



Instructions: Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at <https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf>.

Property information

Local tracking number:

Parcel ID# or Sec/Twp/Range: 120060002 Reason for Inspection Building Permit

Local regulatory authority info: Becker Co.

Property address: 38015 Lloyd Larson Ln S Ponsford, MN 56575

Owner/representative: Alan Hefner Owner's phone: _____

Brief system description: 1500 gal + 1000 gal poly septic tanks w/ 38 high cap-Q4 chambers

System status

System status on date (mm/dd/yyyy): 11/4/2021

☒ **Compliant – Certificate of compliance***

(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)

***Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.**

☐ **Noncompliant – Notice of noncompliance**

Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.

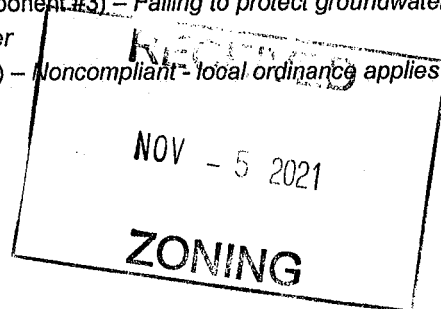
An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.

Reason(s) for noncompliance (check all applicable)

- ☐ Impact on public health (Compliance component #1) – *Imminent threat to public health and safety*
- ☐ Tank integrity (Compliance component #2) – *Failing to protect groundwater*
- ☐ Other Compliance Conditions (Compliance component #3) – *Imminent threat to public health and safety*
- ☐ Other Compliance Conditions (Compliance component #3) – *Failing to protect groundwater*
- ☐ System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) – *Failing to protect groundwater*
- ☐ Soil separation (Compliance component #5) – *Failing to protect groundwater*
- ☐ Operating permit/monitoring plan requirements (Compliance component #4) – *Noncompliant - local ordinance applies*

Comments or recommendations

System performance was acceptable at time of inspection



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.

By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Business name: Don Umthun

Certification number: 4549

Inspector signature: *Don Umthun*

License number: 1867

(This document has been electronically signed)

Phone: 218-252-6411

Necessary or locally required supporting documentation (must be attached)

- ☐ Soil observation logs
- ☐ System/As-Built
- ☐ Locally required forms
- ☐ Tank Integrity Assessment
- ☐ Operating Permit
- ☐ Other information (list): _____

Property Address: 38015 Lloyd Larson Ln S Ponsford, MN 56575

Business Name: Don Umthun

Date: 11/4/2021

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.

Describe verification methods and results:

Attached supporting documentation:

☐ Other: _____

☐ Not applicable

2. Tank integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?

☐ Yes* ☒ No

Sewage tank(s) leak below their designed operating depth?

☐ Yes* ☒ No

If yes, which sewage tank(s) leaks:

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

Describe verification methods and results:

Attached supporting documentation:

☒ Empty tank(s) viewed by inspector

Name of maintenance business: Thelens

License number of maintenance business: 534

Date of maintenance: 10-28-21

☐ Existing tank integrity assessment (Attach)

Date of maintenance (mm/dd/yyyy): _____ (must be within three years)

(See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))

☐ Tank is Noncompliant (pumping not necessary – explain below)

☐ Other: _____

Property Address: 38015 Lloyd Larson Ln S Ponsford, MN 56575

Business Name: Don Umthun

Date: 11/4/2021

3. Other compliance conditions – Compliance component #3 of 5

3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured?

☐ Yes* ☒ No ☐ Unknown

3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety? ☐ Yes* ☐ No ☐ Unknown

***Yes to 3a or 3b - System is an imminent threat to public health and safety.**

3c. System is non-protective of ground water for other conditions as determined by inspector?

☐ Yes* ☒ No

3d. System not abandoned in accordance with Minn. R. 7080.2500?

☐ Yes* ☒ No

***Yes to 3c or 3d - System is failing to protect groundwater.**

Describe verification methods and results:

Attached supporting documentation: ☐ Not applicable ☐

4. Operating permit and nitrogen BMP* – Compliance component #4 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 specified in the system design? ☐ 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. 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.

