200492000

SCANNED

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

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): 10/09/2018

☒ **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

Parcel ID# or Sec/Twp/Range: 200492000

Property address: 39021 DORA LEE RD,WAUBUN ,MN.
Reason for inspection: COUNTY REQUESTED

Property owner: ROBERT & LOIS AXTMAN
Owner's phone:

or

Owner's representative:
Representative phone:

Local regulatory authority: BECKER COUNTY
Regulatory authority phone: 218-846-7314

Brief system description: 1000GAL TANK GRAVITY FED TO CENTERAL SYSTEM ON SEPART

Comments or recommendations:

THIS IS AN OLD TANK ,IT AT ANY TIME COULD FAIL

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.

Inspector name: PATRICIA STOCK
Certification number: 5663

Business name: A1SEPTIC
License number: 2029

Inspector signature: Patricia Stock
Phone number: 218-766-7295

Necessary or Locally Required Attachments

☐ Soil boring logs ☒ System/As-built drawing ☐ Forms per local ordinance

☐ Other information (list):

Property address: 39021 DORA LEE RD,WAUBUN ,MN. Inspector initials/Date: PS 10/9/2018 (mm/dd/yyyy)

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

Compliance criteria:

System discharges sewage to the ground surface.	☐ Yes ☒ No
System discharges sewage to drain tile or surface waters.	☐ Yes ☒ No
System causes sewage backup into dwelling or establishment.	☐ Yes ☒ 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. *Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.*	☐ Yes ☒ No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	☐ Yes ☒ No

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

Comments/Explanation:

DID VISUAL ON BAFFELS AND COVER

Verification method(s):

- ☒ Probed tank(s) bottom
- ☐ Examined construction records
- ☐ Examined Tank Integrity Form *(Attach)*
- ☐ Observed liquid level below operating depth
- ☐ Examined empty (pumped) tanks(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 ☐ Unknown

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

Property address: 39021 DORA LEE RD,WAUBUN ,MN. Inspector initials/Date: _____ (mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____ (mm/dd/yyyy) ☐ Unknown

Shoreland/Wellhead protection/Food beverage lodging? ☒ Yes ☐ No

Compliance criteria:

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: Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No
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: Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	☒ Yes ☐ No
"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080.2350 or 7080.2400 (Advanced Inspector License required) Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No

Any "no" answer above indicates the system is failing to protect groundwater.

Verification method(s):

Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.

☐ Conducted soil observation(s) *(Attach boring logs)*
☐ Two previous verifications (*Attach boring logs)*
☒ Not applicable *(Holding tank(s), no drainfield)*
☐ Unable to verify *(See Comments/Explanation)*
☐ Other *(See Comments/Explanation)*

Comments/Explanation:

SEPTIC TANK IS ON THIS PROPERTY GRAVITY FED TO PUMP TANK WHICH IS THEN PUMP TO DRAINFIELD ON SEPARATE PROPERTY

Indicate depths or elevations

A. Bottom of distribution media	
B. Periodically saturated soil/bedrock	
C. System separation	
D. Required compliance separation*	

*May be reduced up to 15 percent if allowed by Local Ordinance.

5. Operating Permit and Nitrogen BMP* – Compliance component #5 of 5 ☒ Not applicable

Is the system operated under an Operating Permit? ☐ Yes ☐ No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP? ☐ Yes ☐ No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

