _____ sq ft

_____ Mound _____ sq ft ***

_____ Pressure Bed _____ sq ft ***

_____ Seepage Bed _____ sq ft ***

_____ At-grade _____ sq ft ***

_____ Alternative / _____ sq ft *** ***Attach Worksheets

Performance

Type of chamber _____

Depth of Rock _____

Alarm? Yes _____ No _____

Type of Alarm _____

Size of Lift Pump _____

Size of Lift Line _____

SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>+50'</u>	_____
Distance to Building	<u>+10'</u>	_____
Distance to Property Line	<u>+10'</u>	_____
Distance to OHW of Lake	_____	_____
Distance to Pressure Line	_____	_____
Distance to Wetland/Protected Water	_____	_____

see design

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

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure

5. REQUIRED DOCUMENTS

U of MN worksheets are required for mounds, pressure beds, seepage beds, at-grades or Type IV or Type V systems. Are the required worksheets attached? _____ Yes _____ No

6. DESIGNER'S CERTIFIED STATEMENT

I, _____ 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).

(Print Name of Designer)

Signature of Designer

Date

Application Approved by: Jane D. Stoll Date: 5/26/09
Amount Paid 100.00 Receipt Number 196624-420750 Permit Number _____

NOTES: * Sent yellow receipt to Renee 5/20/09
5/26/09

INSPECTION REPORT

Home Information

Does the structure contain any of the following elements?

Garbage disposer Yes No Dishwasher Yes No
Grinder pump Yes No Lift pump in basement Yes No
Effluent screen installed? Yes No Effluent screen manufacturer _____

Alarm required? Yes No Alarm Type _____ Alarm manufacturer _____

Lift pump in system? Yes No Pump manufacturer _____

Number of bedrooms _____

Component Information

Tank size 1500 Tank manufacturer Brown

Drainfield size _____
Drainfield medium _____ Medium manufacturer _____
Drainfield medium size/depth _____

TANK only

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth _____

Vertical separation verified for Boring #2 on _____ Depth _____

Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

Distance to Well 750'
Distance to Building 20'
Distance to Property Line 10'
Distance to OHW of Lake _____
Distance to Pressure Line _____
Distance to Wetland/Protected Water _____

DRAINFIELD
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

Setbacks met.

Date System Installed 6/4/09 Installer Bergstrom etc Inspector Jane D. Stoll

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.

Signature Jane D. Stoll Title ISTS Inspector Date 6/4/09

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)



