<u>AGENDA</u>

THE **BOARD OF ADJUSTMENT** WILL ASSEMBLE FOR A HEARING OF APPEALS FROM THE AITKIN COUNTY ZONING ORDINANCE ON March 6, 2024 **AT 4:00 P.M.** IN THE **AITKIN COUNTY GOVERNMENT CENTER BOARD ROOM, 307 SECOND STREET NW, AITKIN, MN 56431.** THE FOLLOWING APPLICATIONS WILL BE REVIEWED.

- **1.** Call the meeting to order.
- 2. Roll call.
- 3. Approve the agenda for the March 6, 2024 Board of Adjustment meeting.

Old Business:

4. SUSAN WARD, 14232 TAMARACK ST NW, ANDOVER, MN 55304, is requesting a variance from the required 75 foot ordinary high water level setback on a general development lake (Minnewawa) to a setback distance of 70 feet to construct a 1344 square foot residence, in an area zoned shoreland. W 100 FT OF LOT 3 LESS S1410 IN C. T. #1088, Section Twenty-eight (28), Township Forty-nine (49), Range Twenty-three (23), Aitkin County, MN.

APP-2023-000499

5. KRISTINE BOEDIGHEIMER TRUST, 9985 FREDERICK PLACE, EDEN PRAIRIE, MN

55347, is requesting a variance from the required 30 foot township road right-of-way setback to a setback distance of 11 feet to construct a 38 foot by 30 foot two-story accessory building, in an area zoned shoreland. LOT 3 LESS PT IN DOC 376887. Section Thirty-three (33), Township Fifty (50), Range Twenty-three (23), Aitkin County, MN.

APP-2023-001180

New Business:

6. PHILLIP & LORI SCHARMANN, 17891 DUCK LAKE TRAIL, EDEN PRAIRIE, MN

55346, are requesting a variance from the required 100 foot ordinary high water level setback on a recreational development lake (Farm Island) to a setback distance of 48 feet to construct a 1392 square foot residence, which is in the shore impact zone; and a variance from the required 15 foot road right-of-way setback to a setback distance of 5 feet to install a mound septic.. PART OF LOT 3 FORM LOT 19 BIRCH VIEW BEACH & N35 FT OF LOT 20. Section Four (4), Township Forty-five (45), Range Twenty-seven (27), Aitkin County, MN.

APP-2024-000121

- 7. Approval of minutes, February 7, 2024.
 8. Adjourn.

AITKIN COUNTY ZONING

Property Location

	Property Location			Legal Description		Property Attributes		Owner Information	Tax Payer Information	
Property: 11-0-		Property Address	Township or City Name	Legal Description	Plat Name	Section- Township- Range		Lake Name	Owner Name(s)	Taxpayer Name(s)
	11-0- 012700	27309 435th Ave AITKIN, MN 56431	HAZELTON TWP	PART OF LOT 3 FORM LOT 19 BIRCH VIEW BEACH & N35 FT OF LOT 20		S:4 T:45 R:27	RD	FARM ISLAND LAKE	SCHARMANN, PHILLIP & LORI	SCHARMANN, PHILLIP & LOR
Driving directions to the proposed project from Aitkin:	south on 1	69 t0 77w to	o 435th ave on	the right yellow ca	ıbin					
ls the above parcel located in the Shoreland Zoning District?	Yes									

Detailed Narrative

OneGov

Enter a Detailed Narrative (If you have a prepared narrative please state "See attached" and attach the document below):	Demo all existing non conforming structures and rebuild a new 2 story cabin with an attached garage per the proposed foot print of 1392 sf on the attached Proposed Survey Certificate 48 feet back from the OHW conforming to side yard setbacks and being 30'-0" from the road right of way setback. And allowing a 0 setback for the septic tank to the road right of way setback.
Provide the Ordinance(s) and the Section(s) of the Ordinance(s) from which you are requesting a variance:	5.21 B4 6.0 A.B
Are you requesting a variance to a road right-of-way setback in one of these Townships? Fleming, Glen, Lakeside, Pliny, Shamrock, Wagner	No

