

## AGENDA

**THE AITKIN COUNTY PLANNING COMMISSION WILL ASSEMBLE FOR A HEARING ON  
MARCH 17, 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. Approve Agenda.**

### **NEW BUSINESS:**

**4. Richard Pexa/Tom Meixell, 7097 Upper 139th Street W, Apple Valley, MN 55124** Requesting renewal of Interim Use Permit #44862I to operate a vacation/short-term rental in an area zoned Shoreland (Lake Minnewawa).. LOT 111 SHESHEBE POINT, SECTION TWENTY-ONE (21), TOWNSHIP FORTY-NINE (49), RANGE TWENTY-THREE (23), Aitkin County, Minnesota.  
**APP# 2025-000047**

**5. Joshua Steinke, 3063 Quartz Hill Rd, Redding, CA 96003,** Requesting an Interim Use Permit to operate a Vacation/Short-Term Rental in an area zoned Shoreland (Long Lake).. LOT 21 HASSMAN ACRES, SECTION TEN (10), TOWNSHIP FORTY-SIX (46), RANGE TWENTY-FIVE (25), Aitkin County, Minnesota.  
**APP# 2025-000052**

- 6. Approval of Minutes, FEBRUARY 24, 2025 Planning Commission Meeting.**
- 7. Adjourn.**

For more information, contact Planning & Zoning at 218-927-7342 or [aitkinpz@aitkincountymn.gov](mailto:aitkinpz@aitkincountymn.gov)

**AITKIN COUNTY ZONING**



Vacation/Short-Term Rental App. # 2025-000047, UID # 213113  
Renewal of [Permit # 448621](#)  
App. Status: Pending Review

Aitkin County Planning & Zoning / Environmental Services  
307 2nd Street NW, Room 219  
Aitkin, MN 56431  
Phone: 218-927-7342  
Fax: 218-927-4372  
Email: [aitkinpz@aitkincountymn.gov](mailto:aitkinpz@aitkincountymn.gov)


### Applicant

Applicant Contact Information:	Name:
	Lake Minnewawa vacation rental, Rick Pexa/ Tom Meixell
	Phone:
	(952) 290 - 3419
	Email Address:
rickpex@yahoo.com	
Mailing Address:	
7097 upper 139th street W	
Apple valley MN 55124	
Are you the property owner?	<u>Yes</u>

### Designated Contact Person

Enter Designated Contact Person:	Name:
	Richard Pexa
	Phone:
	(952) 290 - 3419
	Email Address:
rickpex@yahoo.com	
Mailing Address:	
690 Countryside Drive SW	
New Prague MN 56071	

### Property Location

Property Information:	<b>Property Location</b>			<b>Owner Information</b>	<b>Tax Payer Information</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>
	29-1-154000	48445 197th Ave MCGREGOR, MN 55760	SHAMROCK TWP	LAKE MINNEWAWA VACATION RENTAL LLC	LAKE MINNEWAWA VACATION RENTAL LLC	LOT 111	SHESEBE POINT	S:21 T:49 R:23	GD	MINNEWAWA LAKE
If no address assigned, enter driving directions from Aitkin:	Take 210 east to, highway 65 North, turn right on Goshawk Street, Turn left on 188th Ave, keep left at  Y  Property is on the left.									

### Property Deed

Attach the property deed:	<div style="border: 1px dashed black; padding: 5px; text-align: center;">File 1:  <a href="#">Lake_Minnewawa_deed.pdf</a></div>
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## Brief Narrative

Brief Narrative:	Our handbook will state the quiet hours.
List all current advertising sources: (Be specific and include website links, rental ID #'s, title, etc.) All advertising must be in compliance with the occupancy allowance and all other conditions of the permit. Notify Environmental Services with any changes to the advertising within 30 days.	VRBO, Facebook
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:	09 : 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>3</u>
2. How many carbon monoxide alarms are located in the rental?	2
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?	Pantry
5. Attach a floor plan of the rental unit(s):	<div style="border: 1px dashed black; padding: 5px; text-align: center;">File 1:  filename-1.pdf</div>

**Sleeping Area #1**

Name of Room:	Master
Room Size (Excluding closet or attached bathroom):	170 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>No</u>
What is the distance from the floor to the bottom of this window (finished sill):	42 inches
What is the OPENABLE height of this window:	28 inches
What is the OPENABLE width of this window:	24 inches

**Sleeping Area #2**

Name of Room:	Second
Number of Guests:	2
Room Size (Excluding closet or attached bathroom):	120 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)?	42 inches
What is the OPENABLE height of this window?	14 inches
What is the OPENABLE width of this window?	36 inches

### Sleeping Area #3

Name of Room:	Upstairs
Number of Guests:	2
Room Size (Excluding closet or attached bathroom):	240 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)?	24 inches
What is the OPENABLE height of this window?	32 inches
What is the OPENABLE width of this window?	24 inches

### Scaled Site Plan

Attach your scaled site plan:	<div style="border: 1px dashed black; padding: 5px;"><p>File 1: <a href="#">filename-1_3.pdf</a></p><p>File 2: <a href="#">Plat3.pdf</a></p></div>
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### Emergency Contact Info

Septic Tank Pumper:	(218) 927 - 6175
Hospital:	(218) 927 - 2121
Police:	(218) 927 - 7435
Fire:	(911) 911 - 9111
Where in the rental will the emergency contact information be posted?	Handbook



## Septic Requirements

Attach septic compliance:	<a href="#">COC_-_48445_197th_Ave_2024.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? If yes, the application for an Operating Permit will begin after you click Finish.	<u>No</u>

## Terms

### Interior & Exterior Inspection

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

### Shamrock Township Lodging Tax Ordinance

If the proposed VRBO is located within Shamrock Township, please be aware there is a Lodging Tax Ordinance that will apply to this rental. For more information, please contact Shamrock Township at (218) 426-3736.
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**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 #62220 (02/11/2025) Expected Payment Method: Check to be mailed**

Charge	Cost	Quantity	Total
<b>Recording Fee</b> added 02/10/2025 1:11 PM This fee is non-refundable if denied.	\$46.00	x 1	\$46.00
<b>Vacation/Private Home Rental</b> added 02/10/2025 1:11 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>Due</b>	<b>\$696.00</b>