BECKER COUNTY

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

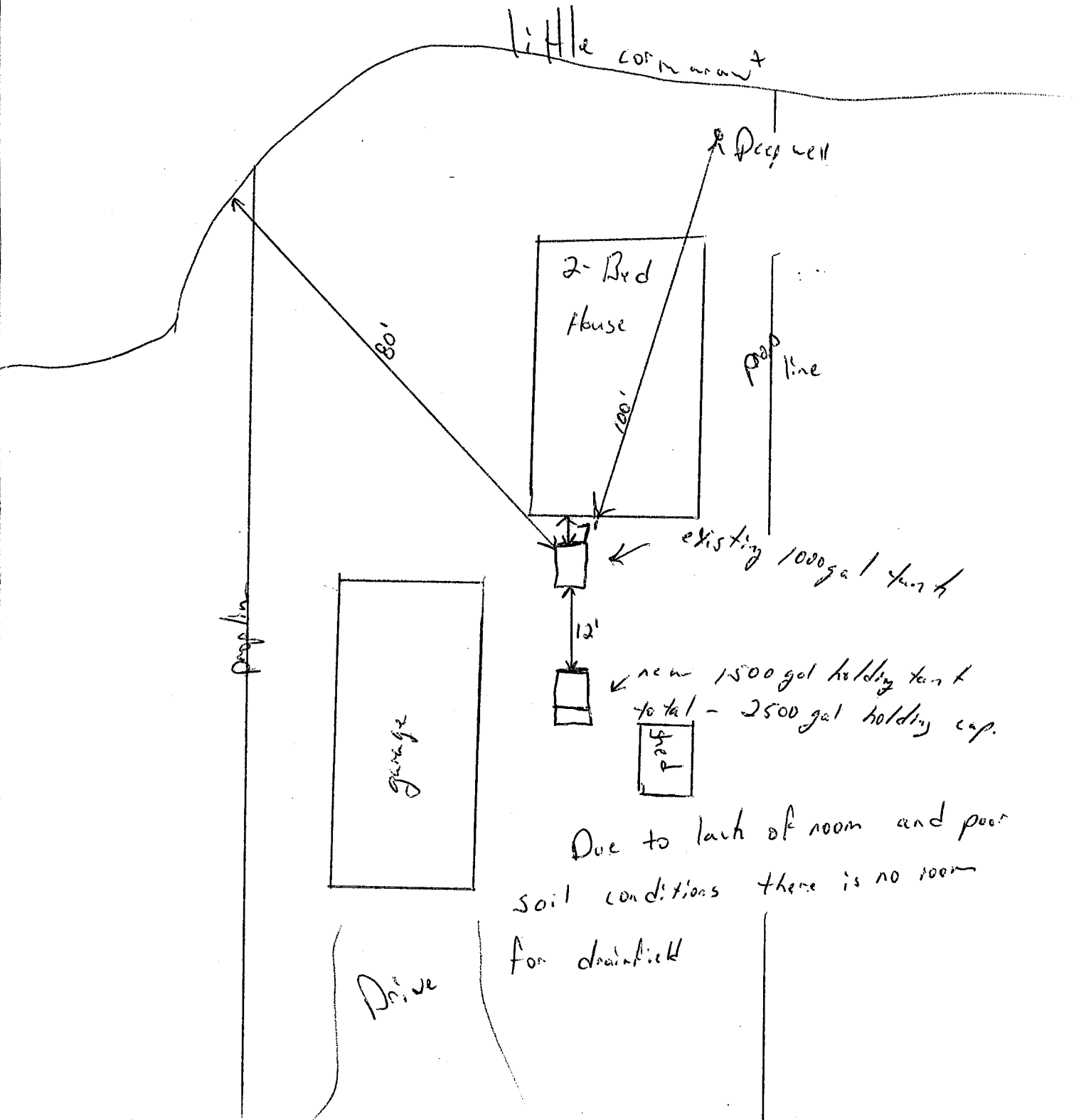
Application No. _____

Tax Parcel No. _____

SKETCH PLAN

Drawing By: _____

Date of Drawing: _____





Minnesota Pollution Control Agency

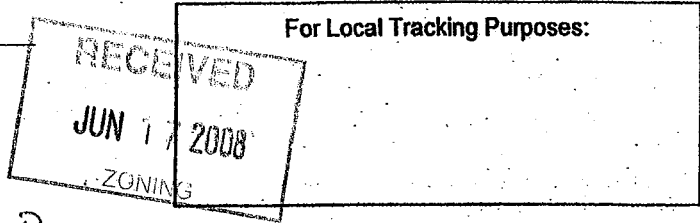
520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Parcel number: R170940000

System status: [X] Compliant [] Noncompliant
(based on all compliance requirements)



Summary Form

Property Information

Property owner name(s): Daniel & Elaine Burtell
Property address: 15465 W Maple Ridge
Property owner's address (if different): 5220 Merlot Lane Billings, MT 59106-2302
County: Becker Property owner phone: Permitting authority: Becker
Date system constructed: 1978 Reason for inspection: County Inspection

System Description

Brief system description: 1000 gal tank with 300 sq ft seepage bed
Local permit number: 12-7692-34 Number of bedrooms: 3 Design flow rate:

Is the system:

In Shoreland area? [X] Yes [] No In Wellhead Protection Area? [] Yes [X] No
An U.S. Environmental Protection Agency (EPA) Class V Injection Well? [] Yes [X] No System serving a Minnesota Department of Health (MDH) licensed facility? [] Yes [X] No

Compliance Status (Based on state requirements -- additional local requirements may also apply.)