Describe verification methods and results:

Attached supporting documentation: ☐ Operating permit (Attach) ☐

Property Address: 38015 Lloyd Larson Ln S Ponsford, MN 56575

Business Name: Don Umthun

Date: 11/4/2021

5. Soil separation – Compliance component #5 of 5

Date of installation 9/10/2012 ☐ Unknown
(mm/dd/yyyy)

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

Compliance criteria (select one):

5a. 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: ☐ Yes ☐ No*

Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

5b. 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: ☒ Yes ☐ No*

Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*

5c. "Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules 7080.2350 or 7080.2400 (Intermediate Inspector License required ≤ 2,500 gallons per day; Advanced Inspector License required > 2,500 gallons per day) ☐ Yes ☐ No*

Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

Attached supporting documentation:

- ☐ Soil observation logs completed for the report
- ☒ Two previous verifications of required vertical separation
- ☐ Not applicable (No soil treatment area)
- ☐ Previous soils documentation approved by LGU

Indicate depths or elevations

A. Bottom of distribution media	32"
B. Periodically saturated soil/bedrock	84"
C. System separation	52"
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.

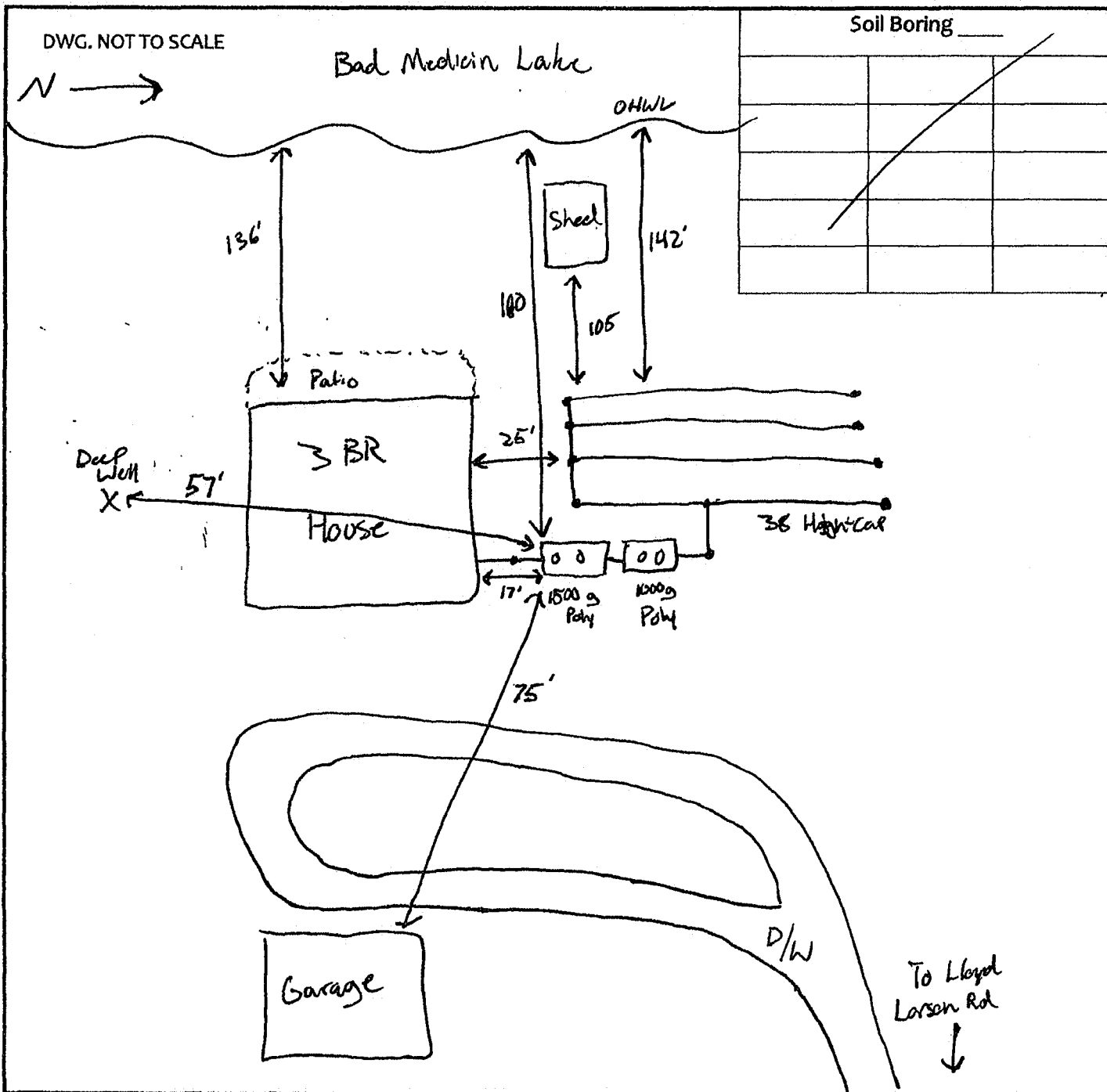
Describe verification methods and results:

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.

