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JUL 2 9 2010 🛊



Computance inspection form

520 Lafayette Road North St. Paul, MN 55155-4194 **Existing Subsurface Sewage Treatment Systems (55T5)** 

| 19/337000   | <b>&gt;</b> 。  | BACK   | Od i karini   | andi eenatikasis                                 | alenin dire  | etar Ari                               |
|---|--|--|---|--|--|--|
| Percel number.  |  | LOT  | -   | For Local Track                                  | ing Purposes:  | open sil                               |
| System status: 《 Compliant · D No   |  | Ngjarang   | estralignation  | 62-18-8  | · Adday  | 7. 3. 5. i                             |
| (based on all compliance requirements)<br>-   | 1376   | e de la compania del compania del compania de la compania del compania del compania de la compania de la compania del compania dela compania del compania del compania del compania del compania de | ana bay da  | s makemighte steet                               | 4. M   | in visit                               |
| hammey form   | e<br>Sentence de Salanda de Caracteria   |  |   | Territoria                                       |  |  |
| Property Information  | i Miritani podreni in<br>Litaria   |  |   | 4) 18% (first) 4<br>100, 100                     |  |  |
| Property owner name(s): #1  | Sampon   |  |   |  | ·  |  |
| Property address: 1/693 3   | ern Boog   | ch Rel.  |   |  |  | grania.<br><del>Vittidana.aa</del>     |
| Property owner's address (if different):  | BOX 519  | C-550/1  | A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN THE PERSON | 580/2  |  | 51,3845                                |
| County. <u>Becker</u> Property  | y owner phone: _   |  |   | gauthority: <u>Z</u>                             |  | ************************************** |
| Date system constructed:  | Reaso  | n for inspection."   | Count   | y Regue  | 51   | <del> </del>                           |
| system Description  | i de tradition de la designation de la companya de<br>La companya de la co   | 120 Mars   | ingeneral personal de la companya d<br>La companya de la co  | Talah kumanan Palah S                            | ang Propinsi Salah S<br>Salah Salah Sa   | e da e ve                              |
| Orisi system description: 1000  | 941 /ew  | grow ten   | .* Jec  | > 59 ++  | enfer.   | bed.                                   |
| Local permit number:  |  | ber of bedrooms:   |   | Design flow rate                                 |  |  |
| is the system:  | and desired light  |  | eranie in de la company de<br>La company de la company d  | a ja Tarja ja j | ing and the second   |  |
| In Storetand area?  | BY DW  | h Wellhead   | Protection Area   | g Slavenski                                      | □Yes 個!  | ło                                     |
| An U.S. Environmental Protection Agency (EPA) Class V Injection We  | #7口Yes BNO   |  | ving a Minnesota<br>DH) Ilcansed fac  |  | ☐ Yes 📳 N  | lo .                                   |
| <b>compliance Status (Bered on sta</b>  | ite requirements -   | edditional local re  | eminements ma   | valso apply )                                    | o indiana kanalan dari dari dari dari dari dari dari dari  |  |
| Based on the information gathered an  |  |  |   |  | s (check one):   | . Zu 4                                 |
| ET Certificate of Compliance - yelici u   |  | 4  | 8-21-   | and the second of the second of                  |  | Stear News                             |
| ☐ Notice of Noncompliance - For Nor   | Land to the the distriction  |  |   |  |  |  |
| The reason for noncompliance is   | and the second s |  | teras contract  | e e e e e e e e e e e e e e e e e e e            | er e   | *,                                     |
| This noncompliant system is o   | classified as (che   | ock one below):<br>alling to protect gr  | round water 🔲   | Not in complian                                  | ce with operating  | ı permit                               |
| ertification (completed from mus  | t be submitted to f  | he local unit of co  | verment within  | 15 days.)  | ्राची विश्वस्थित । स्थापना स्थापना स्थापना ।<br>स्थापना स्थापना स्थापना । स्थापना स्थापना । स्थापन   |  |
| I hereby certify that all the necessary in<br>determination of future system perform<br>possible abuse of the system, inadequ | nformetion has be<br>nance has been n  | en gathered to de<br>or een be made d  | ntermine the con<br>ue to unknown c   | npliance status o                                | f this system. No<br>system constru  | ition,                                 |
| Name Rick Renner  |  |  | introduction in the same  |  | ia ja elikupe 🦠  | ranga eta                              |
| Business license name and number:   | Renner Exc   | cavating   | 2567  | 1000   |  | or                                     |
| Name of local upit of government;   | Becker Co  | inty Zonin   | ······································  |  |  | - "                                    |
| Stanston: Select Par  | · • • • • • • • • • • • • • • • • • • •  | THEY ZOHAIN  | 9   | te: 9-2  | 1-49   | 1.59                                   |
|   |  |  |   |  | and the state of t |  |
| equired Attachments   |  | napactor Complet   | e: This inspec  | tion Report la                                   | pages  | long.                                  |
| Check compliance forms attached:<br>applicable) Software drawing/Ac bulls<br>form Soft Boring Logs Abandon                    | during i the er  | neement of our live  | il remissionista ilia   | paration Doper<br>et are ciliment lica           | aling Permit Form<br>I wrist is required   | (If<br>on this                         |

