

# .nce Inspection Form

#### **Existing Subsurface Sewage Treatment Systems (SSTS)**

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

SEP 2/Zuiu

Doc Type: Compliance and Enforcement

Instructions on page 6

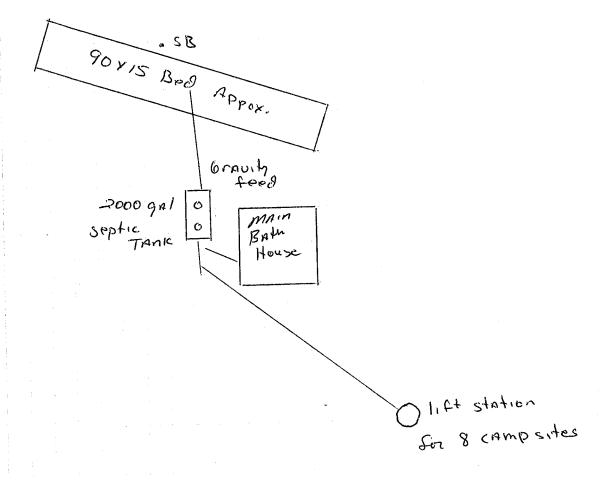
Parcel number: 19.1079.001				
System status:	compliant ce requirements)		For Local Tracking Purposes:	
Property Information		L.		
Property owner name(s): Serenity B	av Resort		Property owner phone	o 847-1610
Property address: 11248 county Hwy		N 56501	i topolty owner priorie	5
Property owner address (if different):				
County: Becker			Becker county	
Date system constructed: unknown	Re	ason for insp	pection: county request	
System Description		•		
Brief system description: 2000 gal se	otic tank to rock drain	ofiold		
Local permit number:			: Design flow	
Is the system:	Number	oi bealoonis	Design flow	rate:
In Shoreland area?	NO Vee COM.			
An U.S. Environmental Protection	⊠ Yes □ No		d Protection Area?	☐ Yes
Agency (EPA) Class V Injection Well?	P☐ Yes ☒ No	of Heath (N	rving a Minnesota Department IDH) licensed facility?	⊠ Yes □ No
Compliance Status (Based on state	requirements ado	litional local	requirements may also annly )	
Based on the information gathered and	reported on attached	forme the	compliance statue of this evet	on in (abanto aus).
☐ Certificate of Compliance – valid unti	l (3 vears from date	of report):	9/25/2010	in is (check one):
☐ Notice of Noncompliance - For Noncompliance	ompliant systems:	or toporty.	JIZUIZUIU	
The reason for noncompliance is:				
This noncompliant system is cla	issified as (check d	ne below):	ground water	
Certification			,	warse man operating perm
I hereby certify that all the necessary info determination of future system performa possible abuse of the system, inadequat	nce nas been nor ca	n be made d Iture water u	lue to unknown conditions dur sage.	s of this system. No ing system construction,
Name: Randy Anderson  Business license name and number:	A		Certification number: 3044	
Name of local unit of government:	Anderson On-Site	534		or
Signature:				
Signature.	· · · · · · · · · · · · · · · · · · ·		Date: 9/25/2	010
Required Attachments				
<ul><li>☒ Hydraulic Performance</li><li>☒ Soil Boring Logs</li></ul>		y on	☐ Operating P	ermit Form (if applicable)
<ul><li>✓ System drawing/As-built drawing</li><li>✓ Other information (list):</li></ul>			that are different from what	is required on this form
pgrade Requirements (derived from Min pplaced, or its use discontinued within ten mont illing to protect ground water, the system must kisting system is not failing as defined in law, a pplaced, or its use discontinued, populity to a populi	ns or receipt or triis not be uparaded, replaced	ICE OF WITNIN A Or its use disi	Shorter period if required by local	ordinance. If the system is

areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.

