



200495000-2025



Becker County Planning & Zoning  
915 Lake Ave  
Detroit Lakes, MN 56501  
(218) 846-7314  
www.co.becker.mn.us

# Certificate of Compliance

## Inspection Report - Permit #: SS2025-2439

### Owner & Property Information

Owner Name:	KELLY RIGGLE	Site Address:	39121 DORA LEE RD
Mailing Address:	KELLY RIGGLE PO BOX 142 OGEMA MN 56569	Township - Sec/Twp/Rng:	MAPLE GROVE - 09/142/040
Parcel #:	200495000	Legal Description:	DORA LEE ESTATES LOT 10
Secondary Parcel #:		Designer:	A-1 Septic Service & Excavating LLC, L2029 (Patricia Stock)
		Installer:	A-1 Septic Service & Excavating LLC, L2029 (Patricia Stock)

### Inspector Verified Specifications

Insp- Effluent Screen Installed:	No	Insp- Tank Nbr/Size:	2/1500/2 1000 LIFT
Insp- Alarm Required:	Yes	Insp- Drainfield Type:	Pressure Bed
Insp- Lift Pump in System:	Yes	Insp- Drainfield Size:	20X50 PRESSURE BED
Insp- Number of Bedrooms:	5	Insp- Soil Verification:	#1:SEE ATTACHED #2:N/A #3:N/A

### Inspector Verified Setbacks

Insp- Tank Dist to Road	10	Insp- Drainfield Dist to Road	10
Insp- Tank Dist to Nearest Prop Line	10	Insp- Drainfield Dist to Nearest Prop Line	10
Insp- Tank Dist to Nearest Structure	10	Insp- Drainfield Dist to Nearest Structure	20
Insp- Tank Dist to Well	50+	Insp- Drainfield Dist to Well	50+
Insp- Tank Dist to OHW	75+	Insp- Drainfield Dist to OHW	75+
Insp- Tank Dist to Pond/Wetland	NA	Insp- Drainfield Dist to Pond/Wetland	NA
Insp- Tank Dist to Pressure Line		Insp- Drainfield Dist to Pressure Line	

### Certificate of Compliance

(Yes) Certificate is hereby granted based upon the application, addendum from, plans, specifications and all other supporting data. With proper maintenance, this system can be expected to function satisfactory, however this is not a guarantee.

Certification Date: 08/21/2025

Zoning Office Signature:

Jeff Rusness - ISTS Inspector

\* Certificate of Compliance is not valid unless signed by a Registered Qualified Employee \*

*Call Ball  
Permit*

# Field Review Form

Permit # SS2025-2439

## Property and Owner

Owner: KELLY RIGGLE

Parcel Number: 200495000

Site Address: 39121 DORA LEE RD

Secondary Parcel:

## Home Information

Does the structure contain any of the following elements?

Designer submitted

Inspector verified

Garbage disposal: No

Garbage disposal? Y  N

Dishwasher:

Dishwasher? Y  N

Grinder pump:

Grinder pump? Y  N

Lift pump in bsmt:

Lift pump in basement? Y  N

Number of bedrooms: 5

Review - Number of bedrooms: 5

Effluent screen

Effluent screen installed? Y  N Mfr:

Alarm: Yes Type: electrical

Review - Alarm?  N Type & Mfr: *Alberon Power Post*

Lift pump in system: Yes

Review - Lift pump in system? Y  N Mfr: *Zoeller B996*

## Component Information

Tank size: 1000 - 1500 *2*

Review - Tank nbr: *2* size: *1500 2000 Pump* Mfr: *Thelen*

Drainfield type: Pressure Bed

Review - Drainfield type: *Pressure Bed*

Drainfield size: Full size - 1000  
Reduced/warr. size -

Review - Drainfield status: none / *installed* next spring  
Review - Drainfield size: *20x50*

Absorption area size: 12"

Review - Absorption area size: *1000 sqft*

Chamber type/num: NA  
Trench sqft/chamber - NA

Review - Chamber type: *NA* Num:

Drainfield rock depth: 12"

Review - Rock depth: *14"*

## Soil Verification

Vertical separation verified

*See Attached*

Boring #1:

Boring #2:

Boring #3:

## Setback Verification

Distance to...	Designer submitted		Inspector verified	
	Tank	Drainfield	Tank	Drainfield
Road	45'	45'	<i>10</i>	<i>10</i>
Nearest prop line	10'	10'	<i>10</i>	<i>10</i>
Nearest structure	50'	20'	<i>10</i>	<i>20</i>
Well	>50'	>50'	<i>50</i>	<i>50</i>
OHW	100'	100'	<i>75</i>	<i>75</i>
Pond/Wetland				<i>NA</i>
Pressure line				<i>NA</i>

Date System Installed: *8/15/2015*

Installer: *A-1 septic*

*A-2 exc  
mentor*

Inspector: *[Signature]*

**PRESSURE DISTRIBUTION SYSTEM**

- Select number of perforated laterals 7
- Select perforation spacing = 3 ft
- Since perforations should not be placed closer than 1 foot to the edge of the rock layer (see diagram), subtract 2 feet from the rock layer length.

$$\frac{50}{\text{Rock layer length}} - 2 \text{ ft} = \underline{48} \text{ ft}$$

- Determine the number of spaces between perforations. Divide the length (3) by perforation spacing (2) and round down to nearest whole number.

$$\text{Perforation spacing} = \underline{48} \text{ ft} \div \underline{3} \text{ ft} = \underline{16} \text{ spaces}$$

- Number of perforations is equal to one plus the number of perforation spaces(4). Check figure E-4 to assure the number of perforations per lateral guarantees <10% discharge variation.

$$\underline{16} \text{ spaces} + 1 = \underline{17} \text{ perforations/lateral}$$

- A. Total number of perforations = perforations per lateral (5) times number of laterals (1)

$$\underline{17} \text{ perfs/lat} \times \underline{7} \text{ lat} = \underline{119} \text{ perforations}$$

- B. Calculate the square footage per perforation. Should be 6-10 sqft/perf. Does not apply to at-grades. Rock bed area = rock width (ft) x rock length (ft)

$$\underline{20} \text{ ft} \times \underline{50} \text{ ft} = \underline{1000} \text{ sqft}$$

$$\text{Square foot per perforation} = \text{Rock bed area} \div \text{number of perfs (6)}$$

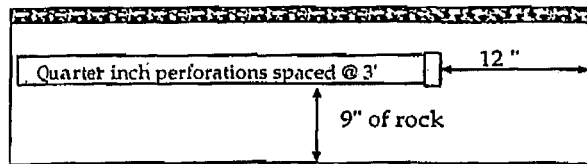
$$\underline{1000} \text{ sqft} \div \underline{119} \text{ perfs} = \underline{8.4} \text{ sqft/perf}$$

- Determine required flow rate by multiplying the total number of perforations (6A) by flow per perforation (see figure E-6)

$$\underline{119} \text{ perfs} \times \underline{.56} \text{ gpm/perfs} = \underline{67} \text{ gpm}$$

- If laterals are connected to header pipe as shown on upper example, to select minimum required lateral diameter; enter figure E-4 with perforation spacing (2) and number of perforations per lateral (5) Select minimum diameter for perforated lateral = 1 1/2 inches.