Supplemental Data

Attach completed form here:	File 1: 🖶 0322_240122163423_001.pdf

OneGov

A Scaled Drawing or Survey

Scaled Drawing or Survey Checklist:	Location and dimensions for all lot lines. Location and dimensions of all existing and proposed structures/additions. Location and depth of all existing and proposed wells within 100 feet of the property. Location and dimensions of all existing and proposed septic system components (septic tank, septic drainfield). Location and dimensions of all existing and proposed driveways, road right-of-ways, and easements. If topography is unusual, show elevations and location of bluffs, steep slopes, wetlands, etc. Indicate all setback distances for items listed above: ordinary high water level of lakes or rivers, lot lines, road right-of-ways, etc.
Attach a Scaled Drawing or Survey:	File 1: Use 23-203B_Grandt_Builders_Cert_12-28-23.pdf

Certificate of Septic Compliance

Please attach a copy of one of the following:	File 1: - 0323 240122163450 001.pdf
- A current compliance inspection on the existing	File 2: 4 24-017_Phillip_Scharmann_Aitkin_CoSSTS_Management_Plan.pdf
septic system. - A design for a	File 3: 24- 017_Phillip_Scharmann_Operating_Permit_Aplication_Aitkin_Copdf
new/replacement septic	File 4: 🖶 24-017_Phillip_Scharmann_Type_III_Mound_Design_Aitkin_Copdf
system.	

Shoreland Performance Worksheet

Complete the Shoreland	
Performance Worksheet and	File 1: 👆 0325_240122174218_001.pdf
attach here:	L

Standard Erosion Control Plan

Attach the completed		
Standard Erosion Control	File 1: 🕁 23-203B_Grandt_Builders_Cert_12-28-23.pdf	
Plan here:	L	4

Property Deed

Attach the property deed(s):	File 1: 🖶 0563_001.pdf	
		-

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.

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

OneGov

Invoice #59245 (01/22/2024) Expected Payment Method: Pay Online - Card or ECheck

Charge	Cost	Quantity	Total
Recording Fee added 01/22/2024 4:11 PM \$46 Flat Fee	\$46.00	x 1	\$46.00
Variance added 01/22/2024 4:11 PM \$650 Flat Fee	\$650.00	x 1	\$650.00
Grand Total			
		Total	\$696.00
Payment 01/22/2024			\$696.00
		Due	\$0.00

Results (Go to top)			i i
Signature accepted			
Failed to send Variance Ready for Action notifica	tion to:		
_ L		 	

Approvals

Approval	Signature	
Applicant	online submittal - 02/08/2024 10:09 AM - witnessed by Kim Burton	
	605950af9bb701f5ac1ba2e3dae7495a	
	88bd7cc1f180e8da27c0199b10407503	
#1 Admin	Kim Burton - 02/12/2024 9:51 AM	
	8c3d0f51b06f4192dcefbe679d921739	
	40b62b98a7b48ad1728da816c1712bac	
#2 Board of Adjustment		

Public Notes

Text:		
IEAL.		
File(s):		
1 lie(5).	[]	
	L	

Admin Checklist

This review has been started by:	Please select V
Zoning District of project location:	*Please Select* V
Project located in the floodplain?	
Is the parcel a Lot of Record before 1-21-92 or have alternate sites been identified?	
Is this an after-the-fact application?	

Numbers

	Current Number	Next from Sequence
UID #	209664	not applicable
App. #	App-2024-000121	«« App-2024-000397
Permit #		«« 2024-0058

Print View

PART I: SUPPLEMENTAL DATA TO VARIANCE APPLICATION

Aitkin County Environmental Services 307 Second St. NW, Room 219, Aitkin, MN 56431 Phone: 218.927.7342 Fax: 218.927.4372 www.co.aitkin.mn.us

Note: Place an "X" by each item below that applies to your variance request. Then, fill out only the applicable following section(s) that apply, as directed. If a section does not apply to your request, leave it blank.