Based on the information gathered and reported on attached forms, the compliance status of this system is (check one):

[X] Certificate of Compliance -- valid until (3 years from date of report): May 23 2011

[] Notice of Noncompliance - For Noncompliant systems:

The reason for noncompliance is:

This noncompliant system is classified as (check one below):

[] Imminent threat to public health & safety [] Failing to protect ground water [] Not in compliance with operating permit

Certification (Completed form must be submitted to the local unit of government within 15 days.)

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.

Name: Patricia Stock Certification number:

Business license name and number: A-2 Septic 2029 or

Name of local unit of government: Becker County

Signature: Patricia Stock Date:

Required Attachments

Inspector Complete: This Inspection Report is ___ pages long.

Check compliance forms attached: [] Hydraulic Performance [X] Tank Integrity [X] Soil Separation [] Operating Permit Form (if applicable) [X] System drawing/As-built drawing [] An assessment of any local requirements that are different from what is required on this form [X] Soil Boring Logs [] Abandonment form (if appropriate) [] Other information (list):

Upgrade Requirements (derived from 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.

Parcel number: R170940.000

System status: Compliant Noncompliant
(as determined by this form)

Hydraulic Performance and Other Compliance

Compliance Issue #1 of 4

Date of observation: May 23 2008 Reason for observation: Common Lake Wide Inseption

This form expires upon next inspection or in three years, whichever occurs first: _____

Compliance questions/criteria: (Required) (Check the appropriate box)

Does the system discharge sewage to the ground surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system discharge sewage to drain tile or surface waters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system cause sewage backup into dwelling or establishment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Any "yes" answer indicates that the system is an imminent threat to public health and safety.

Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

"Yes" indicates that the system is failing to protect ground water. If "yes", describe the condition noted:

Verification Method*: (Optional) (Check the appropriate box)

- Searched for surface outlet
- Performed hydraulic test
- Searched for seeping in yard
- Checked for backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony
- Examined for surging in tank
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Other: _____

* No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Daniel & Elaine J Burtell

Property address: 15465 W Maple Ridge

Property owner's address (if different): 5220 Merlot Lane, Billings, MT 59106-2302

County: Becker County Phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Patricia Stock Certification number: _____

Business license name and number: A-7 Septic 2029 or _____

Name of local unit of government: _____ Date: _____

Signature: Patricia Stock

Parcel number: R170940000

System status: Compliant Noncompliant
(as determined by this form)

Soil Separation Compliance and Other Compliance

Compliance Issue #3 of 4

Date of observation: May 23 2008 Reason for observation: lake wide inspection
This information on this form does not expire.

Compliance questions/criteria: (Required)
(Check the appropriate box)

Verification Method:** (Optional)
(Check the appropriate box)

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:

Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?

Yes No

- Conducted soil observation(s) (attach boring logs)
- Two previous verifications (attach boring logs)
- Other: _____

For 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:

Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*

Yes No

Soil observation does not expire. Previous observations by two independent parties are sufficient, unless site conditions have been altered.

For reduced separation distance systems (i.e., "performance" systems under old 7080.0179 or Type IV or V system under new 7080.2350 or 7080.2400):

Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*

Yes No

* May be reduced by up to 15 percent if allowed in local ordinance.
** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Any "no" answer indicates that the system is failing to protect ground water.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector or designer. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Daniel & Elaine Burtell
Property address: 15465 maple Ridge lake Eunice
Property owner's address (if different): 5220 market lane Billings, MT 59106-2302
County: Becker Phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Patricia Stodd Certification number: _____
Business license name and number: A-1 Septic 2009 or _____
Name of local unit of government: Becker County
Signature: Patricia Stodd Date: _____

Parcel number: R170940.000

System status: Compliant Noncompliant
(as determined by this form)

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: May 23 - 2008 Reason for observation: Lake wide Inspection

This form expires on (three years): May 23 - 2011

Compliance questions/criteria: (Required) (Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do any sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If yes, identify which sewage tank leaks.
Any "yes" answer indicates that the system is failing to protect ground water.

* Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.

Verification Method** (Optional) (Check the appropriate box)

- Probed tank bottom
- Observed low liquid level
- Examined construction records
- Examined empty (pumped) tank
- Probed outside tank for "black soil"
- Pressure/vacuum check
- Other: _____

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Safety Check

1. Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound? Yes* No
2. Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)? Yes No*
3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended. Yes No
4. Was any other safety/health issue present? Yes* No

Explain: _____

***System is an imminent threat to public health and safety.**

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Daniel & Elaine Burtell

Property address: 15465 W Maple Ridge

Property owner's address (if different): 5220 Menlot Lane

County: Becker Phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Patricia Stock Certification number: _____

Business license name and number: A-2 Septic 2029 or _____

Name of local unit of government: Becker County

Signature: Patricia Stock Date: _____

Soils Report

ID No: 580

Customer Name: Danial & Elaine Burtell
Date: 5/23/2008

Tests By: A1-Septic
DRP: Patricia Stock
MPCA License No: 2029

Site Address:	Legal Description:
15465 Maple Ridge	block2 lot 10. TWP135 R42
Becker	Lake Eunice Section 5

Boring Name: Soil Boring One

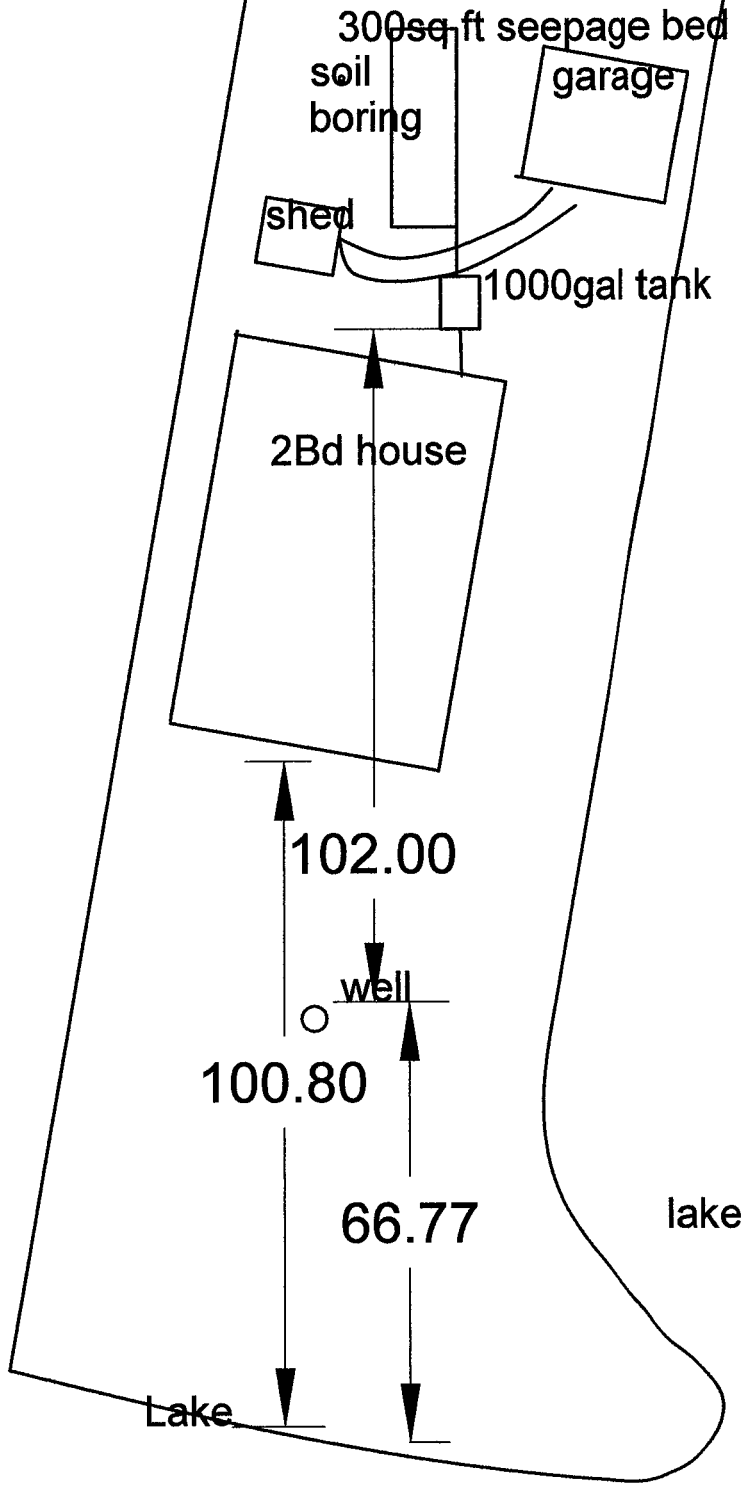
Boring Elevation (Ft):
Restrictive Layer Depth (In): 60
Restrictive Layer Type: Mottles
Standing Water Depth (In): Not Present