- If perforated lateral system is attached to manifold pipe near the center, lower diagram, perforated lateral length (3) and number of perforations per lateral (5) will be approximately one half of that in step 8. Using these values, select minimum diameter for perforated lateral = \_\_\_\_\_ inches.



Perf Sizing 3/16" - 1/4"  
Perf Spacing 1.5' - 5'

E-4: Maximum allowable number of 1/4-inch perforations per lateral to guarantee <10% discharge variation

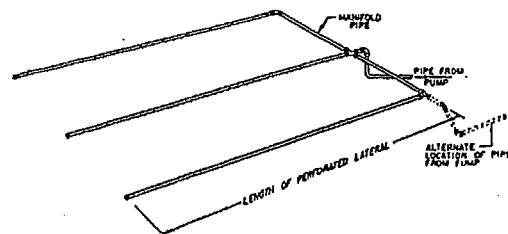
perforation spacing (feet)	1 inch	1.25 inch	1.5 inch	2.0 inch
2.5	8	14	18	28
3.0	8	13	17	26
3.3	7	12	16	25
4.0	7	11	15	23
5.0	6	10	14	22

E-6: Perforation Discharge in gpm

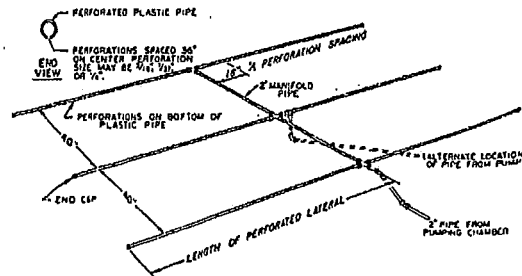
head (feet)	perforation diameter (inches)			
	1/8	3/16	7/32	1/4
1.0 <sup>a</sup>	0.18	0.42	0.56	0.74
2.0 <sup>b</sup>	0.26	0.59	0.80	1.04
5.0	0.41	0.94	1.26	1.65

<sup>a</sup> Use 1.0 foot for single-family homes.  
<sup>b</sup> Use 2.0 feet for anything else.

MANIFOLD LOCATED AT END OF PRESSURE DISTRIBUTION SYSTEM



LAYOUT OF PERFORATED PIPE LATERALS FOR PRESSURE DISTRIBUTION IN GROUND



I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.

Patricia Stock

(signature)

A1SEPTIC LIC#2029

(license #)

7/16/2025

(date)



# Preliminary Evaluation Worksheet

**1. Contact Information**

v 04.07.2025

Property Owner/Client:  Date Completed:

Site Address:  Project ID:

Email:  Phone:

Mailing Address:  Alt Phone:

Legal Description:

Parcel ID:  SEC:  TWP:  RNG:

**2. Flow and General System Information**

**A. Client-Provided Information**

Project Type:     New Construction     Replacement     Expansion     Repair

Project Use:     Residential     Other Establishment:

Residential use:    # Bedrooms:     Dwelling sq.ft.:     Unfinished sq.ft.:

                          # Adults:     # Children:     # Teenagers:

In-home business (Y/N):     If yes, describe:

Water-using devices:     Garbage Disposal/Grinder     Dishwasher     Hot Tub\*

Sewage pump in basement     Water Softener\*     Sump Pump\*

Large Bathtub >40 gallons     Iron Filter\*     Self-Cleaning Humidifier\*

Clothes Washing Machine     High Eff. Furnace\*     Other:

\* Clear water source - should not go into system

Additional current or future uses:

Anticipated non-domestic waste:

*The above is complete & accurate:*

*Client signature & date*

**B. Designer-determined Flow and Anticipated Waste Strength Information**

*Attach additional information as necessary.*

Design Flow:  GPD    Anticipated Waste Type:

Maximum Concentration    BOD:  mg/L    TSS:  mg/L    Oil & Grease:  mg/L

**3. Preliminary Site Information**

**A. Water Supply Wells**

#	Description	Mn. ID#	Well Depth (ft.)	Casing Depth (ft.)	Confining Layer	STA Setback	Source
1	Deep Well-Not on Index		>50				
2							
3							
4							

Additional Well Information:



# Preliminary Evaluation Worksheet

Site within 200' of noncommunity transient well (Y/N)	No	Yes, source:	
Site within a drinking water supply management area (Y/N)	No	Yes, source:	
Site in Well Head Protection inner wellhead management zone (Y/N)	No	Yes, source:	
Buried water supply pipes within 50 ft of proposed system (Y/N)	No		

Water Supply Pipe Comments:

**B. Site located in a shoreland district/area?** Yes Yes, name: White Earth

Elevation of ordinary high water level: 1449.9 ft Source: MnDNR

Classification: Lake- Recreational Tank Setback: 75 ft. STA Setback: 75 ft.

**C. Site located in a floodplain?** No Yes, Type(s): N/A

Floodplain designation/elevation (10 Year): N/A ft Source: N/A

Floodplain designation/elevation (100 Year): N/A ft Source: N/A

**D. Property Line Id / Source:**  Owner  Survey  County GIS  Plat Map  Other:

**E. ID distance of relevant setbacks on map:**  Water  Easements  Well(s)

Building(s)  Property Lines  OHWL  Other:

**4. Preliminary Soil Profile Information From Web Soil Survey (attach map & description)**

Map Units: 1138-Rushlake and Hangaard Soils, Lake Beaches Slope Range: 0-2 %

List landforms: Beaches on Lakeshores

Landform position(s): Plain

Parent materials: Outwash

Depth to Bedrock/Restrictive Feature: >80 in Depth to Watertable: 30-42/>80 in

Map Unit Ratings	Septic Tank Absorption Field- At-grade:	Moderately Limited
	Septic Tank Absorption Field- Mound:	Not Limited
	Septic Tank Absorption Field- Trench:	Extremely Limited