**Conditions of Permit**

1. This IUP is valid for three years and expires on 03/17/2028.
2. This IUP is issued to the present landowners and expires with the change of ownership.
3. Must comply with all local, state and federal regulations that pertain to this type of operation.
4. Quiet hours are from 10:00pm to 8:00am. IUP occupants must refrain from loud party noises, music, etc.
5. Websites and all other advertising of the rental property must comply with the occupancy allowance per approved Application. Advertisement(s) must be updated within 24 hours of IUP approval to reflect these conditions.
6. A lodging license from MN Department of Health is required if this vacation rental home will be rented for periods of less than one week.
7. Upon request, the IUP holder must submit to the Environmental Services Department the record book with the dates, names, addresses, telephone number, and vehicle license number of the guests using the property.
8. Applicant shall have a contact person and phone number meeting the requirements of Section 17.04(D) of the Aitkin County Zoning Ordinance. Applicant shall inform the Environmental Services Department of the name of the contact person.
9. No discharge of firearms under the terms of this IUP.
10. No use of fireworks under the terms of this IUP.
11. No parking allowed on roads in the vicinity.
12. Must moor all watercraft at the dock.
13. Maximum number of overnight occupants allowed is (6). Maximum number of non-overnight guests is (6). The maximum number of occupants, including both overnight and non-overnight is (12).

**Approvals**

<b>Approval</b>	<b>Signature</b>
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Applicant	Richard A. Pexa - 02/11/2025 11:43 AM 5ea9eb18cbc67fac7a1659a2bf86e805 6b2b1ddffb6200fe6d9a678f7b77f813
#1 Administrative Staff	Shannon Wiebusch - 02/19/2025 12:17 PM 4845cfa62d6f609b95768ff932b64d5 b115c6aee346580527bc5089855db43b
#2 Planning Commission	

[Print View](#)

- The grantor(s) has/have acknowledged this document of her/his/their own free will and property.
- A notary public with authority to acknowledge this document of her/his/their own free will and property has acknowledged this document of her/his/their own free will and property.
- I am familiar with the property described in the instrument and I certify that the grantor and recipient of title on the described real property have no change of status and are not persons who are subject to public notice.

Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Top 3 inches reserved for recording data)

**WARRANTY DEED** **Minnesota Uniform Conveyancing Blanks**  
**Individual(s) to Business Entity** **Form 10.1.3 (2018)**

eCRV number: \_\_\_\_\_  
 DEED TAX DUE: \$ 534.60 DATE: \_\_\_\_\_  
(month/day/year)

FOR VALUABLE CONSIDERATION, Susan K. O'Toole, fka Susan K. Anderson and David O'Toole, married to each other  
(insert name and marital status of each Grantor)

\_\_\_\_\_ ("Grantor"),  
 hereby conveys and warrants to Lake Minnewawa Vacation Rental, LLC  
(insert name of each Grantee)

a limited liability company under the laws of Minnesota ("Grantee"),  
 real property in Aitkin County, Minnesota, legally described as follows:

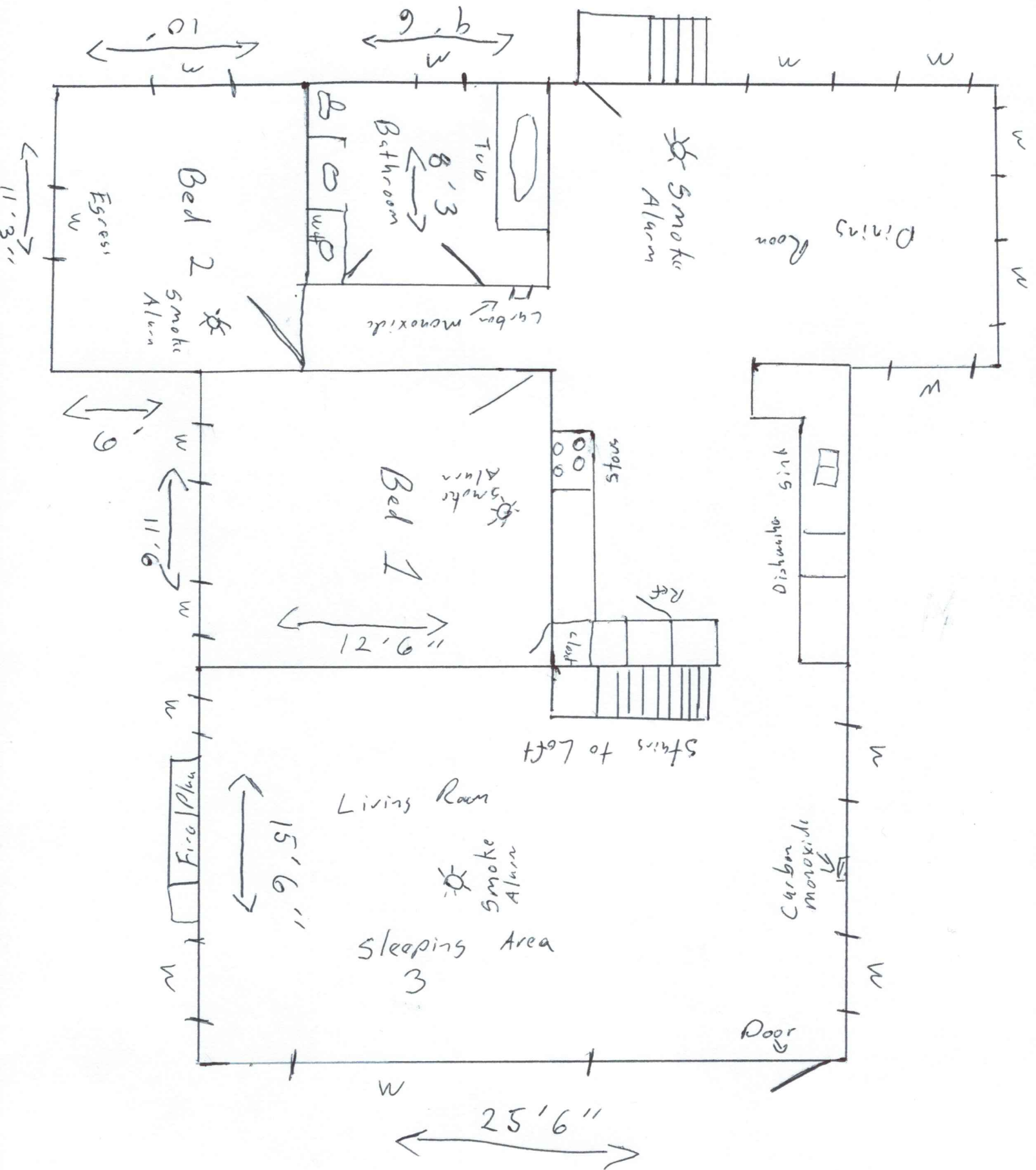
Lot one hundred eleven (111) of Sheshebe Point, according to the filed plat thereof, Aitkin County, Minnesota  
 Abstract Property

