



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

AD 0101.000

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:

RECEIVED
DEC 01 2015
ZONING

System Status

System status on date (mm/dd/yyyy): Oct 6 2015

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: 2801 01000

Property address: 25574 E. Island 1k Rd

Reason for inspection: County

Property owner: AL Chirpich

Owner's phone: _____

or

Owner's representative: _____

Representative phone: _____

Local regulatory authority: _____

Regulatory authority phone: _____

Brief system description: _____

Comments or recommendations: _____

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: Tim Stenger

Certification number: 6553

Business name: Stenger Exc.

License number: _____

Inspector signature: Tim Stenger

Phone number: 847-2912

Necessary or Locally Required Attachments

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

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

Compliance criteria:

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

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

Comments/Explanation:

Verification method(s):

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

2. Tank Integrity – Compliance component #2 of 5

Compliance criteria:

will pump and check in spring

System consists of a seepage pit, cesspool, drywell, or leaching pit. <i>Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Comments/Explanation:

Verification method(s):

- Probed tank(s) bottom
- Examined construction records
- Examined Tank Integrity Form (Attach)
- Observed liquid level below operating depth
- Examined empty (pumped) 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: 23574 E Island Lk Rd Inspector Initials/Date: DB 8/22/16
 (mm/dd/yyyy)

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

Compliance criteria:

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

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

Comments/Explanation:

Verification method(s):

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

2. Tank Integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, or leaching pit. <i>Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Comments/Explanation:

baffle on one tank needs work

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)

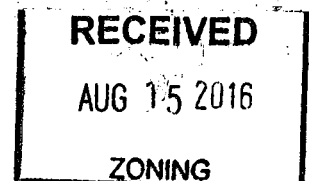
3. Other Compliance Conditions – Compliance component #3 of 5

- 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: *Electrical outlets do not appear to meet code*

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

Explain:



4. Soil Separation – Compliance component #4 of 5

Date of installation: ~~2-16-2015~~ Unknown
 (mm/dd/yyyy) 7-21-1987

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

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: dug pit

0-3 top soil
 3-24 Sandy loam 104R 7/4
 24-70 " 104R 7/3

Indicate depths or elevations

A. Bottom of distribution media	28"
B. Periodically saturated soil/bedrock	70"
C. System separation	42"
D. Required compliance separation*	36"

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

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

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

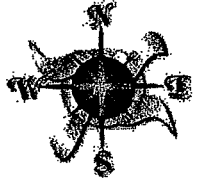
Any "no" answer indicates Noncompliance.

