28.0278.000

280278000

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:

RECEIVED
APR 22 2015
ZONING

System Status

System status on date (mm/dd/yyyy): 4-18-2015

☒ **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: 280278000

Property address: 41268 cty Rd 126 Dt mn

Reason for inspection: Mandate

Property owner: David Norstad

Owner's phone:

or

Owner's representative:

Representative phone:

Local regulatory authority:

Regulatory authority phone:

Brief system description: 1000 gal tank - gravelless pipe drainfield

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: Doug Bergsten

Certification number: 478

Business name:

License number: 478

Inspector signature: Doug Bergsten

Phone number:

Necessary or Locally Required Attachments

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

☐ Other information (list):

Property address: _____ Inspector initials/Date: _____ | _____ *(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:

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: _____ 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: Soil verified by Patty Swenson at time of installation

Indicate depths or elevations

A. Bottom of distribution media	71"
B. Periodically saturated soil/bedrock	41"
C. System separation	36"
D. Required compliance separation*	36"

*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

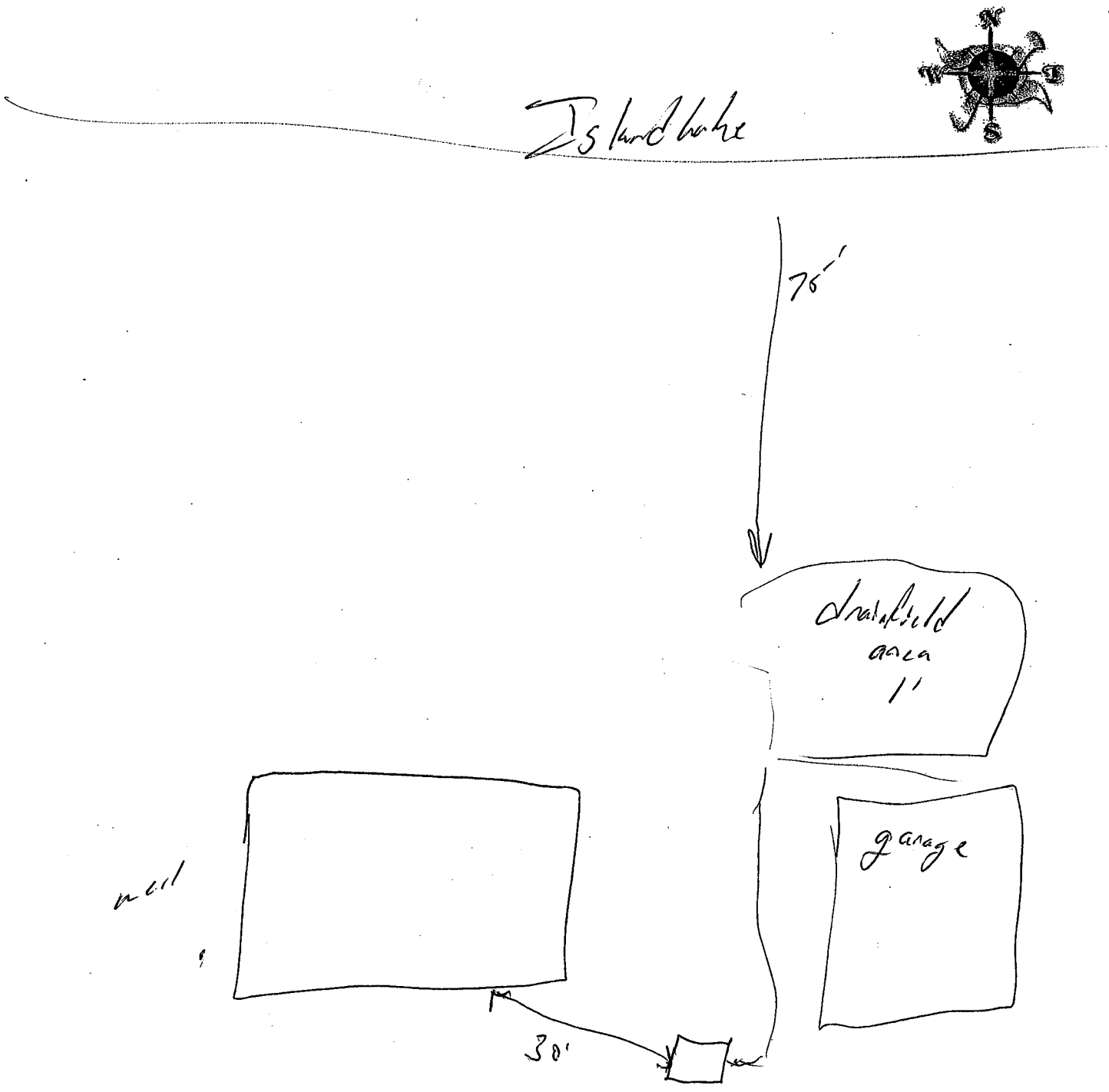
Any "no" answer indicates Noncompliance.