Soil Recovery Method: Hand Auger
Soil Series:
Soil Condition: Natural

Comments:

Soil Profile			
Depth(In)	Soil Color	Soil Color Description	Soil Texture
0 to 18	10 yr 2/2	Very Dark Brown	Loam, Moderate, Blocky
19 to 42	10 yr 5/6	Yellowish Brown	Sandy Clay Loam, Moderate, Platy
43 to 60	10 yr 6/6	Brownish Yellow	Sandy Clay Loam, Moderate, Platy
61 to 72	10 yr 7/6	Yellow/mottles	Clay Loam, Moderate, Platy

Daniel & Elaine Burtell
Lake Eunice TWP
Becker County



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 _____

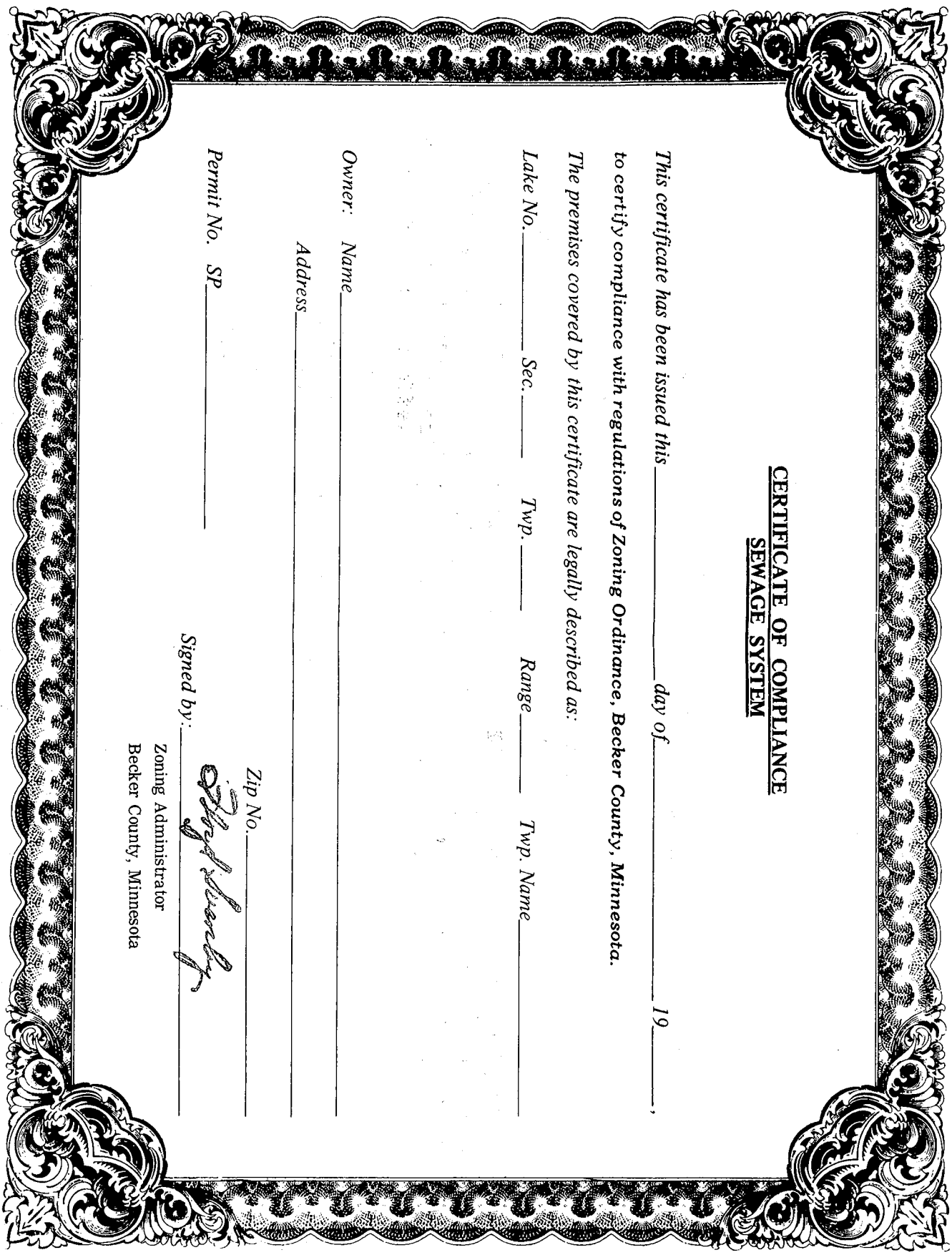
Owner: Name _____

Address _____

Permit No. SP _____

Signed by: *Alfred Swartz*

Zoning Administrator
Becker County, Minnesota



INSPECTOR'S CHECK LIST
 Make all measurements and computations

	ACTUAL IS ↓	MINIMUM Shall Be ↓	Sq. Ft.
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

10 x 30

CATEGORY	SEPTIC TANK		SEEPAGE		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	1000 Gls.		300 SF			
Distance from Nearest Well	50 F	F	65 F	75 F	F	50 F
Distance from Lake or Stream	75 F	F	85 F	F	F	F
Distance from Occupied Building	30 F	10 F	50 F	20 F	F	20 F
Distance from Property Line	30 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: Heavy clay sub soil. Husarik Bros
Installed this system (doing a better job now)

**INTERPRETATION
OF ABBREVIATIONS**

Gls — Gallons
 SF — Square Feet
 F — Linear Feet

Mark Kuchner
 Inspector's Signature

Title

Inspection
 Dated

9-28 19 98

Agency