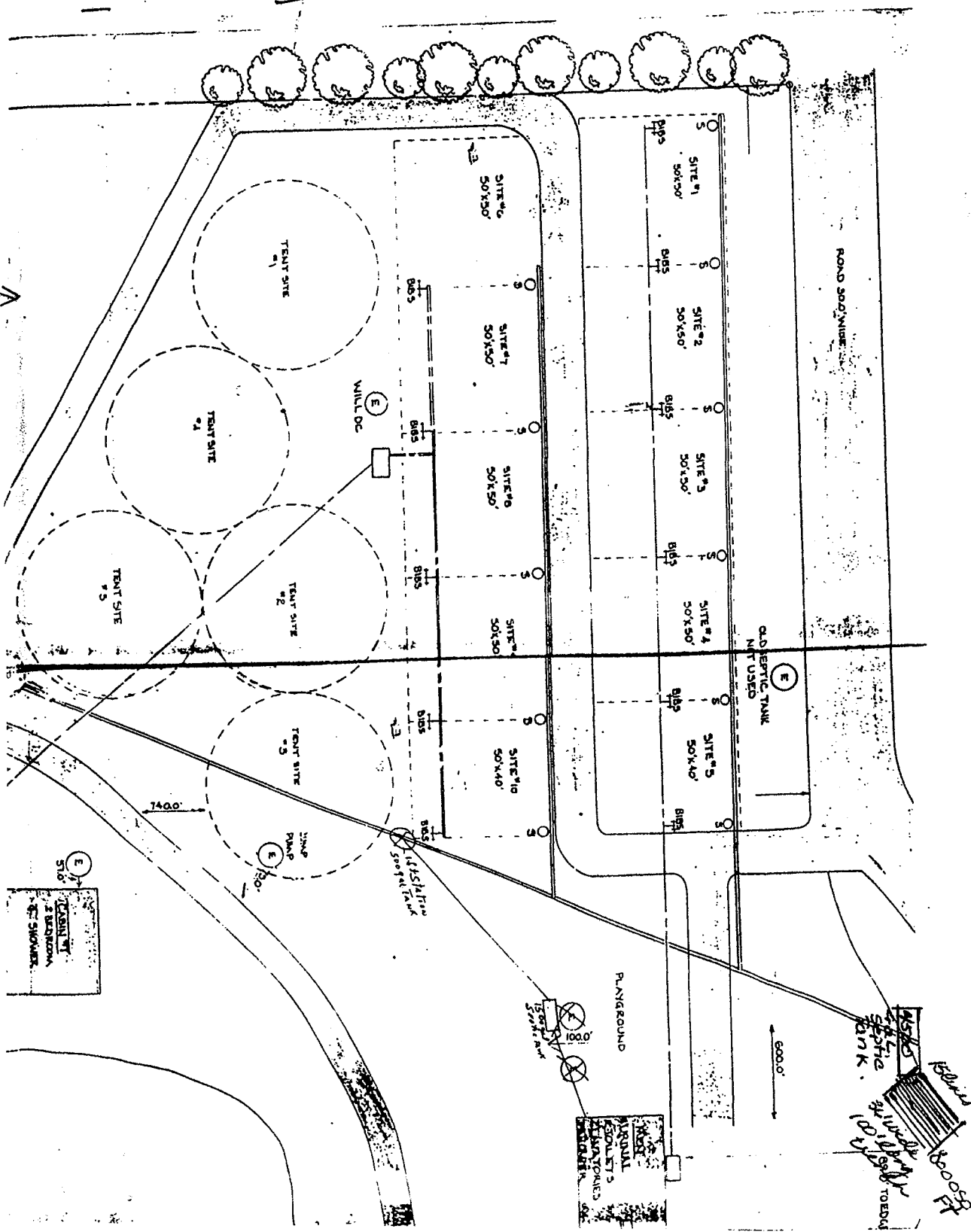
Upgrade Requirements (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water,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

SKETCH OF PROPERTY

Please sketch all structures and septic systems on the property;
Include setbacks and wells within 100 feet of the property.