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.*

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	



Inspection does not Imply or gaurantee future hydraulic functioning, only what conditions were found on date of Inspection

APPLICATION FOR SEWAGE SYSTEM

CERTIFICATE OF COMPLIANCE

With The Becker County Zoning Ordinance

Application Number	8584
Tax Parcel Number	28.0278.000
Fire Number of Project Location	C 3639

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.)	2. Authorized Agent (If applicable)
Norstad Doris	Sep 95

3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code): HC 9 Box 498 Detroit Lakes MN 56501

4. Day Phone	5. Evening Phone	6. Section	7. Township
847-8654		30	Shell Lake

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name: Granner Shores Lots 2 & 3

7. Note: If the property is a metes and bounds description, check here [ ] and attach a copy of the exact legal description.

SEWAGE SYSTEM DATA

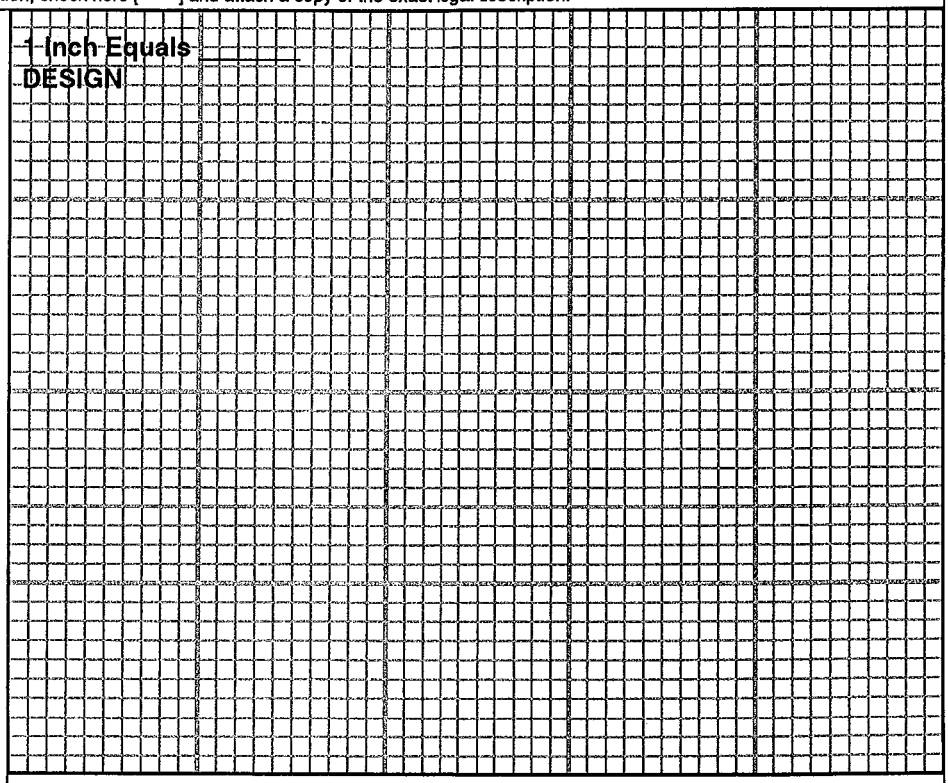
Anticipated Use
- a. [X] Single Family
- b. [ ] Multiple Family
- c. [ ] Commercial
- d. [ ] Agricultural
- e. [ ] Other (specify)

Type of System
- a. [ ] Septic Tank Only
- b. [ ] Drainfield Only
- c. [X] Septic Tank & Drainfield
- d. [ ] Holding Tank
- e. [ ] Alternative System (specify)

Type of Drainfield
- a. [X] Standard System
- b. [ ] Mound (pressure distribution)
- c. [ ] Mound (gravity distribution)

Well Data
- a. Depth: 68 FT
- b. Diameter: 4"

Type of Well
- a. [X] Drilled
- b. [ ] Sand Point



Show Distance Between Sewage System And Buildings, Property Lines, Lake, Roads And All Wells Within 125 Feet.

