



Control Agency

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

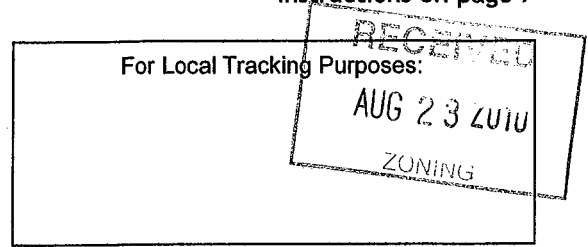
Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Instructions on page 7

Parcel number: 210300002

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



Summary Form

Property Information

Property owner name(s): Robert Deitchler

Property address: 23305 Co Hwy 47 Osage MN 56570 / P/O NE1/4 - SE1/4 Sec 30 T140 R36

Property owner's address (if different): same

County: Becker Property owner phone: _____ Permitting authority: Becker County

Date system constructed: 8/21/01 Reason for inspection: sale of property

System Description

Brief system description: 1000 gal precast tank & 380 sq ft drain field - 13 H-10 chambers

Local permit number: 16483 Number of bedrooms: N/A Design flow rate: 300 gpd

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): 8/16/2013

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

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: Al Winterberger Certification number: 3433

Business license name and number: Winterberger Inspections Lic. # 1565 or

Name of local unit of government: _____

Signature: [Signature] Date: 8/16/2010

Required Attachments

Inspector Complete: **This Inspection Report is 6 pages long.**

Check compliance forms attached: Hydraulic Performance Tank Integrity Soil Separation Operating Permit Form (if applicable) System drawing/As-built drawing An assessment of any local requirements that are different from what is required on this form Soil Boring Logs Abandonment form (if appropriate) Other information (list):

System for commercial shop bathroom only. Floor drains go to a 380 gal. flammable waste trap holding tank inside building.

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: 210300002

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

Hydraulic Performance and Other Compliance

Compliance Issue #1 of 4

Date of observation: 8/16/2010 Reason for observation: sale of property

This form expires upon next inspection or in three years, whichever occurs first: 8/16/2013

Compliance questions/criteria: (Required)
(Check the appropriate box)

Does the system discharge sewage to the ground surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system discharge sewage to drain tile or surface waters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system cause sewage backup into dwelling or establishment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

"Yes" indicates that the system is failing to protect ground water. If "yes", describe the condition noted:

Verification Method*: (Optional)
(Check the appropriate box)

- Searched for surface outlet
- Performed hydraulic test
- Searched for seeping in yard
- Checked for backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony
- Examined for surging in tank
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Other: Normal liquid levels observed in drop box, no ponding observed in trenches.

** 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): Robert Deitchler

Property address: 23305 Co Hwy 47 Osage MN 56570 / P/O NE1/4 - SE1/4 Sec 30 T140 R36

Property owner's address (if different): same

County: Becker Phone: _____

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

Name: Al Winterberger Certification number: 3433

Business license name and number: Winterberger Inspections Lic. # 1565 or

Name of local unit of government: _____

Signature:  Date: 8/16/2010

Parcel number: 210300002

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

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: 8/16/2010 Reason for observation: sale of property

This form expires on (three years): 8/16/2013

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: Normal liquid levels observed in tank

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

Property address: 23305 Co Hwy 47 Osage MN 56570 / P/O NE1/4 - SE1/4 Sec 30 T140 R36

