

## AGENDA

**THE AITKIN COUNTY PLANNING COMMISSION WILL ASSEMBLE FOR A HEARING ON  
JULY 21, 2025 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. Approval of Agenda.**

### **OLD BUSINESS:**

**4. Nalee Vue, 3915 Fallgold Pkwy N, Brooklyn Park, MN 55443** Requesting an Interim Use Permit to operate a Vacation/Short Term Rental in an area zoned Shoreland (Waukenabo Lake) LOT 5 BLK 1 SUNSET KNOLL, SECTION FOURTEEN (14), TOWNSHIP FORTY-NINE (49), RANGE TWENTY-SIX (26), Aitkin County, Minnesota.

**APP# 2025-000165**

**5. Jason Kadelbach, 48663 216th Place, McGregor, MN 55760,** Requesting a Conditional Use Permit to allow a residential dwelling and a land surveying office building with living quarters, in an area zoned Commercial. PT OF N 850 FT OF W 2007 FT OF N 1/2 OF NW, LYING EAST OF LINE DESCR IN 480899, SECTION NINETEEN (19), TOWNSHIP FORTY-EIGHT (48), RANGE TWENTY-THREE (23), Aitkin County, Minnesota.

**APP# 2025-000306**

### **NEW BUSINESS:**

**6. TOWNSHIP OF SHAMROCK, 49954 Lake Ave, McGregor, MN 55760,** Requesting an Interim Use Permit to mine and crush aggregate and operate a tempoary/portable asphalt plant, in an area zoned Farm Residential. SE-NW LESS HWY R/W, SECTION ELEVEN (11), TOWNSHIP FORTY-NINE (49), RANGE TWENTY-THREE (23), Aitkin County, Minnesota.

**APP# 2025-000359**

**7. Ramon Abraham Estrada-Marroquin, 9405 Harkness Ave S, Cottage Grove MN 55016,** Requesting an Interim Use Permit to operate a Vacation/Short-Term Rental, in an area zoned Shoreland (Lake Mille Lacs). LOT 1 BLK 1 FIRST ADDITION TO BLUE CABIN LOTS, SECTION FIVE (5), TOWNSHIP FORTY-FOUR (44), RANGE TWENTY-SEVEN (27), Aitkin County, Minnesota.

**APP# 2025-000425**

**8. Daleso Yadetta, 912 104th Lane NE, Blaine, MN 55434,** Requesting an Interim Use Permit to operate a Vacation/Short-Term Rental, in an area zoned Shoreland (Lake Mille Lacs). PART LOT 1 & VACATED ROAD IN DOC 395231, SECTION THIRTY-ONE (31), TOWNSHIP FORTY-FIVE (45), RANGE TWENTY-FIVE (25), LOT 46 BLK 2 AS IN DOC 395231 AND THAT PART OF VACATED ROADS IN DOC 395231, GALAWARNEAU ON MILLE LACS UNIT B, SECTION THIRTY (30), TOWNSHIP, Aitkin County, Minnesota.

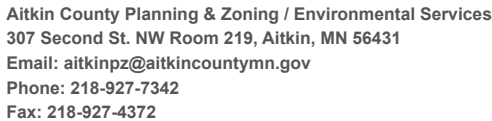
**APP# 2025-000458**

**9. Approval of Minutes, JUNE 16, 2025 Planning Commission Meeting.**

**10. Adjourn.**

For more information, visit [www.co.aitkin.mn.us/departments/env/](http://www.co.aitkin.mn.us/departments/env/)  
or contact Planning & Zoning at 218-927-7342 or [aitkinpz@aitkincountymn.gov](mailto:aitkinpz@aitkincountymn.gov)

**AITKIN COUNTY ZONING**



Applicant Contact Information:	Name:			
	Nalee Vue			
	Phone:			
	(612) 385 - 3427			
	Email Address:			
	nalee.vue@gmail.com			
	Mailing Address:			
	3915 Fallgold Pkwy N			
	Brooklyn Park MN 55443			
Are you the property owner?	Yes			

Enter Designated Contact Person:	Name:	Johnny Lee
	Phone:	(763) 910 - 1236
	Email Address:	johnny.superbintheurbs@gmail.com
	Mailing Address:	3915 Fallgold Pkwy n Brooklyn Park MN 55443

Property Information:	Property Location					Legal Description			Property Attributes	
	Parcel Number	Property Address	Township or City Name	Owner Name(s)	Taxpayer Name(s)	Legal Description	Plat Name	Section-Township-Range	Lake Class	Lake Name
	35-1-089800	49593 358th PI PALISADE, MN 56469	WAUKENABO TWP	VUE, NALEE	VUE, NALEE	LOT 5 BLK 1	SUNSET KNOLL	S:14 T:49 R:26	RD	WAUKENABO LAKE

## Brief Narrative

Brief Narrative:	Short term rental property with 150 shoreline on Lake Waukenabo. Main cabin has a guest cabin on site as well. Home features 5 beds, 3 baths with over 3,076 sqft and a guest cabin includes a kitchen, living area and 3/4 bath. Property can accommodate up to 8 people.		
List all current advertising sources: (Be specific and include website links, rental ID #, etc.)	Facebook page <a href="https://www.facebook.com/Levuelakecottageofpalisade/">https://www.facebook.com/Levuelakecottageofpalisade/</a> Website soon to launch <a href="http://www.levuelakecottage.com">www.levuelakecottage.com</a>		
Proposed number of overnight guests:	8		
How many rental units will be located on this parcel?	2		
Will you be renting for periods 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

1. How many rooms will be used for sleeping?	<u>5</u>
2. How many carbon monoxide alarms are located in the rental?	3
3. How many smoke detector alarms are located in the rental?	6
4. A fire extinguisher must be placed in an easily accessible location within each rental unit. Where is a fire extinguisher located?	kitchen
5. Attach a floor plan of the rental unit(s):	<div>File 1:  <a href="#">49593_358th_PL_-_FLOOR_PLAN.pdf</a></div>

**Sleeping Area #1**

Name of Room:	Primary upper bedroom
Room Size (Excluding closet or attached bathroom):	378 ft <sup>2</sup>
Number of Guests:	6
Select egress window style. (see attached diagram for egress window classifications and requirements):	<u>Casement</u>
Was this window installed before July 10, 2007?	<u>Yes</u>
What is the distance from the floor to the bottom of this window (finished sill):	33 inches
What is the OPENABLE height of this window:	33 inches
What is the OPENABLE width of this window:	36 inches

**Sleeping Area #2**

Name of Room:	Upper third bedroom
Number of Guests:	4
Room Size (Excluding closet or attached bathroom):	195 ft <sup>2</sup>
Select window style. (see attached diagram for window style options):	<u>Casement</u>
Was this window installed before July 10, 2007?	<u>Yes</u>
What is the distance from the floor to the bottom of this window (finished sill)?	33 inches
What is the OPENABLE height of this window?	33 inches
What is the OPENABLE width of this window?	36 inches



**Sleeping Area #3**

Name of Room:	Upper fourth bedroom
Number of Guests:	4
Room Size (Excluding closet or attached bathroom):	195 ft <sup>2</sup>
Select window style. (see attached diagram for window style options):	<u>Casement</u>
Was this window installed before July 10, 2007?	<u>Yes</u>
What is the distance from the floor to the bottom of this window (finished sill)?	33 inches
What is the OPENABLE height of this window?	33 inches
What is the OPENABLE width of this window?	36 inches

**Sleeping Area #4**

Name of Room:	Lower main primary bedroom
Number of Guests:	2
Room Size (Excluding closet or attached bathroom):	182 ft <sup>2</sup>
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?	33 inches
What is the OPENABLE width of this window?	36 inches
What is the distance from the floor to the bottom of this window (finished sill)?	33 inches

## Sleeping Area #5

Name of Room:	Lower Secondary Bedroom
Number of Guests:	8
Room Size (Excluding closet or attached bathroom):	156 ft <sup>2</sup>
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?	33 inches
What is the OPENABLE width of this window?	36 inches
What is the distance from the floor to the bottom of this window (finished sill)?	33 inches

## Emergency Contact Info

Septic Tank Pumper:	(218) 927 - 6175
Hospital:	(218) 927 - 2121
Police:	(218) 927 - 2133
Fire:	(218) 845 - 2550
Where in the rental will the emergency contact information be posted?	at the front entrance door in a 11x14 glass frame, and septic info in utility room

## Guest Information

Select all that will be included in your guest handbook:	<u>Quiet hours</u> <u>Maximum # of overnight guests</u> <u>Name &amp; contact information for owner and/or caretaker</u> <u>Property rules related to outdoor features</u> <u>List of conditions placed on the approved IUP</u> <u>A current handbook on recreational vehicle regulations</u> <u>Notice that all ordinances and IUP conditions will be enforced by the Aitkin County Sheriff's Office and Aitkin County Environmental Services</u> <u>(On lakes only) Information and map with DNR public access location</u>
Where in the rental will your handbook will be located?	Front door entrance drawer.

## Pet Policy

Pet Policy:	NO PETS ALLOWED.
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Garbage Disposal Plan

How often will the garbage be collected?	EVERY WEDNESDAY
Enter the name of the garbage service or describe your disposal plan:	Countryside Sanitation, garbage bin will be pulled out to the end of the driveway on each stay on or before Tuesday night, or any day after Wednesday.

Water & Septic Requirements

Attach Water Test:	File 1: <a href="#">2024040_Wagner.pdf</a>
Attach septic compliance:	<a href="#">SEPTIC_CERTIFICATION_MAP_LOCATION_2023.pdf</a>
The septic system or well shall include a flow measuring device. Flow measurement readings and monitoring of the septic shall be recorded monthly and made available to Aitkin County. Has a flow meter or event counter been installed on the well or septic system?	<u>Yes</u>
Is the septic system holding tanks (no drainfield)? If yes, the application for an Operating Permit will begin after you click Finish.	<u>No</u>

Property Deed

Attach the property deed:	File 1: <a href="#">Palisade_Deed.pdf</a>
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Scaled Site Plan

Attach your scaled site plan:	File 1: <a href="#">49593_358TH_VACATION_RENTAL_SITE_PLAN.pdf</a>
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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

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 #62625 (04/07/2025) Expected Payment Method: Pay Online - Card or ECheck

Charge	Cost	Quantity	Total
<b>Recording Fee</b> added 04/07/2025 10:14 PM This fee is non-refundable if denied.	\$46.00	x 1	\$46.00
<b>Vacation/Private Home Rental</b> added 04/07/2025 10:14 PM This fee is non-refundable if denied.	\$650.00	x 1	\$650.00
<b>Grand Total</b>			
<b>Total</b>			<b>\$696.00</b>
<b>Payment 04/08/2025</b>			<b>\$696.00</b>
<b>Due</b>			<b>\$0.00</b>

Conditions of Permit

None

Approvals

Approval	Signature
Applicant	Nalee N. Vue - 04/22/2025 5:05 PM 49ac328e60d85e75885df3ccb82c6d29 099b2e8abc97e2b0619c5ab403cd7198
#1 Administrative Staff	Shannon Wiebusch - 04/24/2025 10:39 AM e491c61d04415459941e284affab4ca0 00a704a36697dca6394ac32833789355
#2 Planning Commission	

Print View

(Top 3 inches reserved for recording data)

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

**Minnesota Uniform Conveyancing Blanks**  
**Form 10.1.1 (2016)**

e-CRV No.: \_\_\_\_\_

**DEED TAX DUE: \$1,617.00**

DATE: 10.4.24

FOR VALUABLE CONSIDERATION, Evelyn K. Wagner, a single person ("**Grantor**"), hereby conveys and warrants to Nalee Vue and ("**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:

Lot 5, Block: 1, Sunset Knoll, Aitkin County, MN

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:

Evelyn K. Wagner  
Evelyn K. Wagner

State of Minnesota

County of Hennepin

This instrument was acknowledged before me on 9.23.2024, by Evelyn K. Wagner, a single person.

(Seal, if any)



THIS INSTRUMENT WAS DRAFTED BY:

Results Title  
1609 Hennepin Avenue  
Minneapolis, MN 55403

File No.: 24-05289

[Signature]  
(signature of notarial officer)

Title (and Rank): \_\_\_\_\_

My commission expires: \_\_\_\_\_  
(month/day/year)

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

Nalee Vue  
49593 358th Place  
Palisade, MN 56469

## LEGAL DESCRIPTION

Lot 5, Block: 1, Sunset Knoll, Aitkin County, MN

**AITKIN COUNTY ENVIRONMENTAL SERVICES****307 2<sup>nd</sup> 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, May 15, 2024

**Report To:**Evie Harrington  
5535 Lake Sarah Heights Dr  
Independence, MN 55357

Sample #: 2024040

Date Collected: 05/14/24

Time Collected: 1:04 PM

Collected by: Brock Anderson

Source: Outdoor Tap

Temp Received: &lt;46°F

Sample Location:

Evelyn Wagner

49593 358th Pl

Palisade, MN 56469

Test Performed	Your Results	Units	Acceptable Level	Analytical Method	Analyst	Analysis Date/ Time
Nitrate Nitrogen	< 1.00	mg/L	< 10	E004	BA	5/14/24 3:45 PM
Coliform	Absent	—		SCC1	BA	5/14/24 4:00 PM & 5/15/24 4:00 PM
E. Coli	Absent	—		E009	BA	5/14/24 4:00 PM & 5/15/24 4:00 PM

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\*





**Septic System Compliance Inspection – Existing System**

**Date:** 7/12/23

**Property Owner:** Wagner, Evelyn

**Ordered By:** Evie Harr – 763-489-8110

**Address:** 49593 358<sup>th</sup> Place Palisade, MN 56469

**Property ID#:** 35-1-089800

**Inspector:** Raini Kohl

A compliance inspection was performed at the above location. Soil evaluation was conducted 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

218-927-6175

1037 1st St. NW Aitkin, MN 56431

WWW.TIMBERLAKESSEPTIC.COM



**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.

# 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: 35-1-089800 Reason for Inspection Transfer  
Local regulatory authority info: Aitkin County  
Property address: 49593 358<sup>th</sup> Place Palisade, MN 56469  
Owner/representative: Evelyn Wagner Owner's phone: 763-489-8110  
Brief system description: 1000/500 Septic and Lift combo to a 10x 50 Mound.

### System status

System status on date (mm/dd/yyyy): 7/12/2023

☒ **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: Timber Lakes Septic Service

Certification number: C2703

Inspector signature: Raini Kohl

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):

Property Address: 49593 358<sup>th</sup> Place Palisade, MN 56469

Business Name: Timber Lakes Septic Service

Date: 7/12/2023

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

### Compliance criteria:

System discharges sewage to the ground surface

☐ Yes\* ☒ No

System discharges sewage to drain tile or surface waters.

☐ Yes\* ☒ No

System causes sewage backup into dwelling or establishment.

☐ Yes\* ☒ No

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

**Describe verification methods and results:**

### Attached supporting documentation:

☐ Other: \_\_\_\_\_

☐ Not applicable

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

### Compliance criteria:

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

☐ Yes\* ☒ No

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

☐ Yes\* ☒ No

If yes, which sewage tank(s) leaks:

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

**Describe verification methods and results:**

### Attached supporting documentation:

☐ Empty tank(s) viewed by inspector

Name of maintenance business: \_\_\_\_\_

License number of maintenance business: \_\_\_\_\_

Date of maintenance: \_\_\_\_\_

☒ Existing tank integrity assessment (Attach)

Date of maintenance 6/22/2023

(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: \_\_\_\_\_

Property Address: 49593 358<sup>th</sup> Place Palisade, MN 56469

Business Name: Timber Lakes Septic Service

Date: 7/12/2023

### 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 5/28/1998 ☐ 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.**\*Any "no" answer above indicates the system is  
failing to protect groundwater.****Describe verification methods and results:****Attached supporting documentation:**

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

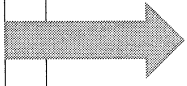
**Indicate depths or elevations**

A. Bottom of distribution media	100
B. Periodically saturated soil/bedrock	97.0'
C. System separation	36"
D. Required compliance separation*	31"

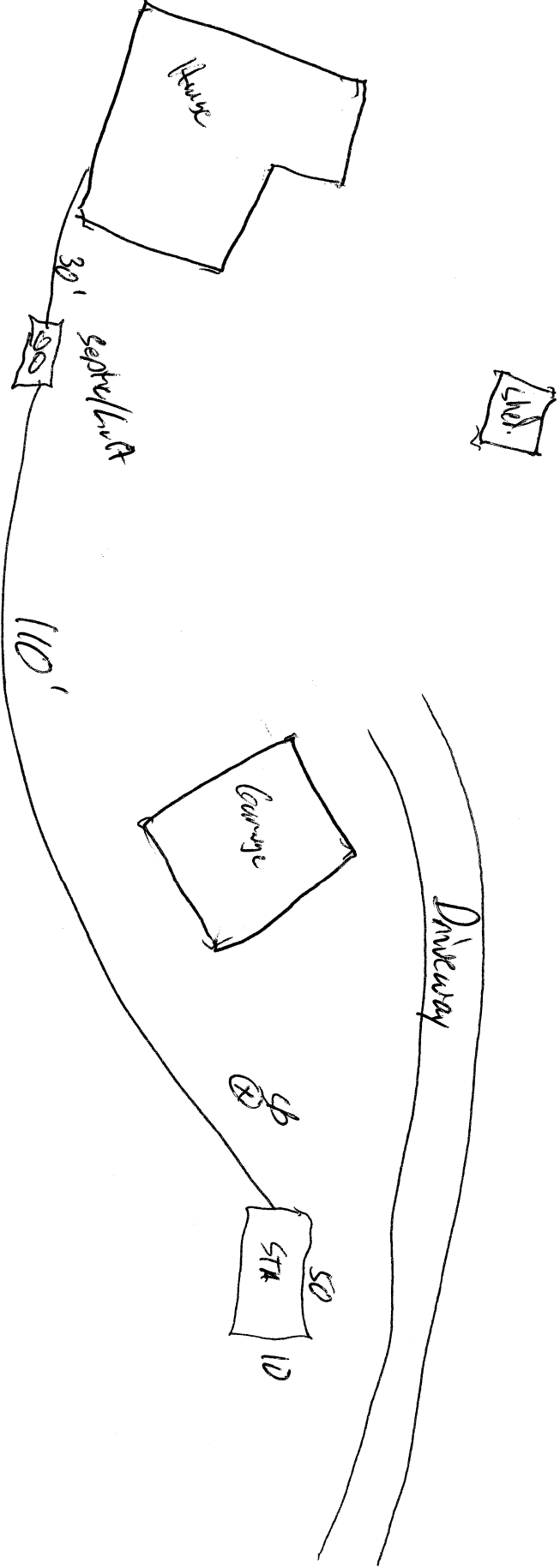
\*May be reduced up to 15 percent if allowed by Local  
Ordinance.

