



2954

LEGAL DESCRIPTION AND LOCATION: Lot # 2 of Corbetta's Subdiv. on lots 1 & 2 & 3  
 MELLISSA CD 20 138 44 LAKEVIEW  
 Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name: TURNER, First: BARBARA, Initial: [blank]	Mailing Address: 2744 S. CAMINO REAL, PALM SPRINGS, CA. 92262	Zip No. [blank]	Tel. No. [blank]
Contractor	Name: [blank]	Address: 20 Bx 142, Det. LKS, Mn. 56501	[blank]	[blank]

TYPE OF IMPROVEMENT: ( ) New Building ( ) Alteration ( ) Other: SEWER SYSTEM

RESIDENTIAL PROPOSED USE: ( ) One Family Dwelling ( ) Multiple Dwelling Units

NON-RESIDENTIAL PROPOSED USE: Specify: [blank] Size: [blank]

ESTIMATED COST OF IMPROVEMENT \$ [blank] Construction Starting Date: [blank]

PRINCIPAL TYPE OF FRAME & BUILDING: ( ) Masonry ( ) Wood Frame ( ) Structural Steel ( ) Other - Specify [blank]	TYPE OF SEWAGE DISPOSAL: ( ) Public ( ) Individual Septic Tank, etc. ( ) Other: [blank]	DIMENSIONS: Basement: ( ) Yes ( ) No Stories above basement: [blank] Sq. feet (outside dimension) [blank] Bedrooms: 3 Baths: 1
Type of Roof: ( ) Cottage ( ) Other: [blank]	MECHANICAL EQUIPMENT: Elevator: ( ) Yes ( ) No Air Conditioning: ( ) Yes ( ) No ( ) Central ( ) Unit	HEATING: ( ) Electric ( ) Gas ( ) Oil ( ) Coal ( ) None Other: BED

SEWAGE DISPOSAL SYSTEM DATA:

	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1500 Gls.	375 Sq. Ft.	Sq. Ft.
Distance from nearest well	75 Ft.	75 Ft.	Ft.
Distance from lake or stream	75 Ft.	75 Ft.	Ft.
Distance from occupied building	10 Ft.	10 Ft.	Ft.
Distance from property line	10 Ft.	10 Ft.	Ft.
Distance from bottom to Water Table	Ft.	4 Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS: Lot Area is 75-150 square feet. Water frontage is 75 feet.

Building set back from high water mark is [blank] feet. (Building Line)

Land height above high water mark at building line is [blank] feet

Building setback from ( ) State - ( ) County - ( ) Township Highway 10 feet from the ( ) Center Line - ( ) Right of Way

Side yard is 10 and 10 feet. Rear yard is [blank] feet.

Building will be located 10 feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located 10 feet from soil absorption system (Cesspool, Drainfield, etc.).

Agreement: I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Becker County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that this permit is valid for a period of six (6) months. Applicant further agrees that no part of the sewage system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the County Zoning Administrator, 48 hours before the job is ready for inspection.

Dated 10-25-89 Signature of Owner [Signature]

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

Dated [blank] Permit Fee \$ 60.00 State Surcharge \$ 50 Becker County Zoning Administrator [Signature] Cormorant Surcharge \$ [blank]

Comments: [blank]

### INSPECTOR'S CHECK LIST

*Make all measurements and computations*

	ACTUAL IS ↓	MINIMUM Shall Be ↓	Sq. Ft.
Building Set Back from High Water Mark	Ft.		Ft.
Building Set Back from State Highway	Ft.		Ft.
Side Yard	& Ft.	& Ft.	
Rear Yard	Ft.		Ft.
Elevation at Building Line above High Water Mark	Ft.		Ft.

### SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
		Gls.		Gls.		S F		S F		S F		S F
Capacity												
Distance from Nearest Well		F		F		F	75	F		F	50	F
Distance from Lake or Stream		F		F		F		F		F		F
Distance from Occupied Building		F	10	F		F	20	F		F	20	F
Distance from Property Line		F	10	F		F	10	F		F	10	F
Distance from Bottom to Water Table	---	F	---	F		F	4	F		F	4	F

Inspector's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INTERPRETATION OF ABBREVIATIONS**

- Gls — Gallons
- SF — Square Feet
- F — Linear Feet

Inspection  
Dated

19

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency

BECKER COUNTY

Department \_\_\_\_\_

Becker County Courthouse

Detroit Lakes, MN 56501

Subject \_\_\_\_\_

Name

BARBARA ANN TURNER

Address

2744 S. CAMINO REAL

Town

Palm Springs

State

Ca Zip

92262

Date

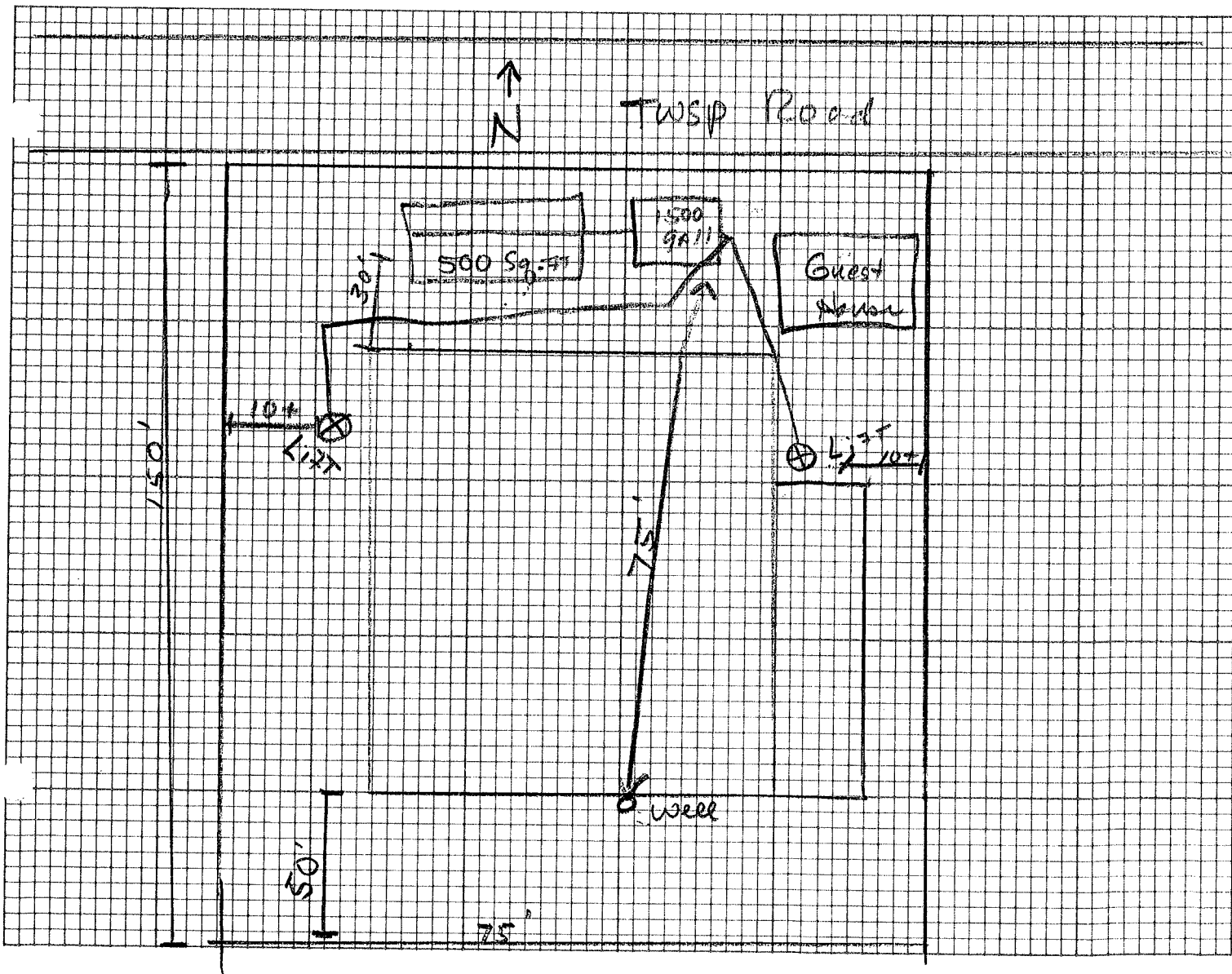
10-25-89

Location or Legal Description

LT #2 of Corbetts Subdiv. of Lots 1 & 2 & 3 of Section 20 Twp 138, Rng. 41.

Remarks:

Signature \_\_\_\_\_



**CERTIFICATE OF COMPLIANCE**  
**SEWAGE SYSTEM**

This certificate has been issued this 27 day of November 1989  
to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as: Lot #2 of Corbett's Subdivision on Lots 1, 2, & 3.

Lake No. _____	Sec. <u>20</u>	Twp. <u>138</u>	Range <u>41</u>	Twp. Name <u>Lake View</u>
		SEPTIC TANK (2 500 GALS)		DRAINFIELD
CAPACITY		1500 GALS		500 SF (15 X35)
DISTANCE FROM NEAREST WELL		120 F		120 F
DISTANCE FROM LAKE OR STREAM		175 F		175 F
DISTANCE FROM OCCUPIED BUILDING		70 F		70 F
DISTANCE FROM PROPERTY LINE		10 F		10 F
DISTANCE FROM BOTTOM TO WATER TABLE				4