	Tank	Drainfield
Distances to Well:	55	
Distance to Building:		
Distance to Property Line:		
Distance to Suction Line:		

	Tank	Drainfield
Distance to Pressure Line:		
Tank Capacity (gal.)& Area of Drainfield (ft. 2):	1000	350 FT2
Distance to Ordinary High Water Level:	120	75
Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:		+3'

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct: _____

Signature of Applicant — Date

TO BE COMPLETED BY ZONING OFFICE

[ ] CERTIFICATE IS HEREBY DENIED: (See Back For Reasons)

[✓] 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

Patricia Swenson
Signature

Zoning Technician 5-12-05
Title — Date

BECKER COUNTY PLANNING & ZONING

829 LAKE AVENUE, PO BOX 787
DETROIT LAKES, MN 56502-0787
PHONE (218) 846-7314 - FAX (218) 846-7266

Sep 95

SEWER PERMIT APPLICATION/PERMIT

RECEIPT NO. 8584

FIRE NO. C-3639

TAX PARCEL NUMBER R 28.0278.000

LEGAL DESCRIPTION
Sect 30 TWP 140 Range 038 Granner Shores Lots 2 & 3 Island Lake

LAKE/STREAM NAME	LK/STR CLASS	SECTION	TWP	RANGE	TOWNSHIP NAME
ISLAND LAKE	RD	30	140	038	SHELL

PROPERTY OWNER	ADDRESS	PHONE NO
DORIS NORSTAD	HC-9 BOX 498 Det. Lakes MN	847-8659

INSTALLER/CONTRACTOR	LICENSE NO	PHONE NO
Bergstroms Backhoe Service	2779	

SEWAGE TREATMENT SYSTEM DATA

WORK CATEGORY

( ) NEW SYSTEM
(✓) REPAIR

TYPE OF SYSTEM

(✓) SEPTIC TANK/DRAINFIELD
( ) DRAINFIELD ONLY
( ) HOLDING TANK
( ) ALTERNATE (specify)
_____

TYPE OF DRAINFIELD

( ) STANDARD (bed)
(✓) STANDARD (trench)
( ) MOUND (pressure distb)

WATER USES

( ) WASHING MACHINE
( ) DISHWASHER
(✓) WATER SOFTENER
( ) GARBAGE DISPOSAL
( ) HOT TUB/SPA
3 NO OF BEDROOMS
1 NO OF BATHROOMS
_____ TOTAL FT² OF STRUCTURE

PIPE SPECIFICATIONS

(✓) GRAVELESS
( ) ROCK (clean, washed 3/4"-2 1/2")
(specify depth under pipe)_____

