

AGENDA

THE AITKIN COUNTY PLANNING COMMISSION WILL ASSEMBLE FOR A HEARING ON
JANUARY 22, 2024 AT 4:00 P.M.
IN THE BOARD ROOM OF THE AITKIN COUNTY GOVERNMENT CENTER (THIRD FLOOR)
307 SECOND STREET NW, AITKIN, MINNESOTA 56431
THE FOLLOWING ITEMS WILL BE REVIEWED:

1. **Call the meeting to order.**
2. **Roll call.**
3. **Approve the agenda** for the JANUARY 22, 2024 Planning Commission meeting.
4. **Election of officers for the 2024 Planning Commission:**
 - Election of Chairperson
 - Election of Vice Chair
 - Election of Secretary

OLD BUSINESS: (None)

NEW BUSINESS:

5. Zerek Marsyla/Darin Hill/Ukura's Big Dollar, PO BOX 97, McGregor, MN 55760, Requesting a Conditional Use Permit for the sale of off-sale liquor, in an area zoned Farm Residential. SE NE LESS 4 AC IN DOC 200375, Section Twenty-five (25), Township Forty-eight (48), Range Twenty-four (24), Aitkin County, Minnesota 56431.

APP# 2023-001370

6. Michelle Goltz, 48565 216th PI, McGregor, MN 55760 Requesting an Interim Use Permit to operate a vacation home rental, up to 6 overnight occupants, in an area zoned Shoreland (Big Sandy River). PART LOT 4 IN DOC 422677 (PARCEL B), SECTION NINETEEN (19), TOWNSHIP FORTY-NINE (49), RANGE TWENTY-THREE (23), Aitkin County, Minnesota 56431.

APP# 2023-001347

7. Doua Lor, 176 Hazel St. N, Saint Paul, MN 55119, Requesting an Interim Use Permit to operate a vacation home rental up to 4 overnight occupants, in an area zoned Farm Residential and Shoreland (Section Five Creek). NE NE & THE N 208.14 FT OF THE E 61.34 FT OF THE NW NE, SECTION TEN (10), TOWNSHIP FORTY-SIX (46), RANGE TWENTY-THREE (23), Aitkin County, Minnesota 56431.

APP# 2023-001355

8. Roland Wapola, 107 Lachite Unit 5, Horseshoe Bay, TX 78657, Requesting an Interim Use Permit to operate a vacation home rental up to 6 overnight occupants, in an area zoned Shoreland (Mille Lacs). LOTS 4 & 5 COOLGALE PARK, SECTION THIRTY-THREE (33), TOWNSHIP FORTY-FIVE (45), RANGE TWENTY-SEVEN (27), Aitkin County, Minnesota 56431.

APP# 2023-001353

9. Gregory & Jessica Malban, 11177 Stillwater Lane, Woodbury, MN 55129, Requesting an Interim Use Permit to operate a vacation home rental up to 5 overnight occupants, in an area zoned Shoreland (Minnewawa). LOT 9 BLK 1 PIERCE ADDITION, SECTION TWENTY-SIX (26), TOWNSHIP FORTY-NINE (49), RANGE TWENTY-THREE (23), Aitkin County, Minnesota 56431.
APP# 2023-001354

10. Approval of Minutes, DECEMBER 18, 2023 Planning Commission Meeting.

11. Adjourn.

For more information, contact Planning & Zoning at 218-927-7342 or aitkinpz@co.aitkin.mn.us

AITKIN COUNTY ZONING

NOTICE OF HEARING

THE AITKIN COUNTY PLANNING COMMISSION WILL ASSEMBLE FOR A HEARING ON
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APPLICATION # 2023-001370

Michelle Goltz, 48565 216th Pl, McGregor, MN 55760 Requesting an Interim Use Permit to operate a vacation home rental, up to 6 overnight occupants, in an area zoned Shoreland (Big Sandy River). PART LOT 4 IN DOC 422677 (PARCEL B), SECTION NINETEEN (19), TOWNSHIP FORTY-NINE (49), RANGE TWENTY-THREE (23), Aitkin County, Minnesota.

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APPLICATION # 2023-001355

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APPLICATION # 2023-001353

Gregory & Jessica Malban, 11177 Stillwater Lane, Woodbury, MN 55129 Requesting an Interim Use Permit to operate a vacation home rental up to 5 overnight occupants, in an area zoned Shoreland (Minnewawa). LOT 9 BLK 1 PIERCE ADDITION, SECTION TWENTY-SIX (26), TOWNSHIP FORTY-NINE (49), RANGE TWENTY-THREE (23), Aitkin County, Minnesota.

APPLICATION # 2023-001354

AITKIN COUNTY ZONING



Conditional Use *(not specified below) App. # App-2023-001370, UID # 209466
App. Status: Pending Review

Meeting Date: 1/22/24
Date complete: 12/26/23
60 Day: 2/23/24

Aitkin County Planning & Zoning / Environmental Services
307 2nd Street NW, Room 219
Aitkin, MN 56431
Phone: 218-927-7342
Fax: 218-927-4372
Email: aitkinpz@co.aitkin.mn.us

Contact Information

Are you the property owner?	<u>Yes</u>
If we have questions on the application who should we contact?	Name: Zerek Marsyla/Darin Hill Phone: (218) 513 - 3731 Email Address: zmarsyla@frontier.com Mailing Address: PO BOX 97 McGregor MN 55760

Project Location

Property:	Property Location			Legal Description			Property Attributes		Owner Information	Tax Payer Information
	Parcel Number	Property Address	Township or City Name	Legal Description	Plat Name	Section-Township-Range	Lake Class	Lake Name	Owner Name(s)	Taxpayer Name(s)
	14-0-041802	41561 STATE HWY 65 MCGREGOR, MN 55760	JEVNE TWP	SE NE LESS 4 AC IN DOC 200375		S:25 T:48 R:24			UKURA'S BIG DOLLAR	UKURA'S BIG DOLLAR
Driving directions to the property from Aitkin:	North on Hwy 65, on left side.									

Brief Narrative

Brief Narrative:	Requesting a CUP for off-sale liquor in new building built in 2021. Our existing conditional use permit for grocery/supermarket does not cover off-sale.
Please give a detailed explanation on why and how this proposal is meeting the Comprehensive Land Use Plan:	This land use meets the goals of the comprehensive land use for the county by promoting commercial business development and job creation.
How will this proposal be compatible with existing land uses?	This proposal for off-sale liquor is compatible with the existing land use for the grocery store and is compatible with many businesses in the general area (hotel, community center, restaurant, Savanna Properties wood processing to name a few).
Is this proposal meeting the Findings of Fact?	<u>Yes</u>

Detailed Operational Plan

Detailed Operational Plan:	<p>New 50x100 building for off-sale liquor next to existing grocery store.</p> <p>The current days/hours of operation for off-sale are:</p> <p>M-T 9-7:30 F 9-8 Sat 9-7:30 Sun 11-3</p>
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A Scaled Drawing

Attach Scaled Drawing:	<div style="border: 1px dashed black; padding: 5px;"> File 1: ↓ 3532_001.pdf </div>
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Septic Compliance

Is there an existing septic system on the property?	<u>Yes</u>
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Property Deed

Please attach the property deed(s):	<div style="border: 1px dashed black; padding: 5px;"> File 1: ↓ 457773-p0001_-_p0004.pdf File 2: ↓ 468303-p0001_-_p0004.pdf </div>
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Other

Other Information (if necessary):	A compliance inspection on the septic will be submitted to Planning & Zoning prior to the meeting.
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Terms

Conditional Use Terms & Conditions

The landowner or authorized agent hereby certifies that to the best of their knowledge the application and supporting documents are a factual representation of the proposed project. The landowner or authorized agent agrees that, in making application, the landowner grants permission to Aitkin County, at reasonable times, to enter the property to determine compliance of the application with applicable Local, County or State Ordinances or Statutes. It is the applicant's responsibility to contact other Local, County or State agencies to ensure the applicant has complied with all relevant Local, County or State Ordinances or Statutes.

Submittal of the above materials does not always constitute a complete application. Other information may be necessary to complete the application based on the type of request and onsite inspection.

The landowner or authorized agent may make application for a Conditional Use permit agreeing to do such work in accordance with all Aitkin County Ordinances. The landowner or authorized agent agrees that the application, site plan, and all other attachments submitted herewith are true and accurate and shall become a part of the permit. The landowner or authorized agent agrees that, in making application for a Conditional Use permit, the landowner grants permission to Aitkin County, at reasonable times, to enter the property to determine compliance of the application with applicable Local, County or State Ordinances or Statutes. It is the applicants sole responsibility to contact other Local, County or State agencies to ensure the applicant has complied with all relevant Local, County or State Ordinances or Statutes.

All corners of the proposed structure(s) need to be staked with visible flags, ribbon, or lathes prior to onsite inspection by Aitkin County.

Conditional Use Permit fees are non-refundable if denied or approved.

I acknowledge that by submitting this application, the application and its attachments are public information.

Invoice #59133 (12/18/2023) Expected Payment Method: Unknown

Charge	Cost	Quantity	Total
Conditional Use Application Fee added 12/18/2023 8:28 AM \$650 Flat Fee	\$650.00	x 1	\$650.00
Recording Fee added 12/18/2023 8:28 AM \$46 Flat Fee	\$46.00	x 1	\$46.00
Grand Total			
		Total	\$696.00
		Payment 12/18/2023	\$696.00
		Due	\$0.00

Approvals

Approval	Signature
Applicant	Zerek Marsyla/Darin Hill - 12/26/2023 11:02 AM - witnessed by Shannon Wiebusch 515f2e266e848eed3cd77bc45cedfe89 7a64808d238add28b7327a82b652ce25
#1 Admin	Shannon Wiebusch - 12/26/2023 11:13 AM 7d8f67c4f4c49fcc259984e745e369d1 a79866cb3410cb021db2b9255e588b6b
#2 Planning Commission	

Public Notes

Text:	<p>To be heard at January 22, 2023 PC Meeting. CI on septic to be submitted prior to the meeting.</p>
File(s):	<div style="border: 1px dashed black; height: 20px; width: 400px;"></div>

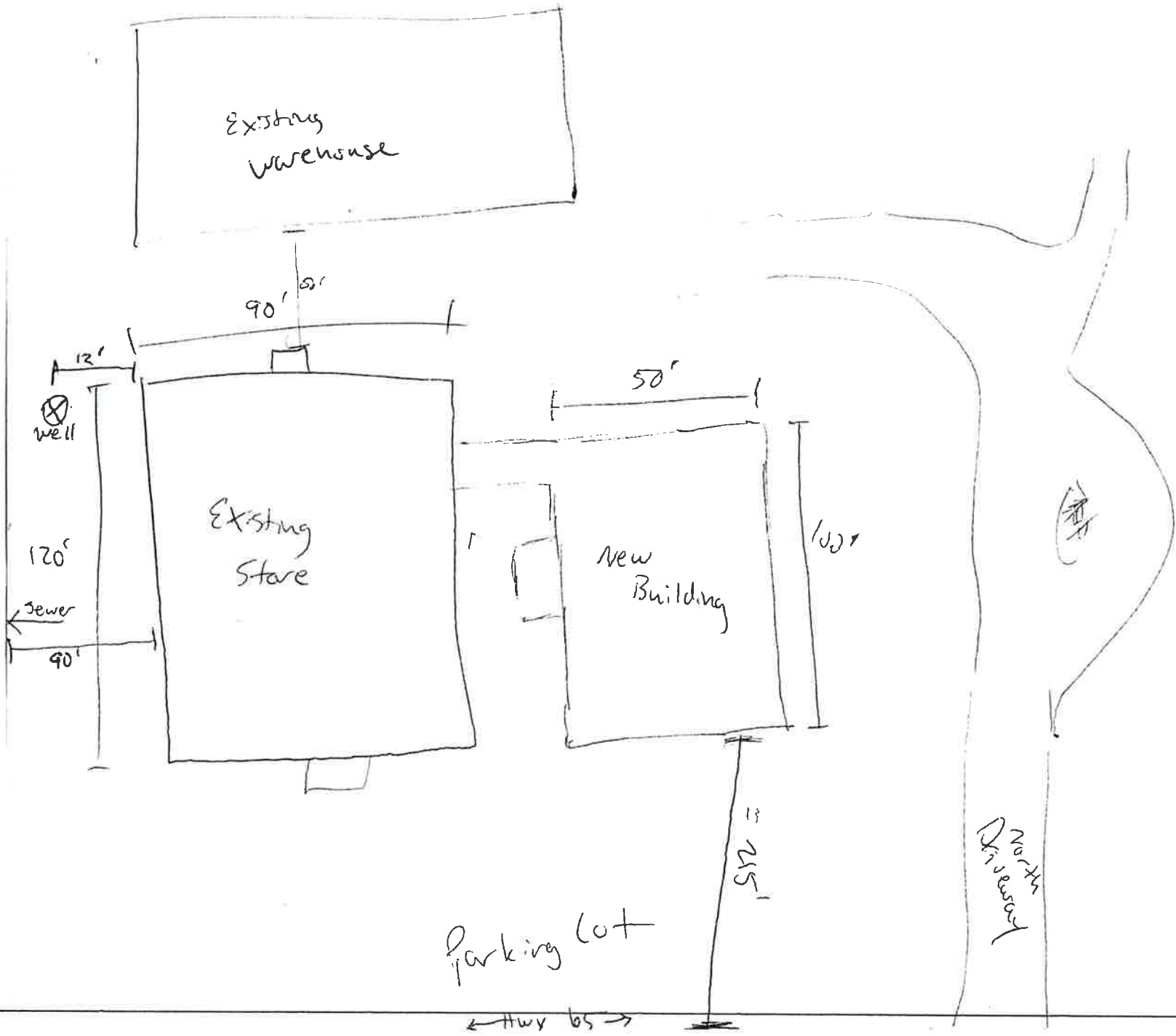
Admin Staff

Date the application was complete:	12/26/2023
This review has been started by:	Shannon Wiebusch ▼
Zoning District of project location:	Farm Residential ▼
Project located in the floodplain?	No ▼
Is the parcel a Lot of Record before 1-21-92 or have alternate sites been identified?	Yes ▼

Is this an after-the-fact application?

Yes ▼

Print View



Existing Warehouse

Existing Store

New Building

Parking Lot

Driveway

North ↑

Well

Sewer

12'

120'

90'

90'

50'

100'

215'

Hwy 65

CRV Not Required
No Delinquent Taxes and Transfer Entered
Kirk Peysar, County Auditor

Doc No: **A457773**

PRO 3/4

REC FEE \$46.00

Certified Filed and/or Recorded on
7/7/2020 10:16 AM

Office of the County Recorder
Aitkin County, Minnesota
Michael T. Moriarty, County Recorder

Package: **66955** Liz

This cover sheet was added by the Aitkin County Recorder's Office to allow space for the recording information of this document. It is not intended to alter the document/certified copy.

This cover sheet is now a permanent part of the recorded document.

(Top 3 inches reserved for recording data)

**DEED OF DISTRIBUTION
by Individual Personal Representative**

**Minnesota Uniform Conveyancing Blanks
Form 10.5.1 (2016)**

NO DEED TAX DUE

DATE: June 25, 2020
(month/day/year)

Ashley Carlstrom

(insert name of each Personal Representative)

as Personal Representative of the Estate of Mark Kenneth Ukura

, Decedent, single married at the time of death
(check applicable box),

(if "married" is checked, then attach a Consent of Spouse (Form 70.1.1))

("Grantor"), hereby conveys and quitclaims to Ukura's Big Dollar, LLC, a Limited Liability Company under the laws of the State of

(insert name of each Grantee)

Minnesota

("Grantee"), as

(Check only one box.)

- tenants in common,
 joint tenants,

(If more than one Grantee is named above and either no box is checked or both boxes are checked,
this conveyance is made to the named Grantees as tenants in common.)


real property in Aitkin County, Minnesota, legally described as follows:
See Attached Exhibit A.

Check here if all or part of the described real property is Registered (Torrens)

together with all hereditaments and appurtenances belonging thereto.

Grantor

By:


(signature of Personal Representative) Ashley Carlstrom

By:

(signature of Personal Representative)

Note: This deed should be used only for distribution.

State of Minnesota, County of Aitkin

This instrument was acknowledged before me on June 25, 2020, by Ashley Carlstrom
(month/day/year) (insert name of each Personal Representative)

as Personal Representative of the Estate of Mark Kenneth Ukura, Decedent.

(Stamp)



Shari S. Larson

(signature of notarial officer) Shari S. Larson

Title (and Rank): Attorney / Notary Public

My commission expires: 1-31-25
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:
(insert name and address)

Shari S. Larson, Atty. ID#0187689
LARSON LAW OFFICE
P. O. Box 456
McGregor, MN 55760
218-768-4005
larsonlwshari@gmail.com

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS INSTRUMENT SHOULD BE SENT TO:

(insert legal name and residential or business address of Grantee)

Ukura's Big Dollar
41561 State Hwy. #65
P. O. Box 97
McGregor, MN 55760

EXHIBIT A

→ Southeast Quarter of Northeast Quarter (SE ¼ of NE ¼) of Section Twenty-five (25), Township Forty-eight (48), Range Twenty-four (24), subject to highway easements and mineral reservation of record; subject to the following exceptions: Except any liens or incumbrances created or suffered to be created by the acts or defaults of the grantees.

LESS: That part of the Southeast Quarter of Northeast Quarter (SE ¼ of NE ¼) of Section Twenty-five (25), Township Forty-eight (48), Range Twenty-four (24), described as follows:

Commencing at the East Quarter corner of said Section 25; thence on an assumed bearing of North along the East line of said Southeast Quarter of Northeast Quarter (SE ¼ of NE ¼) a distance of 572.58 feet; thence West a distance of 100.00 feet to the westerly right of way line of Minnesota Trunk Highway No. 65 and the actual point of beginning of the tract to be described; thence continuing West a distance of 286.00 feet; thence South a distance of 104.00 feet; thence East a distance of 286.00 feet to the westerly right of way line of Minnesota Trunk Highway No. 65; thence North along said right of way line a distance of 104.00 feet to the actual point of beginning. Subject to restrictions, reservations and easements of record, if any.

AND LESS: That part of the Southeast Quarter of Northeast Quarter (SE ¼ of NE ¼) of Section Twenty-five (25), Township Forty-eight (48), Range Twenty-four (24), described as follows: Commencing at the East Quarter corner of said Section 25; thence on an assumed bearing of North along the East line of said Southeast Quarter of Northeast Quarter (SE ¼ of NE ¼) of Section 25 a distance of 682.21 feet to a point hereby designated as Point A; thence North 87 degrees 58 minutes West a distance of 119.55 feet; thence North 61 degrees 52 minutes West a distance of 173.64 feet; thence North 89 degrees 24 minutes West a distance of 282.95 feet; thence South 01 degrees 28 minutes East a distance of 115.53 feet to the actual point of beginning of the tract to be described; thence South 81 degrees 36 minutes West a distance of 775.0 feet; thence North 01 degrees 28 minutes West a distance of 225.0 feet; thence North 81 degrees 36 minutes East a distance of 775.0 feet; thence South 01 degrees 28 minutes East a distance of 225.0 feet to the actual point of beginning.

→ Together with an easement for the purpose of ingress to and egress from the afore-described tract to Minnesota Trunk Highway No. 65. Said easement being 33.0 feet in width and being 16.5 feet on each side of the following described line: Beginning at the afore-designated Point A; thence North 87 degrees 58 minutes West a distance of 119.55 feet; thence North 61 degrees 52 minutes West a distance of 173.64 feet; thence North 89 degrees 24 minutes West a distance of 300.00 feet and there terminating. Subject to Aitkin County zoning ordinances and other restrictions, reservations and easements of record, if any.

Transfer Entered
Kirk Peysar, County Auditor

Doc No: **A468303**

JUD 1/1

REC FEE \$46.00

Certified Filed and/or Recorded on
12/7/2021 9:00 AM

Office of the County Recorder
Aitkin County, Minnesota
Michael T. Moriarty, County Recorder

Package: **75333** Liz

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This cover sheet is now a permanent part of the recorded document.

STATE OF MINNESOTA

Timmers, Karen
Nov 24 2021 1:15 PM

DISTRICT COURT

COUNTY OF AITKIN

NINTH JUDICIAL DISTRICT
CIVIL DIVISION

Case Type: Other Civil (Quiet Title)

Ukura's Big Dollar, LLC, a limited liability
company under the laws of Minnesota,

Court File No. 01-CV-21-589

Plaintiff,

**FINDINGS OF FACT,
CONCLUSIONS OF LAW AND
ORDER FOR JUDGMENT**

vs.

Mark K. Ukura a/k/a Mark Kenneth Ukura,
Estate of Mark K. Ukura a/k/a Mark Kenneth
Ukura, Linda D. Ukura a/k/a Linda Diane Ukura,
Estate of Linda D. Ukura a/k/a Linda Diane
Ukura, and all the unknown heirs of the above
named who are deceased and all other persons
unknown claiming any right, title, estate, interest
or lien in the real estate described in the
Complaint herein,

Defendants.

The above entitled action came on for hearing before the Honorable David F. Hermerding, Judge of District Court of Aitkin County, on the 24th day of November, 2021, at 10:45 a.m., at the Aitkin County Courthouse in the City of Aitkin, Minnesota. The Plaintiff appeared by and through counsel, Heinrich A. Brucker of Ryan, Brucker & Kalis, Ltd., Aitkin, Minnesota. No appearances were made by any of the Defendants.

Now, therefore, upon the evidence presented by and on behalf of the Plaintiff, and upon all of the evidence adduced at said hearing and upon all of the files and records herein, the Court makes the following:

FINDINGS OF FACT

I.

That Plaintiff, Ukura's Big Dollar, LLC, a limited liability company under the laws of Minnesota, is the owner in fee of the following described real property located in Aitkin County, Minnesota:

- > That part of the Southeast Quarter of Northeast Quarter (SE $\frac{1}{4}$ of NE $\frac{1}{4}$) of Section Twenty-five (25), Township Forty-eight (48), Range Twenty-four (24), described as follows: Commencing at the East Quarter corner of said Section 25; thence on an assumed bearing of North along the East line of said Southeast Quarter of Northeast Quarter (SE $\frac{1}{4}$ of NE $\frac{1}{4}$) a distance of 572.58 feet; thence West a distance of 100.00 feet to the westerly right of way line of Minnesota Trunk Highway No. 65 and the actual point of beginning of the tract to be described; thence continuing West a distance of 286.00 feet; thence South a distance of 104.00 feet; thence East a distance of 286.00 feet to the westerly right of way line of Minnesota Trunk Highway No. 65; thence North along said right of way line a distance of 104.00 feet to the actual point of beginning.

Aitkin County, Minnesota
(Abstract)

II.

That Plaintiff, Ukura's Big Dollar, LLC, a limited liability company under the laws of Minnesota, is in actual possession of the real property legally described in Paragraph I above.

III.

That all of the Defendants have been properly served and are in default.

IV.

That the Defendants have no claim, estate, lien or interest in the above described real property.

And from the foregoing Findings of Fact, the Court makes the following:

CONCLUSIONS OF LAW

1. Plaintiff, Ukura's Big Dollar, LLC, a limited liability company under the laws of Minnesota, is the owner in fee of that certain real property located in Aitkin County, Minnesota, and legally described as follows:

—> That part of the Southeast Quarter of Northeast Quarter (SE¼ of NE¼) of Section Twenty-five (25), Township Forty-eight (48), Range Twenty-four (24), described as follows: Commencing at the East Quarter corner of said Section 25; thence on an assumed bearing of North along the East line of said Southeast Quarter of Northeast Quarter (SE¼ of NE¼) a distance of 572.58 feet; thence West a distance of 100.00 feet to the westerly right of way line of Minnesota Trunk Highway No. 65 and the actual point of beginning of the tract to be described; thence continuing West a distance of 286.00 feet; thence South a distance of 104.00 feet; thence East a distance of 286.00 feet to the westerly right of way line of Minnesota Trunk Highway No. 65; thence North along said right of way line a distance of 104.00 feet to the actual point of beginning.

Aitkin County, Minnesota
(Abstract)

2. Defendants have no claim, estate, lien or interest in the above-described real property.

LET JUDGMENT BE ENTERED ACCORDINGLY.

STATE OF MINNESOTA
COUNTY OF CROW WING SS
I, D. Anderson, Court Administrator in and for said County and State, do hereby certify that the foregoing is a full and true copy of the original remaining on file and of record in my office.

Dated the 30th day of Nov., 2021

Dana Anderson
Court Administrator Crow Wing County

By [Signature]
Deputy

[Signature]

Dated: November 24, 2021

Hermerding, David
Nov 24 2021 10:50 AM

David F. Hermerding
District Court Judge

I hereby certify that the foregoing Order constitutes the Judgment of this Court
Court Administrator: Paula Lang

Nacey, Lois
Nov 29 2021 8:59 AM 3



EXPERT SERVICE. LASTING VALUE. CLEAN WATER

Septic System Compliance Inspection – Existing System

DATE 12/27/2023

Property Owner: Ukura's Big Dollar Store
Street Address: 41561 Minnesota 65
City, State, Zip: McGregor, MN 55760

Dear: Cory Marsyla and Aitkin County,

A compliance inspection was performed at the above location. Soil investigations were conducted to determine the seasonal high water table, the drain field was also inspected to ensure there was no ponding or leakage, and the septic tank was inspected. The system was found to be _

- **Impact on Public Health:**
Compliant; no impact on public health.
- **Tank Integrity:**
Compliant; tank(s) are functioning at operating level and are protecting the groundwater.
- **Other Compliance Conditions:**
Compliant; meets conditions of A, B, & C.
- **Soil Separation:**
Compliant, soil has 3' of vertical separation to saturated soils.
- **Operating Permit and Nitrogen BMP:**
Operating permit requirements have been met.

I included a copy of the compliance documents and site sketch. Copies were sent to Aitkin County on your behalf. If you have any further questions, please do not hesitate to give us a call. Thank you for your business!

Sincerely,

Eric Otte, Lic. No. 2624
Advanced Design and Compliance- C8453
Office: 320-983-2447
ericotte@septiccheck.com

SEPTIC CHECK

EXPERT SERVICE. LASTING VALUE. CLEAN WATER

Disclaimer

The septic system inspection conducted for this property, meets the MN chapter 7082.0700 Subp. 4. Requirements for existing system inspections.

We recommend this system be serviced and inspected at least every 36 months by a septic professional.

Water use in excess of 50% of the design flow of the septic system may lead to premature failure.

This inspection does not guarantee future performance.

Additions to the home or use of the property may require the property owner to increase the system capacity.

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: 14-0-041802 Reason for Inspection Property Transfer

Local regulatory authority info: Aitkin County

Property address: 41561 Minnesota 65 McGregor, MN 55760

Owner/representative: Cory Marsyla Owner's phone: 218-670-0430

Brief system description: 2-1960 gallon septic tanks, then a 1960 with a VBT treatment unit, and a 1960 duplex pump tank and a 1200 GPD mound.

System status

System status on date (mm/dd/yyyy): 12/27/2023

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

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

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

Reason(s) for noncompliance (check all applicable)

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

Comments or recommendations

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: Septic Check Certification number: C8453

Inspector signature: Eric Otte  License number: 2624

(This document has been electronically signed) Phone: 320-983-2447

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): _____

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

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

Describe verification methods and results:

Visual Inspection

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?	<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:	

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

Describe verification methods and results:

Pumped, cleaned and visually inspected, no issues seen.

Attached supporting documentation:

- Empty tank(s) viewed by inspector
 - Name of maintenance business: Kangas
 - License number of maintenance business: L2526
 - Date of maintenance: 12/27/2023
- 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 2011 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	100.95
B. Periodically saturated soil/bedrock	97.9
C. System separation	3.05
D. Required compliance separation*	2.55

*May be reduced up to 15 percent if allowed by Local Ordinance.

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

Describe verification methods and results:

Upgrade requirements: (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food,

beverage, and lodging establishments as defined in law.

