



190664036

2/25/02

Water/Wastewater-ISTS4.31



Compliance Inspection Form for Existing Individual Sewage Treatment Systems

Minnesota Pollution Control Agency

Completion of this form fulfills the minimal requirements of Minn. Stat. § 115.55 (2001) and Minnesota R. ch. 7080 (1999). Please refer to local ordinances for other requirements or information, especially for compliance requirements for bedroom additions.

General:

Date of Inspection: 8-7-04 Reason for inspection: _____

Property Owner(s) Robert Mitchel Telephone (847-4364

Person requesting inspection Dave Nelson Telephone (841-3355

Site Address 10762 280th Ave City Detroit Lakes Zip Code 56501

Fire No./ Parcel No. 19.0664.028⁰³⁶ County Becker Township Lake View

Legal Description PT E 1/2 NE 1/4 Bg. 82.45' W 1 600' S of NE

Local Regulatory Authority _____

Date system constructed _____ System in Shoreland Area: yes no System in Wellhead

Protection Area: yes no System serving a MDH licensed facility: yes no Local Permit # (if any) _____

Systems built prior to April 1, 1996 and not located in Shoreland or Wellhead Protection Area or Serving a Food, Beverage or Lodging Establishment	Systems located in Shoreland or Wellhead Protection Areas or Serving a Food, Beverage or Lodging Establishment, or systems Built after March 31, 1996
<p>Is the system an imminent threat to public health or safety? (a yes answer is an ITPHS system)</p> <ul style="list-style-type: none"> - Discharge of sewage to the ground surface? YES <u>NO</u> - Discharge of sewage to drain tile or surface waters? YES <u>NO</u> - Sewage backup into dwelling? YES <u>NO</u> - Situation with the potential to immediately and adversely impact or threaten public health or safety? YES <u>NO</u> 	<p>Is the system an imminent threat to public health or safety? (a yes answer is an ITPHS system)</p> <ul style="list-style-type: none"> - Discharge of sewage to the ground surface? YES <u>NO</u> - Discharge of sewage to drain tile or surface waters? YES <u>NO</u> - Sewage backup into dwelling? YES <u>NO</u> - Situation with the potential to immediately and adversely impact or threaten public health or safety? YES <u>NO</u>
<p>Is the system failing? (a yes answer is a failing system)</p> <ul style="list-style-type: none"> - Less than TWO feet of vertical separation between system bottom and saturated soil or bedrock? YES <u>NO</u> - A seepage pit, cesspool, drywell, or leaching pit? YES <u>NO</u> 	<p>Is the system failing? (a yes answer is a failing system)</p> <ul style="list-style-type: none"> - Less than THREE feet of vertical separation between system bottom and saturated soil or bedrock? YES <u>NO</u> - A seepage pit, cesspool, drywell, or leaching pit? YES <u>NO</u>
<p>Is the system non-compliant?</p> <ul style="list-style-type: none"> - Is the system regulated under a monitoring plan or operating permit? (if no, go to page 2) YES <u>NO</u> <li style="padding-left: 20px;">If yes, - Has the required monitoring taken place? YES <u>NO</u> (If no, the system is non-complying) - Does the monitoring indicate that the system meets performance expectations? YES <u>NO</u> (If no, the system is non-complying) 	<p>Is the system non-compliant?</p> <ul style="list-style-type: none"> - Is the system regulated under a monitoring plan or operating permit? (if no, go to page 2) YES <u>NO</u> <li style="padding-left: 20px;">If yes, - Has the required monitoring taken place? YES <u>NO</u> (If no, the system is non-complying) - Does the monitoring indicate that the system meets performance expectations? YES <u>NO</u> (If no, the system is non-complying)

System Components (Please describe the system components and attach site sketch showing system location):

What methods were used to make the determinations for the compliance inspection? (Note: No standard protocol exists. The following list is not exhaustive, or in sequential order nor indicates which combinations may necessary to make a determination)