Parcel number: 19.1079.001		System status: 🛛 Compliant 🔲 Noncompliant
		(as determined by this form)
Hydraulic Performance and O	thor Complian	- Compliant III III - Compliant
Compliance Issue #1 of 4	ther Compilant	ce - Compliance Inspection Form for Existing SSTS
B +	_	
		servation: _county request
This form expires upon next inspection or in	three years, whicheve	r occurs first: 9/25/2013
Compliance questions/criteria: (Require (Check the appropriate box)	red)	Verification Method*: (Optional)
Does the system discharge sewage to the	☐ Yes ☒ No	(Check the appropriate box)
ground surface?		Searched for surface outlet
Does the system discharge sewage to drain tile or surface waters?	☐ Yes   No	Performed hydraulic test
		Searched for seeping in yard     Searched for seeping in
Does the system cause sewage backup into dwelling or establishment?	☐ Yes ☒ No	☐ Checked for backup in home
Do other situations exist that have the	☐ Yes ☒ No	☐ Excessive ponding in soil system/D-boxes
potential to immediately and adversely impact or threaten public health or safety		☐ Homeowner testimony
(electrical, unsafe covers, etc.)?		☐ Examined for surging in tank
Any "yes" answer indicates that the system in threat to public health and safety.	is an imminent	☐ "Black soil" above soil dispersal system
and salety.		System requires "emergency" pumping
Does the system pose a threat to ground	☐ Yes ⊠ No	☐ Performed dye test
water for any conditions deemed non-	☐ Yes   No	Other:
water for any conditions deemed non- protective as determined by the inspector?  "Yes" indicates that the system is failing to	o protect	
water for any conditions deemed non- protective as determined by the inspector?  "Yes" indicates that the system is failing to	o protect	Other:
water for any conditions deemed non- protective as determined by the inspector?  "Yes" indicates that the system is failing to	o protect	* No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which
water for any conditions deemed non- protective as determined by the inspector?  "Yes" indicates that the system is failing to	o protect	* No standard protocol exists. This list is not exhaustive
water for any conditions deemed non- protective as determined by the inspector?  "Yes" indicates that the system is failing to ground water. If "yes", describe the condit	o protect	* No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which
water for any conditions deemed non- protective as determined by the inspector?  "Yes" indicates that the system is failing to ground water. If "yes", describe the condit	o protect ion noted:	* No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.
water for any conditions deemed non- protective as determined by the inspector?  "Yes" indicates that the system is failing to ground water. If "yes", describe the condit  Certification  This form is to be completed and attached to the Inspection Form for Existing Subsurface Se	p protect ion noted:  the Summary Form of the	* No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.
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Parcel number: 19.1079.001		System status:	Noncomplia	nt
Tank Integrity and Safety Co	<b>empliance</b> – Compliand	e Inspection Form for Existing	SSTS	
Compliance Issue #2 of 4	•			
Date of observation: 9/25/2010	Reason for observation	county request		
This form expires on (three years): 9/25	/2013			
Compliance questions/criteria: (Requ (Check the appropriate box)	ired)	Verification Method**: (Optional) (Check the appropriate box)	ı	
Does the system consist of a seepage pit*, _cesspool, drywell, or leaching pit?	☐ Yes ⊠ No	Probed tank bottom		
Do any sewage tank(s) leak below their	☐ Yes ☒ No	Observed low liquid level		
designed operating depth?  If yes, identify which		Examined construction records		
sewage tank leaks.		☐ Examined empty (pumped) tan		
Any "yes" answer indicates that the system ground water.	n is failing to protect	<ul><li>☐ Probed outside tank for "black</li><li>☐ Pressure/vacuum check</li></ul>	SOII	
		Other:		
<ul> <li>Seepage pits meeting 7080.2550 may be in ordinance by local permitting authority.</li> </ul>	compliant if allowed	·		
		** No standard protocol exists. This list sequential order, nor does it indicate are necessary to make this determina	which comb	
Safety Check				
1. Are maintenance hole covers damaged,	cracked, or appeared to be stru	cturally unsound?	☐ Yes*	⊠ No
2. Were maintenance hole covers replaced	in a secured manner (e.g., scre	ews replaced)?		☐ No*
3. Was secondary access restraint present	(safety pan, second cover, or s	afety netting) – highly recommended.	☐ Yes	⊠ No
4. Are other safety/health issue present?		•	☐ Yes*	⊠ No
Explain:				
*System is an imminent threat to pub	lic health and safety.			
Certification				
This form is to be completed and attached to Inspection Form for Existing Subsurface scompleted by an inspector, maintainer, or se 15 days.	Sewage Treatment Systems	. Observations interpretations and co	anclusions i	must ha
Property owner name(s): Serenity Bay Re	esort			
Property address: 11248 county Hwy 17 D				
Property owner's address (if different):				
County: Becker	Property owner	ohone: 847-1610		
I hereby certify that I personally made the ob- correct.	servations, interpretations, and	d conclusions reported on this form a	nd that they	√ are
Name: Randy Anderson		Certification number: 3044		
Business license name and number: Ande	erson On-Site 634	-1		or
Name of local unit of government:				
Signature:		Date: 9/25/2010		
www.pca.state.mn.us • 651-296-6300 •	000 (57 00)			
www.pca.stafe.mn.us • 651-296-6300 • wq-wwists4-31 • 4/24/09	800-657-3864 • TTY 651-	282-5332 or 800-657-3864 • Available		ve formats Page 3 of 8

