19.0995.000

190995000

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

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

Doc Type: Compliance and Enforcement

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
SEP 09 2014
ZONING

System Status

System status on date (mm/dd/yyyy): 8-29-14

☒ **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: 20 138 41

Property address: 24780 N. Melissa Dr

Reason for inspection: Co

Property owner: Greg Selbo

Owner's phone:

or

Owner's representative:

Representative phone:

Local regulatory authority:

Regulatory authority phone:

Brief system description: Concrete 2/c Septic Tank w/ 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: David Ohm

Certification number: 2228

Business name: Ohm Excavating

License number: 932

Inspector signature:

Phone number: 218-234-1256

Necessary or Locally Required Attachments

☒ Soil boring logs ☒ System/As-built drawing ☐ Forms per local ordinance

☐ Other information (list):

Property address: _____ Inspector initials/Date: CD 8-29-14 (mm/dd/yyyy)

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

Compliance criteria:	
System discharges sewage to the ground surface.	☐ Yes ☒ No
System discharges sewage to drain tile or surface waters.	☐ Yes ☒ No
System causes 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. If yes, which sewage tank(s) leaks:	☐ Yes ☒ No

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 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: _____ Inspector initials/Date: SD 8-29-14 (mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: 04 (mm/dd/yyyy) ☐ 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 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: _____ 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.

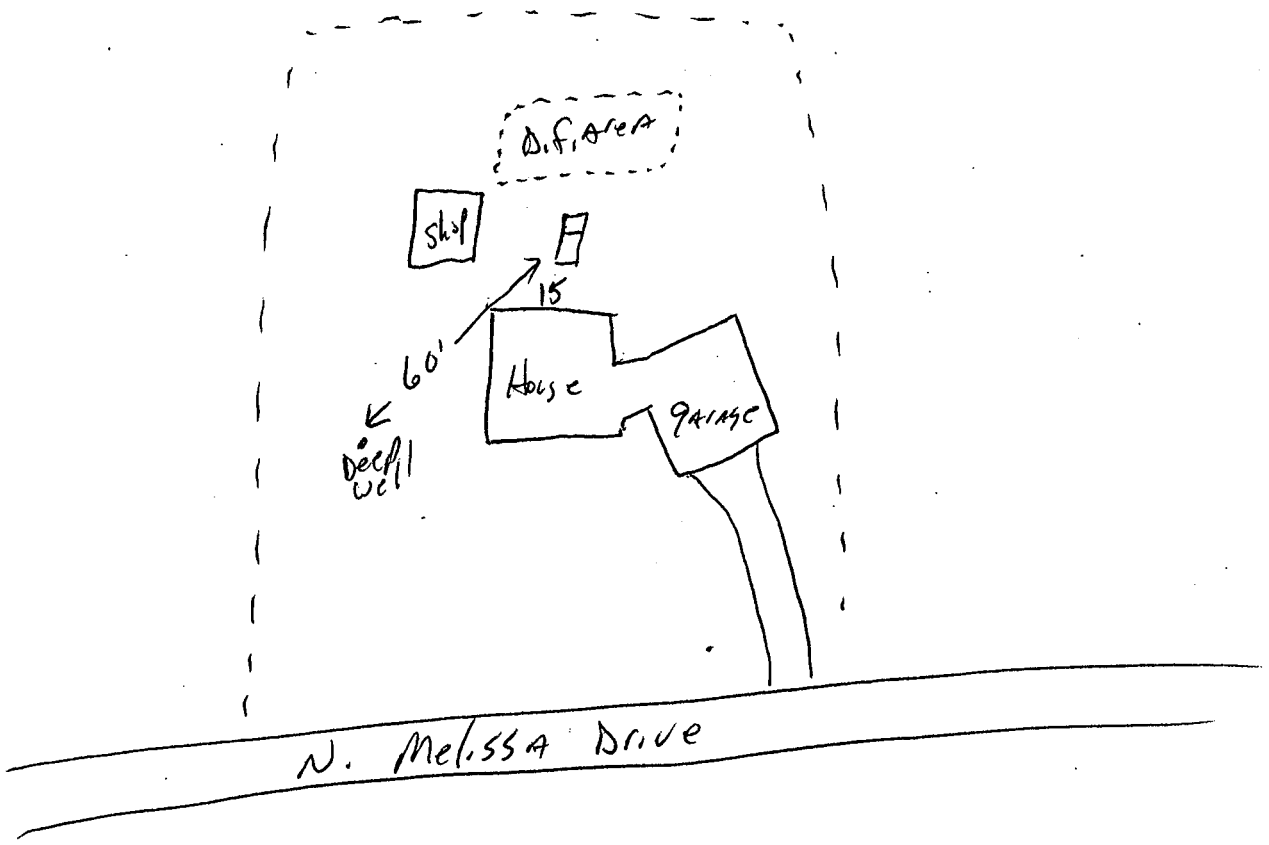
Upgrade Requirements *(Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, 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	