- | | | |
|--|--|--|
| <p>Watertight tank(s)</p> <input checked="" type="checkbox"/> Probed tank bottom
<input type="checkbox"/> Observed low liquid level
<input checked="" type="checkbox"/> Examined const. records
<input type="checkbox"/> Examined empty (pumped) tank
<input type="checkbox"/> Probed outside tank for "black soil"
<input type="checkbox"/> Pressure/vacuum check
<input checked="" type="checkbox"/> Other <u>talk to installer</u> | <p>Hydraulic Functioning</p> <input checked="" type="checkbox"/> Searched for surface outlet
<input type="checkbox"/> Performed hydraulic test
<input checked="" type="checkbox"/> Searched for seeping in yard
<input checked="" type="checkbox"/> Checked for back-up in home <u>talk to Homeowner</u>
<input type="checkbox"/> Excessive ponding in soil system/D-boxes
<input checked="" type="checkbox"/> Homeowner testimony
<input type="checkbox"/> Examined for surging in tank
<input type="checkbox"/> "Black soil" above soil system
<input type="checkbox"/> Other _____ | <p>Vertical Separation Distance</p> <input checked="" type="checkbox"/> Conducted soil borings
Depth to limiting layer _____
Depth to system bottom _____
<input checked="" type="checkbox"/> Examined records
<input type="checkbox"/> LGU Limiting Layer Verification
<input type="checkbox"/> Other _____ |
|--|--|--|

Status of the system

Based on the compliance criteria, the system status is: (check one) failing (to protect groundwater) an imminent threat to public health or safety (ITPHS), non-compliant (monitoring issue) compliant (none of the 3 previous conditions). Therefore, this document is a: Certificate of Compliance Notice of Noncompliance
Is this system an EPA Class V Injection Well? yes no

Certification

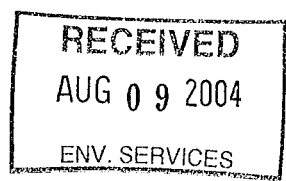
I hereby certify as a state of Minnesota licensed Inspector and/or Designer I or Qualified Employee Inspector and/or Qualified Employee Designer I that I conducted an investigation that accurately determined the compliance status of this system and that my recorded observations are accurate as of this date. No determination of future hydraulic performance has been nor can be made due to unknown conditions during system construction, abuse of the system, inadequate maintenance, or future water usage.

Inspector's name (print) Tim Stenger Phone 847-2912
License and/or Registration Number 55-39 Address 35295 St. Hwy 34 D. h.
Employed by self Address _____
Signature Tim Stenger Date 8-7-04

Upgrade Requirements (derived from Minnesota Statutes § 115.55)
An 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 fails to provide sufficient groundwater protection, then the system must be upgraded, replaced, or its use discontinued within the time required by rule or the 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 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.

Suggested Attachments

- 1) Site sketch could also include: well, well setback to system, dwelling or other buildings, tank(s), reserved soil treatment area, surface water and soil boring locations. Include as-built drawing if available.
- 2) Soil boring logs, showing each horizon. Indicate the texture, color, redoximorphic features depth to bedrock, standing water and whether the material is fill.
- 3) A list of any and all requirements of the local ordinance that are different from the state requirements referred to on this form.
- 4) A homeowner survey of system performance, signed by the homeowner as being factual.
- 5) Monitoring data as appropriate.



**PERMIT MUST BE
POSTED AT THE
CONSTRUCTION SITE**

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 Tax Parcel Number 19.0664.028 911 Address 10762

Legal Description: PT E 1/2 NE 1/4 Sec 82.45' W & 600' S of NE 35 Section 35 TWP 138 Range 41W

Lake Name NONE Lake Classification N/A Township Name Lake Vein

Owner's Name Robert Mitchell Address 10762 280th Ave

City Detroit Lakes Mn State/Zip 56501 Phone Number 847-4364

Number of Bedrooms 3 Well Casing Depth >160 Garbage Disposal (Yes) (No)
Design Flow 450 GPD Depth of other Wells within 100 ft of system NONE Grinder Pump/Lift Station In House (Yes) (No)