What is the reason(s) for applying for the variance? Place an "X" by each applicable item.

 \underline{X} Setback issues for a proposed new structure: Complete Section 1

_____ Setback issues for an alteration to an existing nonconforming structure: Complete Section 2

- $\underline{\checkmark}$ Setback issues for a septic system: Complete Section 3
- ____ Land alteration: Complete Section 4
- ____ Creating a lot not in conformance with the minimum Ordinance standards: Complete Section 5
- ____ Other: attach separate sheet explaining variance request

Section 1 – New Structure(s)

Check all that apply and fill in requested information:

Basement	One Story Level
Crawlspace	Story-and-a-Half Level
Walk-out Basement	χ_2^{nd} Story Level
Proposed # of Bedrooms $\underline{\mathcal{S}}$	Proposed Structure Height 27 ft.
	Proposed Total Building Coverage/ <u>48</u> %
Existing Total Impervious Surface Coverage	Proposed Total Impervious Surface Coverage 3, 1%

"Building Coverage" means the ground surface covered by any building or appurtenance, including, but not limited to, decks, platforms, overhangs and projections therefrom, outdoor furnaces, fishhouses, sheds, carports, lean-to's, or any similar building. —as per the Aitkin County Shoreland Management Ordinance.

"Impervious surface coverage" means any structure, facility or surface that sheds water including structures and facilities, sewage treatment system absorption areas (equal to 190 sq.ft./bedroom), retaining walls, and roadway surfaces and parking areas. Impervious surface does not include eaves of two feet and less. – Per the Aitkin Count Shoreland Management Ordinance.

Itemized square footage of proposed structure(s):

Dwelling 1392 SP			
Patio 42Sf	И	Fire Pit	
Septic Tayles ±6055			
Drive Way 660 SF			

Check the item(s) from which you are requesting a variance and fill in the proposed setback distance. * Setbacks are measured to the nearest point on a structure which can be the eave overhang or an attached deck/platform.

Proposed Structure Type (indicate with or without living quarters)_____

Bluff Other:	Proposed Setback ft. Proposed Setback ft. Proposed Setback ft. Proposed Setback ft. Proposed Setback ft.
	Proposed Setback ft.

Section 2 – Alteration(s) to Existing Nonconforming Structure(s)

Check all that apply and fill in requested information:

Eviative Cr

Existing Structure	Proposed Addition(s)
Basement	Basement
Crawlspace	Crawlspace
Walk-out Basement	Walk-out Basement
One Story Level	One Story Level
Story-and-a-Half Level	Story-and-a-Half Level
2 nd Story Level	2 nd Story Level
Existing Structure Height ft.	Proposed Addition(s) Height ft.
Existing # of Bedrooms	Final # of bedrooms after remodel
Existing Building Coverage%	Proposed Building Coverage%
Existing Total Impervious Surface Coverage%	Proposed Total Impervious Surface Coverage%

"Building Coverage" means the ground surface covered by any building or appurtenance, including, but not limited to, decks, platforms, overhangs and projections therefrom, outdoor furnaces, fishhouses, sheds, carports, lean-to's, or any similar building. - as per the Aitkin County Shoreland Management Ordinance.

"Impervious surface coverage" means any structure, facility or surface that sheds water including structures and facilities, sewage treatment system absorption areas (equal to 190 sq.ft./bedroom), retaining walls, and roadway surfaces and parking areas. Impervious surface does not include eaves of two feet and less. – Per the Aitkin Count Shoreland Management Ordinance.

Itemized square footage of proposed structure(s):

Check the item(s) from which you are requesting a variance and fill in the proposed setback distance. * Setbacks are measured to the nearest point on a structure which can be the eave overhang or an attached deck/platform.

Proposed Alteration Type _____

Ordinary High Water Level (OHWL)	Existing Setbackft.	Proposed Setback ft.
Property Line	Existing Setbackft.	Proposed Setback ft.
Road Right-of way Twp Co State	Existing Setbackft.	Proposed Setback ft.
Bluff	Existing Setbackft.	Proposed Setback ft.
Other:	Existing Setbackft.	Proposed Setback ft.