PARCEL	
APP	SEPTIC INSPECTION
YEAR	

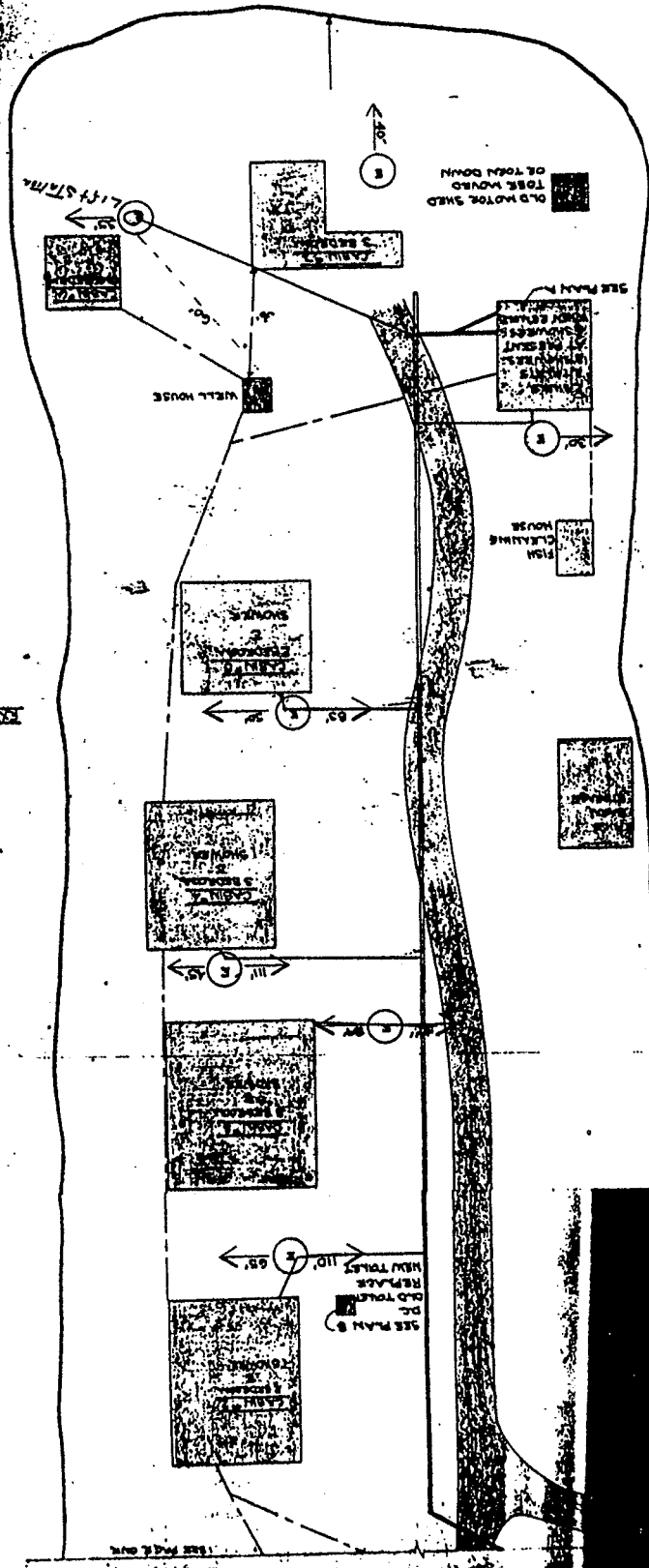




SITE PLAN

SCALE: 1" = 200'

LEGEND



28 010 1000 Sept 87

**CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM**

This certificate has been issued this 4 day of AUGUST 19 87.

to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as:

Lake No.	3-153	Sec.	18	Twp.	140	Range	38	Twp. Name	SHELL LAKE
					SEPTIC TANK	SEEPAGE			
CAPACITY					4500 GLS	8000 SF			
DISTANCE FROM NEAREST WELL					100 F	65 F			
DISTANCE FROM LAKE OR STREAM					200 F	180 F			
DISTANCE FROM OCCUPIED BUILDING					90 F	65 F			
DISTANCE FROM PROPERTY LINE					+10 F	10 F			
DISTANCE FROM BOTTOM TO WATER TABLE						44FF			

Owner: Name DONALD HORN

Address STAR ROUTE DETROIT LAKES, MN

Zip No. 56501

Permit No. SP 12-15,651-22

Signed by: [Signature]

296 YD. ROCK, SEEPAGE BED ON HILL, 500 GAL. LIFT STATION.

Zoning Administrator
Becker County, Minnesota

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

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

Permit No. 12-15651-22
 Date 5-5-87

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

297

28,010,000
 Sep 87

LEGAL DESCRIPTION AND LOCATION	3-153 Island RD 18 140 38 SHELL LAKE					
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address - No. Street, City and State	Zip No.	Tel. No.
	HOLM	DONALD	E.	STAR ROUTE		
Contractor	Name	STEJGER, TIM			STAR ROUTE	56501
		DET. LKS. MN.				

TYPE OF IMPROVEMENT: <input type="checkbox"/> New Building <input checked="" type="checkbox"/> Alteration Other: <u>SEWER SYSTEM</u>	RESIDENTIAL PROPOSED USE: <input type="checkbox"/> One Family Dwelling <input checked="" type="checkbox"/> Multiple Dwelling <u>19</u> Units	NON-RESIDENTIAL PROPOSED USE: Specify: <u>9 CABINS</u> Size: <u>10 CAMPERS</u>
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ESTIMATED COST OF IMPROVEMENT \$ RESORT + GROUNDS Construction Starting Date: 6 MONTHS

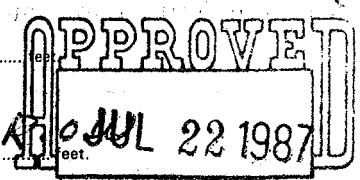
PRINCIPAL TYPE OF FRAME: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify	TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Individual Well MECHANICAL EQUIPMENT: Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	DIMENSIONS: Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: <u>RED</u>
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SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PT	DRAIN FIELD
Capacity	<u>HOME MADE SEPTIC 4500</u> Gls.	<u>8,000</u> Sq. Ft.	
Distance from nearest well	<u>100</u> Ft.	<u>65</u> Ft.	
Distance from lake or stream	<u>200</u> Ft.	<u>180</u> Ft.	
Distance from occupied building	<u>90</u> Ft.	<u>65</u> Ft.	
Distance from property line	<u>+10</u> Ft.	<u>+10</u> Ft.	
Distance from bottom to Water Table		<u>4</u> Ft.	