Property owner's address (if different): same

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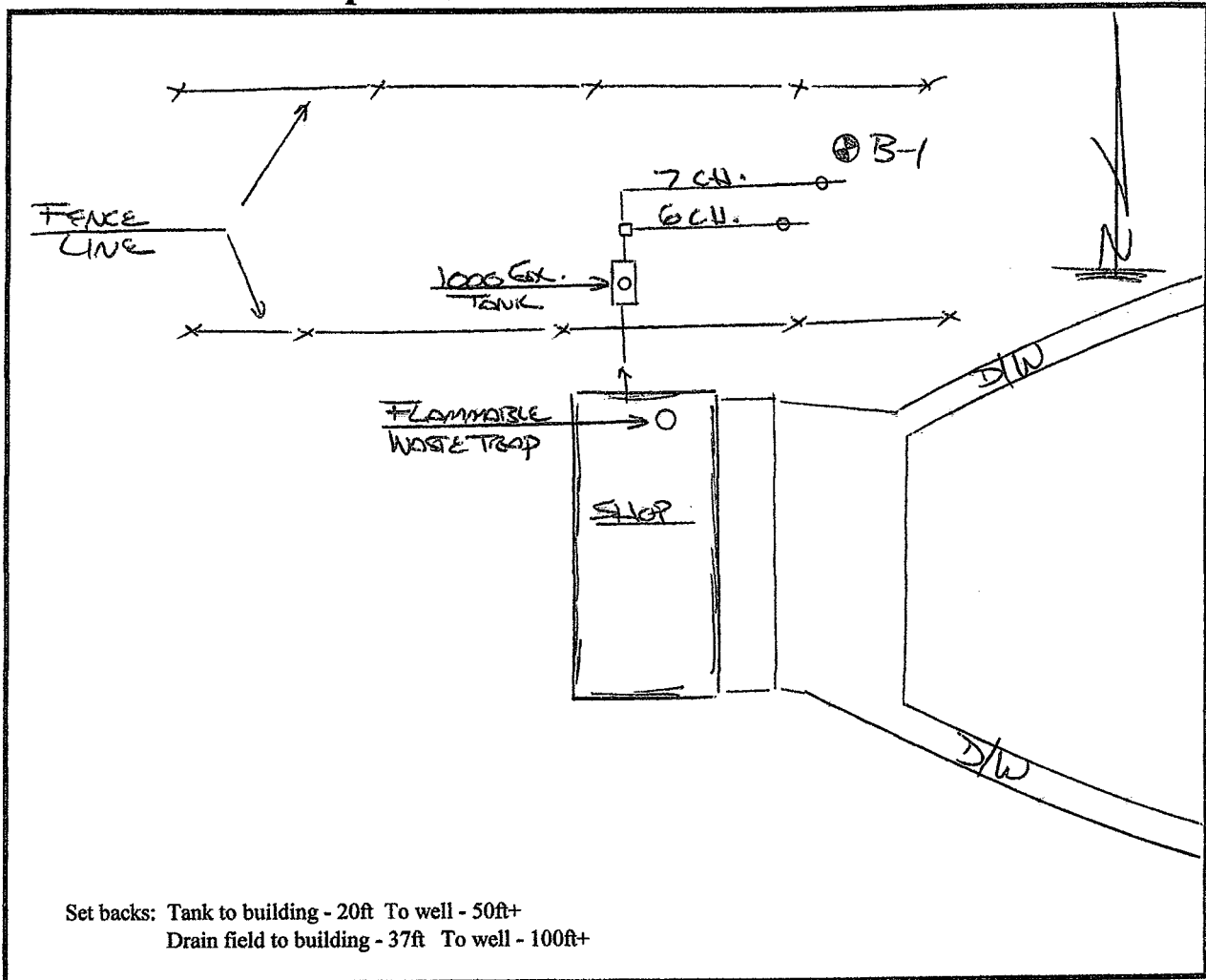
Name: Al Winterberger Certification number: 3433

Business license name and number: Winterberger Inspections Lic. # 1565 or

Name of local unit of government: _____

Signature: [Signature] Date: 8/16/2010

Site Evaluation Map



List any compliance issues: 210300002. SSTS for commercial shop bathroom only. Garage bay floor drains flow into a 380 gal. flammable waste trap - holding tank inside building.