Greg Selbo
24780 N. Melissa
By David Ch— 2228
8-29-14



10:30

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

1. **PROPERTY DATA** (as it appears on the tax statement)
Parcel Number(s) of property system will be installed R19.0995.000
(if parcel is a new split and a parcel number has not yet been issued, indicate the main parcel number from which the new parcel has been split from)
Section 20 Township 138 Range 41 Township Name LAKE VIEW

Lake Name MELISSA Lake Classification GD

Legal Description: RV CORBETT'S 4TH

Project Address: NORTH MELISSA DRIVE

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

Owner's First Name GREGORY & PAM Owner's Last Name SACK

Mailing Address 404 S. 8TH ST. #104 City, State, Zip FARGO, N.D., 58103

Phone Number

3. **DESIGNER/INSTALLER INFORMATION**

Designer Name GRANT OHM Company Name OHM-EXC License # 932

Address BOX 293, AUDUBON, MN Phone Number 439-6428

Installer Name DAVID OHM Company Name OHM-EXC License # 932

Address BOX 293, AUDUBON, MN Phone Number 234-1256

4. **SYSTEM DESIGN INFORMATION**

Date of Site Evaluation 7-15-04

EXISTING SYSTEM STATUS – Check One

X No existing system-new structure
____ Cesspool/Seepage
____ Failing (other than cesspool)
____ Undersized
____ Replacement or repair to existing

What will new system serve? Check one

X Dwelling
____ Resort/Commercial
____ Commercial (non resort)
____ Other – explain below

Design Flow 450 Gallons Per Day
Number of Bedrooms 3
Garbage Disposal ____ Yes X No
Grinder Pump in House ____ Yes X No
Lift station in House ____ Yes X No

Well Depth 150
Depth of other wells within 100 ft of system NONE

Original Soil X Compacted Soil ____
Type of Soil Observation
____ Pit ____ Probe X Boring
Depth to Restricting Layer 6'
Maximum Depth of System 3'

Size of All Tanks to Be installed
1500-2/C gal Septic Tank
_____ gal Lift Station
_____ gal Holding Tank
_____ gal Other Tanks

Type of Drainfield Medium to be used
X Chamber
X H10 _____ EQ36
_____ Drainfield Rock
_____ Rock Depth
_____ Gravelless
_____ Experimental
_____ No Drainfield

Type of Alarm —
Size of Lift Pump _____
Size of Lift Line —

Type of Drainfield to be installed
X Trench
_____ At-grade
_____ Pressure Bed
_____ Seepage Bed
_____ Mound

Size of Drainfield sq ft to be installed
500 sq ft
_____ sq ft
_____ sq ft
_____ sq ft
_____ sq ft

SETBACKS	TANK	DRAINFIELD
Distance to Well	150	150
Distance to Building	30	40
Distance to Property Line	10	10
Distance to OHW	200+	200+
Distance to Pressure Line	50	50

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

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
0-13	SANDY LOAM	10YR2/1 BLACK	B		0-9	SANDY LOAM	10YR2/1 BLACK	—
13-72	SAND	MIXED			9-72	SAND	MIXED	—

5. DESIGNER'S CERTIFIED STATEMENT

I, GRANT OHM (Print Name of Designer) 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).