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is _____ square feet. Water frontage is _____ feet.
 Building set back from high water mark is _____ feet. (Building Line)
 Land height above high water mark at building line is +6 feet.
 Building set back from State highway is _____ feet - from road or street is 10+ feet.
 Side yard is +10 and +10 feet. Rear yard is _____ feet.
 Building will be located +10 feet from septic tank (Sewage System Permit must be obtained before installation).
 Building will be located +10 feet from soil absorption system (Cesspool, Drainfield, etc.).



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

Dated 5-5-87
 Signature of Owner: Mark Donald E. Holm

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

Dated 5-12-87
 Signature of Zoning Administrator: Floyd Aunby
 Permit Fee \$ 220.00 State Surcharge \$ _____

Comments: pd 5-5-87 Rec'd by Mark

TO BE COMPLETED BY PERSON INSTALLING SYSTEM
 I hereby attest that I am familiar with the minimum standards required by the Becker County Zoning Ordinance regarding sewage systems and that I have installed the above system in accordance with those standards.

28.0101.000
 Sep 87

5/8/87

check on Kelly

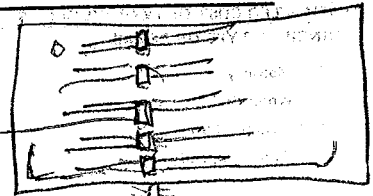
Tom Stenger
 LICENSED INSTALLER

DATE OF INSTALLATION

Please return when completed to Becker County Zoning Office- Court house- Becker County.

Rear Yard	Ft.	Ft.
Elevation at Building Line above High Water Mark	Ft.	Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS



Tails

6' deep

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD						
	Actual	Should be	Actual	Should be	Actual	Should be					
Capacity	12' x 12' - outside	Gls.	Gls.	8,000 SF	SF	SF	SF				
Distance from Nearest Well	100	F	F	65	F	75	F	F	50	F	
Distance from Lake or Stream	200	F	F	180	F	F	F	F	F	F	
Distance from Occupied Building	90	F	10	F	65	F	20	F	F	20	F
Distance from Property Line	410	F	10	F	10	F	10	F	F	10	F
Distance from Bottom to Water Table	--	F	--	F	4	F	4	F	F	4	F

Inspector's Comments: ~~300 yd Rock~~ 296 yds Rock, 8,000 sq ft Seepage Bed, on Hill. 500 gal lift station - Check Valve on line, lines will be 6 ft deep (Lift Stations) Risers on each line, Joe Stenger installed. 19-Bdems - 26-seats in lodge - 10-CAMP SITES - Hookups

INTERPRETATION OF ABBREVIATIONS

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

Mark Kuehn
 Inspector's Signature

Inspection Dated 5-5-87

Title _____
 Agency _____

28 0101 000' 88

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 4 day of AUGUST 19 87

to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as:

Lake No.	3-153	Sec.	18	Twp.	140	Range	38	Twp. Name	SHELL LAKE
					SEPTIC TANK	SEEPAGE	8000 SF		
CAPACITY					4500 GLS		65 F		
DISTANCE FROM NEAREST WELL					100 F		180 F		
DISTANCE FROM LAKE OR STREAM					200 F		55 F		
DISTANCE FROM OCCUPIED BUILDING					90 F		10 F		
DISTANCE FROM PROPERTY LINE					+10 F		\$4FF		
DISTANCE FROM BOTTOM TO WATER TABLE									