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

# SKETCH SHEET AND SOIL BORING LOG



INSPECTOR: Raini Kohl	Equipment: Bucket Auger
DATE: 7/12/23	Elevation of Limiting Layer: 97.0'
PID#: 35-1-089800	Vegetation: Mowed Grass
SITE ADDRESS: 49593 358 <sup>th</sup> Pl Palisade, MN 56469	Weather: Sunny & Clear
Benchmark (EL = 100'): Bottom of Rock in STA	



SOIL BORING #1			El: 98.0
DEPTH	TEXTURE	COLOR	
0-3	Topsoil	10YR3/1	
3-12"	Clay Loam	10YR5/3	
12-14"	Clay Loam	10YR5/1	
	Redox @ 12" El: 97.0	10YR5/6	

## Sewage tank integrity assessment form

**Subsurface Sewage  
Treatment Systems (SSTS) Program**

Doc Type: Compliance and Enforcement

**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 \(wq-wwists4-31b\)](https://www.pca.state.mn.us/water/inspections). 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 Wagner, EvelynProperty address: 49593 358<sup>th</sup> Place, Palisade, MN 56469Local Regulatory Authority: Aitkin CountyParcel ID: 35-1-089800**System status**System status on date (mm/dd/yyyy): 6/22/2023☒ **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.**"☐ Yes\* ☒ NoThe SSTS has a sewage tank that leaks below the designed operating depth - "**Failure to Protect Groundwater.**"☐ Yes\* ☒ NoThe 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.**"☐ Yes\* ☒ No*Any "yes" answer above indicates sewage tank non-compliance.***Company information**Company name: Timber Lakes Septic Service IncBusiness license number: L455**Designated Certified Individual (DCI) information**Print name: Dan SwansonCertification 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.*

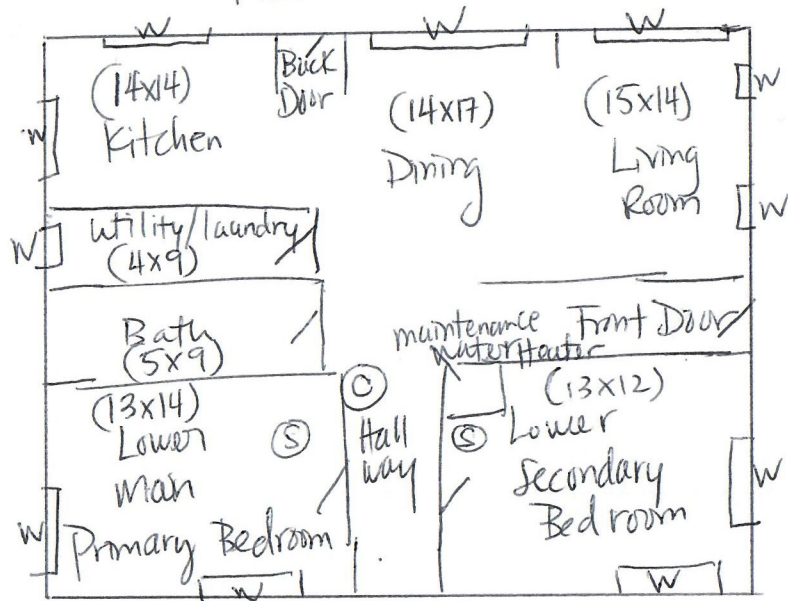
**By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.**

Designated Certified Individual's signature: Dan Swanson*(This document has been electronically signed.)*Date (mm/dd/yyyy): 6/22/2023

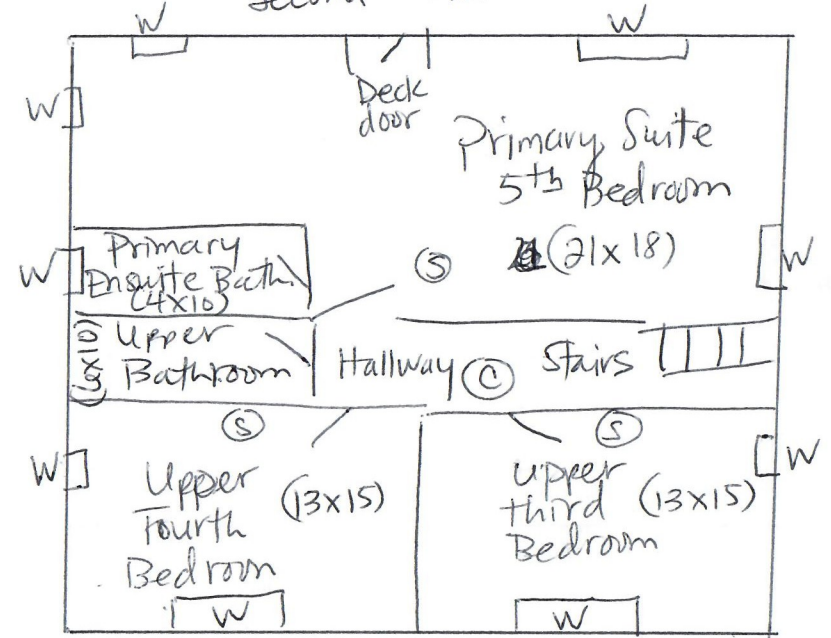


49593 358th PL, Palisade, MN 56469

## Main Floor

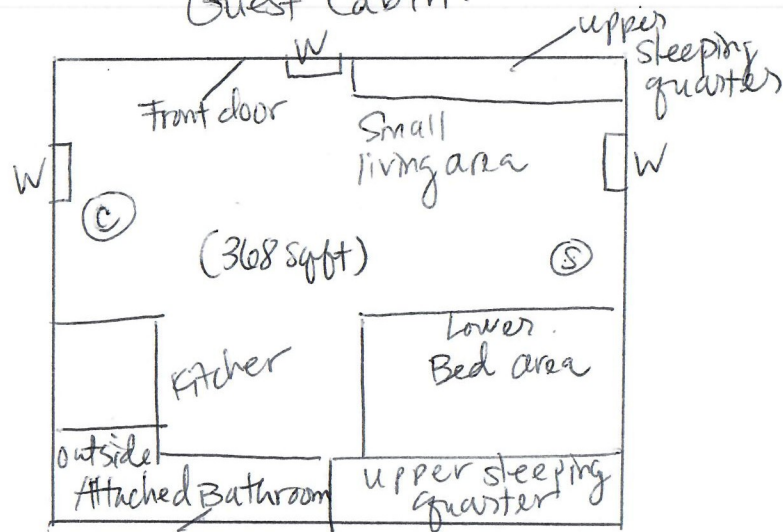


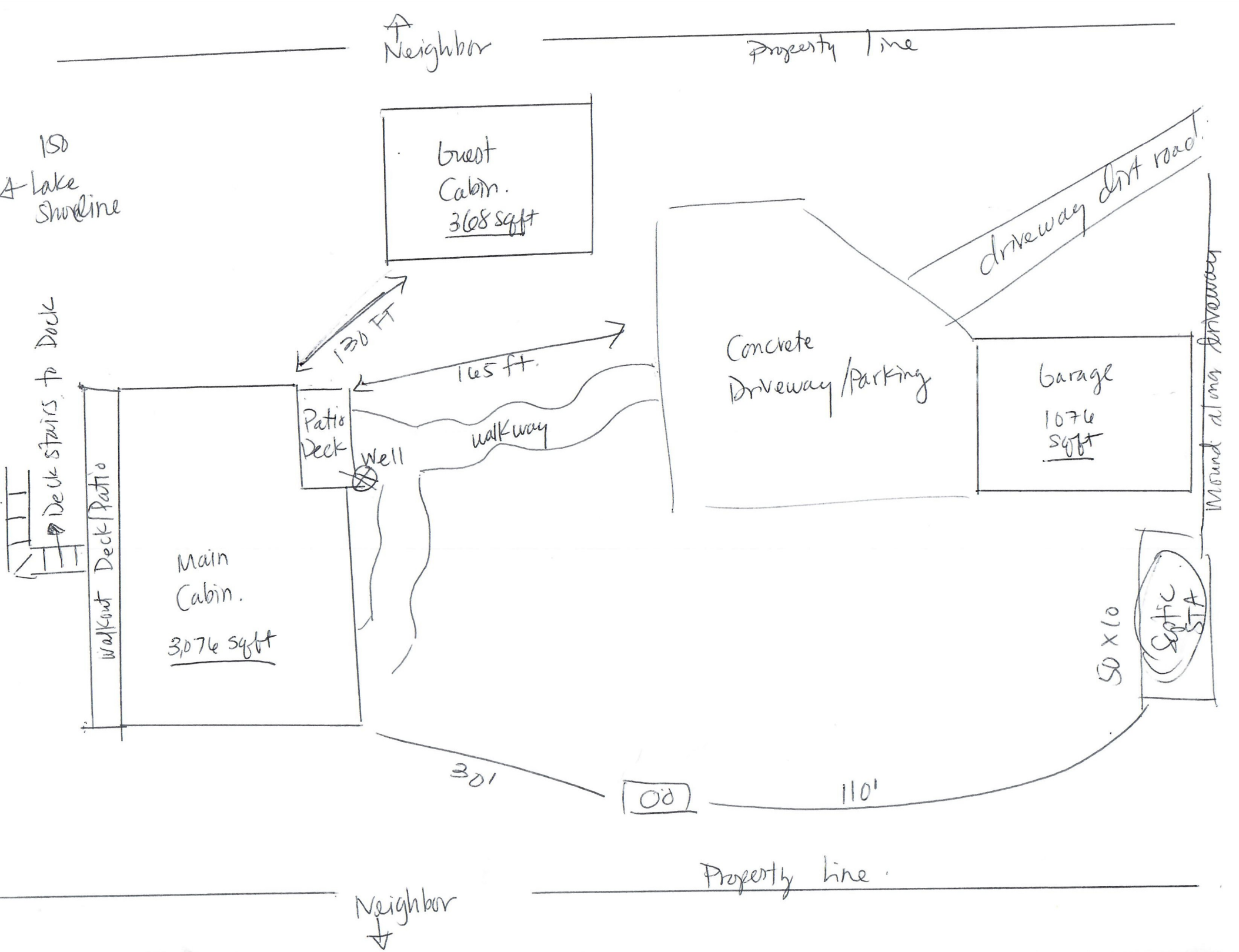
## Second Floor



W = Windows/Egress  
 S = Smoke Detectors  
 C = Carbon Detector  
 / = Doors

## Guest Cabin.







Conditional Use Permit (general) App. # 2025-000306, UID # 213944  
App. Status: Pending Review

Aitkin County Planning & Zoning / Environmental Services  
307 Second St. NW Room 219, Aitkin, MN 56431  
Email: [aitkinpz@aitkincountymn.gov](mailto:aitkinpz@aitkincountymn.gov)  
Phone: 218-927-7342  
Fax: 218-927-4372

### Contact Information

Are you the property owner?	<u>Yes</u>
Applicant Contact Info:	<div>Name: Jason Kadelbach</div> <div>Phone: (218) 464 - 2767</div> <div>Email Address: <a href="mailto:jason.kadelbach@apex-landsurveying.com">jason.kadelbach@apex-landsurveying.com</a></div> <div>Mailing Address: 48663 216th Place Mcgregor MN 55760</div>
Have you had a pre-application meeting with the Planning & Zoning Department?	<u>Yes</u>

### Project Location

Property:	Property Location					Legal Description			Property Attributes	
	Parcel Number	Property Address	Township or City Name	Owner Name(s)	Taxpayer Name(s)	Legal Description	Plat Name	Section-Township-Range	Lake Class	Lake Name
	22-0-028802		MCGREGOR TWP	KADELBACH, JASON R	KADELBACH, JASON R	PT OF N 850 FT OF W 2007 FT OF N 1/2 OF NW, LYING EAST OF LINE DESCR IN 480899		S:19 T:48 R:23		
Driving directions from Aitkin to Property:	2 miles north of Mcgregor, take a right on driveway for 42868 State Highway 65, go east on driveway until it ends at a new grey and Black Garage.									

## Brief Narrative

Brief Narrative:	We are asking for a conditional use permit to build a 1430 sq. ft residential house as shown on the future 9.27 acre lot as shown on the attached drawing. The other proposed 1430 sq.ft. building as shown on the Future 5.94 acre property will remain an Office Building until at such time we decide to split these properties.
Provide a detailed explanation on why and how this proposal is meeting the Comprehensive Land Use Plan for Aitkin County.:	We will be creating a Land Surveying Office on subject Property along with living Quarters to be rented to future employees.  Assist and encourage economic growth and job creation across all sectors of the County, by expanding and diversifying job opportunities and income growth.
How will this proposal be compatible with existing land uses?	Land is zoned commercial and there are currently several commercial office directly North of subject property with a mix of Residential Houses mixed in.
Is this proposal meeting the Findings of Fact?	<u>Yes</u>

## Detailed Operational Plan

Detailed Operational Plan:	Living Quarters 3 bedroom two bath see attached Plan
If you have already prepared a detailed operational plan, please attach it below:	<div>File 1: <a href="#">FOUNDATION_9-9-22.pdf</a> File 2: <a href="#">FRONT_LEFT_9-9-22.pdf</a> File 3: <a href="#">MAIN_FLOOR_9-9-22.pdf</a> File 4: <a href="#">REAR_RIGHT_DETAIL_9-9-22.pdf</a></div>

## A Scaled Drawing

Attach Scaled Drawing:	<div>File 1: <a href="#">NEW_BUILD.pdf</a></div>
------------------------	--

## Septic Compliance

Is there an existing septic system on the property?	<u>No</u>
---	-----------

## Property Deed

Please attach the property deed(s):	<div>File 1: <a href="#">480899-p0001_-_p0004.pdf</a></div>
-------------------------------------	---

## 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 #62983 (05/16/2025) Expected Payment Method: Pay Online - Card or ECheck

Charge	Cost	Quantity	Total
Conditional Use Application Fee added 05/16/2025 10:15 AM \$650 Flat Fee	\$650.00	x 1	\$650.00
Recording Fee added 05/16/2025 10:15 AM \$46 Flat Fee	\$46.00	x 1	\$46.00
Grand Total			
Total			\$696.00
Payment 05/16/2025			\$696.00
Due			\$0.00