Section 3 – Septic System

Check the item(s) from which you are requesting a variance and fill in the proposed setback distance.

 Ordinary High Water Level (OHWL) Property Line Road Right-of way Twp X Co State 	Proposed Setback ft. Proposed Setback ft. Proposed Setback ft.
	Proposed Setback ft.
Other:	Proposed Setback ft.

Section 4 – Land Alteration

What is your land alteration? Check all categories that apply and indicate the total amount of excavation or placement of fill.

More than 10 cubic yards on steep slopes and	Total Cubic Yds.
shore and bluff impact zones.	
Other:	Total Cubic Yds.

Section 5 – Creating Nonconforming Lot(s)

Check the item(s) from which you are requesting a variance and fill in the proposed dimensions.

- Property Width
- _____ Property Area
- _____ (2) Standard Septic Sites
- _____ Legal Access

Proposed Property Width _____ Proposed Property Area _____

CERTIFICATE OF SURVEY DESCRIPTION - (Parcel No.: 11-0-012700) That portion of Government Lot 3 of Section 4, Township 45, Range 27, formerly known as Lot 19 and the North 35 feet of Lot 20 of the Plat of "Birch View Beach", the plat of which is now vacated. Aitkin County, Minnesota GRAPHIC SC. 10 66 18 OHW LINE te: May 25, 2022 n = 1255.5 feet (MSL 1912) n = 1259.3 feet (MSL 1912) n = 1259.3 feet (MSL 1912) n = 1259.3 feet (MSL 1912) ЯΡ (IN FEET 1 inch = 20N 89°44'22" W 104± WACATED ʱ 97.56 0 <u>AND LAKE</u> : 01015900 24 48 _DEC 0 AVENUE IMPERVIOUS S 30 S HOUSE S 9 PRO. <u>EXISTING</u> 19 86.11 84. FARM ISL/ Lake. No.: DWELLING 1257 Parcel Area = 9356House = 792 sq ftLake Classification: Re Date: N Elevation = Elevation = od Elevation ш È Garage = 480 sg ft09.59'32" 1258 $Decks = 352 \ sq$ ft . 100 100 100 Concrete Surface = 0 Patio Block Surface ARÉA Septic Tanks = $60\pm$ 00 Total Impervious Sur 9356±sq.ft. , El S Water 0.H.W. W. tay and a 0.21±ac. Z 435TH Flor 2048/9356 = 0.219PRO. 0.H.I 1260 Existing Impervious S DWELLING Base PRO. DRIVEWAY SURVEYOR'S NOTES: 24 260-GARAGE TO 20 BE REMOVED ВΜ 109.52 1261.68 feet (MSL1912) S 89'44'22" E 118± 3. The field survey was completed on 5/26/2022. OHW LINE BUILDING of this survey. BUILDING 21 to construction or improving your property. 7. Property Zoning: Shoreland 8. Setback Requirements: BOUNDARY SURVEY CLIENT: DRAWN BY: JAS CHECKED BY: EEL Grandt Builders APPROVED BY: JAS JOB NUMBER: 23-2038 **Property Address:** Lot 19 & N. 35 of Lot 20, NO. DATE BY REVISION DESCRIPTION 27309 435th Ave BIRCH VIEW BEACH, Land Surveying of Brainerd, INC Aitkin, County, MN Aitkin, MN 56431