Owner: Name DONALD HOEM

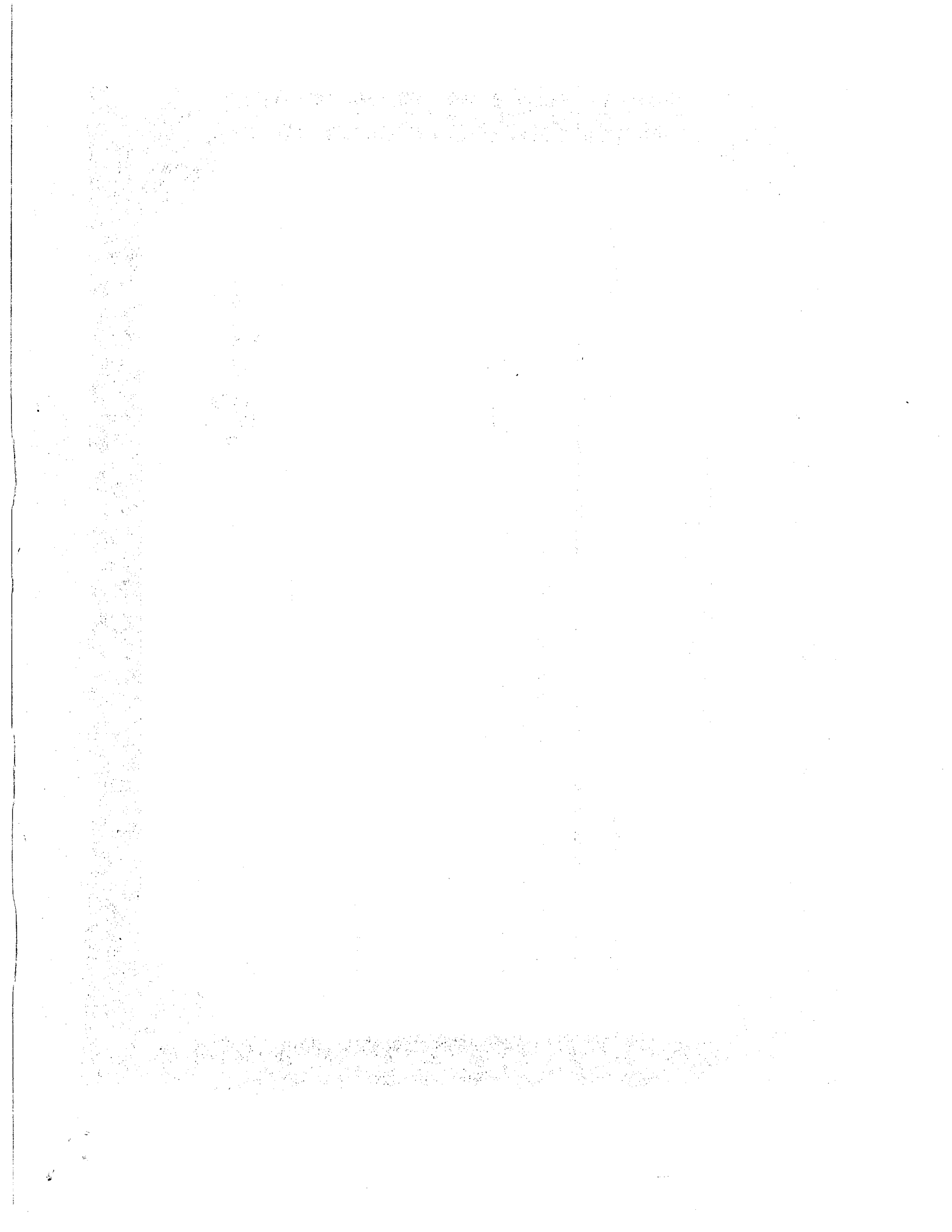
Address STAN ROUTE DETROIT LAKES, MN

Zip No. 55501

Permit No. SP 12-15,651-22

Signed by: 296 YD. ROCK, SEEPAGE BED ON HILL, 500 GAL. LEFT STATION.

[Signature]
Zoning Administrator
Becker County, Minnesota



297

28.0101.000
 Sep 87

LEGAL DESCRIPTION AND LOCATION	3-153 Island RD 18 140 38 SHELL LAKE						
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address - No. Street, City and State	Zip No.	Tel. No.	
	HOLM	DONALD	E.	STAR ROUTE			
	HOLM	ARTIS	E.	DETROIT LAKES, MN.	56501		
Contractor	Name	STAR ROUTE					
	STUEGER, TIM	DET. LKS. MN.					