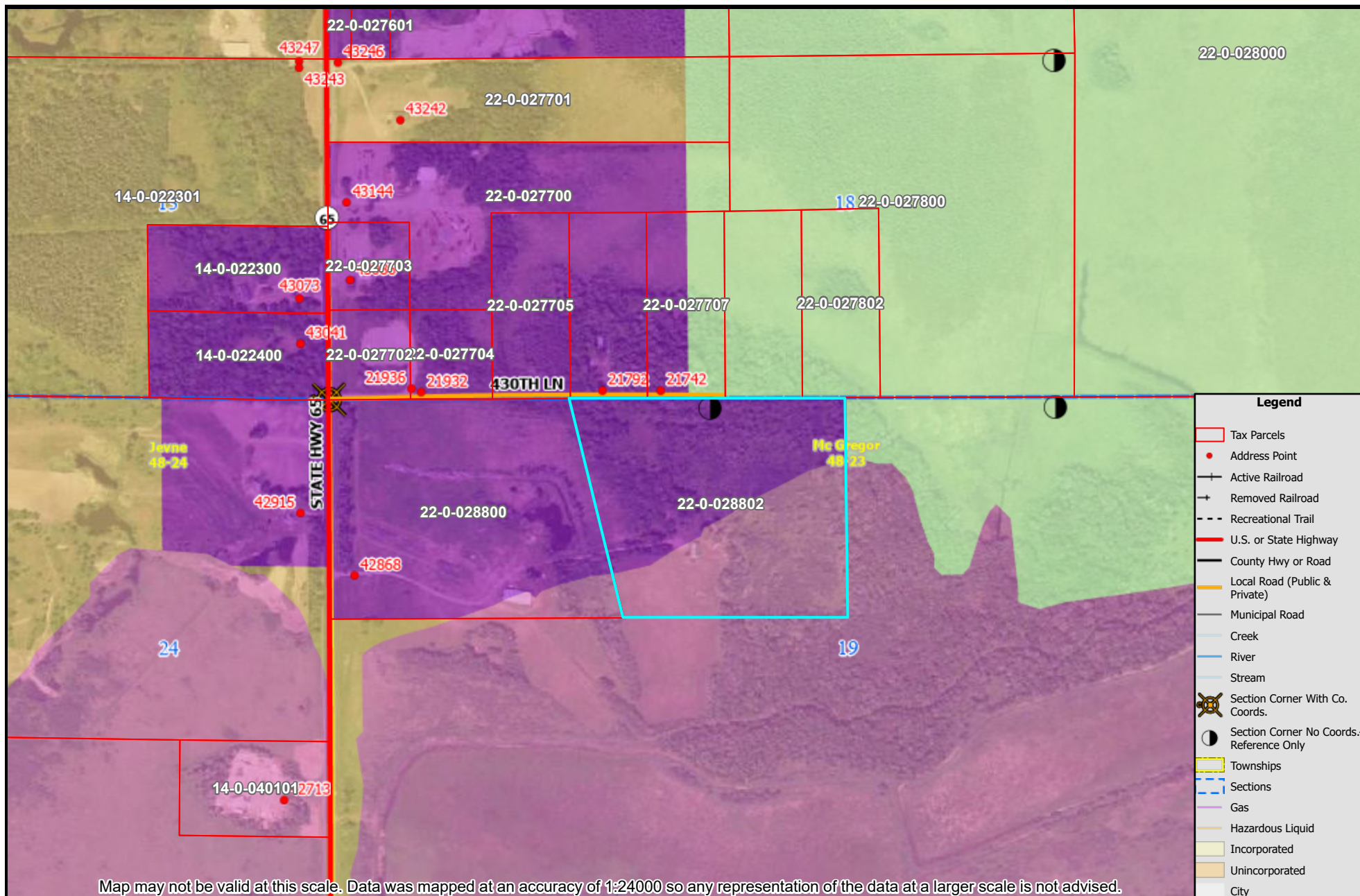
Conditions of Permit

None

Approvals

Approval	Signature
Applicant	Jason R. Kadelbach - 05/16/2025 10:23 AM ef8db7893a8006538190c5e92850329e a92f0b165c18a4930e552c850b6ea853
#1 Admin	Shannon Wiebusch - 05/21/2025 10:47 AM 25868c2c8854874aa7d627f88d557665 9debe8c6e712f5f01c6662dca2855fe3
#2 Planning Commission	





These data are provided on an "AS-IS" basis, without warranty of any type, expressed or implied, including but not limited to any warranty as to their performance, merchantability, or fitness for any particular purpose.



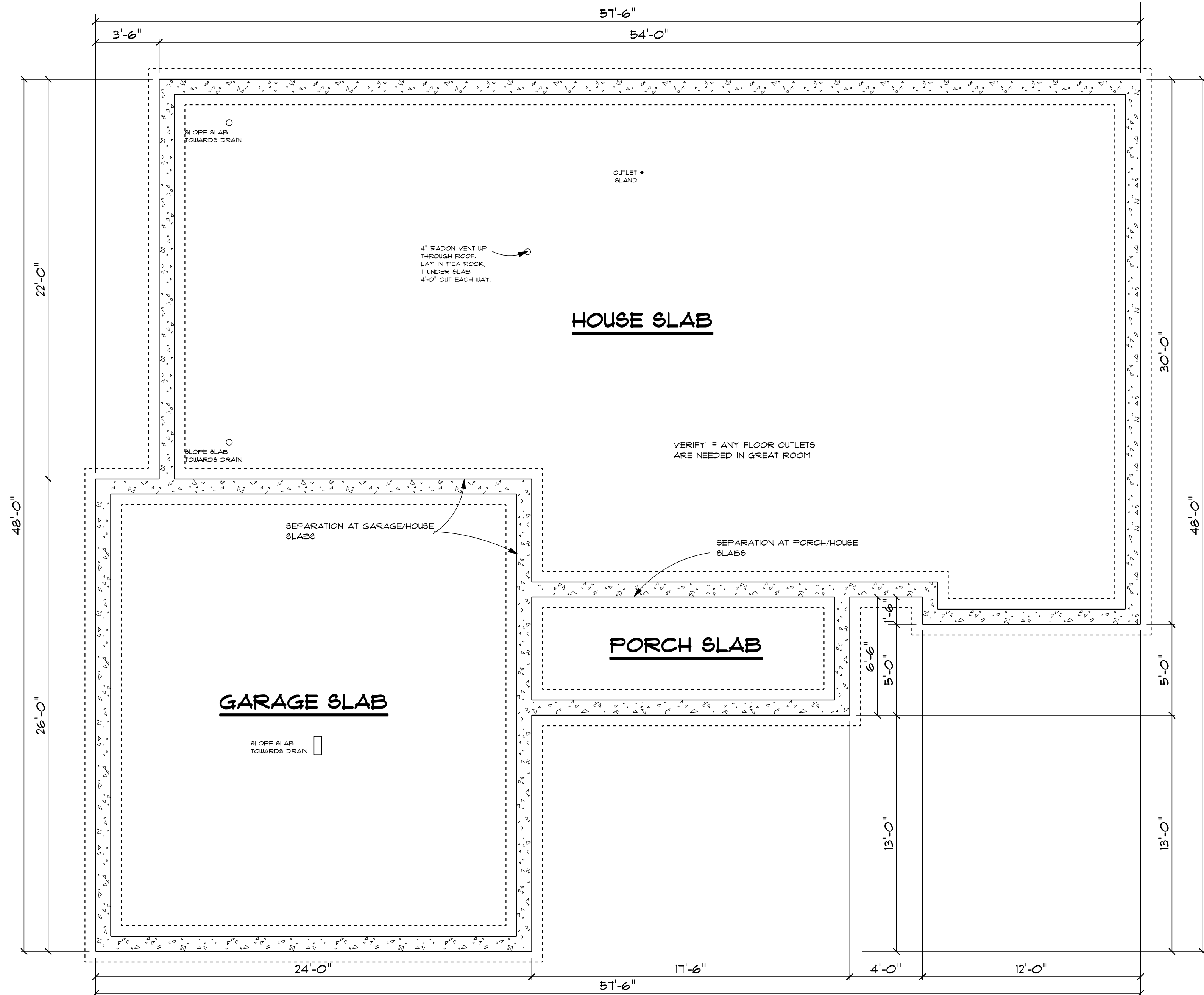
1:9,028

0 0.05 0.1 mi

ArcGIS Web AppBuilder



Date: 5/23/2025



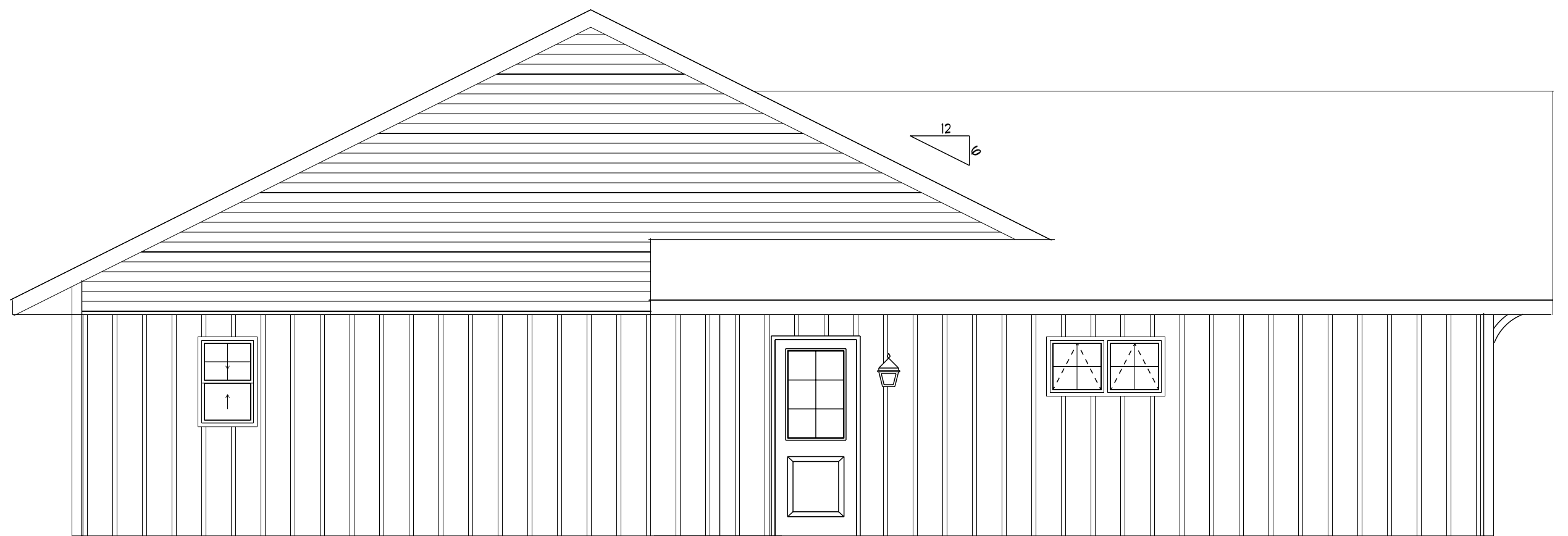
**FOUNDATION LAYOUT**  
SCALE: 1/4"=1'-0"

DIMENSIONS ARE TO OUTSIDE  
EDGE OF CONCRETE SLAB.  
ADJUST FOR STONE LEDGE

MS DESIGNS FOR RESIDENTIAL HOME DESIGNS PHONE: 218-878-1076 / mdesigns_40@msn.com		SHEET INFO. FOUNDATION LAYOUT	
DRAWN BY: MINDY SONNEMAN JOB TYPE: 1 LEVEL SLAB		DATE: 1-19-22	2 4
JOB NAME: WEETS FAMILY		REVISION: 9-9-22	



**FRONT ELEVATION**  
SCALE: 1/4"=1'-0"



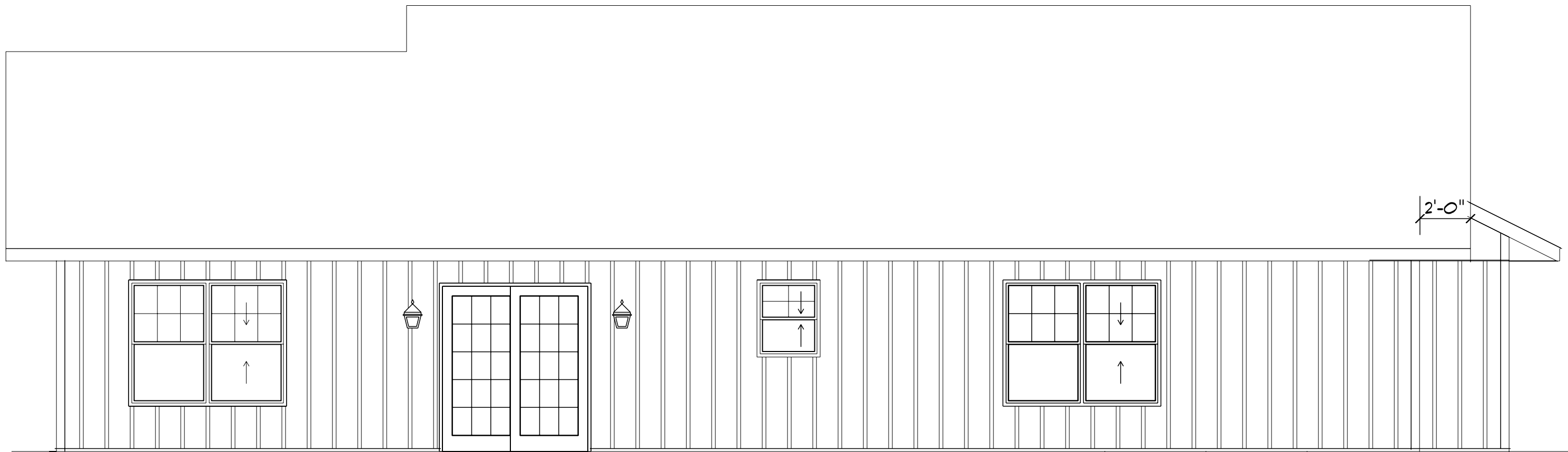
**LEFT ELEVATION**  
SCALE: 1/4"=1'-0"

GENERAL NOTES:  
ALL WORK TO BE DONE IN ACCORDANCE WITH LOCAL BUILDING CODES  
ALL REQUIRED BUILDING PERMITS TO BE OBTAINED  
A LICENSED GENERAL CONTRACTOR IS RESPONSIBLE FOR HAVING  
ALL PROJECT ENGINEERING DONE FOR THIS HOME  
A LICENSED GENERAL CONTRACTOR IS TO VERIFY ALL EXISTING SITE  
CONDITIONS PRIOR TO START OF CONSTRUCTION  
A LICENSED GENERAL CONTRACTOR IS TO VERIFY ALL PLAN DIMENSIONS  
AND MEASUREMENTS PRIOR TO START OF PROJECT, AND BEFORE ORDERING  
ANY SUPPLIES  
M5 DESIGNS AND DESIGNER WILL NOT BE HELD RESPONSIBLE FOR ANY WINDOW  
OR DOOR ROUGH OPENINGS, CONTRACTOR OR HOMEOWNER MUST VERIFY  
ALL ROUGH OPENINGS WITH TYPE OF WINDOWS AND DOORS BEFORE CONSTRUCTION  
BEGINS  
M5 DESIGNS AND DESIGNER ARE NOT RESPONSIBLE FOR ANY DISCREPANCIES THAT  
RESULT IN ERROR OR OMISSION FROM THESE PLANS  
M5 DESIGNS REQUESTS THAT ANY DISCREPANCIES OR OMISSIONS FOUND ON THESE  
DRAWINGS BEFORE CONSTRUCTION BEGINS BE REPORTED TO M5 DESIGNS  
IMMEDIATELY FOR REVISIONS  
PLANS HAVE BEEN REVIEWED AND APPROVED BY THE HOMEOWNERS OR CONTRACTOR.  
HOMEOWNER(S) OR CONTRACTOR ARE AWARE THAT M5 DESIGNS HAS DONE THEIR  
BEST TO FURNISH COMPLETE AND ACCURATE PLANS.  
BY SIGNING BELOW THE HOMEOWNER(S) OR CONTRACTOR RELEASES M5 DESIGNS AND  
DESIGNER FROM ANY LIABILITY THAT MAY RESULT IN ERROR OR OMISSION ON  
SAID PLANS.