Mapping Checklist

Map scale: N/A indicate north show slope % direction

Locate

<input type="checkbox"/> lot dimensions/property lines	Easements	Setbacks
<input checked="" type="checkbox"/> dwellings and other improvements	<input type="checkbox"/> phone	<input checked="" type="checkbox"/> building
<input checked="" type="checkbox"/> existing and/or proposed system(s)	<input type="checkbox"/> electric	<input checked="" type="checkbox"/> all water wells within 100ft
<input type="checkbox"/> replacement area	<input type="checkbox"/> gas	<input type="checkbox"/> pressure pipe
<input type="checkbox"/> unsuitable area(s)		<input type="checkbox"/> water suction pipe
<input type="checkbox"/> public water supply wells		<input type="checkbox"/> streams, lakes, rivers
<input type="checkbox"/> pumping access	<input checked="" type="checkbox"/> borings	<input type="checkbox"/> floodway and fringe
<input type="checkbox"/> inner wellhead zone	<input type="checkbox"/> benchmark	
	<input type="checkbox"/> perc tests	
	<input type="checkbox"/> horiz&vert reference pts	

I hereby certify this work has been completed in accordance with all applicable ordinances, rules and laws.

[Handwritten Signature]

(signature)

8/16/2010 (date)

1565 (license #)

218-573-2275

(phone number)

**PERMIT MUST BE
POSTED AT THE
CONSTRUCTION SITE**

Becker County Planning & Zoning
835 Lake Ave, P'O Box 787
Detroit Lakes, MN 56502-0787
Phone (218)-846-7314; Fax (218)-846-7266

Onsite Septic System Site Evaluation/Design Tax Parcel Number 21.0300.002 911 Address 23305 Cty Hwy 47

Legal Description: Beq 750' S of NW cor Section 30 TWP 140N Range 36W

Lake Name N/A Lake Classification N/A Township Name OSAGE

Owner's Name Bob Deitchler Address 23305 Co Hwy 47

City Osage Minn. State/Zip 56570 Phone Number 218-573-2132

Number of Bedrooms None (shop) Well Casing Depth Deep Garbage Disposal (Yes) (No)
Design Flow 300 GPD Depth of other Wells within 100 ft of system _____ Grinder Pump/Lift Station In House (Yes) (No)

Type of Observation: Probe Pit Boring
Original Soil (Yes) (No) Compacted Soil (Yes) (No) Proposed Design
() Replace Septic Tank
(X) Septic Tank/Drainfield
() Drainfield Only
() Holding Tank
() Lift Station
Type of Drainfield
(*) Standard (gravelless chamber)
() Standard (rock depth)
() Standard Bed
() Mound () At Grade
() Pressurized Bed

Depth to Restricting Layer 6'-6" +
Maximum of Depth of System 3'-6"
Perc Rate _____ Soil Sizing Factor 1.27

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-9"	Topsoil	10YR 2-1	BLOCKY PLATY PRISMATIC NONE
9"-24"	Sand	5-6	BLOCKY PLATY PRISMATIC NONE
24"-48"	Course Sand	6-8	BLOCKY PLATY PRISMATIC NONE
48"	Rock		BLOCKY PLATY PRISMATIC NONE

SOIL BORING LOG

DEPTH (INCHES)	TEXTURE	COLOR & MUNSELL NO.	STRUCTURE
0-12"	Topsoil	10YR 2-1	BLOCKY PLATY PRISMATIC NONE
12"-31"	Course sand	4-6	BLOCKY PLATY PRISMATIC NONE
31"-58"	Sand	5-6	BLOCKY PLATY PRISMATIC NONE
58"-78"	Course sand	6-4	BLOCKY PLATY PRISMATIC NONE

Attach Perc Test Information If Required

Name and Address of Designer Jody Yliniemi Phone 573-3452

MPCA Number 2122 Date of Site Evaluation 8-8-01 Signature of Designer Jody Yliniemi

Name of Installer (if different from Designer) same MPCA Number 2122

FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

*** Any changes to the permit must first be approved by Becker County Planning & Zoning. No system shall be covered up without inspection by Becker County Planning & Zoning.
*** Inspections must be scheduled at least 24 hours prior to time requested.