2023 Septic Check Compliance

FARLEY SEWER SYSTEMS

SEWER DESIGN & INSTALLATION
JAROLD R. FARLEY

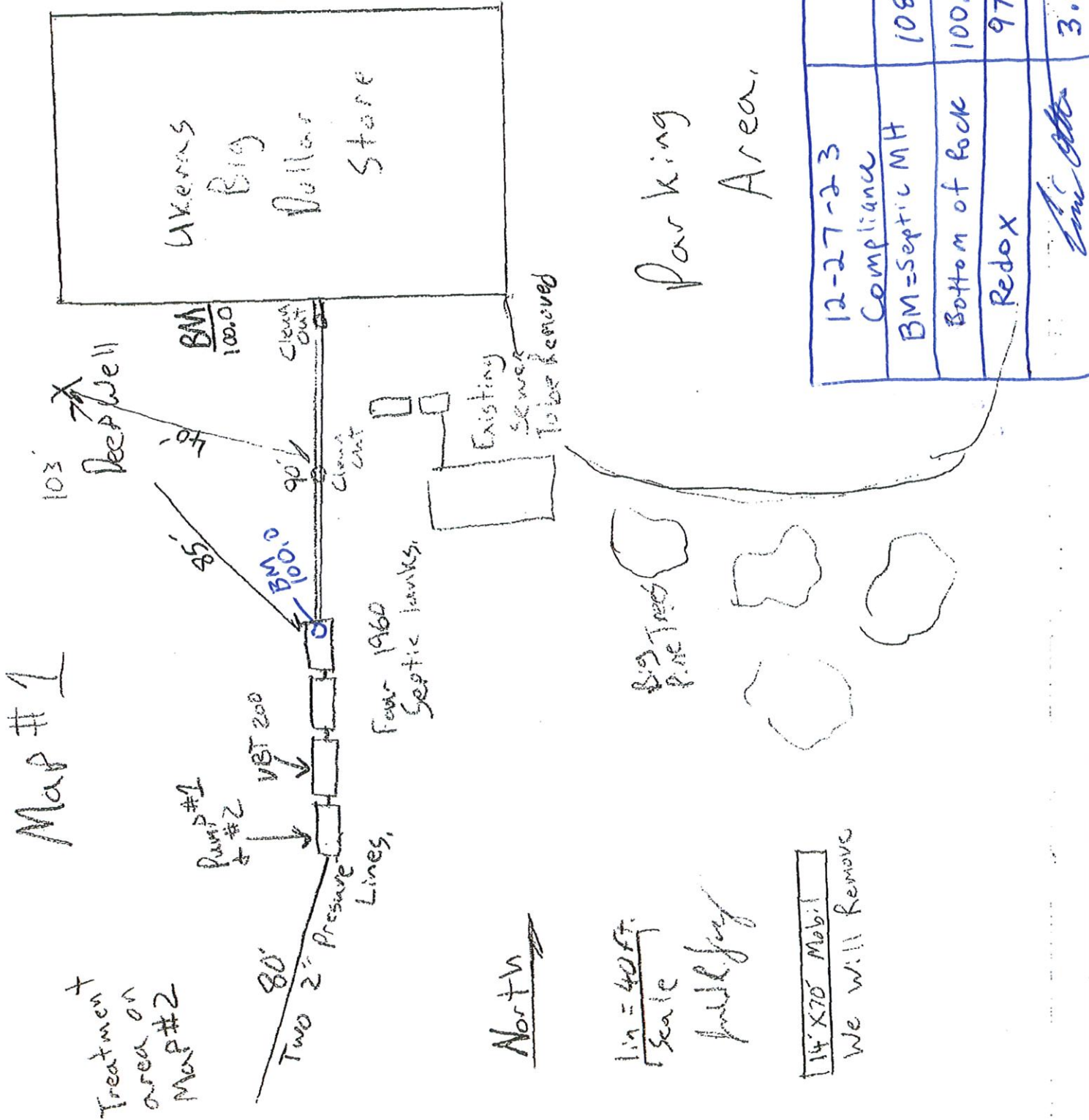
230 S. Maddy Street
McGregor, MN 55760

Bus. Lic. No. L1919
Reg. No. 4744

218-768-3211

218-839-4737 cell

3.05 Separation



12-27-23	108.00
Compliance	
BM=Septic MH	
Bottom of Rock	100.95
Redox	97.90

Map #1

Treatment area on Map #2

North

1 in = 40 ft.
Scale

Hand-drawn

14' X 70' Mobil
We will Remove



Parking Area

Existing Sewer To be removed

Four 1960 Septic tanks

Two 2" Pressure Lines

Pump #1
Pump #2

VET 200

BM 100.0

Clean out

Deep Well

103

40'

55'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

90'

FARLEY SEWER SYSTEMS

SEWER DESIGN & INSTALLATION

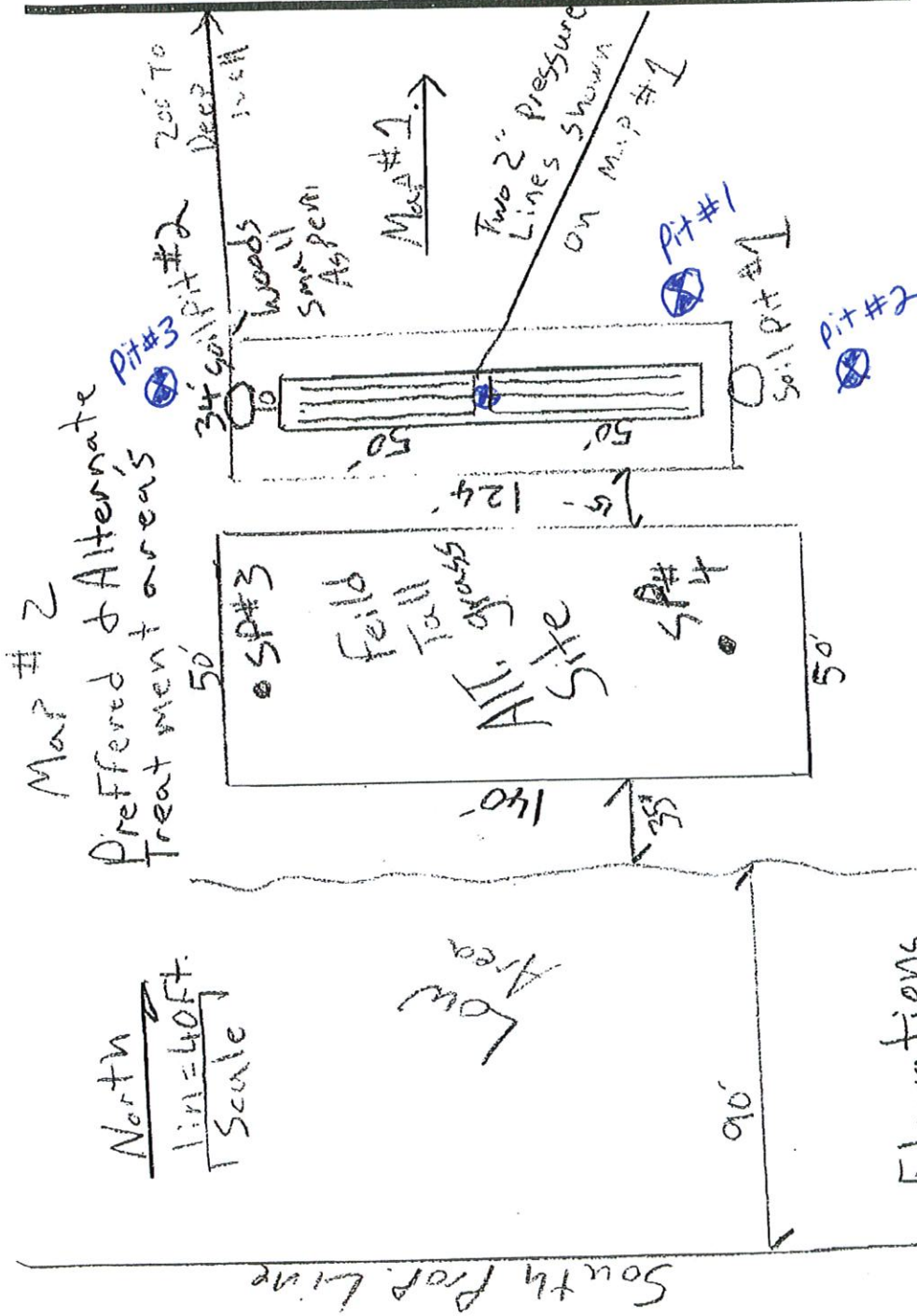
JAROLD R. FARLEY

230 S. Maddy Street
McGregor, MN 55760

Bus. Lic. No. L1919
Reg. No. 4744

218-768-3211

218-839-4737 cell



Elvations

- Bench Mark = 100.0
- Outlet from store = 98.0
- Inlet of tank #1 = 96.1
- TOP of both pumps = 93.2
- Pipe in disp. field = 101.2

SAMPLING REPORT

Location: 41561 State Hwy 65

McGregor

14-0-041802

Owner: Ukura's Big Dollar Store

Use: Food Establishment

Service Company:

Septic Check

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

Laboratory: A W Labs

Sample Date: 05/23/2023 Sample entered by: Heather Johnson Report submitted: 06/01/2023

Notes:

ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Control - 2 Pumps	Effluent	Flow	1200 GPD	337.9
Pump Tank 1960 Gallon With Eff. Filters	Effluent	CBOD	125 mg/l	49
Pump Tank 1960 Gallon With Eff. Filters	Effluent	TSS	65 mg/l	21.3

This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.

SAMPLING REPORT

Location: 41561 State Hwy 65

McGregor

14-0-041802

Owner: Ukura's Big Dollar Store

Use: Food Establishment

Service Company:

Septic Check

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

Sample Date: 10/12/2023 Sample entered by: Heather Johnson Report submitted: 11/01/2023

Notes:

ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Control - 2 Pumps	Effluent	Flow	1200 GPD	306.13

This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.

Septic Check

6074 Keystone Rd
Milaca, MN 56353

320-983-2447
Fax: 320-983-2151

Mail To: Ukura's Big Dollar Store
P.O. BOX 97
McGregor, MN
55760

PROPERTY INFORMATION

Location: 41561 State Hwy 65
McGregor
Tax ID: 14-0-041802

Use: Commercial, Food Establishment
System Design Flow: 1200
GENERAL SYSTEM TYPE: VBT Comm 2 w test

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 05/23/2023 - Inspection Type: ROUTINE - Correction Status: Corrections in progress

Company:
Septic Check

Work Performed By:
Kyle Wade

Submitted 05/25/2023 by:
Heather Johnson

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

found that there was 18" of sludge in the first septic tank.
I would recommend pumping out the first septic tank.
Everything else seemed to be working properly.

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Septic Tank - 1 Compartment, Manufacturer= Local Manufacturer - Concrete 1 - 1960 Gallon

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	1	
Compartment 1 Sludge accumulation (Inches, if other specify):	18	
Pumping recommended:	YES	

TANK: Septic Tank - 1 Compartment, Manufacturer= Local Manufacturer - Concrete 2 - 1960 Gallon

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	8	
Pumping recommended:	NO	

TANK: Septic Tank - 1 Compartment, Manufacturer= Local Manufacturer - Concrete 3 - 1960 Gallon with VBT

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	9	
Pumping recommended:	NO	

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1960 Gallon With Eff. Filters

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	

Aerobic Treatment Unit: ATU, Manufacturer= Advanced Aeration - VBT 200 VBT 200-20

Manufacturer: Advanced Aeration Model: VBT 200

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	N/A	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	N/A	
Pumping recommended:	NO	

Pump: Effluent Pump, Manufacturer= Zoeller Pump Co. - other Pump 1 Zoeller 153

Manufacturer: Zoeller Pump Co. Model: other

This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	

Pump: Effluent Pump, Manufacturer= Zoeller Pump Co. - other Pump 2 Zoeller 153

Manufacturer: Zoeller Pump Co. Model: other

This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	

Panel: Control - 2 Pumps

This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	3 min 13 sec	
Pump 1: off hours (override in parentheses - if present):	2	
Pump 1: gallons per dose (override in parentheses - if present):	-	
Pump 1: ETM hours (override in parentheses - if present):	226.28	
Pump 1: Cycle Count (override in parentheses - if present):	4259	
Pump 2: on minutes (override in parentheses - if present):	3min 13 sec	
Pump 2: off hours (override in parentheses - if present):	2	
Pump 2: gallons per dose (override in parentheses - if present):	-	
Pump 2: ETM hours (override in parentheses - if present):	344.43	
Pump 2: Cycle Count (override in parentheses - if present):	6475	

Drainfield (disposal): Pressure Bed Two 10' x 50' rockbed mound

This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	-	
Ponding present? If YES explain in comments:	NO	

Septic Check

6074 Keystone Rd
Milaca, MN 56353

320-983-2447
Fax: 320-983-2151

Mail To: Ukura's Big Dollar Store
P.O. BOX 97
McGregor, MN
55760

PROPERTY INFORMATION

Location: 41561 State Hwy 65
McGregor
Tax ID: 14-0-041802

Use: Commercial, Food Establishment
System Design Flow: 1200
GENERAL SYSTEM TYPE: VBT Comm 2 w test

Fold
Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 10/12/2023 - Inspection Type: ROUTINE - Correction Status: Corrections in progress

Company:
Septic Check

Work Performed By:
Matt Maleski

Submitted 11/01/2023 by:
Heather Johnson

Fold
Here

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

- We recommend having the complete system pumped as it is due .
- We will also replace the effluent filter that is not accessible with the correct one that is in the design . (If approved)
- Everything else is working properly at the time of service.

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Septic Tank - 1 Compartment, Manufacturer= Local Manufacturer - Concrete 1 - 1960 Gallon

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	2	
Compartment 1 Sludge accumulation (Inches, if other specify):	18	
Pumping recommended:	YES	

TANK: Septic Tank - 1 Compartment, Manufacturer= Local Manufacturer - Concrete 2 - 1960 Gallon

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	16	
Pumping recommended:	YES	

TANK: Septic Tank - 1 Compartment, Manufacturer= Local Manufacturer - Concrete 3 - 1960 Gallon with VBT

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	12	
Pumping recommended:	YES	

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1960 Gallon With Eff. Filters

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	2	
Pumping recommended:	NO	

Aerobic Treatment Unit: ATU, Manufacturer= Advanced Aeration - VBT 200 VBT 200-20

Manufacturer: Advanced Aeration Model: VBT 200

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	N/A	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	N/A	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	N/A	
Pumping recommended:	NO	

Pump: Effluent Pump, Manufacturer= Zoeller Pump Co. - other Pump 1 Zoeller 153

Manufacturer: Zoeller Pump Co. Model: other

This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	

Pump: Effluent Pump, Manufacturer= Zoeller Pump Co. - other Pump 2 Zoeller 153

Manufacturer: Zoeller Pump Co. Model: other

This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	

Panel: Control - 2 Pumps

This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	3.13	
Pump 1: off hours (override in parentheses - if present):	2.00.00	
Pump 1: gallons per dose (override in parentheses - if present):	-	
Pump 1: ETM hours (override in parentheses - if present):	233.15	
Pump 1: Cycle Count (override in parentheses - if present):	4386	
Pump 2: on minutes (override in parentheses - if present):	2.13	
Pump 2: off hours (override in parentheses - if present):	2.00.00	
Pump 2: gallons per dose (override in parentheses - if present):	-	
Pump 2: ETM hours (override in parentheses - if present):	351.23	
Pump 2: Cycle Count (override in parentheses - if present):	6600	

Drainfield (disposal): Pressure Bed Two 10' x 50' rockbed mound

This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	-	
Ponding present? If YES explain in comments:	NO	



Vacation/Private Home Rental App. # App-2023-001347, UID # 209431

App. Status: Pending Review

Meeting date: 1/20/24
Date complete: 12/14/23
60 day: 2/11/24

Aitkin County Planning & Zoning / Environmental Services

307 2nd Street NW, Room 219

Aitkin, MN 56431

Phone: 218-927-7342

Fax: 218-927-4372

Email: aitkinpz@co.aitkin.mn.us

Contact Information

<p>If we have questions on the application who should we contact?</p>	<p>Name: Michelle Goltz</p> <p>Phone: (612) 685 - 0470</p> <p>Email Address: michellegoltz@gmail.com</p> <p>Mailing Address: 48565 216th Place McGregor MN 55760</p>
<p>Are you the property owner?</p>	<p><u>Yes</u></p>
<p>Do you have a contact person that meets all requirements of Section 17.0 (17) of the Aitkin County Zoning Ordinance?</p>	<p><u>Yes</u></p>

Project Location Search

Property:	Property Location			Legal Description			Property Attributes		Owner Information	Tax Payer Information
	Parcel Number	Property Address	Township or City Name	Legal Description	Plat Name	Section-Township-Range	Lake Class	Lake Name	Owner Name(s)	Taxpayer Name(s)
	29-0-040607	48565 216TH PL MCGREGOR MN 55760	SHAMROCK TWP	PART LOT 4 IN DOC 422677 (PARCEL B)		S:19 T:49 R:23	RD	BIG SANDY RIVER	GOLTZ, MICHELLE M	GOLTZ, MICHELLE M
Driving directions to the property from Aitkin:	From Aitkin 210 to Hwy 65 north. Left at 216th Place (across from zorbaz parking lot). Home on right.									

Brief Narrative

Brief Narrative:	<p>Rustic Luxury Retreat: 3BR/3BA, Stone Fireplace, Modern Amenities</p> <p>Escape to our enchanting 3-bedroom, 3-bathroom retreat, where rustic charm meets modern luxury. Nestled in the heart of nature, this haven boasts wood frame architecture, a captivating stone fireplace, and breathtaking views visible through large windows that bathe the space in natural light. With 9-foot ceilings, a sprawling deck, and all the modern amenities you crave, this is your sanctuary in the wilderness.</p> <p>There are tons of amazing local establishments including Zorbaz, MN National Golf Course, Big Sandy Lodge, The Sandy Beaver, Craft House and Banns Bar and Grill.</p>
<p>List all current advertising sources: (Be specific and include website links, rental ID #'s, title, etc.)</p> <p>All advertising must be in compliance with the occupancy allowance and all other conditions of the permit.</p> <p>Notify Environmental Services with any changes to the advertising within 30 days.</p>	<p>Will be advertising on Airbnb. Vacation rental - 7 day stays or longer.</p> <p>I am very familiar with Airbnb rentals in this area as I had one on Big Sandy a couple of years ago at 22126 512th Lane, McGregor.</p>
Proposed occupancy of overnight guests:	6
How many rental units will be located on this parcel?	1
Will you be renting for periods of less than one week?	<u>No</u>
Quiet hours will begin at:	10 : 00 <u>PM</u>
Quiet hours will end at:	09 : 00 <u>AM</u>

Floor Plan of Structure

<p>1. Please attach a floor plan of the rental unit that includes the following: Label sleeping areas with dimensions Location of egress windows and doors Location of all smoke alarms and carbon monoxide alarms</p>	<div style="border: 1px dashed black; padding: 5px;"> <p>File 1: 21201.pdf</p> <p>File 2: Home_plan_with_smokes_co2_and_fire_extinguisher.pdf</p> </div>
<p>2. How many rooms will be used for sleeping?</p>	<p><u>3</u></p>
<p>3. How many carbon monoxide alarms are located in the rental?</p>	<p>3</p>
<p>4. How many smoke detector alarms are located in the rental?</p>	<p>6</p>
<p>5. A fire extinguisher must be placed in an easily accessible location within each rental unit. Where is the fire extinguisher located?</p>	<p>Under kitchen sink</p>

Sleeping Area #1

<p>Was this window installed before July 10, 2007?</p>	<p><u>No</u></p>
<p>Select Window style. (see attached diagram for window style options):</p>	<p><u>Exterior Door/Patio Door</u></p>
<p>What is the OPENABLE height of this window:</p>	<p>93 inches</p>
<p>What is the OPENABLE width of this window:</p>	<p>35 inches</p>
<p>What is the distance from the floor to the bottom of this window (finished sill):</p>	<p>1 inches</p>

Sleeping Area #2

Was the largest window in this room installed before July 10, 2007?	<u>No</u>
Select window style. (see attached diagram for window style options):	<u>Casement</u>
What is the OPENABLE height of this window?	68 inches
What is the OPENABLE width of this window?	34 inches
What is the distance from the floor to the bottom of this window (finished sill)?	18 inches

Sleeping Area #3

Was the largest window in this room installed before July 10, 2007?	<u>No</u>
Select window style. (see attached diagram for window style options):	<u>Casement</u>
What is the OPENABLE height of this window?	68 inches
What is the OPENABLE width of this window?	34 inches
What is the distance form the floor to the bottom of this window (finished sill)?	18 inches

Scaled Site Plan

Please attach your scaled site plan:	File 1: ↓ Big_sandy_hive.pdf
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Emergency Contact Info

Police:	(218) 927 - 7359
Fire:	(218) 768 - 2717
Hospital:	(218) 927 - 2121
Septic Tank Pumper:	(218) 927 - 6175
Where in the rental will the emergency contact information be posted?	On the Center Island in the manual for the home. In most cases we will recommend to call 911 for police or fire

Property Information Handbook

Please select all that will be included in your handbook:	Name & contact information for owner and/or caretaker Quiet hours Maximum # of overnight guests Maximum # of non-overnight guests Property rules related to outdoor features List of conditions placed on the approved IUP Notice that all ordinances and IUP conditions will be enforced by the Aitkin County Sheriff's Office and the Aitkin County Environmental Services Department
Where in the rental will your handbook will be located?	On the center island in the kitchen

Septic Compliance

Attach septic compliance:	<div style="border: 1px dashed black; padding: 5px; display: inline-block;">  Goltz_Michelle_1.pdf </div>
---------------------------	--

Water Test Results

Attach Water Test:	<div style="border: 1px dashed black; padding: 5px; display: inline-block;"> <p>File 1:  23-13343_L23-51.pdf</p> <p>File 2:  rptTestReportLetter.pdf</p> </div>
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Garbage Disposal Plan

How often will the garbage be collected?	Weekly
Please enter the name of the garbage collection service or describe your disposal plan:	Countryside Sanitation

Pet Policy

Pet Policy:	No pets allowed
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Property Deed

Attach the property deed:	File 1: AITKIN_COUNTY_-_REC-REAL_EST_-_464251.pdf
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Terms

Interior & Exterior Inspection

After your submitted application is accepted by Environmental Services, a staff member will contact you to schedule an interior inspection to verify the information provided in your application. It is the responsibility of the applicant to have the following in place prior to the inspection:

1. Smoke alarms and carbon monoxide alarms installed per MN State Fire Code
2. Fire extinguishers are in their designated places and meeting MN State Fire Code
3. Flow-measuring device installed on the septic system or well
4. Visual demarcations of the property lines

Shamrock Township Lodging Tax Ordinance

If the proposed VRBO is located within Shamrock Township, please be aware there is a Lodging Tax Ordinance that will apply to this rental. For more information, please contact Shamrock Township at (218) 426-3736.

General Terms

The landowner or authorized agent hereby certifies that to the best of their knowledge the application and supporting documents are a factual representation of the proposed project. The landowner or authorized agent agrees that, in making application, the landowner grants permission to Aitkin County, at reasonable times, to enter the property to determine compliance of the application with applicable Local, County or State Ordinances or Statutes. It is the applicant's responsibility to contact other Local, County or State agencies to ensure the applicant has complied with all relevant Local, County or State Ordinances or Statutes.

Submittal of the above materials does not always constitute a complete application. Other information may be necessary to complete the application based on the type of request and onsite inspection.

I acknowledge that by submitting this application, the application and its attachments are public information.

Invoice #59100 (12/14/2023) Expected Payment Method: Pay Online - Card or ECheck

Charge	Cost	Quantity	Total
Recording Fee added 12/14/2023 2:30 PM This fee is non-refundable if denied.	\$46.00	x 1	\$46.00
Vacation/Private Home Rental added 12/14/2023 2:30 PM This fee is non-refundable if denied.	\$650.00	x 1	\$650.00
Grand Total			
		Total	\$696.00
		Payment 12/05/2023	\$696.00
		Due	\$0.00

Approvals

Approval	Signature
Applicant	Michelle Goltz - 12/14/2023 2:36 PM - witnessed by Connor Plagge aab7d104790302f9a0066ce84060f434 8ecbf83c5a223a98735bcb8e1b41a779
#1 Administrative Staff	Connor Plagge - 12/18/2023 12:30 PM f8a9c0f9c2ca1a3ada96e642643aead9 86a381c5c2cddb1c676eeef604376fbb2
#2 Planning Commission	

Public Notes

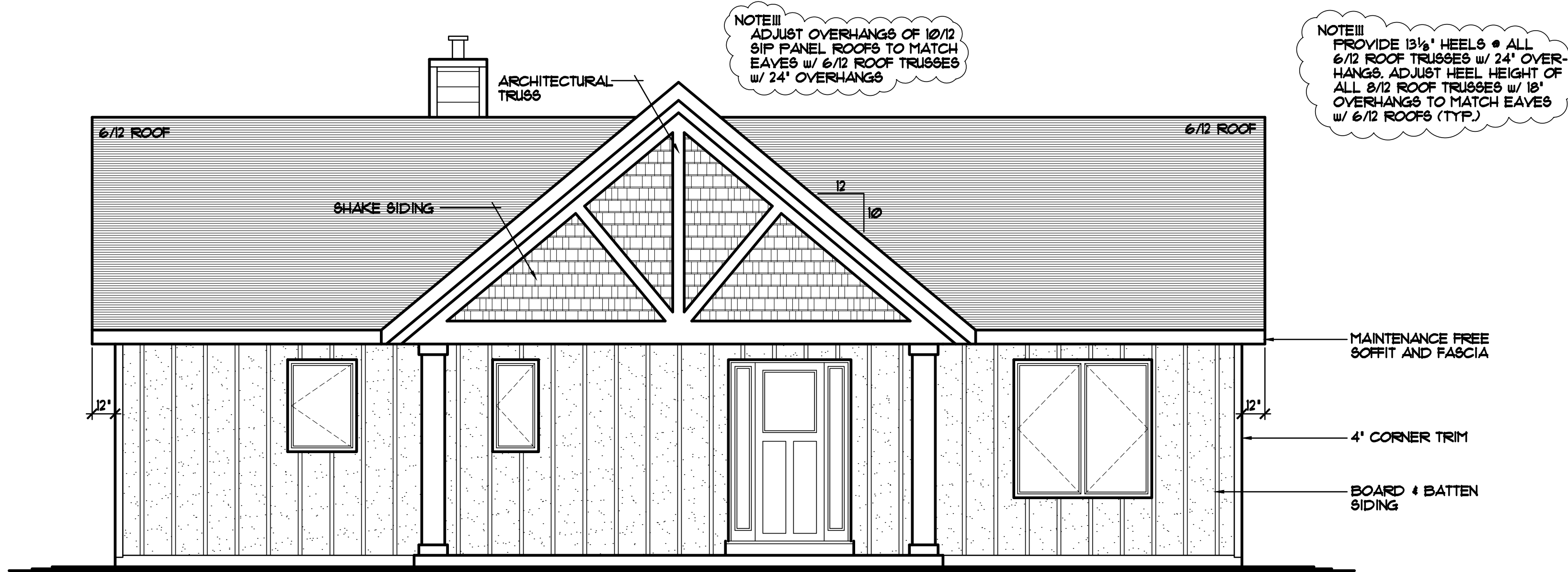
Text:	To be heard at the January 22nd, 2024 Planning Commission meeting.
File(s):	<div style="border: 1px dashed black; height: 20px;"></div>

Administrative Staff

This review has been started by:	Connor Plagge ▼
Zoning District:	Shoreland ▼
Is the parcel a Lot of Record before 1-21-92 or have alternate sites been identified?	Yes ▼
Is this an After-The-Fact application?	No ▼
Current SSTS:	Mound (Type I) ▼
Max Overnight Guests per SSTS:	6

Print View

REVISIONS	BY
XXXXX	XX



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REAR ELEVATION 1/4" = 1'-0"

NOTE!!! ADJUST OVERHANGS OF 10/12 SIP PANEL ROOFS TO MATCH EAVES w/ 6/12 ROOF TRUSSES w/ 24' OVERHANGS

NOTE!!! PROVIDE 13 1/2" HEELS @ ALL 6/12 ROOF TRUSSES w/ 24' OVERHANGS. ADJUST HEEL HEIGHT OF ALL 8/12 ROOF TRUSSES w/ 18' OVERHANGS TO MATCH EAVES w/ 6/12 ROOFS (TYP.)