Upgrade Requirements (derived from Minn. Stat. § 116.69) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten menths of receipt of this notice or within a shorter period if required by local ardirence. If the system is falling to protect ground water, the system must be appeared to the replaced of the protect ground in the protect of the protec

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| Percel number:   |  | System status: 要 Compliant   |
|--|--|--|
| ACTION AND OF THE SHAWARD CONTRACT   | elevajo <del>stel</del> ičaja di   |  |
| Hydraulic Performance and O  | ther Compliant   |  |
| Compliance Issue #1 of 4   | er verkel.<br>Til e  | CONTRACTOR OF THE STATE OF THE  |
| Date of observation: 8-21-09   | Reason for observation   | : County Request   |
| This form expires upon next inspection or in   | three years, whichever   | occurs first:  |
| Compilance questions/oriterla: (Require (Check the appropriate box)  | ėď)  | Verification Method*: (Optional) (Check the appropriate box)   |
| Goes the system discharge sewage to the ground surface?  | ☐ Yes Ø No   | Searched for surface outlet  |
| Does the system discharge sewage to drain-<br>tile or surface waters?  | Yes Wino   | ☐ Performed hydraulic test     ☐ Searched for seeping in yard  |
| Does the system cause sewage backup into dwelling or establishment?  | ☐ Yes <b>图</b> No  | ☐ Checked for backup in home ☐ Excessive ponding in sall system/D-boxes  |
| Do other situations exist that have the notential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)? | ☐ Yes ❷ No   | ☐ Homeowner testimony  Examined for surging in tank  |
| Any "yes" enswer indicates that the system i<br>threat to public health and safety.  | s en imminent  | "Black soil" above soil dispersal system   System requires "emergency" pumping   Performed dye test  |
| Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?                                       | ☐ Yes Ø No   | Tellomed die test  |
| "Yes" indicates that the system is falling in<br>ground water. If "yes", describe the conditi  | profest  |  |
|  |  | * No standard protocol exists. This list is not exhaustive,<br>in sequential order, nor does it indicate which<br>combinations are necessary to make this determination.   |
|  |  | en e   |
| Certification  |  | erter (1975) Adapting a Salatine of Report of Factors (1975) in the Salatine of Salatine o |
| completed by an inspector. Completed form m  | ewage Treatment Sysuet be submitted to the   | he Minnesote Pollution Control Agency's (MPCA) Compliance<br>tems. Observations, interpretations, and conclusions must be<br>local unit of government within 15 days.  |
| Property owner name(s):  | man  |  |
| Property address: 1/6/3 Sic  | in Black   | h Rd   |
| Property owner's address (if different):  County: Becker   |  | Phone:   |
| I hareby certify that I personally made the obse   | ervations, interpretation  | ns, and conclusions reported on this form and that they are  |
| Name: Rick Renner  | i galagrin op de i<br>groon ook opgelijke op 10  |  |
| praniess incluse usue and unubet:  |  | ng 2567 or   |
| Name of local unit of governments Bed  | oker County 2  | THE PROPERTY OF THE PROPERTY O |
| Signature: Black Blanner   | orgon er kreuer fra fra fra fra fra 1944.<br>Konstrue fra fra 1946 fra | <b>62/49</b>   |
|  |  | THE MENT OF THE SERVICE AND THE PROPERTY OF TH |

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Francisco de la companya de la comp

(as determined by this form) Touk intersity and Safety Compliance TORREST PRESIDENTAL STREET Compliance Issue #2 of 4 8-21-09 Date of observation: Reason for observation: County 8-21-12 This form expires on (three years): Compliance questions/criteria: (Required) Verification Method\*: (Optional) (Check the appropriate box) (Check the appropriate box) Does the system consist of a seepage pil. TYES PYNO Probed tank bottom cesspeel, drywell, or leaching pit? ☐ Observed low liquid level Do any sewage tank(s) leak below their ☐ Yes 图 No ☐ Examined construction records designed operating depth? Examined empty (pumped) tank If yes, identify which sewage fank leske. Probed outside tank for "black solf" Any "yes" answer indicates that the system is falling to protect Pressure/vacuum check · 网络人名德斯特 第二次,他们就是不知识了。 网络人名英国 四十二 Other: Seepage pits meeting 7080.2550 may be compliant if allowed in ordinate by local negative authority. \*\* No standard protocol exists. This list is not exhaustive, in acquential order, nor dose il indicate which combinations are necessary to make this determination. Safety Check 1. Are any maintenance hole covers damaged, credied, or appeared to be structurally unequal? M Yes\* Were all maintenance hole covers replaced in a secured manner (e.g.; all screws replaced)? ∏ No\* What successing access realizable present (safety pan, second cover, or safety nattling) - highly recommended. Ti Yes Was any other salety/health issue present? M Yes' Explain: SASSE LINE. 'System is an immirent threat to public hacith and safety. Certification Trils from it to be completed and attached to the Summary Form of the Minnesota Policiton Control Agency's (MPCA) Compilence 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 cymer mamadat. Property owner's address (if different): County: Phone: I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct. ur kungan digilikkyaksi terl Name: Rick Renner Certification number: Renner Excavating 2567 Sucheed license name and number: Becker County Zoning Name of local unit of government: Signature:

System status: 

Compliant Noncompliant

|   | nerger of the control | System status: 12 C  | ompliant [] Noncomp<br>is form)  | lant :   |
|---|--|--|--|--|
|   |  |  |  |  |
| Soil Separation Compliance and  | d Other Compila  | ncə tərəfə İstəfişəl   | kugaski dun yeke   | Albert Berger  |
| Compliance Issue #3 of 4  |  | •  | * DAGENIS -  |  |
| Date of observation: 821-09   | Reason for observation   | : a County   | Request  |  |
| This information on this form does not expire.  | en e   |  | September Compression  | saka sa sa   |
| Compilance questionsicriteria: (Required (Check the appropriate box)  | <b>V</b> Steller   | Verification Meti  | nod**; (Optional)<br>priate box)   | ing and the second seco |
| For systems built prior to April 1, 1996, and not   |  |  | il observation(s) (attach  | boring logs)   |
| located in Shoreland or Wellhead Protection Area or not serving a food, beverage or   |  | ☐ Two previous   | verilizations (attach bor  |  |
| lodging establishment:  |  | Other:   | Note that the second of the se |  |
| Does the system have at least a two-foot vertical separation distance from periodically   |  |  |  |  |
| saturated soil or beditack?   | □ Yes □ No   |  |  |  |
| For non-performance systems built April 1.  |  | eliking el tymleð Lenkk  | ees was teen our elical si   |  |
| 1998, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage or lodging establishment: |  | by two independent   | es not expire. Previous o<br>parties aré sufficient, un<br>n altered.  |  |
| Does the system have a three-foot vertical  |  | •  |  |  |
| separation distance from periodically saturated soil or bedrock?  | Mayes □ No   |  |  |  |
| For reduced separation distance systems (i.e.,  | (4A)   |  | · · · · · · · · · · · · · · · · · · ·  | i i i i i i i i i i i i i i i i i i i  |
| "performance" systems under old 7080.0179 or<br>Type IV or V system under new 7080. 2350 or   | artenderately in the   | ordinanca.   | y up to 15 percent if allo   | wai ii ikai  |
| 7080:2400):   | own were star file of the  | ** No standard proto   | ool exists. This list is no  | t exheuetivo,  |
| Does the system meet the designed vertical separation distance from periodically saturated  |  | combinations are   | r, nor does it indicate whenecessary to make this  | itch Art. 1990.<br>Art. 1990.  |
| ool or beenock?"<br>Any "no" answer indicates that the system is fa   | ☐ Yes ☐ Hio  | determination.   |  | A A H  |
| त्यापु आर्था वार्याच्या माचाएवस्थ्य पावा वास्य अपुरासाय १५ स्त<br>कुण्याच्ये अस्त्रीतः  | - *  | ু<br>এক্ট্রিক ডাইকার্যসাধার্যকর  | a projekti karantari karantari dari  | Marie ar   |
|   |  |  |  |  |
| Certification   | •  |  | -<br>  |  |
| This form is to be completed and attached to the inspection Form for Existing Subsurface Sew completed by an inspector or designer. Complete          | age Treatment System   | s. Observations, Interp  | pretations, and conclusion   | ons must be  |
| Property owner name(s): (1) Carty   | B. A.  |  |  |  |
| Property address: 11693 Jun   | En Park  | <u>a.</u><br>  |  | er er er er  |
| Property owners address (if different): 500x  | 517 . Cos de   | 10 J   | รชอาฉ  |  |
| County: <u>Lise OF 2</u> -  |  | <b></b>  |  |  |
| hareby certify that I personally made the observe<br>correct.   |  | nd conclusions reporte   | nd on this form and that   | they are   |
| wenne: <u>Rick Renner</u>   |  | Cordication number:  | *  |  |
| resuless maniau nucles duly inchesti.   | r Excavating   | 2567   |  | or .   |
| lame of local unit of governmentBecker  | r County Zoni  | ıg   | \$46.00 mg 1 mg \$10.00 mg 10.00  | oneste variable.<br><del>Gertaerte de la comp</del> etencia de la competencia de la competencia de la competencia de la competencia de la comp   |
| lignature: (2/2/ Kemen  | n en man a de mante en   | Date:  | 8-21-09  |  |
| 13  |  | られた。<br>Annual Company (Annual Company)<br>Annual Company (Annual Company) |  | mea profit in  |