LEGAL DESCRIPTION AND LOCATION: LOT 10 BLOCK 2 WINDY HOLLOW
WINDY HOLLOW TRACT, BECKER COUNTY, MINN.
 TWP: 106N R: 10E S: 10N
 L: 10 TWP Name: WINDY HOLLOW

IDENTIFICATION: Please Print All Information

Owner	Last Name: <u>Lente</u> First: <u>Gordon</u> Initial: <u>A</u>	Mailing Address: No. <u>1336</u> Street: <u>7AVE S</u> City: <u>DETROIT LAKES</u> State: <u>MINN</u>	Zip No: <u>56501</u>	Tel. No: <u>252-7320</u>
Contractor	Name: <u>WINDY HOLLOW TRACT</u>	Address: <u>WINDY HOLLOW TRACT</u>	City: <u>DETROIT LAKES</u>	State: <u>MINN</u>

TYPE OF IMPROVEMENT	RESIDENTIAL PROPOSED USE	NON-RESIDENTIAL PROPOSED USE
<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Alteration <input type="checkbox"/> Other	<input checked="" type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling Units: <u>1</u>	Specify: _____ Size: _____

ESTIMATED COST OF IMPROVEMENT \$: 22 Construction Starting Date: NOV 1978

PRINCIPAL TYPE OF FRAME	TYPE OF SEWAGE DISPOSAL	DIMENSIONS
<input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify _____	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Well MECHANICAL EQUIPMENT: <input type="checkbox"/> Elevator <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (a) Central <input type="checkbox"/> Unit	Basement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: <u>2</u> Sq. feet (outside dimension): <u>712</u> Bedrooms: <u>2</u> Baths: <u>1</u>
Type of Roof: <u>FLAT</u>		HEATING: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: _____