Parcel number: <u>19.1079.001</u>		System status:
Soil Separation Compliance and	Other Compli	ance – Compliance Inspection Form for Existing SSTS
Compliance Issue #3 of 4	-	, , ,
Date of observation: 9/25/2010  This information on this form does not expire.	Reason for o	bservation: county request
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:		<ul> <li>☐ Conducted soil observation(s) (attach boring logs)</li> <li>☐ Two previous verifications (attach boring logs)</li> <li>☐ Other: _soils:0"-26" sand 10yr2/2</li> </ul>
Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?	☐ Yes ☐ No	26" - 46" sand 10yr5/4 46"-60" sand 10yr3/4 water 46"
For non-performance systems built April 1,		boring 1' below drainfield
1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage or lodging establishment:		Soil observation does not expire. Previous observations by two independent parties are sufficient, unless site conditions have been altered.
Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*	⊠ Yes □ 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):	,	* May be reduced by up to 15 percent if allowed in local ordinance.
Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*	☐ Yes ☐ No	** 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 fal ground water.		
Certification		
inspection form for Existing Subsurface Sew	age Treatment Svs	ne Minnesota Pollution Control Agency's (MPCA) Compliance tems. Observations, interpretations, and conclusions must be mitted to the local unit of government within 15 days.
Property owner name(s): Serenity Bay Resort		
Property address: 11248 county Hwy 17 Detro	it Lakes,MN 56501	
Property owner's address (if different):		
County: Becker	Property o	wner phone: 847-1610
I hereby certify that I personally made the observence.	ations, interpretation	s, and conclusions reported on this form and that they are
Name: Randy Anderson		Certification number: _3044
Business license name and number: Anderson	On-Site 634	or
Name of local unit of government:		
Signature:		Date: 9/25/2010



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# **Compliance Inspection Form**

#### **Existing Subsurface Sewage Treatment Systems (SSTS)**

520 Lafayette Road North St. Paul, MN 55155-4194 SEP 2 / ZUIU

Doc Type: Compliance and Enforcement

Instructions on page 6

<b>Summary Form</b> (Completed form must be submitted to the local unit of government within 15 days.)
Parcel number: 19.1079.001
System status:
Property Information
Property owner name(s): Serenity Bay Resort Property owner phone: 847-1610
Property address: 11248 county Hwy 17 Detroit Lakes,MN 56501
Property owner address (if different):
County: Becker Permitting authority: Becker county
Date system constructed: unknown Reason for inspection: county request
System Description
Brief system description:1500 gal septic tank to rock 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 Heath (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
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: Randy Anderson Certification number: 3044
Business license name and number: Anderson On-Site 634 or
Name of local unit of government:
Signature: Date: 9/25/2010
Required Attachments  ☐ Hydraulic Performance ☐ Soil Boring Logs ☐ System drawing/As-built drawing ☐ Other information (list):  ☐ Operating Permit Form (if applicable) ☐ Operating Permit Form (if applicable) ☐ Any local requirements that are different from what is required on this form
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, 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: <u>19.1079.001</u>			System status:
Hydraulic Performance and O	ther Co	omplian	ce - Compliance Inspection Form for Existing SSTS
Compliance Issue #1 of 4			
Date of observation: 9/25/2010	Re	ason for ob	servation: county request
This form expires upon next inspection or in			
Compliance questions/criteria: (Require (Check the appropriate box)	red)		Verification Method*: (Optional) (Check the appropriate box)
Does the system discharge sewage to the	☐ Yes	⊠ No	Searched for surface outlet
ground surface?		<del></del>	☐ Performed hydraulic test
Does the system discharge sewage to drain tile or surface waters?	│ □ Yes	⊠ No	Searched for seeping in yard
Does the system cause sewage backup	☐ Yes	⊠ No	☐ Checked for backup in home
into dwelling or establishment?			☐ Excessive ponding in soil system/D-boxes
Do other situations exist that have the potential to immediately and adversely	☐ Yes	⊠ No	
impact or threaten public health or safety			
(electrical, unsafe covers, etc.)?  Any "yes" answer indicates that the system	io on inve	!t	"Black soil" above soil dispersal system
threat to public health and safety.	is an mini	ment	☐ System requires "emergency" pumping
David and a second			☐ Performed dye test
Does the system pose a threat to ground water for any conditions deemed non- protective as determined by the inspector?	☐ Yes	⊠ No	Other:
"Yes" indicates that the system is failing t ground water. If "yes", describe the condi	to protect tion noted	<b>i:</b>	* 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 Inspection Form for Existing Subsurface Scompleted by an inspector. Completed form in	ewage Tr	eatment S	f the Minnesota Pollution Control Agency's (MPCA) <b>Compliance</b> ystems. Observations, interpretations, and conclusions must be he local unit of government within 15 days.
Property owner name(s): Serenity Bay Res	sort	····	
Property address:11248 county Hwy 17 De			
Property owner's address (if different):			
County: Becker			owner phone: <u>847-1610</u>
I hereby certify that I personally made the obscorrect.	servations,	interpretati	ions, and conclusions reported on this form and that they are
Name: Randy Anderson			Certification number: 3044
Business license name and number: Ander	son On-Si	te 634	or
Name of local unit of government:	•		