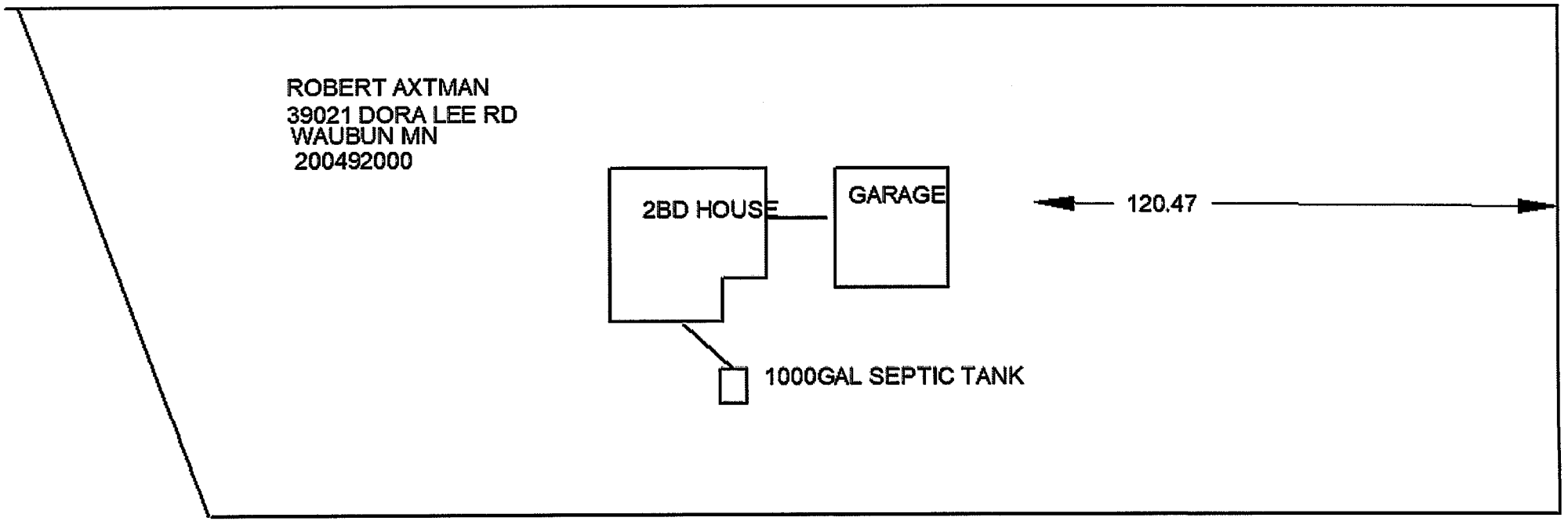
If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria

a. Operating Permit number: _____ Have the Operating Permit requirements been met?	☐ Yes ☐ No
b. Is the required nitrogen BMP in place and properly functioning?	☐ Yes ☐ No

Any "no" answer indicates Noncompliance.

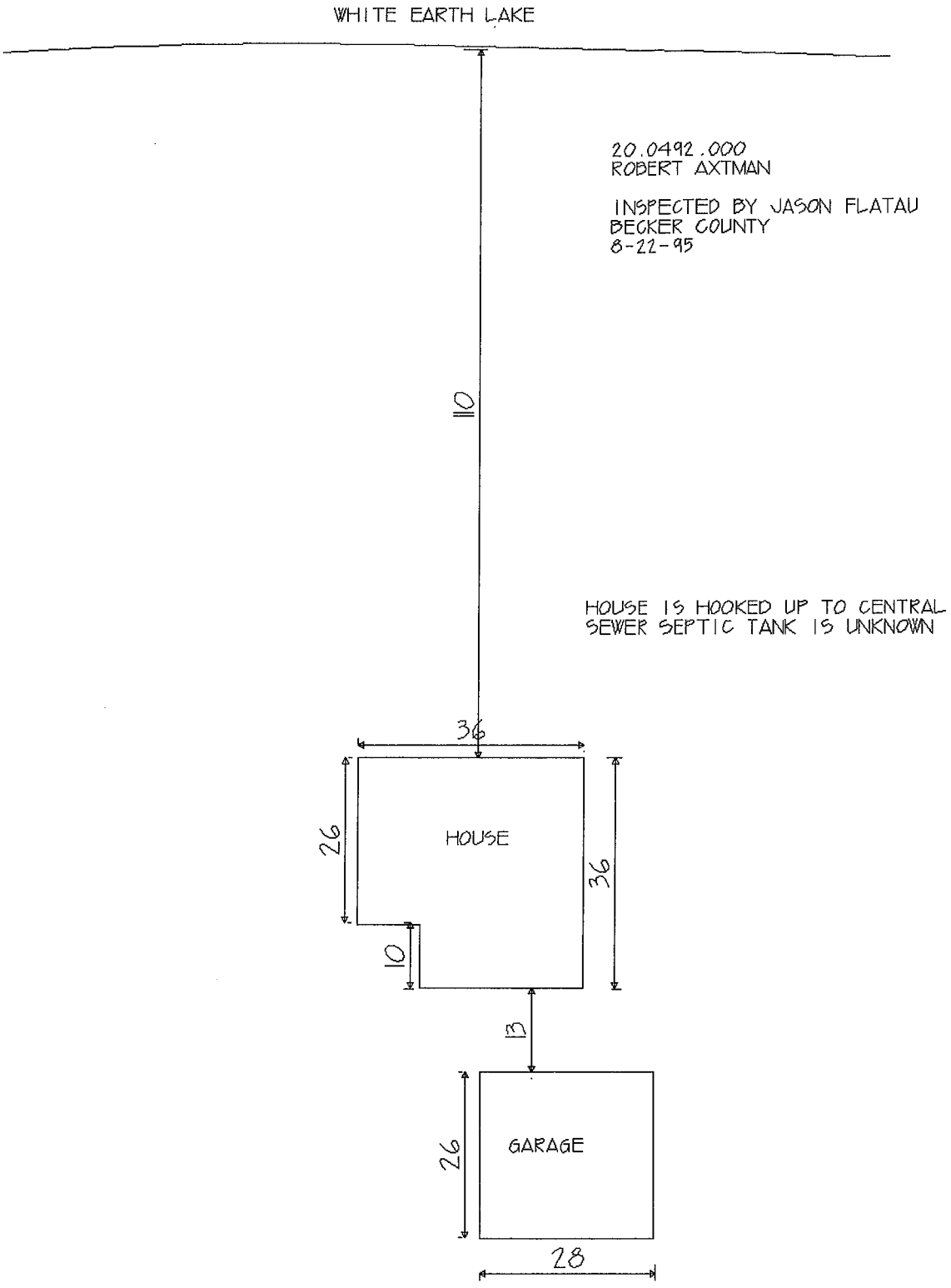
Upgrade Requirements *(Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, 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.*


