

Application/File # _____

Date Application Rec'd: **12/18/2023**

Fee Collected _____

(for office use only)

Interim Use Application

Corinna Township MN

Site Address (E-911#):	E911 Address Needed?	Parcel Number:
11043 Lawrence Ave. NW Annadale	No	206019000181

Legal Description (Lot, Block & Subdivision Name or attach full legal description):

06 121 027

Nearest Lake (if within 1,000 ft):	Nearest River (if within 300 ft):
---	--

Primary Property Owner Info:

Name: Sunset Haven LLC		
Mailing Address: 4265 72nd St SE		
City: Delano	State: Minnesota	Zip Code: 55328
Preferred Phone: (612) 220-8260	Secondary Phone:	Email: jasoncspry@msn.com

Primary Applicant Info:

Name: Jason Spry		
Mailing Address: 4265 72nd St. SE		
City: Delano	State: Minnesota	Zip Code: 55328
Preferred Phone: (612) 220-8260	Secondary Phone:	Email: jasoncspry@msn.com
Applicant Is: Individual(s)		

Other Applicants (if applicable):**Other Property Owners (if applicable):**

--	--

Contractors:

Type	Company Name/Main Contact	Phone	Email

Describe the Proposed Improvement/Project (generally describe all construction/grading/alteration work to be completed):

Type of Project: Interim use permit for Short Term Rental use on property with Holding Tank. Tanks are pumped on regular basis and/or as needed. Using Melgaard Services.	Structure Type:	<u>Additional Structure Details:</u>	<u>Accessory Building Details:</u> <u>Building Elevation Details:</u> ()
---	-----------------	--------------------------------------	---

Lead removal required? No	Lead removal performed by:	Lead Abatement License Number:
----------------------------------	----------------------------	--------------------------------

Parcel/Lot Information (or attach any previous surveys/scaled drawings of lot dimensions):

Parcel Size (sq ft or acres):	Width of lot at road and rear/shoreline:	Depth of Lot at sides:
Road frontage is:		
Zoning District:		

Related Variance, Conditional/Interim Use, or Other Special Approval (if applicable – attach documentation):

Granted on (date):

Grading/Lot Preparation

Project will involve grading/reshaping: No	Within 200 ft of lake/river/wetland?	Disturbed areas stabilized within 24 hrs?
Purpose of Alteration:		
Amount of soil to be disturbed/exposed temporarily to erosion:		Detailed dimensions/amount:
Amount of material to be moved/filled:		Detailed calculation/amount:
Amount of above material that is erodible: (i.e. Class 5 gravel, topsoil, fill soil, etc.):	Amount of above material that is non-erodible (i.e. boulders, retaining wall block, landscape rock):	
Will project direct more water/runoff to a neighboring property, a public right of way or water body than occurred prior to the project? No	Will the project result in portions of the lot being raised or lowered?	How much will the elevation be raised or lowered?
Describe plan to prevent damage or harm to neighboring property, right of way or water body from project:		
Describe Temporary Erosion Control Measures to be implemented (check all that apply, identify where on site plan):		
Describe how vegetation will be re-established (check all that apply):		

Type of Improvement(s):

Proposed Structure Information (enter each new structure as applicable):

<u>Proposed Structure #1</u>			<u>Proposed Structure #2</u>			<u>Proposed Structure #3</u>		
Type of Structure:	Use:		Type of Structure:	Use:		Type of Structure:	Use:	
Framing:	Foundation:		Framing:	Foundation:		Framing:	Foundation:	
# of Stories above bsmnt	Footprint	Roof Pitch	# of Stories above bsmnt	Footprint	Roof Pitch	# of Stories above bsmnt	Footprint	Roof Pitch
	# Baths	Eave Width		# Baths	Eave Width		# Baths	Eave Width
			# Bedrooms					

# Bedrooms				# Bedrooms	
Electric in Structure?	Plumbing in Structure?	Electric in Structure?	Plumbing in Structure?	Electric in Structure?	Plumbing in Structure?
Estimated Cost:	Materials: Labor:	Estimated Cost:	Materials: Labor:	Estimated Cost:	Materials: Labor:
	Total: \$0.00		Total: \$0.00		Total: \$0.00

Sewage Treatment:

Lot Coverage Calculations (Building coverage on residential parcels is limited – 15% in all zoning districts except 50% in commercial/industrial districts. Total impervious coverage in all residential/agricultural districts is limited to 25%.)

