



190973000

# Compliance Inspection Form

Control Agency

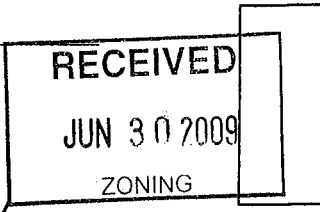
520 Lafayette Road North  
St. Paul, MN 55155-4194

## Existing Subsurface Sewage Treatment Systems (SSTS)

Instructions on page 7

Parcel number: R. 19,0973.000

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



PARCEL:	
APP:	SEPTIC
YEAR:	2009
SCANNED:	

### Summary Form

#### Property Information

Property owner name(s): STEPH BAKOWIA  
 Property address: 24329 N. MARISSA, PR., DETROIT LAKES - 56501  
 Property owner's address (if different): \_\_\_\_\_  
 County: BECKER Property owner phone: 847-7902 Permitting authority: BECKER CO  
 Date system constructed: 1988 Reason for inspection: RE-CERT

#### System Description

Brief system description: SEPTIC TANK-LIFT STATION-DRAINFIELD  
 Local permit number: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_ Design flow rate: \_\_\_\_\_

#### Is the system:

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

- Certificate of Compliance – valid until (3 years from date of report): \_\_\_\_\_  
 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: GRANT OHM Certification number: 742  
 Business license name and number: OHM-EXC 932 or \_\_\_\_\_  
 Name of local unit of government: BECKER CO. ZONING  
 Signature: [Signature] Date: \_\_\_\_\_

#### Required Attachments

Inspector Complete: This inspection report is 5 pages long.

- Check compliance forms attached:  Hydraulic Performance  Tank Integrity  Soil Separation  Operating Permit Form (if applicable)  System drawing/As-built drawing  An assessment of any local requirements that are different from what is required on this form  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: \_\_\_\_\_

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

PARCEL: \_\_\_\_\_  
APP: SEPTIC  
YEAR: 2009  
SCANNED: \_\_\_\_\_

### Hydraulic Performance and Other Compliance

#### Compliance Issue #1 of 4

Date of observation: 6-30-09 Reason for observation: \_\_\_\_\_

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
<b>Any "yes" answer indicates that the system is an imminent threat to public health and safety.</b>	
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): \_\_\_\_\_

Property address: \_\_\_\_\_

Property owner's address (if different): \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: [Signature] Certification number: \_\_\_\_\_

Business license name and number: \_\_\_\_\_ or

Name of local unit of government: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parcel number: \_\_\_\_\_

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

PARCEL: \_\_\_\_\_  
APP: SEPTIC  
YEAR: 2009  
SCANNED: \_\_\_\_\_

### Tank Integrity and Safety Compliance

#### Compliance Issue #2 of 4

Date of observation: 6-30-09 Reason for observation: \_\_\_\_\_

This form expires on (three years): \_\_\_\_\_

#### 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): \_\_\_\_\_

Property address: \_\_\_\_\_

Property owner's address (if different): \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: [Signature] Certification number: \_\_\_\_\_

Business license name and number: \_\_\_\_\_ or

Name of local unit of government: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parcel number: \_\_\_\_\_

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

**PARCEL:**  
**APP:** SEPTIC  
**YEAR:** 2009  
**SCANNED:**

### Soil Separation Compliance and Other Compliance

#### Compliance Issue #3 of 4

Date of observation: 6-30-09 Reason for observation: \_\_\_\_\_

*This information on this form does not expire.*

#### Compliance questions/criteria: (Required) (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

#### Verification Method\*\* (Optional)

(Check the appropriate box)

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

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

\* 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.

### 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): \_\_\_\_\_

Property address: \_\_\_\_\_

Property owner's address (if different): \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: [Signature] Certification number: \_\_\_\_\_

Business license name and number: \_\_\_\_\_ or

Name of local unit of government: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Steve Baldwin  
24329 N. Melissa Drive  
By David Ohm 2228  
6-29-09