<b>M5 DESIGNS</b> FOR RESIDENTIAL HOME DESIGNS PHONE: 218-278-1076 / m5designs_40@me.com		SHEET INFO. ELEVATIONS	
DRAWN BY: MINDY SONNEMAN JOB TYPE: 1 LEVEL SLAB		DATE: 1-19-22	1
JOB NAME: WEETS FAMILY		REVISION: 9-9-22	4

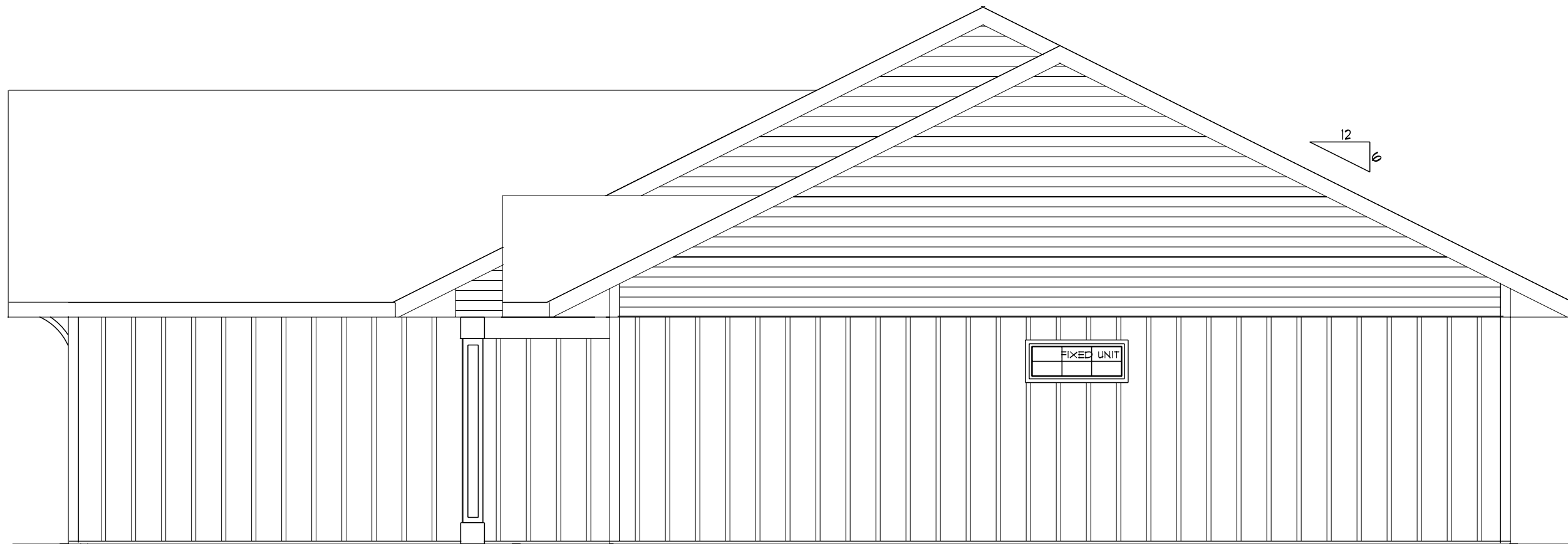






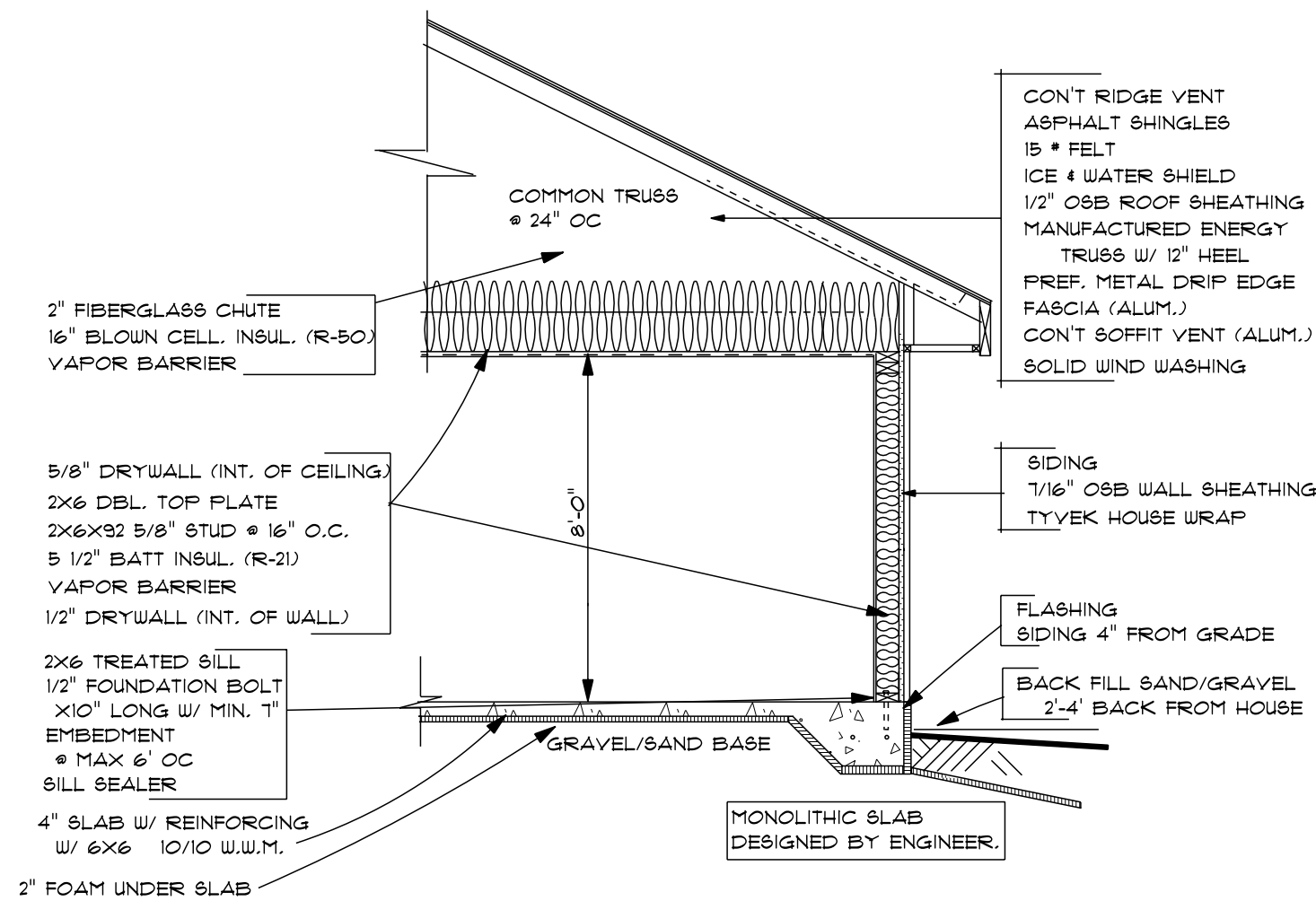
**REAR ELEVATION**

SCALE: 1/4"=1'-0"



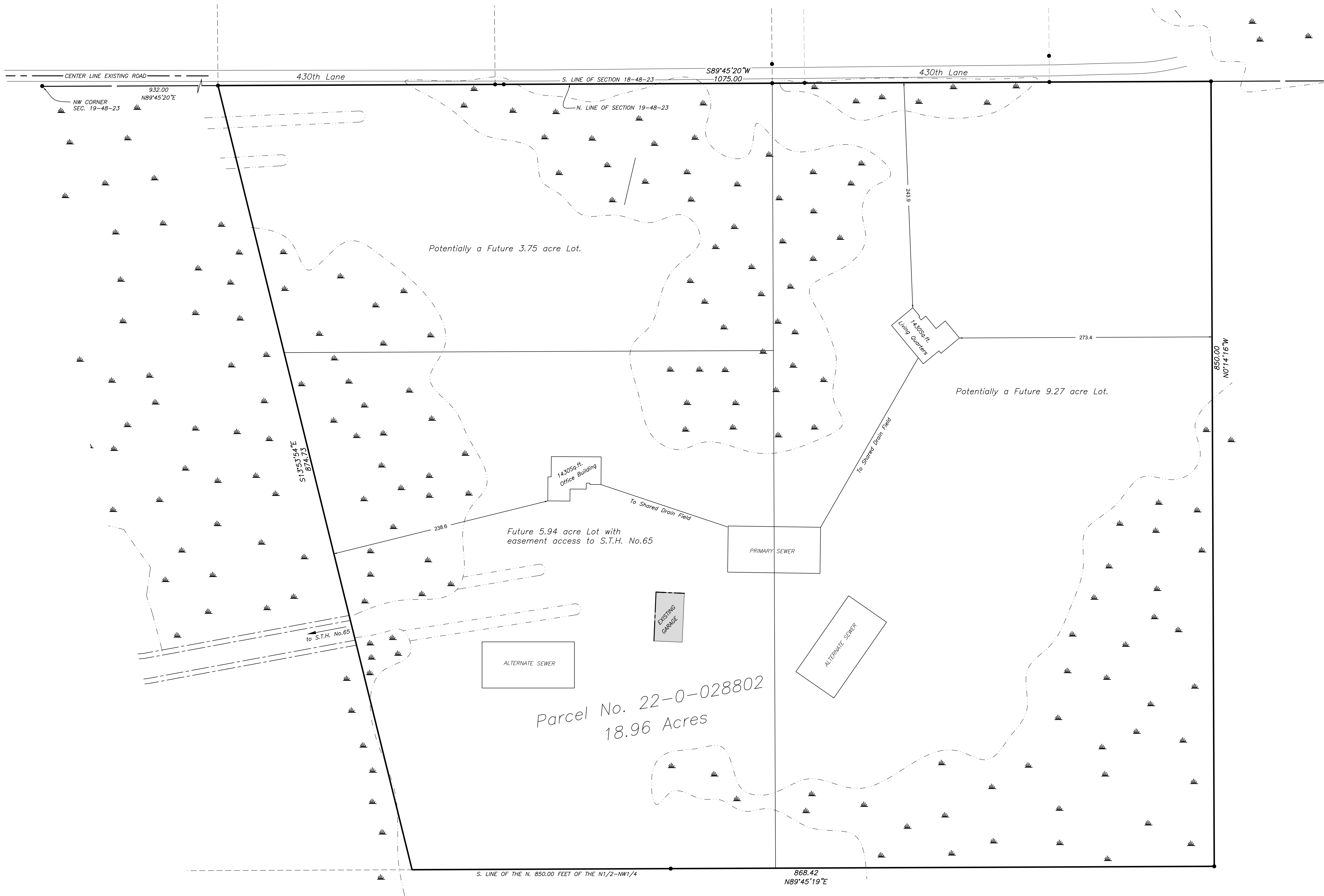
**RIGHT ELEVATION**

SCALE: 1/4"=1'-0"



**TYPICAL WALL SECTION**

<b>MS DESIGNS</b> FOR RESIDENTIAL HOME DESIGNS PHONE: 218-878-1076 / mdesigns_40@msn.com		SHEET INFO. ELEVATIONS WALL DETAIL	
DRAWN BY: MINDY SONNEMAN	JOB TYPE: 1 LEVEL SLAB	DATE: 1-19-22	4 4
JOB NAME: WEETS FAMILY		REVISION: 9-9-22	



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

Doc No: **A480899**  
Certified Filed and/or Recorded on  
**2/27/2024 10:58 AM**

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

Package: **85853** Mick

WAD 1/4

REC FEE	\$46.00
SDT	\$363.00
eCRV #	1624226

*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)

**WARRANTY DEED**

**Business Entity to Individual(s)**

**Minnesota Uniform Conveyancing Blanks  
Form 10.1.7 (2016)**

eCRV number: 1624226

DEED TAX DUE: \$ 363.00

DATE: February 21, 2024  
(month/day/year)

FOR VALUABLE CONSIDERATION, Savanna Farms, LLC

(insert name of Grantor)

a limited liability company under the laws of Minnesota ("Grantor"),

hereby conveys and warrants to Jason R. Kadelbach

(insert name of each Grantee)

("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 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:

Covenants, restrictions, reservations, 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

Savanna Farms, LLC

(name of Grantor)

By: \_\_\_\_\_

(signature) Wayne Alden

Its: \_\_\_\_\_

(type of authority) Member

By: \_\_\_\_\_

(signature)

Its: \_\_\_\_\_

(type of authority)

State of Minnesota, County of AitkinThis instrument was acknowledged before me on February 20, 2024, by Wayne Alden

(month/day/year)

(name of authorized signer)

as Member

(type of authority)

and by \_\_\_\_\_

(name of authorized signer)

as \_\_\_\_\_

(type of authority)

of Savanna Farms, LLC, a Minnesota limited liability company

(name of Grantor)

(Stamp)



\_\_\_\_\_

(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 legal name and residential or business address of Grantee)

Jason R. Kadelbach  
8962 Hwy. 37  
Iron, MN 55751

## EXHIBIT "A"

→ That part of the North 850.00 feet of the West 2007.00 feet of the North Half of the Northwest Quarter of Section 19, Township 48, Range 23 lying east of the following described line:  
Commencing at the Northwest corner of said Northwest Quarter, thence on an assumed bearing of North 89 degrees 45 minutes 20 seconds East along the North line of said Northwest Quarter a distance of 932.00 feet to the Point of Beginning of the line herein described; thence South 13 degrees 53 minutes 54 seconds East, 874.73 feet to the South line of said North 850.00 feet and there terminating. Containing 18.96 acres, more or less.

Aitkin County, Minnesota  
(Abstract)



Mining Operations CUP/IUP App. # 2025-000359, UID # 214029  
App. Status: Pending Review

Aitkin County Planning & Zoning / Environmental Services  
307 Second St. NW Room 219, Aitkin, MN 56431  
Email: [aitkinpz@aitkincountymn.gov](mailto:aitkinpz@aitkincountymn.gov)  
Phone: 218-927-7342  
Fax: 218-927-4372

## Contact Information

Applicant Contact Info:	Name:	
	Shamrock Township	
	Phone:	
	(218) 426 - 3736	
	Email Address:	
	townofshamrock@shamrocktwp.org	
	Mailing Address:	
	49954 Lake Ave	
	Mcgregor MN 55760	
Are you the property owner?	<u>Yes</u>	

## Project Location

Property Information:	<b>Property Location</b>					<b>Legal Description</b>			<b>Property Attributes</b>	
	<b>Parcel Number</b>	<b>Property Address</b>	<b>Township or City Name</b>	<b>Owner Name(s)</b>	<b>Taxpayer Name(s)</b>	<b>Legal Description</b>	<b>Plat Name</b>	<b>Section-Township-Range</b>	<b>Lake Class</b>	<b>Lake Name</b>
	29-0-024400	50326 Lily Ave MCGREGOR, MN 55760	SHAMROCK TWP	TOWNSHIP OF SHAMROCK	TOWNSHIP OF SHAMROCK	SE-NW LESS HWY R/W		S:11 T:49 R:23		
Enter directions to the property (if no address assigned):	From State Hwy 169, go east on 210, then go north on MN65, turn right onto Lake Ave, right on Lily Avenue, Follow until site on left									
Is the site within 500 ft. of the ordinary high water level of a lake or Mississippi River, or within 300 ft. of a river or stream, or within 30 feet of the top of a bluff?	<u>No</u>									



General Operations

Select the Proposed Operations:	<div><div>Mining</div><div>Crushing</div><div>Washing</div><div>Temporary/Portable Asphalt Plant</div></div>
Estimated volume of material to be excavated?	60000 CuYd
What is the depth of excavation from the original surface?	15 Feet
Total area to be excavated?	5Acres
Is this application for a Public Works Project?	No
How will this proposal be compatible with existing land uses?	The proposed activity is fully compatible with existing land uses, as it will take place in a long-established, active township gravel pit. This site has been used for gravel extraction and crushing for many years, and the surrounding land use pattern.
Please give a detailed explanation on why and how this proposal is meeting the Comprehensive Land Use Plan:	<div><div>This proposal aligns with the Comprehensive Land Use Plan by continuing a long-established, essential use of an active township gravel pit. The site has been used for gravel extraction for many years and supports the township's ongoing road maintenance and infrastructure needs.</div><div>By utilizing an existing and previously developed site, the proposal avoids unnecessary land disturbance and is consistent with the plan's goals for responsible land use, environmental stewardship, and cost-effective public infrastructure support. The availability of a local gravel source reduces haul distances, lowering transportation impacts and preserving road quality?both of which reflect sustainability and efficiency objectives outlined in the plan.</div><div>This project maintains the rural character of the area and continues a compatible land use that benefits the community without introducing new or conflicting development.</div></div>

Hours of Operation

Monday - Friday Start:	07	: 00	AM
Monday - Friday End:	07	: 00	PM
Comments:	with equipment maintenance and preparation may occur 1 hour prior and 1 hour after crushing related equipment		

## Phases of Operation

Description of phases and duration of the proposed operation:	<ol style="list-style-type: none"><li>1. The first phase will be clearing and grubbing of the excavation site. (mostly completed)</li><li>2. Then the topsoil will be stripped and stored for reclaiming in the future</li><li>3. The excavation of materials will then take place. The average depth of excavation will remain 3' above water table. Hole to be about 15' deep, stock pile to be 30' or less. Material will be crushed and then stored in the stockpile area.</li><li>4. After mining is completed, the area will be restored. The banks will be sloped and the peaks and depressions will be graded and backfilled to a gently rolling topography. No finished slope will exceed 3:1 slope. The stored topsoil will be placed back onto the slopes and evenly as possible as so to minimize erosion. The site will then be planted with grasses to retard soil erosion.</li></ol> <p>Access to the site is secured by a gate to prevent unauthorized entry.</p> <p>The township is requesting a 5 year permit to allow for 2 crushes - one this fall or next spring and then a second crushing prior to the end of the permit . each crushing shall be no longer than 5 weeks</p>
---	---

## Maps

Attach Map A as required in Section 3.4(C) of the Aitkin County Mining & Reclamation Ordinance:	<div></div> <p>File 1: <a href="#">Map_A.jpg</a></p>
Attach Map B as required in Section 3.4(C) of the Aitkin County Mining & Reclamation Ordinance:	<div></div> <p>File 1: <a href="#">Map_B.pdf</a></p>
Attach Map C as required in Section 3.4(C) of the Aitkin County Mining & Reclamation Ordinance:	<div></div> <p>File 1: <a href="#">Map_C.jpg</a></p>

## Soil Erosion & Sediment Control Plan

Describe your soil erosion and sediment control plan:	Soil Erosion and Sediment Control: will comply with the requirements of the Minnesota Pollution Control Agency (MPCA). A soil burm exists on the property and will remain so that mining will not interfere with surface water drainage beyond the boundaries of the operation
---	--

## Dust & Noise Control Plan

What dust control measures will be used?	<u>Water Trucks</u>
Describe the dust and noise control plan:	A water truck will be used for dust control. A burm and row of trees that will help control the noise.

## Septic Compliance

Is there is an existing septic system?	<u>No</u>
--	-----------

## Property Deed

Attach a copy of the property deed:	File 1:  <a href="#">Gravel_Pit_Property_Deed.pdf</a>
-------------------------------------	--

## Additional Info

Additional Information (optional):	<p>Shamrock Township is requesting a 5-year mining permit rather than the standard 4-week permit in order to achieve greater operational and economic efficiency. This extended permit period will allow the township to conduct up to two gravel crushing operations and potentially perform sand screening if needed, without the administrative burden of reapplying for a short-term permit each time.</p> <p>The longer permit duration will provide the flexibility needed to plan, budget, and contract crushing and screening services more effectively?especially considering contractor availability, weather conditions, and fluctuating township maintenance needs. It will also reduce the workload for both township staff and permitting staff by eliminating the need for multiple permit submissions within a short period of time.</p> <p>This proposal has been discussed with Andrew Carlstrom and Kevin Turnock, who acknowledged the value of a 5-year permit in supporting the township?s planning and infrastructure goals while maintaining regulatory oversight.</p>
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## Terms

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.

