



Minnesota Pollution Control Agency

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



191079001

SEP 27 2010

Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Instructions on page 6

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

Parcel number: 19.1079.001

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

For Local Tracking Purposes:

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: 2000 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 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): 9/25/2010

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: [Signature] Date: 9/25/2010

Required Attachments

Hydraulic Performance Tank Integrity Operating Permit Form (if applicable)
 Soil Boring Logs Soil Separation
 System drawing/As-built drawing Any local requirements that are different from what is required on this form
 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: 19.1079.001

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

Hydraulic Performance and Other Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #1 of 4

Date of observation: 9/25/2010 Reason for observation: county request

This form expires upon next inspection or in three years, whichever occurs first: 9/25/2013

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): Serenity Bay Resort

Property address: 11248 county Hwy 17 Detroit Lakes, MN 56501

Property owner's address (if different): _____

County: Becker

Property owner phone: 847-1610

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

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

Parcel number: 19.1079.001

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

Tank Integrity and Safety Compliance – Compliance 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: (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

- Are maintenance hole covers damaged, cracked, or appeared to be structurally unsound? Yes* No
- Were maintenance hole covers replaced in a secured manner (e.g., screws replaced)? Yes No*
- Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended. Yes No
- Are 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): Serenity Bay Resort

Property address: 11248 county Hwy 17 Detroit Lakes, MN 56501

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Property owner phone: 847-1610

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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

Parcel number: 19.1079.001

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

Soil Separation Compliance and Other Compliance – Compliance Inspection Form for Existing SSTS Compliance Issue #3 of 4

Date of observation: 9/25/2010

Reason for observation: county request

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: soils:0"-26" sand 10yr2/2

26" - 46" sand 10yr5/4

46"-60" sand 10yr3/4 water 46"

boring 1' below drainfield

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

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Property address: 11248 county Hwy 17 Detroit Lakes, MN 56501

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Name: Randy Anderson

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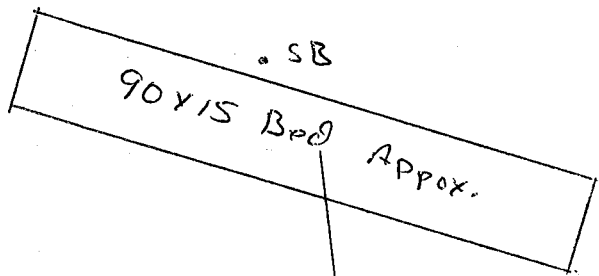
Business license name and number: Anderson On-Site 634

or

Name of local unit of government: _____

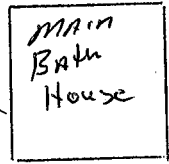
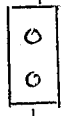
Signature: 

Date: 9/25/2010



Gravity feed

2000 gal
septic
TANK



lift station
for 8 campsites



Minnesota Pollution Control Agency

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

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Compliance Inspection Form

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(based on all compliance requirements)

For Local Tracking Purposes:

Property Information

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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? [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? [X] 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):

[X] Certificate of Compliance - valid until (3 years from date of report): 9/25/2010

[] 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: [Signature] Date: 9/25/2010

Required Attachments

- [X] Hydraulic Performance [X] Tank Integrity [] Operating Permit Form (if applicable)
[X] Soil Boring Logs [X] Soil Separation
[X] System drawing/As-built drawing [] Any local requirements that are different from what is required on this form
[] 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.

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Compliance Issue #1 of 4

Date of observation: 9/25/2010

Reason for observation: county request

This form expires upon next inspection or in three years, whichever occurs first: 9/25/2013

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 |
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| 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.

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| 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 |
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"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
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Tank Integrity and Safety Compliance – Compliance 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: (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

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

Explain: _____

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

Certification

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Name of local unit of government: _____

Signature: 

Date: 9/25/2010

Parcel number: 19.1079.001

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

Soil Separation Compliance and Other Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #3 of 4

Date of observation: 9/25/2010

Reason for observation: county request

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 |
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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: soils:0"-24" sand 10yr2/2

24"- 57" sand 10yr5/4

57"- 65" sand 10yr6/3 water 57"

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.