**5. Local Government Unit Information**

Name of LGU: Becker County/White Earth Tribe

LGU Contact: Kyle Vareberg/Jeff Rusness

LGU-specific setbacks:

LGU-specific design requirements:

LGU-specific installation requirements:

Notes: Currently owner has their own septic tank 1500 Gallon but hooked up to community Soil Treatment Area



# Field Evaluation Worksheet



**1. Project Information** v 04.07.2025

Property Owner/Client:  Project ID:

Site Address:  Date Completed:

**2. Utility and Structure Information**

Utility Locations Identified  Gopher State One Call #   Any Private Utilities:

Locate and Verify (see Site Evaluation map)  Existing Buildings  Improvements  Easements  Setbacks

**3. Site Information**

Vegetation type(s):  Landscape position:

Percent slope:  % Slope shape:  Slope direction:

Describe the flooding or run-on potential of site:

Describe the need for Type III or Type IV system:

Note:

Proposed soil treatment area protected? (Y/N):  If yes, describe:

**4. General Soils Information**

Filled, Compacted, Disturbed areas (Y/N):

If yes, describe:

Soil observations were conducted in the proposed system location (Y/N):

A soil observation in the most limiting area of the proposed system (Y/N):

Number of soil observations:  Soil observation logs attached (Y/N):

Percolation tests performed & attached (Y/N):

**5. Phase I. Reporting Information**

	Depth		Elevation	
Limiting Condition*:	48	in	<input type="text"/>	ft
Periodically saturated soil:	48	in	<input type="text"/>	ft
Standing water:	NA	in	<input type="text"/>	ft
Bedrock:	NA	in	<input type="text"/>	ft

*\*Most Restrictive Depth Identified from List Below*

Soil Texture:

Percolation Rate:  min/inch

Soil Hyd Loading Rate:  gpd/sq.ft

Benchmark Elevation:  ft Elevations and Benchmark on map? (Y/N):

Benchmark Elevation Location:

Differences between soil survey and field evaluation:

Site evaluation issues / comments:

Anticipated construction issues:





# Soil Observation Log

Project ID: \_\_\_\_\_ v 04.07.2025

**Client:** Kelly Riggie      **Location / Address:** 39121 Dora Lee Rd, Waubun, MN

**Soil parent material(s):** (Check all that apply)     Outwash     Lacustrine     Loess     Till     Alluvium     Bedrock     Organic Matter     Disturbed/Fill

**Landscape Position:** Forest    **Foot Slope:** 1.0    **Slope shape:** Linear, Convex    **Flooding/Run-On potential:** No

**Vegetation:** Forest    **Soil survey map units:** shlake and Hangaard Soils, Lake    **Surface Elevation-Relative to benchmark:** \_\_\_\_\_

**Date/Time of Day/Weather Conditions:** 7/16/2025    11:00 AM    **Partly Cloudy**    **Limiting Layer Elevation:** \_\_\_\_\_

**Observation #/Type/Location:** 2    **Auger**    **STA**    **Depth to Standing Water-inches:** NA

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	I----- Structure-----I		
							Shape	Grade	Consistence
0-5	Medium Sandy Loam	0	10YR 2/1	None	None		Granular	Weak	Friable
5-49	Coarse Sand	10	10YR 5/3	10YR 3/3	None	None	Granular	Weak	Friable
49-52	Coarse Sand	10	2.5Y 6/2	10YR 5/8	Depleted Matrix	S1	Granular	Weak	Friable

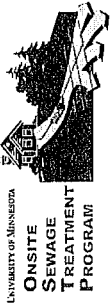
**Comments:** \_\_\_\_\_

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

Patricia Stock      A1SEPTIC LIC#2029      7/16/2025  
 (Designer/Inspector)      (License #)      (Date)

**Optional Verification:** I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.

\_\_\_\_\_  
 (LGU/Designer/Inspector)      (Signature)      (Cert #)      (Date)



# Soil Observation Log

Project ID: **Kelly Riggle** v 04.07.2025

**Client:** Kelly Riggle      **Location / Address:** 39121 Dora Lee Rd, Waubun, MN

**Soil parent material(s):** (Check all that apply)     Outwash     Lacustrine     Loess     Till     Alluvium     Bedrock     Organic Matter     Disturbed/Fill

**Landscape Position:** Foot Slope      **Slope %:** 1.0      **Slope shape:** Linear, Convex      **Flooding/Run-On potential:** No

**Vegetation:** Forest      **Soil survey map units:** shlake and Hangaard Soils, Lake      **Surface Elevation-Relative to benchmark:**

**Date/Time of Day/Weather Conditions:** 7/16/2025      11:00 AM      **Partly Cloudy**      **Limiting Layer Elevation:**

**Observation #/Type/Location:** 3      **Auger**      **STA**      **Depth to Standing Water-inches:** NA

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Structure		
							Shape	Grade	Consistence
0-10	Medium Sandy Loam	0	10YR 2/1	None	None		Granular	Weak	Friable
10-48	Coarse Sand	10	10YR 5/3	10YR 3/3	None	None	Granular	Weak	Friable
48-54	Coarse Sand	10	2.5Y 6/2	10YR 5/8	Depleted Matrix	S1	Granular	Weak	Friable

**Comments:**

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

(Designer/Inspector) \_\_\_\_\_ (Signature)      \_\_\_\_\_ (License #)      \_\_\_\_\_ (Date)

**Optional Verification:** I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.

(LGU/Designer/Inspector) \_\_\_\_\_ (Signature)      \_\_\_\_\_ (Cert #)      \_\_\_\_\_ (Date)

**1. PROJECT INFORMATION** v 04.07.2025

Property Owner/Client:  Project ID:

Site Address:  Date:

Email Address:  Phone:

**2. DESIGN FLOW & WASTE STRENGTH**

Design Flow:  GPD Anticipated Waste Type:

BOD:  mg/L TSS:  mg/L Oil & Grease:  mg/L

Treatment Level:  *Select Treatment Level C for residential septic tank effluent*

**3. HOLDING TANK SIZING** *Holding Tank Sizing: see 7080.2290*

Code Minimum Holding Tank Capacity:  Gallons with  Tanks or Compartments

Recommended Holding Tank Capacity:  Gallons with  Tanks or Compartments

The holding tank(s) will be:  *Existing tank reuse requires a tank integrity assessment*

Type of High Level Alarm:

(Alarm Set @ 75% tank capacity measured from inlet to bottom)

Comments:

**4. SEPTIC TANK SIZING** *Sizing: See 7080.1930*

**A. Residential dwellings:**

Number of Bedrooms (Residential):