WELL INFORMATION

( ) SHALLOW WELL
(✓) DEEP WELL
60 DEPTH OF WELL
68' _____ DEPTH OF CASING

SOIL CHARACTERISTICS

SOIL TYPE loam
SOIL BORING RESULTS (if required)
_____

PERCOLATION TEST (if required)
_____ MPI

SEWAGE TREATMENT SYSTEM DESIGN

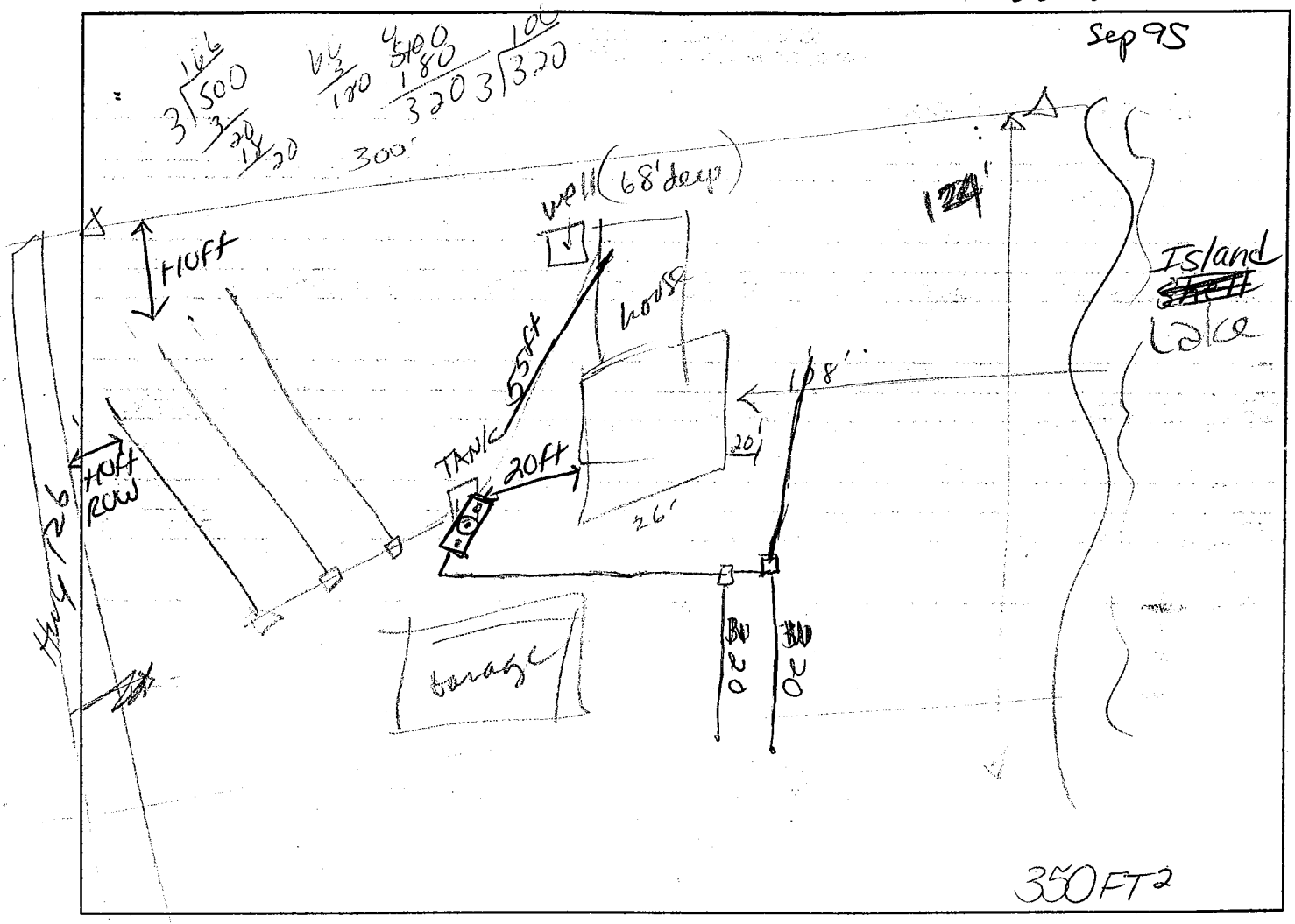
DISTANCE FROM	TO SEPTIC TANK	TO DRAINFIELD
NEAREST WELL	55'	More than 55'
LAKE/STREAM	@ 140-150'	more than 150'
OCCUPIED BLD	@ 20'	more than 20'
PROPERTY LINE	@ 60'	+10 ft
SUCTION LINE	—	—
PRESSURE LINE	+10 ft	+10 ft

CAPACITY OF TANK 1000 gallons
AREA OF DRAINFIELD 500 Sq Ft
SEPARATION FROM HIGHEST KNOWN WATER LEVEL/MOTTLING
+4ft

On back, please draw a site plan showing the above information.

Please draw a site plan showing the distances furnished on the front of the application.