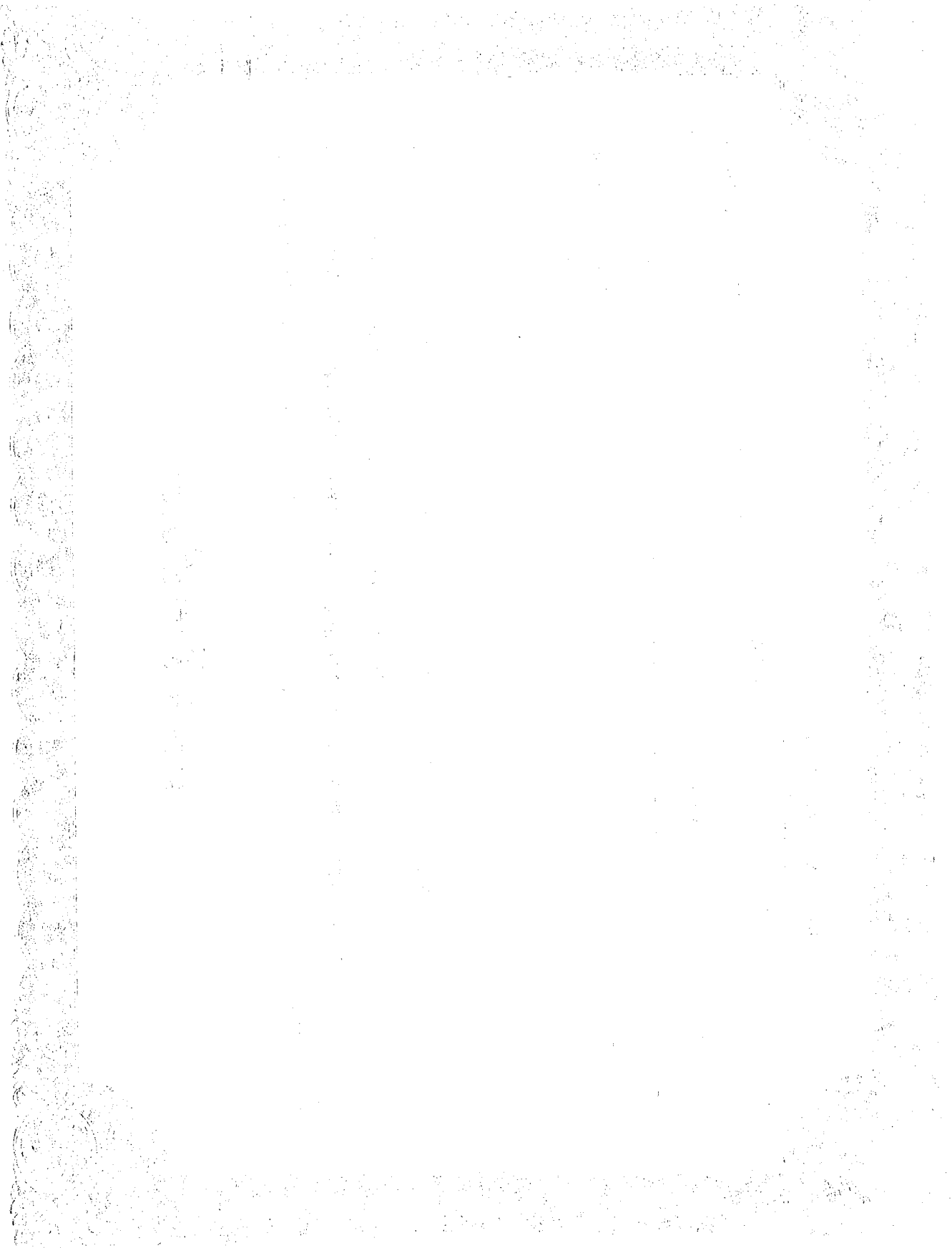
Owner: Name BARBARA TURNER

Address 2744 S CAMINO REAL

PALM SPRINGS, CA Zip No. 92262

Permit No. SP 12-18, 307-35  
One foot of Rock in Drainfield.  
2 lift stations installed.

Signed by: David Swenley  
Zoning Administrator  
Becker County, Minnesota



2954

LEGAL DESCRIPTION AND LOCATION: Lot # 2 of Corbett's Subdivision lots 1 & 2 & 3  
Mathews Co'D 20 138 41 LAKEVIEW  
 Lake No. \_\_\_\_\_ Lake Name \_\_\_\_\_ Lake Classif. \_\_\_\_\_ Sec. \_\_\_\_\_ TWP \_\_\_\_\_ Range \_\_\_\_\_ TWP Name \_\_\_\_\_

IDENTIFICATION: Please Print All Information

Owner:	Last Name: <u>TURNER</u> , First: <u>BARBARA</u>	Initial: _____	Mailing Address— No. Street, City and State: <u>5744 S. DAWSON ROAD, PALM SPRINGS CA, 92262</u>	Zip No. _____	Tel. No. _____
Contractor:	Name: <u>KILL</u>	_____	_____	_____	_____

TYPE OF IMPROVEMENT:  New Building  Alteration  
 Other: SEWER SYSTEM

RESIDENTIAL PROPOSED USE:  One Family Dwelling  Multiple Dwelling \_\_\_\_\_ Units

NON-RESIDENTIAL PROPOSED USE: Specify: \_\_\_\_\_ Size: \_\_\_\_\_

ESTIMATED COST OF IMPROVEMENT \$ \_\_\_\_\_ Construction Starting Date: \_\_\_\_\_