Code Minimum Septic Tank Capacity:  Gallons with  Tanks or Compartments

Recommended Septic Tank Capacity:  Gallons with  Tanks or Compartments

The septic tank(s) will be:  *Existing tank reuse requires a tank integrity assessment*

Comments:

Effluent Screen & Alarm (Y/N):  Model/Type:

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**B. Other Establishments:**

Waste received by:   GPD x  Days Hyd. Retention Time

7080 Minimum Septic Tank Capacity:  Gallons with  Tanks or Compartments

Designed Septic Tank Capacity:  Gallons with  Tanks or Compartments

The septic tank(s) will be:  *Existing tank reuse requires a tank integrity assessment*

Comments:

Effluent Screen & Alarm (Y/N):  Model/Type:

\* Other Establishments Require Department of Labor and Industry Approval and Inspection for Building Sewer \*

**5. PUMP TANK SIZING** *Sizing: see 7080.2100*

Soil Treatment Dosing Tank ..... Other Component Dosing Tank:

Pump Tank Capacity (7080 Minimum):	<input type="text" value="750"/>	Gal	Pump Tank Capacity (7080 Minimum):	<input type="text"/>	Gal
Pump Tank Capacity (Designed):	<input type="text" value="1000"/>	Gal	Pump Tank Capacity (Designed):	<input type="text"/>	Gal
Pump Req:	<input type="text" value="68.0"/>	GPM	Total Head	<input type="text" value="25.5"/>	ft
Pump Req:	<input type="text"/>	GPM	Total Head	<input type="text"/>	ft
Supply Pipe Dia.	<input type="text" value="2.00"/>	in	Dose Vol:	<input type="text" value="170.0"/>	gal
Supply Pipe Dia.	<input type="text"/>	in	Dose Vol:	<input type="text"/>	Gal

\* Flow measurement device must be incorporated for any system with a pump \*

<b>6. SYSTEM AND DISTRIBUTION TYPE</b>		Project ID:
Soil Treatment Type:	<input type="text" value="Bed"/>	Distribution Type:
Elevation Benchmark:	<input type="text"/>	Benchmark Location:
MPCA System Type:	<input type="text" value="Type I"/>	Distribution Media:
Type III/IV/V Details:	<input type="text"/>	<input type="text"/>

**7. SITE EVALUATION SUMMARY:**

Describe Limiting Condition:

Layers with >35% Rock Fragments? (yes/no)  If yes, describe below: % rock and layer thickness, amount of soil credit and any additional information for addressing the rock fragments in this design.

Note:

Limiting Condition:	<input type="text" value="48.0"/>	inches	<input type="text" value="4.00"/>	ft	<input type="text"/>	ft	<i>Elevations are critical for system compliance.</i>
Minimum Req'd Separation:	<input type="text" value="36"/>	inches	<input type="text" value="3.00"/>	ft	Mound Minimum Sand Depth:	<input type="text" value="N/A"/>	inches
Designed Distribution Media Bottom Elevation*:	<input type="text"/>	ft	Designed Separation:	<input type="text"/>	inches		

\*This is the minimum elevation of the bottom of the distribution media for required separation related to the established benchmark

A. Soil Texture:	<input type="text" value="Coarse Sand"/>				
B. Soil Hyd. Loading Rate:	<input type="text" value="1.20"/>	GPD/ft <sup>2</sup>	C. Percolation Rate:	<input type="text"/>	MPI
D. Contour Loading Rate:	<input type="text" value="24.0"/>		Note:	<input type="text"/>	
E. Measured Land Slope:	<input type="text" value="1.0"/>	%	Note:	<input type="text"/>	
Comments:	<input type="text"/>				

**8. SOIL TREATMENT AREA DESIGN SUMMARY**

<b>Trench:</b>					
Dispersal Area	<input type="text"/>	sq.ft	Sidewall Depth	<input type="text"/>	in
Total Lineal Feet	<input type="text"/>	ft	No. of Trenches	<input type="text"/>	
Contour Loading Rate	<input type="text"/>	ft	Minimum Length	<input type="text"/>	ft
			Trench Width	<input type="text"/>	ft
			Code Max. Trench Depth	<input type="text"/>	in
			Designed Trench Depth	<input type="text"/>	in
<b>Bed:</b>					
Dispersal Area	<input type="text" value="1000.0"/>	sq.ft	Sidewall Depth	<input type="text" value="12.0"/>	in
Bed Width	<input type="text" value="20"/>	ft	Bed Length	<input type="text" value="50.0"/>	ft
			Maximum Bed Depth	<input type="text" value="#REF!"/>	in
			Designed Bed Depth	<input type="text" value="12"/>	in

Project ID:

**Mound:**

## Design Summary Page

Dispersal Area <input type="text"/> sq.ft	Media Length <input type="text"/> ft	Media Width <input type="text"/> ft
Absorption Width <input type="text"/> ft	Clean Sand Lift <input type="text"/> ft	Berm Width (0-1%) <input type="text"/> ft
Upslope Berm Width <input type="text"/> ft	Downslope Berm <input type="text"/> ft	Endslope Berm Width <input type="text"/> ft
Total System Length <input type="text"/> ft	System Width <input type="text"/> ft	Contour Loading Rate <input type="text"/> gal/ft

**At-Grade:**

Dispersal Area <input type="text"/> sq.ft	Bed Length <input type="text"/> ft	Bed Width <input type="text"/> ft
Upslope Berm <input type="text"/> ft	Downslope Berm <input type="text"/> ft	Finished Height <input type="text"/> ft
System Length <input type="text"/> ft	Endslope Berm <input type="text"/> ft	System Width <input type="text"/> ft

**Level & Equal Pressure Distribution Soil Treatment Area**

No. of Laterals <input type="text" value="7"/>	Lateral Diameter <input type="text" value="1.50"/> in	Lateral Spacing <input type="text" value="3.0"/> ft
Perforation Spacing <input type="text" value="3.0"/> ft	Perforation Diameter <input type="text" value="7/32"/> in	Drainback Volume <input type="text" value="17.0"/> gal
Min Dose Volume <input type="text" value="147.8"/> gal	Max Dose Volume <input type="text" value="187.5"/> gal	Total Dosing Volume <input type="text" value="187.0"/> gal

**Non-Level and Unequal Pressure Distribution Soil Treatment Area**

	Elevation (ft)	Pipe Size (in)	Pipe Volume (gal/ft)	Pipe Length (ft)	Perf Size (in)	Spacing (ft)	Spacing (in)	
Lateral 1								Minimum Dose Volume <input type="text"/> gal
Lateral 2								Maximum Dose Volume <input type="text"/> gal
Lateral 3								Total Dosing Volume <input type="text"/> gal
Lateral 4								
Lateral 5								
Lateral 6								

