



191278000



Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (ESST)

Use Type: Compliance and Enforcement

Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms -- additional local requirements may also apply.

Submit completed form to Local Unit of Government (LUG) and system owner within 15 days

For local tracking purposes:



System Status

System status on date (mm/dd/yyyy): 11-6-19

NOV 06 2019

Compliant - Certificate of Compliance
(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)

Noncompliant - Notice of Noncompliance
(See Upgrade Requirements on page 3.)

Reason(s) for noncompliance (check all applicable)

- Impact on Public Health (Compliance Component #1) -- Imminent threat to public health and safety
- Other Compliance Conditions (Compliance Component #3) -- Imminent threat to public health and safety
- Tank Integrity (Compliance Component #2) -- Failing to protect groundwater
- Other Compliance Conditions (Compliance Component #3) -- Failing to protect groundwater
- Soil Separation (Compliance Component #4) -- Failing to protect groundwater
- Operating permit/monitoring plan requirements (Compliance Component #5) -- Noncompliant

Property Information

Property address: 11889 Fern Bch Dr
Property owner: Randi Weaver

Parcel ID# or Sec/Twp/Range: 191278000

Reason for inspection: County Request
Owner's phone:

Owner's representative:
Local regulatory authority: Becker County Zoning
Final system description: holding tank

Representative phone:
Regulatory authority phone: 218-846-7314

Comments or recommendations:

Certification

I hereby certify that the information furnished herein has been verified to determine the compliance status of this system. No representation of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

Inspector name: Richard Vareberg
Business name: Vareberg Backhoe Service
Inspector signature: [Signature]

License number: 1910
Phone number: 218-847-7372

Necessary or Locally Required Attachments

- Soil boring logs
- System/As-built drawing
- Forms per local ordinance
- Other information (list):

Property address: 11889 Fern Bch Dr

Inspector Initials/Date: RU 11-6-19
(mm/dd/yyyy)

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

Compliance criteria:

System discharges sewage to the ground surface.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System discharges sewage to drain (to or surface waters).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System causes sewage backup into dwelling or establishment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Any "yes" answer above indicates the system is an imminent threat to public health and safety.

Comments/Explanation:

Verification method(s):

- Searched for surface outlet
- Searched for seeping in yard/backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony (See Comments/Explanation)
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

2. Tank Integrity - Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, or leaching pit. <i>Seepage pits meeting 7090.2050 may be compliant if allowed in local ordinance.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Any "yes" answer above indicates the system is failing to protect groundwater.

Comments/Explanation:

Verification method(s):

- Probed tank(s) bottom
- Examined construction records
- Examined Tank Integrity Form (Attach)
- Observed liquid level below operating depth
- Examined empty (pumped) tank(s)
- Probed outside tank(s) for "black soil"
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

3. Other Compliance Conditions - Compliance component #3 of 5

a. Maintenance hole covers are damaged, cracked, unsecured, or appear to be structurally unsound. Yes* No Un

b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety. Yes* No Un

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

Explain:

c. System is non-protective of ground water for other conditions as determined by inspector. Yes* No

***System is failing to protect groundwater.**

Explain:

RECEIVED
AUG 21 2009
ZONING 72001 Water/Wastewater-ISTS4.31



Compliance Inspection Form for Existing Individual Sewage Treatment Systems

Minnesota Pollution Control Agency

Completion of this form fulfills the minimal requirements of Minn. Stat. § 115.55 (1999) and Minnesota R. ch. 7080 (1999). Please refer to local ordinances for other requirements or other required information.

General:

Date of Inspection: 8-11-09 Reason for inspection: County Request
 Property Owner(s) Randi Weaver Telephone (A8) 846-3410
 Person requesting inspection Becker County Telephone () _____
 Site Address 11889 Fern Beach Drive City Detroit Lakes Zip Code 56501
 Fire No./Parcel No. 19.1278.000 Township Name Lake View
 Legal Description Set-30 Twp 138 R. 041 Fern Beach 1st add Lot 8
 Regulatory Authority Becker County Zoning