PRINCIPAL TYPE OF FRAME & BUILDING: <input type="checkbox"/> Masonry <input type="checkbox"/> New Home <input type="checkbox"/> Wood Frame <input type="checkbox"/> Garage <input type="checkbox"/> Structural Steel <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other — Specify _____ Year _____ <input type="checkbox"/> Cottage <input checked="" type="checkbox"/> Septic System <input type="checkbox"/> Other _____	TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Well Type _____ Depth _____ MECHANICAL EQUIPMENT: Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	DIMENSIONS: Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms <u>3</u> Baths <u>1</u> HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: <u>oil</u>
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SEWAGE DISPOSAL SYSTEM DATA:		SEPTIC TANK	SEEPAGE-PIT	DRAIN FIELD
Capacity	<u>1500</u> Gls.	<u>1500</u> Gls.	<u>275</u> Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>75</u> Ft.	<u>75</u> Ft.	<u>75</u> Ft.	Ft.
Distance from lake or stream	<u>75</u> Ft.	<u>75</u> Ft.	<u>75</u> Ft.	Ft.
Distance from occupied building	<u>10</u> Ft.	<u>10</u> Ft.	<u>10</u> Ft.	Ft.
Distance from property line	<u>10</u> Ft.	<u>10</u> Ft.	<u>10</u> Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.	<u>4</u> Ft.	Ft.