28.0278.000



I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge.

x David Norstad
Signature

4/28/95
Date

For Office Use Only

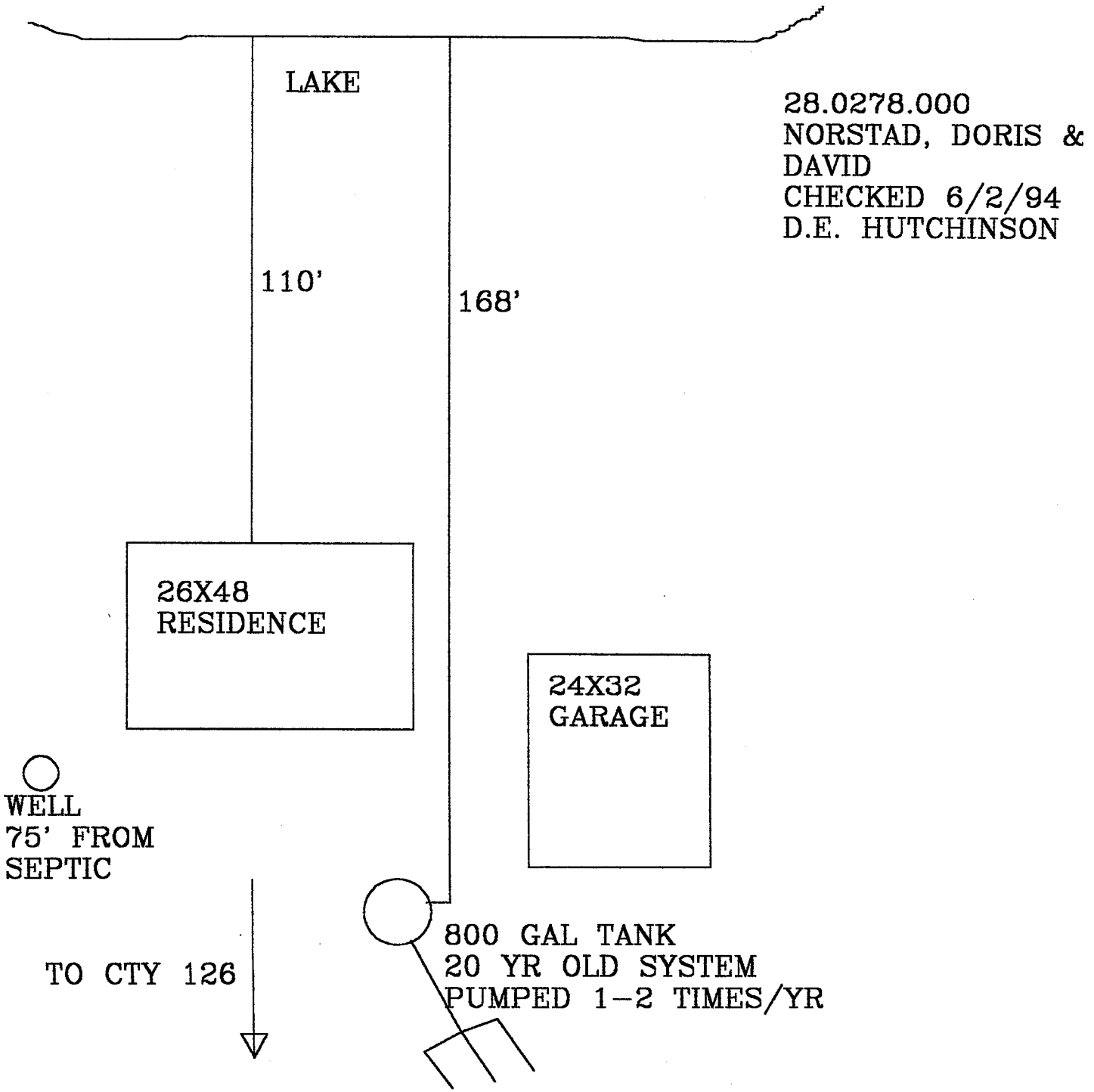
Application Fee 45.00 State Surcharge .50 Total 45.50

[ ] Application is hereby denied

[X] Application is hereby granted to D. Norstad to install septic system all in accordance with the application, addendum form, plans, specifications and all other supporting data. By Order of:

Floyd Jewerby JCM Zoning Administrator 4-28-95
Signature of Permitting Authority Title Date

This permit expires on 10-28-95



28.0278.000 Sag 94

28.0278.000
Sep 94

28.0278.000
NORSTAD, DORIS & DAVID

THIS PROPERTY FRONTS CTY RD 126. THERE IS A 20 YEAR OLD SYSTEM THAT CONSISTS OF AN 800 GAL TANK AND A DRAINFIELD. OWNER REPORTS PUMPING 1-2 TIMES PER YEAR. THE TANK IS LOCATED 168' FROM THE LAKE AND 75' FROM A DEEP WELL.
CHECKED 6/2/94
D.E. HUTCHINSON