SITE PLAN DOCUMENT WITH SOIL OBSERVATION

Plan Must Include:

- North Arrow (or Benchmark Feature)
- Existing and Proposed Buildings
- Well(s) Within 100' of the System
- Slope and Direction
- Tank Access Route
- Lot Dimensions
- Soil Boring Log
- Soil Boring Location
- All SSTS Components
- Lakes or Wetlands
- Horizontal Setbacks
- Disturbed Areas



	SEPTIC TANK	LIFT STATION	DRAINFIELD
Distance from nearest well:	57'	_____	65'
Distance from lake or stream:	180'	_____	142'
Distance from occupied building:	17'	_____	25'
Distance from property line:	—	_____	—
Distance from saturated soil:	—	_____	36"

Size of All Tanks to Be installed
2500 gal Septic Tank 1-1500
 _____ gal Lift Station 1-1000
 _____ gal Holding Tank
 _____ gal Other Tanks

Type of Drainfield Medium to be used
 _____ Chamber
 _____ H10 _____ EQ36
☒ Drainfield Rock
12" Rock Depth
 _____ Gravelless
 _____ Experimental
 _____ No Drainfield

Type of Alarm WIRELESS
 Size of Lift Pump _____
 Size of Lift Line _____

Type of Drainfield to be installed Size of Drainfield sq ft to be installed
☒ Trench 792 sq ft
 _____ At-grade _____ sq ft
 _____ Pressure Bed _____ sq ft
 _____ Seepage Bed _____ sq ft
 _____ Mound _____ sq ft

SETBACKS
 TANK DRAINFIELD
 Distance to Well No well
 Distance to Building +10' +20'
 Distance to Property Line +10' +15'
 Distance to OHW +25' +75'
 Distance to Pressure Line N/A N/A

Perc Rate _____ Soil Sizing Factor 2.2 *If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-24"	SILT LOAM	6/4	BLOCKY	0-24"	SILT LOAM	6/4	BLOCKY
24"-48"	SILT LOAM	7/4	BLOCKY	24"-48"	SILT LOAM	6/4	BLOCKY
48"-72"	CLAY LOAM	7/4	PLATTY	48"-72"	CLAY LOAM	7/4	PLATTY
72"-84"	SANDY LOAM ROCKS	5/4	NONE	72"-84"	SANDY LOAM ROCKY	5/6	NONE

5. DESIGNER'S CERTIFIED STATEMENT

I, DAVID E HACKER certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

David E Hacker
 Signature of Designer

11-16-08
 Date

***** FOR OFFICE USE ONLY *****

Application Approved by: Heidi Moels
 Amount Paid 1000 Receipt Number 10

CERTIFICATE OF

() Certificate Is Hereby Denied
 () Certificate is Hereby Granted Based upon the Application, adder
 With property maintenance, this system can be expected to function satisf

Signature _____ Title _____
 (Certificate of Compliance is not valid unless signed by a Registered Qua
 Date System Installed _____

Julene:
 There was never
 a drain field installed
 on this property

Laid

ing data.

APP	SEPTIC
YEAR	

Type of Drainfield
☒ Chamber Trench
☐ Rock Trench
☐ Gravelless
☐ Mound
☐ Pressure Bed
☐ Seepage Bed
☐ At-grade
☐ Alternative / Performance

Full Size of Drainfield
570 sq ft
 sq ft
 sq ft
 sq ft ***
 sq ft ***
 sq ft ***
 sq ft ***
 sq ft ***

Reduced/Warrantied size
 sq ft
 sq ft
 sq ft
 sq ft
 sq ft
 sq ft
 sq ft
 sq ft ***

*** Attach Worksheets

Type of chamber Q4 High Cap
 Depth of Rock _____
 Alarm? Yes _____ No _____
 Type of Alarm _____
 Size of Lift Pump _____
 Size of Lift Line _____