THIS INSTRUMENT WAS PREPARED BY:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THIS INSTRUMENT FOR THE REAL PROPERTY DESCRIBED IS THE  
 INSTRUMENT WHICH IS BEING FILED  
 \_\_\_\_\_  
 \_\_\_\_\_

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:



197<sup>th</sup> Ave

Drive way easement

woods

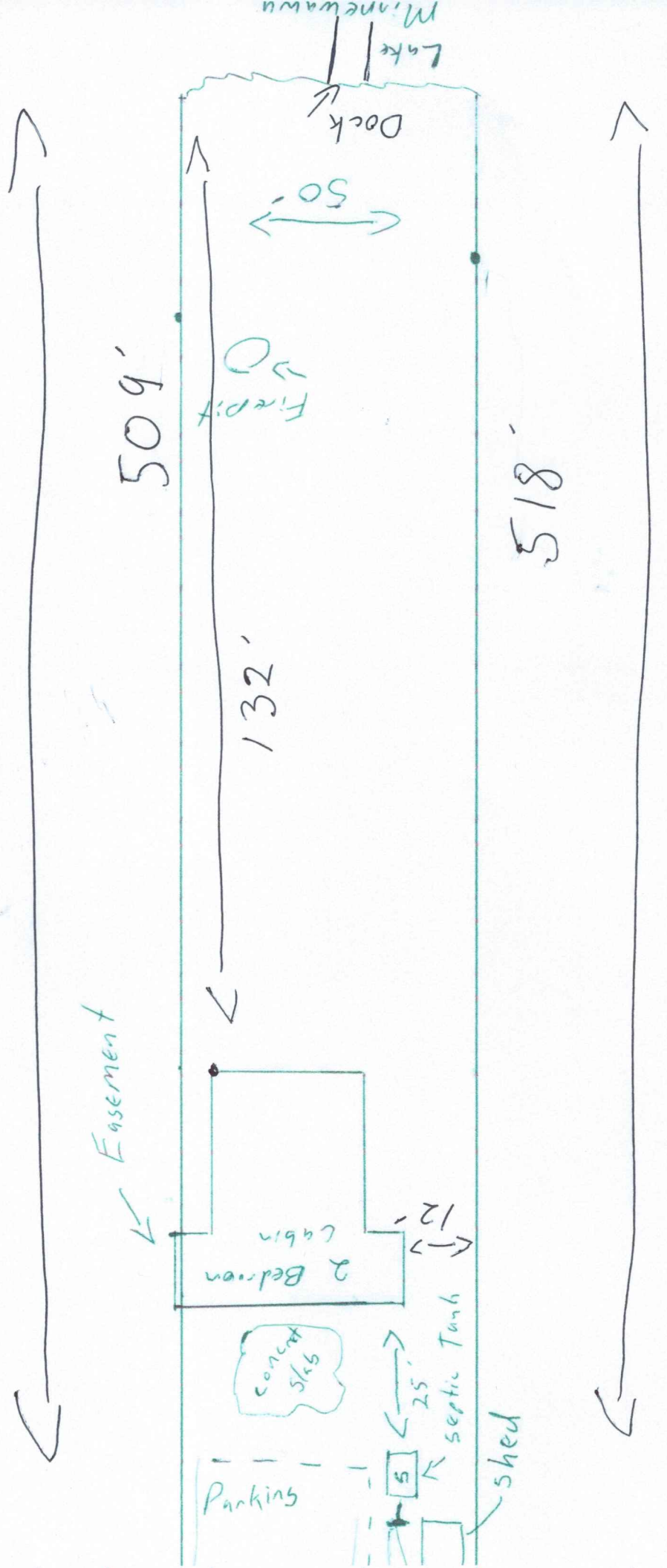
Drive way

57'

57'



48445 197<sup>th</sup> Ave  
Mc Gregor MN 55760



# 9300 Poplar Bridge Road

## Bloomington, MN 55437

### 952-563-4904



Tri-City / William Lloyd Analytical Laboratory

9300 Poplar Bridge Road • Bloomington, MN 55437 • (952) 563-4904

Drinking Water Testing

### Sample Results Report

**Report Date:**  
02/10/2025 12:30

**Received By:** Deb Weltzin

**Received Date / Time:** 03-Feb-2025 8:45

#### Sample Condition Upon Receipt:

Acceptable      Temperature 7.4 °C

On ice

**Sample ID:** 2502002-01

**Tom Meixell 48443 197th McGregor, MN (Kitchen Sink)**

**Sample Collector:** Tom Meixell

**Collection Date/Time:** 2/2/2025 12:30:00PM

Analyte	Result	Units	MCL*		Date Analyzed	Analyst Initials	Method
Nitrate as N	<1.00	mg/L	10	PASS	02/03/2025 14:27	edg	EPA 353.2 Rev. 2.0
P/A total coliform	Absent	MPN/100 mL	Absent	PASS	02/04/2025 06:38	DJW	SM 9223 B (Colilert-18® P/A)

\*MCL (maximum contaminant level) set by the EPA

PASS - The analyte(s) reported, for the sample(s) listed above, meet standards set by the Minnesota Department of Health and U. S. Environmental Protection Agency for safe drinking water.

Approved By:

Elizabeth Stahl  
Lab Analyst



**Septic System Compliance Inspection – Existing System**

**Date:** 12/23/2024

**Property Owner:** Lake Minnewawa Vacation Rental LLC

**Ordered By:** Rick Pexa

**Address:** 48445 197<sup>th</sup> Ave McGregor MN 55760

**Property ID:** 29-1-154000

**Inspector:** Tim Woodrow

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

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

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

Thanks!