Grant Ohm
Signature of Designer

7-25-04
Date

********** FOR OFFICE USE ONLY **********

Application Approved by: Jan C Stoll Date: 7/27/04
Amount Paid $ 100.00 Receipt Number _____ Permit Number _____

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.

Jan C Stoll
Signature

Inspector
Title

7/29/04
Date

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)
Date System Installed 7/27/04 Inspected by Jan C Stoll

BECKER COUNTY

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

Application No.
Tax Parcel No.

SKETCH PLAN
FORM H

Please be as complete as possible. Include all of the items listed below where applicable.

GENERAL CHECKLIST

- [ ] scale
- [ ] north arrow
- [ ] lot dimensions
- [ ] structure location
- [ ] side lot setback
- [ ] road setback
- [ ] septic tank location
- [ ] drainfield location
- [ ] location of all wells within 100' of drainfield
- [ ] fill & grading limits
- [ ] vegetation alteration limits

WATER RESOURCE CHECKLIST

- [ ] location of ordinary high water level (OHWL)
- [ ] location of present water line
- [ ] setback from OHWL
- [ ] location of highest known water level
- [ ] existing local drainage
- [ ] location of wetland areas

Scale of Diagram: 1 inch = _____ feet

Drawing By: _____

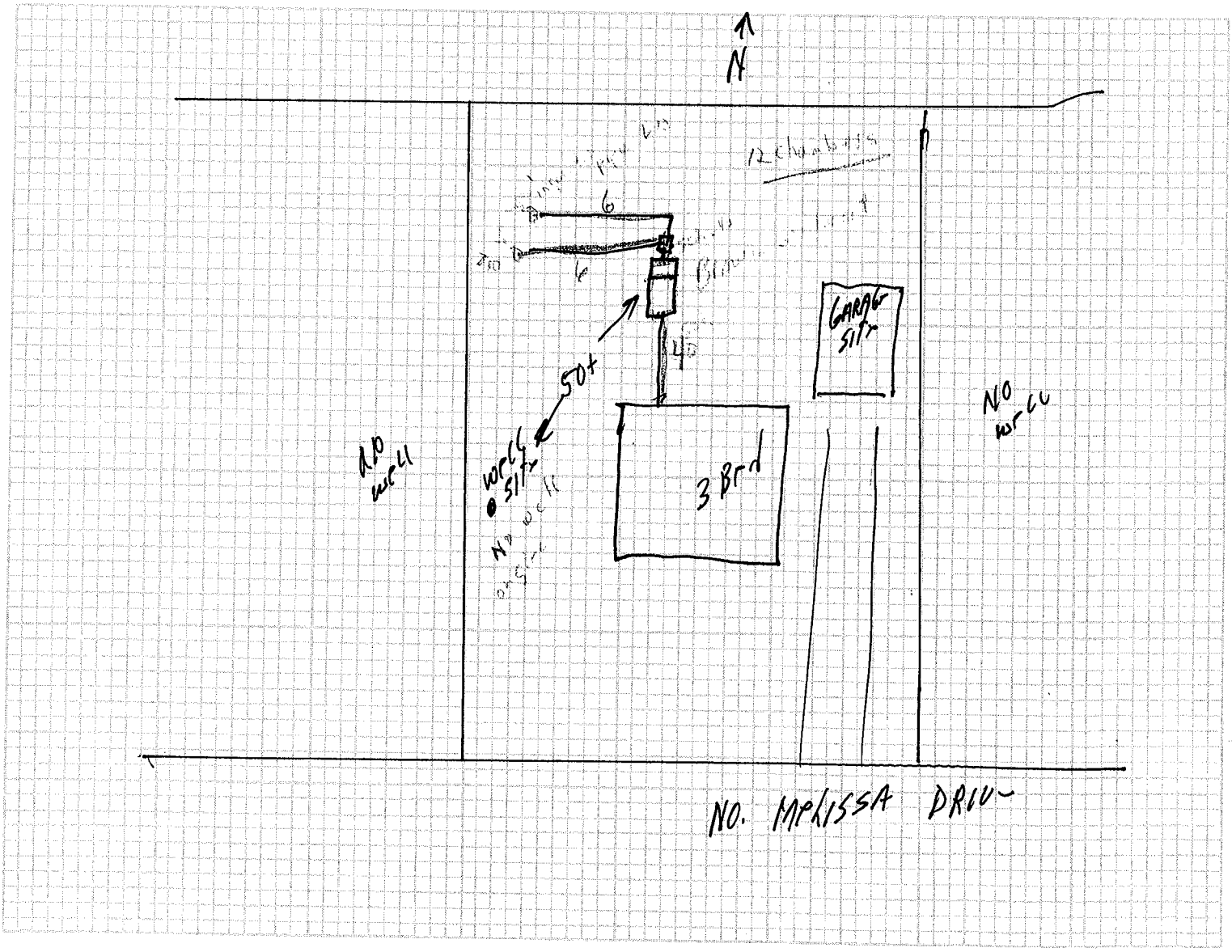
Date of Drawing: _____

Impervious surface coverage calculation