Type of Observation: Probe Pit Boring
Original Soil (Yes) (No) Compacted Soil (Yes) (No)
Depth to Restricting Layer >82 Proposed Design () Replace Septic Tank (X) Standard (gravelless chamber)
Maximum of Depth of System 46 (X) Septic Tank/Drainfield () Standard (rock depth)
Perc Rate 9 Soil Sizing Factor 1.27 () Drainfield Only () Standard Bed
 () Holding Tank () Mound () At Grade
 () Lift Station () Pressurized Bed

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
1-8	Top Soil	10YR 2/1 Black	<input checked="" type="checkbox"/> BLOCKY <input type="checkbox"/> PLATY <input type="checkbox"/> PRISMATIC <input type="checkbox"/> NONE
8-23	Sandy loam	10YR 4/4 Dark Yellowish Brown	<input checked="" type="checkbox"/> BLOCKY <input type="checkbox"/> PLATY <input type="checkbox"/> PRISMATIC <input type="checkbox"/> NONE
23-44	Sand	10YR 5/4 Yellowish Brown	<input type="checkbox"/> BLOCKY <input type="checkbox"/> PLATY <input type="checkbox"/> PRISMATIC <input checked="" type="checkbox"/> NONE
44-82	Sandy Loam	10YR 5/4 Yellowish Brown	<input checked="" type="checkbox"/> BLOCKY <input type="checkbox"/> PLATY <input type="checkbox"/> PRISMATIC <input type="checkbox"/> NONE

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
1-11	Top Soil	10YR 2/1 Black	<input checked="" type="checkbox"/> BLOCKY <input type="checkbox"/> PLATY <input type="checkbox"/> PRISMATIC <input type="checkbox"/> NONE
11-19	Sandy Clay	10YR 4/6 Yellowish Brown	<input checked="" type="checkbox"/> BLOCKY <input type="checkbox"/> PLATY <input type="checkbox"/> PRISMATIC <input type="checkbox"/> NONE
19-82	Sandy Loam	10YR 5/4 Yellowish Brown	<input checked="" type="checkbox"/> BLOCKY <input type="checkbox"/> PLATY <input type="checkbox"/> PRISMATIC <input type="checkbox"/> NONE
			<input type="checkbox"/> BLOCKY <input type="checkbox"/> PLATY <input type="checkbox"/> PRISMATIC <input type="checkbox"/> NONE

Attach Perc Test Information If Required

Name and Address of Designer Richard Vardberg Detroit Lakes Phone 847-7372

MPCA Number 1910 Date of Site Evaluation 10-22-99 Signature of Designer [Signature]

Name of Installer (if different from Designer) _____ MPCA Number _____

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

- *** Any changes to the permit must first be approved by Becker County Planning & Zoning. No system shall be covered up without inspection by Becker County Planning & Zoning.
- *** Inspections must be scheduled at least 24 hours prior to time requested.

Date Received 11-12-99 Application Fee 75.00 State Surcharge .50 Total 75.50

Application is hereby denied
 Application is hereby granted to Robert Mitchell to install an individual septic system according to the specifications of the site evaluation and design submitted to the Becker County Environmental Services Office. By Order of: [Signature]