Tim Woodrow  
Owner

218-927-6175

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: 29-1-154000 Reason for Inspection Permit

Local regulatory authority info: Aitkin County

Property address: 48445 197<sup>th</sup> Ave McGregor MN 55760

Owner/representative: Lake Minnewawa Vacation Rental LLC C/O Rick Pexa Owner's phone: 952-290-3419

Brief system description: 1000/500 Septic/Lift Combo to 2-57' Trenches

### System status

System status on date (mm/dd/yyyy): 12/23/2024

**Compliant – Certificate of compliance\***

**Noncompliant – Notice of noncompliance**

*(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)*

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

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

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

#### Reason(s) for noncompliance (check all applicable)

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

#### Comments or recommendations

### Certification

*I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.*

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

Business name: Timber Lakes Septic Service Certification number: C7644

Inspector signature: Tim Woodrow License number: L455

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

### Necessary or locally required supporting documentation (must be attached)

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

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

**Compliance criteria:**

System discharges sewage to the ground surface	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
System discharges sewage to drain tile or surface waters.	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
System causes sewage backup into dwelling or establishment.	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No

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

**Describe verification methods and results:**

**Attached supporting documentation:**

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

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

**Compliance criteria:**

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

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

**Describe verification methods and results:**

**Attached supporting documentation:**

- Empty tank(s) viewed by inspector
- Name of maintenance business: \_\_\_\_\_
- License number of maintenance business: \_\_\_\_\_
- Date of maintenance: \_\_\_\_\_
- Existing tank integrity assessment (Attach)
- Date of maintenance (mm/dd/yyyy): 12/23/2024  
(must be within three years)
- (See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))*
- Tank is Noncompliant (pumping not necessary – explain below)
- Other: \_\_\_\_\_

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

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

Yes\*  No  Unknown

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

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

3c. System is non-protective of ground water for other conditions as determined by inspector?

Yes\*  No

3d. System not abandoned in accordance with Minn. R. 7080.2500?

Yes\*  No

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

**Describe verification methods and results:**

Attached supporting documentation:  Not applicable

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

Is the system operated under an Operating Permit?

Yes  No **If “yes”, A below is required**

Is the system required to employ a Nitrogen BMP specified in the system design?  Yes  No

**If “yes”, B below is required**

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

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

**Compliance criteria:**

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

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

***Any “no” answer indicates noncompliance.***

**Describe verification methods and results:**

Attached supporting documentation:  Operating permit (Attach)

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

Date of installation \_\_\_\_\_  Unknown  
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging?  Yes  No

**Compliance criteria (select one):**

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

5b. Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:  Yes  No\*  
  
Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.\*

5c. "Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules 7080.2350 or 7080.2400 (Intermediate Inspector License required ≤ 2,500 gallons per day; Advanced Inspector License required > 2,500 gallons per day)  Yes  No\*  
  
Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

**Attached supporting documentation:**

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

**Indicate depths or elevations**

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

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

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

**Describe verification methods and results:**

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



# 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 \(wg-wwists4-31b\)](#). 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 Lake Minnewawa Vacation Rental LLC, Rick Pexa - Rep  
 Property address: 48445 197<sup>th</sup> Ave, McGregor, MN 55760  
 Local Regulatory Authority: Aitkin County Parcel ID: 29-1-154000

### System status

System status on date (mm/dd/yyyy): 12/23/2024

Certificate of sewage tank compliance

Notice of sewage tank non-compliance

#### Compliance criteria:

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

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

### Company information

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

### Designated Certified Individual (DCI) information

Print name: Dave Poree  
 Certification number: C10184

*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: Dave Poree Date (mm/dd/yyyy): 12/23/2024  
*(This document has been electronically signed.)*



Vacation/Short-Term Rental App. # 2025-000052, UID # 213134  
App. Status: Pending Review

Aitkin County Planning & Zoning / Environmental Services  
307 2nd Street NW, Room 219  
Aitkin, MN 56431  
Phone: 218-927-7342  
Fax: 218-927-4372  
Email: [aitkinpz@aitkincountymn.gov](mailto:aitkinpz@aitkincountymn.gov)

### Applicant

Applicant Contact Information:	Name:	Joshua Steinke
	Phone:	(612) 437 - 5693
	Email Address:	j2steinke@gmail.com
	Mailing Address:	3063 Quartz Hill Rd. Redding CA 96003
	Are you the property owner?	<u>No</u>

### Authorized Agent Form

Please attach the completed authorized agent form:	<a href="#">Aitkin_authorization.pdf</a>
Property Owner Email Address:	stoweandi@protonmail.com



### Designated Contact Person

Enter Designated Contact Person:	Name: Joshua Steinke Phone: (612) 437 - 5693 Email Address: j2steinke@gmail.com Mailing Address: 3063 Quartz Hill Rd. Redding CA 96003
----------------------------------	--

### Property Location

Property Information:	<table border="1"><thead><tr><th colspan="3">Property Location</th><th>Owner Information</th><th>Tax Payer Information</th><th colspan="3">Legal Description</th><th colspan="2">Property Attributes</th></tr><tr><th>Parcel Number</th><th>Property Address</th><th>Township or City Name</th><th>Owner Name(s)</th><th>Taxpayer Name(s)</th><th>Legal Description</th><th>Plat Name</th><th>Section-Township-Range</th><th>Lake Class</th><th>Lake Name</th></tr></thead><tbody><tr><td>09-1-086200</td><td>30985 326th Ln AITKIN, MN 56431</td><td>GLEN TOWNSHIP</td><td>STOWE, ANDREA L</td><td>STOWE, ANDREA L</td><td>LOT 21</td><td>HASSMAN ACRES</td><td>S:10 T:46 R:25</td><td>RD</td><td>LONG LAKE (GLEN TWP)</td></tr></tbody></table>									Property Location			Owner Information	Tax Payer Information	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	09-1-086200	30985 326th Ln AITKIN, MN 56431	GLEN TOWNSHIP	STOWE, ANDREA L	STOWE, ANDREA L	LOT 21	HASSMAN ACRES	S:10 T:46 R:25	RD	LONG LAKE (GLEN TWP)
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### Property Deed

Attach the property deed:	File 1: <a href="#">Aitkin_property_deed.pdf</a>
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**Brief Narrative**

Brief Narrative:	Proposing 4 guests overnight for 3 sleeping spaces in our 2 bed 1 bath home on Long lake. Quiet hours will be from 9pm - 7am.
List all current advertising sources: (Be specific and include website links, rental ID #'s, title, etc.) All advertising must be in compliance with the occupancy allowance and all other conditions of the permit. Notify Environmental Services with any changes to the advertising within 30 days.	Furnished Finder <a href="https://www.furnishedfinder.com/property/448120_1">https://www.furnishedfinder.com/property/448120_1</a>
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?	<u>No</u>
Quiet hours will begin at:	09 : 00 <u>PM</u>
Quiet hours will end at:	07 : 00 <u>AM</u>