_____ ÷ _____
Impervious surface onsite Total Lot area ft²
= _____ x 100 = _____ %
Total percentage of impervious coverage

Remarks: _____

Signature GREGORY & PAM SPLOO



BECKER COUNTY

SEWAGE SYSTEM PERMIT APPLICATION

Name MCLAMB Address DETROIT LAKES, RT 1 Zip _____

1. Location of property: Lake MELISSA Sec. ____ Twp 138 Range 41
   Legal description LOT 1 & W ½ - LOT 2 - CORBELLS 4TH ADDITION
2. Lot length 150 Width 75 Lot size area _____
3. Contour of property: Approximate elevation above water table at building site 8' sewage system site 8' adjacent property ____.
4. Type of building: Residential ✓ Commercial ____ Accessory ____
5. Location of roads: County ✓ Township ____ State ____
6. Type of sewage system planned: Tank size 250 gal
   Number of tanks one Drainfield one Lineal feet 30'
7. Type of Soil: Sand ✓ Clay ____ Other ____
8. Location of sewage system on adjacent property 65' (Number of feet)
9. Location of well on your property 50' From septic (Sketch on reverse side). On adjacent property ____
10. Name of sewage system contractor LEROY KAHLE
    well drilling contractor ____
    Note: If making either of the above installations yourself indicate.
11. Minimum set back:

	Building	Sewage System
From Road R.O.W.	35'	75'
Adjacent Property	40'	
Lakeshore (High Water Mark)		

12. Any other information: _____

Dated 9-28-72 Applicants Signature X [signature]