*All distances are shortest distance between nearest points*

CHARACTERISTICS:

Lot Area is 1500 square feet. Water frontage is 75 feet.

Building set back from high water mark is \_\_\_\_\_ feet. (Building Line)

Land height above high water mark at building line is \_\_\_\_\_ feet

Building setback from ( ) State - ( ) County - ( ) Township Highway 10 feet from the ( ) Center Line - ( ) Right of Way

Side yard is 10 and 10 feet. Rear yard is \_\_\_\_\_ feet.

Building will be located 10 feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located 10 feet from soil absorption system (Cesspool, Drainfield, etc.).

Agreement: I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Becker County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that this permit is valid for a period of six (6) months. Applicant further agrees that no part of the sewage system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the County Zoning Administrator, 48 hours before the job is ready for inspection.

Dated 10-25-89 Signature of Owner \_\_\_\_\_

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

Dated \_\_\_\_\_  
 Permit Fee \$ 60.00 State Surcharge \$ 50  
 Becker County Zoning Administrator  
 Cormorant Surcharge \$ \_\_\_\_\_

Comments: \_\_\_\_\_

**INSPECTOR'S CHECK LIST**  
 Make all measurements and computations

	ACTUAL IS ↓	MINIMUM Shall Be ↓	Sq. Ft.
Building Set Back from High Water Mark		Ft.	Ft.
Building Set Back from State Highway		Ft.	Ft.
Side Yard	_____ & _____	Ft.	_____ & _____
Rear Yard		Ft.	Ft.
Elevation at Building Line above High Water Mark		Ft.	Ft.

**SEWAGE DISPOSAL SYSTEM STATISTICS**

*2 Lift Stations*

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	1500	Gls.			15x35	SF
Distance from Nearest Well	120	F		75	120	F
Distance from Lake or Stream	175	F			175	F
Distance from Occupied Building	70	F	10	20	70	F
Distance from Property Line	10	F	10	10	10	F
Distance from Bottom to Water Table	---	F	---	4	4	F

Inspector's Comments: *Pans and drainfield installed by Kels with one foot of Reeb. New well and 2 lift stations will be installed by Kable in the spring of 1990. Well is on end of lift station's are 50 or more feet from well - 11-17-89*

**INTERPRETATION OF ABBREVIATIONS**  
 Gls. — Gallons  
 SF — Square Feet  
 Ft. — Linear Feet

*Elyd [Signature]*  
 Inspector's Signature

\_\_\_\_\_ Title

Inspection Dated *11-2* 19 *89*

\_\_\_\_\_ Agency

# BECKER COUNTY

Building Permit No. \_\_\_\_\_ Sewage System Permit No. 12-1830735

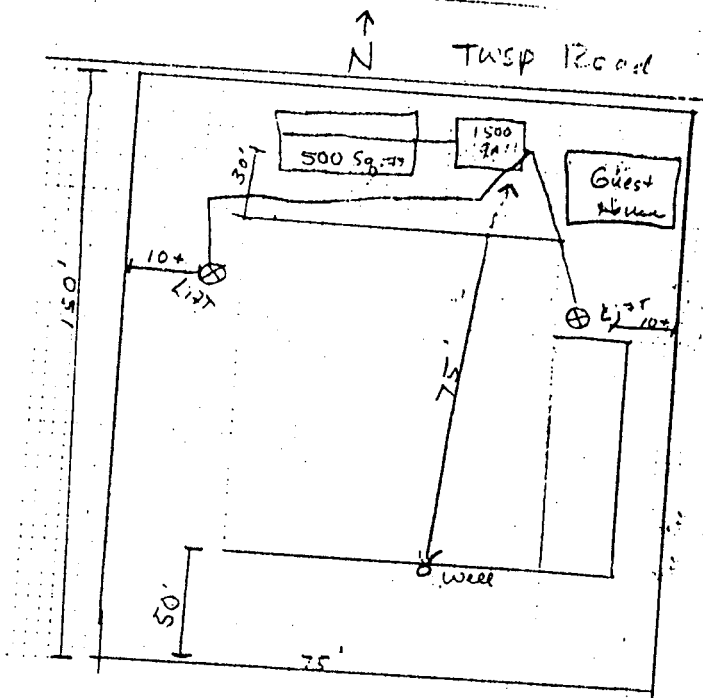
Township LAKEVIEW Sec. \_\_\_\_\_ Description Thomas Coabett's Subdivider - Lots 1+2+3