Said permit shall be valid for a period of time set by the Aitkin County Planning Commission; after which a permit renewal shall be required.

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

Invoice #63062 (05/28/2025) Expected Payment Method: Pay Online - Card or ECheck

Charge	Cost	Quantity	Total
Mining Operations Fee added 05/28/2025 2:35 PM \$650 Flat Fee	\$650.00	x 1	\$650.00
Recording Fee added 05/28/2025 2:35 PM \$46 Flat Fee	\$46.00	x 1	\$46.00
Grand Total			
		Total	\$696.00
		Payment 05/28/2025	\$696.00
		Due	\$0.00

Conditions of Permit

None

Approvals

Approval	Signature
Applicant	Shamrock Township - 05/28/2025 2:38 PM 3ccd337e34ca8c5b02e492f6e4e3de2b 335c40184d96cc3e12ae1ddf3a9c138e
#1 Admin	Shannon Wiebusch - 06/17/2025 11:22 AM e1d0ac715dc0f22fdda66ee3b1594f26 10da827c231b797e5b4fae3e16cb7e77
#2 Planning Commission	

Print View



NO DELINQUENT TAXES  
AND TRANSFER ENTERED

This 30 Day Mar 2012

Kirk Peypar  
County Auditor

Elizabeth Harmon  
Deputy

CERTIFICATE OF REAL ESTATE  
VALUE ( ☒ ) FILED ( ) NOT  
REQUIRED CERTIFICATE OF REAL  
ESTATE VALUE NO. 40264

WARRANTY DEED

Individual(s) to Corporation, Partnership or Limited Liability Company

DEED TAX DUE: \$ 610.50

Date: March 30, 2012

FOR VALUABLE CONSIDERATION, Wayne Alden and JoAnne M. Alden, husband and wife

Grantor, hereby conveys and warrants to Shamrock Township

Grantee, a a public body corporate and politic under the laws of Minnesota

real property in Aitkin County, Minnesota, described as follows:

→ see attached "Exhibit A" for legal description

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

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.  
☐ 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.

Affix Deed Tax Stamp Here

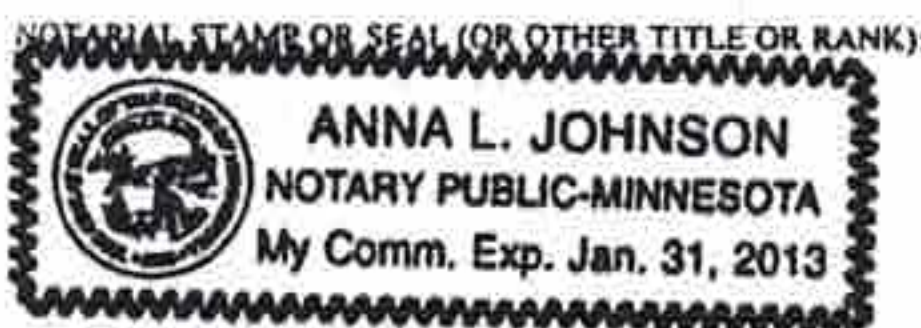
STATE OF MINNESOTA  
COUNTY OF Aitkin

} ss.

Wayne Alden  
Wayne Alden

JoAnne M. Alden  
JoAnne M. Alden

This instrument was acknowledged before me on March 28, 2012  
by Wayne Alden and JoAnne M. Alden



THIS INSTRUMENT WAS DRAFTED BY (NAME AND ADDRESS)

Aitkin County Abstract Company  
112 3rd St. N.W.  
Aitkin, MN 56431

[Signature]  
SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

Check here if part or all of the land is Registered (Torrens) ☐

Tax Statements for the real property described in this instrument should  
be sent to (include name and address of Grantee):

Shamrock Township

49954 Lake Avenue  
McGregor, MN 55760

AITKIN COUNTY DEED TAX

No. 3286 Date 3-30-12  
\$ 610.50 Dollars Paid

[Signature]  
County Treasurer

By \_\_\_\_\_ Deputy



EXHIBIT A

The Southeast Quarter of the Northwest Quarter (SE¼ of the NW¼) of Section Eleven (11), Township Forty-nine (49), Range Twenty-three (23), EXCEPT that part thereof described as Parcel No. 8 as per Aitkin County Highway Right-of-Way Plat No. 8 on S.A.P. 01-640-01 (C.S.A.H. No. 40).

Aitkin County, Minnesota  
(Abstract)

*Abstract Co.*

*3/46.00  
Qd 4850.00  
We 4850.00  
3-30-11*

RECORDED \_\_\_\_\_  
TRACT INDEX \_\_\_\_\_  
GRANTOR \_\_\_\_\_  
GRANTEE \_\_\_\_\_  
COMPARED \_\_\_\_\_

OFFICE OF COUNTY RECORDER  
AITKIN COUNTY, MN  
☒ WELL CERTIFICATE RECEIVED  
☐ WELL CERTIFICATE NOT REQUIRED

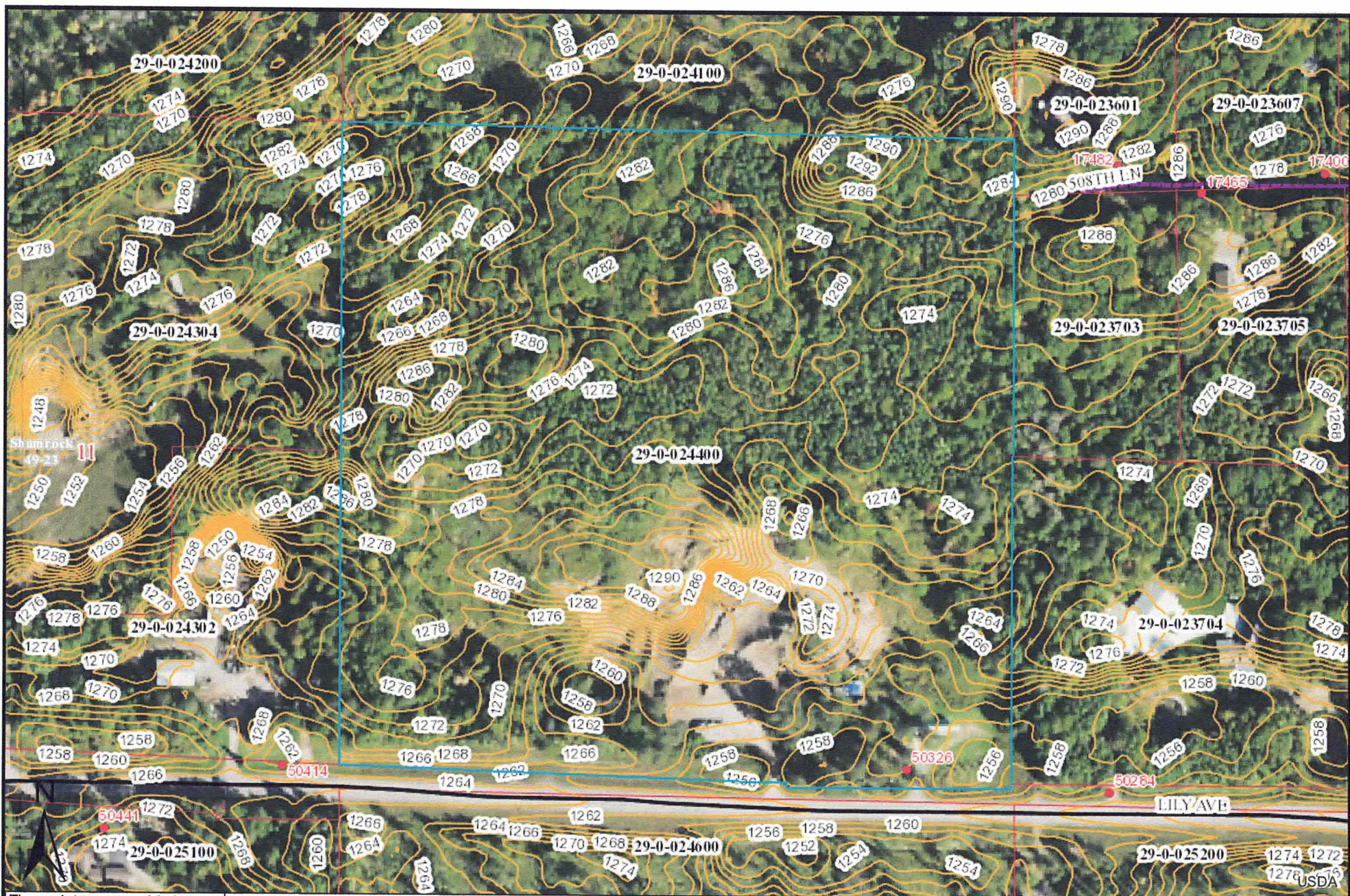
COUNTY RECORDER  
AITKIN COUNTY, MINNESOTA  
**FILED**

MAR 30 2012 11AM

*Diane's Coffey*  
As Doc. No.

410627





These data are provided on an "AS-IS" basis, without warranty of any type, expressed or implied, including but not limited to any warranty as to their performance, merchantability, or fitness for any particular purpose.

Map A

50326 Lily Ave, McGregor

39 acre parcel  
5.25 acre gravel pit



0 140 280 ft 1 inch = 376 feet

Date: 10/17/2018





50326 Lily Ave., McGregor MN

Map B





These data are provided on an "AS-IS" basis, without warranty of any type, expressed or implied, including but not limited to any warranty as to their performance, merchantability, or fitness for any particular purpose.

Map C

50326 Lily Ave, McGregor

39 acre parcel  
- 1 acre gravel pit

Aitkin County

0 140 280 ft 1 inch = 375 feet

Date: 10/17/2018





Vacation/Short-Term Rental App. # 2025-000425, UID # 214198  
App. Status: Pending Review

Aitkin County Planning & Zoning / Environmental Services  
307 Second St. NW Room 219, Aitkin, MN 56431  
Email: [aitkinpz@aitkincountymn.gov](mailto:aitkinpz@aitkincountymn.gov)  
Phone: 218-927-7342  
Fax: 218-927-4372

### Applicant

Applicant Contact Information:	<div>Name: Ramon Abraham Estrada-Marroquin</div> <div>Phone: (651) 558 - 1626</div> <div>Email Address: <a href="mailto:ramonemarroquin@gmail.com">ramonemarroquin@gmail.com</a></div> <div>Mailing Address: 9405 Harkness Ave S Cottage Grove MN 55016</div>
Are you the property owner?	<u>Yes</u>

### 60 Minute Contact Person

Enter Designated Contact Person:	<div>Name: Ramon Abraham Estrada-Marroquin</div> <div>Phone: (651) 558 - 1626</div> <div>Email Address: <a href="mailto:ramonemarroquin@gmail.com">ramonemarroquin@gmail.com</a></div> <div>Mailing Address: 9405 Harkness Ave S Cottage Grove MN 55016</div>
----------------------------------	---

## Property Location

Property Information:	Property Location					Legal Description			Property Attributes	
	Parcel Number	Property Address	Township or City Name	Owner Name(s)	Taxpayer Name(s)	Legal Description	Plat Name	Section-Township-Range	Lake Class	Lake Name
	11-1-121300	21560 452nd PI AITKIN, MN 56431	HAZELTON TWP	ESTRADA-MARROQUIN, RAMON A	ESTRADA-MARROQUIN, RAMON A	LOT 1 BLK 1	FIRST ADDITION TO BLUE CABIN LOTS	S:5 T:44 R:27	GD	MILLE LACS

Directions (if no address):	<p>From Aitkin, MN</p> <p>Head south toward 1st St NW</p> <p>Turn left onto 1st St NW</p> <p>Turn right onto US-169 S/Minnesota Ave N</p> <p>- Continue to follow US-169 S 1.1 Miles</p> <p>At the traffic circle, continue straight to stay on US-169 S</p> <p>Continue on US-169 S for 14.7 Miles</p> <p>Turn left onto 452nd PI</p> <p>- Destination will be on the left</p> <p>- Arrive at 21560 452nd PI, Aitkin, MN 56431</p>
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## Brief Narrative

Brief Narrative:	<p>I am writing to confirm my intentions to use the property located at 21560 452nd PI, Aitkin, MN as a short-term rental as well as my second home. I will be doing short-term rentals and plan on going up to my property a few times a year. The occupancy is 9 guests (4 bedrooms, 2 bathrooms). The property will be made available to guests for temporary stays, typically ranging from 2-3 days to a few weeks at a time. We will offer a detailed guide to our guests via an online information workbook as well as a physical copy in the kitchen prior to guest arriving. The guest information book will include emergency contact numbers, a copy of any conditions placed on the approved interim Use permit, local services and business, etc...</p>		
List all current advertising sources: (Be specific and include website links, rental ID #, etc.)	<p>Airbnb: <a href="https://www.airbnb.com/">https://www.airbnb.com/</a></p> <p>marriott vacation rentals: <a href="https://homes-and-villas.marriott.com/en/vacation-rentals/united-states/minnesota">https://homes-and-villas.marriott.com/en/vacation-rentals/united-states/minnesota</a></p> <p>vrbo: <a href="https://www.vrbo.com/">https://www.vrbo.com/</a></p> <p>Hopper: <a href="https://hopper.com/">https://hopper.com/</a></p> <p>Google Vacation Rentals: <a href="https://www.google.com/travel/search">https://www.google.com/travel/search</a></p> <p>booking.com</p> <p>Tripadvisor.com</p> <p>Direct Booking - Own website</p>		
Proposed number of overnight guests:	6		
How many rental units will be located on this parcel?	1		
Will you be renting for periods 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

1. How many rooms will be used for sleeping?	<u>4</u>
2. How many carbon monoxide alarms are located in the rental?	6
3. How many smoke detector alarms are located in the rental?	6
4. A fire extinguisher must be placed in an easily accessible location within each rental unit. Where is a fire extinguisher located?	Kitchen
5. Attach a floor plan of the rental unit(s):	<div>File 1:  <a href="#">Hih_Level_Dimension.pdf</a> File 2:  <a href="#">Low_Dimension.pdf</a> File 3:  <a href="#">Main_Dimesion.pdf</a></div>

## Sleeping Area #1

Name of Room:	Master Bedroom
Room Size (Excluding closet or attached bathroom):	184 ft <sup>2</sup>
Number of Guests:	2
Select egress window style. (see attached diagram for egress window classifications and requirements):	<u>Casement</u>
Was this window installed before July 10, 2007?	<u>Yes</u>
What is the distance from the floor to the bottom of this window (finished sill):	23 inches
What is the OPENABLE height of this window:	50 inches
What is the OPENABLE width of this window:	20 inches

**Sleeping Area #2**

Name of Room:	Bedroom 2
Number of Guests:	2
Room Size (Excluding closet or attached bathroom):	176 ft <sup>2</sup>
Select window style. (see attached diagram for window style options):	<u>Casement</u>
Was this window installed before July 10, 2007?	<u>Yes</u>
What is the distance from the floor to the bottom of this window (finished sill)?	23 inches
What is the OPENABLE height of this window?	50 inches
What is the OPENABLE width of this window?	20 inches

**Sleeping Area #3**

Name of Room:	Bedroom 3
Number of Guests:	1
Room Size (Excluding closet or attached bathroom):	143 ft <sup>2</sup>
Select window style. (see attached diagram for window style options):	<u>Casement</u>
Was this window installed before July 10, 2007?	<u>Yes</u>
What is the distance from the floor to the bottom of this window (finished sill)?	34 inches
What is the OPENABLE height of this window?	40 inches
What is the OPENABLE width of this window?	20 inches

#### Sleeping Area #4

Name of Room:	Basement Room
Number of Guests:	1
Room Size (Excluding closet or attached bathroom):	120 ft <sup>2</sup>
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?	34 inches
What is the OPENABLE width of this window?	20 inches
What is the distance from the floor to the bottom of this window (finished sill)?	44 inches

#### Emergency Contact Info

Septic Tank Pumper:	(218) 831 - 6430
Hospital:	(218) 927 - 2121
Police:	(218) 927 - 2133
Fire:	(218) 927 - 2527

#### Guest Information

Select all that will be included in your guest handbook:	<u>Quiet hours</u> <u>Maximum # of overnight guests</u> <u>Maximum # of non-overnight guests</u> <u>Name &amp; contact information for owner and/or caretaker</u> <u>Property rules related to outdoor features</u> <u>List of conditions placed on the approved IUP</u> <u>A current handbook on recreational vehicle regulations</u> <u>Notice that all ordinances and IUP conditions will be enforced by the Aitkin County Sheriff's Office and Aitkin County Environmental Services</u> <u>(On lakes only) Information and map with DNR public access location</u>
Where in the rental will your handbook will be located?	Kitchen/Dining Room
Where in the rental will the emergency contact information be posted?	Kitchen/Dining Room