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Property owner's address (if different): _____

County: Becker

Property owner phone: 847-1610

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Name: Randy Anderson

Certification number: 3044

Business license name and number: Anderson On-Site 634

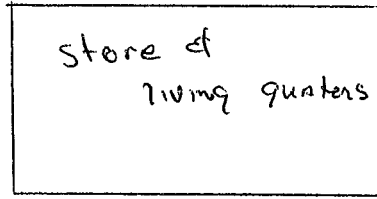
or

Name of local unit of government: _____

Signature: 

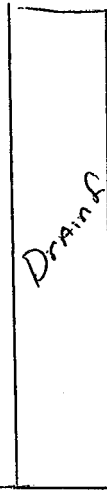
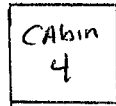
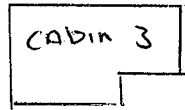
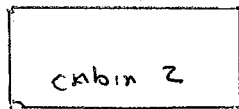
Date: 9/25/2010

County 17

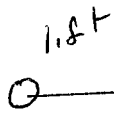


↙
1" = 30'

Property Line

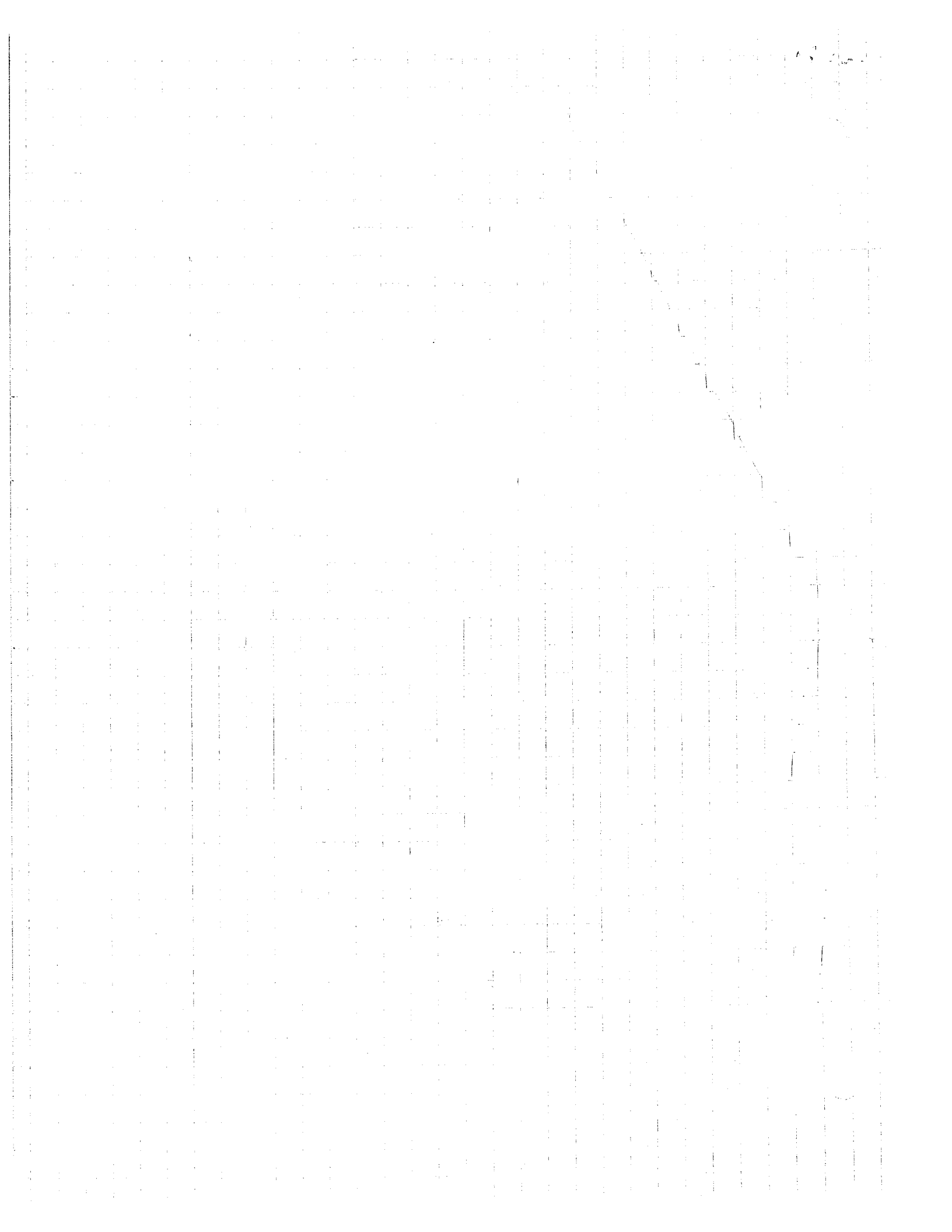


SB



Septic tank

System handles
House
2 trailers
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 | 4950 gpd | |
| 8 cabins sleeping 33 people x 42 gpd | | 4686 gpd |
| 9 rv sites with central bath x 100 gpd | 900 gpd | 900 gpd |
| Type I one bedroom house | 300 gpd | 300 gpd |
| <hr/> Total Water Usage per day | <hr/> 6150 gpd | <hr/> 5886 gpd |

Tank sizing:

$$\begin{array}{r}
 6150 \text{ gpd} \\
 \underline{\times .75} \\
 4613 \\
 + 1125 \\
 \hline
 5738 \text{ gallons}
 \end{array}$$

Drainfield sizing:

$$\begin{array}{r}
 5886 \text{ gpd} \\
 \underline{\times .83 \text{ ssf (if sandy soil)}} \\
 4885 \text{ sq ft or } 1629 \text{ lineal feet} \\
 \\
 5886 \text{ gpd} \\
 \underline{\times 1.27 \text{ ssf (if sandy loam soil)}} \\
 7475 \text{ sq ft or } 2492 \text{ lineal feet}
 \end{array}$$

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.

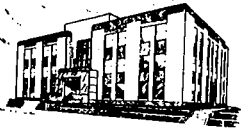
Sincerely,

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

| |
|--------------------------------------|
| Application No. <u>5957</u> |
| Tax Parcel No. <u>19,1079,000</u> |

SUPPLEMENTAL DATA FOR SEWAGE SYSTEM PERMIT FORM C

A. GENERAL INFORMATION

| | | | |
|--|-------------------------------------|---|----------------------|
| 1. Applicant's Name (Last, First, M.I.) <u>Barthel's Resort</u> | | 2. Day Phone No. | 3. Evening Phone No. |
| 4. Sewer Installer <u>Larry Wald</u> | 5. Soil Tester/Earthwork Contractor | 6. MPCA Certification No. <u>927</u> | |

B. SEWAGE SYSTEM DATA