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

## RECEIVED

## Compliance Inspection Form

AUG 27 2009

Existing Subsurface Sewage Treatment Systems (SSTS)

|  |                                      | 1 /2                                |                          |  |                                    |                                       |
|--|--------------------------------------|-------------------------------------|--------------------------|--|------------------------------------|---------------------------------------|
| Parcel number: 19/3200   | <u>රථ</u>                            | W-                                  |                          | For Local Tra                          | cking Purposes                     | s:                                    |
| System status:   |                                      |                                     |                          |  |                                    |                                       |
| Summary Form   |                                      |                                     | 1                        |  |                                    |                                       |
| Property Information   |                                      |                                     | ,                        | · · · · · · · · · · · · · · · · · · ·  |                                    |                                       |
| Property owner name(s):  | Schron                               |                                     |                          |  | •                                  |                                       |
| Property address: // 693 4   |                                      | ch Rel                              | *                        | ······································ |                                    |                                       |
| Property owner's address (if different):   |                                      |                                     | ton ND.                  | 580/2                                  |                                    |                                       |
| County: Becker Property  |                                      |                                     |                          | ng authority:                          | Zoning                             |                                       |
| Date system constructed:   |                                      | on for inspection                   |                          | 4 Regu                                 |                                    |                                       |
| System Description   |                                      | ,                                   |                          |  |                                    |                                       |
| Brief system description: _/ooo  | 961 /00                              | 1 Amount da                         |                          | 0 89 44                                | seepaa                             | . bed                                 |
| Local permit number:   | Nin                                  | mber of bedroon                     | 18.                      | Design flow re                         |                                    |                                       |
| Is the system:   | , Tui                                | and a particular                    |                          | Doorgin nott it                        | ····                               |                                       |
| In Shoreland area?   | Yes N                                | io in Weilhe                        | ead Protection Are       | ea?                                    | ☐ Yes -                            | No.                                   |
| An U.S. Environmental Protection   |                                      | System s                            | erving a Minneso         |  |                                    |                                       |
| Agency (EPA) Class V Injection We  | ell? 🗌 Yes 🐠 N                       |                                     | (MDH) licensed f         |  | ☐ Yes 〔                            | <b>2</b> No                           |
| Compliance Status (Based on sta  | ate requirements                     | - additional loca                   | al requirements m        | ay also apply.)                        |                                    | 1.5                                   |
| Based on the information gathered ar   |                                      |                                     |                          |  | m is (check one                    | e):                                   |
| Certificate of Compliance - valid u  |                                      |                                     |                          |  |                                    |                                       |
| ☐ Notice of Noncompliance - For No.  | ncompliant syste                     | ms:                                 |                          |  |                                    |                                       |
| The reason for noncompliance i   | s:                                   |                                     |                          |  |                                    | ٠.                                    |
| This noncompliant system is Imminent threat to public hea  | classified as (ct<br>alth & safety ☐ | neck one below<br>Failing to protec | ):<br>t ground water [   | ☐ Not in compli                        | ance with oper                     | ating permit                          |
| Certification (Completed form mus  | t be submitted to                    | the local unit of                   | government with          | in 15 days.)                           |                                    |                                       |
| I hereby certify that all the necessary<br>determination of future system perfort<br>possible abuse of the system, inadequ | information has t<br>nance has been  | peen gathered to<br>nor can be made | determine the co         | ompliance statu                        | s of this system<br>ng system cons | . No<br>struction,                    |
| Name: Rick Renner  | •                                    |                                     | Certification nun        | nber:                                  |                                    |                                       |
| Business license name and number:  | Renner Ex                            | cavating                            | 2567                     |  |                                    | or                                    |
| Name of local unit of government;  | Becker Co                            | ounty Zon                           | ing                      |  |                                    | · · · · · · · · · · · · · · · · · · · |
| Signature: Duck Com  | neg                                  |                                     |                          | Date: 8                                | 21-09                              |                                       |
| equired Attachments  |                                      | Inspector Com                       | olete: <b>This Ins</b> p |  |                                    | ges long.                             |
| Check compliance forms attached: applicable) ☐ System drawing/As-built form ☐ Soil Boring Logs ☐ Abandon                   | tdrawing 🔲 An a                      | ormance Tank                        | Integrity : Soil S       | Separation TIO                         | peratino Permit F                  | om (if                                |

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: 19/320000   |                             | System status: Compliant Noncompliant (as determined by this form)   |
|--|-----------------------------|--|
| $(x_1, x_2, x_3, x_4, \dots, x_n) = (x_1, x_2, \dots, x_n)$  |                             |  |
| Hydraulic Performance and O  | ther Compliance             |  |
| Compliance Issue #1 of 4   | ,                           |  |
| Date of observation: 8-21-09   | Reason for observation:     | 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 ground surface?  | ☐ Yes 🛂 No                  | ☑ Searched for surface outlet .  |
| Does the system discharge sewage to drain  | ☐ Yes ☑ No                  | Performed hydraulic test   |
| tile or surface waters?  |                             | Searched for seeping in yard   |
| 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   |                             | Homeowner testimony  |
| impact or threaten public health or safety (electrical, unsafe covers, etc.)?  |                             | Examined for surging in tank  "Black soil" above soil dispersal system   |
| Any "yes" answer indicates that the system   | is an imminent              | System requires "emergency" pumping  |
| threat to public health and safety.  | <u> </u>                    | Performed dye test   |
| Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector? | ☐ Yes Ø No                  | Other:   |
| "Yes" indicates that the system is failing ground water. If "yes", describe the cond                                   | to protect<br>ition 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. |
| Certification  |                             |  |
|  | Sewage Treatment Syste      | e Minnesota Pollution Control Agency's (MPCA) Compliance ems. Observations, interpretations, and conclusions must be local unit of government within 15 days.      |
| Property owner name(s):  | huam.                       |  |
| Property address: 1/693  | un Beach                    | 1 Rd   |
| Property owner's address (if different):   |                             |  |
| County: Becker   |                             | Phone:   |
| I hereby certify that I personally made the ob-<br>correct.  | servations, interpretations | s, and conclusions reported on this form and that they are   |
| Name: Rick Renner  |                             | Certification number:  |
|  | enner Excavatir             |  |
|  | ecker County Zo             | oning  |
| Signature: Such Cleme  | 1                           | Date: 8-21-09  |