Total Lot Size =

Total Impervious Coverage (Total Impervious / Total Lot Size) * 100 = _____%

Please include any other comments pertinent to your request/project (that has not already been covered previously):

Signature of Applicant*:

Date:

Signature of Title Holder*:

Date:

* By signing, the applicant or agent hereby makes application for a permit to construct as herein specified, agreeing to do all such work in strict accordance with all Corinna Township MN and other applicable ordinances or federal and state laws. Applicant or agent agrees that site plan, sketches, and other attachments submitted herewith and which are approved by the Corinna Township MN Zoning Administrator are true and accurate, and shall become part of the permit. Applicant or agent agrees that, in making said application for a permit, applicant grants permission to Corinna Township MN's designated zoning or building inspection officials, at reasonable times during the application process and thereafter, to enter applicant's premises covered by said permit, to determine the feasibility of granting said permit or for compliance of that permit with any applicable local, state, or federal ordinances or statutes. Applicant or agent understands that it is applicant's sole responsibility to contact any other federal, state, county or local agencies to make sure applicant has complied with all relevant Municipal, State, Federal or other applicable laws concerning applicant's project described above.

Please complete all of the following questions to the best of your ability (some questions may not apply, depending on the nature of your request):

1. What are you proposing for the property? State nature of request in detail:

Interim use permit for Short Term Rental use on property with Holding Tank. Tanks are pumped on regular basis and/or as needed. Using Melgaard Services.

When do you anticipate beginning and completing the project?

Start Date:

Completion Date:

2. If an interim use, list the date or event that you would like the interim use permit to expire. *NOTE: The Zoning Ordinance requires that the initial approval of an interim use permit must expire no later than five (5) years from the date it is approved. After that initial period, you may apply for renewal which may be allowed to continue for a different time period.*

3. Would the proposed use be harmful to the use and enjoyment of other property in the immediate area (for uses that are permitted)? Why or why not? Would the property reduce or otherwise diminish property values in the immediate area? Why or why not?

No - no proposed change to the property

4. Will the proposed use prevent other landowners in the area from developing their property in a normal and orderly way? Why or why not?

No

5. Will the proposed use require any utilities, access roads, drainage or other public or semi-public facilities? If so, are these already provided in the area? If not, how will they be provided?

No

6. Will the proposed use require off-street parking or loading space? If so, what actions will you take to provide sufficient space and where?

No

7. Discuss how the proposed use will be in conformance with the Comprehensive Plan.

NA

8. Will the proposed use create any odors, fumes, dust, noise, vibration, or involve any lighted signs or other lights? If so, how do you intend to control these so that they do not create a nuisance for neighboring properties? Discuss how the proposed use will be in conformance with the Comprehensive Plan of the Township.

No

9. Will the proposed use involve any exterior storage of materials? If so, how will the storage prevent reducing nearby property values, impair scenic views or threaten habitat or other living amenities?

No

10. Will the proposed use involve any harvesting of timber or other clearing of forest land? If so, how will exposed soil be stabilized or prevented from eroding? Please attach an erosion and sediment control plan developed and approved by the local soil and water conservation district.

No

11. Please include any other comments relating to this request.

If in Shoreland Areas, please complete all of the following questions:

1. Describe any aspects of the proposed use that could harm the lake or stream. Discuss how you will reduce or prevent any impacts.

NA

2. Describe any aspects of the proposed use that could harm the lake or stream. Discuss how you will reduce Discuss why the proposed use is suited to a shoreland area.

NA

3. Will the proposed use involve any grading or filling of the natural or existing topography? If so, how will you minimize earthmoving, erosion, tree clearing and the destruction of natural amenities.

NA

- Amount of material to be moved (cubic yards): ()

- Describe Temporary Erosion Control Measures:

- Describe how vegetation will be re-established:

4. Will the proposed use involve any connections to public waters, such as boat slips, canals, lagoons, or harbors? If so, has the MN Department of Natural Resources approved the connection?

5. **Flood Insurance Notice:** If your variance request involves a request to construct a structure below the base flood level, you are hereby notified that this will result in an increased premium rate for flood insurance up to amounts as high as 25 for 100 of insurance coverage. Such construction below the base or regional flood level increases risks to life and property.