Work Authorized SEWER SYSTEM WITH 2 LIFT STATIONS

TYPE OF IMPROVEMENT: ( ) New Building ( ) Alteration Other \_\_\_\_\_  
 RESIDENTIAL PROPOSED USE:  One Family Dwelling ( ) Multiple Dwelling \_\_\_\_\_ Units \_\_\_\_\_  
 NON-RESIDENTIAL PROPOSED USE: Specify: \_\_\_\_\_ Size: \_\_\_\_\_  
 Stories \_\_\_\_\_ Basement ( ) Yes ( ) No Bedrooms 3 Bathrooms 3

Issued to: Name BARBARA TURNER  
 Address: 2744-S. CAMINO REAL Town PALMS SPRINGS  
 State CA. Zip 92262 Fire Number \_\_\_\_\_

Sketch



1 Inch = \_\_\_\_\_ Feet

HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake \_\_\_\_\_  
 Side Lot Lines \_\_\_\_\_  
 Center Line of Public Road \_\_\_\_\_  
 Road Right of Way \_\_\_\_\_  
 Septic Tank \_\_\_\_\_ Drain Field \_\_\_\_\_  
 Other \_\_\_\_\_

SEWAGE DISPOSAL SYSTEM DATA

	Septic Tank	Drain Field
Capacity	<u>1250</u> Gls.	<u>400</u> q. Ft.
Distance from nearest well	<u>75</u> Ft.	<u>75</u> Ft.
Distance from lake or stream	<u>75</u> Ft.	<u>75</u> Ft.
Distance from occupied building	<u>10</u> Ft.	<u>10</u> Ft.
Distance from property line	<u>10</u> Ft.	<u>10</u> Ft.
Distance from bottom to Water Table	Ft. <u>4</u>	Ft.

Lift Pump (  Yes ( ) No

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE. AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED BY A FINE NOT TO EXCEED \$700.00 FOR EACH VIOLATION. NOTIFY THE BECKER COUNTY ZONING ADMINISTRATOR (847-4427) BEFORE BUILDING FOOTINGS HAVE BEEN COMPLETED. NO PART OF THE SEWAGE SYSTEM SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED AND APPROVED. NOTIFY THE ZONING ADMINISTRATOR 24 HOURS BEFORE THE JOB IS READY FOR INSPECTION.

Barbara Turner  
 SIGNATURE OF OWNER

Received By M. Kuehn

Date 10.25-89

Floyd Sweeney  
 Becker County Zoning Administrator

BECKER COUNTY  
 DETROIT LAKES, MN 56501



Minnesota Pollution Control Agency

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

# Compliance Inspection Form

## Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Instructions on page 6

RECEIVED  
JUL 07 2010  
ZONING

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

Parcel number: 19.1226.000

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

For Local Tracking Purposes:

### Property Information

Property owner name(s): Calvin Fercho Property owner phone: 701-361-9696  
 Property address: 24571 N Melissa Rd Detroit Lakes, MN 56501  
 Property owner address (if different): 2525 E Country Club Dr. Fargo, ND 58103  
 County: Becker Permitting authority: Becker County  
 Date system constructed: 1989 Reason for inspection: county Request