C. SITE DATA

| | | | |
|--|---|---|---|
| 1. Work Category a. <input checked="" type="checkbox"/> New System b. <input type="checkbox"/> Repair | 2. Type of System a. <input type="checkbox"/> Septic Tank Only b. <input type="checkbox"/> Drainfield Only c. <input checked="" type="checkbox"/> Septic Tank & Drainfield d. <input type="checkbox"/> Alternative System (specify) | 1. Soils <u>sandy</u> 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 <input type="checkbox"/> Sketch Plan** <input checked="" type="checkbox"/> Percolation Data Sheets <input type="checkbox"/> Soil Borings <input type="checkbox"/> Tank/Drainfield Design Calculations ** This is normally a mandatory requirement. It is recommended that the applicant submit sketch plan on FORM H. |
| 3. Anticipated Use a. <input type="checkbox"/> Single Family b. <input type="checkbox"/> Multiple Family c. <input checked="" type="checkbox"/> Commercial d. <input type="checkbox"/> Agricultural e. <input type="checkbox"/> Other (specify) | 4. Type of Drainfield a. <input checked="" type="checkbox"/> Standard System b. <input type="checkbox"/> Mound (pressure distribution) c. <input type="checkbox"/> Mound (gravity distribution) | | |

5. System Design Data

| | Tank | Drainfield |
|---|--------------------------------|---------------|
| a. Distance to Well: | <u>100</u> | <u>100</u> |
| b. Distance to Building: | <u>10</u> | <u>20</u> |
| c. Distance to Property Line: | <u>10</u> | <u>10</u> |
| d. Distance to Suction Line: | _____ | _____ |
| e. Distance to Pressure Line: | _____ | _____ |
| f. Tank Capacity (gal.) and Area of Drainfield (ft. 2): | <u>500 gal.</u> <u>2000</u> | <u>690 SF</u> |
| g. Distance to Lake or Stream (from Ordinary High Water Level): | <u>500'</u> | <u>500'</u> |
| h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling: | _____ | <u>3</u> |

3. Water Level Data Worksheet

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 Elevation
 10-Year Flood Elevation
 Highest Known Water Level
 Highest Known Ground Water Level
 Soil Mottling or Impervious Soil Layer

Note: The proper design of sewage systems is contingent upon these limiting factors. The most conservative resulting design prevails.