LEVEL HEIGHT INFORMATION TABLE

LEVEL	R.C.H.	TOP OF WINDOW RO.
BASEMENT	9'-1 1/2'	8'-0"
MAIN LEVEL	9'-1 3/4'	8'-0"

- GENERIC WINDOWS SPEC'D.
- MAINTENANCE FREE SOFFITS & FASCIA
- BOARD & BATTEN SIDING WHERE SHOWN
- LAP SIDING WHERE SHOWN
- SHAKE SIDING WHERE SHOWN

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ARCHITECTURAL DESIGN and DRAFTING SERVICE
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FRONT ELEVATION 1/4" = 1'-0"
1686 SQFT. MAIN LEVEL

THE: **GOLTZ CABIN**
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DRAWN	NF/RB
CHECKED	XX
DATE:	8/4/2021
SCALE:	AS NOTED
CADD FILE #	21201

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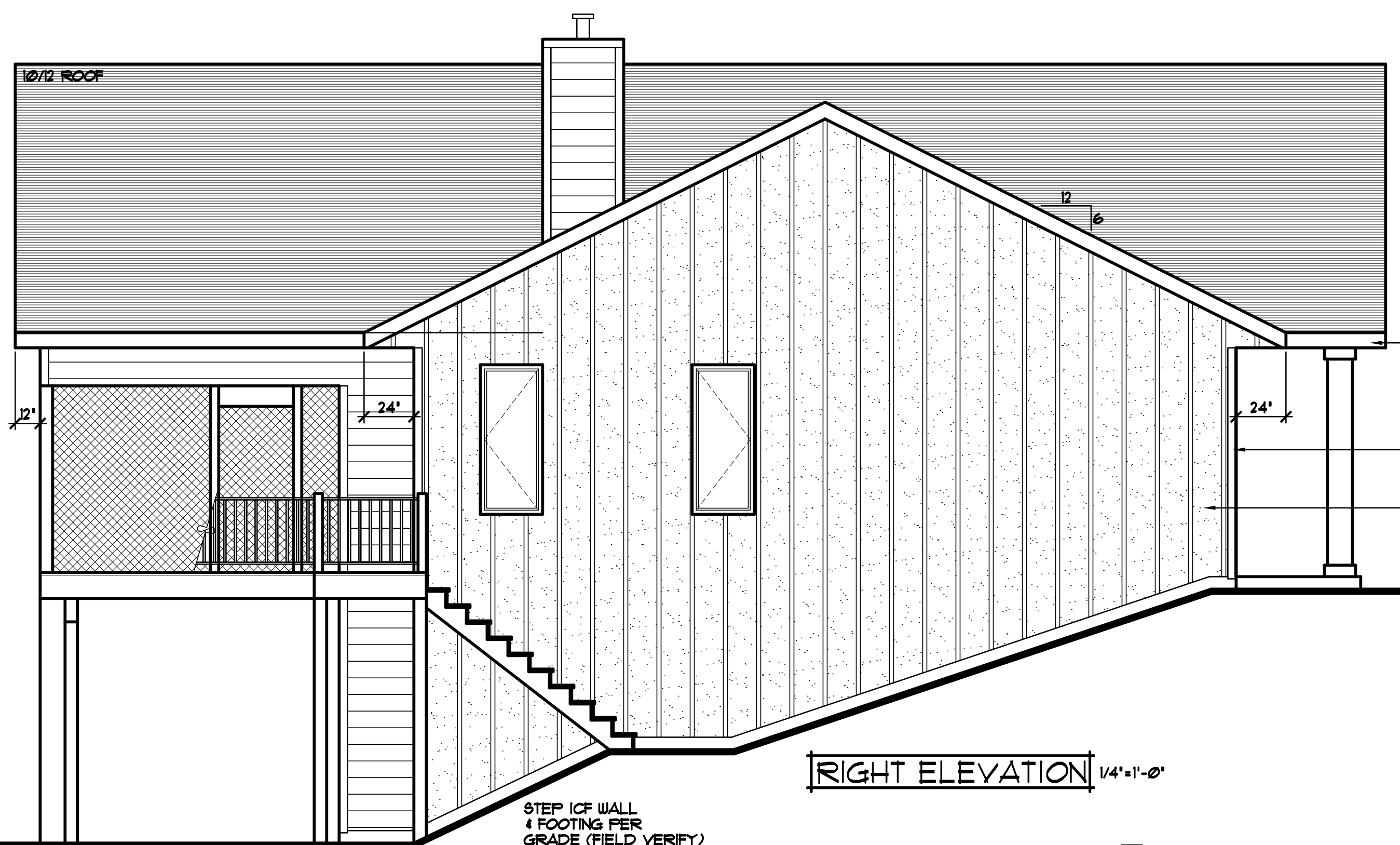
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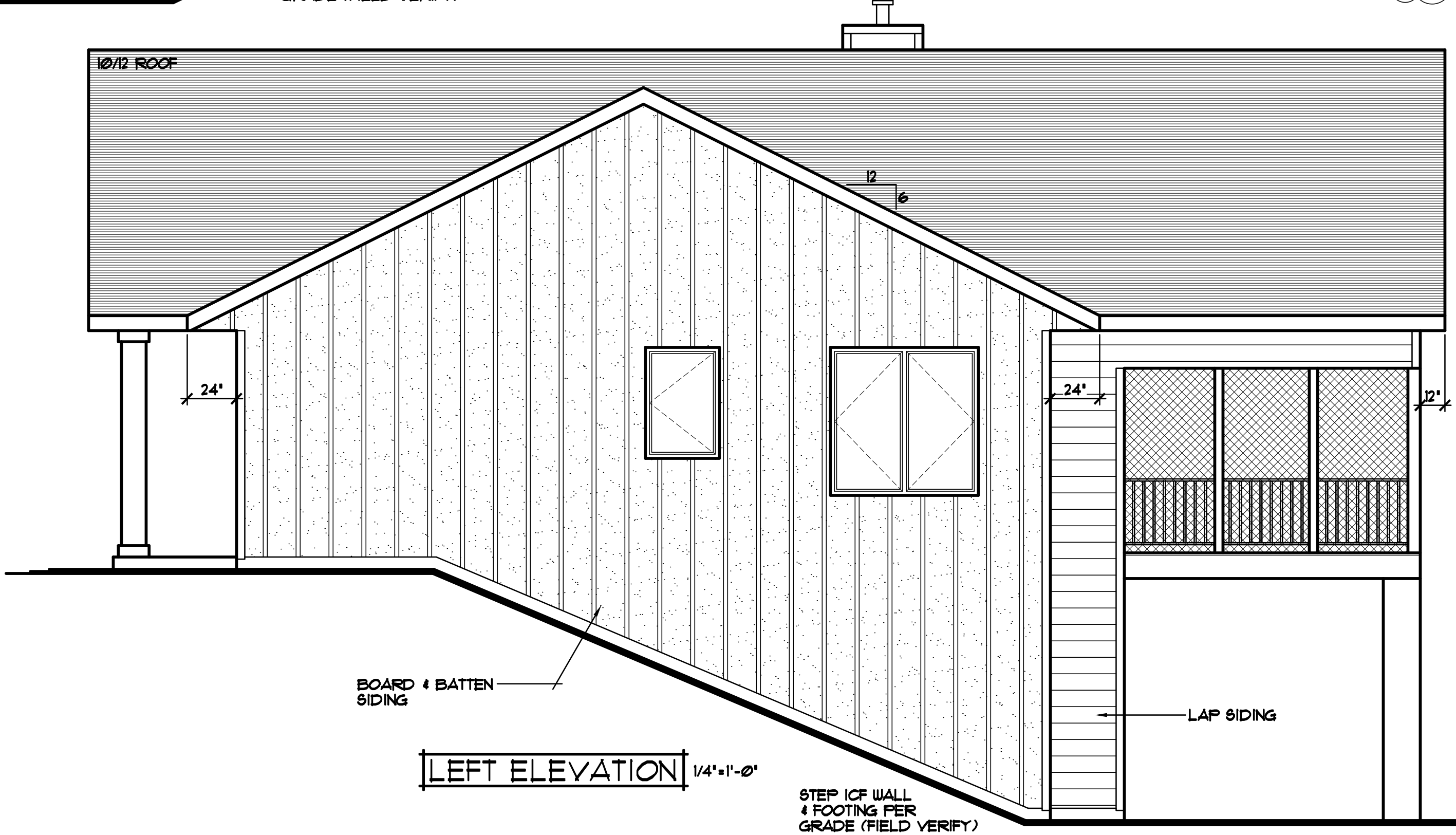


NOTE!!!
PROVIDE 1 3/8" HEELS @ ALL 6/12 ROOF TRUSSES w/ 24" OVERHANGS. ADJUST HEEL HEIGHT OF ALL 8/12 ROOF TRUSSES w/ 18" OVERHANGS TO MATCH EAVES w/ 6/12 ROOFS (TYP.)

RIGHT ELEVATION 1/4"=1'-0"

NOTE!!!
PROVIDE 1 3/8" HEELS @ ALL 6/12 ROOF TRUSSES w/ 24" OVERHANGS. ADJUST HEEL HEIGHT OF ALL 8/12 ROOF TRUSSES w/ 18" OVERHANGS TO MATCH EAVES w/ 6/12 ROOFS (TYP.)

NOT ALL RAIL IS SHOWN FOR CLARITY OF ELEVATIONS, RAIL IS REQ'D ON DECK and STAIRS (TYP.)



LEFT ELEVATION 1/4"=1'-0"

STEP ICF WALL & FOOTING PER GRADE (FIELD VERIFY)

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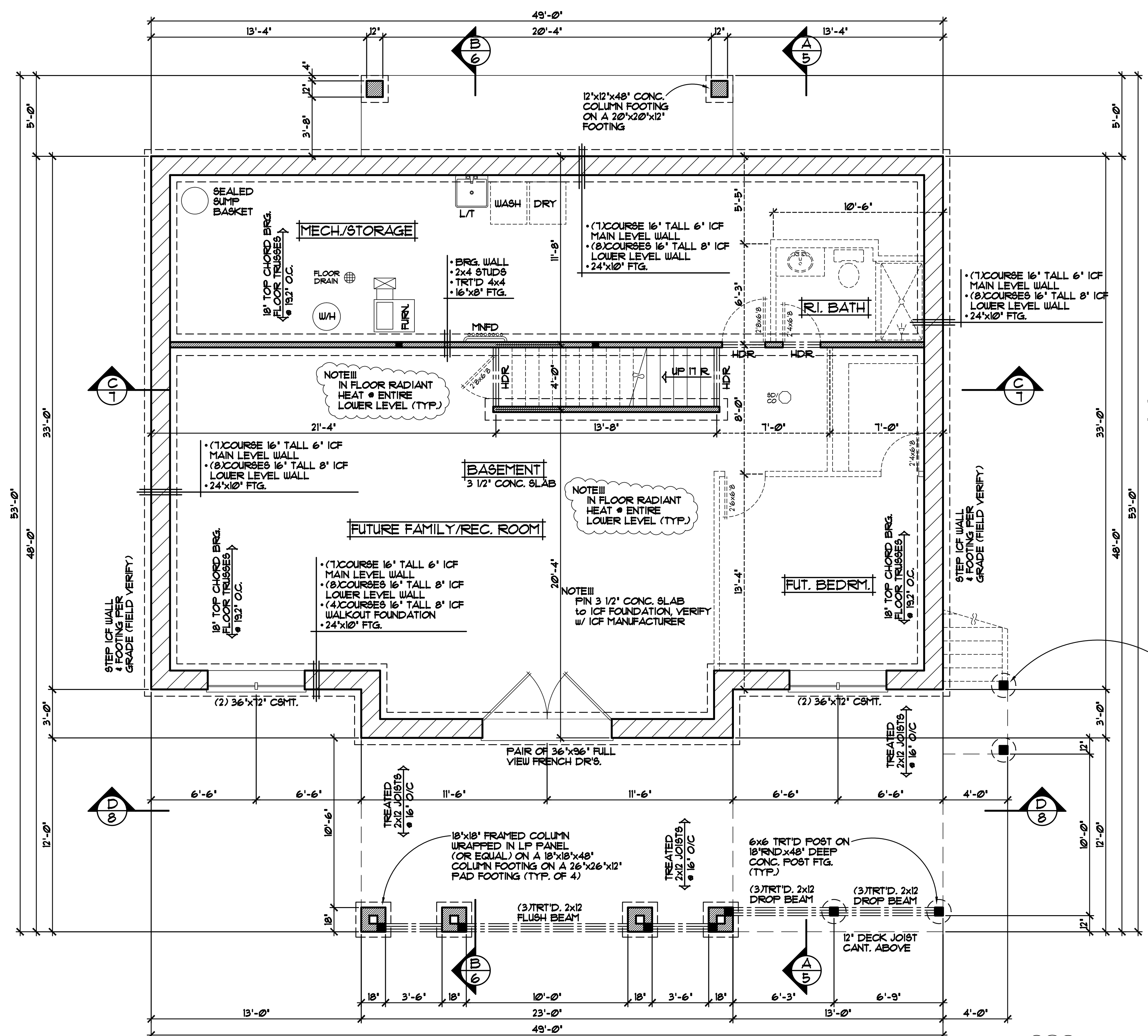
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ALL HEIGHT CALCULATIONS FOR FOUNDATIONS ARE BASED ON THE USE OF 16" HIGH ICF FORMS. VERIFY ALL HEIGHTS w/ ICF MANUFACTURER and ADJUST ACCORDINGLY.

FOUNDATION PLAN 1/4"=1'-0"
 UNFINISHED BASEMENT

NOTE III
 IN FLOOR RADIANT HEAT • ENTIRE LOWER LEVEL (TYP.)

NOTE III
 VERIFY ALL MECHANICAL EQUIPMENT LOCATIONS, LOCATIONS ON PLAN ARE REPRESENTATION ONLY

FRAMING & CONSTRUCTION NOTES

- 9'-1 1/2' PLATE HEIGHT • ENTIRE LOWER LEVEL (UNLESS NOTED OTHERWISE)
- PROVIDE 1/2" GYP. BD. • BASEMENT CEILING & ALLOW 80 SQFT. (MAX) OPEN CLG. AREA FOR MECHANICAL, FIRE BLOCK TRUSS SPACE • PERIMETER OF OPEN AREA

NOTE III
 PIN 3 1/2" CONC. SLAB to ICF FOUNDATION, VERIFY w/ ICF MANUFACTURER

6x6 TRT'D POST ON 18" RND x 48" DEEP CONC. POST FTG. (TYP.)

FOUNDATION CONST. NOTES

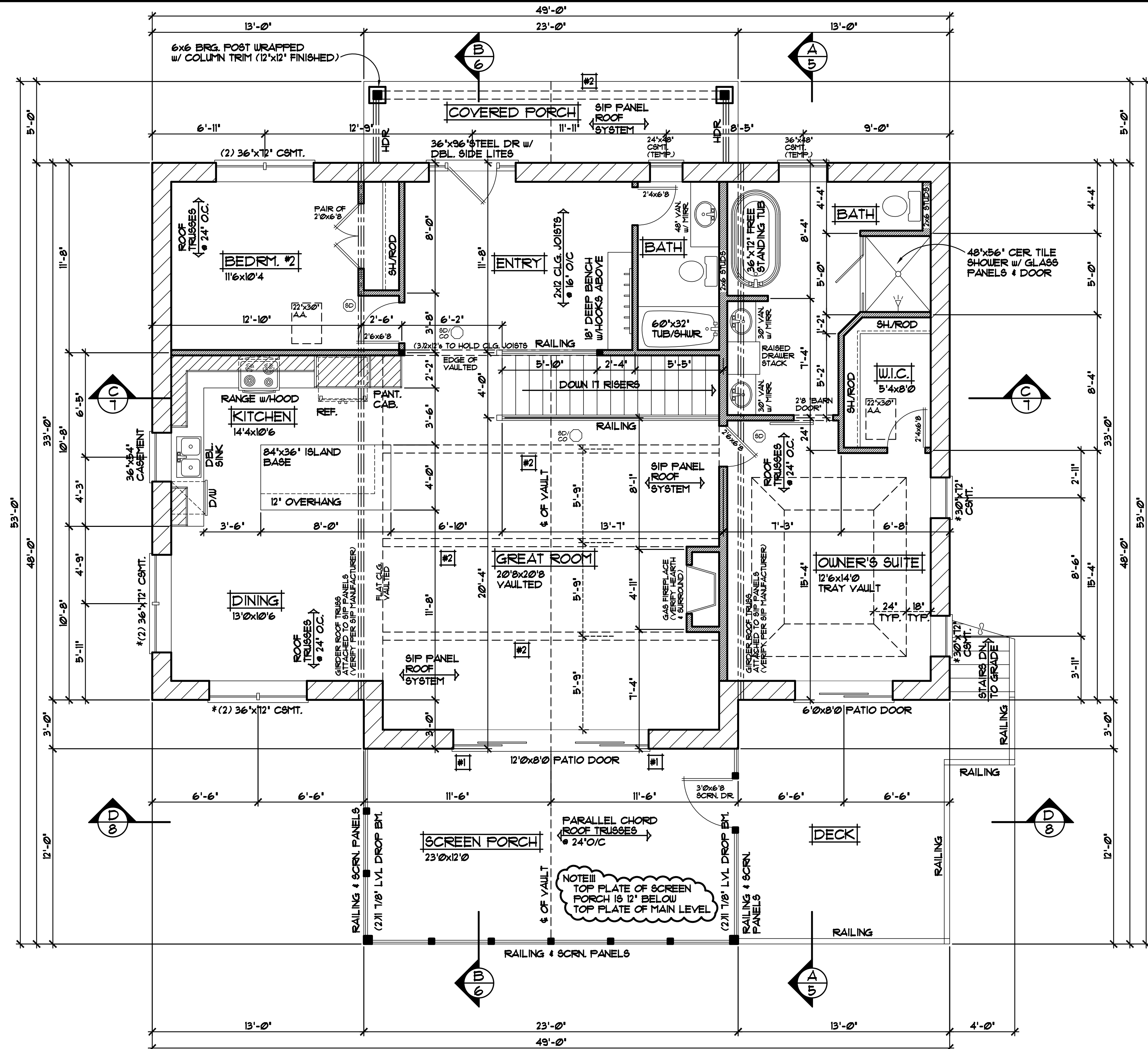
- INSULATED CONCRETE FORM FOUNDATION (SEE MANUFACTURER'S INSTRUCTION FOR COURSING & CONSTRUCTION METHODS)
- ALL EXTERIOR FOUNDATION DIMENSIONS ARE TO OUTSIDE OF EXTERIOR FOAM BOARD INSUL. OR SHEATHING
- INSULATION & AIR BARRIER TO BE CONT. OVER TOP OF FOUNDATION WALLS (TYP.)

NOTE III
 VERIFY REINFORCING OVER ALL WINDOW/DOOR OPENINGS w/ MANUFACTURER

DOOR & WINDOW NOTES

- GENERIC WINDOWS SPECIFIED. VERIFY ROUGH OPENING SIZES FOR DOORS & WINDOWS w/ MANUFACTURER
- WINDOWS WITH "*" REQUIRE A SASH STOPPER (TYP.)
- TOP OF R.O. FOR ALL WINDOWS ON LOWER LEVEL TO BE 8'-0" FROM FLOOR (UNLESS NOTED OTHERWISE)

NOTE III
 ICF DRAIN w/ 16" TALL FORMS, VERIFY HEIGHT w/ ICF MANUF.



ALL HEIGHT CALCULATIONS FOR FOUNDATIONS ARE BASED ON THE USE OF 16" HIGH ICF FORMS. VERIFY ALL HEIGHTS W/ ICF MANUFACTURER AND ADJUST ACCORDINGLY.

MAIN LEVEL FLOOR PLAN 1/4"=1'-0"
1686 SQ. FT. MAIN LEVEL

NOTE III
ICF DRAWN W/ 16" TALL FORMS, VERIFY HEIGHT W/ ICF MANUF.

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GENERAL CONSTRUCTION NOTES

- #1 (FRONT WALL OF GREAT ROOM/SCRN PORCH) ICF WALL UP TO 15th COURSE (SEE SECTIONS) FRAME VAULTED AREA W/ 2x6 EXTERIOR WALL & 2x4 FURRED WALL TO SAME THICKNESS AS ICF WALL
- #2 (GREAT ROOM & FRONT PORCH CEILING) PROVIDE ARCHITECTURAL TRUSSES IN VAULTED GREAT ROOM AREA, VERIFY DESIGN W/ TRUSS MANUFACTURER

FRAMING NOTES

- 9'-1 3/4" PLATE HEIGHT • ENTIRE MAIN LEVEL (UNLESS NOTED OTHERWISE)

NOTE III
VERIFY REINFORCING OVER ALL WINDOW/DOOR OPENINGS W/ MANUFACTURER

DOOR & WINDOW NOTES

- GENERIC WINDOWS SPECIFIED, VERIFY ROUGH OPENING SIZES FOR DOORS & WINDOWS W/ MANUFACTURER
- WINDOWS WITH "+" REQUIRE A SASH STOPPER (TYP.)
- TOP OF RO. FOR ALL WINDOWS ON MAIN LEVEL TO BE 8'-0" FROM SUB-FLOOR (UNLESS NOTED OTHERWISE)

FOUNDATION CONST. NOTES

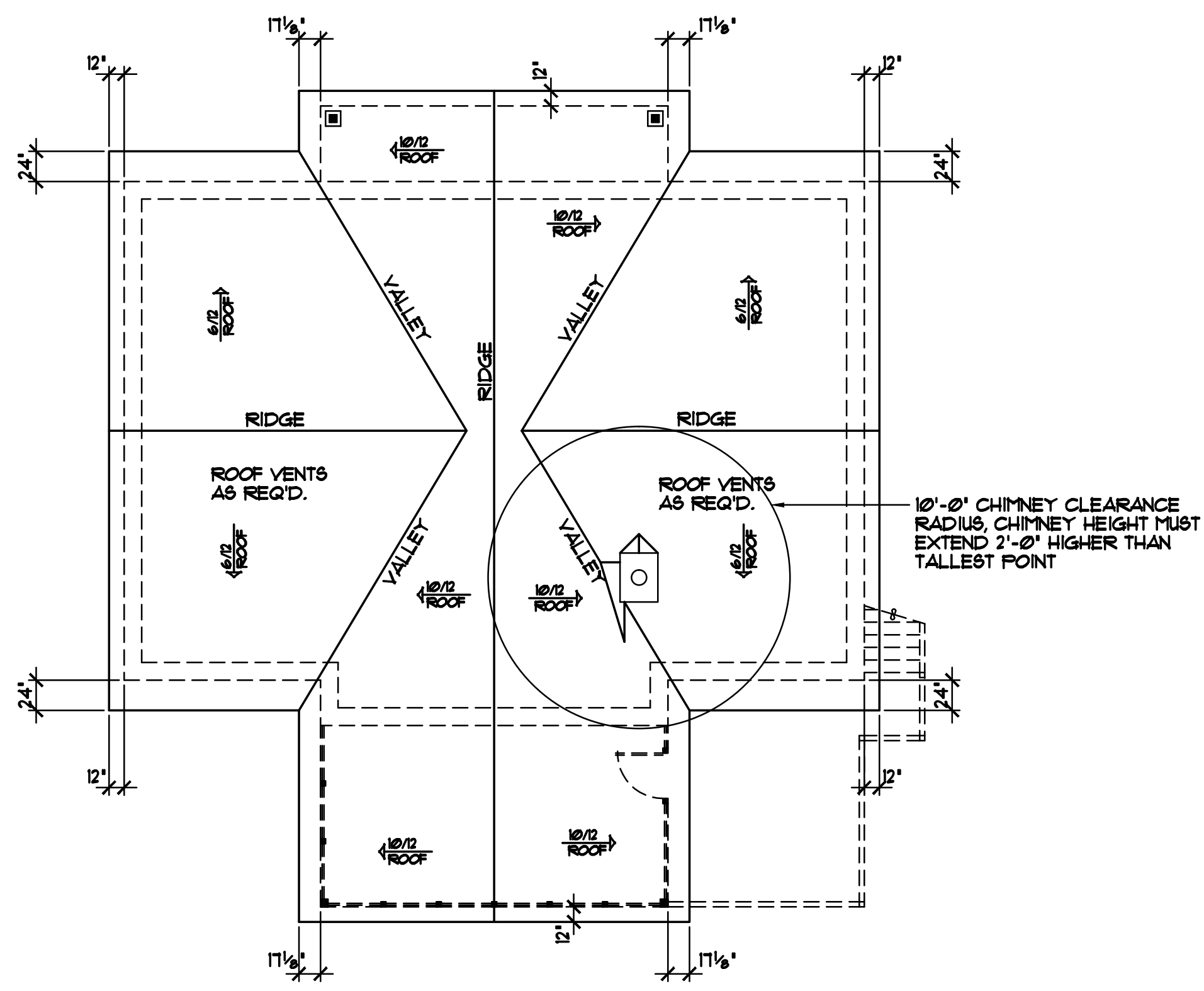
- INSULATED CONCRETE FORM FOUNDATION (SEE MANUFACTURER'S INSTRUCTION FOR COURSING & CONSTRUCTION METHODS)
- ALL EXTERIOR FOUNDATION DIMENSIONS ARE TO OUTSIDE OF EXTERIOR FOAM BOARD INSUL. OR SHEATHING
- INSULATION & AIR BARRIER TO BE CONT. OVER TOP OF FOUNDATION WALLS (TYP.)

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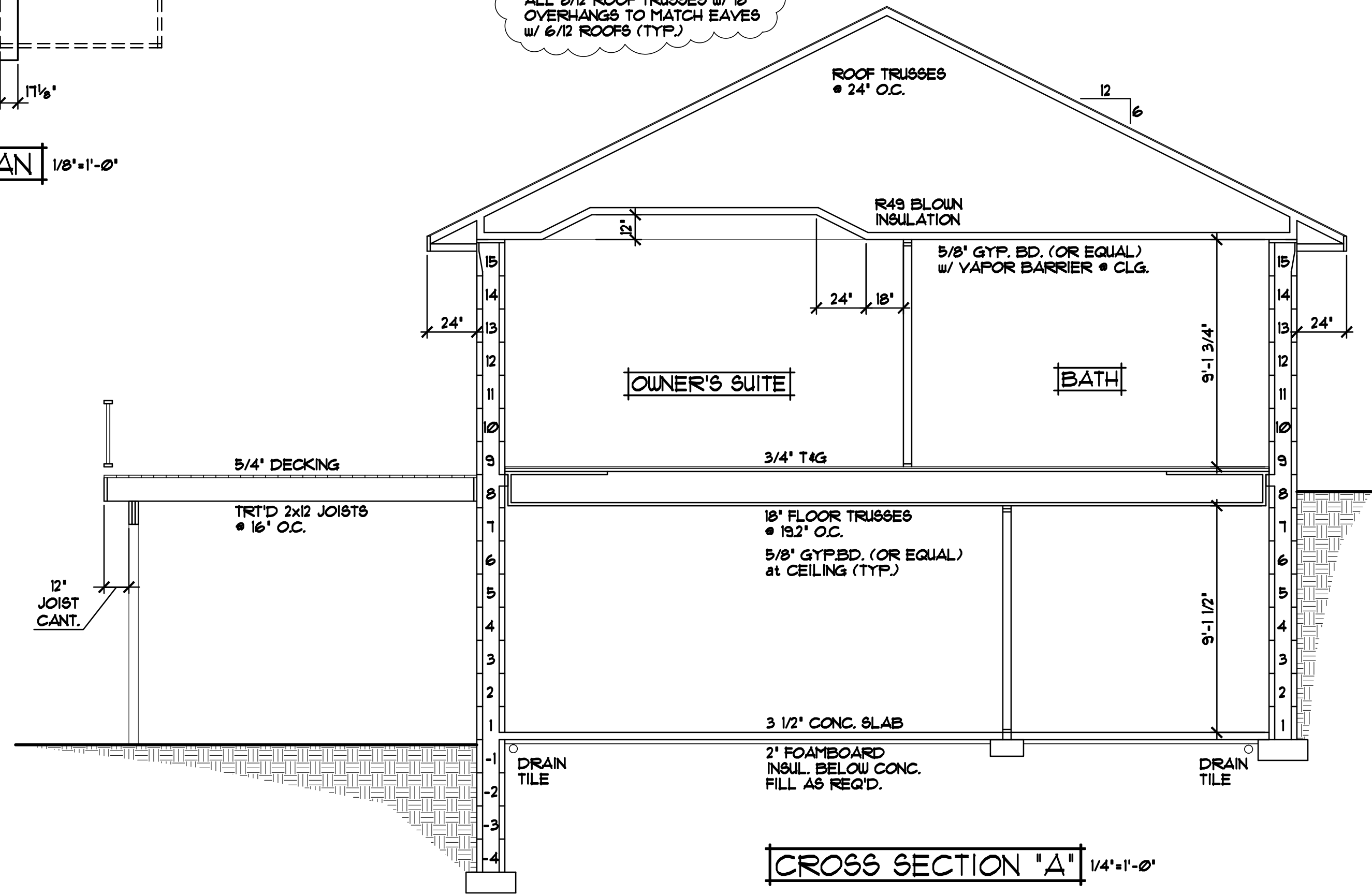
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BIRDS EYE ROOF PLAN 1/8"=1'-0"

NOTE III
 PROVIDE 13 1/8" HEELS @ ALL 6/12 ROOF TRUSSES w/ 24" OVERHANGS. ADJUST HEEL HEIGHT OF ALL 8/12 ROOF TRUSSES w/ 18" OVERHANGS TO MATCH EAVES w/ 6/12 ROOFS (TYP)



CROSS SECTION "A" 1/4"=1'-0"

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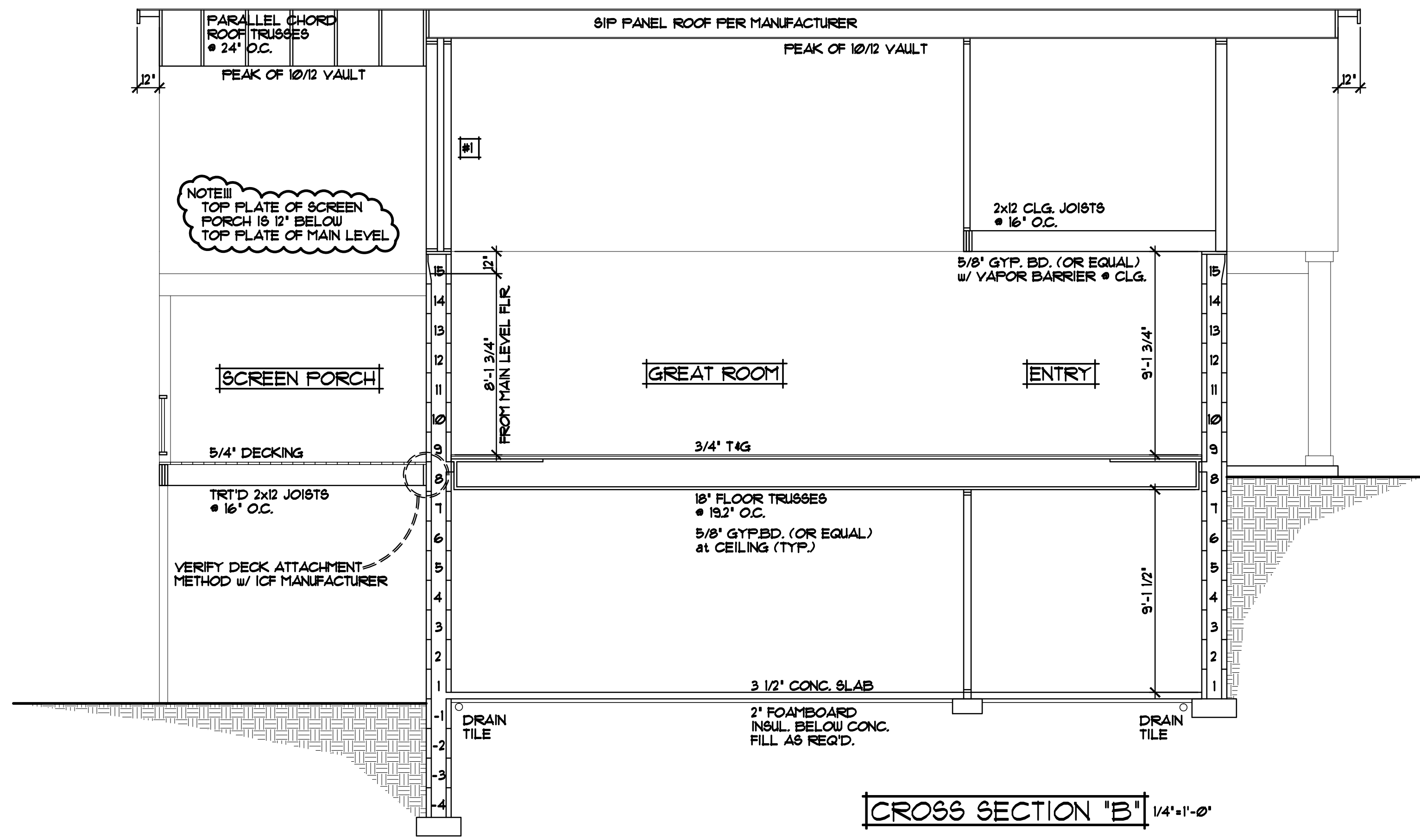
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GENERAL CONSTRUCTION NOTES

- #1 (FRONT WALL OF GREAT ROOM/SCRN. PORCH) ICF WALL UP TO 15th COURSE (SEE SECTIONS) FRAME VAULTED AREA w/ 2x6 EXTERIOR WALL & 2x4 FURRED WALL TO SAME THICKNESS AS ICF WALL
- #2 (GREAT ROOM CEILING) PROVIDE ARCHITECTURAL TRUSSES IN VAULTED GREAT ROOM AREA, VERIFY DESIGN w/ TRUSS MANUFACTURER

NOTE!!!
ADJUST OVERHANGS OF 10/12 SIP PANEL ROOFS TO MATCH EAVES w/ 6/12 ROOF TRUSSES w/ 24" OVERHANGS

NOTE!!!
PROVIDE 13 1/2" HEELS @ ALL 6/12 ROOF TRUSSES w/ 24" OVERHANGS. ADJUST HEEL HEIGHT OF ALL 8/12 ROOF TRUSSES w/ 18" OVERHANGS TO MATCH EAVES w/ 6/12 ROOFS (TYP.)