**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?	3
3. How many smoke detector alarms are located in the rental?	3
4. A fire extinguisher must be placed in an easily accessible location within each rental unit. Where is a fire extinguisher located?	1 extinguisher in the kitchen next to entry, and 1 in living room area.
5. Attach a floor plan of the rental unit(s):	File 1: <a href="#">Aitkin_floor_plan.pdf</a>

**Sleeping Area #1**

Name of Room:	Bedroom 1
Room Size (Excluding closet or attached bathroom):	100 ft <sup>2</sup>
Number of Guests:	1
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>No</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:	45.5 inches
What is the OPENABLE width of this window:	28 inches

**Sleeping Area #2**

Name of Room:	Bedroom 2
Number of Guests:	1
Room Size (Excluding closet or attached bathroom):	110 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>No</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?	45.5 inches
What is the OPENABLE width of this window?	28 inches

### Sleeping Area #3

Name of Room:	Living room
Number of Guests:	2
Room Size (Excluding closet or attached bathroom):	253 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>No</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?	45.5 inches
What is the OPENABLE width of this window?	28 inches

### Scaled Site Plan

Attach your scaled site plan:	File 1: <a href="#">Aitkin_site_plan.pdf</a>
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### Emergency Contact Info

Septic Tank Pumper:	(218) 927 - 6175
Hospital:	(218) 927 - 2121
Police:	(218) 927 - 2133
Fire:	(218) 927 - 2527
Where in the rental will the emergency contact information be posted?	In kitchen, on wall, near front entry.

## Guest Handbook

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?	In the kitchen near the entry door.

## Pet Policy

Pet Policy:	No pets.
-------------	----------

## 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 218-927-6435 Weekly garbage pick up on designated day.

## Water Test Results

Attach Water Test:	File 1:  <a href="#">2025004_Stowe.pdf</a>
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## Septic Requirements

Attach septic compliance:	<a href="#">Aitkin_septic_report_2024.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? If yes, the application for an Operating Permit will begin after you click Finish.	<u>No</u>

## 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 #62238 (02/14/2025) Expected Payment Method: Pay Online - Card or ECheck

Charge	Cost	Quantity	Total
<b>Recording Fee</b> added 02/14/2025 4:04 PM This fee is non-refundable if denied.	\$46.00	x 1	\$46.00
<b>Vacation/Private Home Rental</b> added 02/14/2025 4:04 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 02/14/2025</b>
			<b>\$696.00</b>
			<b>Due</b>
			<b>\$0.00</b>

**Conditions of Permit**

None

<p><a href="#">Results (Go to top)</a></p> <p>Signature accepted</p>
--

**Approvals**

Approval	Signature
Applicant	Joshua Steinke - 02/15/2025 8:02 PM f9ce5791763c672e36e8e1a6eec5cdf8 de3c17bfbe81a622afe4f63a9323b3de
#1 Administrative Staff	Shannon Wiebusch - 02/19/2025 12:09 PM 7cb5c3a8cd9b7e58e2d0917e5ac9483e c0f7ca166999779abdeba68c09eea2d9
#2 Planning Commission	

Print View



## AUTHORIZATION FORM

I hereby authorize the agent named below to act as my authorized agent for all public hearing applications and land use permits on property located at:

Parcel Numbers(s):	09-1-086200, 09-1-086300, 09-1-086400
E911 Address of Property:	30985 326th Ln. Aitkin, MN 56431

### Authorized Agent Information:

Agent name:	Joshua Steinke
-------------	----------------

### Property Owner Information:

Owner name:	Andrea Stehke (Stowe)	Phone number:	218-329-9359
Email:	Stoweandi@protonmail.com		
Property Owner Signature:		Date:	2/13/25



TRUE AND CERTIFIED COPY

(Top 3 inches reserved for recording data)

LIMITED WARRANTY DEED  
Business Entity to Individual(s)

Minnesota Uniform Conveyancing Blanks  
Form 10.2.7 (2016)

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

DEED TAX DUE -EXEMPT

Case No. 271-927529  
Date: 2/23/21

FOR VALUABLE CONSIDERATION, The Secretary of Housing and Urban Development, a Government Agency under the laws of the United States of America ("Grantor"), hereby conveys and quitclaims to Andrea L. Stowe ("Grantee"),

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

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

Lots 21, 22 and 23, Hassman Acres, 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.

Being the same property acquired by the Grantor pursuant to the provisions of the National Housing Act, as amended (12 U.S.C. 1701 et. seq.) and the Department of Housing and Urban Development Act (42 U.S.C. 3531 et. seq.).

This Deed conveys after-acquired title. Grantor warrants that Grantor has not done or suffered anything to encumber the property, EXCEPT:NONE

This Special Warranty Deed is not to be in effect until: February 25, 2021

In Witness whereof, the undersigned has set his/her hand as a principal and/or officer of Chronos Solutions, LLC.

Asset Manager of the U.S. Department of Housing and Urban Development, for and on the behalf of the Secretary of Housing and Urban Development, under the Redelelegation of Authority published at 77 Fed. Reg. 37252, Page 37258 ( June 20, 2012 )