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:

William Barthel 8/26/92
Signature of Applicant Date

SEWAGE SYSTEM PERMIT

APPLICATION IS HEREBY DENIED

PERMISSION IS HEREBY GRANTED TO William Barthel

All in accordance with the application, addendum form, plans, specifications and all other supporting data, unless specified hereinafter in the GENERAL and/or SPECIAL PROVISIONS.

BY ORDER OF: Floyd Sweeney Jr. Zoning Admin. 8/26/92
Signature of Permitting Authority Title Date

NOTE: THIS PERMIT TERMINATES ON: 3/26/93 except as provided for by local ordinance and/or Minnesota Law.

- SEE REVERSE FOR GENERAL AND SPECIAL PROVISIONS -

Application Fee \$ 250. State Skurcharge .50 Total \$ 250.50

PAGE 2
FORM C - SEWAGE SYSTEM PERMIT

GENERAL PROVISIONS

1. 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.
2. 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

_____ Signature of Applicant

SPECIAL PROVISIONS

1. _____

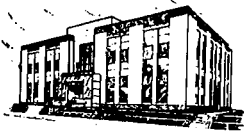
2. _____

3. _____

4. _____

5. _____

6. _____



BECKER COUNTY

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

| |
|--------------------------------|
| Application No. 19.1079.001 |
| Tax Parcel No. 19.1079.001 |