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
() New Building () Alteration Other: <u>SEWER SYSTEM</u>	() One Family Dwelling (x) Multiple Dwelling <u>19</u> Units	Specify: <u>9-CABINS</u> Size: <u>10-CAMPERS</u>

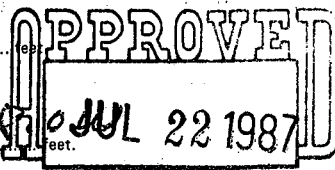
ESTIMATED COST OF IMPROVEMENT \$	<u>RESORT + Campgrounds</u>	
PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:
() Masonry () Wood Frame () Structural Steel () Other - Specify	() Public (x) Individual Septic Tank, etc. WATER SUPPLY: (x) Public () Individual Well MECHANICAL EQUIPMENT: Elevator: () Yes () No Air Conditioning: () Yes () No () Central () Unit	Basement: () Yes () No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ HEATING: () Electric () Gas () Oil () Coal () None Other: <u>bed</u>
Type of Roof:		

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity: <u>Home made septic</u>	<u>4500</u> Gls.	<u>8,000</u> Sq. Ft.	
Distance from nearest well	<u>100</u> Ft.	<u>65</u> Ft.	
Distance from lake or stream	<u>200</u> Ft.	<u>180</u> Ft.	
Distance from occupied building	<u>90</u> Ft.	<u>65</u> Ft.	
Distance from property line	<u>+10</u> Ft.	<u>+10</u> Ft.	
Distance from bottom to Water Table		<u>4</u> Ft.	

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is _____ square feet. Water frontage is _____ feet.
 Building set back from high water mark is _____ feet. (Building Line)
 Land height above high water mark at building line is +6 feet.
 Building set back from State highway is _____ feet - 107 feet from road or street is _____ feet.
 Side yard is +10 and +10 feet. Rear yard is _____ feet.
 Building will be located +10 feet from septic tank (Sewage System Permit must be obtained before installation).
 Building will be located +10 feet from soil absorption system (Cesspool, Drainfield, etc.).



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

Dated 5-5-87
 Signature of Owner: Mr. Donald E. Holm

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

Dated 5-12-87
 Signature of Zoning Administrator: [Signature]
 Permit Fee \$ 220.00 State Surcharge \$ _____

Comments: pd 5-5-87 Rec'd by Mark

INSPECTOR'S CHECK LIST
Make all measurements and computations

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

SEWAGE DISPOSAL SYSTEM STATISTICS

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

Inspector's Comments:

**INTERPRETATION
OF ABBREVIATIONS**

Gls — Gallons
 SF — Square Feet
 F — Linear Feet

 Inspector's Signature

 Title

Inspection
 Dated

19

 Agency

BECKER COUNTY

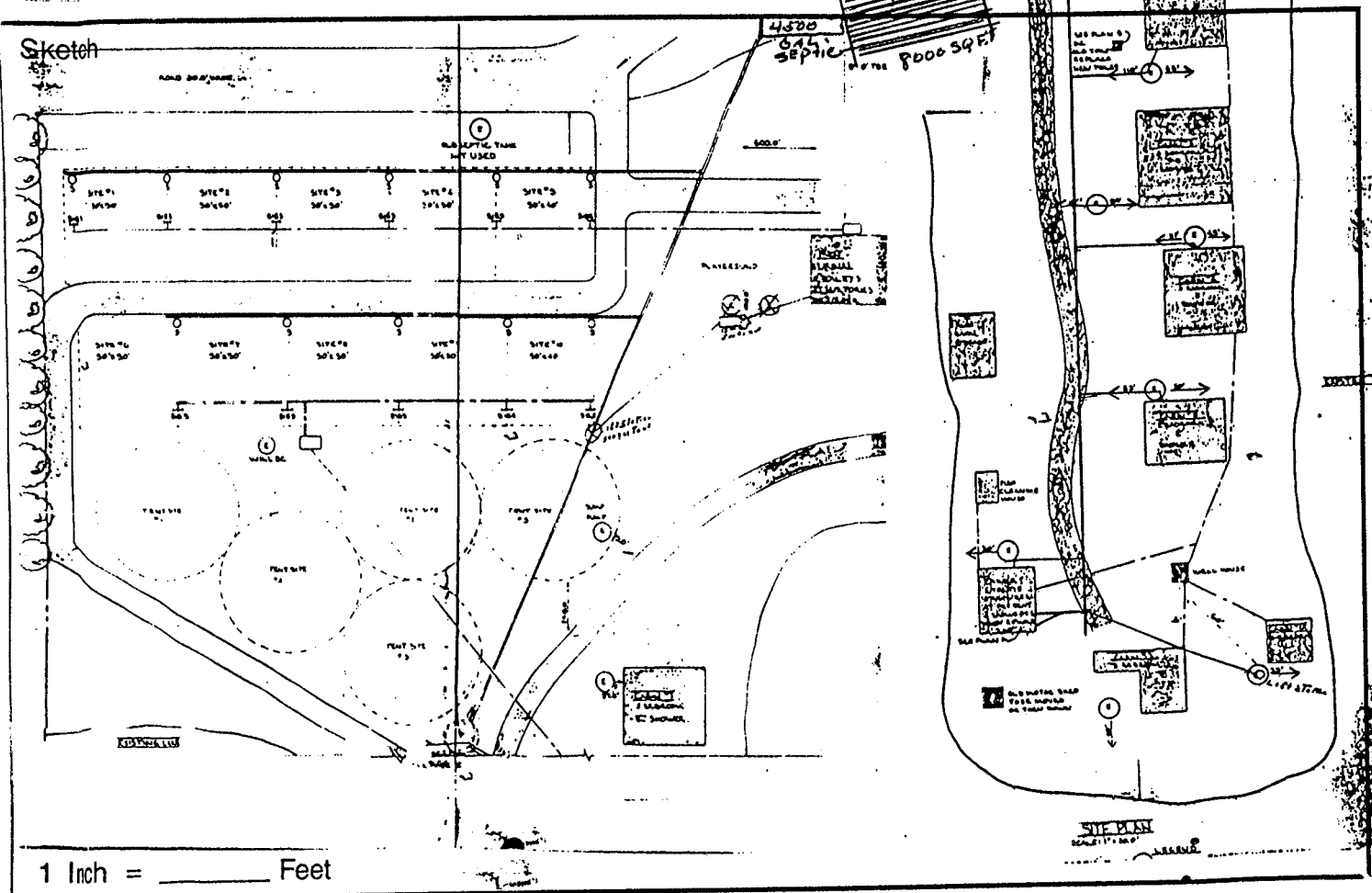
28.0101.000 Sep 87

Permit Number 12-15651-22 Date 7-21-87

Building _____ Sewage System 4500 gals.
8000 sq. ft.
Township Shell Lake Sec. 18 Description T140 R 38

Work Authorized 4500 gal. Septic Tank
8000 sq. ft. Seepage Pit Bed

Issued to: Name Donald Holm
Address: Star Route Town Detroit Lakes
State MN Zip 56501



NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. Notify Becker County Zoning Administrator (847-4427) 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.

Donald Sweeney
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501

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Hook up 7 campsites

28.0100.000

Sep. 60

MINNESOTA DEPARTMENT OF HEALTH
Division of Environmental Health

Information Necessary for Review of Individual Sewage Disposal Systems

Submitted with plans and specifications for individual sewage disposal systems serving:

Facility Holmi Hideaway Location Becker Shell Lake
(County) (City or Two.)

Prepared and submitted by Margaret Foster

Ownership Donald Holms Date _____

Plans required:

The site plans shall show isolation distances from the septic tank and drainfield to wells, surface waters, property lines and buildings.

The drainfield plan shall show overall dimensions, spacing between pipes, location of and connection to drop or distribution boxes.

Estimate of sewage flow:

3220

Gallons per day, or

26 seats Lodge = 624 @ 24 gals ea.
20 campsites w/central tank = 1000 @ 50 gals ea.
19 beds @ 2 ea = 38 = 1596 @ 42 gals ea

134 approx

Number of people served by the system

180

Number of days used per year

No meals only package allowed on this system

If food service, number of hours of operation per day

Health Dept should know that he serves meals said he did not.