- ROOF CONSTRUCTION:**
- PREMANUFACTURED ROOF TRUSSES - ENGINEERED BY SUPPLIER - SLOPES VARY - SEE PLAN
 - R49 BLOWN FIBERGLASS INSULATION
 - 1/150 ROOF VENT AT SOFFITS, 1/150 VENT AT RIDGE
 - AIR CHUTE AT EACH TRUSS SPACE
 - 15/32" ROOF SHEATHING
 - 15" ROOFING FELT
 - ICE & WATER MEMBRANE APPLIED 24" FAST EXTERIOR WALL
 - ASPHALT SHINGLES,

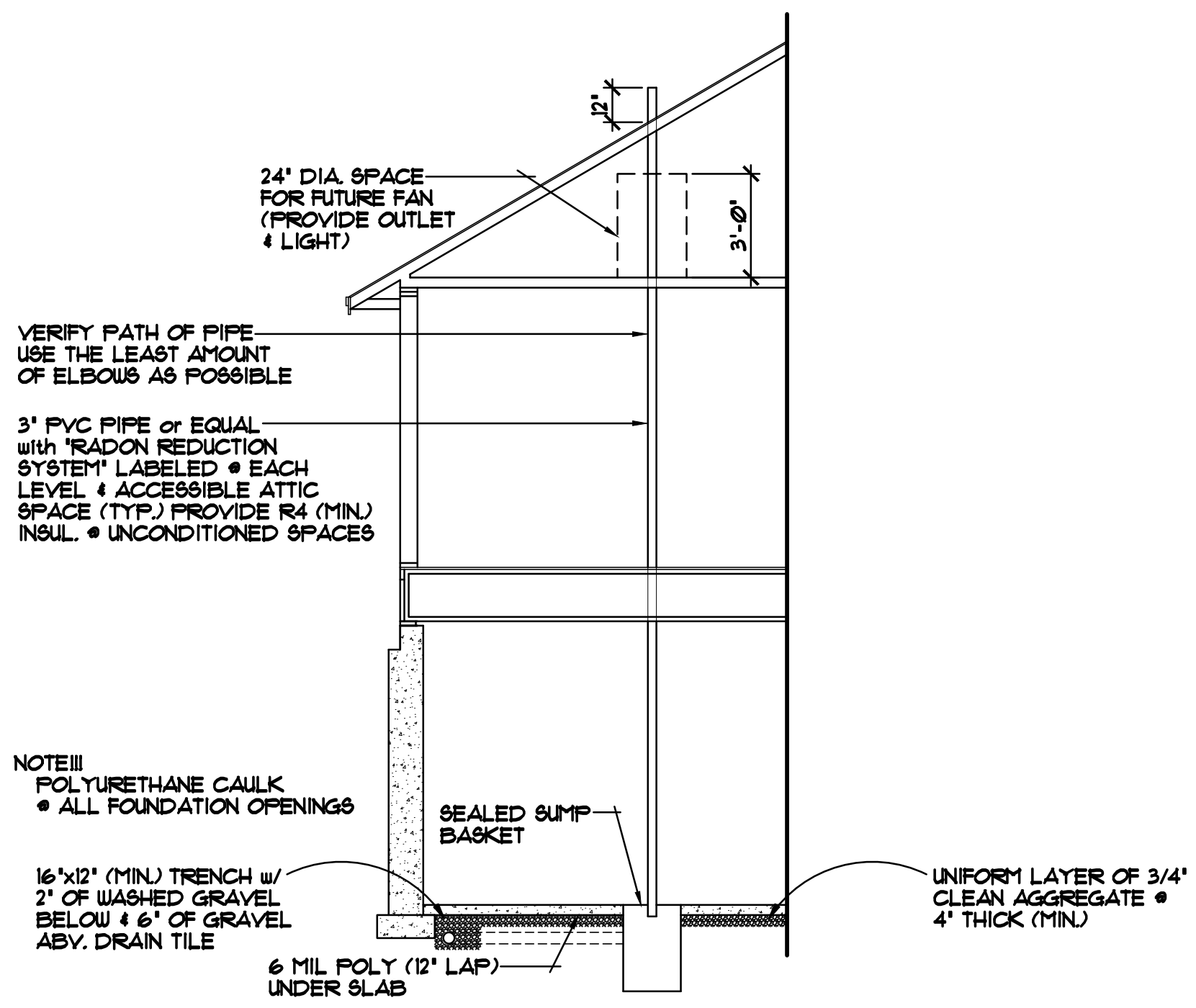
- SOFFIT / FASCIA:**
- 2x8 SUB-FASCIA
 - MAINTENANCE FREE FASCIA COVER
 - MAINTENANCE FREE VENTED SOFFIT

- WALL CONSTRUCTION:**
- 2x12 SILL PLATE & SEALER
 - INSULATED CONCRETE FORM FOUNDATION (SEE MANUFACTURERS INSTRUCTIONS FOR COURSING & CONSTRUCTION METHODS)

- FOUNDATION CONSTRUCTION:**
- INSULATED CONCRETE FORM FOUNDATION (SEE MANUFACTURERS INSTRUCTIONS FOR COURSING & CONSTRUCTION METHODS)

CROSS SECTION "B" 1/4"=1'-0"

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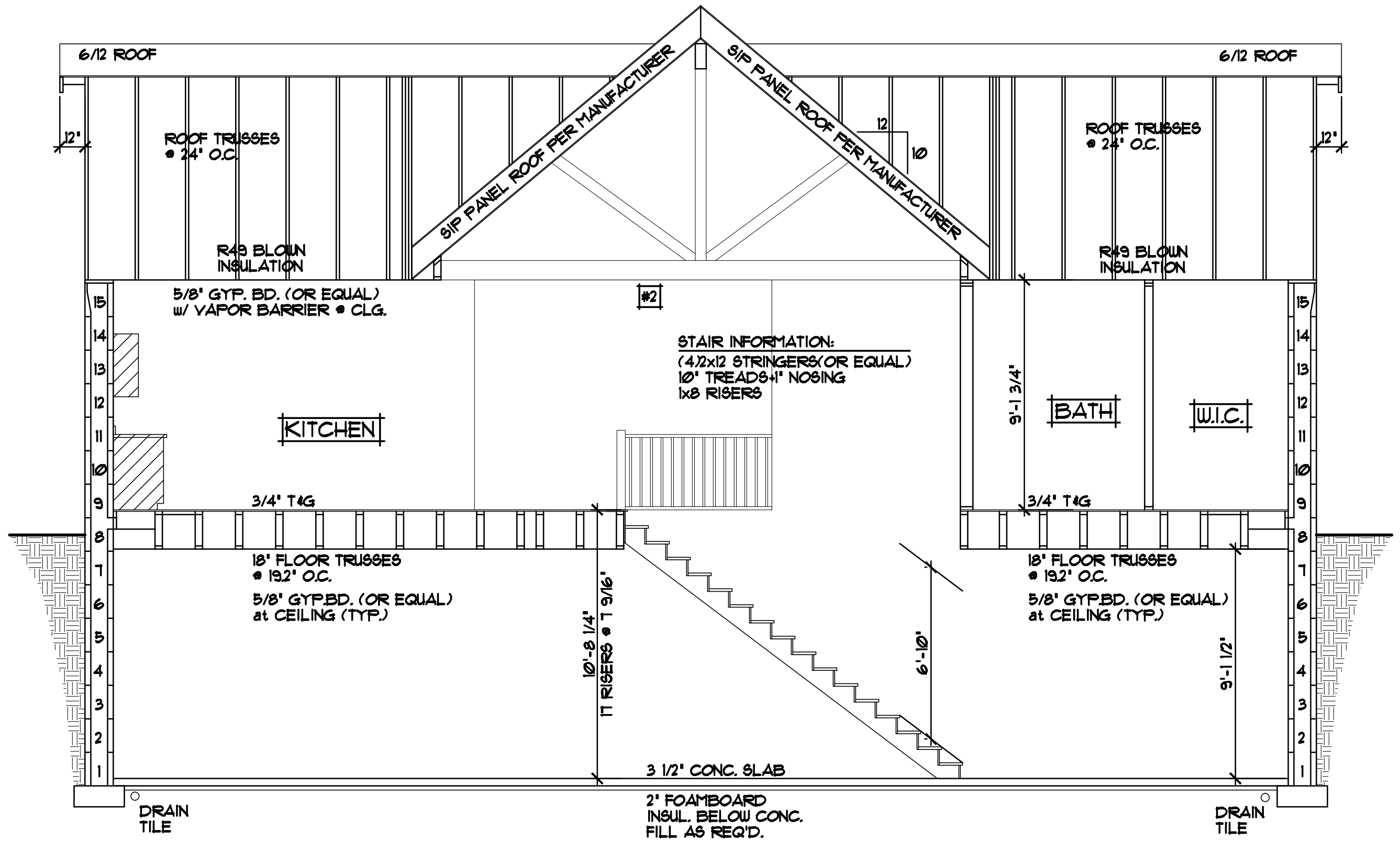


ALTERNATE METHOD FOR PASSIVE RADON MITIGATION SYSTEM

GENERAL CONSTRUCTION NOTES

- #1 (FRONT WALL OF GREAT ROOM/SCRN. PORCH) ICF WALL UP TO 15th COURSE (SEE SECTIONS) FRAME VAULTED AREA w/ 2x6 EXTERIOR WALL & 2x4 FURRED WALL TO SAME THICKNESS AS ICF WALL
- #2 (GREAT ROOM CEILING) PROVIDE ARCHITECTURAL TRUSSES IN VAULTED GREAT ROOM AREA, VERIFY DESIGN w/ TRUSS MANUFACTURER

NOTE III PROVIDE 1 3/8" HEELS @ ALL 6/12 ROOF TRUSSES w/ 24" OVERHANGS, ADJUST HEEL HEIGHT OF ALL 8/12 ROOF TRUSSES w/ 18" OVERHANGS TO MATCH EAVES w/ 6/12 ROOFS (TYP.)



CROSS SECTION "C" 1/4"=1'-0"

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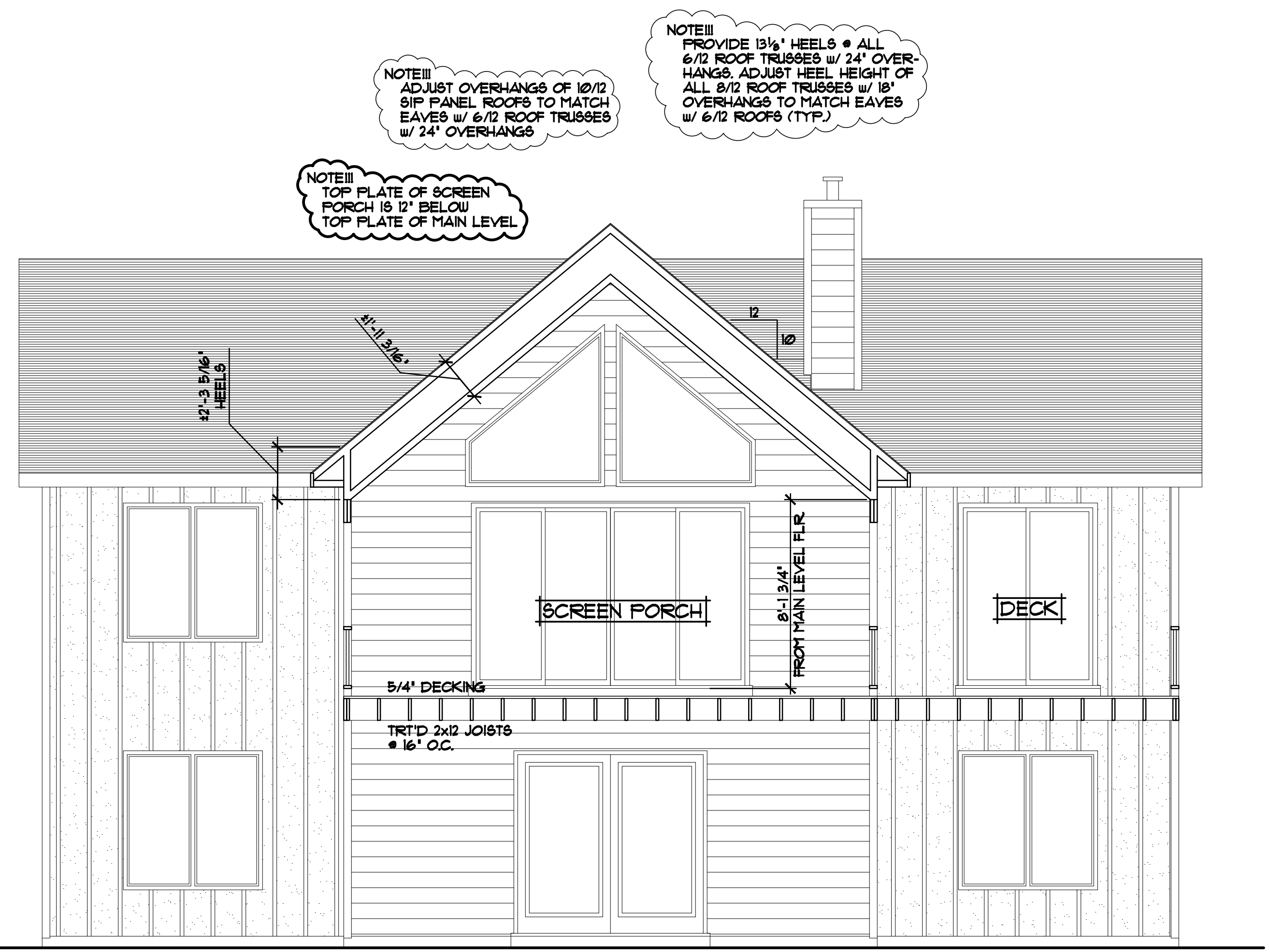
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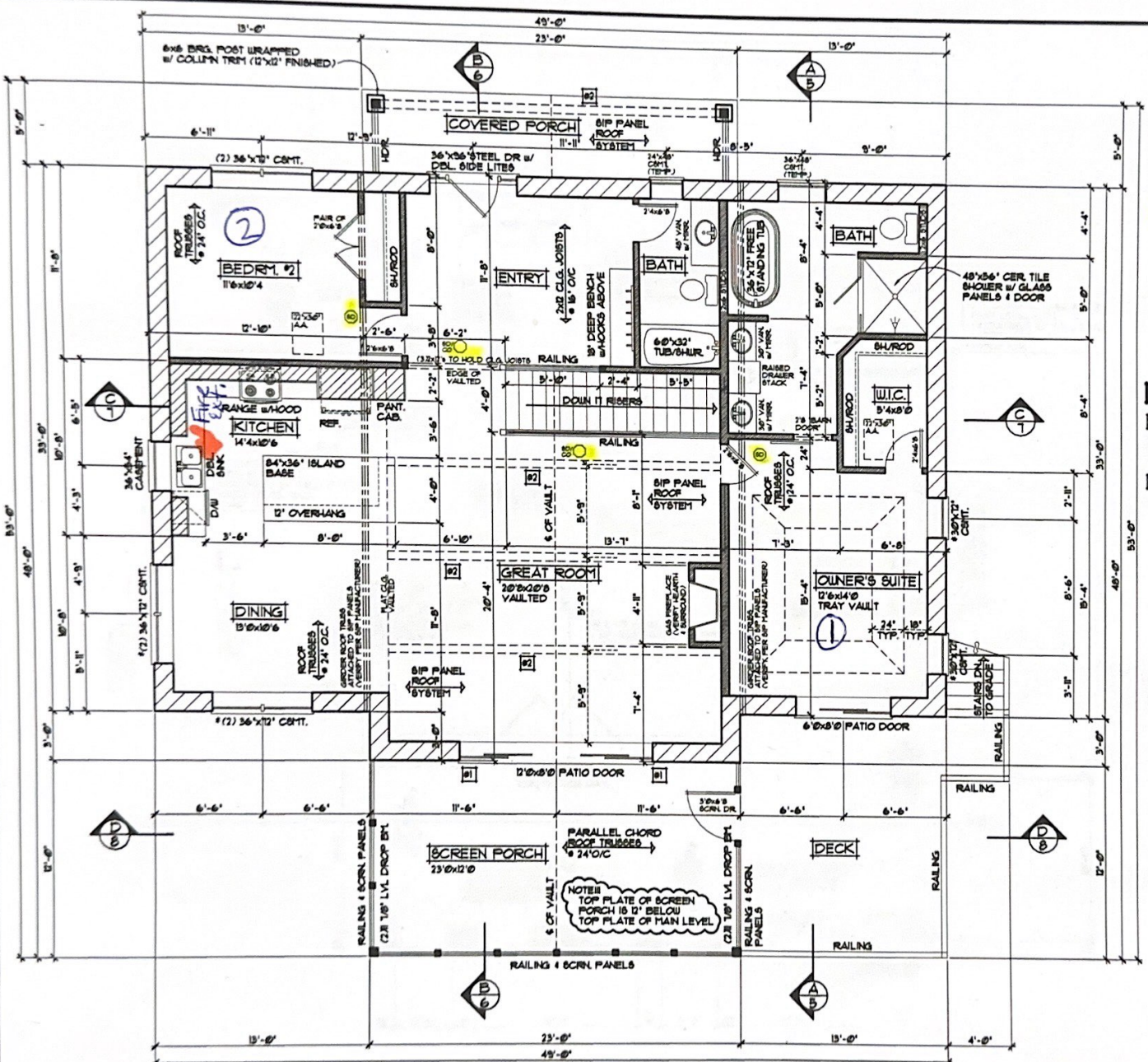


NOTE!!!
ADJUST OVERHANGS OF 10/12
SIP PANEL ROOFS TO MATCH
EAVES w/ 6/12 ROOF TRUSSES
w/ 24' OVERHANGS

NOTE!!!
PROVIDE 13 1/8" HEELS @ ALL
6/12 ROOF TRUSSES w/ 24' OVER-
HANGS. ADJUST HEEL HEIGHT OF
ALL 8/12 ROOF TRUSSES w/ 18'
OVERHANGS TO MATCH EAVES
w/ 6/12 ROOFS (TYP.)

NOTE!!!
TOP PLATE OF SCREEN
PORCH IS 12" BELOW
TOP PLATE OF MAIN LEVEL

CROSS SECTION "D" 1/4"=1'-0"



ALL HEIGHT CALCULATIONS FOR FOUNDATIONS ARE BASED ON THE USE OF 1/2" HIGH ICF FORMS. VERIFY ALL HEIGHTS w/ ICF MANUFACTURER and ADJUST ACCORDINGLY.

MAIN LEVEL FLOOR PLAN 1/4"=1'-0"
1666 SQ. FT. MAIN LEVEL

NOTE III ICF DRAIN w/ 1/2" TALL FORMS. VERIFY HEIGHT w/ ICF MANUF.

Fire extinguisher
under kitchen sink
Smoke detectors (5)
Carbon monoxide (2)

GENERAL CONSTRUCTION NOTES

- 11 FRONT WALL OF GREAT ROOM/SCREEN PORCH ICF WALL UP TO 8th COURSE (SEE SECTIONS) FRAME VAULTED AREA w/ 2x6 EXTERIOR WALL & 2x4 FURRED WALL TO SAME THICKNESS AS ICF WALL.
- 12 (GREAT ROOM & FRONT PORCH CEILING) PROVIDE ARCHITECTURAL TRUSSES IN VAULTED GREAT ROOM AREA. VERIFY DESIGN w/ TRUSS MANUFACTURER.

FRAMING NOTES

- 5'-1 3/4" PLATE HEIGHT @ ENTIRE MAIN LEVEL (UNLESS NOTED OTHERWISE)
- NOTE II VERIFY REINFORCING OVER ALL WINDOW/DOOR OPENINGS w/ MANUFACTURER

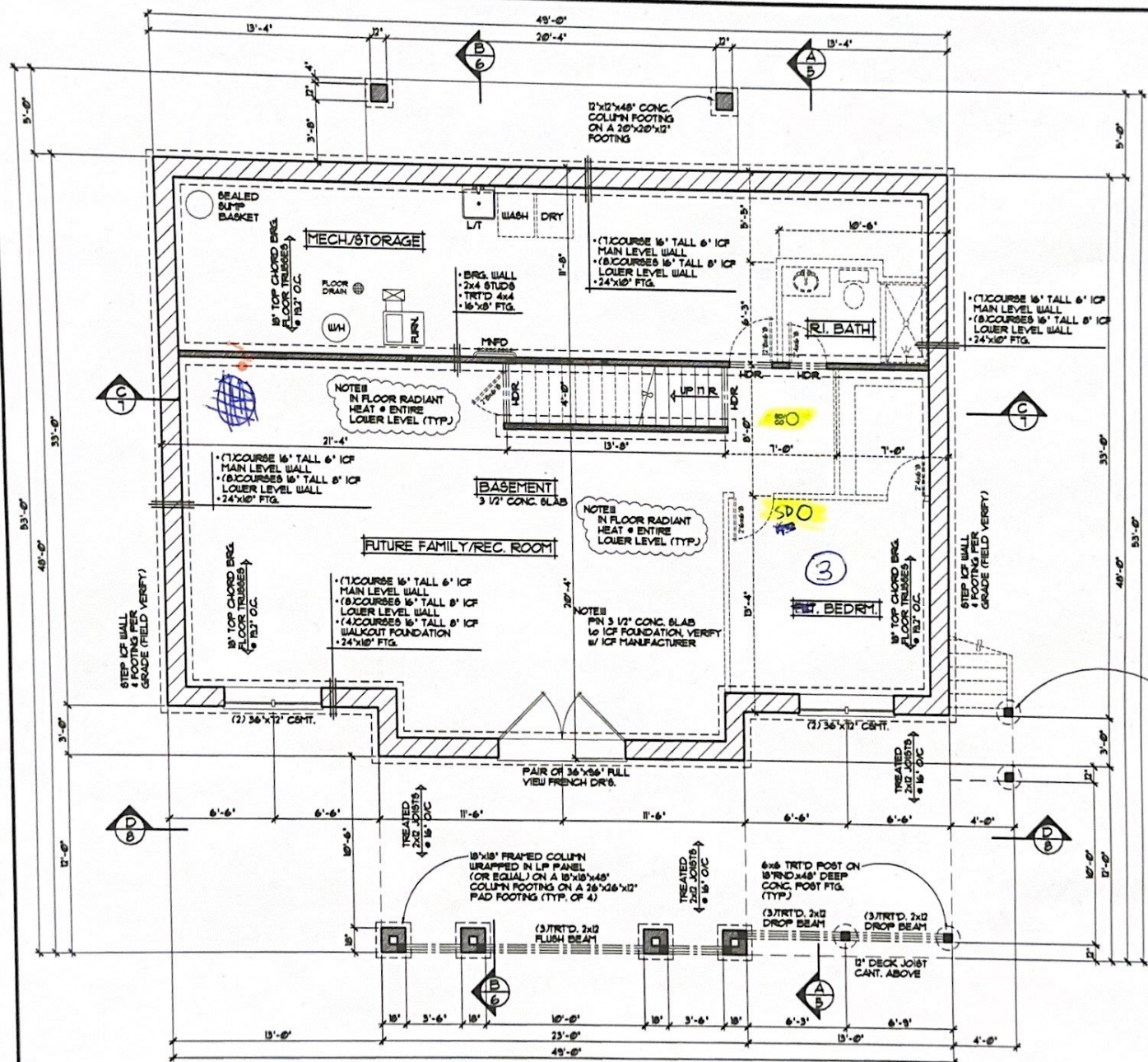
DOOR & WINDOW NOTES

- GENERIC WINDOW SPECIFIED. VERIFY ROUGH OPENING SIZES FOR DOORS & WINDOWS w/ MANUFACTURER
- WINDOWS WITH "A" REQUIRE A BASH STOPPER (TYP.)
- TOP OF R.O. FOR ALL WINDOWS ON MAIN LEVEL TO BE 8'-0" FROM SUB-FLOOR (UNLESS NOTED OTHERWISE)

FOUNDATION CONST. NOTES

- INSULATED CONCRETE FORM FOUNDATION (SEE MANUFACTURER'S INSTRUCTION FOR COURSING & CONSTRUCTION METHODS)
- ALL EXTERIOR FOUNDATION DIMENSIONS ARE TO OUTSIDE OF EXTERIOR FORM BOARD INSUL. OR SHEATHING
- INSULATION & AIR BARRIER TO BE CONT. OVER TOP OF FOUNDATION WALLS (TYP.)

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FOUNDATION PLAN 1/4"=1'-0"
UNFINISHED BASEMENT

NOTE I
IN FLOOR RADIANT HEAT - ENTIRE LOWER LEVEL (TYP.)

NOTE II
VERIFY ALL MECHANICAL EQUIPMENT LOCATIONS ON PLAN ARE REPRESENTATION ONLY

FRAMING & CONSTRUCTION NOTES

- 9'-1 1/2" PLATE HEIGHT - ENTIRE LOWER LEVEL (UNLESS NOTED OTHERWISE)
- PROVIDE 1/2" GYP. BD. - BASEMENT CEILING & ALLOW 80 SQ.FT. (MAX) OPEN CLG. AREA FOR MECHANICAL FIRE BLOCK TRUSS SPACE - PERIMETER OF OPEN AREA
- NOTE III
PIN 3 1/2" CONC. SLAB TO ICF FOUNDATION, VERIFY w/ ICF MANUFACTURER

6x6 TRTD POST ON 18"X18"X48" DEEP CONC. POST FTG. (TYP.)

FOUNDATION CONST. NOTES

- INSULATED CONCRETE FORM FOUNDATION (SEE MANUFACTURER'S INSTRUCTION FOR COURSING & CONSTRUCTION METHOD)
- ALL EXTERIOR FOUNDATION DIMENSIONS ARE TO OUTSIDE OF EXTERIOR FOAM BOARD INSUL. OR SHEATHING
- INSULATION & AIR BARRIER TO BE CONT. OVER TOP OF FOUNDATION WALLS (TYP.)

NOTE IV
VERIFY REINFORCING OVER ALL WINDOW/DOOR OPENINGS w/ MANUFACTURER

DOOR & WINDOW NOTES

- GENERIC WINDOW SPECIFIED, VERIFY ROUGH OPENING SIZES FOR DOORS & WINDOW w/ MANUFACTURER
- WINDOW WITH "S" REQUIRE A BASH STOPPER (TYP.)
- TOP OF R.O. FOR ALL WINDOW ON LOWER LEVEL TO BE 8'-0" FROM FLOOR (UNLESS NOTED OTHERWISE)

NOTE V
ICF DRAIN w/ 1/2" TALL FORMS, VERIFY HEIGHT w/ ICF MANUF.