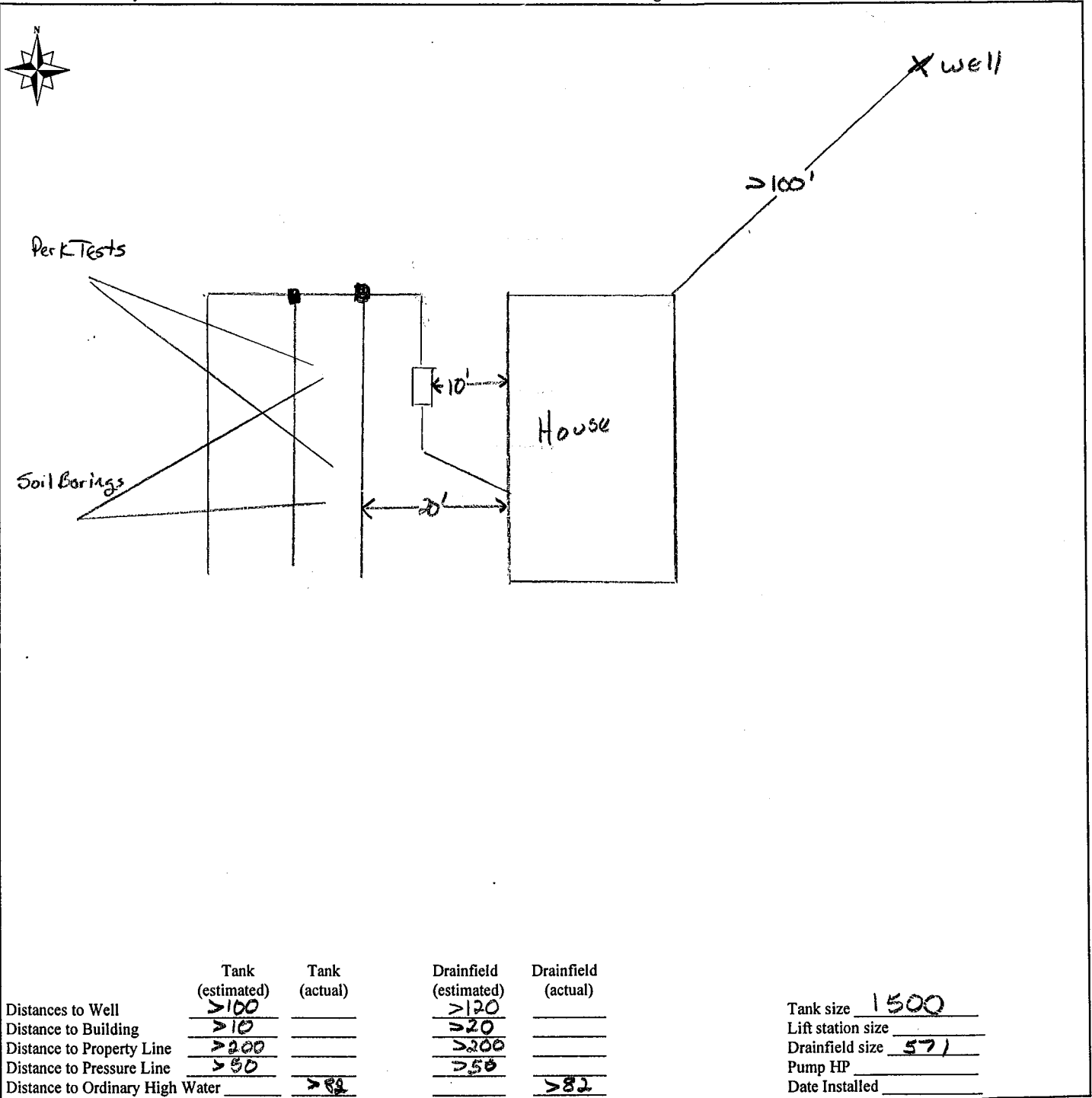
Signature of Becker County Qualified Employee _____ Date Permit Issued 11-12-99 Permit Number 14208

This permit expires on _____

The site plan must be drawn to dimension or to scale:

- *Dimensions of Lot
- *Existing & Proposed Buildings
- *Easements & setbacks
- *Well & Water Line Locations
- *Distance from Property Lines
- *Tank Access Route
- *Distance from OHWM
- *Distance from buildings

- *Scale - One inch = 30 ft
- *Location of any Unsuitable Soil
- *Soil Borings & Per Test Locations
- *Alternate Drainfield Location



FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

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 property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Signature _____ Title _____ Date _____
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)