Soil data:

1.67

27 mins per in
Percolation rate (minutes per inch)

Depth of water table in drainfield area (must be at least 3 feet below bottom of drainfield)

7% SLOPE OF LAND

Septic tank:

4440

Size (gallons)

26 seats x 40 gals = 1040
20 x 75 = 1500
38 x 50 = 1900

Construction (such as concrete or fiberglass)

Provide: Inlet and outlet tees or baffles, inspection pipe and manhole

Disposal system:

Bed

already exists

Seasonal use

Type (such as trenches, bed or mounds)

5377.40

Gravity

Distribution (gravity or pressure)

2651.87

8000

Soil treatment area (square feet) =

needs 2651.87

- _____ Pipe size(s) (inches)
- _____ Pipe material(s)
- _____ Lift or pumping station(s) (must be provided with alarm system)

Details for drainfield trench or bed construction:

- _____ Length of trenches or bed (feet) (maximum 100' from distribution point)
- _____ Width of trenches (18-36 inches), or bed
- _____ Depth of rock below the drain pipes (6-24 inches)
- _____ Depth of rock above the pipes (at least 2 inches)
- _____ Provision of a permeable layer above the rock (such as straw, hay, untreated building paper)
- _____ Depth of earth backfill above rocks (6-36 inches)
- _____ Provision of top soil and grass cover

Details for mounds construction:

- _____ Filter rock area length (feet)
- _____ Filter rock area width (feet) (ten feet or less per bed)
- _____ Depth of sand fill (at least 12 inches)
- _____ Depth of rock below pipes (at least 9 inches)
- _____ Depth of rock above pipes (at least 2 inches)
- _____ Provision of permeable layer above the rock (such as straw, hay, untreated building paper)
- _____ Slope of sides (3 to 1 maximum)
- _____ Provision of top soil and grass cover

**APPLICATION
FOR SEWAGE SYSTEM
CERTIFICATE OF COMPLIANCE**
With The Becker County Zoning Ordinance

Application Number 5358
Tax Parcel Number 28, 0101.000

Sep 60

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <i>Donald E. Holms</i>		2. Authorized Agent (if applicable)	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code)			
4. Day Phone	5. Evening Phone	6. Fire Number of Project Location	

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name	2. Section	3. Township	4. Range	5. Qtr./Qtr.	6. Gov. Lot No.
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7. Note: If the property is a metes and bounds description, check here [] and attach a copy of the exact legal description.

<p>SEWAGE SYSTEM DATA</p> <p>Anticipated Use</p> <p>a. [] Single Family</p> <p>b. [] Multiple Family</p> <p>c. [X] Commercial</p> <p>d. [] Agricultural</p> <p>e. [] Other (specify)</p> <p>Type of System</p> <p>a. [] Septic Tank Only</p> <p>b. [] Drainfield Only</p> <p>c. [] Septic Tank & Drainfield</p> <p>d. [] Holding Tank</p> <p>e. [] Alternative System (specify)</p> <p>(8) Hook ups to existing systems.</p> <p>Type of Drainfield</p> <p>a. [] Standard System</p> <p>b. [] Mound (pressure distribution)</p> <p>c. [] Mound (gravity distribution)</p> <p>Well Data</p> <p>a. Depth: _____</p> <p>b. Diameter: _____</p> <p>Type of Well</p> <p>a. [] Drilled</p> <p>b. [] Sand Point</p>	<p>1 Inch Equals _____</p> <p>DESIGN</p> <p align="center">Show Distance Between Sewage System And Buildings, Property Lines, Lake, Roads And All Wells Within 125 Feet.</p>
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I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge:

Signature of Applicant

Date

TO BE COMPLETED BY ZONING OFFICE

SEWAGE SYSTEM DATA	Tank	Drainfield
Distances to Well:	- _____	_____
Distance to Building:	- _____	_____
Distance to Property Line:	- _____	_____
Distance to Suction Line:	- _____	_____
Distance to Pressure Line:	- _____	_____
Tank Capacity (gal.) and Area of Drainfield (ft. 2):	- _____	_____
Distance to Lake or Stream (from Ordinary High Water Level):	- _____	_____
Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	- _____	_____

[] CERTIFICATE IS HEREBY DENIED

[] CERTIFICATE IS HEREBY GRANTED

Based upon the application, addendum form, plans, specifications and all other supporting data. With proper maintenance this system can be expected to function satisfactorily, however this is not a guarantee.

BECKER COUNTY ZONING OFFICE

Signature

Title

Date