## Pet Policy

Pet Policy:	<p>The following is a Pet Policy for the following address 21560 452nd PL, Aitkin, MN 56341.</p> <p>To ensure a comfortable and allergy friendly environment for all guests, our property maintains a strict no-pet policy. This includes all animals, regardless of size or breed.</p> <p>Although, we do recognize the importance of service dogs for guests with disabilities. In compliance with the Fair Housing Act and Minnesota law, we make reasonable accommodations for service dogs. The following is required if you would look to bring a pet.</p> <ol style="list-style-type: none"><li>1. Documentation: A letter from a licensed healthcare professional</li><li>2. The service dog must be under control at all times and must not pose a direct threat to the health or safety of others</li><li>3. The service dog must adhere to all local ordinances, including leash laws and waste disposal regulations</li><li>4. The service dog is not allowed on any of the furniture</li><li>5. Please note, emotional support animals (ESAs) do not qualify under this policy</li></ol> <p>The following are not permitted on the property</p> <ol style="list-style-type: none"><li>1. All pets, including but not limited to dogs, cats, birds, fish, and rodents.</li><li>2. Emotional Support Animals (ESAs)</li></ol> <p>Any violation of this Pet policy may result in immediate removal from the property without refund.</p>
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## Garbage Disposal Plan

How often will the garbage be collected?	Once a week
Enter the name of the garbage service or describe your disposal plan:	Waste Management (WM), pick up once a week. Garbage

## Water & Septic Requirements

Attach Water Test:	File 1:  <a href="#">Water_Testing.pdf</a>
Attach septic compliance:	 <a href="#">Septic_Compliance.pdf</a>
The septic system or well shall include a flow measuring device. Flow measurement readings and monitoring of the septic shall be recorded monthly and made available to Aitkin County. Has a flow meter or event counter been installed on the well or septic system?	<u>Yes</u>
Is the septic system holding tanks (no drainfield)? If yes, the application for an Operating Permit will begin after you click Finish.	<u>No</u>

Property Deed

Attach the property deed:	File 1:  <a href="#">487824-p0001_-_p0002.pdf</a>
---------------------------	--

Scaled Site Plan

Attach your scaled site plan:	File 1:  <a href="#">Hih_Level_Dimension.pdf</a> File 2:  <a href="#">Low_Dimension.pdf</a> File 3:  <a href="#">Main_Dimesion.pdf</a>
-------------------------------	---

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

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 #63217 (06/12/2025) Expected Payment Method: Pay Online - Card or ECheck

Charge	Cost	Quantity	Total
<b>Recording Fee</b> added 06/12/2025 12:04 PM This fee is non-refundable if denied.	\$46.00	x 1	\$46.00
<b>Vacation/Private Home Rental</b> added 06/12/2025 12:04 PM This fee is non-refundable if denied.	\$650.00	x 1	\$650.00
<b>Grand Total</b>			
		<b>Total</b>	<b>\$696.00</b>
		<b>Payment 06/12/2025</b>	<b>\$696.00</b>
		<b>Due</b>	<b>\$0.00</b>

Conditions of Permit

None



Approvals

Approval	Signature
Applicant	Ramon A. Estrada-Marroquin - 06/12/2025 12:04 PM a29e0ac285f70ff6dc6ac48fd8545eb5 ea4ec4f7dd2c4cc26cf6e411a8be7187
#1 Administrative Staff	Shannon Wiebusch - 06/17/2025 1:18 PM c799da5c910d86d453f5e0ea8a9007e5 38349dcc4dd95431361261d0936d45d5
#2 Planning Commission	

Print View

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

Doc No: **A487824**  
Certified Filed and/or Recorded on  
**6/23/2025 11:59 AM**  
Office of the County Recorder  
Aitkin County, Minnesota  
Tara Snyder, County Recorder

TRD 2/3

REC FEE	\$46.00
SDT	\$1529.55
eCRV #	1764932
WC RCVD	\$50.00
WC #	1089748

Package: 97117 Mary

(Top 3 inches reserved for recording data)

**TRUSTEE'S DEED  
by Individual Trustee**

**Minnesota Uniform Conveyancing Blanks  
Form 10.4.1 (2016)**

e-CRV No.: 1764932

**DEED TAX DUE: \$1,529.55**

**DATE: May 28, 2025**

FOR VALUABLE CONSIDERATION, Gary D. Robinson and Kathleen E. Robinson, as Trustees  
of the Gary D. Robinson and Kathleen E. Robinson Joint Revocable Trust dated

September 17, 2019 ("Grantor")

hereby convey(s) and quitclaim(s) to Ramon Abraham Estrada-Marroquin  
("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:



Lot One (1), Block One (1), First Addition to Blue Cabin Lots

Aitkin County, Minnesota  
(ABSTRACT)

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

together with all hereditaments and appurtenances belonging thereto.

Subject to reservations, restrictions and easements of record, if any.

Return To:  
Title Specialists, Inc  
105 Central Ave E  
St. Michael, MN 55378

250514

## 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:

1089748).

☒ 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

Gary D. Robinson and Kathleen E. Robinson  
Joint Revocable Trust dated  
September 17, 2019

BY:

Gary D. Robinson  
Gary D. Robinson  
Trustee

BY:

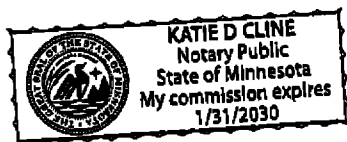
Kathleen E. Robinson  
Kathleen E. Robinson  
Trustee

State of Minnesota, County of Aitkin

This instrument was acknowledged before me on May 27, 2025,

by Gary D. Robinson and Kathleen E. Robinson, as Trustees of the Gary D. Robinson and Kathleen E. Robinson Joint Revocable Trust dated September 17, 2019.

(Stamp)



Katie D. Cline  
(signature of notarial officer)

Title (and Rank): Notary Public

My commission expires 1-31-30  
(month/day/year)

## THIS INSTRUMENT WAS DRAFTED BY:

Aitkin County Abstract Company  
112 3rd Street NW  
Aitkin, MN 56431  
File No. 25-1122

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

Ramon A. Estrada-Marroquin  
21560 452<sup>nd</sup> Place  
Aitkin, MN 56431

# High Level Scale

- Septic System
- Well
- Gas tank
- Property Lines
- Parking
- Road
- Lake/Beach

Lake Mille Lacs

100ft - Beach Shore line

Fire Pit

80ft

Patio

Sun Room

55 x 45

well

Propane Gas Tank

Garage

36'

10'

32'

40'

Septic

5'

Septic

12 x 30

30'

75'

Driveway Parking

Parking

Shed Garage

Driveway

45and PI

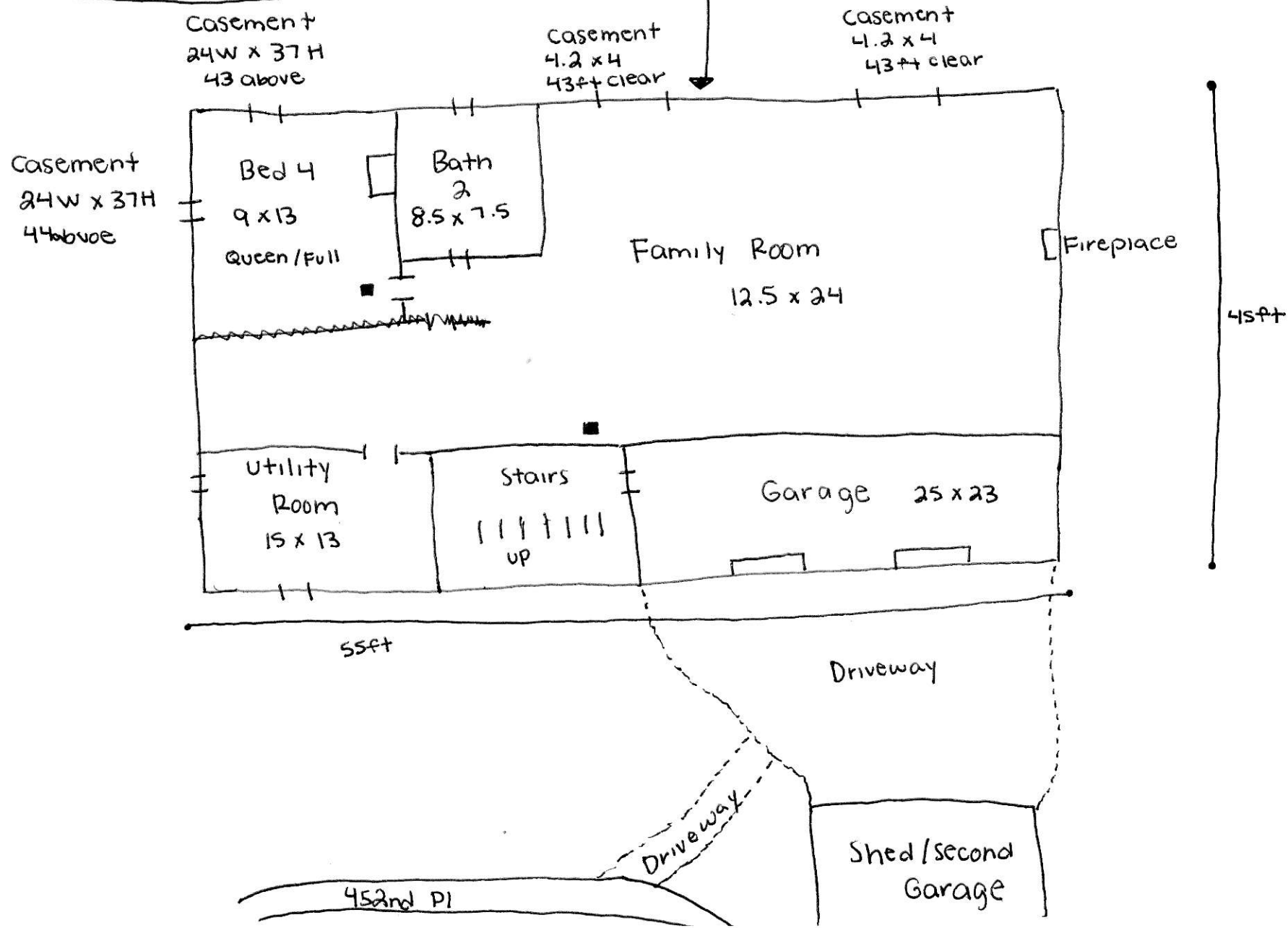
MN-18

North Lot - Neighbor

South Lot - Neighbor

## Lower Level

- 1 Bedroom
- 1 Bath
- 1 Smoke + Carbon Mon Alarm
- 1 queen/Full bed



# Main Floor

- 3 bedrooms
- 1 Bath
- 4 smoke + Carbon Mon Alarms
- 1 King, 2 Queen beds

• 2636 sqft

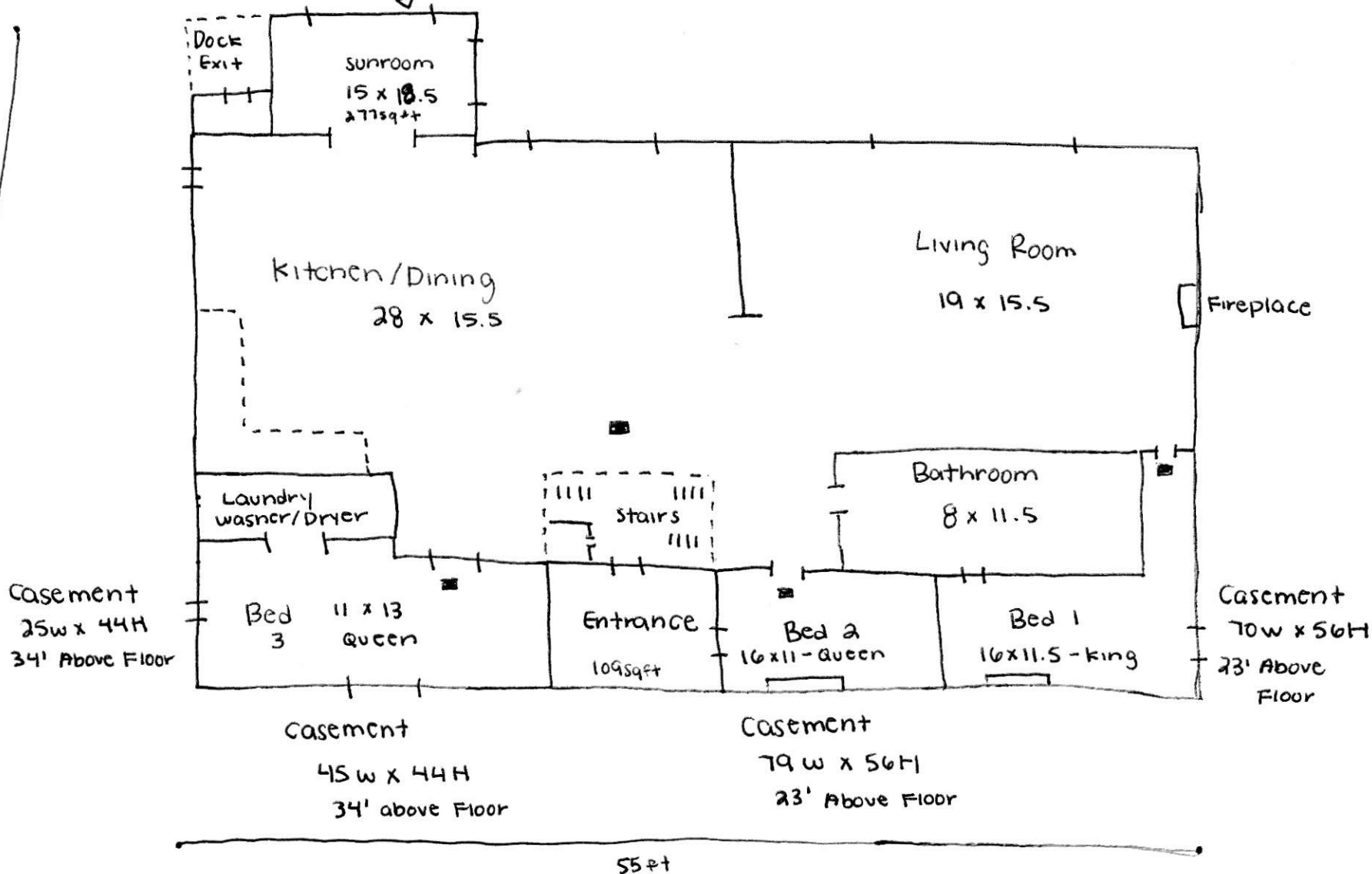
• 1 Bath

Lake

■ = Fire/Carbon Mon

67ft

45ft



## Analysis Report

June 02, 2025

### REPORT TO:

Estrada, Ramon  
9405 Harkness Ave S  
Cottage Grove MN 55016

### INVOICE TO:

Date Rcvd-Brnd: 5/29/2025  
Time Rcvd-Brnd: 10:57

Sampled By: AWRL - NB  
Sample Type: DW  
Recv Temp°C: 10.5 on ice  
TYPE: Well Water

LOCATION:  
Estrada, Ramon  
21560 452nd Place  
Aitkin MN 56431

SITE / TEST PERFORMED	Sample Date/Time	Your Result	Units	Acceptable Level	Analytical Method	Analysis Date/Time	Analyst	Code #
<hr/>								
Outside Tap	5/29/2025 @ 09:07							
Coliform, Total		ABSENT	/100mL	ABSENT	SM 9223 B (COLISURE)-2016	5/29/25 15:04	BS	110679
Escherichia coli (E. coli)		ABSENT	/100mL	ABSENT	SM 9223 B (COLISURE)-2016	5/29/25 15:04	BS	110679
Nitrate, as N		< 0.500	mg/L	< 10	EPA 353.2 REV 2.0	5/29/25 15:56	ZP	110679

Sample 110679: Your results meet State of Minnesota and EPA drinking water standards for the analytes tested. If you would like additional information, please use the Results Interpretation Tool on our website at awlab.com.

Approved By:



Date Approved: 6/2/2025

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~



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

Doc Type: Compliance and Enforcement

**Instructions:**

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**

Parcel ID# or Sec/Twp/Range: 11-1-121300 Local tracking number: \_\_\_\_\_  
Local regulatory authority info: Atkin City Reason for inspection: Selling  
Property address: 21560 45<sup>th</sup> Rd Place Atkin 56431  
Owner/representative: Gary Robinson  
Brief system description: 1500 combo to 12X36' Pressure Bed Owner's phone: 367-298-7219

**System status**

System status on date (mm/dd/yyyy): 7-10-23

☒ **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: B-T Services LLC

Inspector signature: Bob Bauld  
(This document has been electronically signed)

Certification number: 23181

License number: 2088

Phone: 218-831-6430

**Necessary or locally required supporting documentation**

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



11-1-121360

Property Address: 21560 452nd Place Atkin 56431  
Business Name: B.T. Services LLC

Date: 7-10-23

## 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

*Is the system or any part of the system in an imminent danger to public health and safety?*

### Describe verification methods and results:

checking for surface water from drain field or Backup into tank. Looked for ponding in Drain field

## 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: Toms Septic Services

License number of maintenance business: 3281

Date of maintenance: 7-10-23

☐ 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: \_\_\_\_\_

### Describe verification methods and results:

check for cracks after pumping  
check for tank level before pumping to see if any Run back in  
while pumping. Probe outside tank for sewer no itles

11-1-121300  
Property Address: 21560 452<sup>nd</sup> Place Aitkin 56431  
Business Name: B & T Services LLC

Date: 7-10-23

### 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

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

Describe verification methods and results: Visual

Attached supporting documentation: ☐ Not applicable ☐

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

Is the system operated under an Operating Permit?