System Classification

Systems built prior to April 1, 1996 and not located in Shoreland or Wellhead Protection Area or Serving a Food, Beverage or Lodging Establishment	Systems located in Shoreland or Wellhead Protection Areas or Serving a Food, Beverage or Lodging Establishment, or systems Built after March 31, 1996
<p>Is the system an imminent threat to public health or safety? (a yes answer is an ITPHS system)</p> <ul style="list-style-type: none"> - Discharge of sewage to the ground surface? YES NO - Discharge of sewage to drain tile or surface waters? YES NO - Sewage backup into dwelling? YES NO - Situation with the potential to immediately and adversely impact or threaten public health or safety? YES NO <p>Is the system failing? (a yes answer is a failing system)</p> <ul style="list-style-type: none"> - Less than TWO feet of vertical separation between system bottom and saturated soil or bedrock? YES NO - A seepage pit, cesspool, drywell, or leaching pit? YES NO <p>Is the system non-compliant?</p> <ul style="list-style-type: none"> - Is the system regulated under a monitoring plan or operating permit? (if no, go to page 2) YES NO If yes, <ul style="list-style-type: none"> - Has the required monitoring taken place? YES NO (if no, the system is non-complying) - The monitoring indicate that the system meets performance expectations? YES NO (if no, the system is non-complying) 	<p>Is the system an imminent threat to public health or safety? (a yes answer is an ITPHS system)</p> <ul style="list-style-type: none"> - Discharge of sewage to the ground surface? YES <input checked="" type="radio"/> NO - Discharge of sewage to drain tile or surface waters? YES <input checked="" type="radio"/> NO - Sewage backup into dwelling? YES <input checked="" type="radio"/> NO - Situation with the potential to immediately and adversely impact or threaten public health or safety? YES <input checked="" type="radio"/> NO <p>Is the system failing? (a yes answer is a failing system)</p> <ul style="list-style-type: none"> - Less than THREE feet of vertical separation between system bottom and saturated soil or bedrock? YES <input checked="" type="radio"/> NO - A seepage pit, cesspool, drywell, or leaching pit? YES <input checked="" type="radio"/> NO <p>Is the system non-compliant?</p> <ul style="list-style-type: none"> - Is the system regulated under a monitoring plan or operating permit? (if no, go to page 2) YES <input checked="" type="radio"/> NO If yes, <ul style="list-style-type: none"> - Has the required monitoring taken place? YES NO (if no, the system is non-complying) - The monitoring indicate that the system meets performance expectations? YES NO (if no, the system is non-complying)

Property Owner(s) Randi Weaver

Fire No./ Parcel No. 19,1278,000

System Components (Please describe the system components):

Holding Tank

What methods were used to make the determinations for the compliance inspection? (Note: No standard protocol exists. The following list is not exhaustive, not in sequential order nor indicates which combinations are necessary to make a determination)

Watertight tank(s)

- Probed tank bottom
- Observed low liquid level
- Examined const. records
- Examined empty (pumped) tank
- Probed outside tank for black soils
- Pressure/vaccum check
- Other _____

Hydraulic Functioning

- Searched for surface outlet
- Performed hydraulic test
- Searched for seeping in yard
- Checked for back-up in home
- Excessive ponding in soil system
- Homeowner testimony
- Examined for surging in tank
- "Black soil" above soil system
- Other _____

Separation Distance

- Conducted soil borings
 - Depth to redox _____
 - Depth to system bottom _____
- Examined records
- County Verification Records
- Other _____

STATUS OF THE SYSTEM

Based on the compliance criteria above the system status is (check one) in compliance (functioning), failing (to protect groundwater), an imminent threat to public health or safety (ITPHS), non-compliant (monitoring issue), compliant (non of the 3 previous conditions), or insufficient information to make determination.

Therefore, this document is a Certificate of Compliance Notice of Noncompliance Unknown compliance

SUGGESTED ATTACHMENTS:

- 1) Site sketch. Suggested items for sketch include: well, well setback to system, dwelling or other buildings, tank(s), soil treatment system, reserved soil treatment area, property lines, surface water and soil boring locations.
- 2) Soil boring logs, showing each horizon. Indicate the texture, color, redoximorphic features depth to bedrock, standing water and whether the material is fill.
- 3) A list of any and all requirements of the local ordinance that are different from the state requirements referred to on this form.
- 4) A homeowner survey, signed by the homeowner as being factual.
- 5) Monitoring data as appropriate.

CERTIFICATION

I hereby certify as a state of Minnesota licensed Inspector and/or Designer I or Qualified Employee Inspector and/or Qualified Employee Designer I that I conducted an investigation that accurately determined the compliance status of this system and that my recorded observations are accurate as of this date. No determination of future hydraulic performance has been nor can be made due to unknown conditions during system construction, abuse of the system, inadequate maintenance, or future water usage.