**9. Organic Loading and Additional Info for HSW or Type IV/V Design - See Organic Loading tab**

**Organic Loading to Soil Treatment (Based on Waste Strength Data and Organic Loading Design)**

A. Organic Loading Based on:       B. Minimum required area  sq.ft

**Technology Strength Reduction (Treatment Level or HSW)**

A. Starting Waste Strength       Treatment designed to meet:

Pretreatment Technology:  \*Must Meet or Exceed Target Level

Model:       Units:

Disinfection Technology:  \*Required for Levels A & B

Model:       Units:

**10. Comments/Special Design Considerations:**

Insulate Supply pipe under driveway, Larger Pump Tank and Soil Treatment Area due to potential camper use

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

Patricia Stock	<i>Patricia Stock</i>	A1SEPTIC LIC#2029	7/16/2025
(Designer)	(Signature)	(License #)	(Date)



# Bed Design Worksheet



1. SYSTEM SIZING: Project ID: v 04.07.2025

- A. Design Flow:  GPD
- B. Code Maximum Depth:  inches      Designers Maximum Depth:  inches
- C. Soil Loading Rate:  GPD/sq.ft
- D. Hydraulic Absorption Required Bottom Area: Design Flow (1A) + Soil Loading Rate (1C)  
 GPD +  GPD/sq.ft =  sq.ft

**Optional Upsizing of Dispersal Media Area**

- E. Larger Area Size or Organic Sizing of Area (see organic loading sheet - 2G)  sq.ft
- F. Select Distribution Method:       Notes:
- G. Select Dispersal Media:       Product:
- H. If distribution media is installed in contact with sand or loamy sand or with a percolation rate of 0.1 to 5 mpi indicate distribution or treatment method:

2. BED CONFIGURATION: (Less than 6% slope required)

- A. Select size Multiplier:       1.0 = pressurized or 1.5 = gravity
- B. Required Bed Area =Hydraulic Absorption area (1D) or Upsized Bed Area (1E) X Size Multiplier (2A) =  
 sq.ft X  =  sq.ft
- C. Select Bed Width:  ft      12' max for gravity distribution, 25' max for pressure distribution
- D. Calculate Bed Length: Designed Bottom Area (2B) ÷ Bed Width (2C) = Bed Length  
 sq.ft ÷  ft =  ft
- E. Contour Loading Rate: Bed Width (2C) x SHLR (1C)  
 ft x  GPD/sq.ft =  gal/ft

3. ESTIMATED MATERIAL CALCULATION: ROCK

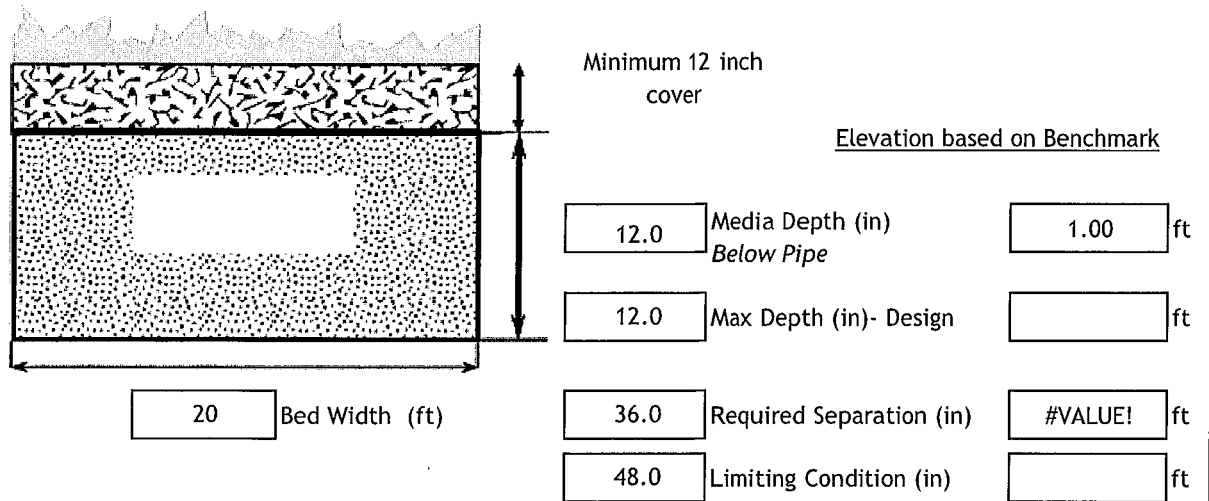
- A. If drainfield rock is being used, select sidewall height (min 6" below pipe plus 0.33 ft for pressure or 0.5 ft for gravity)  
 in  ft
  - B. Media Volume: (Media Depth(3A) + depth to cover pipe) X Designed Bottom Area(2B) = cu.ft  
 ft +  ft) X  sq.ft =  cu.ft
  - C. Calculate Volume in cubic yards: Media volume in cubic feet (3B) ÷ 27 = cubic yards  
 cu.ft ÷ 27 =  cu.yd
- Bed to be constructed to dimensions in design. This is an estimate of materials needed. Individual construction practices may vary quantities.

4. ESTIMATED MATERIAL CALCULATION: REGISTERED PRODUCTS - CHAMBERS AND EZFLOW

- A. Registered Product:
  - B. Bed Width  ft
  - C. Bed Length      Minimum  ft
  - D. Component depth (see Registration)  in
- Check registered product information for specific application details and design*

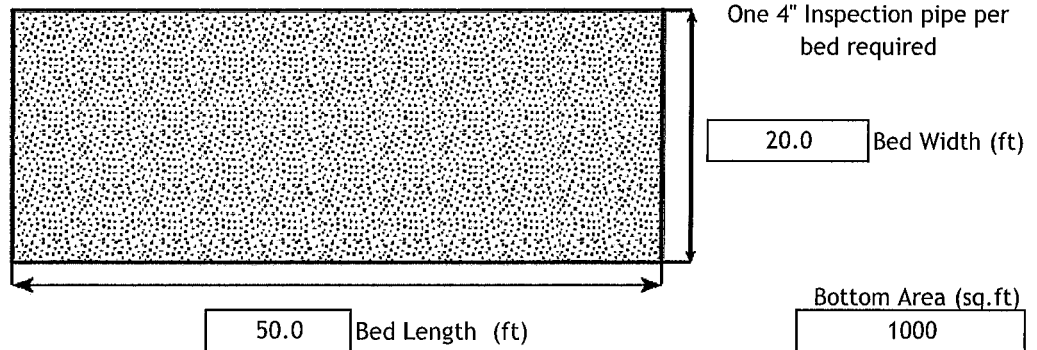
5. Dimension Summary Project ID:

End View



**Top View**

Pressure Distribution Pipes must be no less 12 inches and no more than 24 inches from the edges



Distribution Media:

Manifold Connection:

Perforation Size:  (in)

Perforation Spacing:  (in)

**Comments:**

Larger Pump Tank and Soil Treatment Area due to potential camper use



# Pressure Distribution Design Worksheet

Project ID:

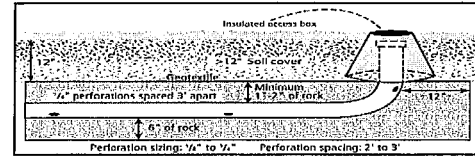
v 04.07.2025

1. Media Bed Width:  ft
2. Media Bed Length:  ft
3. Minimum Number of Laterals in system/zone = Rounded up number of  $[(\text{Media Bed Width}(1.) - 4) \div 3] + 1$ .

$[(\text{  } - 4) \div 3] + 1 = \text{  } \text{ laterals}$

*Does not apply to at-grades*

4. Designer Selected Number of Laterals:  laterals  
*Cannot be less than line 2 (Except in at-grades)*



5. Lateral spacing in Bed; *Must be greater than 1 foot and no more than 3 feet*:  ft

6. Length of Laterals = Media Bed Length(2.) - 2 Feet.

- 2ft =  ft *Perforation can not be closer then 1 foot from edge.*

7. Select Perforation Spacing:  ft

8. Determine the Number of Perforation Spaces. Divide the Length of Laterals(6.) by the Perforation Spacing (7.) and round down to the nearest whole number.

*Number of Perforation Spaces* =  ft  $\div$   ft =  Spaces

9. Number of Perforations per Lateral is equal to 1.0 plus the Number of Perforation Spaces(8.). Check table below to verify the number of perforations per lateral guarantees less than a 10% discharge variation. The value is double with a center manifold.

*Perforations Per Lateral* =  Spaces + 1 =  Perfs. Per Lateral

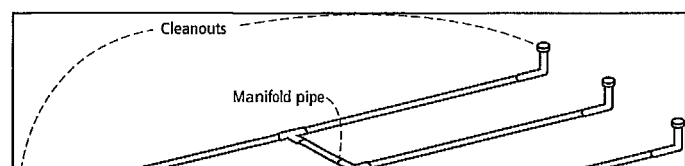
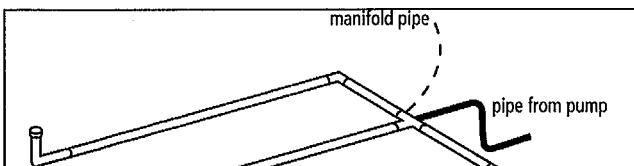
10. Select Perforation Diameter Size:  in 0.21875

11. Select Lateral Diameter (See Table):  in

12. Select Manifold Connection (End or Center):

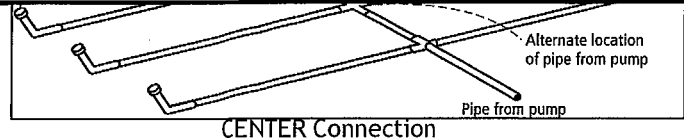
*If Center Manifold Connection the max number of perfs per lateral in the table can be doubled.*

Maximum Number of Perforations Per Lateral to Guarantee <10% Discharge Variation											
1/4 Inch Perforations						7/32 Inch Perforations					
Perforation Spacing (Feet)	Pipe Diameter (Inches)					Perforation Spacing (Feet)	Pipe Diameter (Inches)				
	1	1 1/4	1 1/2	2	3		1	1 1/4	1 1/2	2	3
2	10	13	18	30	60	2	11	16	21	34	68
2 1/2	8	12	16	28	54	2 1/2	10	14	20	32	64
3	8	12	16	25	52	3	9	14	19	30	60
3/16 Inch Perforations						1/8 Inch Perforations					
Perforation Spacing (Feet)	Pipe Diameter (Inches)					Perforation Spacing (Feet)	Pipe Diameter (Inches)				
	1	1 1/4	1 1/2	2	3		1	1 1/4	1 1/2	2	3
2	12	18	26	46	87	2	21	33	44	74	149
2 1/2	12	17	24	40	80	2 1/2	20	30	41	69	135
3	12	16	22	37	75	3	20	29	38	64	128





# Pressure Distribution Design Worksheet



Perf Per Lateral: 17

Perf Per Lateral Equal Split: 9 | 8

OPTIONAL Perf Per Lateral Non-Equal Split\*:      |     

\* must not exceed maximum number perfs per lateral in table

End Feed Lateral Min Diameter: 1.50

Center Feed Lateral Min Diameter:     

13. Total Number of Perforations equals the Number of Perforations per Lateral (9.) multiplied by the Number of Perforated Laterals.(4.)

17 Perf. Per Lat. X 7 Number of Perf. Lat. = 119 Total Number of Perf.

14. Calculate the Square Feet per Perforation.

Recommended value is 4-11 ft<sup>2</sup> per perforation, Does not apply to At-Grades

a. Bed Area = Bed Width (ft)(1.) X Bed Length (ft)(2.)

20.00 ft X 50.00 ft = 1000 sq.ft

b. Square Foot per Perforation = Bed Area (14a) ÷ by Total Number of Perfs (13)

1000 sqft ÷ 119 perf = 8 sq.ft/perf

15. Select Minimum Average Head: 1.0 ft

16. Select Perforation Discharge based on Table: 0.56 GPM per Perf

17. Flow Rate = Total Number of Perfs(13.) X Perforation Discharge(16.)

119 Perfs X 0.56 GPM per Perforation = 68.0 GPM

18. Volume of Liquid Per Foot of Distribution Piping (Table II): 0.110 Gallons/ft

19. Volume of Distribution Piping = Number of Perforated Laterals(4.) X Length of Laterals(6.) X Volume of Liquid Per Foot of Distribution Piping (18.)