E	•	LEGEND DENOTES 1/2 INCH IRON PIPE SET AND MARKED WITH RLS 59285 CAP. DENOTES FOUND SURVEY MONUMENT
20 20 7) 0 ft.	≞ ≝ 文 ☆ ® © °° []	DENOTES TELEPHONE PEDESTAL DENOTES ELECTRIC METER DENOTES UTILITY POLE DENOTES ELECTRIC LIGHT POLE DENOTES WELL DENOTES SEPTIC MANHOLE DENOTES SEPTIC CLEANOUT DENOTES L.P. TANK
1258-		DENOTES BITUMINOUS SURFACE DENOTES CONCRETE SURFACE DENOTES 1 FOOT CONTOURS (MSL1912)
SURFACE	-	<u>PROPOSED</u> Parcel Area = 9356 sq ft
317 sq ft = 47 sq ft sq ft face = 20 Surface =	48 sq ft	Dwelling = 1392 sq ft Patio Block Surface = 47 sq ft Septic Tanks = $60\pm$ sq ft Driveway = 660 sq ft Total Impervious Surface = 2159 sq ft 2159/9356 = 0.231 Proposed Impervious Surface = 23.1%

1. Bearing Orientation: The east line of Lot 19 of Birch View Beach is assumed to have a bearing of North 02 degrees 00 minutes 38 seconds East. 2. Benchmark: Set double spike in the northerly face of a power pole. Elevation =

4. Arro Land Surveying of Brainerd, INC. has made no investigation or independent search for easements of record, encumbrances, restrictive covenants, ownership title evidence, or any other facts that an accurate and current title search may disclose. 5. Wetlands may exist on subject property but were not identified in the preparation

6. The utilities as shown on this survey were developed from the visible utilities across your property and is not implied nor intended to be the complete inventory of utilities in this area. It is the client's responsibility to verify the location of all utilities prior

 $OHW (RD) = 100 \text{ feet} \quad R-O-W = 30 \text{ feet} \quad Property \text{ Line} = 10 \text{ feet}$ 9. There is no apparent building envelope on subject property.

vision Rd.	I hereby certify that this survey, plan or report was prepared by me or under
MN 56401	my direct supervision and that I am a duly licensed land surveyor under the
4437	laws of the state of Minnesota.
)	Dated this <u>28th</u> day of <u>December</u> ,2023 By: <u>Jared A. Spaid, Minnesota License No. 59285</u>

PID # 11-0-012700

Subsurface Sewage Treatment System Management Plan

Property Owner: Phillip Scharmann	Phone: 612-597-9774	Date: 2/6/2024
Mailing Address: 17891 Duck Lake Trail	City: Eden Prairie MN 55346	Zip:
Site Address: 27309 435th Ave, Aitkin MN 56431	City:	Zip:

This management plan will identify the operation and maintenance activities necessary to ensure long-term performance of your septic system. Some of these activities must be performed by you, the homeowner. Other tasks must be performed by a licensed septic service provider.

System Designer:	check every 12	2	_ months.
Local Government:	check every 12	2	months.
State Requirement:	check every	<u>36</u>	months.

My System needs to be checked every <u>12</u> months.

WEEKLY

(State requirements are based on MN Rules Chapter 7080.2450, Subp. 2 & 3)

Homeowner Management Tasks

Leaks – Check (look, listen) for leaks in toilets and dripping faucets. Repair leaks promptly.

Surfacing sewage – Regularly check for wet or spongy soil around your soil treatment area.

Owner ----> Effluent filter – Inspect and clean twice a year or more.

Owner ----> Alarms – Alarm signals when there is a problem. Contact a service provider any time an alarm signals.

Owner ----> Event counter or water meter – Record your water use.

-recommend meter readings be conducted (circle one: DAILY

<u>MONTHLY</u>)

Professional Management Tasks

Check to make sure tank is not leaking

Check and clean the in-tank effluent filter

Check the sludge/scum layer levels in all septic tanks

- Recommend if tank should be pumped
- Check inlet and outlet baffles

Check the drainfield effluent levels in the rock layer

- Check the pump and alarm system functions
- Check wiring for corrosion and function
- □ Check dissolved oxygen and effluent temperature in tank
- Provide homeowner with list of results and any action to be taken
- □ Flush and clean laterals if cleanouts exist

"I understand it is my responsibility to properly operate and maintain the sewage treatment system on this property, utilizing the Management Plan. If requirements in the Management Plan are not met, I will promptly notify the permitting authority and take necessary corrective actions. If I have a new system, I agree to adequately protect the reserve area for future use as a soil treatment system."