ROBERT AXTMAN
39021 DORA LEE RD
WAUBUN MN
200492000
2BD HOUSE
GARAGE
120.47
1000GAL SEPTIC TANK

20.0492.000
ROBERT AXTMAN

THE SEWER SYSTEM IS HOOKED UP TO THE DORALEE ESTATES CENTRAL SEWER SYSTEM.

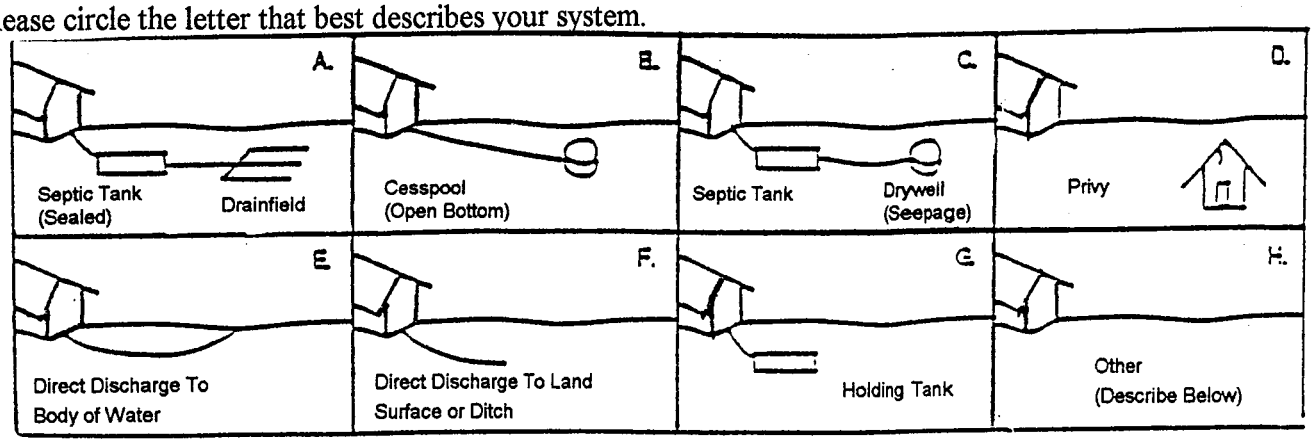
INSPECTED BY JASON FLATAU
8-22-95


WHITE EARTH LAKE
20.0492.000
ROBERT AXTMAN
INSPECTED BY JASON FLATAU
BECKER COUNTY
8-22-95
110
HOUSE IS HOOKED UP TO CENTRAL
SEWER SEPTIC TANK IS UNKNOWN
36
26
HOUSE
36
10
13
26
GARAGE
28

SEWER SYSTEM STUDY

Please complete the Study, to the best of your knowledge, for review by the Zoning Office. If you have any questions, please contact the Zoning Office at (218) 846-7314.