7 X 48.0 ft X 0.110 gal/ft = 37.0 Gallons

20. Minimum Delivered Volume = Volume of Distribution Piping (19.) X 4

37.0 gal X 4 = 147.8 Gallons

21. Maximum Delivered Volume = Design flow x 25%

750 gpd X 25% = 187.5 Gallons

22. Minimum Delivered vs Maximum Delivered evaluation: Volume ratio correct

Perforation Discharge (GPM)				
Head (ft)	Perforation Diameter			
	1/8	3/16	7/32	1/4
1.0 <sup>a</sup>	0.18	0.41	0.56	0.74
1.5	0.22	0.51	0.69	0.9
2.0 <sup>b</sup>	0.26	0.59	0.80	1.04
2.5	0.29	0.65	0.89	1.17
3.0	0.32	0.72	0.98	1.28
4.0	0.37	0.83	1.13	1.47
5.0 <sup>c</sup>	0.41	0.93	1.26	1.65
1 foot	Dwellings with 3/16 inch to 1/4 inch perforations			
2 feet	Dwellings with 1/8 inch perforations Other establishments and MSTs with 3/16 inch to 1/4 inch perforations			
5 feet	Other establishments and MSTs with 1/8 inch perforations			

Table II Volume of Liquid in Pipe	
Pipe Diameter (inches)	Liquid Per Foot (Gallons)
1	0.045
1.25	0.078
1.5	0.110
2	0.170
3	0.380
4	0.661

Comments/Special Design Considerations:

1. PUMP CAPACITY Project ID:                      v 04.07.2025

Pumping to Gravity or Pressure Distribution:

Pressure

A. If pumping to gravity enter the gallon per minute of the pump:                      GPM (10 - 45 gpm)

B. If pumping to a pressurized distribution system: 68.0 GPM

C. Enter pump description: Demand Dosing

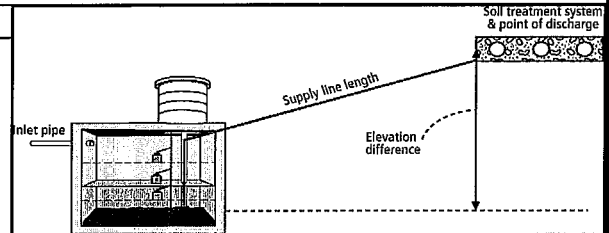
2. HEAD REQUIREMENTS

A. Elevation Difference 7.0 ft  
 between pump and point of discharge:

B. Distribution Head Loss: 5 ft

C. Additional Head Loss\*:                      ft (due to special equipment, etc.)

\* Common additional head loss: gate valve = 1 ft each, globe valve = 1.5 ft each, splitter valve = see manufacturers details



Distribution Head Loss	
Gravity Distribution = 0ft	
Pressure Distribution based on Minimum Average Head Value on Pressure Distribution Worksheet:	
Minimum Average Head	Distribution Head Loss
1ft	5ft
2ft	6ft
5ft	10ft

**Table I. Friction Loss in Plastic Pipe per 100ft**

Flow Rate (GPM)	Pipe Diameter (inches)			
	1	1.25	1.5	2
10	9.1	3.1	1.3	0.3
12	12.8	4.3	1.8	0.4
14	17.0	5.7	2.4	0.6
16	21.8	7.3	3.0	0.7
18		9.1	3.8	0.9
20		11.1	4.6	1.1
25		16.8	6.9	1.7
30		23.5	9.7	2.4
35			12.9	3.2
40			16.5	4.1
45			20.5	5.0
50				6.1
55				7.3
60				8.6
65				10.0
70				11.4
75				13.0
85				16.4
95				20.1

D. 1. Supply Pipe Diameter: 2.0 in

2. Supply Pipe Length: 100 ft

E. Friction Loss in Plastic Pipe per 100ft from Table I:

Friction Loss = 10.8 ft per 100ft of pipe

F. Determine *Equivalent Pipe Length* from pump discharge to soil dispersal area discharge point. Estimate by adding 25% to supply pipe length for fitting loss. *Supply Pipe Length X 1.25 = Equivalent Pipe Length*

100 ft X 1.25 = 125.0 ft

G. Calculate *Supply Friction Loss* by multiplying *Friction Loss Per 100ft(E.)* by the *Equivalent Pipe Length(F.)* and divide by 100.

Supply Friction Loss =

10.8 ft per 100ft X 125.0 ft ÷ 100 = 13.5 ft

H. *Total Head* requirement is the sum of the *Elevation Difference(2A)* + *Distribution Head Loss(2B)* + *Additional Head Loss(2C)* + *Supply Friction Loss(2G)*

7 ft + 5.0 ft +                      ft + 13.5 ft = 25.5 ft

3. PUMP SELECTION

A pump must be selected to deliver at least **68.0** GPM with at least **25.5** feet of total head.

Comments:

Zoeller 185 or Approved Equal

**DETERMINE TANK CAPACITY AND DIMENSIONS** Project ID: v 04.07.2025

1. A. Design Flow: 750 GPD C. Tank Use: Dosing

B. Code minimum pump tank capacity: 750 Gal D. Designed pump tank capacity: 1000 Gal

2. A. Tank Manufacturer: Browns or Lakes B. Tank Model: 1000 Gallon Pump Tank

C. Capacity from manufacturer: 1000 Gallons

D. Liquid depth of tank from manufacturer: 46.3 inches

E. Gallons per inch from manufacturer: 25.0 Gallons per inch

*Note: Design calculations are based on this specific tank. Substituting a different tank model will change the pump float or timer settings. Contact designer if changes are necessary.*

**DETERMINE DOSING VOLUME**

3. Calculate *Volume to Cover Pump* (The inlet of the pump must be at least 4-inches from the bottom of the pump tank & 2 inches of water covering the pump is recommended)

(Pump and block height + 2 inches) X Gallons Per Inch (2E)

(21 in + 2 inches) X 25.0 Gallons Per Inch = 581 Gallons

4. *Minimum Delivered Volume* = 4 X Volume of Distribution Piping:  
-Item 19 of the Pressure Distribution STA or Item 11 of Non-level STA 147.8 Gallons (Minimum dose) 5.91 inches/dose

5. Calculate *Maximum Pumpout Volume* (25% of Design Flow(1A))

Design Flow: 750 GPD X 0.25 = 187.5 Gallons (Maximum dose) 7.50 inches/dose

6. Select a pumpout volume that meets both Minimum and Maximum: 170.0 Gallons

7. Calculate *Doses Per Day* = Design Flow(1A) ÷ Delivered Volume(6.)

750 gpd ÷ 170.0 gal = 4.4 Doses\*

\* Doses need to be equal to or greater than 4

8. Calculate Drainback:

A. Diameter of Supply Pipe = 2 inches

B. Length of Supply Pipe = 100 feet

C. Volume of Liquid Per Lineal Foot of Pipe = 0.170 Gallons/ft

D. Drainback = Length of Supply Pipe(8B) X Volume of Liquid Per Lineal Foot of Pipe(8C)

100 ft X 0.170 gal/ft = 17.0 Gallons

9. Total Dosing Volume = Delivered Volume(6.) + Drainback (8D)

170.0 gal + 17.0 gal = 187.0 Gallons

10. Minimum Alarm Volume = Depth of alarm (2 or 3 inches) X gallons per inch of tank(2E)

3 in X 25.0 gal/in = 75.0 Gallons

Volume of Liquid in Pipe	
Pipe Diameter (inches)	Liquid Per Foot (Gallons)
1	0.045
1.25	0.078
1.5	0.110
2	0.170
3	0.380
4	0.661

**DEMAND DOSE FLOAT SETTINGS** Alarm and Pump are to be wired on separate circuits and inspected by the electrical inspector

11. Calculate *Float Separation Distance* using Dosing Volume .

Total Dosing Volume(9.) ÷ Gallons Per Inch(2E)

187.0 gal ÷ 25.0 gal/in = 7.48 inches See sensor accuracy or float tether chart from manufacturer for setting equivalent

12. Measuring from bottom of tank:

A. Distance to set Pump Off Float = Pump + block height + 2 inches

21.3 in + 2 in = 23.3 inches

B. Distance to set Pump On Float=Distance to Set Pump-Off Float(13A) + Float Separation Distance(12.)

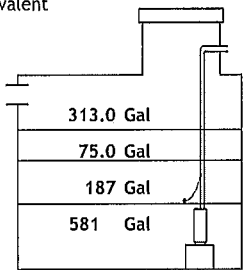
23.3 in + 7.5 in = 30.7 inches

C. Distance to set Alarm Float = Distance to set Pump-On Float(13B) + Alarm Depth (2-3 inches)(10.)

30.7 in + 3.0 in = 33.7 inches

13. Reserve Capacity Volume = [Tank Liquid Depth(2D) - Alarm Float Depth(12C)] x gallons per inch of tank(2E)

[ 46.3 in - 33.7 in ] X 25.0 gal/in = 313.0 Gallons



Notes:

1. Geotextile shall be placed over rock bed
2. Inspection Pipe at the end of the bed
3. Cleanouts on ends of laterals
4. Insulate tank and lids if less than 2' of cover
5. Zoeller 185 Pump or approved equal
6. Approximately 37 Cu.Yds. of excavation for rock bed.

200495000

200494000

Well >100' From STA and Tanks

Property Line From County GIS

Existing 1500 Gallon 2 Comp. Tank

New 1000 Gallon Pump Tank

Sleeve Insulate 20' Supply Pipe Under Driveway

Driveway

100' of 2" Dia. Sch. 40 Supply Pipe From Tank to Bed

Hamper that needs to be moved Electric Power Pedestal Existing Sewer Pipe

20' x 50' Rock Bed 12" of Rock 7 x 48' Laterals Spaced 3' 1.5" Dia. Sch. 40 Laterals 3/8" Dia. Holes Spaced 3'

-Property Line from County GIS  
-10' Min. Set Back From Property Lines

60

30

0

Scale in Feet

**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: 200495000 Reason for Inspection Adding a pressure bed system

Local regulatory authority info: Becker County

Property address: 39121 Dora Lee Rd

Owner/representative: Kelly Riggle Owner's phone: \_\_\_\_\_

Brief system description: 1500 gal tank that was connected to a community system that was failed

### System status

System status on date (mm/dd/yyyy): 8/1/2025

**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.*

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

*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

### 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: A1 Septic Certification number: 5663

Inspector signature: Patricia Stock License number: 2029

*(This document has been electronically signed)*

Phone: 218-766-7295

### 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: 39121 Dora Lee Rd

Business Name: A1 Septic

Date: 8/1/2025

### 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

**Attached supporting documentation:**

- Other: \_\_\_\_\_
- Not applicable

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

**Describe verification methods and results:**

### 2. Tank integrity – Compliance component #2 of 5

**Compliance criteria:**

System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
If yes, which sewage tank(s) leaks:	

**Attached supporting documentation:**

- Empty tank(s) viewed by inspector
    - Name of maintenance business: A1Septic
    - License number of maintenance business: 2029
    - Date of maintenance: 8/1/2025
  - 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: \_\_\_\_\_

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

**Describe verification methods and results:**

check levels before pumping, checked baffels , walls ,sides and top,tank was in good working condition, there was a crack in the top risser , but that can be replaced

Property Address: 39121 Dora Lee Rd

Business Name: A1 Septic

Date: 8/1/2025

**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:

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 5

Date of installation \_\_\_\_\_  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)
- \_\_\_\_\_

**Indicate depths or elevations**

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

\*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:**

just inspected tank for future new drainfield

**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.



200495000-2025

**m MINNESOTA POLLUTION CONTROL AGENCY**

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

# 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: 200495000 Reason for Inspection Adding a pressure bed system  
Local regulatory authority info: Becker County  
Property address: 39121 Dora Lee Rd  
Owner/representative: Kelly Riggle Owner's phone: \_\_\_\_\_  
Brief system description: 1500 gal tank that was connected to a comunity system that was failed

### System status

System status on date (mm/dd/yyyy): 8/1/2025

**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.*

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

*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

### 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: A1 Septic Certification number: 5663  
Inspector signature: Patricia Stock License number: 2029  
*(This document has been electronically signed)* Phone: 218-766-7295

### 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: 39121 Dora Lee Rd

Business Name: A1 Septic

Date: 8/1/2025

### 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

**Attached supporting documentation:**

- Other: \_\_\_\_\_
- Not applicable

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

**Describe verification methods and results:**

### 2. Tank integrity – Compliance component #2 of 5

**Compliance criteria:**

System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
If yes, which sewage tank(s) leaks:	

**Attached supporting documentation:**

- Empty tank(s) viewed by inspector
  - Name of maintenance business: A1Septic
  - License number of maintenance business: 2029
  - Date of maintenance: 8/1/2025
- 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: \_\_\_\_\_

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

**Describe verification methods and results:**

check levels before pumping, checked baffles , walls ,sides and top,tank was in good working condition, there was a crack in the top risser , but that can be replaced

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 5

Date of installation \_\_\_\_\_  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)
- \_\_\_\_\_

**Indicate depths or elevations**

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

\*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:**

just inspected tank for future new drainfield

**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.