****If you are requesting to construct a structure below the base flood level, please initial here that you have read and understand the above notice:***

Grading/Lot Preparation

Will the project expose soil to potential erosion (circle one)? **No**

Area to be exposed:

Detailed estimate of area to be exposed:

Within 200 ft of water?:

Stabilized within 24 hours?:

Width:

Length:

Depth:

Will the project expose soil to potential erosion (circle one)? **No**

Purpose of alteration:

Amount of material moved:

Above amount that is erodible:

If yes, describe temporary erosion control measures
(e.g. silt fence, erosion control blanket, etc.):

Detailed estimate of material moved:

Above amount that is non-erodible:

If yes, describe how disturbed area will be
stabilized permanently (e.g. sod, seed
disturbed area, hydroseed, permanent
fixture such as patio, steps, etc.):

Will you be installing some kind of permanent stormwater management
practice on your property with this project?

Describe permanent Stormwater
Management Practice:

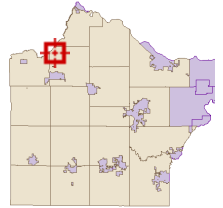
Will the exposed soil/excavation/grading be within a shore or bluff impact zone?:

Will the project be likely to direct more water/runoff to a neighboring property, a public right of way or water body
than occurred previously?: **No**

What will you be doing to prevent additional water from affecting the neighboring property, right of way or water
body?:



Overview



Parcel ID	206019000181	Alternate ID	n/a	Owner Address	SUNSET HAVEN LLC
Sec/Twp/Rng	06-121-027	Class	209 - 4B1 RES 1-3 UNITS - PREV SSR		202 N CEDAR AVE SUITE 1
Property Address	11043 LAWRENCE AVE NW ANNANDALE	Acreage	0.19 Acres		OWATONNA, MN 55060
District	(2202) TOWN OF CORINNA-0876				
Brief Tax Description	SECT-06 TWP-121 RANGE-027 BOWEN'S ADDN LOT-018 EXCEPTING THEREFROM THE NORTHEASTERLY 50 FEET THERE OF; AND THAT PART OF GOVERNMENT LOT 3, SECTION 6, TOWNSHIP 121, RANGE 27, WRIGHT COUNTY, MINNESOTA, DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHEAST CORNER OF SAID GOVERNMENT LOT 3; THENCE ON AN ASSUMED BEARING OF NORTH 88 DEGREES 38 MINUTES 12 SECONDS WEST ALONG THE SOUTH LINE OF SAID GOVERNMENT LOT 3; A DISTANCE OF 1063.24 FEET; THENCE NORTH 25 DEGREES 40 MINUTES 05 SECONDS EAST A DISTANCE OF 300.17 FEET TO A POINT HEREINAFTER REFERRED TO AS POINT A; THENCE CONTINUE NORTH 25 DEGREES 40 MINUTES 05 SECONDS EAST A DISTANCE OF 50.08 FEET TO THE ACTUAL POINT OF BEGINNING OF THE LAND TO BE DESCRIBED; THENCE SOUTH 67 DEGREES 29 MINUTES 39 SECONDS EAST A DISTANCE OF 100.45 FEET; THENCE SOUTH 05 DEGREES 18 MINUTES 08 SECONDS WEST A DISTANCE OF 52.34 FEET TO THE INTERSECTION WITH A LINE BEARING SOUTH 67 DEGREES 29 MINUTES 39 SECONDS EAST FROM AFOREMENTIONED POINT A; THENCE NORTH 67 DEGREES 29 MINUTES 39 SECONDS WEST, ALONG LAST DESCRIBED COURSE, A DISTANCE OF 137 FEET MORE OR LESS, TO THE WATER'S EDGE OF CLEARWATER LAKE; THENCE NORTHEASTERLY, ALONG SAID WATER'S EDGE, TO THE INTERSECTION WITH A LINE BEARING NORTH 67 DEGREES 29 MINUTES 39 SECONDS WEST FROM THE POINT OF BEGINNING; THENCE SOUTHEASTERLY, ALONG LAST DESCRIBED COURSE, TO THE POINT OF BEGINNING.				
	(Note: Not to be used on legal documents)				

Date created: 1/3/2024

Last Data Uploaded: 1/3/2024 11:01:06 AM





**CORINNA TOWNSHIP, WRIGHT COUNTY, MINNESOTA
REGISTRATION OF VACATION RENTAL USE
AND LOCAL CONTACT/PROPERTY MANAGER INFORMATION**