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

The Secretary of Housing and Urban Development

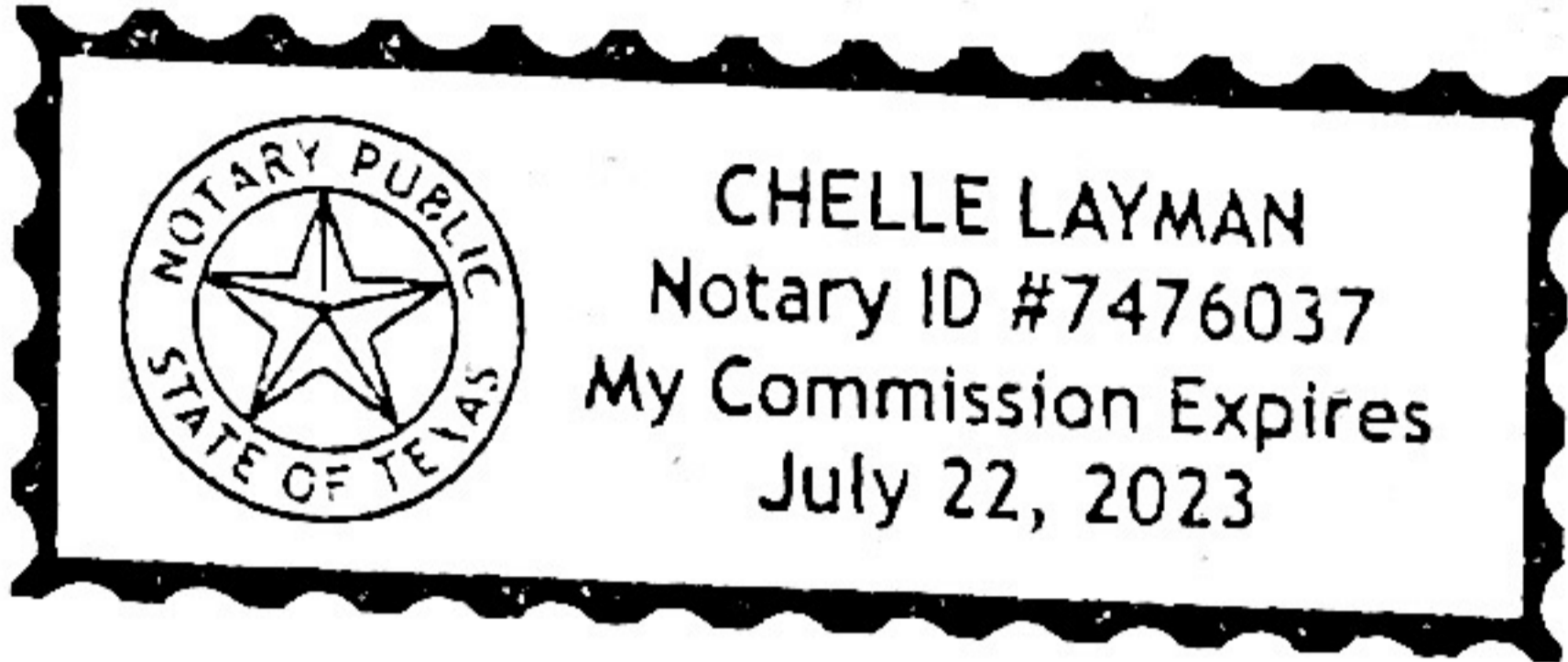
BY: \_\_\_\_\_  
Its: Chronos Solutions, LLC

For HUD by Barbara Preece  
Barbara Preece, VP, Government Services

State of Texas, County of Williamson

This instrument was acknowledged before me on 2/23/21 by Barbara Preece as Asset Manager, Chronos Solutions, LLC of The Secretary of Housing and Urban Development.

(Stamp)



*Chelle Layman*

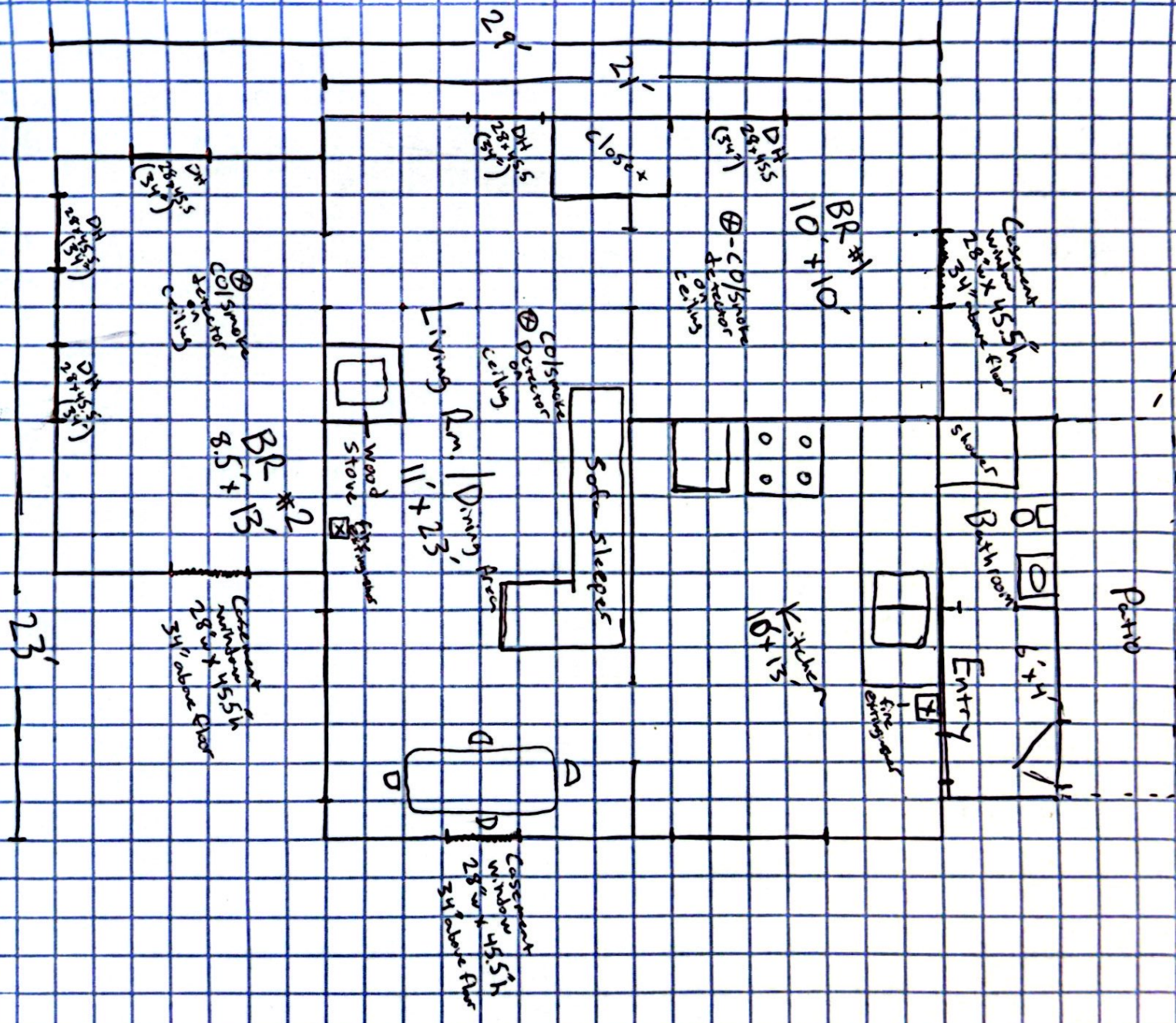
(signature of notarial officer)