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SHEET 01

Big Sandy River / Lake

West Lot Line 150ft

Dock

Fire pit

Drain Field

Septic Tanks

House

Well

Propose

PARKING

Bank shed

PARKING

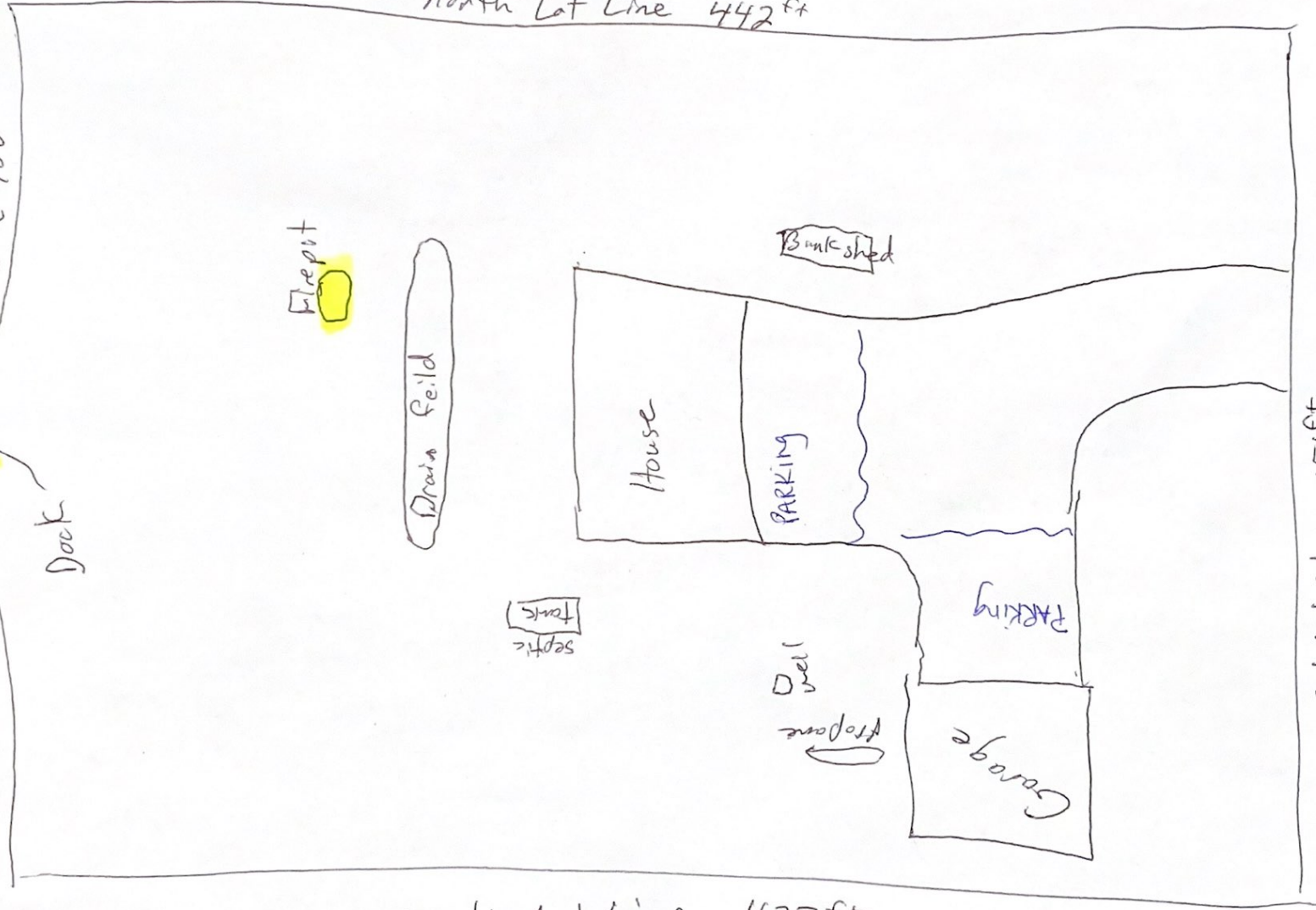
Garage

North Lot Line 442ft

South Lot Line 422ft

East Lot Line 151ft

216th Place



AITKIN COUNTY
CERTIFICATE OF INSTALLATION/~~NOTICE OF NONCOMPLIANCE~~

This certificate of installation/~~notice of noncompliance~~ has been issued this 7th day of July, 2022 to certify compliance/~~noncompliance~~ with Aitkin County's Subsurface Sewage Treatment System Ordinance.

The premises covered by this certificate are legally described as: _____
Part of lot 4 in doc 422677 (parcel B)

Section 19 Township 49 Range 23 Lake Sandy River Lake
PERMIT NO. 47047 Owner Name Michelle Goltz
Address 48565 216th Pl McGregor, Mn 55760
Installer Name Wruck Excavating
Type of System Inspected 3 Bdrm Type I Mound
Parcel Number 29-0-040607

The certificate of installation/~~notice of noncompliance~~ was based on No 1 of the following:

- 1) Inspection of the installation or construction as in accordance with the above referenced permit and application design.

- 2) Review of as-built plans submitted in accordance with Subdivision 9.2 D of Aitkin County's Subsurface Sewage Treatment System Ordinance.

If the above permitted subsurface sewage treatment system is in noncompliance with Aitkin County's Subsurface Sewage Treatment System Ordinance, then the following shall serve as a Notice of Violation:

- 1) Statement of the findings of fact through inspections or investigations:

- 2) List of specific violations of Ordinance: _____

- 3) Requirements for correction or removal of violations: _____

- 4) Time schedule for compliance: _____

Failure to correct or remove the above violation(s) will result in this matter being turned over to the Aitkin County Attorney's Office for further legal action, which may result in revocation of licenses, fines and/or imprisonment.

INSPECTOR SIGNATURE





617 13th Ave S,
Hopkins, MN 55343
(952) 935-3556
tcwaterclinic@gmail.com

Drinking Water Laboratory Test Report

Report #: 23-13343

Report Issue Date: 12/13/2023

CLIENT INFORMATION

CLIENT/CLIENT ADDRESS:

Field Engineering Inc
7608 119th Ln N Champlin, MN 55316
WELL #:

OWNER/OWNER ADDRESS:

Michelle Goltz
48565 216th Pl McGregor, MN
WELL ADDRESS:
48565 216th Pl McGregor, MN

SAMPLE RESULTS

DATE/TIME COLLECTION OF SAMPLE:
12/11/2023 - 9:00

DATE/TIME OF SAMPLE RECEIPT:
12/12/2023 - 11:00

SAMPLE RECEIVED ON ICE:

YES NO

TEMP. OF SAMPLE UPON RECEIPT:
5° C

SAMPLE COLLECTION POINT:

Kitchen tap

COLLECTED BY:

TCWC CLIENT OTHER

SAMPLE RESULTS

LABORATORY SAMPLE ID:
23-13343

CLIENT ID:
L23-51

ANALYTE	PASS/FAIL	Result	MCL	ANALYSIS DATE	ANALYSIS TIME	METHOD
Total Coliform	PASS ✓	ABSENT	<1 cfu/100mL	12/12/2023	13:11	SM922B (M-EnDa) + G (EG MUC)-97
Nitrate as N	PASS ✓	<1.0 mg/L	10 mg/L	12/12/2023	13:58	EPA 353.2 Rev 2.0

* The analyte(s) reported, for the above listed sample(s), pass if the result is below the MCL (maximum contaminant level) and fail if the result is above the MCL. The MCL is set by the U.S. EPA and followed by the Minnesota Department of Health for safe drinking water.

NOTES

APPROVED BY:

Bill VanArsdale - Lab Manager

Minnesota Laboratory ID # 027-053-119

The result(s) listed in this report apply only to the above listed samples. All routine quality assurance procedures were followed unless otherwise noted. The analytical report must be reported in its entirety. All methods are certified by the Minnesota Department of Health unless otherwise noted.

Field Engineering, Inc.

WATER ANALYSIS
7608 119th Lane North - Champlin, Minnesota 55316

13 December 2023

Telephone: 763-427-0826
FED. ID # 411443773

Test #: 162128
Time: 9:00 AM
From: Kitchen tap
Date collected: 11 December 2023
Date in lab: 12 December 2023
Unique #: Brought in
Lab ID #: 23-13343 L23-51

To: MICHELLE GOLTZ
48565 216TH PL
MCGREGOR, MN 55760

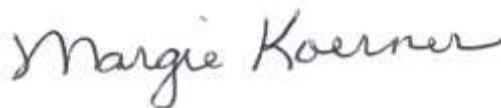
RE: Water test at:48565 216TH PL; MCGREGOR, MN

Field Engineering personnel in conjunction with Twin City Water Clinic tested the water that was drawn by Michelle Goltz at the above address and the results were as follows:

<u>Test</u>	<u>Maximum limit</u>	<u>Results</u>	<u>Remarks</u>
Coliform Bacteria - SM9222B	Absent	Absent	
Nitrate Nitrogen - SM4500	10 mg/L	less than 1.0 mg/L	

This water DOES meet state, conventional, FHA, VA, and U.S.P.H.S. guidelines for the tests listed above. Twin City Water Clinic is certified to perform these tests by the Minnesota Department of Health certificate #027-053-119 and Wisconsin Department of Agriculture certificate #105-10117. This report must not be reproduced, except in full, without the written approval from Twin City Water Clinic and Field Engineering, Inc.

Sincerely Yours,



Margie Koerner

DETACH AND RETURN WITH PAYMENT

Field Engineering, Inc.

WATER ANALYSIS
7608 119th Lane North - Champlin, Minnesota 55316
Telephone: 763-427-0826
FED. ID # 411443773

13 December 2023

To: MICHELLE GOLTZ
48565 216TH PL
MCGREGOR, MN 55760

RE: Water test at 48565 216TH PL; MCGREGOR, MN

Test No 162128
Unique #: Brought in

Amount paid: \$70.00

Thank you for using Field Engineering for your water testing needs.

CRV Filed
Auditor's CRV # 48559
No Delinquent Taxes and Transfer Entered
Kirk Peysar, County Auditor
State Deed Tax Paid
Lori Grams, County Treasurer

Doc No: **A464251**

WAD 1/2

Certified Filed and/or Recorded on
5/26/2021 9:00 AM

REC FEE \$46.00
SDT \$280.17
eCRV # 1255958

Office of the County Recorder
Aitkin County, Minnesota
Michael T. Moriarty, County Recorder

Package: **72207** Tara

(Top 3 Inches reserved for recording data)

WARRANTY DEED
Individual(s) to Individual(s)

Minnesota Uniform Conveyancing Blanks
Form 10.1.1 (2018)

eCRV number: 1255958

DEED TAX DUE: \$ 280.17

DATE: 5/24/2021
(month/day/year)

FOR VALUABLE CONSIDERATION, Adam J. Hanson, a single person, and Jason R. Kadelbach and Christina L. Kadelbach,
(insert name and marital status of each Grantor)

spouses married to each other

("Grantor"),

hereby conveys and warrants to Michelle M. Goltz
(insert name of each Grantee)

("Grantee"), as

(Check only one box.) tenants in common, (if more than one Grantee is named above and either no box is checked or both boxes are checked, this conveyance is made to the named Grantees as tenants in common.)
 joint tenants,

real property in Aitkin County, Minnesota, legally described as follows:
See attached Exhibit A for legal description.

Check here if all or part of the described real property is Registered (Torrens)

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions:
reservations, restrictions and easements of record, if any.

Check applicable box:

- The Seller certifies that the Seller does not know of any wells on the described real property.
- A well disclosure certificate accompanies this document or has been electronically filed. (If electronically filed, insert WDC number: _____.)
- I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate.

Grantor

[Handwritten Signature]

(signature) Adam J. Hanson

[Handwritten Signature]

(signature) Jason R. Kadelbach

[Handwritten Signature]

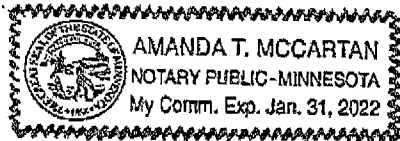
(signature) Christina L. Kadelbach

(signature)

State of Minnesota, County of Aitkin

This instrument was acknowledged before me on May 24, 2021, by Adam J. Hanson, a single person, and Jason R. Kadelbach and Christina L. Kadelbach, spouses married to each other
(month/day/year)
(insert name and marital status of each Grantor)

(Stamp)



[Handwritten Signature]

(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:
(insert name and address)

Esquire Title Service, LLC
204 2nd Street NW
Aitkin, MN 56431

21-1090

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS INSTRUMENT SHOULD BE SENT TO:
(insert legal name and residential or business address of Grantee)

Michelle M. Goltz
15040 Partridge St NW
Andover, MN 55304

Exhibit "A"

That part of Government Lot 4, Section 19, Township 49 North, Range 23 West, Aitkin County, Minnesota, described as follows: Commencing at the Southeast corner of said Government Lot 4; thence South 85 degrees 01 minutes 01 seconds West, assumed bearing, a distance of 757.49 feet along the South line of said Government Lot 4 to the Northeast corner of Lot 1, Sather's Plat of Big Sandy Lake Narrows, according to the recorded plat thereof; thence North 03 degrees 10 minutes 40 seconds West 20.01 feet; thence Northeasterly 192.28 feet along the arc of a tangential curve concave to the Southeast, having a radius of 283.60 feet and a central angle of 38 degrees 50 minutes 47 seconds; thence North 35 degrees 40 minutes 07 seconds East; tangent to said curve, a distance of 320.32 feet; thence North 30 degrees 37 minutes 00 seconds East 151.58 feet; thence North 30 degrees 38 minutes 30 seconds East, 151.61 feet to the point of beginning; thence North 28 degrees 42 minutes 05 seconds East 150.94 feet; thence North 67 degrees 40 minutes 01 seconds West 391 feet, more or less, to the shore of Sandy River Lake; thence Southwesterly along said shore to a point which bears North 67 degrees 40 minutes 01 seconds West from the point of beginning; thence South 67 degrees 40 minutes 01 seconds East 384 feet, more or less, to the point of beginning.



Vacation/Private Home Rental App. # App-2023-001355, UID # 209401

App. Status: Pending Review

Meeting date: 1/22/24
 Date complete: 12/17/23
 60 day: 2/14/24

Aitkin County Planning & Zoning / Environmental Services

307 2nd Street NW, Room 219

Aitkin, MN 56431

Phone: 218-927-7342

Fax: 218-927-4372

Email: aitkinpz@co.aitkin.mn.us

Contact Information

<p>If we have questions on the application who should we contact?</p>	<p>Name: Doua Lor</p> <p>Phone: (612) 390 - 9591</p> <p>Email Address: doualor350@hotmail.com</p> <p>Mailing Address: 176 Hazel St. N Saint Paul MN 55119</p>
<p>Are you the property owner?</p>	<p><u>Yes</u></p>
<p>Do you have a contact person that meets all requirements of Section 17.0 (17) of the Aitkin County Zoning Ordinance?</p>	<p><u>No</u></p>

Project Location Search

Property:	Property Location			Legal Description			Property Attributes		Owner Information	Tax Payer Information
	Parcel Number	Property Address	Township or City Name	Legal Description	Plat Name	Section-Township-Range	Lake Class	Lake Name	Owner Name(s)	Taxpayer Name(s)
	26-0-015400	18157 Driftwood St MCGREGOR, MN 55760	RICE RIVER TWP	NE NE & THE N 208.14 FT OF THE E 61.34 FT OF THE NW NE		S:10 T:46 R:23			LOR, MAY & DOUA	LOR, MAY & DOUA
Driving directions to the property from Aitkin:	TAKE US-169 S (0.2 mile) TAKE HWY 47 S (8.7 miles) Left turn to HWY 4/Dam Lake St (Glen/Kimberly town hall) (7.1 miles) Left turn to HWY 65 N (2.1 miles) Right turn HWY 57/Driftwood St (3.1 miles) Follow Driftwood St to 18157 Driftwood									

Brief Narrative

Brief Narrative:	I am requesting an Interim Use Permit to operate a vacation rental at our cabin home in McGregor. The capacity is 4 guests (2 bedrooms, 1 bathroom). Rentals will be year-round for less than a month in duration. I will be providing a guest information book that has emergency contacts, local businesses, rental agreements, etc. I will be advertising through Airbnb.com, VRBO.com, booking.com. Doua Lor (owner) will be the property management.
List all current advertising sources: (Be specific and include website links, rental ID #'s, title, etc.) All advertising must be in compliance with the occupancy allowance and all other conditions of the permit. Notify Environmental Services with any changes to the advertising within 30 days.	Have not advertised the property yet.
Proposed occupancy of overnight guests:	4
How many rental units will be located on this parcel?	1
Will you be renting for periods of less than one week?	<u>Yes</u>
Quiet hours will begin at:	10 : 00 <u>PM</u>
Quiet hours will end at:	08 : 00 <u>AM</u>

Floor Plan of Structure

<p>1. Please attach a floor plan of the rental unit that includes the following: Label sleeping areas with dimensions Location of egress windows and doors Location of all smoke alarms and carbon monoxide alarms</p>	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> File 1: Floor_Plan.docx </div>
<p>2. How many rooms will be used for sleeping?</p>	<p><u>2</u></p>
<p>3. How many carbon monoxide alarms are located in the rental?</p>	<p>5</p>
<p>4. How many smoke detector alarms are located in the rental?</p>	<p>5</p>
<p>5. A fire extinguisher must be placed in an easily accessible location within each rental unit. Where is the fire extinguisher located?</p>	<p>Middle post between kitchen, dining, and living room</p>

Sleeping Area #1

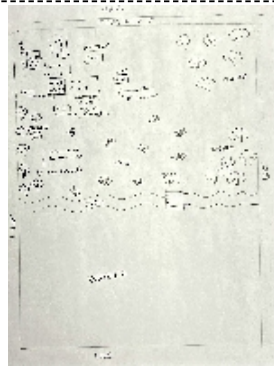
<p>Was this window installed before July 10, 2007?</p>	<p><u>Yes</u></p>
<p>Select Window style. (see attached diagram for window style options):</p>	<p><u>Sliding</u></p>
<p>What is the OPENABLE height of this window:</p>	<p>44 inches</p>
<p>What is the OPENABLE width of this window:</p>	<p>21 inches</p>
<p>What is the distance from the floor to the bottom of this window (finished sill):</p>	<p>35 inches</p>

Sleeping Area #2

Was the largest window in this room installed before July 10, 2007?	<u>Yes</u>
Select window style. (see attached diagram for window style options):	<u>Sliding</u>
What is the OPENABLE height of this window?	44 inches
What is the OPENABLE width of this window?	21 inches
What is the distance from the floor to the bottom of this window (finished sill)?	35 inches

Scaled Site Plan

Please attach your scaled site plan:



File 1: [scaled_site_plan_2.jpg](#)



File 2: [scaled_site_plan.jpg](#)

Emergency Contact Info

Police:	(218) 927 - 2133
Fire:	(218) 927 - 3303
Hospital:	(218) 927 - 2121
Septic Tank Pumper:	(218) 768 - 2575
Where in the rental will the emergency contact information be posted?	Left wall by entrance

Property Information Handbook

<p>Please select all that will be included in your handbook:</p>	<p><u>Name & contact information for owner and/or caretaker</u> <u>Quiet hours</u> <u>Maximum # of overnight guests</u> <u>Maximum # of non-overnight guests</u> <u>Property rules related to outdoor features</u> <u>List of conditions placed on the approved IUP</u> Notice that all ordinances and IUP conditions will be enforced by the Aitkin County Sheriff's Office and the Aitkin County Environmental Services Department</p>
<p>Where in the rental will your handbook will be located?</p>	<p>on top of coffee table in the living room.</p>

Septic Compliance

<p>Attach septic compliance:</p>	<p> Septic_inspection.docx</p>
----------------------------------	---

Water Test Results

<p>Attach Water Test:</p>	<p>File 1:  Water_Test.docx</p>
---------------------------	--

Garbage Disposal Plan

<p>How often will the garbage be collected?</p>	<p>Weekly</p>
<p>Please enter the name of the garbage collection service or describe your disposal plan:</p>	<p>Countryside Sanitation, LLC</p>

Pet Policy

<p>Pet Policy:</p>	<p>No Pets Allow</p>
--------------------	----------------------

Property Deed

Attach the property deed:	File 1:  Property_Deed.docx
---------------------------	--

Terms

Interior & Exterior Inspection

<p>After your submitted application is accepted by Environmental Services, a staff member will contact you to schedule an interior inspection to verify the information provided in your application. It is the responsibility of the applicant to have the following in place prior to the inspection:</p>
1. Smoke alarms and carbon monoxide alarms installed per MN State Fire Code
2. Fire extinguishers are in their designated places and meeting MN State Fire Code
3. Flow-measuring device installed on the septic system or well
4. Visual demarcations of the property lines

General Terms

<p>The landowner or authorized agent hereby certifies that to the best of their knowledge the application and supporting documents are a factual representation of the proposed project. The landowner or authorized agent agrees that, in making application, the landowner grants permission to Aitkin County, at reasonable times, to enter the property to determine compliance of the application with applicable Local, County or State Ordinances or Statutes. It is the applicant's responsibility to contact other Local, County or State agencies to ensure the applicant has complied with all relevant Local, County or State Ordinances or Statutes.</p>
<p>Submittal of the above materials does not always constitute a complete application. Other information may be necessary to complete the application based on the type of request and onsite inspection.</p>
<p>I acknowledge that by submitting this application, the application and its attachments are public information.</p>

Invoice #59070 (12/17/2023) Expected Payment Method: Pay Online - Card or ECheck

Charge	Cost	Quantity	Total
Recording Fee added 11/28/2023 5:05 PM This fee is non-refundable if denied.	\$46.00	x 1	\$46.00
Vacation/Private Home Rental added 11/28/2023 5:05 PM This fee is non-refundable if denied.	\$650.00	x 1	\$650.00
Grand Total			
			Total
			\$696.00
			Payment 12/17/2023
			\$696.00
			Due
			\$0.00

Approvals

Approval	Signature
Applicant	Doua Lor - 12/17/2023 11:52 PM af6e40b612aecbbab42e74a46918ce38 5c4a879c7078cdb17eb708080861ec8f
#1 Administrative Staff	Connor Plagge - 12/19/2023 10:15 AM 68159eda180c424471d83d0b8025ef97 3f9b6f44041c31011313f07376e51e8a
#2 Planning Commission	

Public Notes

Text:	<p>To be heard at the January 22nd, 2024 Planning Commission meeting.</p> <p>Farm residential and shoreland zoning.</p>
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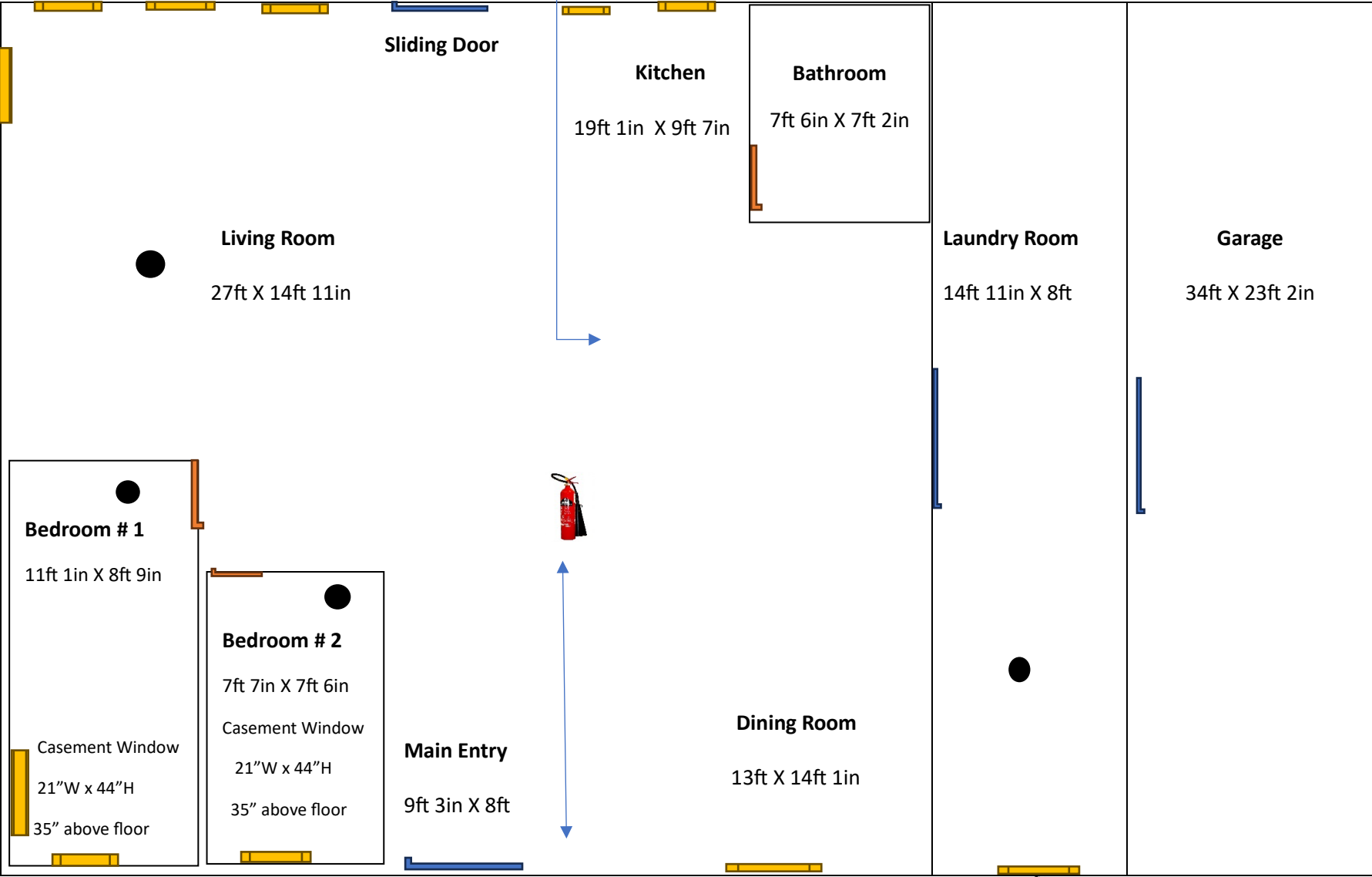
File(s):	<input type="text" value=""/>
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Administrative Staff

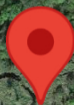
This review has been started by:	<input type="text" value="Connor Plagge"/>
Zoning District:	<input type="text" value="Farm Residential"/>
Is the parcel a Lot of Record before 1-21-92 or have alternate sites been identified?	<input type="text" value="Yes"/>
Is this an After-The-Fact application?	<input type="text" value="No"/>
Current SSTS:	<input type="text" value="Mound (Type I)"/>
Max Overnight Guests per SSTS:	<input type="text" value="4"/>

Print View

Floor Plan



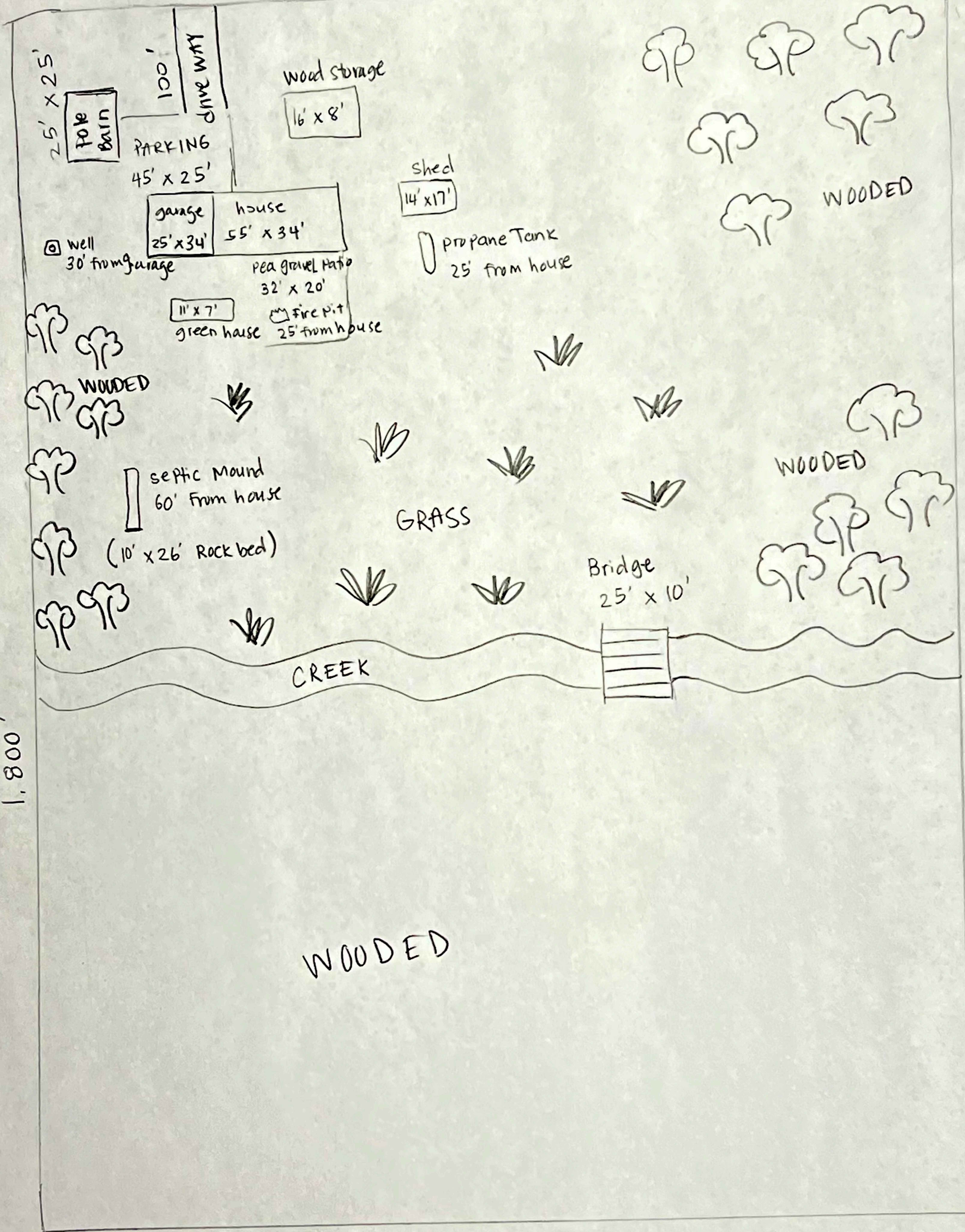
┌ Room Door
 └ Door
 ● 4 hard-wired Smoke/ Carbon Monoxide Alarm
 Window
 Fire Extinguisher



18157 Driftwood St

Recently viewed

NORTH
DRIFT WOOD ST.