1) Identify your vacation rental property:

Parcel ID: 206019000181 Physical Address: 11013 LAURENCE AVE NW

Name of Property Owner: JASON & MELANIE SPRY

Name of Nearest Lake (if lake is within 1000 feet of your property): CLEARWATER

2) List the local contact person/property manager for your property. The person must meet the following qualifications:

- (a) Is available 24 hours/day, 7 days per week.
- (b) Can respond by phone within 30 minutes and in-person within 60 minutes of notification.
- (c) Has administrative authority over the property and guests.
- (d) Has knowledge of the vacation rental unit, the property, rental and Township rules, standards, and procedures.

Name: JASON SPRY Email: jasonspry@msn.com

Primary Phone: 612-220-8260 Secondary Phone: 612-859-3210

Mailing Address: 424 RIVERVIEW RD

3) List the local septic system maintainer that pumps your septic tank and/or inspects other components of your septic system as required for your management plan.

Septic Pumper Name: MELGAARD SERVICES Phone: 763-286-9896

Septic Inspector Name: BERNIE MILLER Phone: 320-398-2705

4) Please identify the total number of bedrooms in your vacation rental, based on the following definition: 2

Bedroom - a part of the inside of a private/vacation home that is divided from other areas by walls and a doorway and that has its own floor and ceiling that is furnished primarily as sleeping quarters, containing a bed or furniture that can convert to a bed, and having more than one egress.

5) Please identify the maximum number of overnight guests (over the age of 5) that you allow in your vacation rental: 6

6) Please list which items have been completed and attach documentation as required by the Corinna Township Land Use Ordinance:

YES X NO

I have provided the above local contact/property manager contact information in writing to each of those property owners adjacent to the vacation rental property (you may notify those further away too).

- YES X NO So as to prevent my guests trespassing on nearby properties, I have physically marked the location of my property line with signs, a fence, vegetation, landscaping or another method approved by the Township.
- YES X NO I understand that the use of RVs, tents, fish-houses, campers or others similar structures to increase the overnight guest capacity is not allowed.
- YES X NO The maximum permitted overnight guest occupancy is included on all advertisements or web-based reservation service pages of my vacation rental. (Web Link: www.vrbo.com/1780537)
- YES X NO My vacation rental is connected to a compliant subsurface septic treatment system.
- YES X NO I have a valid operating permit for my subsurface septic treatment system.
- YES X NO I have the septic tank pumped annually and have already submitted pumping records for the preceding year by December 31 or have enclosed them with this form.
- YES X NO I will provide sufficient off-street parking on my site for my guests
(NOTE: If you will be constructing additional off-street parking area, you are subject to limitations on impervious coverage.)
- YES X NO I have instructed my guests that they cannot obstruct public roads or right-of-way.

REQUIRED ATTACHMENTS:

- Attach an aerial image, survey or other sketch of the property (electronic copy may be submitted instead of a hard copy) clearly showing property boundaries, parking areas and number of vehicles accommodated, shore recreational facilities (beaches, patios, firepits, etc.), outdoor garbage receptacles, septic treatment system.
- Attach a copy (electronic copy may be submitted instead of a hard copy) of other information items that you provide to your guests regarding applicable county or township or state regulations that they need to adhere to, information as to what can and cannot be flushed down the toilet, and any other informational handouts you provide relating to applicable regulations or septic system issues.
- Attach a written agreement/management plan with a septic maintainer/inspector that will ensure compliance with the following requirement: "At least once per calendar year an inspection shall be completed by a state-licensed septic system maintainer that includes pumping of the septic tank (more frequent pumping will be required for holding tanks without a drainfield), verification that any alarms, pumps and pump event counters are operational, verification that any septic tank filters are installed correctly and operational, and that all septic tank and inspection pipe covers are in place and functional. A report from the licensed SSTS maintainer detailing that the requirements of the management plan and operating permit have been met shall be submitted within 30-days of the work being completed. All such inspections and verifications shall be conducted when all components of the SSTS are visible."