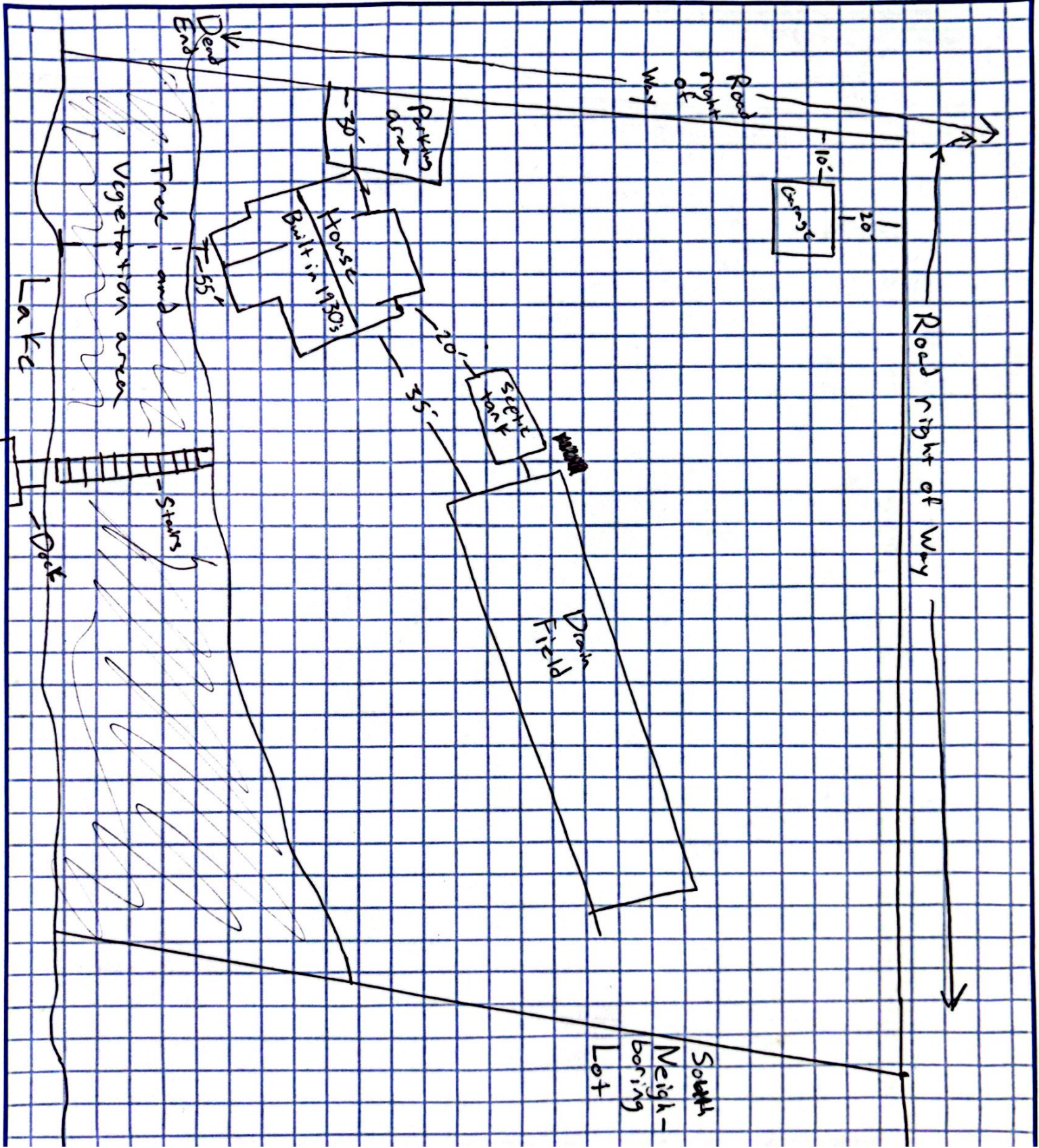
Title (and Rank): \_\_\_\_\_

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

THIS INSTRUMENT WAS DRAFTED BY:  
Executive Title  
11112 86th Avenue N  
Maple Grove, MN 55369

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED  
IN THIS INSTRUMENT SHOULD BE SENT TO:  
Andrea Stowe  
30985 326th Lane  
Aitkin, MN 56431





**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:**

Joshua Steinke  
3063 Quartz Hill Rd  
Redding, CA 96003

Sample #: 2025004

Date Collected: 02/11/25

Time Collected: 8:27 AM

Collected by: Brock Anderson

Source: Kitchen Faucet

Temp Received: <46°F

Sample Location:

Andrea Stowe  
30985 326th Ln  
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\*



**Septic System Compliance Inspection – Existing System**

**Date: 10/29/2024**

**Property Owner: Andrea and Josh Steinke**

**Ordered By: Josh Steinke**

**Address: 30985 326<sup>th</sup> Lane, Aitkin, MN 56431**

**Property ID: 09-1-086200**

**Inspector: Tim Woodrow**

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

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

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

Thanks!

Tim Woodrow  
Owner

218-927-6175

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.



**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: 09-1-086200 Reason for Inspection Permit

Local regulatory authority info: Aitkin County

Property address: 30985 326th Lane, Aitkin, MN 56431

Owner/representative: Josh Steinke Owner's phone: 612-437-5693

Brief system description: 1350 gallon septic to a 10' by 50' seepage bed

### System status

System status on date (mm/dd/yyyy): 10/29/2024

**Compliant – Certificate of compliance\***

**Noncompliant – Notice of noncompliance**

*(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)*

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

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

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

#### Reason(s) for noncompliance (check all applicable)

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

#### Comments or recommendations

### Certification

*I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.*

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

Business name: Timber Lakes Septic Service Certification number: C7644

Inspector signature: Tim Woodrow License number: L455

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

### Necessary or locally required supporting documentation (must be attached)

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

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

**Compliance criteria:**

System discharges sewage to the ground surface	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
System discharges sewage to drain tile or surface waters.	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
System causes sewage backup into dwelling or establishment.	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No

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

**Describe verification methods and results:**

**Attached supporting documentation:**

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

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

**Compliance criteria:**

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

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

**Describe verification methods and results:**

**Attached supporting documentation:**

- Empty tank(s) viewed by inspector
- Name of maintenance business: \_\_\_\_\_
- License number of maintenance business: \_\_\_\_\_
- Date of maintenance: \_\_\_\_\_
- Existing tank integrity assessment (Attach)
  - Date of maintenance 10/28/2024  
(mm/dd/yyyy): (must be within three years)
  - (See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))*
- Tank is Noncompliant (pumping not necessary – explain below)
- Other: \_\_\_\_\_

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

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

Yes\*  No  Unknown

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

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

3c. System is non-protective of ground water for other conditions as determined by inspector?