BUILDING AND SEWAGE SYSTEM PERMIT

28.0278.000 site 92

BECKER COUNTY ZONING AND PLANNING
829 LAKE AVENUE, BOX 787, PHONE [redacted] 846-7314, DETROIT LAKES, MN 56502

Parcel No. 28.0278.000 Lake Name Island Lake Permit No. 10-20549-28

Fire No. C-3936 Township Shell Lake Section 36 Description Granne Shores Lots 2+3 TWP140 R38

Lot Size

Issued to: Name Doris Manstedt Tel. No. 847-8654

Address HC9 Box 498 DY

Work Authorized garage - one story - personal use only. 24' x 32'

Type of Improvement: ( )New Home ( )Alteration (✓) Garage ( )Mobile Home Yr. _____

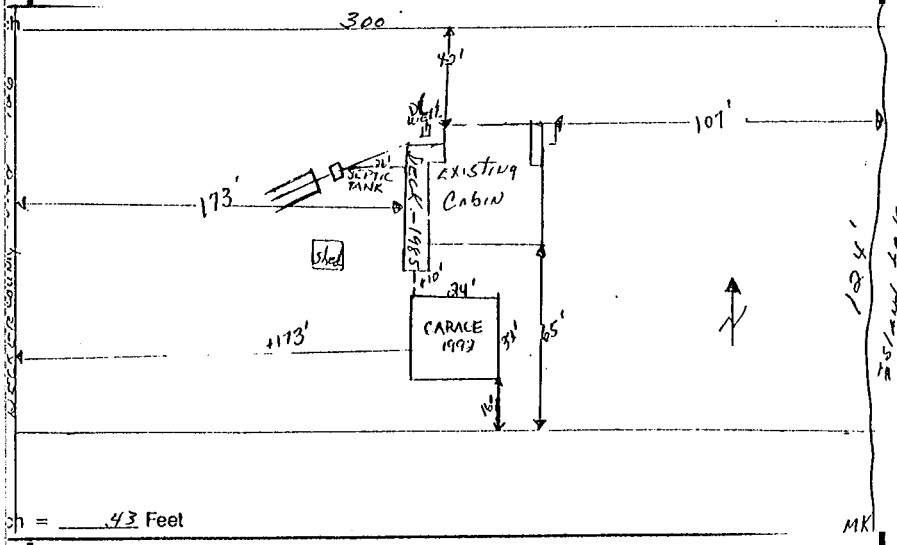
( )Cottage ( )Septic System ( )Other Building ( )Multiple Dwelling _____ Units.

Size 24' x 32' Stories 1 Basement NO No. of Bedrooms — Bathrooms —

Contractor: Name & Address *Dick Strong + Self Tel. No. _____

Estimated Cost _____ Permit Fee $36.00 State Fee .00 Receipt No. 5224

Sketch



1 inch = .43 Feet

1 Inch = _____ Feet

HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake +107

Side Lot Lines 165 and 42' rear yard

Center Line of Public Road 170' City RD #126

Right of way State or Co. _____

APPROVED: Board of Adjustment Date: _____

Planning Commission Date: _____

County Commissioners Date: _____

Zoning Administrator Date: _____

SEWAGE DISPOSAL SYSTEM DATA

EXISTING

Installed in 19_____	Septic Tank	Drain Field
Capacity	1000 Gls.	Sq. Ft.
Distance from nearest well	55 Ft.	60 Ft.
Distance from lake or stream	163 Ft.	Ft.
Distance from occupied building	26 Ft.	Ft.
Distance from property line	Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.

Lift Pump ( ) Yes ( ) No Well Depth 68' type DR

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE. AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED BY A FINE NOT TO EXCEED $700.00 FOR EACH VIOLATION. NOTIFY THE 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.

David Norstad
SIGNATURE OF OWNER

*Handy person doing jobs if their gross annual receipts do Not exceed $15,000.