SEWAGE DISPOSAL SYSTEM DATA		SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1000</u> Gls.	<u>1000</u> Gls.	<u>1000</u> Sq. Ft.	<u>1000</u> Sq. Ft.
Distance from nearest well	<u>100</u> Ft.	<u>100</u> Ft.	<u>100</u> Ft.	<u>100</u> Ft.
Distance from lake or stream	<u>100</u> Ft.	<u>100</u> Ft.	<u>100</u> Ft.	<u>100</u> Ft.
Distance from occupied building	<u>100</u> Ft.	<u>100</u> Ft.	<u>100</u> Ft.	<u>100</u> Ft.
Distance from property line	<u>100</u> Ft.	<u>100</u> Ft.	<u>100</u> Ft.	<u>100</u> Ft.
Distance from bottom to Water Table	<u>100</u> Ft.	<u>100</u> Ft.	<u>100</u> Ft.	<u>100</u> Ft.

All distances are shortest distance between nearest points.

CHARACTERISTICS

Lot Area is 1000 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 100 feet

Building set back from State highway is _____ feet from road or street is 100 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: Nov 1 1978 Signature of Owner: [Signature]

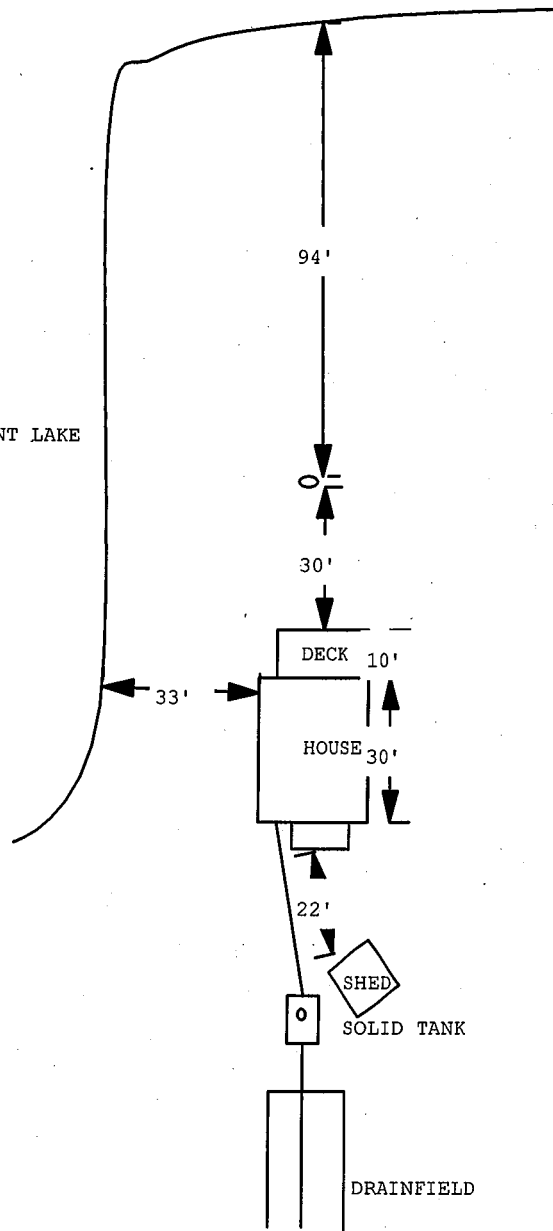
Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

Dated: _____ Becker County Zoning Administrator: [Signature]

Permit Fee \$ _____ State Surcharge \$ _____

Comments: _____

LITTLE CORMORANT LAKE



17.0940.000
GORDON LEHSE
MAPLE RIDGE BEACH
BLOCK 2 LOT 10

INSPECTED BY JASON AND JAY
BECKER COUNTY
7-16-97