Please circle the letter that best describes your system.



H. (other) Please describe _____

What is the capacity of the septic tank? 1,000

Does your system have a lift station? (Yes) No

Date the system was installed _____

Total Square Footage of Home/Cabin _____

Number of Bedrooms in home _____

Number of people occupying the home 2

Is your home/cabin year around or seasonal seasonal

Circle the following items that your home is equipped with:

Garbage Disposal	(Dishwasher)	Water Softener
Foundation Drains	Rain Gutters	(Washing Machine)
Hot Tub	Spa	

List the above items that are connected to the sewer system _____

How often do you have your system pumped? Every 4 years

Most recent date system was pumped May 1993

Most recent date of any repair to system _____

I hereby certify with my signature that all data is true and correct to the best of my knowledge.

Robert M Cartman
Signature

Mar. 24, 1995
Date

SEWAGE SYSTEM DATA

	to Tank	to Drainfield	Well Data
Distance from Well			
Distance from Property Line			Depth
Distance from Suction Line			Diameter
Distance from Pressure Line			Depth of Casing
Tank Capacity			
Size of Drainfield			
Distance from Ordinary High Water Mark			[ ] Drilled Well [ ] Sandpoint Well
Drainfield Separation from Highest Known Ground Water Level			

Please draw a site plan of your property. Include buildings, wells, septic systems, and setback distances. 3/24/95

This property "Lot #7" is hooked up to a central sewer system on the Dora Lee Estates addition, with sealed septic tanks, with a lift station and drain field for the central system. All of this is on file at the zoning office of Becker County.

R 20.0492.000

ROBERT M & LOIS AXTMAN
3104 OLSON DR
GRAND FORKS, ND 58201

PLACE FIRST-CLASS STAMP HERE

BECKER COUNTY ZONING OFFICE
829 LAKE AVE
PO BOX 787
DETROIT LAKES, MN 56502-0787

Yellow – Owner
Pink – Assessor
Goldenrod – Inspector

BECKER COUNTY ZONING ADMINISTRATION

COUNTY COURT HOUSE — Phone 218-847-3938—Detroit Lakes, Minn. 56501 Date 10-22-76

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY 12-6269-3

LEGAL DESCRIPTION AND LOCATION	Lot 7 DORE LEE Estates.

328 (Lake No.) White Earth (Lake Name) R-D (Lake Classif.) 8 (Sec.) 142 (TWP) 40 (Range) White Earth (TWP Name)

IDENTIFICATION: Please Print All Information

	Last Name First Initial	Mailing Address– No. Street, City and State	Zip No.	Tel. No.
Owner	Wysuph, Robert	WAUBUN, MN.		
Contractor	Name			

2214

TYPE OF IMPROVEMENT:
(X) New Building ( ) Alteration
Other

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

NON–RESIDENTIAL PROPOSED USE:
Specify:
Size:

ESTIMATED COST OF IMPROVEMENT $ 21,000 **Construction Starting Date:**

PRINCIPAL TYPE OF FRAME:
( ) Masonry
(X) Wood Frame
( ) Structural Steel
( ) Other – Specify

Type of Roof: asphalt

TYPE OF SEWAGE DISPOSAL:
( ) Public
(X) Individual Septic Tank, etc.