Permit No. 877-S Permit Fee Lake view Twp $3.50

Scale: Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated _____ 19____

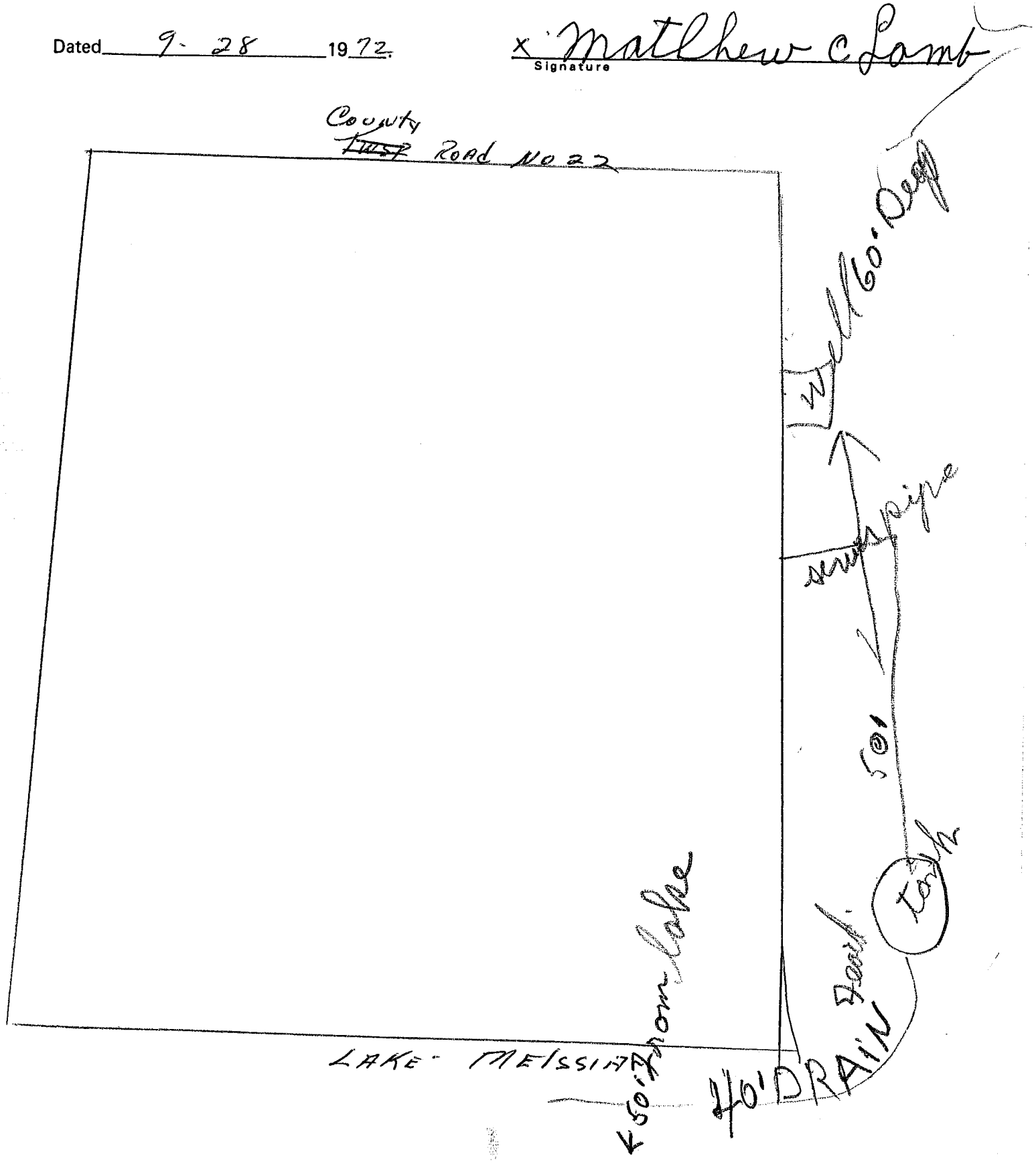
Application for Sewage System Permit Dated 9-28 19 77

Building Permit Number _____ Sewage System Permit Number _____

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

Dated 9-28 19 77

x Matthew C Lamb
Signature



NOTICE

SEWAGE SYSTEM PERMIT

Permit No. 8775

BECKER COUNTY PLANNING ADVISORY COMMISSION
COUNTY COURT HOUSE

Has been issued to:

Matthew C Lamb — Owner

Detriot Lakes Mn. Rte #6 — Address

Leroy Kahle - Detriot Lakes Mn. — Contractor

For Sewage System Installation

At: (Location of property) Lake Melissa. 138-41

Lot # 1 & W ½ - Lot 2 - Corbells 4th Addition

Date 10-10-72

Becker County Zoning Administrator

Notice to permit holder:

This permit requires that the Zoning Administrator or his agent inspect system prior to the covering of the system; if installed by licensed installer have the below statement signed and returned to this office. You must receive a certificate of compliance after completion of the system and prior to use. Please allow adequate time for a scheduled inspection.

TO BE COMPLETED BY PERSON INSTALLING SYSTEM

I hereby attest that I am familiar with the minimum standards required by the BECKER COUNTY ZONING ORDINANCE regarding sewage systems and that I have installed the above system in accordance with those standards

oct 10th 1972
Date of Installation

Leroy Kahle
Licensed Installer

Please return when completed to Becker County Zoning Office - Court House - Becker County

Cert of Compliance Issued 10-18-72