Property Owner Signa	ture:	Date:	
Designer Signature:	Jeff Brummer	Date: 2/4/2024	
	$\int \mathcal{U}$		

See Reverse Side for Management Log

Maintenance Log

Activity	D	ate Ac	compl	ished		
Check frequently:						
Leaks: check for plumbing leaks						
Soil treatment area check for surfacing						
Lint filter: check, clean if needed						
Effluent screen: if owner-maintained						
Water usage rate (monitor frequency)						
Check annually:						
Caps: inspect, replace if needed						
Sludge & Scum/Pump						
Inlet & Outlet baffles						
Drainfield effluent leaks						
Pump, alarm, wiring						
Flush & clean laterals if cleanouts exists						
Other:						
Other:						

Notes: Check alarm at least once a year. Pump Tanks at least once every 3 years.

Timed Dosed at 210 GPD, Owner should Know how system operates, who to call for repairs

Aitkin Co Operating Permit Required Follow Aitkin Co. Operating permit requirements.

Mitigation/corrective action plan:_____

P:\PZSHARE\Forms\SSTS Management Plan.docx

AITKIN COUNTY ENVIRONMENTAL SERVICES

APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

PERMITTEE Phillip Scharmann	PARCEL NUMBER 11-0-012700
ADDRESS 27309 435th Ave, Aitkin MN 564	431
LEGAL DESCRIPTION Part of lot 3	
TELEPHONE #612-597-9774	
A. DESCRIPTION OF WASTEWATER TREA (Attach ISTS site evaluation and design; construction, operation, monitoring, serv management; anticipated system life, hy Type III mound bcause on fill soils, distru- Mound size is 2 bedroom (300 GPD) Tin	estimated cost of system vice, component replacement, and draulic and organic loading rates) rbed soils, timed dose.

B. MONITORING PLAN AND REPORTING FREQUENCY:

PARAMETER	COM	PLIANCE	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	210	GPD	Timed Dose Event counter	Once a Month or when present		Send Report to Aitkin Co. Once a year
5-DAY BOD						
TOTAL NITROGEN						
TOTAL PHOSPHORUS						
TSS						
FATS,OILS AND GREASE						
FECAL COLIFORM						
SEPARATION DISTANCE						

Owner will read event counter once a month or when present. Owner will send monthly readings report to

Aitkin co. or the inspector ONCE A YEAR.

will perform the monitoring of this septic system.

C. MAINTENANCE PLANS

PARAMETER	LOCATION	FREQUENCY
210 GPD	Read Event Counter	Once a month or when present
Calibrate pump out gallons	Measure pump tank and calculate gallons pumped out per event	Calibrate system when installed and in operation. Check calibration number at 1st year inspection and every one after
Report monthly readings to Aitkin Co.	Keep records of monthly readings	Once a year submitt report to Aitkin Co
Or inspector		,

D. MITIGATION PLAN:

Have system Inspected

I hereby certify with my signature as the designer, that all data for the operating permit application is true and correct to the best of my knowledge. I agree to indemnify and hold Altkin County harmless from loses, damages, costs and charges that may be incurred by the County because of the information submitted with this application.

£

Name (please print)	Address	Telephone #
Jeff Brummer	14650 Agate Ridge Rd Brainerd MN 56401	(218) 821-0704
Signature	License Number	Date
Jeff Brummer	L-1347	2/4/2024

c:operatpermit.doc

MAINTENANCE SERVICE, MONITORING AND INSPECTION CONTRACT FOR INDIVIDUAL SEWAGE TREATMENT SYSTEM

It is hereby agreed this	day of (Insp	by and between ector) and <u>Phillip Scharmann</u> (client)
(Client) Name & Address Phillip Scharmann	27	309 435th Ave, Aitkin MN 56431
Street Address Mailing A	ddress	17891 Duck Lake Trail
City, State, Zip		Eden Prairie MN 55346

That in consideration of the payments provided herein, the Inspector shall provide services to perform Preventative Maintenance, Monitoring and Inspection of the Individual Sewage Treatment System (ISTS) located at the property described in the Aitkin County Operating Permit.