| Parcel number: 191320000 Signature (a)   |                                 | System status: A Compliant Noncompliant (as determined by this form)  |                        |  |  |  |  |
|--|---------------------------------|---|------------------------|--|--|--|--|
| Tank Integrity and Safety Co   | mnliance                        |   |                        |  |  |  |  |
|  | inpitation                      |   | •                      |  |  |  |  |
| Compliance Issue #2 of 4   |                                 | a 110 Page  | -54                    |  |  |  |  |
| Date of observation: 8-21-09   | Reason for observatio           | n: County Regar   |                        |  |  |  |  |
| This form expires on (three years):  | 7-21-12                         |   |                        |  |  |  |  |
| Compliance questions/criteria: (Requ<br>(Check the appropriate box)  | ired)                           | Verification Method**: (Option (Check the appropriate box)  | nal)                   |  |  |  |  |
| Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?   | Yes KNo                         | Probed tank bottom  |                        |  |  |  |  |
| Do any sewage tank(s) leak below their designed operating depth?   | ☐ Yes 👺 No                      | <ul><li>Observed low liquid level</li><li>Examined construction reco</li></ul>                                  | ords                   |  |  |  |  |
| If yes, identify which sewage  | •                               | ☐ Examined empty (pumped)   | tank                   |  |  |  |  |
| tank leaks.  | 1                               | Probed outside tank for "bla  | ck soil"               |  |  |  |  |
| Any "yes" answer indicates that the system ground water.   | n is falling to protect         | ☐ Pressure/vacuum check   |                        |  |  |  |  |
| and the second of the second o |                                 | Other:  |                        |  |  |  |  |
| <ul> <li>Seepage pits meeting 7080.2550 may be<br/>in ordinance by local permitting authority.</li> </ul>  |                                 |   | 1                      |  |  |  |  |
|  |                                 | ** No standard protocol exists. This<br>sequential order, nor does it indic<br>are necessary to make this deter | ate which combinations |  |  |  |  |
| Safety Check   |                                 |   |                        |  |  |  |  |
| 1. Are any maintenance hole covers damag   | ed, cracked, or appeared to be  | structurally unsound?   | ☐ Yes* Ø No            |  |  |  |  |
| 2. Were all maintenance hole covers replac   | ed in a secured manner (e.g.,   | all screws replaced)?   | Yes No*                |  |  |  |  |
| 3. Was secondary access restraint present  | (safety pan, second cover, or s | afety netting) - highly recommended.  | •                      |  |  |  |  |
| 4. Was any other safety/health issue preser  | nt?                             |   | ☐ Yes* 💆 No            |  |  |  |  |
| Explain:   |                                 |   |                        |  |  |  |  |
| *System is an imminent threat to pul   | blic health and safety.         | •   |                        |  |  |  |  |
| Certification  |                                 |   |                        |  |  |  |  |
| This form is to be completed and attached to inspection Form for Existing Subsurface completed by an inspector, maintainer, or so 15 days.   | Sewage Treatment System         | ns. Observations, interpretations, ar   | nd conclusions must be |  |  |  |  |
| Property owner name(s):  | ohnson                          |   |                        |  |  |  |  |
| Property address: 1/693 Jun  | m Beach Ro                      |   | •                      |  |  |  |  |
| Property owner's address (if different):   | wx 519 Cass                     | elton ND 580  | 12                     |  |  |  |  |
| County: Be Eken  |                                 | Phone:  |                        |  |  |  |  |
| I hereby certify that I personally made the occurrect.   | bservations, interpretations, a | and conclusions reported on this for  | m and that they are    |  |  |  |  |
| Name: Rick Renner  | ÷                               | Certification number:   |                        |  |  |  |  |
|  | nner Excavating                 | 2567  | or                     |  |  |  |  |
|  | cker County Zoni                | ng  |                        |  |  |  |  |
| Signature:   | 0.0                             | Date: 8-21  | -09                    |  |  |  |  |