Date Received 8/13/01 Application Fee 75⁰⁰ State Surcharge 0 Total 75⁰⁰

[] Application is hereby denied
[X] Application is hereby granted to Bob Deitchler to install an individual septic system according to the specifications of the site evaluation and design submitted to the Becker County Environmental Services Office. By Order of: Nancy Young 8/13/01 16483
Signature of Becker County Qualified Employee _____ Date Permit Issued _____ Permit Number _____
This permit expires on 8/13/02

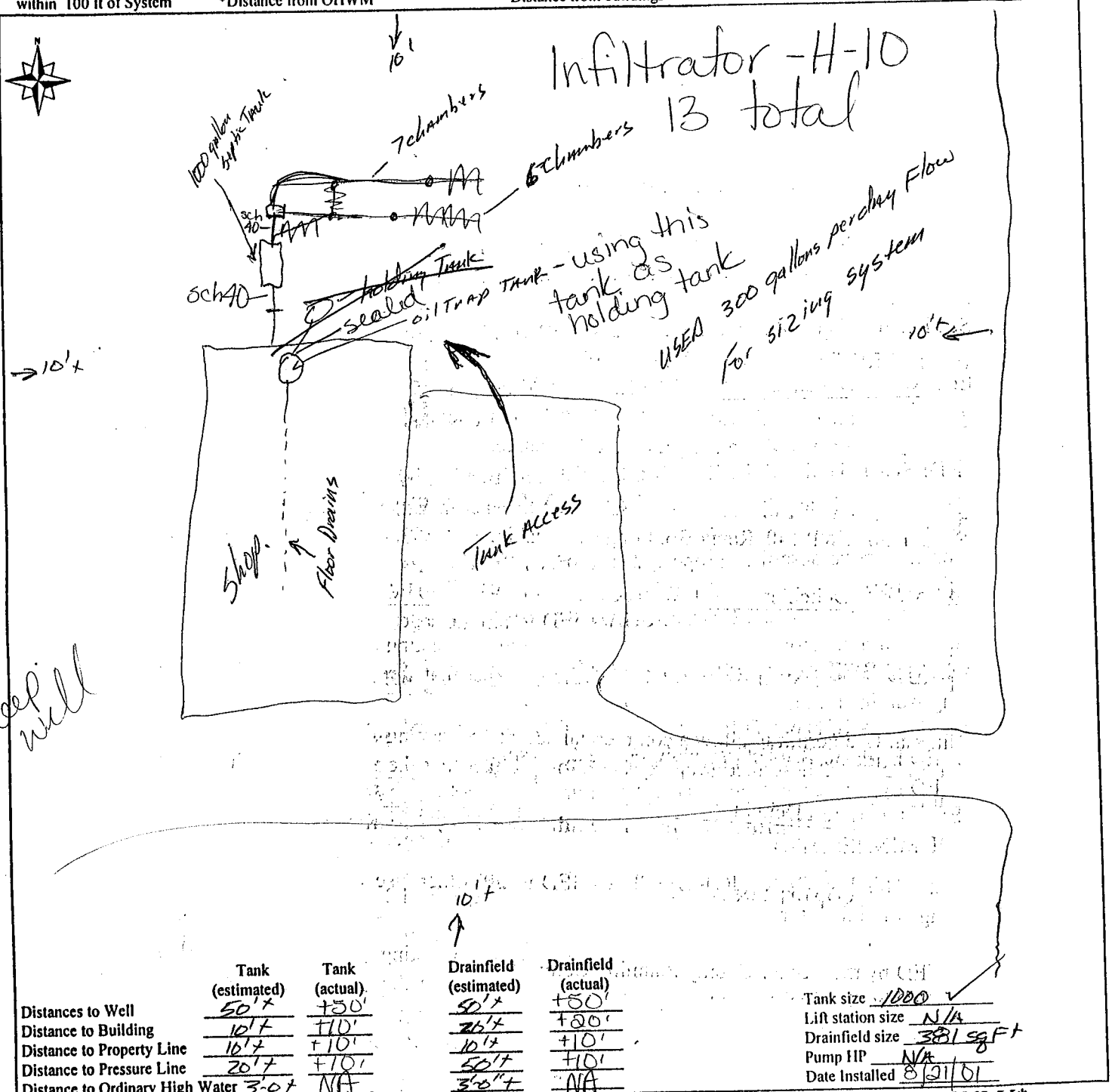
The site plan must be drawn to dimension or to scale:

- *Dimensions of Lot
- *Well & Water Line Locations within 100 ft of System

- *Existing & Proposed Buildings
- *Distance from Property Lines
- *Distance from OHWM

- *Easements & setbacks
- *Tank Access Route
- *Distance from buildings

- *Scale - One inch = _____ ft
- *Location of any Unsuitable Soil
- *Soil Borings & Per Test Locations
- *Alternate Drainfield Location



FOR USE BY BECKER COUNTY ENVIRONMENTAL SERVICES DEPARTMENT ONLY

CERTIFICATE OF COMPLIANCE

- () Certificate Is Hereby Denied
- (X) Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data. With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Signature: Nancy Young Title: Zoning Inspector Date: 8/21/01

(Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)



Compliance Inspection Form for Existing Individual Sewage Treatment Systems

This form reflects the requirements of the 1996 version of MN Rules Chapter 7080

Minnesota Pollution Control Agency

Note: Local inspection standards may be more or less restrictive than the state requirements. These differences must be made available by the Local Unit of Government.

Date of Inspection: 4-10-01
Property Owner(s): Bob Deifelder **Telephone (218):** 573-2132
Person requesting inspection (if different than owner): _____ **Telephone ():** _____
Reason for inspection: Building Permit
Site Address: 23203 County Highway 47 **City:** Osage
Zip Code: 56570 **Unit of Government Regulating this property:** Pecker
Fire No.: _____ **Parcel No.:** _____ **Township Name:** Osage
Township: 140 W **Range:** 36 W **Section:** 30 **Quarter:** _____

(Check appropriate sewer system component and indicate location on site sketch).

Tank (s):	Soil Treatment System:	Other (briefly describe):	Flow Meter
<input checked="" type="checkbox"/> Septic tank	<input type="checkbox"/> Rock trench	<input type="checkbox"/> Alternative system _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Aerobic tank	<input type="checkbox"/> Gravelless pipe trench	<input type="checkbox"/> Experimental system _____	If yes, _____
<input type="checkbox"/> Pump tank	<input checked="" type="checkbox"/> Chamber trench	<input type="checkbox"/> Warranted system _____	
<input type="checkbox"/> Holding tank	<input type="checkbox"/> Seepage bed	Exp. Date: _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Mound	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> At-grade		

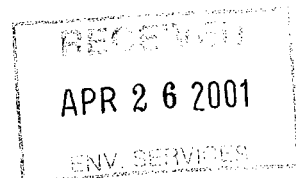
System Classification

System Built Prior to April 1, 1996 and not Located in Shoreland or Wellhead Protection Area or Serving a Food, Beverage or Lodging Establishment	Any System located in Shoreland or Wellhead Protection Area or Serving a Food, Beverage or Lodging Establishment, plus all systems Built after April 1, 1996
Is the system an imminent public health threat (IPHT)? Upgrade 1. Discharge of sewage to the ground surface? YES NO 10 mo 2. Discharge of sewage to drain tile or surface waters? YES NO 10 mo 3. Sewage backup into dwelling? YES NO 10 mo 4. Situation with the potential to immediately and adversely impact or threaten public health or safety? YES NO 10 mo Is the system failing? 5. Less than TWO feet of vertical separation between system bottom and saturated soil or bedrock? YES NO LGU** 6. A seepage pit, cesspool, drywell, or leaching pit? YES NO LGU**	Is the system an IPHT? Upgrade 1. Discharge of sewage to the ground surface? YES <input checked="" type="checkbox"/> NO 10 mo 2. Discharge of sewage to drain tile or surface waters? YES <input checked="" type="checkbox"/> NO 10 mo 3. Sewage backup into dwelling? YES <input checked="" type="checkbox"/> NO 10 mo 4. Situation with the potential immediately and adversely impact or threaten public health or safety? YES <input checked="" type="checkbox"/> NO 10 mo Is the system failing? 5. Less than THREE feet of vertical separation between system bottom and saturated soil or bedrock? YES <input checked="" type="checkbox"/> NO LGU** 6. A seepage pit, cesspool, drywell, or leaching pit? YES <input checked="" type="checkbox"/> NO LGU**