I have posted the following inside the rental unit in a prominent location so as to be easily visible and read by the guests:

- YES ☒ NO ☐ The full name and phone number of the owner or operator
- YES ☒ NO ☐ The full name and phone number of the local contact person or local management agent
- YES ☒ NO ☐ Local emergency contact information (police, fire, ambulance, septic maintainer)
- YES ☒ NO ☐ Aerial image of the property clearly showing property boundaries, parking areas, shore recreational facilities, garbage receptacles, septic treatment system.
- YES ☒ NO ☐ The maximum number of overnight guests allowed in the rental unit.
- YES ☒ NO ☐ The maximum number of parking spaces.
- YES ☒ NO ☐ Any applicable county or township ordinances governing noise, parking, pets, lakes (AIS laws, water surface zoning), or other applicable regulations.
- YES ☒ NO ☐ Information identifying the type of materials that should not be flushed down toilets or minimized in drains so as to preserve the functionality of the septic system.
- YES ☒ NO ☐ Any other information or specific handouts as provided by the Township.

Print name of person filling out this form: JASON SPRY

Phone: 612.220.8260

Email: jasoncspry@gmail.com

Signed: 

Date: 5.25.23

Property Information

- Please park in designated locations ONLY – do not block road or park on neighbor's property
- Please observe property boundaries
- Per local ordinance, the use of RVs, tents, campers, and fish houses (for sleeping accommodations) on property are prohibited



Important Information



House Rules

- Please No Smoking
- Sorry, no pets
- Please be respectful to neighbors and keep it quiet after 10PM
- Please report any damages that occur while you're in residence
- No parties, events, or large gatherings
- No cleaning fish in the cabin
- Close all windows and lock door before leaving the home
- Septic System: Please do not flush anything besides toilet paper down the toilet

Before Checkout

- As a reminder, check-out is at 10AM on the day that your booking ends.
- Pile all dirty linen next to washing machine (sheets and towels)
- Take out garbage / recycling
- Wash any dirty dishes
- Please take your items in the refrigerator with you before checkout

We request that you leave a review to let us know how your stay was.
We love to hear from our guests!



Please travel safely and visit again!

This information is provided by our partners.

[Report a problem with this property.](#)


Amenities

-  Free WiFi
-  Air conditioning
-  Dryer
-  Outdoor Space
-  Kitchen
-  Washer
-  Lake view
-  Barbecue grill

[See all amenities](#)

House Rules

- Check in after 4:00 PM
- Minimum age to rent: 25
- Check out before 10:00 AM
- Maximum overnight guests: 6 (sleeps up to 6 adults)

-  **Children**

Children allowed: ages 0-17

Plenty of room for yard games!

-  **Events**

No events allowed



Pets

No pets allowed



Smoking

Smoking is not permitted

Per Local Ordinance, the use of RVs, tents, campers, and fish houses (for sleeping accommodations) on property are prohibited.

Important information

You need to know

Extra-person charges may apply and vary depending on property policy

Government-issued photo identification and a credit card, debit card, or cash deposit may be required at check-in for incidental charges

Special requests are subject to availability upon check-in and may incur additional charges; special requests cannot be guaranteed

Onsite parties or group events are strictly prohibited

Safety features at this property include a carbon monoxide detector, a fire extinguisher, a smoke detector, and a first aid kit

We should mention

A car is required for transportation to and from this property

Property is also known as

Vrbo Property

Cozy farmhouse cabin steps from the lake with amazing views!

Septic System Inspection Report

For property located at:

**11043 Lawrence Ave NW
Annandale, MN 55302**

Prepared For:

Jason Spry

Prepared By:



**9075 155th Street
Kimball, MN 55353**

June 16, 2023

Compliance inspection report form
Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

Instructions: Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached supporting documentation – additional local requirements may also apply. Further information can be found here:
<https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf>.

Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance.

Property information

Local tracking number:

Parcel ID# or Sec/Twp/Range: 206-019-000181 Local regulatory authority: Wright Cty/ Corinna Twp.

Property address: 11043 Lawrence Ave NW, Annandale

Owner/representative: Jason Spry Owner's phone: 612-220-8260

Brief system description: 1000 Gallon & 1250 Gallon Holding Tanks

System status

System status on date (mm/dd/yyyy): 6/16/2023

☒ 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

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.

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

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

Recommendations- It appears the tanks are starting to have some tree root infestation. This is something to start keeping an eye on when the tanks are pumped so they don't cause any issues or damage in the future.

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: Miller's Sewage Treatment Solutions

Certification number: 7485

Inspector signature: Jeremy George

License number: 1921

(This document has been electronically signed)

Phone: 320-398-2705

Necessary or locally required supporting documentation (must be attached)

- ☐ Soil observation logs
- ☒ Locally required forms
- ☐ Tank Integrity Assessment
- ☐ Operating Permit
- ☒ Other information (list): additional septic info.