|   | •                            | (as determined by the         | is form)   | ;            |
|---|------------------------------|-------------------------------|--|--------------|
| Soil Separation Compliance and  | l Other Complian             | ıce                           |  |              |
| Compliance Issue #3 of 4  | -                            |                               |  |              |
| Date of observation: 8 21-09  | Reason for observation:      | County                        | Request  |              |
| This information on this form does not expire.  |                              |                               |  |              |
| Compliance questions/criteria: (Required (Check the appropriate box)  | )                            | Verification Meth             |  | •            |
| For systems built prior to April 1, 1996, and not   |                              | •                             | oil observation(s) (attach   | boring logs) |
| located in Shoreland or Wellhead Protection Area or not serving a food, beverage or   |                              |                               | verifications (attach bor  | <del>-</del> |
| lodging establishment:  |                              | ☐ Other:                      | Tomographic (annual sol  |              |
| Does the system have at least a two-foot  | ,                            | Li Other.                     |  |              |
| vertical separation distance from periodically  |                              |                               |  |              |
| saturated soil or bedrock?  | Yes No                       |                               |  | <u> </u>     |
| 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: |                              |                               | es not expire. Previous o<br>parties are sufficient, ur<br>en altered. |              |
| Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*  | BB:Yes □ No                  | osnanono, navo soa            | ,, <u>a.i.o.</u>   |              |
|   | (Eg. 168 LJ140               | •                             |  |              |
| 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 boordinance. | y up to 15 percent if allo   | wed in local |
| 7080.2400):   |                              |                               | ocol exists. This list is no   |              |
| Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*  | ☐ Yes ☐ No                   |                               | r, nor does it indicate wi<br>necessary to make this                   | 1iCh         |
| Any "no" answer indicates that the system is fa   |                              |                               |  |              |
| ground water.   | <b>y p</b>                   |                               |  | •            |
| •   | •                            |                               |  |              |
| Certification   |                              |                               | •  | ••           |
| This form is to be completed and attached to the<br>Inspection Form for Existing Subsurface Sew<br>completed by an inspector or designer. Complet     | age Treatment Systems        | . Observations, inter         | pretations, and conclusi   | ons must be  |
| Property owner name(s):   | son                          |                               |  |              |
| Property address: 11693 Furn  | Beach Re                     | <u></u>                       |  | •.           |
| Property owner's address (if different): Box  | 519 Casse                    | lton MD                       | 58012  | •            |
| County: Becker  |                              | Phone:                        |  |              |
| hereby certify that I personally made the observenter.  | rations, interpretations, ar | nd conclusions report         | ed on this form and that   | they are     |
| Name: _Rick Renner  |                              | Certification number:         | •  |              |
| Business license name and number: Renne   | r Excavating                 | 2567                          |  | or           |
| Name of local unit of government; Becke   | r County Zonin               | g                             |  |              |
| Signature: Wich demen   |                              | Date:                         | 8-21-09  |              |

Parcel number: 19/32000

System status: Compliant Noncompliant

# Renner Excavating, LLC

JUL 29 ZU10

RECEIVED

ZONING

14306 Co Hwy 11 Audubon, MN 56511 218-439-3514

July 27, 2010

Property owner - Al Johnson Property address - 11693 Fern Beach Rd Owners address - Box 519 Casselton, ND 58012

Parcel # 191320000 has no septic system on it - the system is on parcel # 191337000.

Rick Renner

Renner Excavating, LLC

License # - 2567

### Yellow - Owner Pink - Assessor Goldenrod - Ins BECKER COUNTY ZONING ADMINISTRATION Permit No. / > / 829 LAKE AVE., BOX 787 — Phone 218-847-4427 — Detroit Lakes, Minn. 56501 Date Inspector APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY LEGAL DESCRIPTION AND LOCATION DENTIFICATION: Please Print All Information Initial Mailing Address- No. Street, City and State Zip No. Tel. No. Owner Contractor TYPE OF IMPROVEMENT: RESIDENTIAL PROPOSED USE: NON-RESIDENTIAL PROPOSED USE: ( ) One Family Dwelling ( ) Multiple Dwelling Units **ESTIMATED COST OF IMPROVEMENT \$** Construction Starting Date: PRINCIPAL TYPE OF FRAME: TYPE OF SEWAGE DISPOSAL: DIMENSIONS: ( ) Masonry ( ) Public Basement: ( ) Yes ( ) No ( ) Wood Frame ( ) Individual Septic Tank, etc. Stories above basement: ( ) Structural Steel WATER SUPPLY: Sq. feet (outside dimension) ..... ( ) Other - Specify ( ) Public Bedrooms ...... Baths ..... ( ) Individual Well MECHANICAL EQUIPMENT : HEATING: Type of Roof: Elevator: ( ) Yes ( ) Electric ( ) Gas ( ) Oil Air Conditioning: ( ) Yes ( ) No ( ) Coal ( ) Central ( ) Unit SEWAGE DISPOSAL SYSTEM DATA SEPTIC TANK SEEPAGE<del>RIT</del> 🗸 RAIN FIELD apacity Sq. Ft. Ft. from lake or stream Ft. Distance from occupied buildin Ft. Distance from Ft Ft. Distance from Ft. distances are shortest distance between nearest points CHARACTERISTICS: Lot Area is ...... Water frontage is ... ..... square feet. Building set back from high water mark is ...... feet. (Building Line) Land height above high water mark at building line is ..... Building set back from State highway is feet. Rear yard is ...... Building will be located .........feet from septic tank (Sewage System Permit must be obtained before installation). 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 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. MUST BE POSTED AT THE BUILDING SITE