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	<u>68</u>	<u>75</u>
Distance to Building	<u>18</u>	<u>20</u>
Distance to Property Line	<u>40</u>	<u>10</u>
Distance to OHW of Lake	<u>180</u>	<u>160</u>
Distance to Pressure Line	<u>684</u>	<u>754</u>
Distance to Wetland/Protected Water	<u>35</u>	<u>35</u>

Perc Rate _____ Soil Sizing Factor 1.27 *If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
0-4	Topsoil	DBrown	10 ¹ / ₄ 3 ¹ / ₂		0-4	Topsoil	DBrown	10 ¹ / ₄ 3 ¹ / ₂
4-24	Rocky Sand	LBrown	10 ¹ / ₄ 4 ¹ / ₂		4-24	Rocky Sand	LBrown	10 ¹ / ₄ 4 ¹ / ₂
24-36	Rock Sand	Brown	10 ¹ / ₄ 5 ¹ / ₃		24-36	Rocky Sand	Brown	10 ¹ / ₄ 5 ¹ / ₃
36-84	Rocky Sand	LBrown	10 ¹ / ₄ 6 ¹ / ₃		36-84	Rock Sand Red Brown	LBrown	10 ¹ / ₄ 6 ¹ / ₃

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
0-4	Topsoil	DBrown	10 ¹ / ₄ 3 ¹ / ₂					
4-24	Rocky Sand	LBrown	10 ¹ / ₄ 4 ¹ / ₂					
24-36	Rock Sand	Brown	10 ¹ / ₄ 5 ¹ / ₃					
36-84	Rocky Sand	LBrown	10 ¹ / ₄ 6 ¹ / ₃					

5. REQUIRED DOCUMENTS

U of MN worksheets are required for mounds, pressure beds, seepage beds, at-grades or Type IV or Type V systems. Are the required worksheets attached? _____ Yes ☒ No

6. DESIGNER'S CERTIFIED STATEMENT

I, Leonard G. Thelen Sr. certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

Signature of Designer Leonard Thelen Date 10-13-12

Purpose: This form may be used to certify the compliance status of the sewage tank components of the SSTS. This form is not a complete SSTS inspection report, only a tank integrity assessment, and may only certify sewage tank compliance status when entirely completed and signed by a qualified professional. SSTS compliance inspection report forms can be found at: <https://www.pca.state.mn.us/water/inspections>.

Instructions: This form may be completed, and signed, by a Designated Certified Individual (DCI) of a licensed SSTS inspection, maintenance, installation, or service provider business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system. A copy of this information should be submitted to the system owner and be maintained by the licensed SSTS business for a period of five (5) years from the assessment date.

When this form is signed by a qualified certified professional, it becomes *necessary supporting documentation* to an Existing System Compliance Inspection Report: Compliance inspection form - Existing system (wq-wwists4-31b). This form can be found on the MPCA website at <https://www.pca.state.mn.us/water/inspections>.

The information and certified statement on this form is **required** when existing septic tank compliance status is determined by an individual other than the SSTS Inspector that submits an inspection report. This form represents a third party assessment of SSTS component compliance and is allowable under Minn. R. 7082.0700, subp. 4 Item (B) subitem (1). This form is valid for a period of three years beyond the signature date on this form unless a new evaluation is requested by the owner or owner's agent or is required according to local regulations. Additional Administrative Rule references for this activity can be found at Minn. R. 7082.0700, subp. 4 Items B, C, and D; 7083.0730 Item C.

☒ Certificate of sewage tank compliance

Affirm all three statements:

- ☒ The SSTS does not contain a seepage pit, cesspool, drywell, leaching pit, or other pit.
- ☒ It does not contain a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth.
- ☒ It does not represent an imminent safety threat by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.

☐ Notice of sewage tank non-compliance

Select all that apply:

- ☐ The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit – **"Failure to Protect Groundwater."**
- ☐ It has a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth – **"Failure to Protect Groundwater."**
- ☐ It presents a threat to public safety by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition – **"Imminent Threat to Public Health or Safety."**

Company informationCompany name: Don UmthunBusiness license number: 1867**Designated Certified Individual (DCI) information**

Print name: _____

Certification number: 4549

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS inspection, maintenance, installation, or service provider Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Designated Certified
Individual's signature:

(This document has been electronically signed.)

Date (mm/dd/yyyy): 10/27/202138015 Lanson LN S



Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

Instructions: Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at <https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf>.

Property information

Local tracking number:

Parcel ID# or Sec/Twp/Range: 120060002 Reason for Inspection Building Permit
Local regulatory authority info: Becker Co.
Property address: 38015 Lloyd Larson Ln S Ponsford, MN 56575
Owner/representative: Alan Hefner Owner's phone: _____
Brief system description: 1500 gal + 1000 gal poly septic tanks w/ 38 high cap-Q4 chambers

System status

System status on date (mm/dd/yyyy): 11/4/2021

☒ **Compliant – Certificate of compliance***

(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)

***Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.**

☐ **Noncompliant – Notice of noncompliance**

Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.

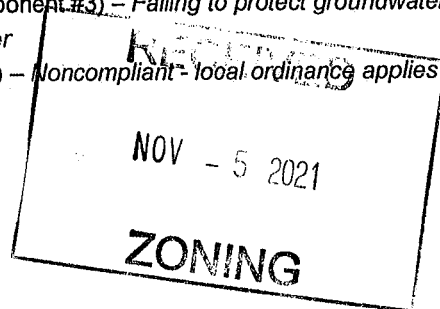
An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.

Reason(s) for noncompliance (check all applicable)

- ☐ Impact on public health (Compliance component #1) – *Imminent threat to public health and safety*
- ☐ Tank integrity (Compliance component #2) – *Failing to protect groundwater*
- ☐ Other Compliance Conditions (Compliance component #3) – *Imminent threat to public health and safety*
- ☐ Other Compliance Conditions (Compliance component #3) – *Failing to protect groundwater*
- ☐ System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) – *Failing to protect groundwater*
- ☐ Soil separation (Compliance component #5) – *Failing to protect groundwater*
- ☐ Operating permit/monitoring plan requirements (Compliance component #4) – *Noncompliant - local ordinance applies*

Comments or recommendations

System performance was acceptable at time of inspection



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.

By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Business name: Don Umthun

Certification number: 4549

Inspector signature: *Don Umthun*

License number: 1867

(This document has been electronically signed)

Phone: 218-252-6411

Necessary or locally required supporting documentation (must be attached)

- ☐ Soil observation logs
- ☐ System/As-Built
- ☐ Locally required forms
- ☐ Tank Integrity Assessment
- ☐ Operating Permit
- ☐ Other information (list): _____

Property Address: 38015 Lloyd Larson Ln S Ponsford, MN 56575

Business Name: Don Umthun

Date: 11/4/2021

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.

Describe verification methods and results:

Attached supporting documentation:

☐ Other: _____

☐ Not applicable

2. Tank integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?

☐ Yes* ☒ No

Sewage tank(s) leak below their designed operating depth?

☐ Yes* ☒ No

If yes, which sewage tank(s) leaks:

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

Describe verification methods and results:

Attached supporting documentation:

☒ Empty tank(s) viewed by inspector

Name of maintenance business: Thelens

License number of maintenance business: 534

Date of maintenance: 10-28-21

☐ Existing tank integrity assessment (Attach)

Date of maintenance (mm/dd/yyyy): _____ (must be within three years)

(See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))

☐ Tank is Noncompliant (pumping not necessary – explain below)

☐ Other: _____

Property Address: 38015 Lloyd Larson Ln S Ponsford, MN 56575

Business Name: Don Umthun

Date: 11/4/2021

3. Other compliance conditions – Compliance component #3 of 5

3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured?

☐ Yes* ☒ No ☐ Unknown

3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety? ☐ Yes* ☐ No ☐ Unknown

***Yes to 3a or 3b - System is an imminent threat to public health and safety.**

3c. System is non-protective of ground water for other conditions as determined by inspector?

☐ Yes* ☒ No

3d. System not abandoned in accordance with Minn. R. 7080.2500?

☐ Yes* ☒ No

***Yes to 3c or 3d - System is failing to protect groundwater.**

Describe verification methods and results:

Attached supporting documentation: ☐ Not applicable ☐

4. Operating permit and nitrogen BMP* – Compliance component #4 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 specified in the system design? ☐ 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. 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.