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:

☒ Pumped at time of inspection

Name of maintenance business:

Melgaard
Services

License number of maintenance business: L4069

Date of maintenance:

5/26/2023

☐ 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: _____

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 6/25/2006 ☐ 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: Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	<input type="checkbox"/> Yes <input type="checkbox"/> No*
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: Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
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 (Advanced Inspector License required) Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	<input type="checkbox"/> Yes <input type="checkbox"/> No*

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

Describe verification methods and results:

Attached supporting documentation:

- ☐ Soil observation logs completed for the report (Attach)
☐ Two previous verifications of required vertical separation (Attach)
☒ 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.

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.

Vacation Rental Inspection

Owner: Jason Spry

Location: 11043 Lawrence Ave NW, Annandale

PID#: 206-019-000181

Date of report: 6/26/2023

Date of field evaluation: 6/16/2023

Septic System Information

System Type: **2**

System Components: **1000gl & 1250gl holding tanks.**

Install Date: **6/25/2002**

Was the system inspected by the Local Unit of Government (LUG)? **Yes**

Was the system designed by a Licensed or Registered Designer? **Yes**

Was the system installed by a licensed or registered Installer? **Yes**

How many bedrooms was the design for? **2**

State compliance expiration date: **June 16, 2026**

Operational status:

The system was evaluated for the operational status on **June 16, 2023**, and was found to be properly operating.

Alarms functioning Properly: **Yes**

Pump properly operating: **NA.**

Ponding in drainfield media: **NA**

Evidence of surfacing or weeping in and around the drainfield: **NA**

System Maintenance:

Date the tank was last pumped/cleaned: **5/26/2023.**

Inspection Completed by:

Jeremy George, Miller's Sewage Treatment Solutions, Lic. #1921

Disclaimer:

This report is not intended to be a Certificate of Compliance. Based on what we are able to observe and on our experience with septic systems, we submit this inspection report based on the present condition of the system. Miller's Sewage Treatment Solutions has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors which may affect the proper operation of a septic system, as well as the inability of our company to supervise or monitor the use or maintenance of the system, this report shall not be construed as a warranty by our company that the system will function properly for any particular time. Miller's Sewage Treatment Solutions hereby disclaims any warranty, either expressed or implied, arising from the inspection of the septic system or this report.

Site Sketch

Owner: Jason Spry

Location: 11043 Lawrence Ave NW, Annandale

PID#: 206-019-000181

Date of report: 6/26/2023

Date of field evaluation: 6/16/2023

Not to Scale



MSTS

a division of WRM Services, Inc.

Phone: (320) 398-2705 Fax: (320) 398-2075

www.millerssewage.com



Septic System Management Plan for Holding Tank Systems

The goal of a septic system is to protect human health and the environment by properly treating wastewater before returning it to the environment. Your holding tank system is designed to store your used water before it is recycled back into our lakes, streams and groundwater.

This **management plan** will identify the operation and maintenance activities necessary to ensure compliance with applicable rules and regulations. Some of these activities must be performed by you, the homeowner. Other tasks must be performed by a licensed septic maintainer. However, it is YOUR responsibility to make sure all tasks get accomplished in a timely manner.

The University of Minnesota's *Septic System Owner's Guide* contains additional tips and recommendations designed to extend the effective life of your system and save you money over time.

Proper septic system design, installation, operation and maintenance means safe and clean water!

Property Owner:

Property Address:

Property ID:

System Designer:

License #:

System Installer:

License #:

Service Provider/Maintainer:

Phone:

Permitting Authority:

Phone:

Permit #:

Date Inspected:

Keep this Management Plan with your Septic System Owner's Guide. The Septic System Owner's Guide includes a folder to hold maintenance records including pumping, inspection and evaluation reports. Ask your septic professional to also:

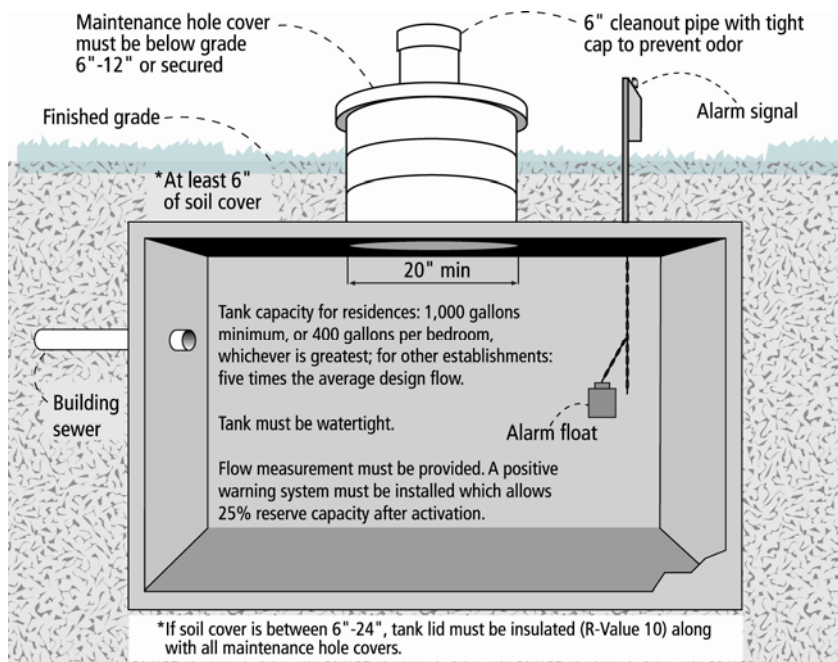
- Attach permit information, designer drawings and as-builts of your system, if they are available.
- Keep copies of all pumping records and other maintenance and repair invoices with this document.
- Review this document with your maintenance professional at each visit; discuss any changes in product use, activities, or water-use appliances.

For a copy of the *Septic System Owner's Guide*, call 1-800-876-8636 or go to <http://shop.extension.umn.edu/>

<http://septic.umn.edu>



Your Holding Tank



Dwelling Type	Well Construction
Number of bedrooms: _____	Well depth (ft): _____
System capacity/ design flow (gpd): _____	<input type="checkbox"/> Cased well Casing depth: _____
Anticipated average daily flow (gpd): _____	<input type="checkbox"/> Other (specify): _____
Comments _____	Distance from septic (ft): _____
In-home business? ____ What type? _____	Is the well on the design drawing? Y N
Number of occupants _____	

Holding Tank	
<input type="checkbox"/> One tank: <i>Tank volume:</i> _____ gallons <input type="checkbox"/> Two tanks: <i>Tank volume:</i> _____ gallons <input type="checkbox"/> Tank is constructed of _____	<input type="checkbox"/> Flow measurement device: _____ <input type="checkbox"/> Location: _____ <input type="checkbox"/> Alarm ____ visual ____ audible <input type="checkbox"/> Reserve %: _____
<input type="checkbox"/> Service contract held by: _____ <input type="checkbox"/> Service contract is attached to this management plan	



Homeowner Management Tasks

These *operation and maintenance* activities are your responsibility. Use the chart on page 6 to track your activities.

Identify the service intervals recommended by your system designer and your local government. The tank assessment for your system will be the **shortest interval of these three intervals**. Your pumper/maintainer will determine if your tank needs to be pumped.

Tank capacity ÷ (# of occupants X 50 Gallons/day) = # of days between cleaning

OR

Within 24 hours of alarm signal

System Designer: check every _____ days

Local Government: check every _____ days

My tank needs to be emptied
every _____ days

Seasonally

- ☐ *Monitor alarm daily – make sure the alarm has not signaled.* Alarms signal when your holding tank is nearly full; contact your maintainer.
- ☐ *Measure* and note your average daily water usage on page 5. Conserving water saves you money!
- ☐ *Leaks.* Check (listen, look) for leaks in toilets and dripping faucets. Repair leaks promptly.

Annually

- ☐ Establish a contract for tank cleaning services with a state licensed maintenance business.
- ☐ *Caps.* Make sure that all caps and lids are intact and in place. Inspect for damaged caps at least every fall. Fix or replace damaged caps before winter to help prevent freezing issues.
- ☐ *Water conditioning devices.* See Page 5 for a list of devices. When possible, discharge clear water sources to another location. Program the recharge frequency based on *water demand (gallons)* rather than *time (days)*. Recharging too frequently will result in increased pumping costs.
- ☐ *Review your water usage rate.* Review the Water Use Appliance chart on Page 5. Discuss any major changes with your pumper/maintainer.