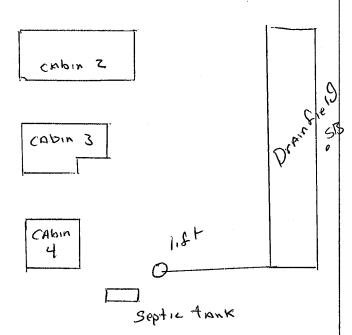
Parcel number:

Parcel number: 19.1079.001		System status:   Compliant	Voncomplia	nt
		(as determined by this form)		
Tank Integrity and Safety Co	<b>mpliance</b> – Compliand	e Inspection Form for Existing	SSTS	
Compliance Issue #2 of 4		•		
Date of observation: 9/25/2010	Reason for observation	county request		
This form expires on (three years): 9/25	/2013			·
Compliance questions/criteria: (Requ	ired)	Verification Method**: (Optional	)	
Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	☐ Yes ⊠ No	(Check the appropriate box)   ☐ Probed tank bottom		
Do any sewage tank(s) leak below their		☐ Observed low liquid level		
designed operating depth?	☐ Yes ☒ No		6	
If yes, identify which		☐ Examined empty (pumped) tar	ık	
sewage tank leaks.  Any "yes" answer indicates that the system	- f- f-111	☐ Probed outside tank for "black	soil"	
ground water.	i is failing to protect	☐ Pressure/vacuum check		
* Seepage pits meeting 7080.2550 may be	compliant if allowed	Other:		
in ordinance by local permitting authority.	compliant if allowed			
		** No standard protocol exists. This list sequential order, nor does it indicate are necessary to make this determin	which comb	ıstive, in oinations
Safety Check				
1. Are maintenance hole covers damaged,	cracked, or appeared to be stru	cturally unsound?	☐ Yes*	⊠ No
2. Were maintenance hole covers replaced			⊠ Yes	□ No*
3. Was secondary access restraint present			☐ Yes	⊠ No
4. Are other safety/health issue present?		, , ,	☐ Yes*	⊠ No
Explain:			_	
*System is an imminent threat to publ	lic health and safety.			
Cortification				
Certification				
This form is to be completed and attached to <b>Inspection Form for Existing Subsurface S</b> completed by an inspector, maintainer, or ser 15 days.	sewace i realment Systems	()heartations interpretations and a		
Property owner name(s): Serenity Bay Res	sort			
Property address: 11248 county Hwy 17 D	etroit Lakes,MN 56501			
Property owner's address (if different):			· · · · · · · · · · · · · · · · · · ·	
County: Becker	Property owner p	hone: 847-1610		
County: Becker  I hereby certify that I personally made the obscorrect.			nd that they	are
I hereby certify that I personally made the obs	servations, interpretations, and		nd that they	are
I hereby certify that I personally made the obscorrect.	servations, interpretations, and	conclusions reported on this form a		are or
I hereby certify that I personally made the obscorrect.  Name: Randy Anderson  Business license name and number: Ander	servations, interpretations, and	conclusions reported on this form an entification number: 3044		
I hereby certify that I personally made the obscorrect.  Name: Randy Anderson  Business license name and number: Ander	servations, interpretations, and	conclusions reported on this form an entification number: 3044		