** LGU = Local Unit of Government ordinance must specify the time period within which the system must be upgraded.

STATUS OF THE SYSTEM

Based on the compliance criteria above the system status is (check one) in compliance (functioning) failing an imminent threat therefore, this document is a (check one) Certificate of Compliance Notice of Noncompliance.



What methods were used to make the terminations for the compliance inspection? soil test, tank inspection, measure drainfield depth
assure jet rocks

Please attach the following:

- 1) Site sketch. Suggested items for drawing include: Well, well setback to system, dwelling or other establishment, tank(s), soil treatment system, reserved soil treatment area, curtain drain, property lines, waterways, and buried lines (those NOT installed by the utility). Include sizes and length and approximate distances from fixed reference points such as streets and buildings.
- 2) Soil boring logs, showing each horizon. Indicate the texture, structure, color, depth of each different soil type, evidence of mottling, bedrock and standing water and whether the material is fill. Locate each boring on attached site sketch.
- 3) A list of any and all requirements of the local ordinance that are different than the state requirements referred to on this form.

CERTIFICATION

A. I hereby certify that all the information I have provided regarding the individual sewage treatment system is true, accurate, and complete.

Property Owner X _____ Date _____

B. 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 in accordance with applicable requirements that accurately determined the compliance status of this system and that my observations recorded 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 Voreberg Phone 218-847-7372
License and/or Registration Number 1910 Address 21300 Co Hwy 21 Detroit Lakes Mn
Employed by Voreberg Backhoe Srvc Address same

Valid until 4-10-04, unless the system becomes an imminent threat to public health or safety as defined at Minn. R. 7080.0020, subp. 19a, before that time.

Signature [Signature] Date 4-10-01

Upgrade Criteria

Minnesota Statutes § 115.55 ("law") Upgrade Requirements

Any situation with the potential to immediately and adversely affect or threaten public health or safety, must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period of time if required by local ordinance.

If the local unit of government with jurisdiction over the system has adopted an ordinance containing alternative local standards, the existing system must comply with the ordinance. If the system does not comply with the ordinance, it must be upgraded, replaced, or its use discontinued according to the ordinance.

If a seepage pit, drywell, cesspool, or leaching pit exists and the local unit of government with jurisdiction over the system has not adopted local standards to the contrary, the system is failing and must be upgraded, replaced, or its use discontinued within the time required by local ordinance.

If the system fails to provide sufficient groundwater protection, then the local unit of government or its agent shall order that the system 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.