1,800'

1,800'

1,200'

Analysis Report

November 16, 2023

REPORT TO:

Lor, Doua
 176 Hazel St. N.
 St. Paul MN 55119

INVOICE TO:

Date Rcvd-Brnd: 11/14/2023

Time Rcvd-Brnd: 13:20

Sampled By: Doua Lor
Sample Type: DW
Recv Temp°C: 0.6 on ice
TYPE: Well Water

LOCATION:

Lor, Doua
 18157 Driftwood St.
 McGregor MN 55760

SITE / PERFORMED	Date/Time	Sample Result	Your Level	Acceptable Units TEST	Analytical Analyst	Analysis Method Code #	Date/Time
<hr/>							
Kitchen Tap-Softened	11/14/2023 @ 11:40						
Coliform, Total		ABSENT	/100mL	ABSENT	SM 9223 B (COLISURE)-2016	11/14/23 15:32	CA 085048
Escherichia coli (E. coli)		ABSENT	/100mL	ABSENT	SM 9223 B (COLISURE)-2016	11/14/23 15:32	CA 085048
Nitrate, as N		< 0.100	mg/L	< 10	EPA 353.2 REV 2.0	11/14/23 16:05	MH 085048

Sample 085048: This sample meets the State of Minnesota and EPA Guidelines for safe



drinking water for the analytes tested.

Approved By: Date Approved:

11/16/2023

Sara Ahlers, Laboratory Director

A.W. Research Laboratories, Inc. is accredited by the MNELAP and follows approved methods and procedures. MN State Laboratory ID: 027-035-135 and EPA Lab Code: MN00098. All data generated using non-accredited methods noted as -NC, and all analytes for which accreditation is unavailable -NA. The results above relate only to the samples tested. This report must not be reproduced, except in full, without the written approval of the laboratory. We appreciate your feedback, please email us at awlab@awlab.com with questions or comments. Thank you!

~End of Analysis Report~



Lab Report Code: 085048 Page 1 of 1



MINNESOTA POLLUTION Compliance inspection report

form

CONTROL AGENCY

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

Existing Subsurface Sewage Treatment System (SSTS)

Doc Type. Compliance and Enforcement

Instructions: Inspector must submit completed form to Local Governmental Unit (I-GU) and system owner within '1 5 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,,wwwists4-31a.pdf>. Property information Local tracking number:

Parcel or Secrrwp/Range. • 26-0-015400 Reason for Inspection App. for perm.
Local regulatory authority info: Aitkin county planning and zoning Phone#218-927-7342

Property address: 18157 Driftwood St.,McGregor,Mn.55760

Owner/representative: Doua Lor Owner's phone: 612-390-9591 Brief system description: 1860 gallon combo tank that pumps up into a 10' x 25' rock bed 1' sand base mound.

System status

System status on date (mm/dd/yyyy): 10/27/2023

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

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

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

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

C] 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

Property Address: 18157 Driftwood

Date: 10/27/2023

Business Name: Farley Sewer systems
used for the purpose of processing this form.

Business name: Farley Sewer systems

Certification number: C-4744

Inspector signature: Jarold R. Farley

License number: L-1919

(This document has been electronically signed)

Phone: 218-839-4737

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):

<https://www.pca.state.mn.us> • 651-296-6300 • 800-657-3864 • Use your preferred relay service • Available in alternative formats of 4

St.,McGregor,Mn.55760

1. Impact on public health — Compliance component #1 of 5

Com	liance criteria:		Attached supporting documentation:
System discharges sewage to the ground surface	Yes	No	C] Other: _____ Not applicable
System discharges sewage to drain tile or surface waters.	Yes*	No	
System causes sewage backup into dwellin or establishment.	Yes		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

Com liance criteria: Attached supporting documentation:

Property Address: 18157 Driftwood

Business Name: Farley Sewer systems

Date: 10/27/2023

Name	System consists of a seepage pit, cesspool, drywell, leaching pit, or other it?	C Yes No	<input checked="" type="checkbox"/> Empty tank(s) viewed by inspector
			of maintenance business: Kangas Ent. _____
Date	Sewage tank(s) leak below their designed operating depth?	Yes No	License number of maintenance business: L-1919
			of maintenance: 10/27/2023
			<input type="checkbox"/> Existing tank integrity assessment (Attach) _____
	If es, which sewa e tank s leaks:		Date of maintenance (mm/dd/yyyy): _____ (must be within three years)

Any 'yes' answer above indicates tha system (See form instructions to ensure assessment complies with js failing to protect groundwater. Minn. R. 7082.0700 subp. 4 B (1))

Tank is Noncompliant (pumping not necessary — explain below)

Other: _____

Describe verification methods and results:

St.,McGregor,Mn.55760

30 Other compliance conditions — Compliance component #3 of 5

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

Yes* E No Unknown

3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety? CI 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:

Property Address: 18157 Driftwood

Business Name: Farley Sewer systems

Date: 10/27/2023

Attached supporting documentation: Not applicable [3 _____]

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? C] Yes NO Any "no" answer indicates noncompliance

Describe verification methods and results:

Attached supporting documentation: Operating permit (Attach)

<https://www.pca.state.mn.us> • 651-296-6300 • 800-657-3864 • Use your preferred relay service • Available in alternative formats of4

18157 Driftwood St.,McGregor,Mn.55760

5. Soil separation — Compliance component #5 of 5

Date of installation 9/18/1996 Unknown
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food E Yes No beverage Attached supporting
lodging? documentation:

Com liance criteria | select one :

5a.For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not senång a food, beverage or lodging establishment: Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	Yes	No*
--	-----	-----



A440674

NO DELINQUENT TAXES AND TRANSFER ENTERED
This 3 Day Aug 2017

Office of the County Recorder Aitkin County, Minnesota

Kirk Pearson
County Auditor
Elizabeth Harmon
Deputy

HEREBY CERTIFY THE %THIN INSTRUMENT WAS FILED, AND/OR RECORDED ON 8/3/2017 9:00 AM

Depuw PACKAGE: 55502 REC FEE:

\$46.00

Michael T. Moriarty, Aitkin County Recorder

CERTIFICATE OF REAL ESTATE
VALUE (V) FILED () NOT
REQUIRED CERTIFICATE OF REAL
ESTATE VALUE NO. 44820

(Top 3 inches reserved for recording data)

WARRANTY DEED Minnesota Uniform Conveyancing Blanks Individual(s) to Individual(s) Form 10.1.1 (2016) eCRV

number:

DEED TAX

0

DUE: \$445.50

DATE: July 31, 2017

(month/day/year)

FOR VALUABLE CONSIDERATION, Paul Dzubay, a single person

(insert name and marital status of each Grantor)

("Grantor"),

hereby conveys and warrants to Doua Lor and May Lor

(insert name of each Grantee)

("Grantee"), as

tenants in common, (If more than one Grantee is named above and either no box is checked or both boxes are checked,

(Check only one box.)

joint tenants,

this conveyance is made to the named Grantees as tenants in common.)

See

real property in Aitkin County, Minnesota, legally described as follows:
attached Exhibit A for legal description

AITKIN COUNTY DEED TAX
11237 8-3-17
445.50
Paul Dzubay
County Treasurer

Deputy Check here if all or part of the described real property is Registered (Torrens)

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions:
Covenants, restrictions, and easements of record, if any.

Check applicable box:

a The Seller certifies that the Seller does not know of any wells on the described real property.

A well disclosure certificate accompanies this document or has been electronically filed. (If electronically filed, insert WDC number: _____.)

GRANTOR

Paul Dzubay

(signature) Paul Dzubay

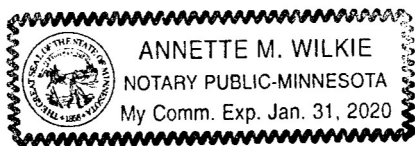
I am familiar with the property described in this instrument and I (signature) certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate.

State of Minnesota, County of Aitkin

This instrument was acknowledged before me on July | 2017 by Paul Dzubay, a single person _____
(month/day/year)

(insert name and marital status of each Grantor)

(Stamp)



Annette M. Wilkie

(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:
(insert name and address)

McGregor Title
PO Box 309
McGregor, MN 55760

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS INSTRUMENT SHOULD BE SENT TO:
(insert Equal name and residential or business address of Grantee)

Doua Lor & May Lor
1090 Euclid Street
St Paul 55106

EXHIBIT A,,

THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER AND THE NORTH 208.18 OF THE EAST 61.3/1' OF THE NORTHWEST QUARTER OF THE NORTHEAST*

QUARTER, SECTION 10, TOWNSHIP 16. RANGE 23, AITKIN COUNTY, MINNESOTA.

Property Address: 18157 Driftwood

Business Name: Farley Sewer systems

Date: 10/27/2023

5b. Non-performance systems built April 1, 1996, or later or for nonperformance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:

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

Yes No*

- Soil observation logs completed for the report
- Two previous verifications of required vertical separation

Not applicable (No soil treatment area)

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)

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

Yes No

A. Bottom of distribution media	101
B. Periodically saturated soil/bedrock	98
C. Vertical separation	36"
D. Required compliance separation*	

Indicate depths or elevations

*May be reduced up to 15 percent if allowed by Local Ordinance.

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

Describe verification methods and results:

Upgrade requirements: (Minn. Stat. 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.

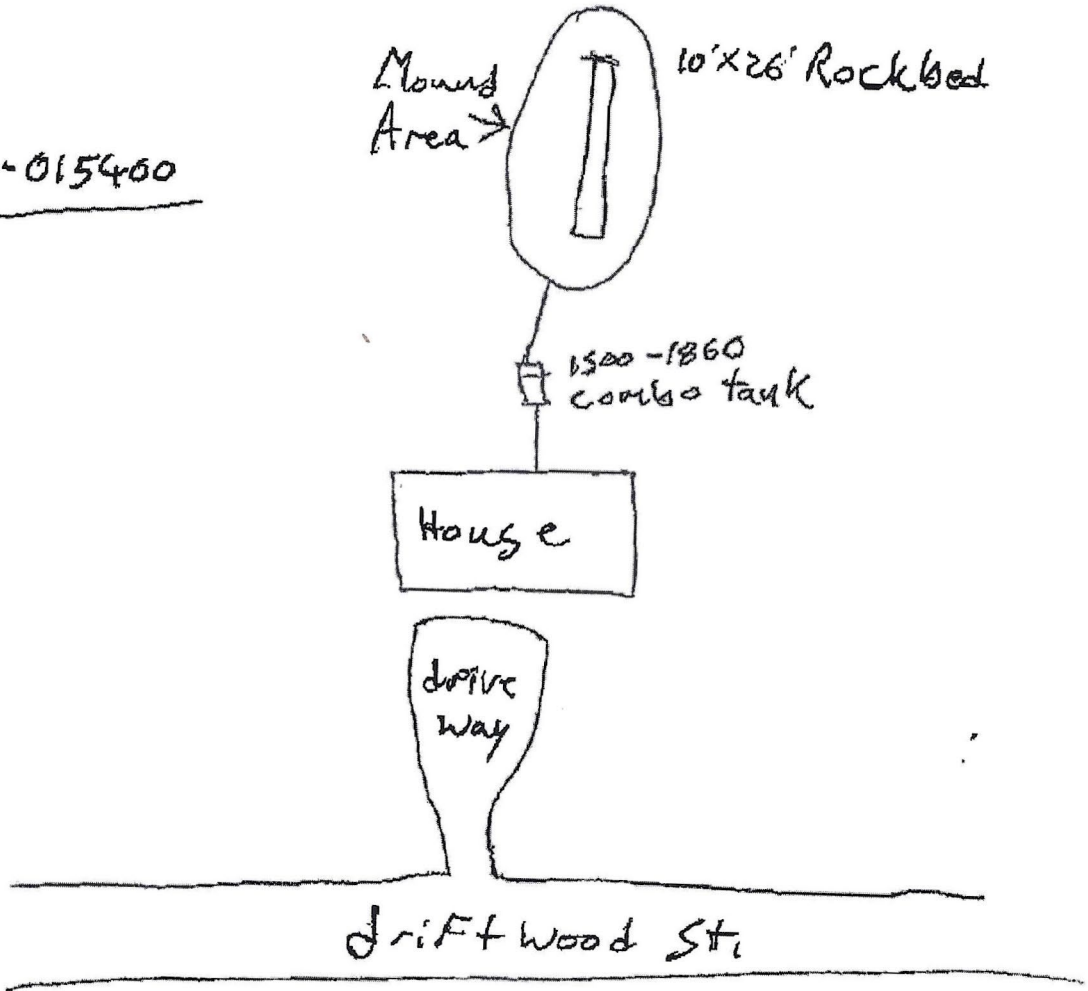
Jul 09 16 04:15p

p.4

PAGE 84/84

SEWER DESIGN & INSTALLATION

26-0-015460



Soil Boring Info:

0-4" Topsoil 10 yR 3/3
4-24" Sandy Loam 10 yR 5/4
Mottles @ 24"



A440674

NO DELINQUENT TAXES AND TRANSFER ENTERED

This 3 Day Aug 2017

Office of the County Recorder Aitkin County, Minnesota

Kirk Pearson
County Auditor

Elizabeth Harmon
Deputy

HEREBY CERTIFY THE %THIN INSTRUMENT WAS FILED, AND/OR RECORDED ON 8/3/2017 9:00 AM

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number:

DEED TAX

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DUE: \$445.50

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real property in Aitkin County, Minnesota, legally described as follows:
attached Exhibit A for legal description

AITKIN COUNTY DEED TAX
11237 8-3-17
445.50
Paul Dzubay
County Treasurer

Deputy Check here if all or part of the described real property is Registered (Torrens)

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions:
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Check applicable box:

a The Seller certifies that the Seller does not know of any wells on the described real property.

A well disclosure certificate accompanies this document or has been electronically filed. (If electronically filed, insert WDC number: _____.)

~~GRANTOR~~
Paul Dzubay

(signature) Paul Dzubay

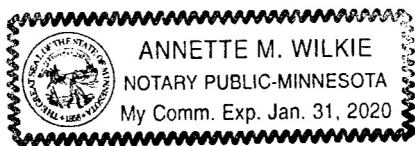
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(month/day/year)

(insert name and marital status of each Grantor)

(Stamp)



Annette M. Wilkie

(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
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EXHIBIT A,,

THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER AND THE NORTH 208.18 OF THE EAST 61.3/1' OF THE NORTHWEST QUARTER OF THE NORTHEAST*

QUARTER, SECTION 10, TOWNSHIP 16. RANGE 23, AITKIN COUNTY, MINNESOTA.



Vacation/Private Home Rental App. # App-2023-001353, UID # 209394
App. Status: Pending Review

Meeting date: 1/22/24
Date Complete: 12/18/23
60 day: 2/15/24

Aitkin County Planning & Zoning / Environmental Services
307 2nd Street NW, Room 219
Aitkin, MN 56431
Phone: 218-927-7342
Fax: 218-927-4372
Email: aitkinpz@co.aitkin.mn.us

Contact Information

<p>If we have questions on the application who should we contact?</p>	<p>Name: <input type="text" value="Roland Wapola"/></p> <p>Phone: <input type="text" value="(210) 426 - 0338"/></p> <p>Email Address: <input type="text" value="wapolas@gmail.com"/></p> <p>Mailing Address: <input type="text" value="107 Lachite Unit 5"/> <input type="text" value="Horseshoe Bay TX 78657"/></p>
<p>Are you the property owner?</p>	<p><u>Yes</u></p>
<p>Do you have a contact person that meets all requirements of Section 17.0 (17) of the Aitkin County Zoning Ordinance?</p>	<p><u>Yes</u></p>

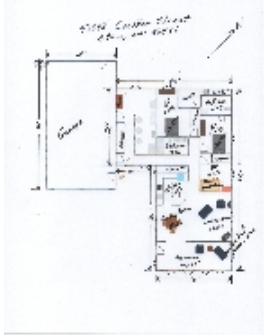
Project Location Search

Property:	Property Location			Legal Description			Property Attributes		Owner Information	Tax Payer Information
	Parcel Number	Property Address	Township or City Name	Legal Description	Plat Name	Section-Township-Range	Lake Class	Lake Name	Owner Name(s)	Taxpayer Name(s)
	11-1-090700	43042 Conifer St AITKIN, MN 56431	HAZELTON TWP	LOTS 4 & 5	COOLGALE PARK	S:33 T:45 R:27	GD	MILLE LACS	WAPOLA, ROLAND & CAROL	WAPOLA, ROLAND & CAROL
Driving directions to the property from Aitkin:	Proceed south on US 169 approximately 13 miles, go left (east) on MN 18 for .3 mile, turn right (south) on Conifer Street for .2 mile, home will be on your right.									

Brief Narrative

Brief Narrative:	We, Carol and Roland Wapola, own the home at 43042 Conifer St., Aitkin, MN 56431, and are planning to rent it while we are not using it. The home is not homesteaded, since we are already homesteaded in another state (Texas). The rental listings will be handled by Evolve, who have extensive experience locally as well as nationally. AirBnB and VRBO will probably be the primary vehicles. The local contact for issues requiring immediate attention is Sheila Brown. She and her husband, Gabe, handle approximately 35 properties in the area in a similar fashion.
List all current advertising sources: (Be specific and include website links, rental ID #'s, title, etc.) All advertising must be in compliance with the occupancy allowance and all other conditions of the permit. Notify Environmental Services with any changes to the advertising within 30 days.	Our listings will be handled by Evolve.com and will be across multiple platforms in addition to Their own proprietary site. AirBnB and VRBO will be used, and others.
Proposed occupancy of overnight guests:	6
How many rental units will be located on this parcel?	1
Will you be renting for periods of less than one week?	<u>Yes</u>
Quiet hours will begin at:	10 : 00 <u>PM</u>
Quiet hours will end at:	08 : 00 <u>AM</u>

Floor Plan of Structure

<p>1. Please attach a floor plan of the rental unit that includes the following: Label sleeping areas with dimensions Location of egress windows and doors Location of all smoke alarms and carbon monoxide alarms</p>	<div style="border: 1px dashed black; padding: 10px; text-align: center;">  <p>File 1: Floor_plan.png</p> </div>
<p>2. How many rooms will be used for sleeping?</p>	<p><u>3</u></p>
<p>3. How many carbon monoxide alarms are located in the rental?</p>	<p>3</p>
<p>4. How many smoke detector alarms are located in the rental?</p>	<p>3</p>
<p>5. A fire extinguisher must be placed in an easily accessible location within each rental unit. Where is the fire extinguisher located?</p>	<p>Kitchen, laundry room, garage</p>

Sleeping Area #1

Was this window installed before July 10, 2007?	<u>Yes</u>
Select Window style. (see attached diagram for window style options):	<u>Casement</u>
What is the OPENABLE height of this window:	40 inches
What is the OPENABLE width of this window:	21 inches
What is the distance from the floor to the bottom of this window (finished sill):	36 inches

Sleeping Area #2

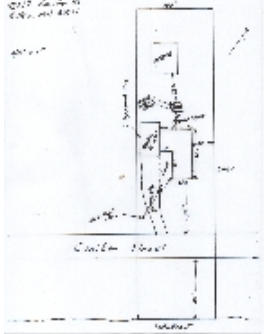
Was the largest window in this room installed before July 10, 2007?	<u>Yes</u>
Select window style. (see attached diagram for window style options):	<u>Casement</u>
What is the OPENABLE height of this window?	40 inches
What is the OPENABLE width of this window?	21 inches
What is the distance from the floor to the bottom of this window (finished sill)?	36 inches

Sleeping Area #3

Was the largest window in this room installed before July 10, 2007?	<u>Yes</u>
Select window style. (see attached diagram for window style options):	<u>Casement</u>
What is the OPENABLE height of this window?	40 inches
What is the OPENABLE width of this window?	21 inches
What is the distance from the floor to the bottom of this window (finished sill)?	36 inches

Scaled Site Plan

Please attach your scaled site plan:



File 1: [Lot_layout.png](#)

Emergency Contact Info

Police:	(218) 927 - 2133
Fire:	(218) 927 - 2527
Hospital:	(218) 927 - 2121
Septic Tank Pumper:	(218) 927 - 6175
Where in the rental will the emergency contact information be posted?	Welcome book

Property Information Handbook

Please select all that will be included in your handbook:	<u>Name & contact information for owner and/or caretaker</u> <u>Quiet hours</u> <u>Maximum # of overnight guests</u> <u>Maximum # of non-overnight guests</u> <u>Property rules related to outdoor features</u> <u>List of conditions placed on the approved IUP</u> <u>Notice that all ordinances and IUP conditions will be enforced by the Aitkin County Sheriff's Office and the Aitkin County Environmental Services Department</u>
Where in the rental will your handbook will be located?	On the center island in the kitchen.

Septic Compliance

Attach septic compliance:	<div style="border: 1px dashed black; padding: 5px; display: inline-block;">  Septic_Compliance.pdf </div>
---------------------------	---

Water Test Results

Attach Water Test:	<div style="border: 1px dashed black; padding: 5px; display: inline-block;"> File 1:  Water_Test_Results.pdf </div>
--------------------	--

Garbage Disposal Plan

How often will the garbage be collected?	weekly
Please enter the name of the garbage collection service or describe your disposal plan:	Garrison Disposal

Pet Policy

Pet Policy:	We will NOT be allowing pets at our rental.
-------------	---

Property Deed

Attach the property deed:	File 1: AITKIN_COUNTY_-_REC-REAL_EST_-_479113.pdf
---------------------------	---

Terms

Interior & Exterior Inspection

<p>After your submitted application is accepted by Environmental Services, a staff member will contact you to schedule an interior inspection to verify the information provided in your application. It is the responsibility of the applicant to have the following in place prior to the inspection:</p>
1. Smoke alarms and carbon monoxide alarms installed per MN State Fire Code
2. Fire extinguishers are in their designated places and meeting MN State Fire Code
3. Flow-measuring device installed on the septic system or well
4. Visual demarcations of the property lines

General Terms

The landowner or authorized agent hereby certifies that to the best of their knowledge the application and supporting documents are a factual representation of the proposed project. The landowner or authorized agent agrees that, in making application, the landowner grants permission to Aitkin County, at reasonable times, to enter the property to determine compliance of the application with applicable Local, County or State Ordinances or Statutes. It is the applicant's responsibility to contact other Local, County or State agencies to ensure the applicant has complied with all relevant Local, County or State Ordinances or Statutes.

Submittal of the above materials does not always constitute a complete application. Other information may be necessary to complete the application based on the type of request and onsite inspection.

I acknowledge that by submitting this application, the application and its attachments are public information.

Invoice #59063 (12/15/2023) Expected Payment Method: Pay Online - Card or ECheck

Charge	Cost	Quantity	Total
Recording Fee added 11/27/2023 5:12 PM This fee is non-refundable if denied.	\$46.00	x 1	\$46.00
Vacation/Private Home Rental added 11/27/2023 5:12 PM This fee is non-refundable if denied.	\$650.00	x 1	\$650.00
Grand Total			
		Total	\$696.00
		Payment 12/15/2023	\$696.00
		Due	\$0.00

Approvals

Approval	Signature
Applicant	Roland M. Wapola - 12/18/2023 3:51 PM 1a4276de5f6e963cbfb7c7c3d3468de0 b9912275cf52281ab31bf2c1dc351278
#1 Administrative Staff	Connor Plagge - 12/19/2023 10:19 AM 042825d735abdd7445f88e0377a7b3ae be07382755bade72ef415a6cb2e127d4
#2 Planning Commission	

Public Notes

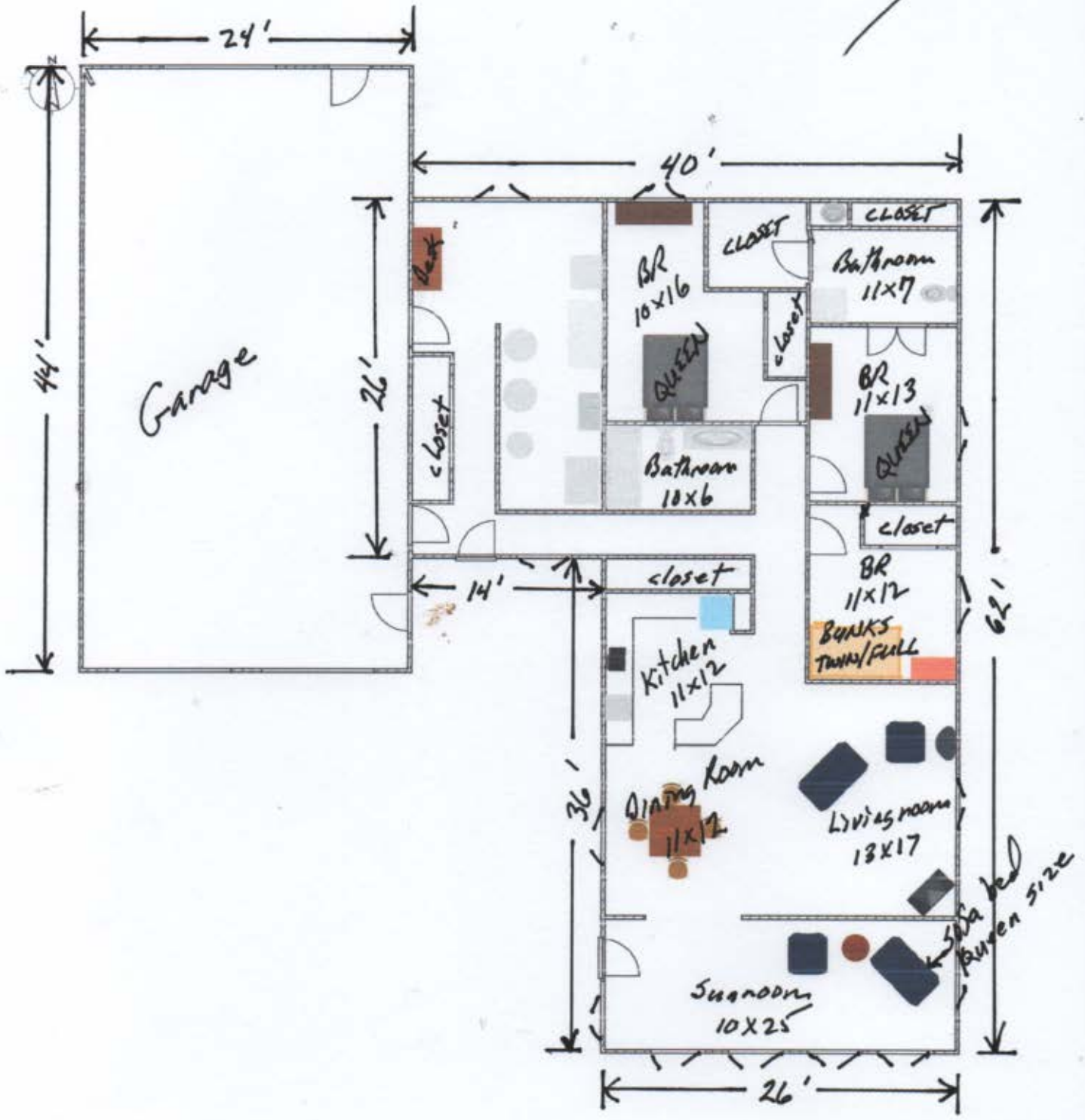
Text:	To be heard at the January 22nd, 2024 Planning Commission meeting.
File(s):	<input type="text"/>

Administrative Staff

This review has been started by:	Connor Plagge ▼
Zoning District:	Shoreland ▼
Is the parcel a Lot of Record before 1-21-92 or have alternate sites been identified?	Yes ▼
Is this an After-The-Fact application?	No ▼
Current SSTS:	Mound (Type I) ▼
Max Overnight Guests per SSTS:	<input type="text" value="6"/>

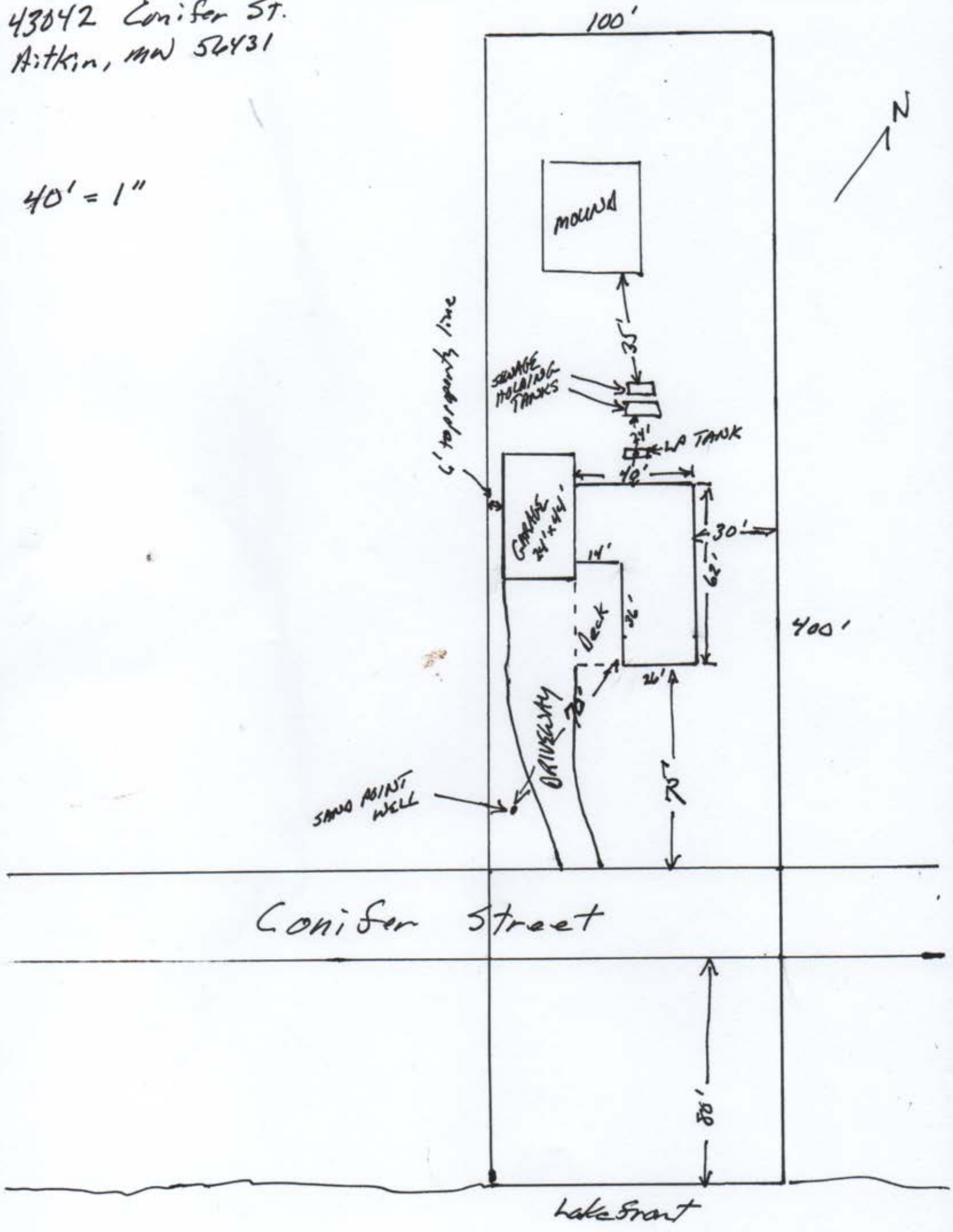
Print View

43042 Conifer Street
Atkin, MN 56431



43042 Conifer St.
Aitkin, MN 56431

40' = 1"





Septic System Compliance Inspection – Existing System

Date: 8/30/23

Property Owner: Jackels, Bonnie

Ordered By: Johnson, Ryan

Address: 43042 Conifer Street Aitkin, MN 56431

Property ID#: 11-0-090700

Inspector: Tim Woodrow

A compliance inspection was performed at the above location. Previous evaluations were used to determine the level of seasonal saturated soil. The Soil Treatment Area (Drain field) was also inspected to ensure there was no ponding or leaking. The septic tank was pumped and inspected. This onsite system was found to be **Compliant**.