Describe verification methods and results:

Attached supporting documentation: ☐ Operating permit (Attach) ☐

5. Soil separation – Compliance component #5 of 5Date of installation 9/10/2012 ☐ Unknown
(mm/dd/yyyy)Shoreland/Wellhead protection/Food beverage lodging? ☒ Yes ☐ No**Compliance criteria (select one):**

5a. 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: ☐ Yes ☐ No*

Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

5b. 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: ☒ Yes ☐ No*

Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*

5c. "Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules 7080.2350 or 7080.2400 (Intermediate Inspector License required $\leq$ 2,500 gallons per day; Advanced Inspector License required $>$ 2,500 gallons per day) ☐ Yes ☐ No*

Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

Attached supporting documentation:

- ☐ Soil observation logs completed for the report
- ☒ Two previous verifications of required vertical separation
- ☐ Not applicable (No soil treatment area)
- ☐ Previous soils documentation approved by LGU

Indicate depths or elevations

A. Bottom of distribution media	32"
B. Periodically saturated soil/bedrock	84"
C. System separation	52"
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.**

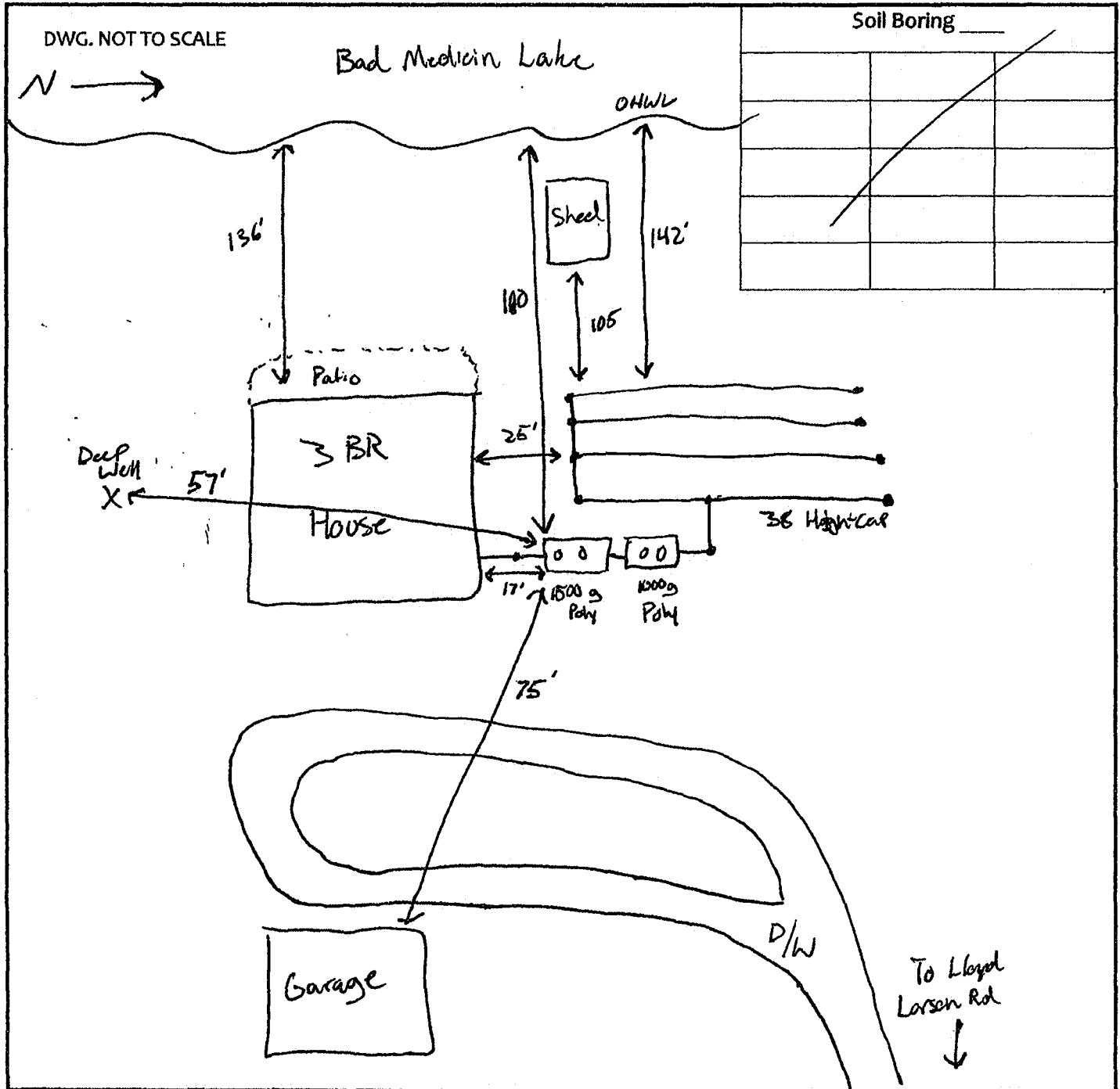
Describe verification methods and results:

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.