☐ Yes ☐ No If "yes", A below is required

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

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

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

#### Compliance criteria:

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

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

Describe verification methods and results:

Attached supporting documentation: ☐ Operating permit (Attach) ☐

Property Address: 21560 452<sup>nd</sup> Place A, Tkin 56431  
Business Name: B: T Services LLC

Date: 7-10-23

## 5. Soil separation – Compliance component #5 of 5

Date of installation

(mm/dd/yyyy)

☒ Unknown

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	18"
B. Periodically saturated soil/bedrock	55"
C. System separation	3"
D. Required compliance separation*	3'

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

SB 4" Topsoil 10p 3/3  
1 sd 10p 4/4  
55" L mat/lcs 10p 4/2

Describe verification methods and results: check install cert. if available  
Probe drain field for dept of Distribution material  
and Bottom of field. measure field depth and compare  
with install cert.

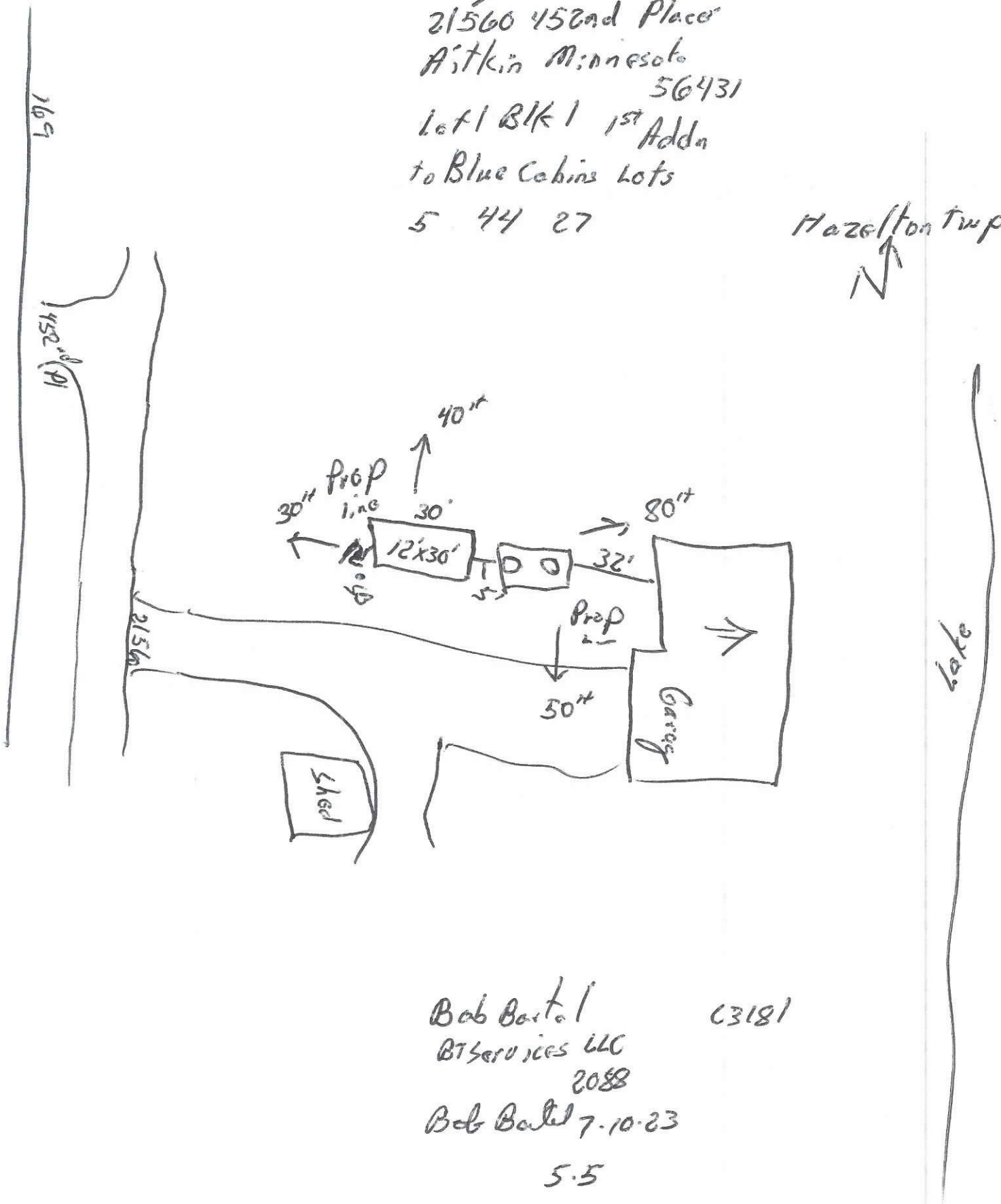
Upgrade requirements: (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, 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.



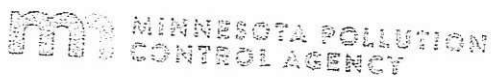
11-1-12/360

Gary Robinson  
21560 452nd Place  
Aitkin Minnesota 56431  
Lot 1 Blk 1 1st Addn  
to Blue Cobble Lots  
5 44 27

Hazellton Twp.  
N



Bob Bartel  
BT Services LLC  
2088  
Bob Bartel 7.10.23  
5.5



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

# Sewage tank integrity assessment form

## Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

11-1-121900

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: <http://www.pca.state.mn.us/sstsi/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: <http://www.pca.state.mn.us/sstsi/inspections>. This form can be found on the MPCA website at <http://www.pca.state.mn.us/sstsi/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: Gary Robinson  
Property address: 21560 452nd Place Aitkin 56431  
Local Regulatory Authority: Aitkin

Parcel ID: 11-1-121900

### System status

System status on date (mm/dd/yyyy): 7-10-23

☒ 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

### Company information

Company name: B.T. Services LLC  
Business license number: 2038

### Designated Certified Individual (DCI) information

Print name: Bob Bartel  
Certification number: 03181

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: Bob Bartel  
(This document has been electronically signed.)

Date (mm/dd/yyyy): 7-10-23



Vacation/Short-Term Rental App. # 2025-000458, UID # 214199  
App. Status: Pending Review

Aitkin County Planning & Zoning / Environmental Services  
307 Second St. NW Room 219, Aitkin, MN 56431  
Email: [aitkinpz@aitkincountymn.gov](mailto:aitkinpz@aitkincountymn.gov)  
Phone: 218-927-7342  
Fax: 218-927-4372

### Applicant

Applicant Contact Information:	<div>Name: Daleso Yadetta</div> <div>Phone: (763) 843 - 5761</div> <div>Email Address: <a href="mailto:dyadetta@gmail.com">dyadetta@gmail.com</a></div> <div>Mailing Address: 912 104th Lane NE Blaine MN 55434</div>
Are you the property owner?	<u>Yes</u>

### 60 Minute Contact Person

Enter Designated Contact Person:	<div>Name: Daleso Yadetta</div> <div>Phone: (763) 843 - 5761</div> <div>Email Address: <a href="mailto:dyadetta@gmail.com">dyadetta@gmail.com</a></div> <div>Mailing Address: 912 104th Lane NE Blaine MN 55434</div>
----------------------------------	---

Property Location


Property Information:

Property Location					Legal Description			Property Attributes	
Parcel Number	Property Address	Township or City Name	Owner Name(s)	Taxpayer Name(s)	Legal Description	Plat Name	Section-Township-Range	Lake Class	Lake Name
21-0-049300	32919 STATE HWY 18 AITKIN, MN 56431	MALMO TWP	BOKA, ETTAFA & YADETTA, DALESO	BOKA, ETTAFA & YADETTA, DALESO	PART LOT 1 & VACATED ROAD IN DOC 395231	GALAWARNEAU ON MILLE LACS UNIT B	S:31 T:45 R:25	GD	MILLE LACS
21-1-070200		MALMO TWP	BOKA, ETTAFA & YADETTA, DALESO	BOKA, ETTAFA & YADETTA, DALESO	LOT 46 BLK 2 AS IN DOC 395231		S:30 T:45 R:25	GD	MILLE LACS (BACK LOTS)
21-1-070201		MALMO TWP	BOKA, ETTAFA & YADETTA, DALESO	BOKA, ETTAFA & YADETTA, DALESO	THAT PART OF VACATED ROADS IN DOC 395231		S:30 T:45 R:25	GD	MILLE LACS

Brief Narrative

Brief Narrative:	Escape to this cozy lakeside cabin on the shores of Lake Mille Lacs, where breathtaking sunsets and peaceful lake vibes await. Perfect for families, couples, or solo travelers seeking tranquility, outdoor adventure, or a weekend to unplug. Whether you're watching loons from the dock, casting a line into one of Minnesota?s premier fishing lakes, swimming on the sandy shores, or roasting marshmallows under the stars, this is your ideal Up North retreat.									
List all current advertising sources: (Be specific and include website links, rental ID #, etc.)	Airbnb									
Proposed number of overnight guests:	4									
How many rental units will be located on this parcel?	1									
Will you be renting for periods less than one week?	Yes									
Quiet hours will begin at:	10	:	00		PM					
Quiet hours will end at:	06	:	00		AM					

Floor Plan

1. How many rooms will be used for sleeping?	<u>3</u>
2. How many carbon monoxide alarms are located in the rental?	4
3. How many smoke detector alarms are located in the rental?	4
4. A fire extinguisher must be placed in an easily accessible location within each rental unit. Where is a fire extinguisher located?	Living room
5. Attach a floor plan of the rental unit(s):	<div>File 1:  <a href="#">Floor_Plan_Final.pdf</a></div>

Sleeping Area #1

Name of Room:	Bedroom 1
Room Size (Excluding closet or attached bathroom):	208 ft²
Number of Guests:	2
Select egress window style. (see attached diagram for egress window classifications and requirements):	<u>Exterior Door/Patio Door</u>
Was this window installed before July 10, 2007?	<u>Yes</u>
What is the distance from the floor to the bottom of this window (finished sill):	0 inches
What is the OPENABLE height of this window:	80 inches
What is the OPENABLE width of this window:	34 inches



**Sleeping Area #2**

Name of Room:	Bedroom 2
Number of Guests:	4
Room Size (Excluding closet or attached bathroom):	153 ft <sup>2</sup>
Select window style. (see attached diagram for window style options):	<u>Double Hung</u>
Was this window installed before July 10, 2007?	<u>Yes</u>
What is the distance from the floor to the bottom of this window (finished sill)?	18 inches
What is the OPENABLE height of this window?	27 inches
What is the OPENABLE width of this window?	36 inches

**Sleeping Area #3**

Name of Room:	Bedroom 3
Number of Guests:	4
Room Size (Excluding closet or attached bathroom):	205 ft <sup>2</sup>
Select window style. (see attached diagram for window style options):	<u>Sliding</u>
Was this window installed before July 10, 2007?	<u>Yes</u>
What is the distance from the floor to the bottom of this window (finished sill)?	36 inches
What is the OPENABLE height of this window?	36 inches
What is the OPENABLE width of this window?	20 inches

**Emergency Contact Info**

Septic Tank Pumper:	(218) 927 - 6175
Hospital:	(218) 927 - 2121
Police:	() -
Fire:	() -

## Guest Information

Select all that will be included in your guest handbook:	<u>Quiet hours</u> <u>Maximum # of overnight guests</u> <u>Maximum # of non-overnight guests</u> <u>Name &amp; contact information for owner and/or caretaker</u> <u>Property rules related to outdoor features</u> <u>List of conditions placed on the approved IUP</u> <u>A current handbook on recreational vehicle regulations</u> <u>Notice that all ordinances and IUP conditions will be enforced by the Aitkin County Sheriff's Office and Aitkin County Environmental Services</u> <u>(On lakes only) Information and map with DNR public access location</u>
Where in the rental will your handbook will be located?	Living room
Where in the rental will the emergency contact information be posted?	Living room by entry door as well as guest book



## Pet Policy

Pet Policy:	No pets allowed.
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## Garbage Disposal Plan

How often will the garbage be collected?	Weekly
Enter the name of the garbage service or describe your disposal plan:	Garrison Disposal

## Water & Septic Requirements

Attach Water Test:	File 1:  <a href="#">2025006_Halverson.pdf</a>
Attach septic compliance:	 <a href="#">32919_-_Septic_Compliance_Report.pdf</a>
The septic system or well shall include a flow measuring device. Flow measurement readings and monitoring of the septic shall be recorded monthly and made available to Aitkin County. Has a flow meter or event counter been installed on the well or septic system?	<u>Yes</u>
Is the septic system holding tanks (no drainfield)? If yes, the application for an Operating Permit will begin after you click Finish.	<u>No</u>

Property Deed

Attach the property deed:	File 1:  <a href="#">YADETTA_DEED.pdf</a>
---------------------------	--

Scaled Site Plan

Attach your scaled site plan:	File 1:  <a href="#">SitePlan.pdf</a>
-------------------------------	--

Additional Info

Additional Info (optional):	Septic Tank Pumper: 218-927-6175 Hospital:(218) 9272121 Police: (218)927-7400 Fire: 911
-----------------------------	--

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

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.

Charge	Cost	Quantity	Total
<b>Recording Fee</b> added 06/13/2025 12:06 AM This fee is non-refundable if denied.	\$46.00	x 1	\$46.00
<b>Vacation/Private Home Rental</b> added 06/13/2025 12:06 AM This fee is non-refundable if denied.	\$650.00	x 1	\$650.00
<b>Grand Total</b>			
Total			<b>\$696.00</b>
Payment 06/13/2025			<b>\$696.00</b>
Due			<b>\$0.00</b>

Conditions of Permit

None

Approvals

Approval	Signature
Applicant	Daleso Yadetta - 06/17/2025 1:27 PM - witnessed by Shannon Wiebusch 6ec40f3994a7759585e6701d7ca597d8 1cea3b226d24f1701a09dafcab58466e
#1 Administrative Staff	Shannon Wiebusch - 06/17/2025 1:28 PM adfd8acbfe73fea457c1c02a51b565f0 3194ebcf6734a377242f374835e799c3
#2 Planning Commission	

Print View

CRV Filed  
No Delinquent Taxes and Transfer Entered  
Kathleen Ryan, County Auditor

Doc No: **A487053**  
Certified Filed and/or Recorded on  
**5/7/2025 9:56 AM**

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

Package: **96498** Tara

WAD 1/2  
REC FEE \$46.00  
eCRV # 1750125

*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.*

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

Doc No: **T7674**

WAD 1/2

Certified Filed and/or Recorded on  
**4/29/2025 8:54 AM**

REC FEE \$46.00  
SDT \$1650.00  
eCRV # 1750125

Office of the Registrar of Titles  
Aitkin County, Minnesota  
Tara Snyder, Registrar of Titles

Package: 96392 Tara

Certs #'s 2960, 3160

WARRANTY DEED  
Individual(s) to Individual(s)

Minnesota Uniform Conveyancing  
Form 10.1.1 (2018)

Date: April 15, 2025  
E-CRV No. 1750125  
DEED TAX DUE: \$ 1,650.00

FOR VALUABLE CONSIDERATION, **Nicole A. Halverson and Gregory Halverson, spouses married to each other, ("Grantor")**, hereby conveys and warrants to **Daleso Yadetta and Ettafa Boka, ("Grantee")**, as

aka Gregory E. Halverson

(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.

Gregory E. Halverson

**STATE OF Minnesota** }  
 } SS.  
**COUNTY OF Stearns** }

 **MARY C WEIS**  
NOTARY PUBLIC - MINNESOTA  
MY COMMISSION EXPIRES 01/31/27

912 104<sup>th</sup> Lane NE  
Blaine MN 55434

## EXHIBIT A

All of that part of the following described property:

Galameault Road, Unit B, Galawarneau on Mille Lacs, as vacated by Judgment recorded as Document No. 267817 and Amended Judgment recorded as Document No. 227830.  
(Abstract)

Galameault Road, Unit B, Galawarneau on Mille Lacs, as re-aligned by said Judgment recorded as Document No. 267817 and Amended Judgment recorded as Document No. 277830.  
(Abstract & Torrens)

Galameault Road, Unit B, Galawarneau on Mille Lacs, as vacated by the Town Board of Malmo Township, Aitkin County, Minnesota by virtue of a Resolution Vacating a Town Road, dated June 9, 2004, filed June 8, 2009 as Document No. 394404.  
(Abstract & Torrens)

Galameault Road, Unit C, Galawarneau on Mille Lacs, vacated by Judgment recorded as Document No. 267817 and Amended Judgment recorded as Document No. 277830.  
(Abstract & Torrens)

Galameault Road, Unit C, Galawarneau on Mille Lacs, as re-aligned by said Judgment recorded as Document No. 267817 and Amended Judgment recorded as Document No. 277830.  
(Abstract & Torrens)

Galameault Road, Unit C, Galawarneau on Mille Lacs, as vacated by the Town Board of Malmo Township, Aitkin County, Minnesota by virtue of a Resolution Vacating a Town Road, dated June 9, 2004, filed June 8, 2009 as Document No. 394404.  
(Abstract & Torrens)

That part of Lot 46, Block 2, Unit B, Galawarneau on Mille Lacs.  
(Torrens)

That part of Lot 1, Block 1, Unit C, Galawarneau on Mille Lacs.  
(Abstract)

That part of Government Lot 1 of section 31, Township 45, Range 25.  
(Torrens)


That lays Southerly and Easterly of the Southwesterly extension of the Northerly line of Lot 46, Block 2, Unit B, Galawarneau on Mille Lacs.