Inspector's name (print) Richard Vareberg Phone 218-847-7372
 License and/or Registration Number 1910 Address 22344 Co Rd 104
 Employed by Vareberg Backhoe Service Address Detroit Lakes Mn 56501
 Signature [Signature] Date 8-11-09

Upgrade Requirements (derived from Minnesota Statutes § 115.55)

An 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 fails to provide sufficient groundwater protection, then the system must be upgraded, replaced, or its use discontinued within the time required by rule or the 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 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.

BECKER COUNTY

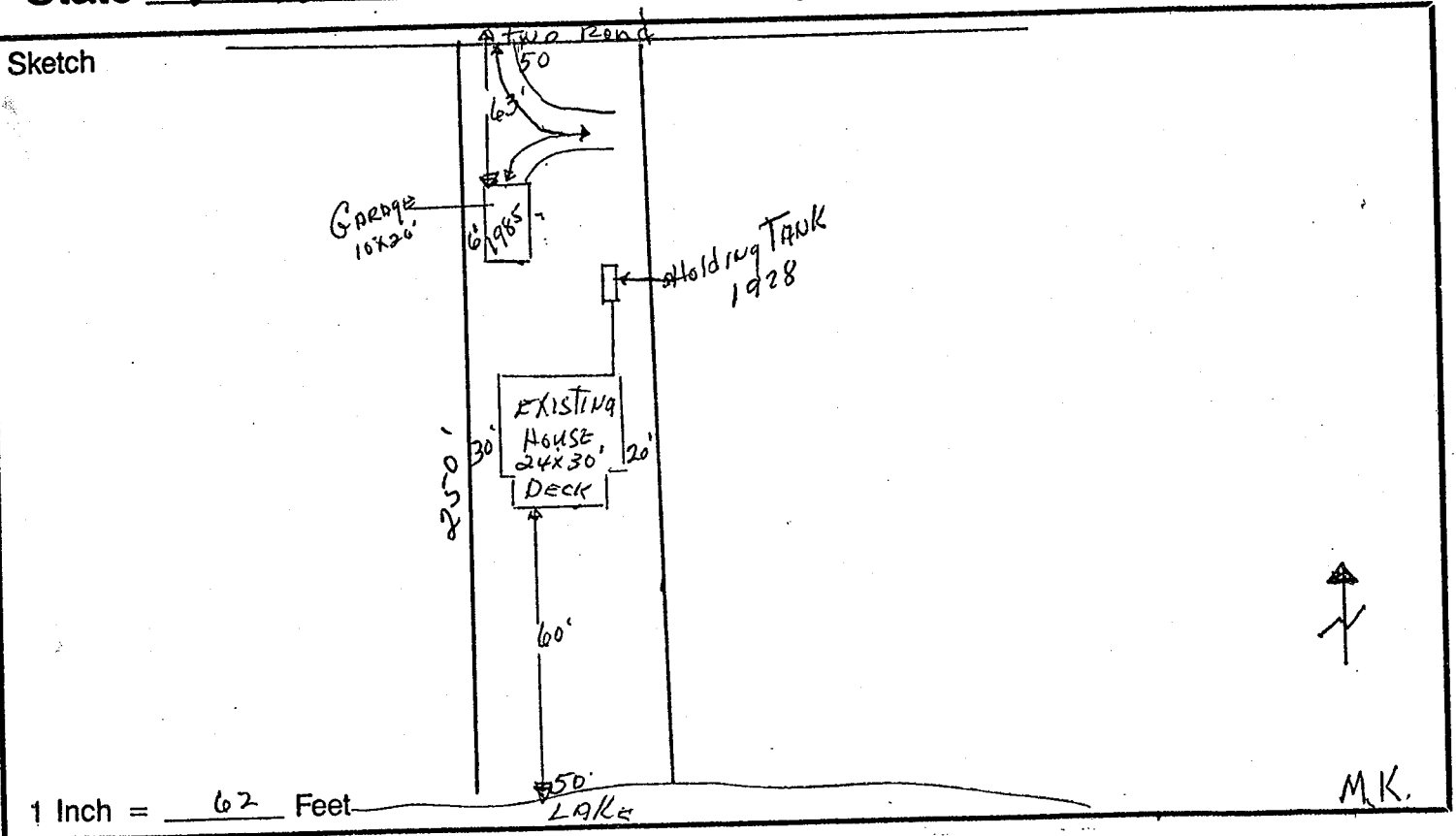
Permit Number 10-13800-35 Date 5-29-85

Building garage Sewage System _____

Township Lake View Sec. 30 Description Fern Beach
Lot 8

Work Authorized 10' x 20' masonry + wood
frame garage with asphalt roof

Issued to: Name John Plummer
Address: Box 317 RR 1 Town Detroit Lakes
State Mn Zip 56501



NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. Notify Becker County Zoning Administrator (847-3938) 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.

John Plummer

BECKER COUNTY

White - Office
 Yellow - Owner
 Pink - Assessor
 Goldenrod - Inspector

BECKER COUNTY ZONING ADMINISTRATION

Permit No. 7-168-2

COUNTY COURT HOUSE - Phone 218-847-3938 - Detroit Lakes, Minn. 56501

Date 13-768835

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION	<u>LOT #8 Fern Beach 1st add. Sec. 30-138-41 Lakeview Twp Becker Co</u>						
	<u>475</u>	<u>Melissa</u>	<u>M-D</u>	<u>30</u>	<u>138</u>	<u>41</u>	<u>Lakeview</u>
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address-- No. Street, City and State	Zip No.	Tel. No.
	<u>Plummer</u>	<u>John</u>	<u>A.</u>	<u>26755 Kelseydr. Warren MI</u>	<u>48091</u>	<u>313-524-7661</u>
Contractor	Name	Address			City	State
	<u>Wm Pedersen</u>	<u>Rt #3 Box 172-A Detroit Lakes MN</u>			<u>56501</u>	<u>847-7797</u>

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
() New Building (X) Alteration Other _____	(X) One Family Dwelling () Multiple Dwelling _____ Units	Specify: _____ Size: <u>24x28 - 672 sq ft</u>

ESTIMATED COST OF IMPROVEMENT \$ 16,000 - Construction Starting Date: APRIL 1, 1978

PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS: <u>24x28'</u>
() Masonry (X) Wood Frame () Structural Steel () Other - Specify _____	() Public () Individual Septic Tank, etc. WATER SUPPLY: () Public () Individual Well MECHANICAL EQUIPMENT: Elevator: () Yes () No Air Conditioning: () Yes () No () Central () Unit	Basement: () Yes (X) No Stories above basement: <u>ONE</u> Sq. feet (outside dimension) <u>672 sq ft</u> Bedrooms <u>TWO</u> Baths <u>ONE</u>
Type of Roof: _____	HEATING: () Electric () Gas () Oil (X) Coal () None Other: _____	

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	<u>1600</u> Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well	<u>750</u> Ft.	Ft.	Ft.
Distance from lake or stream	<u>750</u> Ft.	Ft.	Ft.
Distance from occupied building	<u>140</u> Ft.	Ft.	Ft.
Distance from property line	<u>10</u> Ft.	Ft.	Ft.
Distance from bottom to Water Table	<u>—</u> Ft.	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 116x290 square feet. Water frontage is 110 feet.

Building set back from high water mark is 70 feet. (Building Line)

Land height above high water mark at building line is 4 feet

Building set back from State highway is _____ feet - from road or street is 130 feet. *from road*

Side yard is 20' and 30 feet. Rear yard is over 45 feet.

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

Building will be located over 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 _____ Signature of Owner _____

Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. 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 5-2-78 _____
 Permit Fee \$ 21.00 State Surcharge \$ 50

Becker County Zoning Administrator Floyd Sweeney

Comments: _____

2853

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
58 CHEMISTRY BUILDING
CHICAGO, ILLINOIS 60637
TEL: 773-936-3700
FAX: 773-936-3701
WWW.CHEM.UCHICAGO.EDU

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BECKER COUNTY

Sewage Permit No. SP No. _____

Location: Lake No. _____ Sec. _____ Twp. _____ Range _____ Twp. Name _____

Issued _____ 19____, To _____
Work Authorized _____
HOLDING TANK ONLY

NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. No part of system shall be covered until it has been inspected and approved. Notify Zoning Administrator, (847-3938) office when job is ready for inspection.

Wayd Hardy

Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA
Board of County Commissioners

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