SITE PLAN DOCUMENT WITH SOIL OBSERVATION

Plan Must Include:

- North Arrow (or Benchmark Feature)
- Existing and Proposed Buildings
- Well(s) Within 100' of the System
- Slope and Direction
- Tank Access Route
- Lot Dimensions
- Soil Boring Log
- Soil Boring Location
- All SSTS Components
- Lakes or Wetlands
- Horizontal Setbacks
- Disturbed Areas



	SEPTIC TANK	LIFT STATION	DRAINFIELD
Distance from nearest well:	57'	_____	65'
Distance from lake or stream:	180'	_____	142'
Distance from occupied building:	17'	_____	25'
Distance from property line:	—	_____	—
Distance from saturated soil:	—	_____	36"

Size of All Tanks to Be installed
2500 gal Septic Tank 1-1500
_____ gal Lift Station 1-1000
_____ gal Holding Tank
_____ gal Other Tanks

Type of Drainfield Medium to be used
_____ Chamber
_____ H10 _____ EQ36
☒ Drainfield Rock
12" Rock Depth
_____ Gravelless
_____ Experimental
_____ No Drainfield

Type of Alarm WIRELESS
Size of Lift Pump _____
Size of Lift Line _____

Type of Drainfield to be installed Size of Drainfield sq ft to be installed
☒ Trench 792 sq ft
_____ At-grade _____ sq ft
_____ Pressure Bed _____ sq ft
_____ Seepage Bed _____ sq ft
_____ Mound _____ sq ft

SETBACKS
TANK DRAINFIELD
Distance to Well NO WELL _____
Distance to Building +10' +20'
Distance to Property Line +10' +10'
Distance to OHW +75' +75'
Distance to Pressure Line N/A N/A

Perc Rate _____ Soil Sizing Factor 2.2 *If SSF other than .83, attach Perc Test Data

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
<u>0-24"</u>	<u>SILT LOAM</u>	<u>6/4</u>	<u>BLOCKY</u>	<u>0-24"</u>	<u>SILT LOAM</u>	<u>6/4</u>	<u>BLOCKY</u>
<u>24"-48"</u>	<u>SILT LOAM</u>	<u>7/4</u>	<u>BLOCKY</u>	<u>24"-48"</u>	<u>SILT LOAM</u>	<u>6/4</u>	<u>BLOCKY</u>
<u>48"-72"</u>	<u>CLAY LOAM</u>	<u>7/4</u>	<u>PLATTY</u>	<u>48"-72"</u>	<u>CLAY LOAM</u>	<u>7/4</u>	<u>PLATTY</u>
<u>72"-84"</u>	<u>SANDY LOAM</u> <u>ROCKS</u>	<u>5/4</u>	<u>NONE</u>	<u>72"-84"</u>	<u>SANDY LOAM</u> <u>ROCKY</u>	<u>5/6</u>	<u>NONE</u>

5. DESIGNER'S CERTIFIED STATEMENT

I, DAVID E HACKER certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

David E Hacker
Signature of Designer

11-16-08
Date

***** FOR OFFICE USE ONLY *****

Application Approved by: Heidi Moetz
Amount Paid 1000 Receipt Number 100

CERTIFICATE OF

() Certificate Is Hereby Denied
() Certificate is Hereby Granted Based upon the Application, adder
With property maintenance, this system can be expected to function satisfactorily.