AND

That lays Southerly and Easterly of the following line to be described: Beginning at the Southwesterly corner of said Lot 46, Block 2, said Unit B; thence South 87 degrees 41 minutes 31 seconds East, on an assigned bearing, along the Southerly line of said Lot 46, a distance of 29.87 feet; thence North 53 degrees 10 minutes 46 seconds East, along the Northerly line of that part of said Lot 46 as described on Certificate of Title No. 2212, a distance of 238.71 feet, to the Northeasterly line of said Lot 46 (the Southwesterly line of Wilson Highway) and said line there terminating.

AND

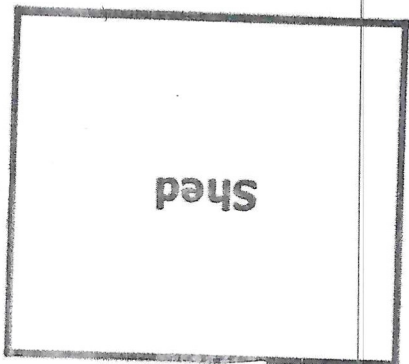
That lays Northerly and Westerly of the following centerline to be described; Commencing at the Northeast Corner of said Government Lot 1; thence South 87 degrees 41 minutes 31 seconds East, on an assigned bearing along the Southerly line of said Galameault Road, Unit B and Unit C, a distance of 166.97 feet; thence North 55





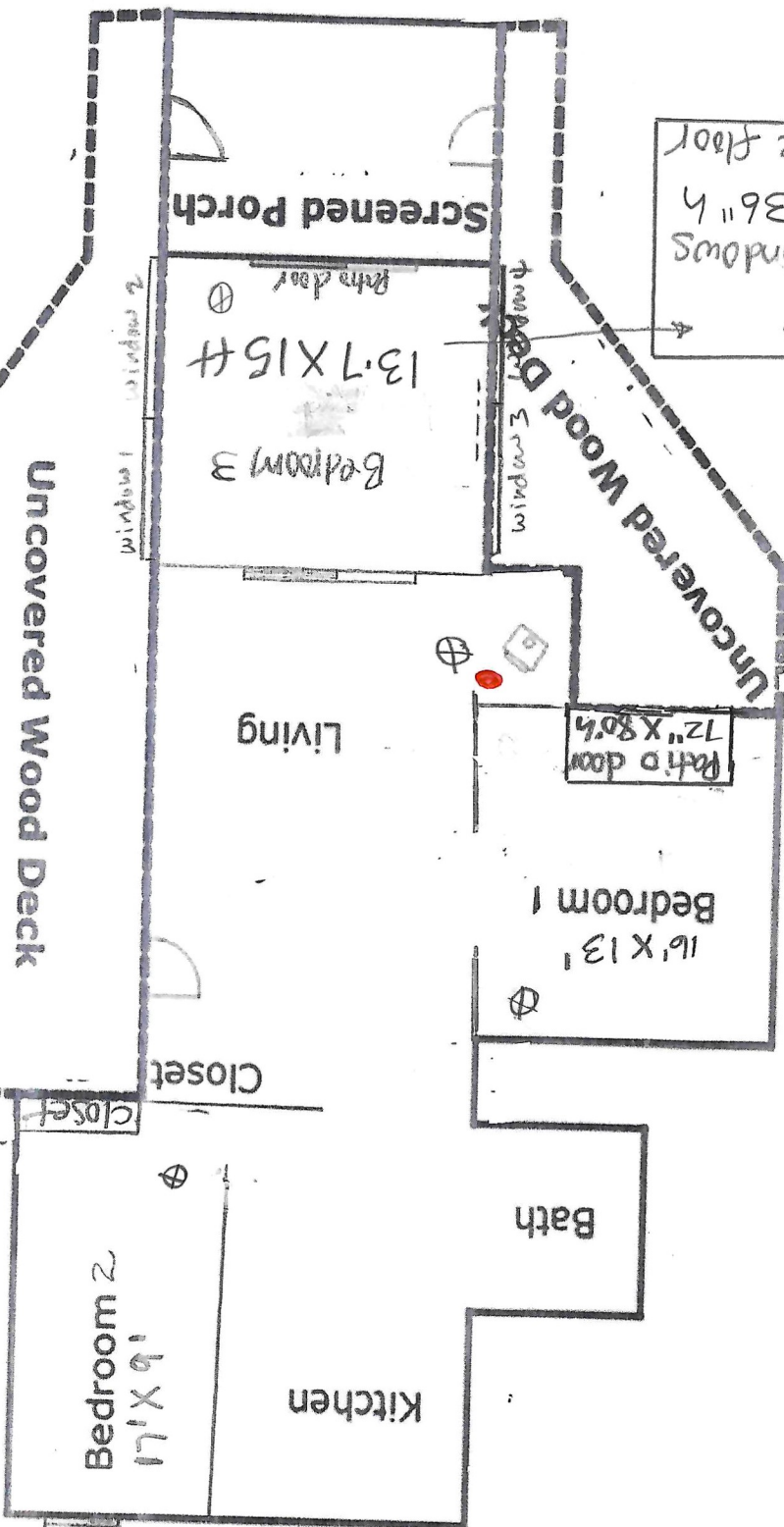
degrees 58 minutes 38 seconds East, a distance of 103.22 feet, to its intersection with the Westerly line of Wilson Highway, said Unit B and Unit C, Galawameau on Mille Lacs, said point of intersection being the point of beginning of said centerline to be described; thence South 55 degrees 58 minutes 38 seconds West along the centerline of the now vacated, re-aligned centerline of said Galarneault Road, a distance of 103.22 feet; thence North 87 degrees 41 minutes 31 seconds West, continuing along said now vacated, re-aligned centerline of Galarneault Road, a distance of 116.49 feet; thence South 53 degrees 47 minutes 28 seconds West, continuing along said now vacated, re-aligned centerline, a distance of 117 feet, more or less, to the shoreline of Mille Lacs Lake and side centerline there terminating.

Aitkin County, Minnesota  
(Abstract & Torrens Property)



Shed

Double Hung  
5'4" h X 36" w  
18" above floor



Screened Porch

13.7 X 15.4

Bedroom 3

Living

Closet

Bedroom 2  
17' X 9'

Kitchen

Bath

Bedroom 1  
16' X 13'

Patio door  
72" X 80" h

Uncovered Wood Deck

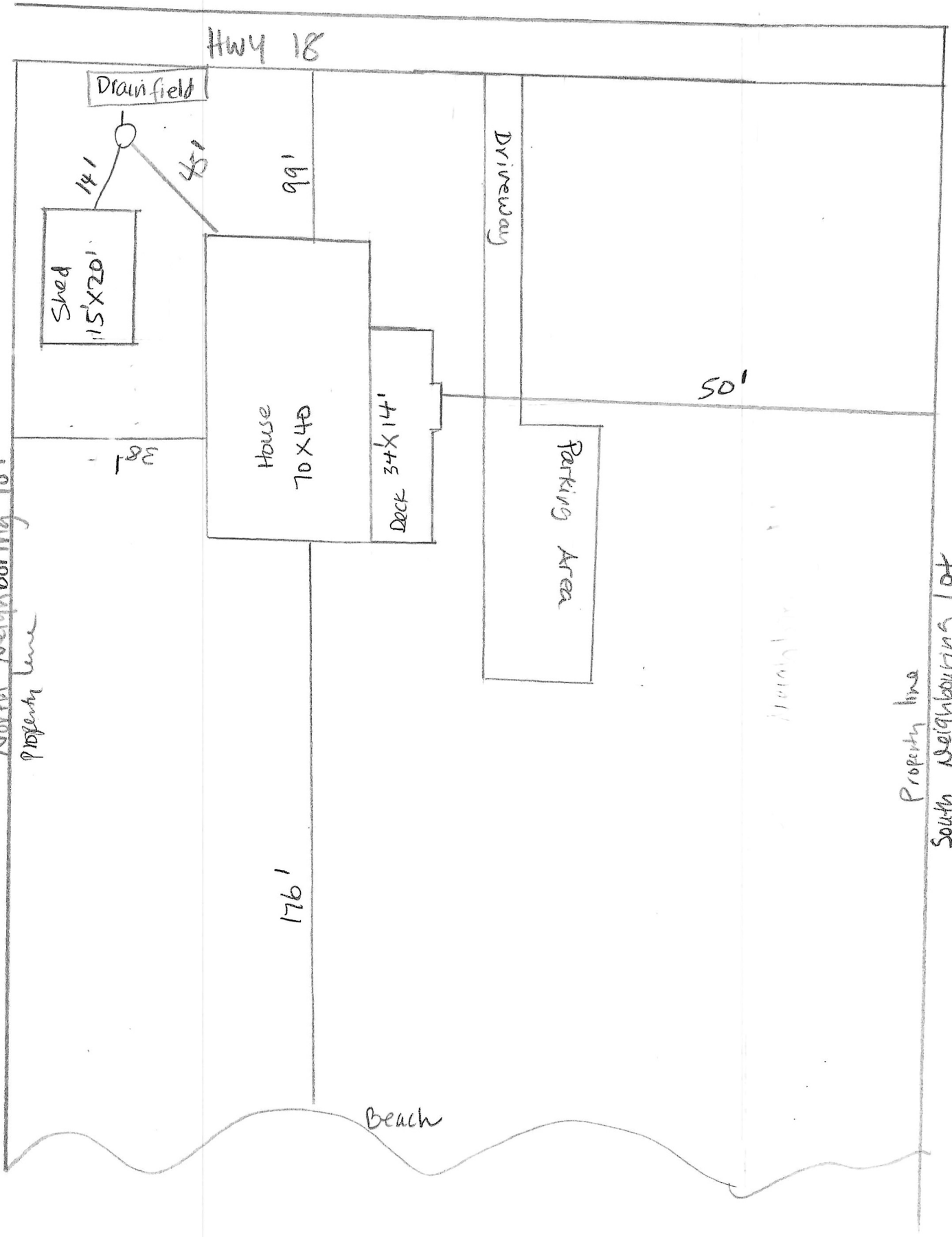
Bedroom 3  
has 4  
Slider windows  
48" w X 36" h  
36" above floor

⊗ Smoke & Carbon monoxide detectors

○ Smoke detector

● Fire extinguisher

North Neighboring lot  
Property line



Hwy 18

Drain field

Shed  
15'x20'

House  
70x40

Deck  
34x14'

Driveway

Parking Area

50'

176'

Beach

South Neighboring lot  
Property line

**AITKIN COUNTY ENVIRONMENTAL SERVICES****307 2<sup>nd</sup> 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, February 12, 2025

**Report To:**Greg Halverson  
32919 St Hwy 18  
Aitkin, MN 56431

Sample #: 2025006

Date Collected: 02/11/25

Time Collected: 9:05 AM

Collected by: Brock Anderson

Source: Kitchen Faucet

Temp Received: &lt;46°F

Sample Location:

Greg Halverson  
32919 St Hwy 18  
Aitkin, MN 56431

Test Performed	Your Results	Units	Acceptable Level	Analytical Method	Analyst	Analysis Date/ Time
Nitrate Nitrogen	< 1.00	mg/L	< 10	E004	BA	2/11/25 3:45 AM
Coliform	Absent	—		SCC1	BA	2/11/25 3:30 PM & 2/12/25 3:30 PM
E. Coli	Absent	—		E009	BA	2/11/25 3:30 PM & 2/12/25 3:30 PM

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\*



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

# Compliance inspection report form

## Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

**Instructions:** Inspector must submit completed form to Local Ordinance Enforcement Unit (LOEU) and agency before filing of form or submission to MPCA website at <https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf>. 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

Parcel ID# or Sec/Twp/Range: 21-1-020200 Local tracking number: \_\_\_\_\_  
 Local regulatory authority info: Atkin Reason for inspection: Selling  
 Property address: 32819 St Hwy 18 Atkin 56431  
 Owner/representative: Greg Halverson Owner's phone: 320-345-0562  
 Brief system description: 1250 tank gravity to 12'x26' Rock Bed

### System status

System status on date (mm/dd/yyyy): 3-12-25

☒ **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: BT Services LLC

Inspector signature: Bob Burt

(This document has been electronically signed)

Certification number: 03181

License number: 2088

Phone: 218 831-6430

### Necessary or locally required supporting documentation

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



21-1-070200<sup>01</sup>

Property Address: 37919 St Hwy, 18 Aitkin 56431  
 Business Name: BT Services LLC Date: 3-17-25

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

Compliance criteria:	Yes	No	Attached supporting documentation:
System discharges sewage to the ground surface	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Not applicable
System discharges sewage to drain tile or surface waters.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System causes sewage backup into dwelling or establishment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Describe verification methods and results:

*checking for surface water from drain field or backing up into tank, looking for ponding in drain field*

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

Compliance criteria:	Yes	No	Attached supporting documentation:
System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Empty tank(s) viewed by inspector
Sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of maintenance business: _____ License number of maintenance business: _____ Date of maintenance: _____
If yes, which sewage tank(s) leaks:			<input checked="" type="checkbox"/> Existing tank integrity assessment (Attach) Date of maintenance (mm/dd/yyyy): <u>3-13-25</u> (must be within three years)

Describe verification methods and results:

*checking for crack after pumping, for ran back checking for tank level before pumping  
Probe outside tank for sewer manholes*

21-1-078200

Property Address: 32919 St Hwy 18 Ritz 56431  
 Business Name: RT Services LLC

Date: 3-17-25

### 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
- 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

Describe verification methods and results: Visual

Attached supporting documentation: ☐ Not applicable ☐

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

- Is the system operated under an Operating Permit? ☐ Yes ☐ No If "yes", A below is required
- Is the system required to employ a Nitrogen BMP specified in the system design? ☐ Yes ☐ No If "yes", B below is required

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

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

#### Compliance criteria:

- a. Have the operating permit requirements been met? ☐ Yes ☐ No
- b. Is the required nitrogen BMP in place and properly functioning? ☐ Yes ☐ No

Any "yes" answer indicates noncompliance.

Describe verification methods and results:

Attached supporting documentation: ☐ Operating permit (Attach) ☐



Property Address: 32919 5th Ave NE, #1070280  
 Business Name: ATS Services LLC Date: 3-17-25

# 5. Soil separation – Compliance component #5 of 5

Date of installation 11-75 ☐ Unknown  
 (mm/dd/yyyy) 2540

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	<u>28"</u>
B. Periodically saturated soil/bedrock	<u>70"</u>
C. System separation	<u>3'</u>
D. Required compliance separation*	<u>3'</u>

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

SB 5" Top soil 10p 3/3  
 18" Sandy loam 10p 4/4  
 1" Sd 10p 5/4  
 70"

## Describe verification methods and results:

Probe drainfield for depth of Distribution material and bottom of treatment level, measure field and compare with install cert if available

**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.



21-1-070200<sup>01</sup>

Greg Halberson

32919 St. Hwy 18

Hittin Minnesota 56431

Lots 45-46 Blk 2 Unit B

Galawarneau

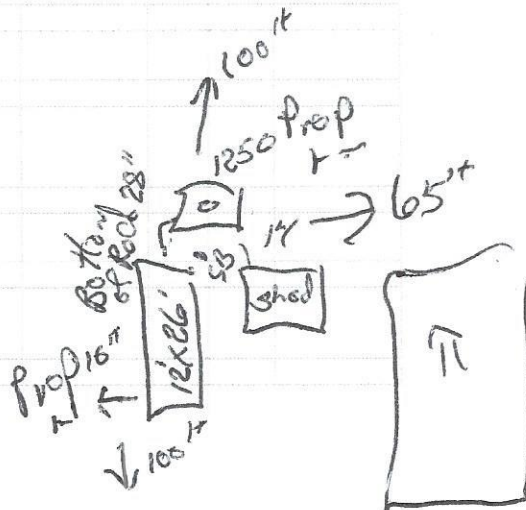
30 45 25

Malmo twp



St. Hwy 18

32919



Bob Barto /  
BT Services LLC 2088  
Bob Barto 3-17-25  
5/5

C3181



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

# Sewage tank integrity assessment form

## Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

**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 Gregory & Nicole Halverson

Property address: 32919 Cty Hwy 18, Aitkin, MN 5643

Local Regulatory Authority: Aitkin County

Parcel ID: 21-1-070200

### System status (1250 gravity fed drainfield)

System status on date (mm/dd/yyyy): 03/13/2025

☒ **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: Miss Pumper

Business license number: L #4131

### Designated Certified Individual (DCI) information

Print name: DeAnna Nelson

Certification number: C1014

*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: Miss DeAnna Nelson

(This document has been electronically signed.)

Date (mm/dd/yyyy): 03/13/2025