Dated 8-29-86 The posted ATTHE BUILDING SITE No. 20.00

Comments: 2) Lifts 20.00

The property of the posted ATTHE BUILDING SITE No. 20.00

The posted Atthe Building Administrator Becker County Zoning Administrator Assistance Assis

INSPECTOR'S CHECK LIST

Make all measurements and computations

|   | ACTUAL<br>IS <b>↓</b> |     | MINIMUM<br>Shall Be <b>↓</b> | 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<br>High Water Mark |                       | Ft. |                              | Ft.     |

## SEWAGE DISPOSAL SYSTEM STATISTICS

|  |       | SEPTIC TANK |        |      | SEEPAGE PIT |     |        |    | DRAIN FIELD |        |     |
|--|-------|-------------|--------|------|-------------|-----|--------|----|-------------|--------|-----|
| CATEGORY   | Actua |             | Should | be   | Actua       | ıl  | Should | be | Actual      | Should | be  |
| Capacity   | ,     | GIs.        |        | GIs. |             | S F |        | SF | SF          |        | S F |
| 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  | <u>.</u> 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   |
|  |       |             |        |      |             |     |        |    |             |        |     |
| The state of the s |       |             |        |      | ·           |     |        |    |             |        |     |

| spector's Comments:  | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |         | S              |
|--|---|---------|----------------|
| spector 3 Comments.  |   |         |                |
|  | M:                                      |         |                |
| INTERPRETATION OF ABBREVIATIONS GIS — Gallons SF — Square Feet F — Linear Feet | W. T. T. W.                             |         |                |
|  |   | Inspect | or's Signature |
| Inspection   | e e e e e e e e e e e e e e e e e e e   |         | Title          |
| Dated  | 19                                      |         |                |

# BECKER COUNTY

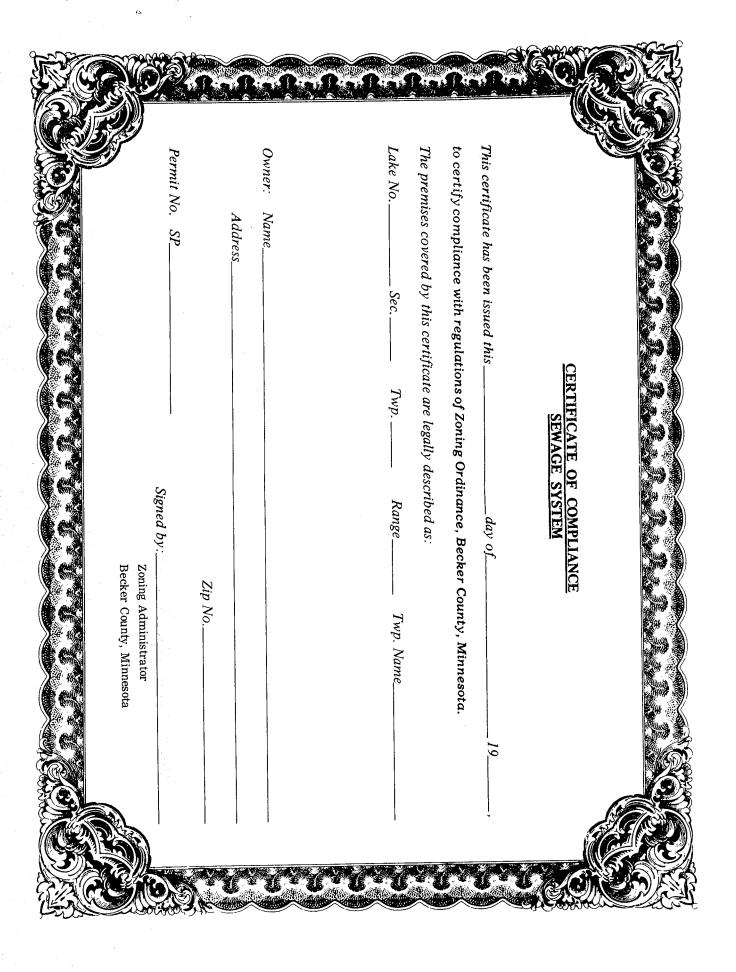
| Permit Nu                   | mber      | 2-14,97         | 14-35           | _ Date         | 8-1-86    |
|-----------------------------|-----------|-----------------|-----------------|----------------|-----------|
| Building .                  |           | Sewa            | ige Systen      | 100<br>37      | 55F.      |
| Township                    | AKE VIEW  | Sec. 30         | Description     | 1/58/<br>Beach | NR4IW.    |
| Work Auth                   | norized 2 | 07/8-           | tions.          | MONI           |           |
| Issued to: Address: _ State |           | L Curtis        | Tohns<br>Town C | on<br>esselt   | ton       |
| Sketch                      | List are  | CPPIN           |                 |                |           |
|                             |           | 500 Et se Wouse |                 | moms Back      | ·         |
| 1 Inch =                    | Feet      |                 | D.F             | -1986          | +<br>- MK |

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 (847-4427) 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.