Signature _____ Title _____
(Certificate of Compliance is not valid unless signed by a Registered Qualifier)
Date System Installed _____

Julene
There was never
a drain field installed
on this property

Laid

APP	SEPTIC
YEAR	

Type of Drainfield
 ✓ Chamber Trench Full Size of Drainfield 570 sq ft Reduced/Warrantied size sq ft
 Rock Trench sq ft sq ft
 Gravelless sq ft sq ft
 Mound sq ft ***
 Pressure Bed sq ft ***
 Seepage Bed sq ft ***
 At-grade sq ft ***
 Alternative / Performance sq ft *** **Attach Worksheets

Type of chamber 04 High Cap
 Depth of Rock
 Alarm? Yes No
 Type of Alarm
 Size of Lift Pump
 Size of Lift Line

PROPOSED SETBACKS

	TANK	DRAINFIELD
Distance to Well	68	75
Distance to Building	18	20
Distance to Property Line	40	10
Distance to OHW of Lake	180	160
Distance to Pressure Line	68+	75+
Distance to Wetland/Protected Water	35	35

Perc Rate Soil Sizing Factor 1.27 *If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-4	Topsoil	DBrown	10 1/4 3/2	0-4	Topsoil	DBrown	10 1/4 3/2
4-24	Rocky Sand	LBrown	10 1/4 4/2	4-24	Rocky Sand	LBrown	10 1/4 4/2
24-36	Rock Sand	Brown	10 1/4 5/3	24-36	Rocky Sand	Brown	10 1/4 5/3
36-84	Rocky Sand	LBrown	10 1/4 6/3	36-84	Rock Sand Red Brown	LBrown	10 1/4 6/3

Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-4	Topsoil	DBrown	10 1/4 3/2				
4-24	Rocky Sand	LBrown	10 1/4 4/2				
24-36	Rock Sand	Brown	10 1/4 5/3				
36-84	Rocky Sand	LBrown	10 1/4 6/3				

5. REQUIRED DOCUMENTS

U of MN worksheets are required for mounds, pressure beds, seepage beds, at-grades or Type IV or Type V systems. Are the required worksheets attached? Yes No

6. DESIGNER'S CERTIFIED STATEMENT

I, Leonard G. Thelen Sr. certify that I have completed the preceding design work in accordance with all applicable requirements (including, but not limited to Minnesota Chapter 7080 and the Becker County Individual Sewage Treatment System Ordinance).

Leonard Thelen
 Signature of Designer

10-13-12
 Date

Sewage tank integrity assessment form

Subsurface Sewage Treatment Systems (SSTS) Program

Purpose: This form may be used to certify the compliance status of the sewage tank components of the SSTS. This form is not a complete SSTS inspection report, only a tank integrity assessment, and may only certify sewage tank compliance status when entirely completed and signed by a qualified professional. SSTS compliance inspection report forms can be found at: <https://www.pca.state.mn.us/water/inspections>.

Instructions: This form may be completed, and signed, by a Designated Certified Individual (DCI) of a licensed SSTS inspection, maintenance, installation, or service provider business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system. A copy of this information should be submitted to the system owner and be maintained by the licensed SSTS business for a period of five (5) years from the assessment date.

When this form is signed by a qualified certified professional, it becomes *necessary supporting documentation* to an Existing System Compliance Inspection Report: Compliance inspection form - Existing system (wg-wwists4-31b). This form can be found on the MPCA website at <https://www.pca.state.mn.us/water/inspections>.

The information and certified statement on this form is **required** when existing septic tank compliance status is determined by an individual other than the SSTS Inspector that submits an inspection report. This form represents a third party assessment of SSTS component compliance and is allowable under Minn. R. 7082.0700, subp. 4 Item (B) subitem (1). This form is valid for a period of three years beyond the signature date on this form unless a new evaluation is requested by the owner or owner's agent or is required according to local regulations. Additional Administrative Rule references for this activity can be found at Minn. R. 7082.0700, subp. 4 Items B, C, and D; 7083.0730 Item C.

☒ Certificate of sewage tank compliance

Affirm all three statements:

- ☒ The SSTS does not contain a seepage pit, cesspool, drywell, leaching pit, or other pit.
- ☒ It does not contain a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth.
- ☒ It does not represent an imminent safety threat by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.

☐ Notice of sewage tank non-compliance

Select all that apply:

- ☐ The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit – "Failure to Protect Groundwater."
- ☐ It has a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth – "Failure to Protect Groundwater."
- ☐ It presents a threat to public safety by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition – w"Imminent Threat to Public Health or Safety."

Company informationCompany name: Don UmthunBusiness license number: 1867**Designated Certified Individual (DCI) information**

Print name: _____

Certification number: 4549

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS inspection, maintenance, installation, or service provider business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Designated Certified
Individual's signature:

(This document has been electronically signed.)

Date (mm/dd/yyyy): 10/27/202138015 Lanson LN S