- **Impact On Public Health:**
System is Compliant
- **Tank Integrity:**
Tank(s) are compliant
- **Other Compliance Conditions:**
None
- **Soil Separation**
Soils are compliant
- **Operating Permit and Nitrogen BMP**
NA

I have included a copy of the compliance documents for your record. I have also sent a copy to Aitkin County for their records. If you have any questions, please do not hesitate to give us a call.

Thanks!

Tim Woodrow
Owner

218-927-6175



DISCLAIMER:

The septic system inspection conducted for this property meets MPCA requirements for existing systems.

We recommend this system to be serviced and evaluated at least every 36 months by a septic professional.

Any additions to the home or increased use of the home may require an increase in system capacity.

1. Compliance Requirements evaluated as part of this inspection include the verification that the system tanks do not leak below the designed operating depth, the required separation between the bottom of the subsurface distribution medium and the seasonally saturated soils if applicable, no discharge of septage/effluent to the ground surface or surface water and no imminent safety hazards exist. Timber Lakes Septic Inc does not inspect interior pumps, plumbing, or associated components.
2. Certification of this system does not warranty future use beyond the date of inspection. Any system, new or old, can be hydraulically overloaded and discharge to ground surface as a result of increase use (more people in house, faulty plumbing fixtures, change in habits, groundwater infiltration etc), improper maintenance, tree roots, freezing conditions, surface drainage problems, etc. The system can also stop working simply due to its age. The life expectancy of a system is variable and dependent upon the items previously listed. Proper maintenance and water conservation will help contribute to a longer system life.
3. A compliance inspection is not meant to be a test or inspection of longevity of the system. A compliance inspection is for the purpose of verifying if the system is protective of public health and safety as well as protecting the ground water at the date and time the inspection was performed. This inspection is not intended to determine if the system was originally designed or installed to past or present MPCA/Local Government Unit Code requirements. This inspection is not intended to determine if the system was designed and/or installed to support the anticipated flow from buildings as the use of the buildings may have changed since the original design was completed. These changes may include additional bedrooms, occupants, increased use, etc. In addition, this inspection is not intended to determine the quality of the original system design, quality of the construction practices during installation, or quality of materials used.
4. Timber Lakes Septic Inc. has not been retained to warranty, guarantee, or certify the proper functioning of the ISTS system for any period of time beyond the date of inspection or into the future. There are numerous factors which may affect the proper operation of a ISTS System and the inability of Timber Lakes Septic to supervise or monitor the use or maintenance of the ISTS System, the Compliance Report shall not be construed as a warranty or guarantee of future system performance.
5. By accepting this report, the client understands that Timber Lakes Septic will not be responsible for any monetary damages exceeding the fee for services provided.
6. This Report is prepared for the person or rep of the person providing payment for the fees charged.

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: 11-1-090700 Reason for Inspection Transfer

Local regulatory authority info: Aitkin County

Property address: 43042 Conifer St Aitkin, MN 56431

Owner/representative: Ryan Johnson-Realtor Owner's phone: 612-865-9391

Brief system description: 1000/500 septic and lift combo.

System status

System status on date (mm/dd/yyyy): 8/30/2023

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: Timber Lakes Septic Service Certification number: C7644

Inspector signature: Tim Woodrowl License number: L455

(This document has been electronically signed) Phone: 218-927-6175

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): _____

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

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?	<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:	

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

Describe verification methods and results:

Attached supporting documentation:

- Empty tank(s) viewed by inspector
- Name of maintenance business: _____
- License number of maintenance business: _____
- Date of maintenance: _____
- Existing tank integrity assessment (Attach)
- Date of maintenance 8/28/2023
(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)

Property Address: 43042 Conifer St Aitkin, MN 56431

Business Name: Timber Lakes Septic Service

Date: 8/30/2023

5. Soil separation – Compliance component #5 of 5

Date of installation 7/9/2001 Unknown
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging? Yes No

Attached supporting documentation:

- Soil observation logs completed for the report
- Two previous verifications of required vertical separation
- Not applicable (No soil treatment area)
- _____

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.

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:

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.

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

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

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

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

Owner information

Owner/Representative Jackels, Bonnie
 Property address: 43042 Conifer St, Aitkin, MN 56431
 Local Regulatory Authority: Aitkin County Parcel ID: 11-1-090700

System status

System status on date (mm/dd/yyyy): 8/28/2023

Certificate of sewage tank compliance **Notice of sewage tank non-compliance**

Compliance criteria:

The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - "Failure to Protect Groundwater."	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
The SSTS has a sewage tank that leaks below the designed operating depth - "Failure to Protect Groundwater."	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
The SSTS presents a threat to public safety by reason of structurally unsound (damaged, cracked, or weak) maintenance hole cover(s) or lids or any other unsafe condition - "Imminent Threat to Public Health or Safety."	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No

Any "yes" answer above indicates sewage tank non-compliance.

Company information

Company name: Timber Lakes Septic Service Inc
 Business license number: L455

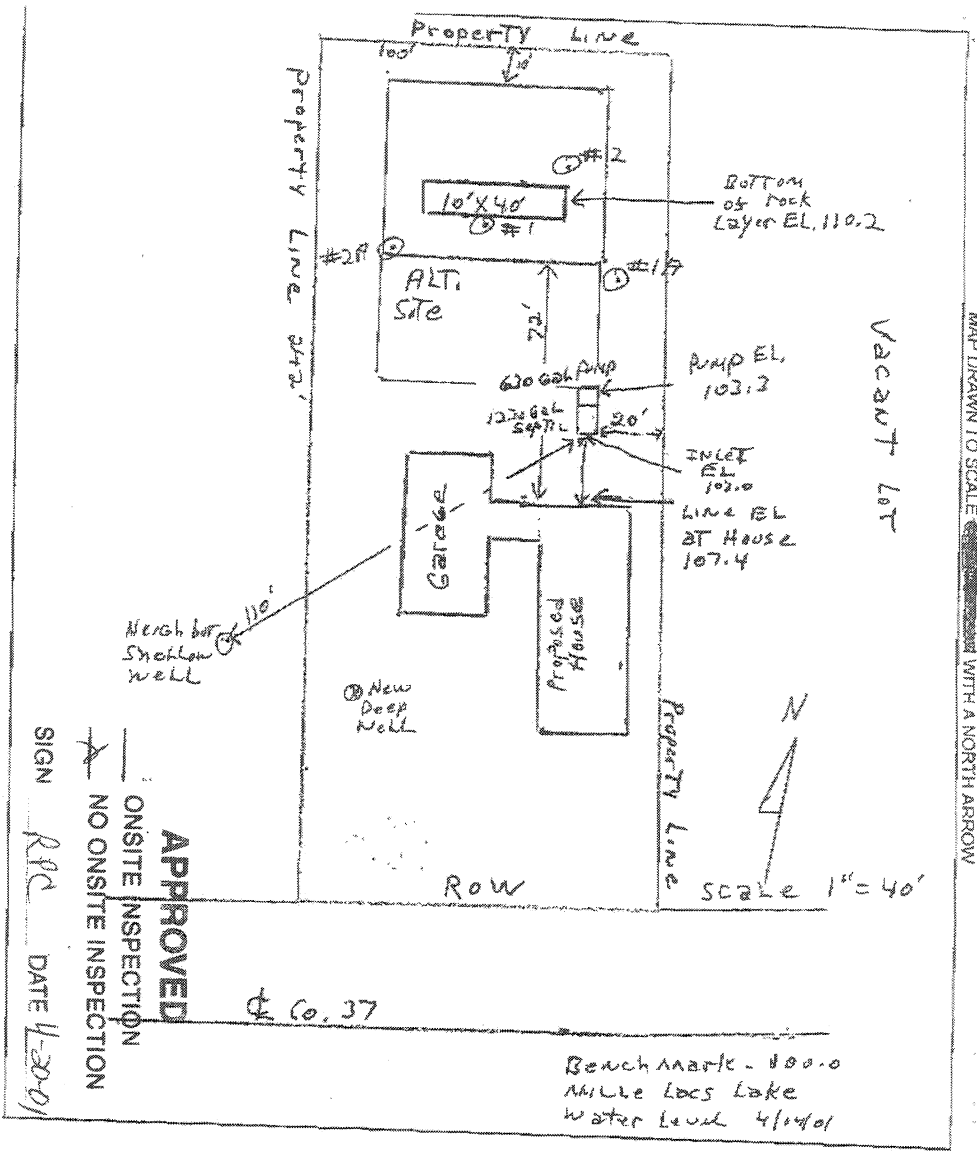
Designated Certified Individual (DCI) information

Print name: Craig Perlberg
 Certification number: C6023

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

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

Designated Certified Individual's signature: Craig Perlberg Date (mm/dd/yyyy): 8/28/2023
(This document has been electronically signed.)



APPROVED
 _____ ONSITE INSPECTION
 _____ NO ONSITE INSPECTION
 SIGN RRC DATE 4-20-01

CHECK OFF LIST - HAVE ALL OF THE FOLLOWING BEEN DRAWN ON THE MAP??

- HOW EXISTING OR PROPOSED**
- WATER WELLS WITHIN 100 FT OF TREATMENT AREAS
 - PRESSURE WATER LINES WITHIN 10 FT OF TREATMENT AREAS
 - STRUCTURES
 - ALL SOIL TREATMENT AREAS
 - HORIZONTAL AND VERTICAL REFERENCE POINT OF SOIL BORINGS
 - LOT EASEMENTS
 - DISTURBED/COMPACTED AREAS
 - SITE PROTECTION - LATHES AND RIBBON EVERY 15 FT
 - ACCESS ROUTE FOR TANK MAINTENANCE
 - REQUIRED SETBACKS
 - STRUCTURES
 - OHM
 - PROPERTY LINES
- COMMENTS:

INDICATE ELEVATIONS

- BENCHMARK
- ELEVATION OF SEWERLINE @ HOUSE
- ELEVATION @ TANK INLET
- ELEVATION @ BOTTOM OF ROCK LAYER
- ELEVATION @ BOTTOM OF BORING OR RESTRICTIVE LAYER
- ELEVATION OF PUMP
- ELEVATION OF DISTRIBUTION DEVICE

DESIGNER SIGNATURE [Signature]
 CENSE# 344

DATE 18 April 01

FIELD EVALUATION SHEET

PRELIMINARY EVALUATION DATE _____, FIELD EVALUATION DATE 4/14/01
PROPERTY OWNER: Les Moser PHONE (218) 927-3095
ADDRESS: Po Box 254 CITY, STATE, ZIP: ITKIN MN 56431
LEGAL DESCRIPTION: LOTS 4 and 5
PIN# 11-1-090700/11-1-090800 SEC 33 T 45 R 27 TWP NAME HAZELTON
FIRE# _____ LAKE/RIVER MILLE Lacs Lake LAKE CLASS G OHWL _____ FT.

DESCRIPTION OF SOIL TREATMENT AREAS

	AREA #1	AREA #2	REFERENCE BM ELEV./1000 FT	REFERENCE BM DESCRIPTION
DISTURBED AREAS	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
COMPACTED AREAS	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FLOODING	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
RUN ON POTENTIAL	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
SLOPE %	<u>6</u>	<u>3</u>		
DIRECTION OF SLOPE	<u>North</u>	<u>North</u>		
LANDSCAPE POSITION	<u>Side Slope</u>	<u>side Slope</u>		
VEGETATION TYPES	<u>Hardwoods</u>	<u>Hardwoods</u>		
				<u>Water Level of</u>
				<u>MILLE Lacs Lake ON</u>
				<u>4/14/01</u>

DEPTH TO STANDING WATER OR MOTTLED SOIL: BORING# 1 14", 1A 24", 2 14", 2A 15"

BOTTOM ELEVATION—FIRST TRENCH OR BOTTOM OF ROCK BED: #1 110.2 FT., #2 111.0 FT.

SOIL SIZING FACTOR: SITE #1 1.27, SITE #2 1.27

CONSTRUCTION RELATED ISSUES: _____

LIC# 344 SITE EVALUATOR SIGNATURE: Dennis O'Neil

SITE EVALUATOR NAME: Dennis O'Neil TELEPHONE# (218) 678-2141

LUG REVIEW _____ DATE _____

Comments: _____

SOIL BORING LOGS ON REVERSE SIDE

APPROVED

ONSITE INSPECTION
 NO ONSITE INSPECTION

SIGN RPC DATE 4-20-01

SOILS CHARTS FOR BOTH PROPOSED AND ALTERNATE SITES

1 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSSELL COLOR
0-8	Top Soil	10YR 3/1
8-14	Sandy Loam	7.5YR 5/6
14-	Mottled	EL. 107.0

2 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSSELL COLOR
0-8	Top Soil	10YR 3/1
8-14	Sandy Loam	7.5YR 5/6
14-	Mottled	EL. 106.5

1 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSSELL COLOR
0-12	Top Soil	10YR 2/1
12-24	Sandy Loam	7YR 4/6
24-	Mottled	EL. 107.0

2 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSSELL COLOR
0-10	Top Soil	10YR 3/1
10-15	Sandy Loam	7.5YR 5/6
15-	Mottled	EL. 107.2

ADDITIONAL SOIL BORINGS MAY BE REQUIRED

SITE EVALUATION CHECK LIST DATE 4-30-01

NAME LES MOSER PERMIT # 27724
 PARCEL # #11-1-0907000000 TWP HAZELTON SECTION 33

CHECK THE FOLLOWING PRIOR TO INSPECTION

- ____ NAME OF SITE EVALUATOR
 ____ NAME OF DESIGNER
 ____ NAME OF INSTALLER
- ____ LOT OF RECORD BEFORE 1-21-92 (SL) OR 1-10-95 (NSL), IF NO, ALT. SITE? ____
 ____ SITE PLAN WITH SETBACK DISTANCES AND DIMENSIONS
 ____ ARE ISTS SITES PROTECTED FROM DAMAGE? IF NOT, WHEN
 ____ DESIGN _____ PERC TESTS _____ SOIL BORINGS, 2 PER SITE
 ____ NUMBER OF BEDROOMS (INCLUDE POTENTIAL)
 ____ CROSS SECTION SHEET _____ TRENCH DESIGN SHEET
 ____ MOUND DESIGN SHEET _____ OTHER OR PERFORMANCE
 ____ PRESSURE DISTRIBUTION SHEET _____ PUMP CALCULATION SHEET
 ____ WATER USE CALCULATIONS _____
 ____ GARBAGE DISPOSAL _____ HOT TUB
 ____ EASEMENTS ON LOT, IS ROAD PUBLIC OR PRIVATE (SEE DEED/ PLAT)
 ____ NATUARL LANDSCAPE PROTECTION PLAN

STAKING: BUILDINGS _____, DRAINFIELD _____, BORINGS _____, WELL _____
BUILDING SETBACKS: ROAD _____, SIDE _____, REAR _____, BLUFF _____, LAKE/RIVER _____

COMPLETE DURING SITE EVALUATION

___ BUILDINGS STAKED ___ DRAINFIELD STAKED ___ BORINGS STAKED ___ WELL STAKED

SETBACKS (MEASURE DISTANCE)

	<u>DRAINFIELD</u>	<u>HOUSE</u>
FLOOD PLAIN	YES/NO	YES/NO
WETLANDS	YES/NO	YES/NO
LAKE, RIVER, PROTECTED WATERS	100'	15'
ROAD RIGHT OF WAY	OK - BANKS SE NO	30'
BLUFF	NO	NO
SIDE LOT LINE	10'	10'
REAR LOT LINE	10'	OK
HOUSE OR OTHER STRUCTURE	10' TO 20' BANK	NO
WELL	NO	NO
EASEMENTS		
NEIGHBORING WELL(S) TO ISTS	1	3
DRAINFIELD AREA DISTURBED	2	4

TO BE INSPECTED

CONFORMING SEPTIC SYSTEM: _____ YES _____ NO If no, list reasons below.
 COMMENTS OR PROBLEMS (drainage, swales, wetlands, need gutters, etc.) _____

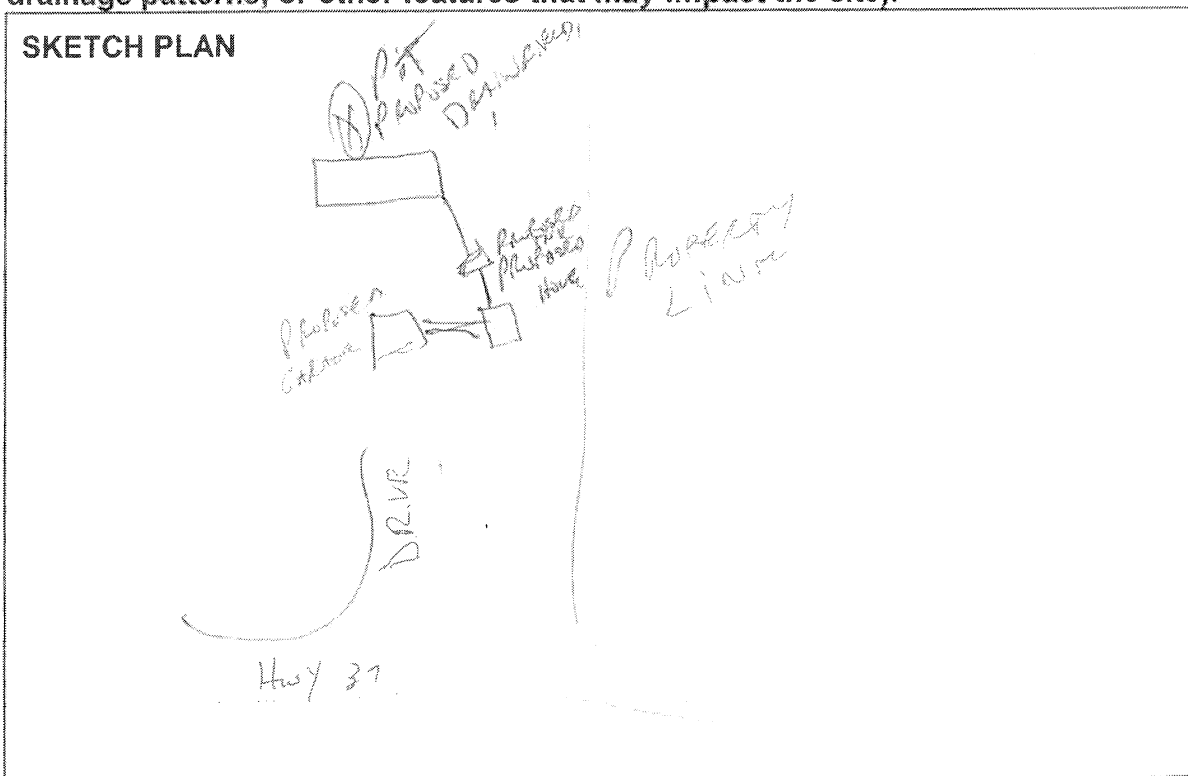
APPROVED: YES OR NO

INSPECTORS NAME _____ DATE _____ # PICTURES _____

SOIL BORING LOGS AND SKETCH PLAN ON REVERSE SIDE

SOIL BORING LOG #1			SOIL BORING LOG #2		
DEPTH	TEXTURE	COLOR	DEPTH	TEXTURE	COLOR
0-8"	TOP So. 2				
8" - 16"	SANDY loam				
	MOTTLES @ 14"				

IDENTIFY LOCATIONS OF: (Borings, neighboring structures, wells, drainfields, drainage patterns, or other features that may impact the site).



11-1-090700

2/25/02

Water/Wastewater-5T54.31



Compliance Inspection Form for Existing Individual Sewage Treatment Systems

Minnesota Pollution Control Agency

Completion of this form fulfills the minimal requirements of Minn. Stat. § 715.55 (2001) and Minnesota R. ch. 7080 (1999). Please refer to local ordinances for other requirements or information, especially for compliance requirements for bedroom additions.

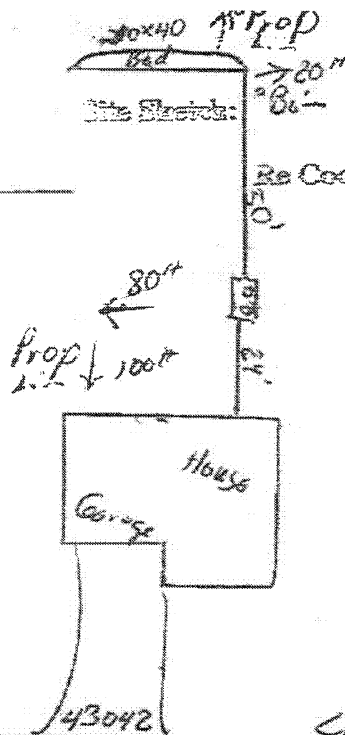
General:

Date of Inspection: 9-20-07 Reason for inspection: Selling
 Property Owner(s) William Wade Telephone () _____
 Person requesting inspection _____ Telephone () _____
 Site Address 43048 Conifer St City Aitkin Zip Code 56431
 Fire No./ Parcel No. 11-1-090700 County Aitkin Township Hazelton
 Legal Description: Lot 4-B 33 45 27
 Local Regulatory Authority Aitkin
 Date system constructed 01 System in Shoreland Area: yes no System in Wellhead Protection Area: yes no System serving a PDD licensed facility: yes no Local Permit # (if any) _____

Systems built prior to April 1, 1996 and not located in Shoreland or Wellhead Protection Area or Serving a Food, Beverage or Lodging Establishment	Systems located in Shoreland or Wellhead Protection Areas or Serving a Food, Beverage or Lodging Establishment, or systems Built after March 31, 1996
<p><u>Is the system an imminent threat to public health or safety? (a yes answer is an ITPHS system)</u></p> <p>- Discharge of sewage to the ground surface? YES NO</p> <p>- Discharge of sewage to drain tile or surface waters? YES NO</p> <p>- Sewage backup into dwelling? YES NO</p> <p>- Situation with the potential to immediately and adversely impact or threaten public health or safety? YES NO</p>	<p><u>Is the system an imminent threat to public health or safety? (a yes answer is an ITPHS system)</u></p> <p>- Discharge of sewage to the ground surface? YES <input checked="" type="radio"/> NO</p> <p>- Discharge of sewage to drain tile or surface waters? YES <input checked="" type="radio"/> NO</p> <p>- Sewage backup into dwelling? YES <input checked="" type="radio"/> NO</p> <p>- Situation with the potential to immediately and adversely impact or threaten public health or safety? YES <input checked="" type="radio"/> NO</p>
<p><u>Is the system failing? (a yes answer is a failing system)</u></p> <p>- Less than TWO feet of vertical separation between system bottom and saturated soil or bedrock? YES NO</p> <p>- A seepage pit, cesspool, drywell, or leaching pit? YES NO</p>	<p><u>Is the system failing? (a yes answer is a failing system)</u></p> <p>- Less than THREE feet of vertical separation between system bottom and saturated soil or bedrock? YES <input checked="" type="radio"/> NO</p> <p>- A seepage pit, cesspool, drywell, or leaching pit? YES <input checked="" type="radio"/> NO</p>
<p><u>Is the system non-compliant?</u></p> <p>- Is the system regulated under a monitoring plan or operating permit? (if no, go to page 2) YES NO</p> <p>If yes,</p> <p>- Has the required monitoring taken place? YES NO (if no, the system is non-complying)</p> <p>- Does the monitoring indicate that the system meets performance expectations? YES NO (if no, the system is non-complying)</p>	<p><u>Is the system non-compliant?</u></p> <p>- Is the system regulated under a monitoring plan or operating permit? (if no, go to page 2) YES <input checked="" type="radio"/> NO</p> <p>If yes,</p> <p>- Has the required monitoring taken place? YES NO (if no, the system is non-complying)</p> <p>- Does the monitoring indicate that the system meets performance expectations? YES NO (if no, the system is non-complying)</p>

Name: William Wade

Re Code: 11-1-090700



Soil Borings (BR #): Locate each boring on the map above, indicate on the right of the column the soil texture, structure, color, depth of each different soil type, evidence of rootling, bedrock and standing water. Also indicate if the material is fill.

BR #		BR #
6"	Topsoil 10yr 3/3	
1'	loam 10yr 4/4	
14"	mottled 10yr 4/2	

RECORD DEPTH OF MOTTLING, SEASONAL HIGH WATER (AS DETERMINED USING THE MUNSELL COLOR BOOK) OR BEDROCK ON ABOVE LINES

Comments: This system is in compliance and working under current use as licensed Jan 9-20-07 Bob Bartel

What needs to be completed to bring the above system into compliance if found not in compliance?

Analysis Report

September 05, 2023

REPORT TO:

Sandmann, Doug
 43042 Conifer St
 Aitkin MN 56431

INVOICE TO:

Date Rcvd-Brnd: 8/28/2023
Time Rcvd-Brnd: 12:53

Sampled By: Steve - AWRL
Sample Type: DW
Recv Temp°C: 15.3 on ice
TYPE: Well Water

LOCATION:
 Sandmann, Doug
 43042 Conifer St
 Aitkin MN 56431

SITE / TEST PERFORMED	Sample Date/Time	Your Result	Units	Acceptable Level	Analytical Method	Analysis Date/Time	Analyst	Code #
Kitchen Tap 8/28/2023 @ 11:27								
Coliform, Total		ABSENT	/100mL	ABSENT	SM 9223 B (COLISURE)-2016	8/28/23 14:44	CJS	081210
Escherichia coli (E. coli)		ABSENT	/100mL	ABSENT	SM 9223 B (COLISURE)-2016	8/28/23 14:44	CJS	081210
Nitrate, as N		< 0.100	mg/L	< 10	EPA 353.2 REV 2.0	8/29/23 11:48	MH	081210

Sample 081210: This sample meets the State of Minnesota and EPA Guidelines for safe drinking water for the analytes tested.

Approved By:



Date Approved: 9/5/2023

Sara Ahlers, Laboratory Director

A.W. Research Laboratories, Inc. is accredited by the MNELAP and follows approved methods and procedures. MN State Laboratory ID: 027-035-135 and EPA Lab Code: MN00098. All data generated using non-accredited methods noted as -NC, and all analytes for which accreditation is unavailable -NA. The results above relate only to the samples tested. This report must not be reproduced, except in full, without the written approval of the laboratory. We appreciate your feedback, please email us at awlab@awlab.com with questions or comments. Thank you!