Received By Swenson Date 3-16-92

Approved By Floyd Swenby
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501

BECKER COUNTY

Permit Number 9-13,769-22 Date 5/29/85

Building Addition Sewage System 28.0278.000 site 85

Township Shell Lake Sec. 30 Description Lots 2+3 Grannes Shores

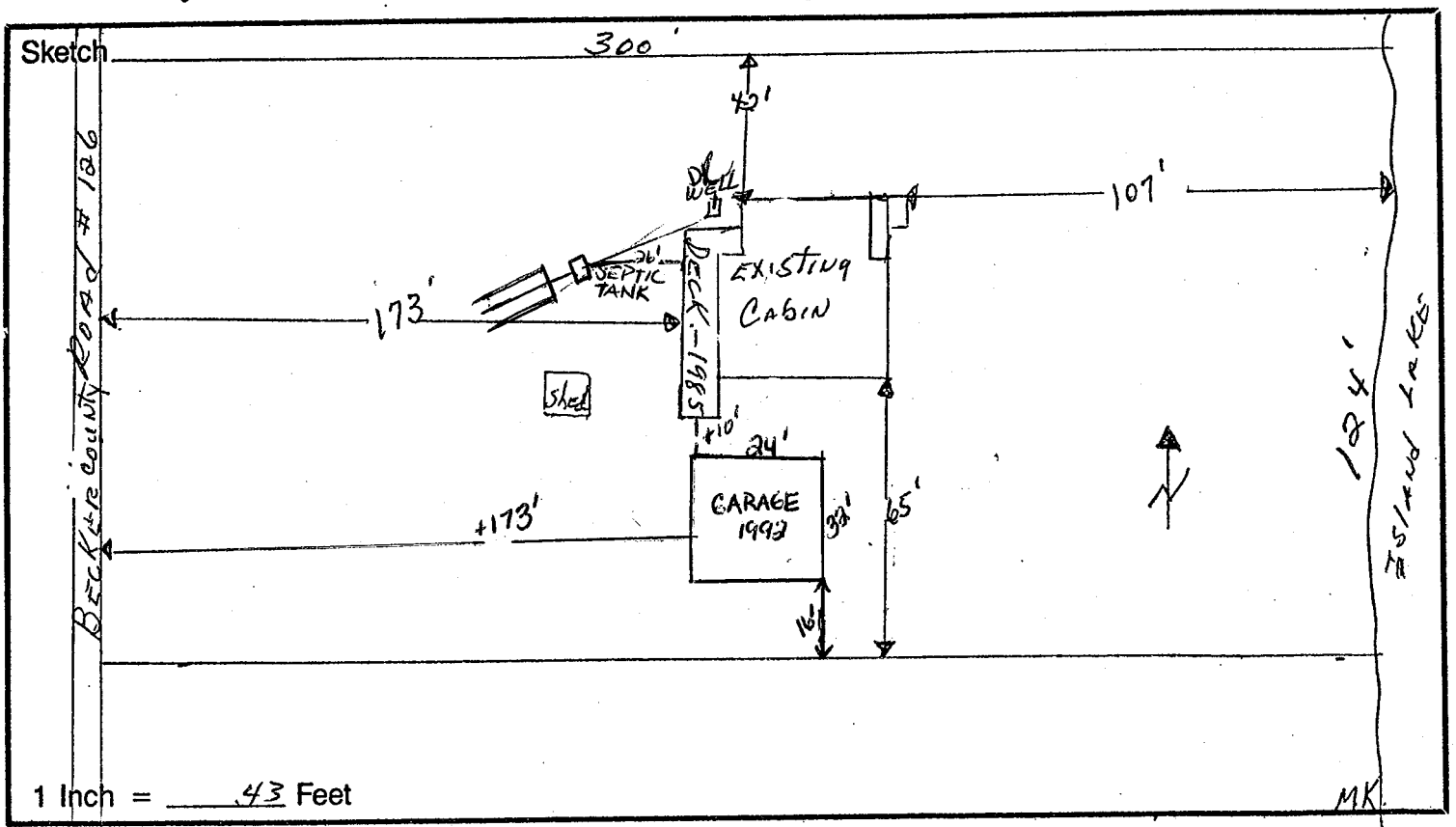
Work Authorized Enlarge existing Porch

Issued to: Name Doris Norstad

Address: Star Rte. Box 396 Town Detroit Lakes

State Minn. Zip 56501

Sketch



1 Inch = 43 Feet

NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. Notify Becker County Zoning Administrator (847-3938) before building footings have been completed. No part of the sewage system shall be covered until it has been inspected and approved. Notify the Zoning Administrator 24 hours before the job is ready for inspection.

Floyd Swenby

Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501