TOP

Mark Krisking asst,
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501



## INSPECTOR'S CHECK LIST

Make all measurements and computations

|   | ACTUAL<br>IS ↓ |     | MINIMUM<br>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<br>High Water Mark |                | Ft. |                       | Ft.     |

## SEWAGE DISPOSAL SYSTEM STATISTICS

| Mound kype- Bed                     |             |      |           |      |             |    |           |    |             |  |    |
|-------------------------------------|-------------|------|-----------|------|-------------|----|-----------|----|-------------|--|----|
| OATEOON/                            | SEPTIC TANK |      |           |      | SEEPAGE PLT |    |           |    | DRAIN FIELD |  |    |
| CATEGORY                            | Actual      |      | Should be |      | Actual      |    | Should be |    | Actual      | Actual Should                          |    |
| Capacity                            | 1250        | GIs. |           | Gls. | 400         | SF |           | SF | SF          | ······································ | SF |
| Distance from Nearest Well          | 50          | F    |           | F    | 60          | F  | 75        | F  | F           | 50                                     | F  |
| Distance from Lake or Stream        | 200         | F    |           | F    | 225         | F  |           | F  | F           |  | F  |
| Distance from Occupied Building     | 30          | F    | 10        | F    | 40          | F  | 20        | F  | F           | 20                                     | F  |
| Distance from Property Line         | +10         | F    | 10        | F    | 1/0         | F  | 10        | F  | F           | 10                                     | F  |
| Distance from Bottom to Water Table |             | F    |           | F    | 4           | F  | 4         | F  | F.          | 4                                      | F  |
|                                     |             |      |           |      |             |    |           |    |             | ,                                      |    |

| Inspector's Comments: $\alpha$ - House   | es on this Aiplem, Jummers Cahus         |
|--|--|
|  |  |
| Only - 15 yds Rock   | Carlorad très around Bel with plastie en |
| Side - Dreens Plun   | buy finstelles                           |
|  |  |
| INTERPRETATION OF ABBREVIATIONS  |  |
| Gis — Gallons  | 1  |
| SF — Square Feet<br>F — Linear Feet  | To ach Kuchus                            |
| and the state of t | Inspector's Signature                    |
|  |  |
|  |  |

|             |    |    |               | Title  |
|-------------|----|----|---------------|--------|
| Inspection  | /ì | 11 | _             |        |
| Dated       | 8  | X  | 19 <i>F</i> E |        |
| <del></del> |    |    |               | Agency |

Yellow - Owner Pink - Assessor 829 LAKE AVE., BOX 787 — Phone 218-847-4427 — Detroit Lakes, Minn. 56501 Date Goldenrod - Inspector APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY LEGAL DESCRIPTION AND OCATION Lake Classif. Sec TWP Range Lake Name IDENTIFICATION: Please Print All Information Tel. No Zip No. Initial Mailing Address- No. Street, City and State Last Name Owner Contractor NON-RESIDENTIAL PROPOSED USE: TYPE OF IMPROVEMENT: RESIDENTIAL PROPOSED USE: ( ) New Building ( ) Alteration ( ) One Family Dwelling Specify: ( ) Multiple Dwelling Size: Construction Starting Date: **ESTIMATED COST OF IMPROVEMENT \$** DIMENSIONS TYPE OF SEWAGE DISPOSAL: PRINCIPAL TYPE OF FRAME: Basement: ( ) Yes ( ) No ( ) Masonry Stories above basement: ( ) Individual Septic Tank, etc. ( ) Wood Frame WATER SUPPLY: Sq. feet (outside dimension) ..... ( ) Structural Steel Bedrooms ...... Baths ...... ( ) Other - Specify ( ) Public ( ) Individual Well MECHANICAL EQUIPMENT : HEATING: ( ) Oil Type of Roof: ( ) Electric () Gas Elevator: ( ) Yes ( ) No ( ) None Air Conditioning: ( ) Yes ( ) No ( ) Coal Other ( ) Central ) Unit SEEPAGE PIT DRAIN FIELD SEWAGE DISPOSAL SYSTEM DATA SEPTIC TANK 400 3.5 Sq. Ft. Capacity Ft ۴t. Ft Distance from nearest well Ft. Ft. Distance from lake or stream ريا ود 0200 Ft Ft. Distance from occupied building 0 h Ft. Ft. Distance from property, line F١ Ft. Ft. Distance from bottom to Water Table All distances are shortest distance between nearest points CHARACTERISTICS: Lot Area is ..... square feet. Water frontage is .. ..... feet. (Building Line) Building set back from high water mark is ...... Land height above high water mark at building line is ..... Building set back from State highway is .. and real Beat yerd is the second seco 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, Minnesofa 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 application states, 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 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. MUST BE POSTED AT THE BUILDING SITE Dated Becker County Zoning Administrator Permit Fee \$ State Surcharge \$ Comments

BECKER COUNTY ZONING ADMINISTRATION

White - Office

State of