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

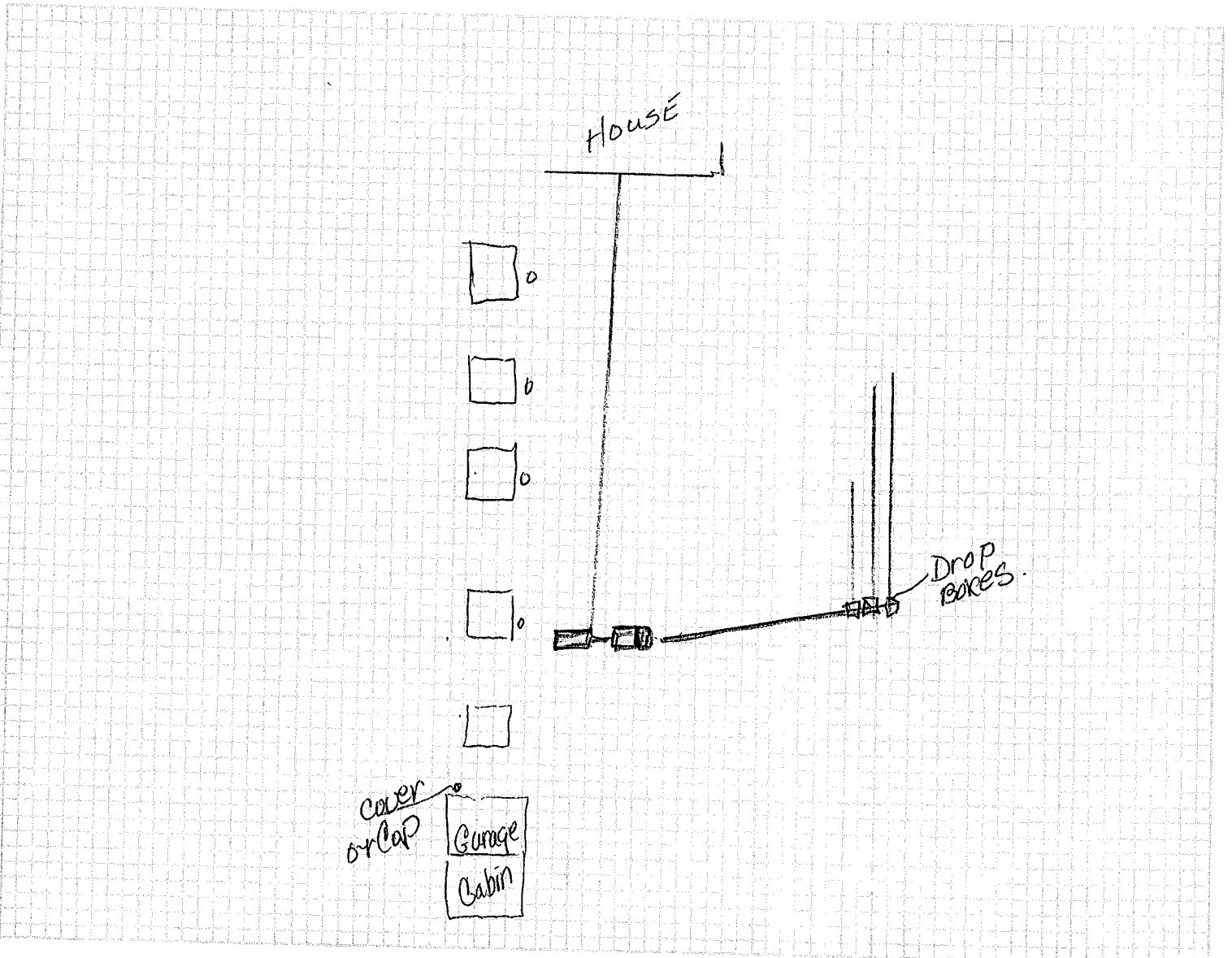
Scale of Diagram: 1 inch = _____ feet

Drawing By: _____

Date of Drawing: _____

Remarks: _____

Signature _____



MINNESOTA DEPARTMENT OF HEALTH
Division of Environmental Health

Information Necessary for Review of Individual Sewage Disposal Systems

Submitted with plans and specifications for individual sewage disposal systems serving:

Facility Barthel's Resort Location Becker Lakeview
(County) (City or Two.)

Prepared and submitted by Margaret Laiter from information
submitted by: William Barthel

Ownership William Barthel Date _____

Plans required:

The site plans shall show isolation distances from the septic tank and drainfield to wells, surface waters, property lines and buildings.

The drainfield plan shall show overall dimensions, spacing between pipes, location of and connection to drop or distribution boxes.

Estimate of sewage flow:

1082 ~~1082~~ ³⁰⁰ cabins 1382 Gallons per day, or Type I - 1BR. 300SF
23 21 + 2 sites 21x42 = 2 sites = 1200

180 Number of people served by the system

180 Number of days used per year

no If food service, number of hours of operation per day

Soil data:

Percolation rate (minutes per inch) need this information

Depth of water table in drainfield area (must be at least 3 feet below bottom of drainfield)

70 SLOPE OF LAND

Septic tank:

1050 + 750 = 2000 gals
1570 ~~1500~~ Size (gallons) 1BR 750 gals + 21x50 = 100 per site (2) =

Concrete Construction (such as concrete or fiberglass)
Provide: Inlet and outlet tees or baffles, inspection pipe and manhole

Disposal system:

trenching
mound Type (such as trenches, bed or mounds)

pressure lift station Distribution (gravity or pressure) 290 1-50

681.53
690.00 Soil treatment area (square feet) 90 270

using a slow down layer

pipe size(s) (inches) 1 1/4"
 pipe material(s) 1 1/4" PVC - with 1/4" lateral holes
 lift or pumping station(s) (must be provided with alarm system) Alarm & lift

Details for drainfield trench or bed construction:

trench or bed construction: 3 trenches
 90 - 90 x 50

length of trenches or bed (feet) (maximum 100' from distribution point) 18-36

width of trenches (18-36 inches), or bed

depth of rock below the drain pipes (6-24 inches)

depth of rock above the pipes (at least 2 inches)

provision of a permeable layer above the rock (such as straw, hay, untreated building paper)

depth of earth backfill above rocks (6-36 inches)

provision of top soil and grass cover

Details for mounds construction:

filter rock area length (feet) 7.0

filter rock area width (feet) (ten feet or less per bed) 10

depth of sand fill (at least 12 inches) 12 inches

depth of rock below pipes (at least 9 inches) 9

depth of rock above pipes (at least 2 inches) 2

provision of permeable layer above the rock (such as straw, hay, untreated building paper) polyethylene

slope of sides (3 to 1 maximum) 3 to 1

provision of top soil and grass cover grass cover

Top only