During each visit by a pumper/maintainer

- ☐ Ask if your pumper/maintainer is licensed in Minnesota.
- ☐ Make sure that your pumper/maintainer has clear access to the holding tank and completely empties the tank
- ☐ Ask your pumper/maintainer to accomplish the tasks listed on the Professional Tasks on Page 4.



Professional Management Tasks

These are the operation and maintenance activities that a pumper/maintainer performs to help ensure long-term performance of your system. Professionals should refer to the O/M Manual for detailed checklists for tanks, pumps, alarms and other components. Call 800-322-8642 for more details.

- ☐ Written record provided to homeowner after each visit.

Plumbing/Source of Wastewater

- ☐ Review the Water Use Appliance Chart on Page 5 with homeowner. Discuss any changes in water use and the impact those changes may have on the frequency of maintenance.
- ☐ Review and document water usage rates with homeowner.

Holding Tanks

- ☐ *Maintenance hole lid.* A riser is recommended if the lid is not accessible from the ground surface. Insulate the riser cover for frost protection.
- ☐ *Liquid level.* Check to make sure the tank is not leaking.
- ☐ *Inspection pipes.* Replace damaged caps.
- ☐ *Alarm.* Verify that the alarm works and that there is at least 25% reserve capacity.
- ☐ *End of year seasonal property pumping.* Remind homeowner of most frequent causes of tank and building sewer freeze-ups. Ensure that there are no “micro-sources” of water such as a high efficiency furnace or other dripping devices. Determine a logical winter water use plan that will not result in need for emergency visit(s).

All other components – inspect as listed here:



Water-Use Appliances and Equipment in the Home

Appliance	Impacts on Holding Tank	Management Tips
Garbage disposal	<ul style="list-style-type: none"> Uses water and increases pumping frequency and expense. 	<ul style="list-style-type: none"> Use of a garbage disposal is not recommended. Minimize garbage disposal use. Compost instead.
Washing machine	<ul style="list-style-type: none"> Uses water and increases pumping frequency and expense. 	<ul style="list-style-type: none"> Choose a front-loader or water-saving top-loader, these units use less water than older models. Wash only full loads. Do laundry off site.
Dishwasher	<ul style="list-style-type: none"> Uses water and increases pumping frequency and expense. 	<ul style="list-style-type: none"> Wash only full loads.
Large bathtub (whirlpool)	<ul style="list-style-type: none"> Uses water and increases pumping frequency and expense. 	<ul style="list-style-type: none"> Take short showers to conserve water.
Clear Water Uses	Impacts on Holding Tank	Management Tips
High-efficiency furnace	<ul style="list-style-type: none"> Drip may result in frozen pipes during cold weather. 	<ul style="list-style-type: none"> Re-route water into a sump pump or directly out of the house. Do not route furnace recharge to your holding tank.
Water softener Iron filter Reverse osmosis	<ul style="list-style-type: none"> Uses water and increases pumping frequency and expense. 	<ul style="list-style-type: none"> These sources produce water that is not sewage and should not go into your holding tank. Reroute water from these sources to another outlet, such as a dry well, drain tile or old drainfield. When replacing, consider using a demand-based recharge vs. a time-based recharge. Check valves to ensure proper operation; have unit serviced per manufacturer directions
Surface drainage Footing drains	<ul style="list-style-type: none"> Uses water and increases pumping frequency and expense. 	

Maintenance Log

Track maintenance activities here for easy reference. See list of management tasks on pages 3 and 4.

Activity	Date accomplished/measured water usage									
<i>Check daily for a period of time and weekly once average use is determined:</i>										
Water usage rate (gallons per day)										
Leaks: check for plumbing leaks										
<i>Annually:</i>										
Establish and maintain contract for holding tank pumping services										
Water use appliances – review use										



Water Meter Reading and Tank Evacuation Schedule			
Date	Water Meter Reading (in gallons)	Tank Contents Removed?	Total Gallons Removed

Notes:

Mitigation/corrective action plan:

"As the owner of this SSTS, I understand it is my responsibility to properly operate and maintain the sewage treatment system on this property, utilizing the Management Plan. If requirements in this Management Plan are not met, I will promptly notify the permitting authority and take necessary corrective actions."

Property Owner Signature:

Date

Management Plan Prepared By:

Certification #

Permitting Authority:
