



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: 100729508/100729573 Reason for inspection: Selling property

Local regulatory authority info: Becker County

Property address: 21967 Co Hwy 32 Richert MN 56578

Owner/representative: Keith Anderson Owner's phone: _____

Brief system description: 1500 comp tank, 600 lift station - mound constructed

System status

System status on date (mm/dd/yyyy): 8/26-2025

☒ **Compliant – Certificate of compliance***

☐ **Noncompliant – Notice of noncompliance**

(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.)

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.

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

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

Filter in tank should be
cleaned bi-yearly

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: Bergstrom Backhoe Certification number: 2779

Inspector signature: Debi Byskum License number: 478

(This document has been electronically signed)

Phone: 841-9005

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: 21967 eo rd 32

Business Name: Bergstrom Backhoe

Date: 8/26-2025

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:

Visual

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

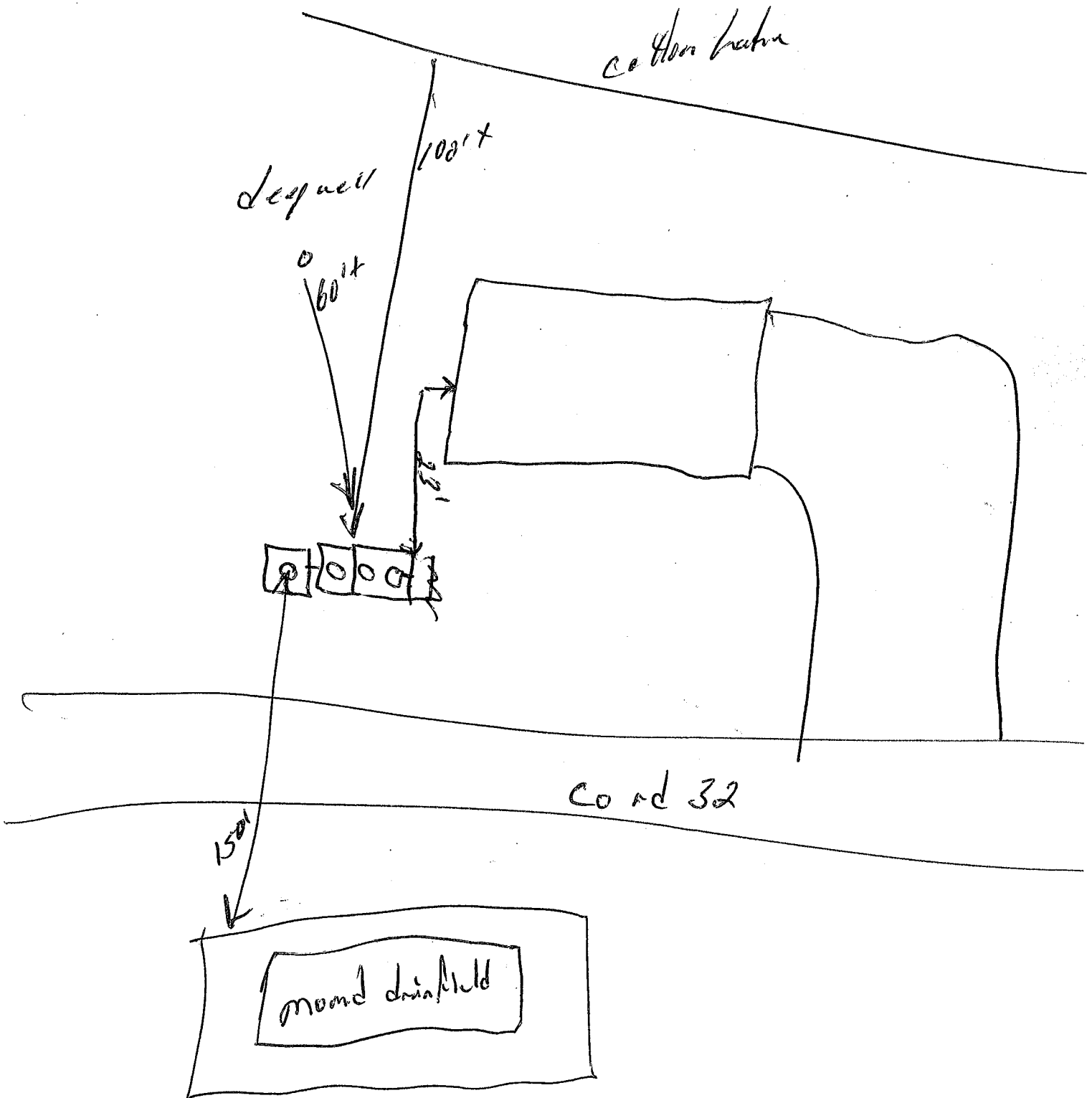
b. Is the required nitrogen BMP in place and properly functioning?

☐ Yes ☐ No

Any "no" answer indicates noncompliance.

Describe verification methods and results:

Attached supporting documentation: ☐ Operating permit (Attach) ☐



APP YEAR	SEPTIC
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***** FOR OFFICE USE ONLY *****

Application Approved by: [Signature] Date: 8-22-13
 Amount Paid 1500 Receipt Number 120545 Permit Number 542037
 NOTES: _____

INSPECTION REPORT

Home Information

Does the structure contain any of the following elements?

Garbage disposer ☒ Yes ☐ No Dishwasher ☐ Yes ☐ No
 Grinder pump ☐ Yes ☐ No Lift pump in basement ☐ Yes ☐ No
 Effluent screen installed? ☐ Yes ☐ No Effluent screen manufacturer _____
 Alarm required? ☒ Yes ☐ No Alarm Type None Alarm manufacturer _____
 Lift pump in system? ☒ Yes ☐ No Pump manufacturer _____
 Number of bedrooms _____

Component Information

Tank size 1500 + 600 1.5 ft Tank manufacturer Brown
 Drainfield size 380 sq. ft.
 Drainfield medium _____ Medium manufacturer 10' x 38' mound
 Drainfield medium size/depth _____

Soil Verification

Vertical separation verified for Boring #1 on _____ Depth +36"
 Vertical separation verified for Boring #2 on _____ Depth _____
 Vertical separation verified for Boring #3 on _____ Depth _____

Setback Verification

	TANK	DRAINFIELD
Distance to Well	<u>+50</u>	<u>+50</u>
Distance to Building	<u>+10</u>	<u>+20</u>
Distance to Property Line	<u>+10</u>	<u>+10</u>
Distance to OHW of Lake	<u>+75</u>	<u>+75</u>
Distance to Pressure Line	<u>-</u>	<u>-</u>
Distance to Wetland/Protected Water	<u>-</u>	<u>-</u>

Date System Installed 9/3/13 Installer Tim Stenger Exc. Inspector [Signature]

CERTIFICATE OF COMPLIANCE

) Certificate Is Hereby Denied

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

[Signature] ISHS Inspector 9/3/13
 Signature Title Date
 Certificate of Compliance is not valid unless signed by a Registered Qualified Employee)

Total Number of tanks to be installed in this system _____
(This # will be reported to MPCA at end of year.)

PARCE L	
APP	SEPTIC
YEAR	

Type of Drainfield	Full Size of Drainfield	Reduced/Warrantied size
Chamber Trench	sq ft	sq ft
Rock Trench	sq ft	sq ft
Gravelless	sq ft	sq ft
<input checked="" type="checkbox"/> Mound	sq ft ***	
Pressure Bed	sq ft ***	
Seepage Bed	sq ft ***	
At-grade	sq ft ***	
Alternative / Performance	sq ft ***	***Attach Worksheets

Type of chamber _____
Depth of Rock _____

Alarm? Yes ☒ No _____
Type of Alarm Elec
Size of Lift Pump _____
Size of Lift Line _____

SETBACKS

Distance to Well _____
Distance to Building _____
Distance to Property Line _____
Distance to OHW _____ of Lake _____
Distance to Pressure Line _____
Distance to Wetland/Protected Water _____

TANK	DRAINFIELD
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Perc Rate 23 Soil Sizing Factor 1.67 *If SSF other than .83, attach Perc Test Data

Soil Borings (three are required)

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
0-6	10am	10YR2 1/2	Blocky		0-6	10am	10YR2 1/2	Blocky
6-25	10am	10YR4 1/4	"		6-29	10am	10YR4 1/4	"
25-40	10am	2.5Y5 1/4	"		29-36	10am	2.5Y5 1/4	"
	mo Hrs	35"				mo Hrs	36"	

Depth	Texture	Color	Structure		Depth	Texture	Color	Structure
0-6	10am	10YR2 1/2	Blocky					
6-26	10am	10YR4 1/4	"					
26-34	10am	2.5Y5 1/4	"					
	mo Hrs	32"						

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, Randy Anderson 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 _____

Date 8/13/13