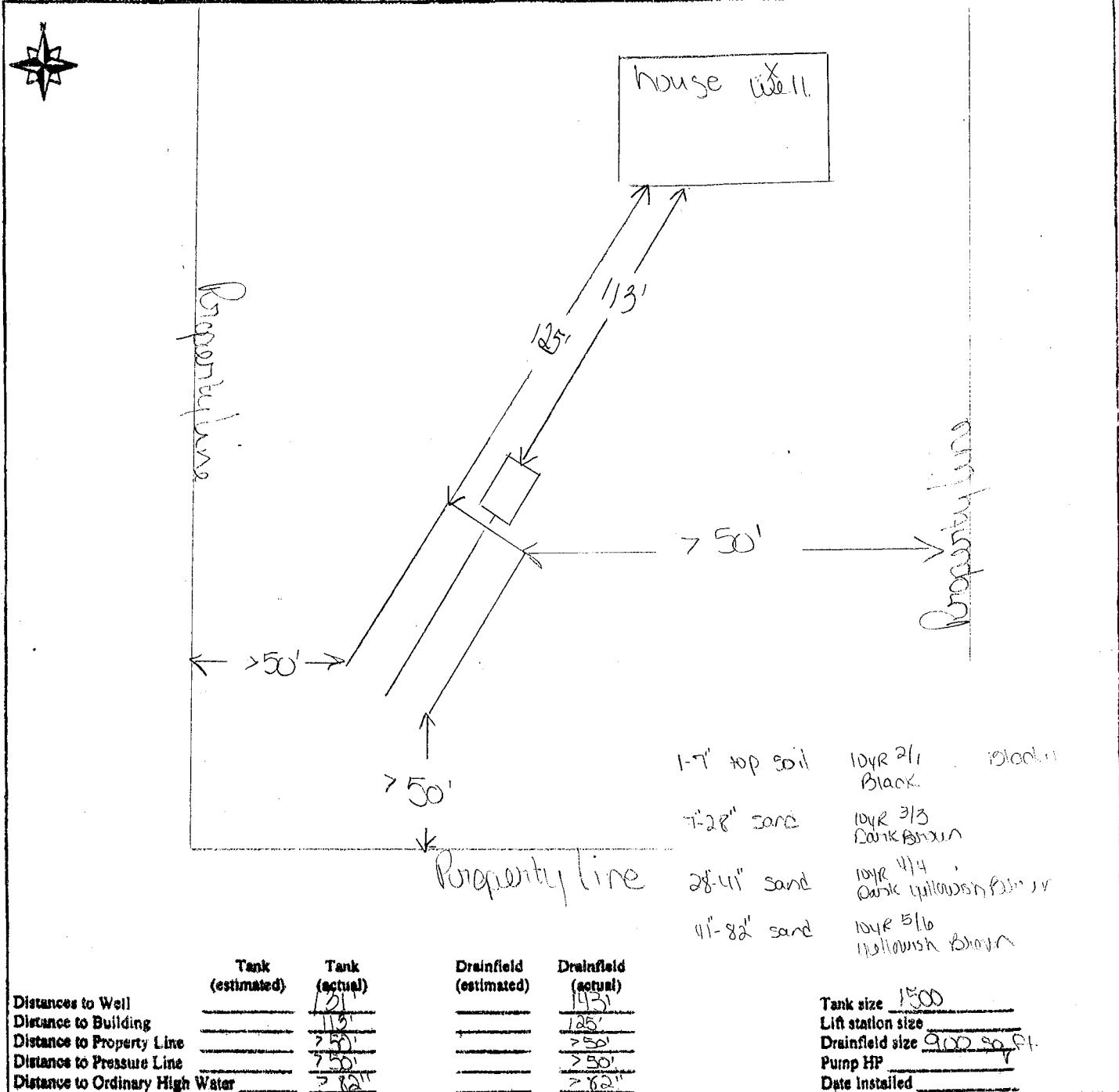
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- *Existing & Proposed Buildings
- *Distance from Property Lines
- *Distance from OHWM

- *Easements & setbacks
- *Tank Access Route
- *Distance from buildings

- *Scale - One inch = 80' ft
- *Location of any Unsuitable Soil
- *Soil Borings & Per Test Locations
- *Alternate Drainfield Location



1-7" top soil 104R 2/1 Black
 7-28" sand 104R 3/3 Dark Brown
 28-41" sand 104R 4/4 Dark yellowish brown
 41"-82" sand 104R 5/6 Yellowish Brown

	Tank (estimated)	Tank (actual)	Drainfield (estimated)	Drainfield (actual)
Distances to Well		121'		143'
Distance to Building		113'		125'
Distance to Property Line		>50'		>50'
Distance to Pressure Line		>50'		>50'
Distance to Ordinary High Water		>82"		>82"

Tank size 1500
 Lift station size
 Drainfield size 900 sq ft
 Pump HP
 Date installed

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CERTIFICATE OF COMPLIANCE

() Certificate is Hereby Denied
 () Certificate is Hereby Granted Based upon the Application, addendum from, plans, specifications and all other supporting data. With property maintenance, this system can be expected to function satisfactory, however, this is not a guarantee.

Signature _____ Title _____ Date _____
 (Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)