WATER SUPPLY:
( ) Public
( ) Individual Well

MECHANICAL EQUIPMENT :
Elevator: ( ) Yes ( ) No
Air Conditioning: ( ) Yes ( ) No
( ) Central ( ) Unit

DIMENSIONS:
Basement: ( ) Yes (X) No
Stories above basement: 1
Sq. feet (outside dimension) 1144
Bedrooms 3 Baths 1

HEATING:
(X) Electric ( ) Gas ( ) Oil
( ) Coal ( ) None
Other:

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well	Ft.	Ft.	Ft.
Distance from lake or stream	~~150~~ Ft.	Ft.	Ft.
Distance from occupied building	20 Ft.	Ft.	Ft.
Distance from property line	Ft.	Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is ..... square feet. Water frontage is 141 feet.
Building set back from high water mark is 110 feet. (Building Line)
Land height above high water mark at building line is 8 feet
Building set back from State highway is ..... feet – from road or street is 90 feet.
Side yard is 40 and 40 feet. Rear yard is ..... feet.
Building will be located 150 feet from septic tank (Sewage System Permit must be obtained before installation).
Building will be located ..... 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.

$27.00

Dated 10-22-76

Robert D Wysuph
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

Floyd Svenby
Becker County Zoning Administrator

Permit Fee $16.00 State Surcharge $11.00

Comments:

BECKER COUNTY

Sewage Permit No. SP № _____

Location: Lake No._____ Sec._____ Twp._____ Range_____ Twp. Name_____

_____

_____

_____

Issued _____ **19**___, **To** _____

Work Authorized _____

_____

_____

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.

Floyd Swanby

Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA
Board of County Commissioners

TO BE COMPLETED BY PERSON INSTALLING
I hereby attest that I am familiar
minimum standards required by the B
County Zoning Ordinance regarding s
systems and that I have installed t
system in accordance with those sta

ROBERT WYSUPH
12-6269-3

Oct 27-76
DATE OF INSTALLATION

Please return when completed to Becker County
Becker County.

Building Set Back from High Water

Building Set Back from State Highw

Side Yard

Rear Yard

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
Capacity	Gls.	Gls.	S F	S F	S F	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	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: Not Checked Set Installed
Straight thru Sep

INTERPRETATION OF ABBREVIATIONS
Gls — Gallons
SF — Square Feet
F — Linear Feet

Inspection Dated 11-4 19 76

Mark Fowler
Inspector's Signature

Bldg. Inspector
Title

Becker County
Agency

Yellow — Owner
Pink — Assessor
Goldenrod — Inspector

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

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION

Lake No. | Lake Name | Lake Class | Sec. | T.WP. | Range | T.WP. Name

IDENTIFICATION — Please Print All Information

	Last Name	First	Initial	Mailing Address — No. Street, City and State	Zip No.	Tel. No.
Owner						
Contractor	Name					

TYPE OF IMPROVEMENT
( ) New Building ( ) Alteration
Other

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
( ) Masonry
( ) Wood Frame
( ) Structural Steel
( ) Other — Specify

Type of Roof

TYPE OF SEWAGE DISPOSAL
( ) Public
( ) Individual Septic Tank, etc.

WATER SUPPLY
( ) Public
( ) Individual Well

MECHANICAL EQUIPMENT
Elevator ( ) Yes ( ) No
Air Conditioning ( ) Yes ( ) No
( ) Central ( ) Unit

DIMENSIONS
Basement ( ) Yes ( ) No
Stories above basement
Sq. feet (outside dimension)
Bedrooms ____ Baths

HEATING
( ) Electric ( ) Gas ( ) Oil
( ) Coal ( ) None
Other

SEWAGE DISPOSAL SYSTEM DATA

	Septic Tank	Seepage Pit	Drain Field
Capacity	Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well	Ft.	Ft.	Ft.
Distance from lake or stream	Ft.	Ft.	Ft.
Distance from occupied building	Ft.	Ft.	
Distance from property line	Ft.	Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is ____ square feet. Water frontage is ____ feet.
Building setback from high water mark is ____ feet. (Building Line) ____ feet.
Land height above high water mark at building line is ____ feet.
Building set back from State highway is ____ feet — from road or street is ____ feet.
Side yard is ____ and ____ feet. Rear yard is ____ feet.
Building will be located ____ feet from septic tank. (Sewage System Permit must be obtained before installation).
Building will be located ____ 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 ____ Becker County Zoning Administrator

Permit Fee $ ____ State Surcharge $ ____

Comments