### System Description

Brief system description: Lift to 1000 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): 7/7/2013  
 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: 7/7/2010

### 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: 19.1226.000

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: 7/7/2010 Reason for observation: county request

This form expires upon next inspection or in three years, whichever occurs first: 7/7/2013

#### 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
<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): Calvin Fercho

Property address: 24571 N Melissa Rd Detroit Lakes, MN 56501

Property owner's address (if different): 2525 E Country Club Dr. Fargo, ND 58103

County: Becker

Property owner phone: 701-361-9696

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: 7/7/2010

Parcel number: 19.1226.000

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: 7/7/2010 Reason for observation: county request

This form expires on (three years): 7/7/2013

#### 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): Calvin Fercho

Property address: 24571 N Melissa Rd Detroit Lakes, MN 56501

Property owner's address (if different): 2525 E Country Club Dr. Fargo, ND 58103

County: Becker

Property owner phone: 701-361-9696

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: 7/7/2010

Parcel number: 19.1226.000

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: 7/7/2010

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?

Yes  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?\*

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):

Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?\*

Yes  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 Boring:

0"-16" sand 10yr2/2

16"- 30" sand 10yr3/2

30"-50" sand 10yr4/4

50" - 65" sand 10yr5/6

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): Calvin Fercho

Property address: 24571 N Melissa Rd Detroit Lakes, MN 56501

Property owner's address (if different): 2525 E Country Club Dr. Fargo, ND 58103

County: Becker

Property owner phone: 701-361-9696

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

Name: Randy Anderson

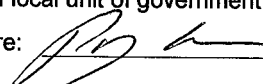
Certification number: 3044

Business license name and number: Anderson On-Site 634

or

Name of local unit of government:

Signature:

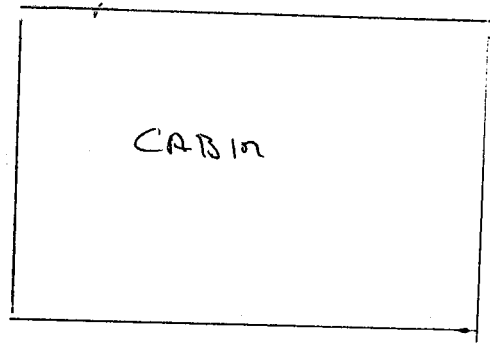
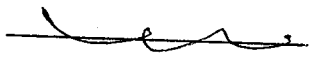


Date: 7/7/2010

Lake Melissa

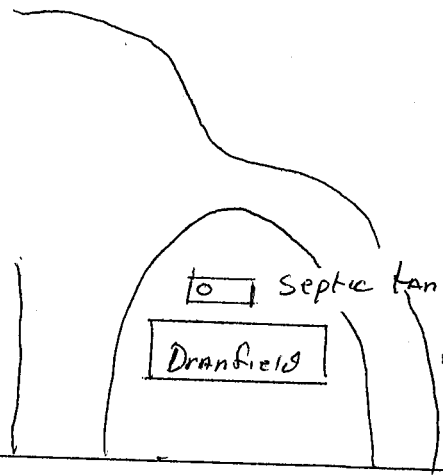
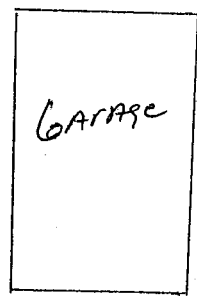
19.1226.000  
24571

1" = 30'  
↓ N



well

○ 1.24



to septic tank

Dranfield

OSB

N Melissa RD.

APR 10 1916

TO :

FROM :

SUBJECT :

April 10, 1916

Dear Sir: I am pleased to receive your letter of the 4th inst. regarding the application for a permit to install a sewage treatment plant on the premises of the ...

As stated in previous correspondence, you are required to submit a plan of the proposed plant to the Board of Health for their approval. The plan should show the location of the plant, the method of disposal of the effluent, and the method of collection of the sewage.

As this date two extensions have been granted, and it is now necessary for you to submit the plan to the Board of Health as soon as possible.

Very truly yours,  
[Signature]