Yes\*  No

3d. System not abandoned in accordance with Minn. R. 7080.2500?

Yes\*  No

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

**Describe verification methods and results:**

Attached supporting documentation:  Not applicable

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

Is the system operated under an Operating Permit?

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

Is the system required to employ a Nitrogen BMP specified in the system design?  Yes  No

**If "yes", B below is required**

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

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

**Compliance criteria:**

a. Have the operating permit requirements been met?

Yes  No

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

Yes  No

***Any "no" answer indicates noncompliance.***

**Describe verification methods and results:**

Attached supporting documentation:  Operating permit (Attach)

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

Date of installation 12/14/1992  Unknown  
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging?  Yes  No

**Attached supporting documentation:**

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

**Compliance criteria (select one):**

5a. For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:  Yes  No\*

Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

5b. Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:  Yes  No\*

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

5c. "Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules 7080. 2350 or 7080.2400 (Intermediate Inspector License required ≤ 2,500 gallons per day; Advanced Inspector License required > 2,500 gallons per day)  Yes  No\*

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

**Indicate depths or elevations**

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

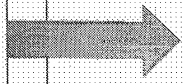
\*May be reduced up to 15 percent if allowed by Local Ordinance.

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

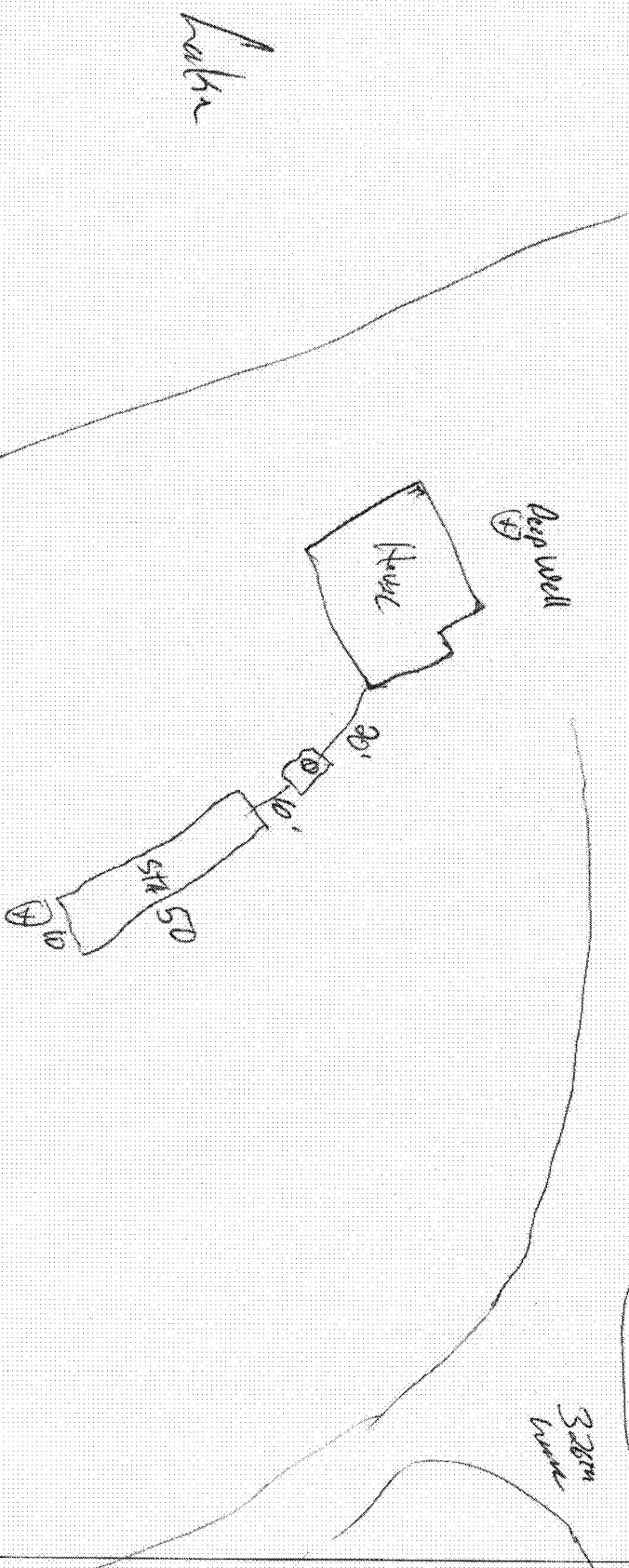
**Describe verification methods and results:**

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

# SKETCH SHEET AND SOIL BORING LOG



INSPECTOR: Tim Woodrow	Equipment: Bucket Auger
DATE: 8/24/2021	Elevation of Limiting Layer: Below 97.0'
PID#: 09-1-086200	Vegetation: Mowed Grass
SITE ADDRESS: 30985 326 <sup>th</sup> Lane, Aitkin, MN 56431	Weather: Sunny & Clear
Benchmark (EL = 100'): Bottom of Rock in STA	



## SOIL BORING #1 EL: 100.6

DEPTH	TEXTURE	COLOR
0 - 4"	Top Soil	10 YR 3/2
4" - 30"	Sand/Loam	10 YR 5/4
30" - 50"	Sand (medium)	7.5 YR 4/6
	No Redox Observed	

**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 Andrea and Josh Steinke

Property address: 30985 326<sup>th</sup> Lane Aitkin MN 56431

Local Regulatory Authority: Aitkin County

Parcel ID: 09-1-086200

### System status

System status on date (mm/dd/yyyy): 10/28/2024

**Certificate of sewage tank compliance**

**Notice of sewage tank non-compliance**

#### Compliance criteria:

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

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

### Company information

Company name: Timber Lakes Septic Service Inc

Business license number: L455

### Designated Certified Individual (DCI) information

Print name: Dan Peters

Certification number: C10183

*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 Peters

Date (mm/dd/yyyy): 10/28/2024

*(This document has been electronically signed.)*