~End of Analysis Report~



CRV Filed
No Delinquent Taxes and Transfer Entered
Kirk Peysar, County Auditor
State Deed Tax Paid
Lori Grams, County Treasurer

Doc No: **A479113**
Certified Filed and/or Recorded on
10/16/2023 1:57 PM

WAD 1/2

REC FEE \$46.00
SDT \$1386.00
eCRV # 1590690

Office of the County Recorder
Aitkin County, Minnesota
Tara Snyder, County Recorder

Package: **84491** Terri

WARRANTY DEED
Individual(s) to Individual(s)

Minnesota Uniform Conveyancing
Form 10.1.1 (2018)

Date: October 6, 2023
E-CRV No. 1590690
DEED TAX DUE: \$1,386.00

FOR VALUABLE CONSIDERATION, **Doug Sandmann aka Douglas Sandmann, a single person**, ("Grantor"), hereby conveys and warrants to **Roland Wapola and Carol Wapola**, ("Grantee"), as

(Check only one box.)

- tenants in common,
 joint tenants,

(if more than one Grantee is named above and either no box is checked or both boxes are checked, this conveyance is made to the named Grantees as tenants in common.)

real property in Aitkin County, Minnesota.

→ Complete legal description attached hereto as Exhibit A and by this reference incorporated herein.

Check here if all or part of the described real property is Registered (Torrens)

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions:

Check box if applicable:

- The Seller certifies that the seller does not know of any wells on the described real property.
- A well disclosure certificate accompanies this document or has been electronically filed.
(if electronically filed, Insert WDC number _____)
- I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate.

EXHIBIT 'A'

→ LOTS FOUR (4) AND FIVE (5), OF COOLGALE PARK, AITKIN COUNTY, MINNESOTA.



Vacation/Private Home Rental App. # App-2023-001354, UID # 209306

App. Status: Pending Review

Meeting date: 1/22/24
 Date complete: 12/17/23
 60 day: 2/14/24

Aitkin County Planning & Zoning / Environmental Services

307 2nd Street NW, Room 219

Aitkin, MN 56431

Phone: 218-927-7342

Fax: 218-927-4372

Email: aitkinpz@co.aitkin.mn.us

Contact Information

<p>If we have questions on the application who should we contact?</p>	<p>Name: Greg & Jessica Malban</p> <p>Phone: (763) 234 - 3335</p> <p>Email Address: gregthun@gmail.com</p> <p>Mailing Address: 11177 Stillwater Lane Woodbury MN 55129</p>
<p>Are you the property owner?</p>	<p><u>Yes</u></p>
<p>Do you have a contact person that meets all requirements of Section 17.0 (17) of the Aitkin County Zoning Ordinance?</p>	<p><u>Yes</u></p>

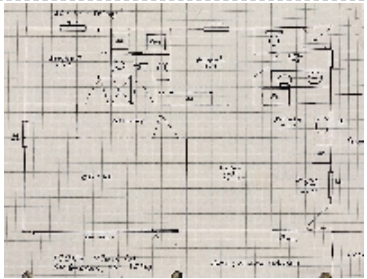
Project Location Search

Property:	Property Location			Legal Description			Property Attributes		Owner Information	Tax Payer Information
	Parcel Number	Property Address	Township or City Name	Legal Description	Plat Name	Section-Township-Range	Lake Class	Lake Name	Owner Name(s)	Taxpayer Name(s)
	29-1-516500	17854 476th Ln MCGREGOR, MN 55760	SHAMROCK TWP	LOT 9 BLK 1	PIERCE ADDITION	S:26 T:49 R:23	GD	MINNEWAWA LAKE	MALBAN, GREGORY & JESSICA	MALBAN, GREGORY & JESSICA
Driving directions to the property from Aitkin:	Highway 65 to Highway 210 Left onto Hwy 210 toward McGregor/Range Cities Right onto MN 65 toward Range Cities Right onto Goshawk Street Left onto 473rd Right onto 182nd Right onto 476th Lane									

Brief Narrative

Brief Narrative:	<p>Our cabin will primarily be used for our personal vacations. We plan to provide the cabin as a rental on Airbnb occasionally.</p> <p># of proposed occupants: 5 maximum</p> <p>Proposed length of stay: 2-7 days</p> <p>Proposed quiet hours: 10pm to 8 pm daily</p> <p>We will list our property on Airbnb and/or VRBO</p>
<p>List all current advertising sources: (Be specific and include website links, rental ID #'s, title, etc.)</p> <p>All advertising must be in compliance with the occupancy allowance and all other conditions of the permit.</p> <p>Notify Environmental Services with any changes to the advertising within 30 days.</p>	<p>We don't have any advertising yet because our property is not licensed</p>
Proposed occupancy of overnight guests:	5
How many rental units will be located on this parcel?	1
Will you be renting for periods of less than one week?	<u>Yes</u>
Quiet hours will begin at:	10 : 00 <u>PM</u>
Quiet hours will end at:	08 : 00 <u>AM</u>

Floor Plan of Structure

<p>1. Please attach a floor plan of the rental unit that includes the following: Label sleeping areas with dimensions Location of egress windows and doors Location of all smoke alarms and carbon monoxide alarms</p>	<div style="border: 1px dashed black; padding: 10px; text-align: center;">  <p>File 1: Cabin_License_Floor_Plan.jpg</p> </div>
<p>2. How many rooms will be used for sleeping?</p>	<p><u>2</u></p>
<p>3. How many carbon monoxide alarms are located in the rental?</p>	<p>3</p>
<p>4. How many smoke detector alarms are located in the rental?</p>	<p>3</p>
<p>5. A fire extinguisher must be placed in an easily accessible location within each rental unit. Where is the fire extinguisher located?</p>	<p>One; mounted in garage next to kitchen</p>


Sleeping Area #1

<p>Was this window installed before July 10, 2007?</p>	<p><u>Yes</u></p>
<p>Select Window style. (see attached diagram for window style options):</p>	<p><u>Double Hung</u></p>
<p>What is the OPENABLE height of this window:</p>	<p>25.25 inches</p>
<p>What is the OPENABLE width of this window:</p>	<p>35 inches</p>
<p>What is the distance from the floor to the bottom of this window (finished sill):</p>	<p>24 inches</p>

Sleeping Area #2

Was the largest window in this room installed before July 10, 2007?	<u>Yes</u>
Select window style. (see attached diagram for window style options):	<u>Double Hung</u>
What is the OPENABLE height of this window?	24.25 inches
What is the OPENABLE width of this window?	35 inches
What is the distance from the floor to the bottom of this window (finished sill)?	24 inches

Scaled Site Plan

<p>Please attach your scaled site plan:</p>	<div data-bbox="478 732 1381 1138" style="border: 1px dashed black; padding: 10px;"><p data-bbox="562 1101 856 1127">File 1: Cabin_Lot_Drawing.jpg</p></div>
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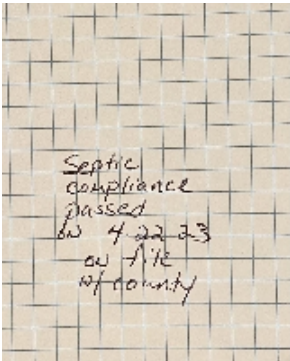
Emergency Contact Info

Police:	(218) 927 - 7435
Fire:	(218) 768 - 2717
Hospital:	(218) 927 - 2121
Septic Tank Pumper:	(218) 927 - 6175
Where in the rental will the emergency contact information be posted?	2 Locations: kitchen and guidebook (living room)

Property Information Handbook

Please select all that will be included in your handbook:	<u>Name & contact information for owner and/or caretaker</u> <u>Quiet hours</u> <u>Maximum # of overnight guests</u> <u>Maximum # of non-overnight guests</u> <u>Property rules related to outdoor features</u> <u>List of conditions placed on the approved IUP</u> <u>Notice that all ordinances and IUP conditions will be enforced by the Aitkin County Sheriff's Office and the Aitkin County Environmental Services Department</u>
Where in the rental will your handbook will be located?	Kitchen Table

Septic Compliance

Attach septic compliance:	<div style="border: 1px dashed black; padding: 10px; text-align: center;">  <p>Cabin_Septic_Note_On_File_With_County.jpg</p> </div>
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Water Test Results

Attach Water Test:	File 1: 202377_RBJOent.pdf
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Garbage Disposal Plan

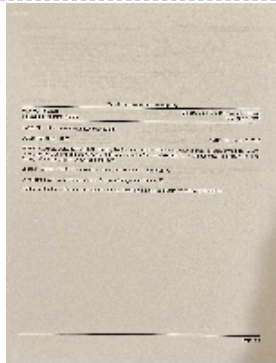
How often will the garbage be collected?	Once per week
Please enter the name of the garbage collection service or describe your disposal plan:	Lakes Sanitary Svc.

Pet Policy

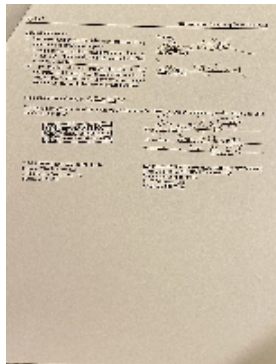
Pet Policy:	No pets allowed
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Property Deed

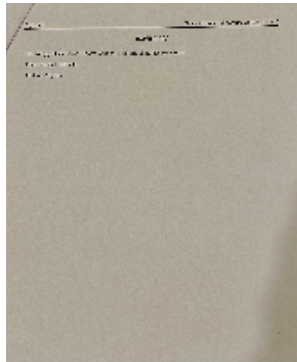
Attach the property deed:



File 1: [Cabin_Deed1.jpg](#)



File 2: [Cabin_Deed2.jpg](#)



File 3: [Cabin_Deed3.jpg](#)

Additional Info

Additional Info (optional):	This cabin is primarily our family cabin and will only be rented out intermittently to small groups of 4 people maximum.
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Terms

Interior & Exterior Inspection

After your submitted application is accepted by Environmental Services, a staff member will contact you to schedule an interior inspection to verify the information provided in your application. It is the responsibility of the applicant to have the following in place prior to the inspection:

1. Smoke alarms and carbon monoxide alarms installed per MN State Fire Code
2. Fire extinguishers are in their designated places and meeting MN State Fire Code
3. Flow-measuring device installed on the septic system or well
4. Visual demarcations of the property lines

Shamrock Township Lodging Tax Ordinance

If the proposed VRBO is located within Shamrock Township, please be aware there is a Lodging Tax Ordinance that will apply to this rental. For more information, please contact Shamrock Township at (218) 426-3736.

General Terms

The landowner or authorized agent hereby certifies that to the best of their knowledge the application and supporting documents are a factual representation of the proposed project. The landowner or authorized agent agrees that, in making application, the landowner grants permission to Aitkin County, at reasonable times, to enter the property to determine compliance of the application with applicable Local, County or State Ordinances or Statutes. It is the applicant's responsibility to contact other Local, County or State agencies to ensure the applicant has complied with all relevant Local, County or State Ordinances or Statutes.

Submittal of the above materials does not always constitute a complete application. Other information may be necessary to complete the application based on the type of request and onsite inspection.

I acknowledge that by submitting this application, the application and its attachments are public information.

Invoice #58981 (12/17/2023) Expected Payment Method: Pay Online - Card or ECheck

Charge	Cost	Quantity	Total
Recording Fee added 11/03/2023 5:49 PM This fee is non-refundable if denied.	\$46.00	x 1	\$46.00
Vacation/Private Home Rental added 11/03/2023 5:49 PM This fee is non-refundable if denied.	\$650.00	x 1	\$650.00
Grand Total			
			Total
			\$696.00
			Payment 12/17/2023
			\$696.00
			Due
			\$0.00

Approvals

Approval	Signature
Applicant	Jessica Malban - 12/17/2023 5:23 PM 306138abbd35f5c2b68609b8deac82e4 73c2cc22e749e4da302c1f7c67d17bf8
#1 Administrative Staff	Connor Plagge - 12/19/2023 4:15 PM 522cda7e71c963fcc6658556080e1b10 1bdfb1f06cf4d0a40701a265657f32b1
#2 Planning Commission	

Public Notes

Text:	To be heard at the January 22nd, 2024 Planning Commission meeting.
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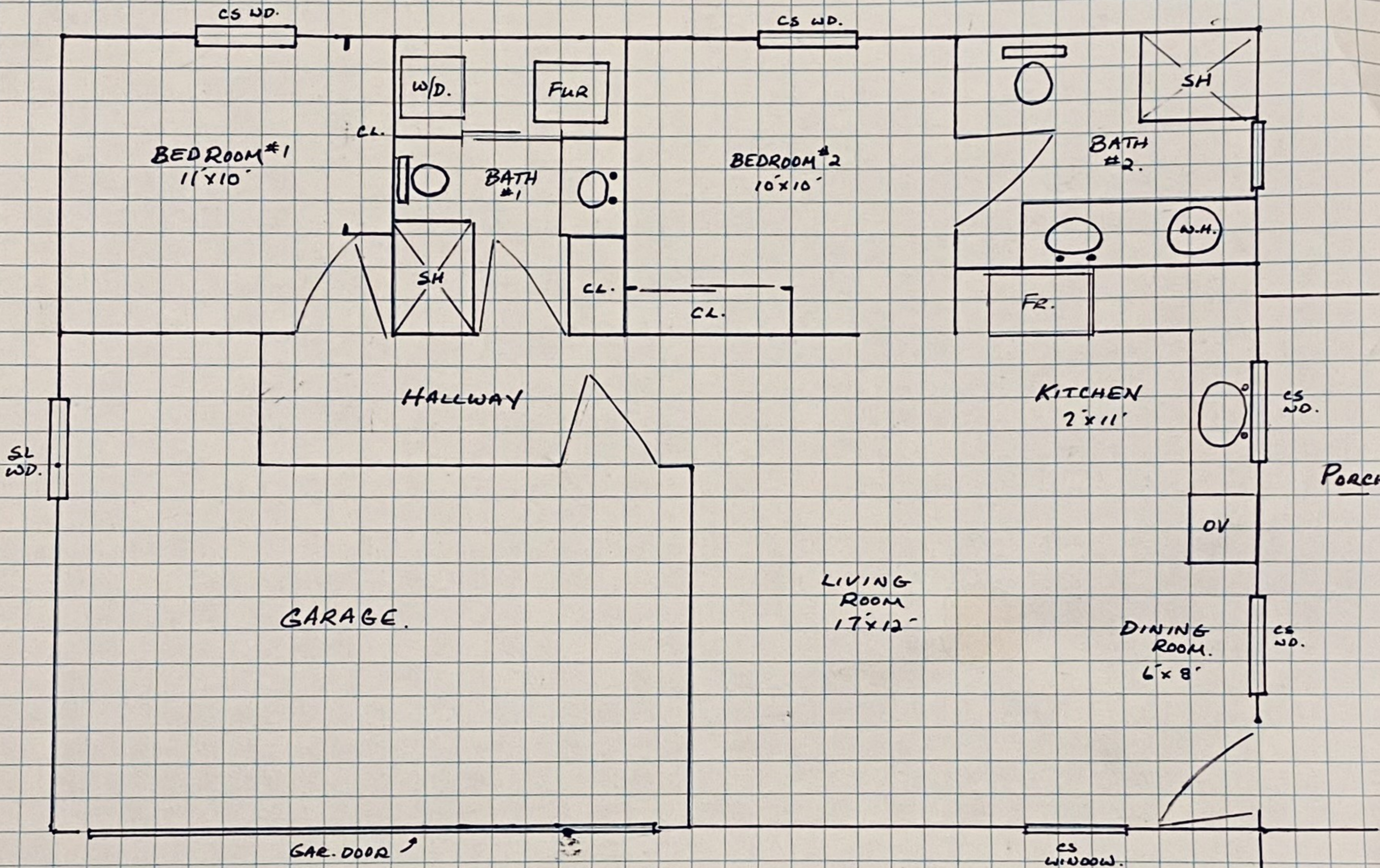
File(s):	<input type="text" value=""/>
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Administrative Staff

This review has been started by:	<input type="text" value="Connor Plagge"/>
Zoning District:	<input type="text" value="Shoreland"/>
Is the parcel a Lot of Record before 1-21-92 or have alternate sites been identified?	<input type="text" value="Yes"/>
Is this an After-The-Fact application?	<input type="text" value="No"/>
Current SSTS:	<input type="text" value="Pressure Bed/Seepage"/>
Max Overnight Guests per SSTS:	<input type="text" value="5"/>

Print View

36 x 25 = 900 sq. ft.

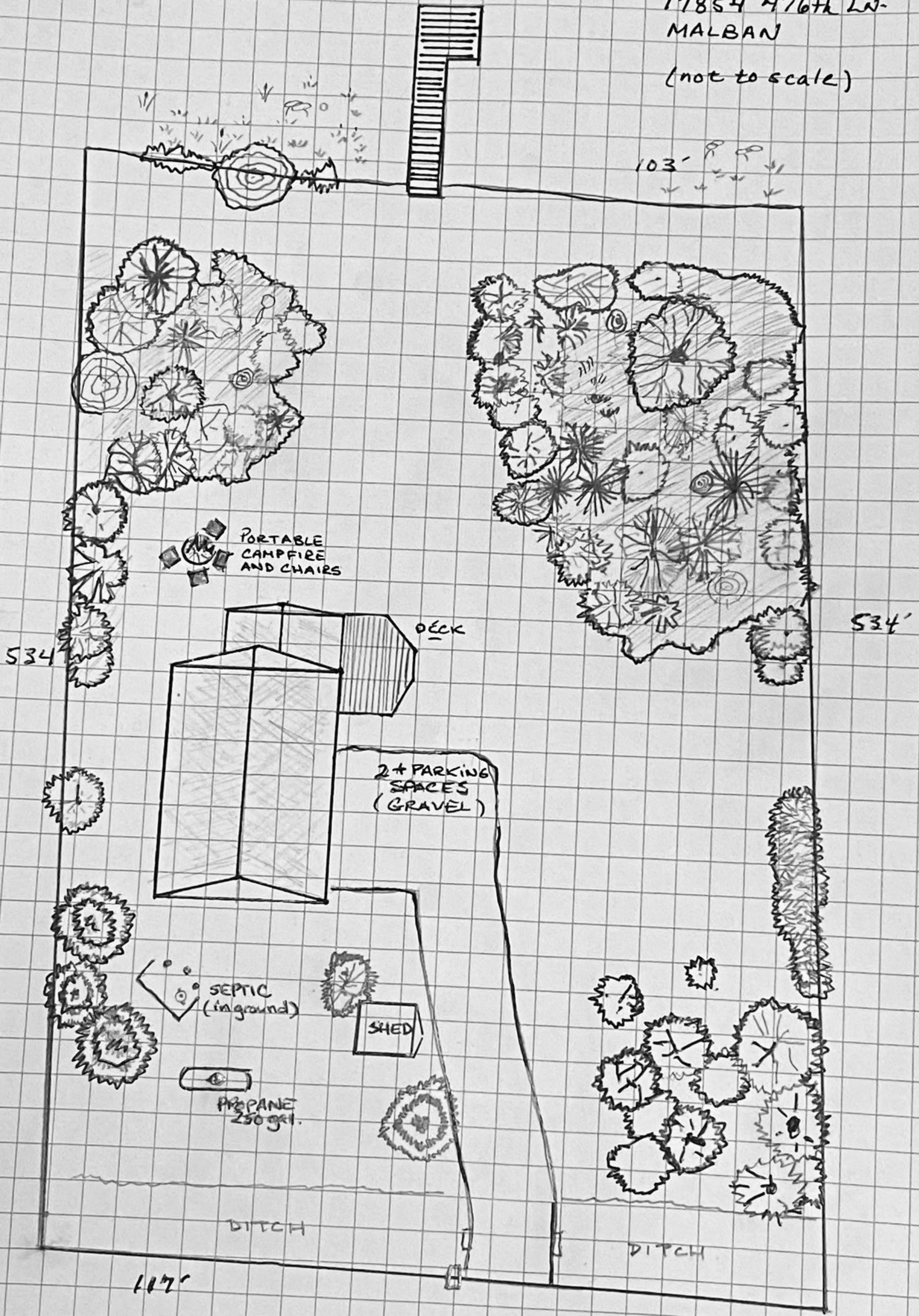


17854 476th Ln.
McGREGOR, MN. 55760

GREG ; JESSICA MALBAN

DECK

17854 476th Ln
MALBAN
(not to scale)



AITKIN COUNTY ENVIRONMENTAL SERVICES

**307 2nd St NW, Room 219
Aitkin, MN 56431
TELEPHONE: (218) 927-7342
FAX: (218) 927-4372**



**Water Analysis Report
Aitkin County Environmental Services Water Lab
Wednesday, July 26, 2023**

Report To:
Beverly Rath
19595 484 St
McGregor, MN 55760

Sample #: 202377

Date Collected: 07/25/23
Time Collected: 11:40 AM

Collected by: Brock Anderson
Source: Outdoor tap
Temp Received: <46°F

Sample Location:
RBJO Enerprises
17854 476th Ln
McGregor, MN 55760

Test Performed	Your Results	Units	Acceptable Level	Analytical Method	Analyst	Analysis Date/ Time
Nitrate Nitrogen	< 1.00	mg/L	< 10	E004	BA	07/25/23 4:00PM
Coliform	Absent	–		SCC1	BA	07/25/23 3:30PM & 07/26/23 3:30PM
E. Coli	Absent	–		E009	BA	07/25/23 3:30PM & 07/26/23 3:30PM

Results approved by Andrew Carlstrom, Environmental Services Director

Samples received at temperatures above 46°F that were received more than 20 minutes after the sample was collected will have the nitrate-nitrogen results estimated. Bacteria and nitrate-nitrogen tested per SM 9223B 20th Ed. and SM 4500-NO3 D 20th Ed. This lab utilizes NELAC Standard 2003 practices. This report must not be reproduced except in full without written approval from this laboratory. These water test results are public information.

End of Water Analysis Report

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: 29-1-516500 Reason for Inspection Transfer of property.

Local regulatory authority info: Aitkin county planning and zoning

Property address: 17854 476th In. McGregor, Mn. 55760

Owner/representative: Paul Fisher Owner's phone: _____

Brief system description: 1860 gallon combo tank that pumps up into a 20' x 20' pressure bed.

System status

System status on date (mm/dd/yyyy): 4/15/2022

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)

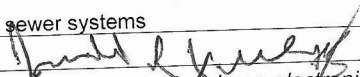
- Impact on public health (Compliance component #1) – *Imminent threat to public health and safety*
- Tank integrity (Compliance component #2) – *Failing to protect groundwater*
- Other Compliance Conditions (Compliance component #3) – *Imminent threat to public health and safety*
- Other Compliance 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: Farley sewer systems Certification number: C-4744
Inspector signature:  License number: L-1919
(This document has been electronically signed) Phone: 218-839-4737

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: 17854 476th. In.McGregor,Mn.55760

Date: 4/15/2022

Business Name: Farley sewer systems

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: Kangas Ent.
- License number of maintenance business: L-2526
- Date of maintenance: 4/15/2022
- 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:

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

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

Yes* No Unknown

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

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

3c. System is non-protective of ground water for other conditions as determined by inspector? Yes* No

3d. System not abandoned in accordance with Minn. R. 7080.2500? Yes* No

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

Describe verification methods and results:

Attached supporting documentation: Not applicable

4. Operating permit and nitrogen BMP* – Compliance component #4 of 5 Not applicable

Is the system operated under an Operating Permit? Yes No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP specified in the system design? Yes No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria:

a. Have the operating permit requirements been met? Yes No

b. Is the required nitrogen BMP in place and properly functioning? Yes No

Any "no" answer indicates noncompliance.

Describe verification methods and results:

Attached supporting documentation: Operating permit (Attach)

Property Address: 17854 476th. In.McGregor,Mn.55760

Date: 4/15/2022

Business Name: Farley sewer systems

5. Soil separation – Compliance component #5 of 5

Date of installation 10/17/2005 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)
- soil boring info: Soil info is on the map page.

Indicate depths or elevations

A. Bottom of distribution media	98
B. Periodically saturated soil/bedrock	95
C. System separation	36"
D. Required compliance separation*	36"

*May be reduced up to 15 percent if allowed by Local Ordinance.

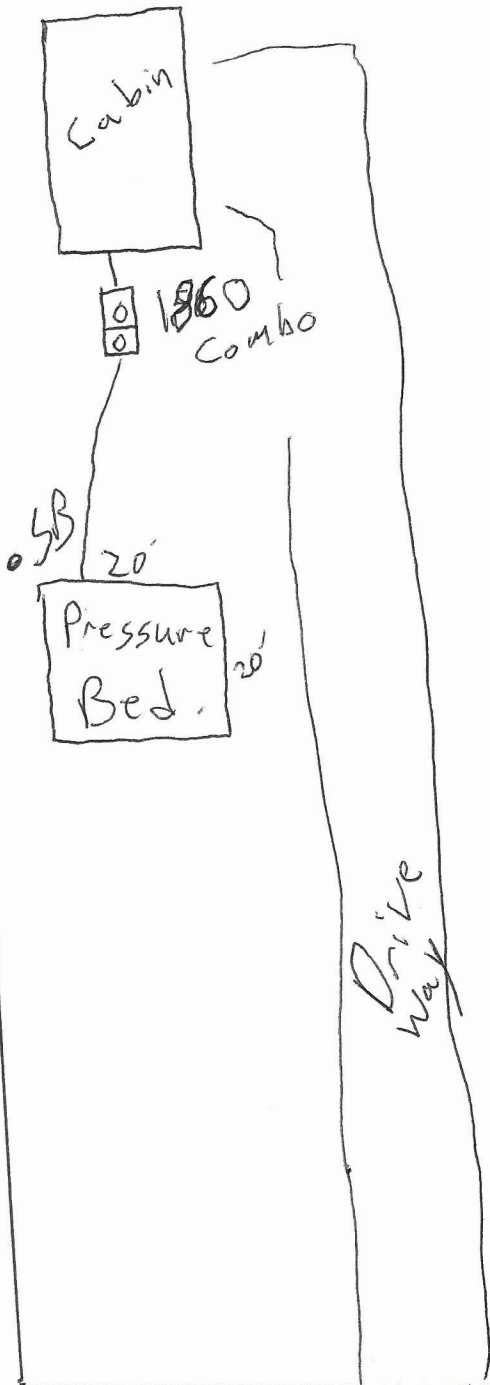
***Any "no" answer above indicates the system is failing to protect groundwater.**

Describe verification methods and results:

Upgrade requirements: (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.

FARLEY SEWER SYSTEMS

Lake Minnewawa



Soil Boring Info:

- 0-6" Topsoil 10yr ³/₃
- 6-24" sand 10yr ⁴/₄
- 24-60" sand + Rock 10yr ⁴/₆

476 TR. LN.

I, the undersigned, hereby certify that the above described real property is the property of the undersigned and that the above described real property has not been previously conveyed to any other person or entity and that the above described real property has not been previously recorded in any public office.

Gregory Malban
Jessica Malban

State of Minnesota, County of Washington

(Top 3 inches reserved for recording data)

**WARRANTY DEED
Individual(s) to Joint Tenants**

Minnesota Uniform Conveyancing Blanks
Form 10.1.5 (2013)

e-CRV No.: N/A Consideration less than \$3000

DEED TAX DUE: \$1.65

DATE: November 3, 2023

FOR VALUABLE CONSIDERATION, Gregory Malban and Jessica Malban, spouses married to each other ("**Grantor**"), hereby conveys and warrants to Gregory Malban and Jessica Malban, ("**Grantee**"), as joint tenants, real property in Aitkin County, Minnesota, legally described as follows:

Legal description attached hereto and made a part hereof marked Exhibit "A"

Check here if all or part of the described real property is Registered (Torrens)

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions:

Check applicable box:

- The Seller certifies that the Seller does not know of any wells on the described real property.
- A well disclosure certificate accompanies this document or has been electronically filed. (If electronically filed, insert WDC number: _____).
- I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate.

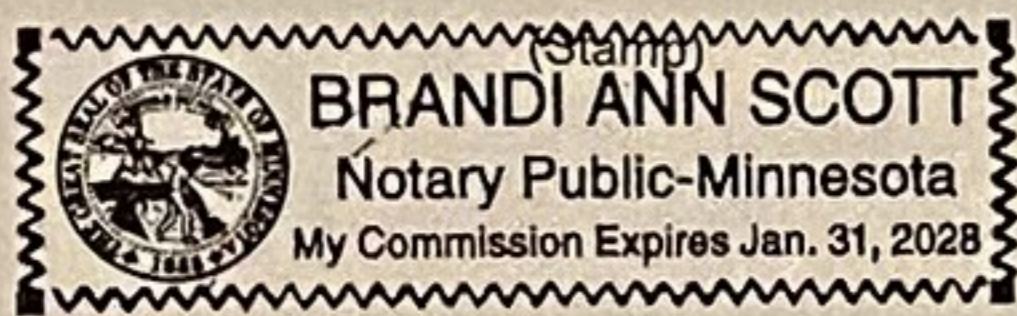
Grantor

Gregory Malban
Gregory Malban

Jessica Malban
Jessica Malban

State of Minnesota, County of Washington.

This instrument was acknowledged before me on November 3rd, 2023, by Gregory Malban and Jessica Malban, spouses married to each other.



Brandi Scott
(signature of notarial officer)

Title (and Rank): Branch Manager

My commission expires: Jan. 31st 2028
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:
Lawyers Title Services, LLC
7153 Forthun Road, Suite 110
Baxter, MN 56425

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED
IN THIS INSTRUMENT SHOULD BE SENT TO:
Gregory and Jessica Malban
11177 Stillwater Lane
Woodbury, MN 55129

EXHIBIT "A"

Lot Nine (9), Block One (1), Pierce Addition, according to the filed plat thereof.

Aitkin County, Minnesota.

Abstract Property