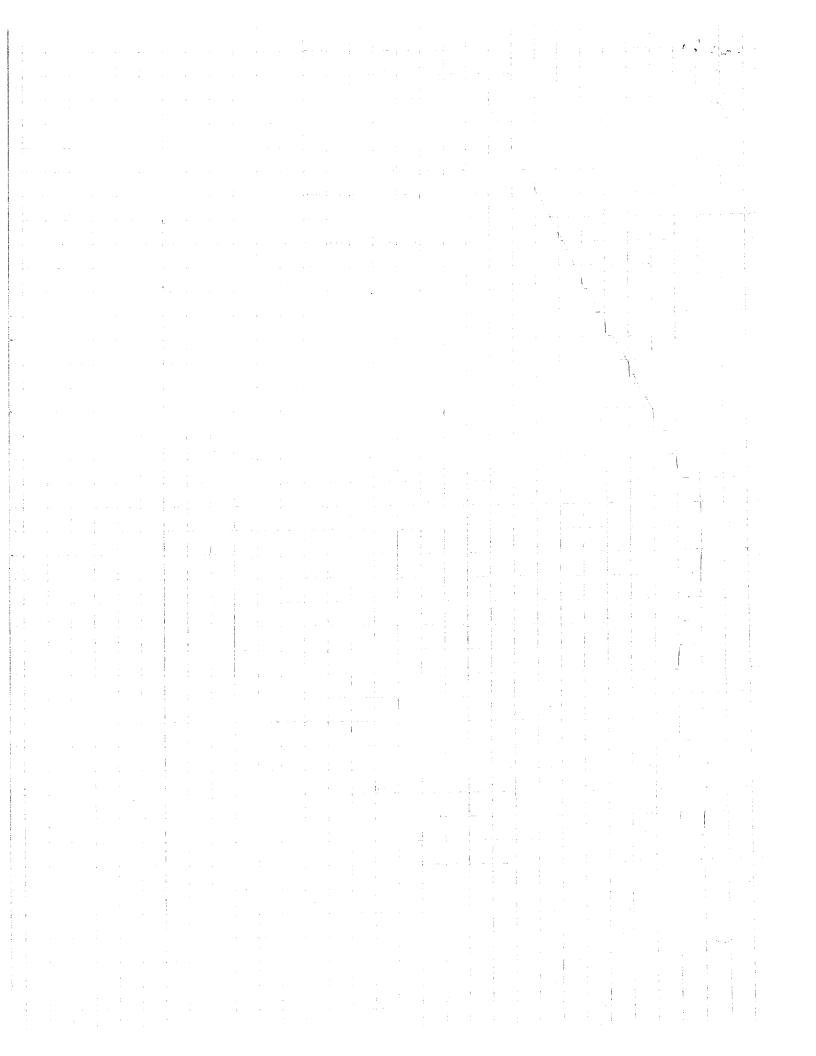
Parcel number: <u>19.1079.001</u>		System status: ⊠ Compliant ☐ Noncompliant (as determined by this form)
Soil Separation Compliance and	Other Complian	ce – Compliance Inspection Form for Existing SSTS
Compliance Issue #3 of 4		
Date of observation: 9/25/2010	Reason for obs	ervation: county request
This 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		☐ Conducted soil observation(s) (attach boring logs)
located in Shoreland or Wellhead Protection Area or not serving a food, beverage or		☐ Two previous verifications (attach boring logs)
lodging establishment:		
Does the system have at least a two-foot vertical separation distance from periodically		24"- 57" sand 10yr5/4
saturated soil or bedrock?	☐ Yes ☐ No	57"- 65" sand 10yr6/3 water 57"
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:		Soil observation does not expire. Previous observations by two independent parties are sufficient, unless site conditions have been altered.
		Conditions have been altered.
Does the system have a three-foot vertical separation distance from periodically saturated		
soil or bedrock?*	⊠ Yes □ 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		* May be reduced by up to 15 percent if allowed in local ordinance.
7080.2400):		** No standard protocol exists. This list is not exhaustive,
Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*	☐ Yes ☐ No	in sequential order, nor does it indicate which combinations are necessary to make this determination.
Any "no" answer indicates that the system is fa		
ground water.		
Certification		
This form is to be completed and attached to the <b>Inspection Form for Existing Subsurface Sew</b> completed by an inspector or designer. Complete	age Treatment Systen	Minnesota Pollution Control Agency's (MPCA) <b>Compliance ns.</b> Observations, interpretations, and conclusions must be led to the local unit of government within 15 days.
Property owner name(s): Serenity Bay Resort		
Property address: 11248 county Hwy 17 Detro		
Property owner's address (if different):		
County: Becker		er phone: 847-1610
I hereby certify that I personally made the observ correct.	ations, interpretations,	and conclusions reported on this form and that they are
Name: Randy Anderson		Certification number: 3044
Business license name and number: Andersor	On-Site 634	or
Signature:		Date: 9/25/2010
William Don state was up 154 204 (200 and	V 4 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	

Parcel number: \_\_19.1079.001

Store et Two quaters



System handles
House
2 trailors
5 cabins



August 28, 1997

William Barthel Barthel's Resort Rt 5 Box 284 Detroit Lakes, MN 56501

Dear Mr. Barthel:

A review has been done of your resort regarding your request to convert Cabin #9 into a seasonal pad for an RV.

During the review, it was found that the septic system would not be large enough to accommodate another site. In 1992, when the system was installed, an allowance was given for a reduction in the system's size for seasonal use. Today's regulations do not allow for any type of reduction. The present system consists of a 2000 gallon tank, 500 gallon lift station, and 690 sq. feet of drainfield. Today's requirements would require a system with 5738 gallon tank capacity and approximately 4885 sq. feet of drainfield.

It has also been noted that your permit limits you to 9 cabins and 9 sites. Upon recent inspections of your property it has been noted on several occasions that 10 permanent trailers are located on the property and on occasion, other campers have been on the site.

At this point, your request for conversion of the cabin to a site would be denied.

If you have any questions, please contact our office.

Sincerely,

Dan A Holm, Administrator Environmental Services Planning & Zoning

DAH/dkm

cc: file

#### Barthel's Resort

#### Existing system consists of:

2000 gallon septic tank 500 gallon lift station 690 square feet of drainfield

Present Water Use	tank sizing	drainfield sizing
8 cabins sleeping 33 people x 50 gpd 8 cabins sleeping 33 people x 42 gpd 9 rv sites with central bath x 100 gpd Type I one bedroom house Total Water Usage per day	4950 gpd 900 gpd 300 gpd 6150 gpd	4686 gpd 900 gpd 300 gpd 5886 gpd

Tank sizing:	Drainfield sizing:
6150 gpd x.75 4613 + 1125	5886 gpd x .83 ssf (if sandy soil) 4885 sq ft or 1629 lineal feet
5738 gallons	5886 gpd <u>x 1.27 ssf (if sandy loam soil)</u> 7475 sq ft or 2492 lineal feet

April 13, 1999

Western Products, INC P O Box 2426 Fargo, ND 58108

Dear Western Products:

Enclosed please find your check in the amount of \$114.00 with note attached that it was for Barthel Resort.

The check is being returned because a building permit application was not completed and attached to the check. Please complete the enclosed building permit and resubmit the application and check to our office.

If you have any questions, please contact our office.

Sincerely,

Debi Moltzan Zoning Secretary/Field Inspector

Enclosure

Cc: file

19.1079.001



## **BECKER COUNTY**

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

### SUPPLEMENTAL DATA FOR SEWAGE SYSTEM PERMIT

Application No.
595
Toy Down ol N
Tax Parcel No.
19,1079,000

**FORM C** 

		A. GENE	RAL INFORMATION			
1. Applicant's Name (Last, First, M.I.)  Barthels Re	sort		2. Day Phone No.		3. Evening Phone No.	
4. Sewer Installer 5. Soil Tester/Ear  Sarry Wald  B. SEWAGE SYSTEM DATA		rthwork Contractor	ork Contractor  6. MPCA Certification No.  927			
	TEW DATA			C. SITE	DATA	
a. [] New System b. [] Repair  3. Anticipated Use  a. [] Single Family b. [] Multiple Family c. M Commercial d. [] Agricultural e. [] Other (specify)  a. [] Step 1. Step 2. Step 3. S	of System  optic Tank Only ainfield Only optic Tank & D ternative System  of Drainfield andard System und (pressure	rainfield om (specify)  distribution)	1. Soils  a. Soil Type: b. Percolation Rate (minutes per inch): c. Depth to Water Table: d. Depth to Mottled Soil: e. Date of Soil Testing:		2. Supporting Data/Attachments  ] Sketch Plan**  Y Percolation Data Sheets ] Soil Borings ] Tank/Drainfield Design Calculations  * This is normally a mandatory requirement. It is recommended that the applicant submit sketch plan on FORM H.	
a. Distance to Well: b. Distance to Building: c. Distance to Property Line: d. Distance to Suction Line: e. Distance to Pressure Line: f. Tank Capacity (gal.) and SOO Read of Drainfield (ft. 2): g. Distance to Lake or Stream	Tank 100 10 10 10 10 10	Drainfield  100 20 10  6905F  500	3. Water Level Data Works a. Highest Known Water Level: b. 100-Year Flood Elevation: c. 10-Year Flood Elevation: D. Design of Tank and/or Drainfield is Based on: [ ] 100-Year Flood Elev. [ ] 10-Year Flood Elev. [ ] Highest Known Water [ ] Highest Known Groen [ ] Soil Mottling or Importance of Contingent upon the most conservative reconservative reconservative.	vation ation ter Level und Water Lev ervious Soil La	yer ems is ors. The	
I hereby certify with my signature that all or plans and specifications are true and corre	data on my ap ect to the best	olication forms, of my knowledge: _	Wulliam Signature of A	pplicant	heb. 6/26/82 Date	
SEWAGE SYSTEM PERMIT						
PAPPLICATION IS HEREBY DENIED PERMISSION IS HEREBY GRANTED All in accordance with the applic hereinafter in the GENERAL an BY ORDER OF: Signature of P NOTE: THIS PERMIT TERMINATES ON:	cation, addended of the second	um form, plans, spe PROVISIONS.	im Butl	lmin	- 8/26/9Z	
- SEE REVERSE FOR GENERAL AND SPECIAL PROVISIONS -						
Application Fee \$ 250. State Skurcharge Total \$ 250.50						

## PAGE 2 FORM C -SEWAGE SYSTEM PERMIT

#### **GENERAL PROVISIONS**

- Permittee shall not cover the system authorized herein until such system has been inspected and determined to be compliant by the permitting authority. This provision can be waived only at the discretion of the permitting authority.
- Where clay soils are predominant, no drainfield excavation can proceed if more than one (1) inch of total rainfall has been received at the nearest official rain gauge within one (1) week prior to construction. This provision can only be waived at the discretion of the permitting authority.
- 3. No changes in plans or specifications can be made to the work authorized herein unless such change is first approved in writing by the permitting authority.
- 4. Permittee shall grant access to the site at all reasonable times so that the permitting authority or his/her agents may conduct inspections to ascertain compliance with the terms and conditions of this permit.
- 5. The construction site shall be kept reasonably free of debris at all times so as to not create a public nuisance.
- 6. Permittee shall install permanent and temporary erosion control measures in order to prevent erosion of disturbed soils from the project site onto adjacent parcels of land, public waters, public roads, ditches, sewer facilities and the like. Permittee shall cease all related authorized construction activities until such time as any such problem is corrected as agreed to by the permitting authority.
- 7. No certificate of occupancy or zoning compliance may be issued until all the provisions and conditions of this permit are complied with in full.
- 8. A copy of this permit or an official notice or placard thereof must be posted in a conspicuous place protected from the effects of weather no more than 12 feet above grade on the premises which the work is to be done and shall be maintained there until completion of said work.
- 9. The granting of this permit does not exempt the permittee from having to secure other permits from other state, federal or local units of government which may have jurisdiction over portions of the authorized project.
- 10. This permit does not allow the destruction or removal of any trees or vegetation which exists more than ten (10) feet beyond the foundation of the authorized structure or more than five (5) feet beyond the edge of a driveway or parking lot unless authorized in a Special Provision below.

	Date	<del></del>	Signature of Applicant				
		SPECIAL PROVISIONS					
	· · · · · · · · · · · · · · · · · · ·						
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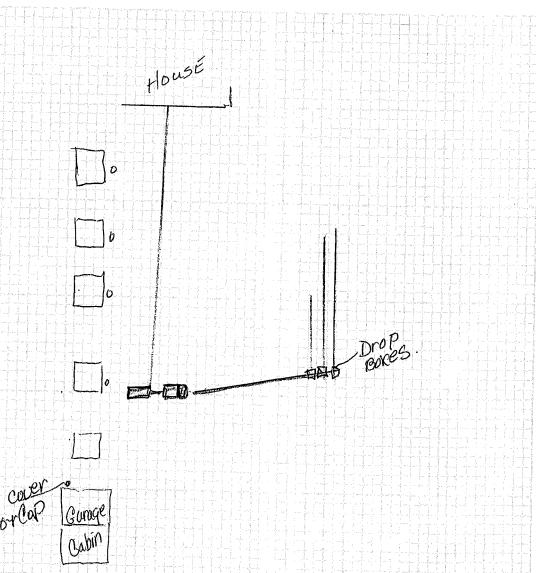


# **BECKER COUNTY**

829 LAKE AVENUE, P.O. BOX 787 DETROIT LAKES, MINNESOTA 56502-0787

(218) 846-7314

ase be as complete as possible. Inclu NERAL 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	SKETCH PLAN FORM H  de all of the items listed below where applicable. 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	Tax Parcel No.  19, 1079.001  Scale of Diagram: 1 inch =fe  Drawing By:  Date of Drawing:
	Signature	
	House	



# MINNESOTA DEPARTMENT OF HEALTH Division of Environmental Health

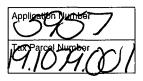
Information Necessary for Review of Individual Sewage Disposal Systems

The plans	and specifications for	individual	sewage disposal	systems serving:
Facility Burth	lels Resort	Location	Beckey (County)	Sake View (City or Two.)
Prepared and submitte	ed by Durquiel	Laste.		Mormation.
Submitted by	Villiam Bi		1,	The second secon
Ownership Wellia	in Burtlel:	Date		
Plans required:			•	•
	all show isolation dist ters, property lines ar			
The drainfield plant connection to	an shall show overall d drop or distribution b	limensions, s oxes.	pacing between	pipes, location of
Estimate of sewage flo 300 - 082 1880 cubins		TypeI	-/BR	300SF
- 2321 + 2 j	Two Rumber of people ser	$Q/X + J^2$	ystem.	
	Number of days used	per year		
no.	_ If food service, numb	per of hours	of operation p	er dav
Soil data:	1		•	
	Percolation rate (mir	nutes per inc	in need the	& unformation
Septic tank:	Depth of water table below bottom of drain	<u> </u>		
1850 +750 1590 ON 1500	= 2000galy. Size (gallons) /BR	. 750 gal	r + 21x50	(2) = 0 = 4 100 per site
Converte	. Journal (Such 48	COncrete or	fiboral	ection pipe and manholo
Disposal system:	4		•	
prestift Sta	Type (such as trenche: Tion Distribution (gravity		2.90	1.50-
\$ 70.00	Soil treatment area (s		KI .	j
USE	ng a slow a	lown.	læyer	

rovision of top soil and grass cover	grand cold
the the got to not two	( Tong would
lope of sides (3 to 1 maximum)	s / 67 CV
Laded 6uzprzes	76/
rovision of permeable layer above the rock (such as straw, hay,	anna man
Septh of rock above pipes (at least 2 inches)	
Gebry of rock below pipes (sr Jesst 9 inches)	
Depth of sand fill (at least 12 inches)	
Filter rock area width (feet) (ten feet or less per bed)	
Filter rock area length (feet)	(2:/
renegrous:	etails for mounds const
Provision of top soil and grass cover	
Depth of earth backfill above rocks (6-36 inches)	
nucreaded building paper)	
Depth of rock above the pipes (at least 2 inches)	
Depth of rock below the drain pipes (6-24 inches)	
Width of trenches (18-36 inches), or bed	78-81
Length of trenches or bed (feet) (maximum 100' from distribution point)	
(1112) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(organ)
Litte or pumping station(s) (must be provided with alarm system)	Details' for drainfinite
(0)	01:10
Pipe material(s)	m - DAd, +//
	, 1/1
·	

#### **PPLICATION** FOR SEWAGE SYSTEM

CERTIFICATE OF COMPLIANCE With The Becker County Zoning Ordinance



$\bigcirc$		A. GEN	IERAL INFORMA	TION			
1. Applicant's Name (Last, First, M.L.)	Ro	Mut	2. Authori	zed Agent (If applica	able)		
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)							
4. Day Phone	5. Evening F	Phone	6. Fire Nu	mber of Project Loc	ation		
	L	B PRO	PERTY DESCRIP	TION			
1. Lot(s), Block, Subdivision Name							6. Gov. Lot No.
DakotahBeach	) Lots	10-12 BUG	?	138	41	0. 4., 4	
7. Note: If the property is a metes and bo	unds descript	on, check here [	] and attach a copy	of the exact legal de	scription.		
SEWAGE SYSTEM DATA  Anticipated Use a. [ ] Single Family b. [ ] Multiple Family c. [ ] Commercial d. [ ] Agricultural e. [ ] Other (specify)  Type of System a. [ ] Septic Tank Only b. [ ] Drainfield Only c. [ ] Septic Tank & Drainfield d. [ ] Holding Tank e. [ ] Alternative System (specify)  Type of Drainfield a. [ ] Standard System b. [ ] Mound (pressure distribution) c. [ ] Mound (gravity distribution)  Well Data a. Depth: b. Diameter:		1 Inch Equal DESIGN	s Lech		384e	8/9	2
a. [ ] Drilled b. [ ] Sand Point	Show Distance Between Sewage System And Buildings, Property Lines Lake Boads And All Wells Within 125 Feet						
Property Lines, Lake, Roads And All Wells Within 125 Feet.  I hereby certify with my signature that all data on my application forms,  plans and specifications are true and correct to the best of my knowledge:  Signature of Applicant  Date							
TO BE COMPLETED BY ZONING OFFICE							
SEWAGE SYSTEM DATA  Distances to Well: Distance to Building: Distance to Property Line: Distance to Suction Line: Distance to Pressure Line: Tank Capacity (gal.)and Area of Drainfield (ft. 2): Distance to Lake or Stream	Tank	Drainfield	[ ] CERTIFICAT Based upon the ap	enance this system	NTED n form, plans, spe	to function satisfacto	her supporting data. orily, however this is
(from Ordinary High Water Level): Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	- W	A +4	Ž	lanu Title	ar _	Date	44