Each inspection includes an examination of the ISTS followed by a written report to the client. This inspection report shall contain recommendations for operation and maintenance for failure-preventative measures, if any are deemed appropriate by the inspector and a list of recommended corrective measures or replacement parts. The Inspector is authorized to submit a copy of the report to the Aitkin County Environmental Services Department.

This contract does not assume any responsibilities or obligations, which are normally the responsibilities of the Client, as related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

The Inspector can only contract or subcontract for parts or labor after authorization. Billings for service calls shall be made on a case by case basis. This contract only covers maintenance, monitoring and inspection services per current Aitkin County Operating Permit and does not cover alarm calls of any kind.

The Inspector shall be provided access to the site and the system in order to perform the following services:

SEPTIC TANK AND LIFT STATIONS INSPECTION

(check the boxes needed to fill the requirements of the Operating Permit)

 \checkmark Check septic tank and compartments for solids buildup and general appearance. If necessary, have tanks pumped (cost of pumping is the responsibility of the client).

Check effluent filter for buildup and clean, if applicable.

Check pumping system, including control panel and floats.

Owner ---->X Record and date the readings of the elapsed time meter and cycle counter(s), if applicable. Owner is respondsible for monthly event counter readings

Check dosing settings (in the control panel, if applicable).

____ Other: _____

**If the septic tank or lift stations need pumping to be in compliance with the operating permit the cost of the pumping is the responsibility of the Client.

TREATMENT DEVICE

____ Inspect pretreatment unit (aerobic tank, sand filter, etc.) per manufacturer's recommendations, if applicable.

_____ Inspect and clean any parts per manufacturer's recommendations.

_____ Inspect and clean laterals, if applicable.

_____ Inspect the appearance of the wastewater inside the unit for color, turbidity and examination of odors.

____ Sample effluent per Operating Permit monitoring requirements.

(Cost of sampling and analysis is the responsibility of the Client)

____ Other: _____

DISPERSAL FIELD

Inspect for visible signs of failure (surface discharge, soggy ground, wet spots, settling, etc.)

_____ If liquid level monitors are installed, levels will be observed and recorded.

_____ Flush filters and clean cartridges, if applicable.

Check field control unit solenoid operations or manual control, if applicable.

1.

Other:

In no event shall the Inspector be responsible for special or consequential damages, including but not limited to, loss of time, injury to personal property or any other consequential damages or incidental or economic loss due to equipment failure or for any other reason. This contract does not assume any responsibilities or obligations, which are normally, the responsibility of the Client or as, related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

This contract shall be effective:	Beginning ,
-----------------------------------	-------------

and Ending _____, ____,

Cost for Maintenance Service, Monitoring and Inspection Contract is:

\$____/yr. For ____ years totaling \$_____

The Inspector agrees to provide inspection, monitoring and routine maintenance service only under this contract. The Client remedies for breach of this contract shall be limited to refund of any of the amounts paid in advance for service. This contract may be renewed 30 days from the ending date.

Payment for all services shall be paid _	
Client:	Inspector:
Sign:	Sign:
Print: Phillip Scharmann	Print:
Date:	Date:

Prope	rty Owner:	Phillip	Scharmann	Date:		Instal	ler's Initials :
PIN :	11-0-01270	0		Site Address:	27309 435th	Ave, Aitk	in MN 56431
	This is a TYPE III	Septic	System, Operating	Permit Required of 0	Owner. Pe	rmit #	
	Reason for Type	2	Constructed c	n distrubed Soils,			
	Description of S	ystem	2 bedroom mo	ound (10' x 25 " ro	ockbed) with	36" of wa	ashed sand u
	1st Tank Gal.		1st co	ompartment gal.	2nd (Comp	3rd
	2nd Tank Gal.		1st co	mpartment gal.	2nd (3rd
	3rd Tank Gal.		1st co	mpartment gal.	2nd (Comp	3rd
1st	Pump tank Gal.		1st Pi	ump Brand and mode	el #		
19	st Pump GPM		1st Po	Imp Ft. of Head	1st P	ump Gal. pe	er Dose
1st Pu	mp tank Gal. pe	r inch.	1st	Pump Inches per Dos	e	1st Pump	Doses per Day
1st Pu	mp Design GPD		1st Pump N	leasured dose per da	у	Timed or o	demand Dose
Time S	Settings: Minute	es ON	Mi	nutes OFF	Inches Pum	- ped after d	lrainback
Notes	:						
2nd	Pump tank Gal.		2nd F	ump Brand and mod	el #		
2n	d Pump GPM		2nd P	ump Ft. of Head	2nd P	ump Gal. p	er Dose
2nd Pu	ump tank Gal. pe	er inch.	2nd	Pump Inches per Do	se	2nd Pump	Doses per Day
2nd Pu	ump Design GPD		2nd Pump I	Measured dose per d	ay	Timed or o	demand Dose
Time S	Settings: Minute	es ON	Mi	nutes OFF	inches Pum	ped after d	rainback
Notes	:						
1st Ala	arm: Tank		Reaso	on:			
2nd Al	arm: Tank		Reaso	on:			
3rd Al	arm: Tank		Reaso	on:			
Water	Meter Installed	on hou	ise hold water:	Where is	s it located :		
Event	counter Installed	d on pu	mp:	Which Pump:		Gal.	Per Event
Where	e is Event Counto	er Locat	ed:				
Requi	rement of Opera	ating Pe	ermit				
Dwnei	to UNDERSTAN	ID Syste	em Operation: Req	uired to do monthly	readings of wat	er meter or	event counter
Ownei	r to record readi	ngs eve	ery month that syst	em is being used, sho	ould know calcu	lations for	Gal. per day.
		itkin Co	o, once a vear with	log of monthly readi	ngs and annual	Inspection	Report
Ownei	TO REPORT to A		, one a joar man	0	-		
				spection of the system		Mechanica	l functions,

Preliminary & Field Evaluation Form

24-017

Timed Dose at 210 GPD

Г

www.SepticResource.com vers 12.4

	Owne	er Information		
Date	2/2/2024	Sec / Twp / Rng	S-2, T-45, R-27	
Parcel ID	11-0-012700	LUG (county, city, township)	Aitkin Co.	
Property Owner:	Phillip Scharmann	Owners address (if different)		
Property Address:	27309 435th Ave. Aitkin MN 56431	17891 Duck	Lake Trl	
City / State / Zip:		Eden Prairie	MN 55346	

Flow Information and Waste Type / Strength						
Estimated Design flow 450 Timed Dose at 210 GPD	Anticipated Waste strength	Hi Strength	✓ Domestic			
Comments: Small Lot Area for Mound Type III on fill	Any Non-Domestic Waste	Yes (class V)	✓ No			
Largest mound area is 300 GPD (2 bedroom) Timed dose at 210 GPD (300 GPD x 70% = 210 GPD)	Sewage ejector/grinder pump	Yes	✓ No			
Remove and Replace new mound on part of existing mound area Aitkin Co. Operating Permit Required on all Type III systems	Water softener	Yes	✓ No			
Variance needed for mound Absorption area Less than 15 ft to road right of way / property line. (5 ft from Prop I	Garbage Disposal	Yes	✓ No			
SE Mound Corner Absorption area 8 ft from prop line	Daycare / In home business	Yes	✓ No			

			Information		
Existing & proposed lot mprovements located (see site map	√ Yes	🗌 No	Well casing depth	Proposed de	ep well
Easements on lot located (see site map)	Yes	✓ No	Drainfield w/in 100' of residential well	Yes	✓ No
Property lines determined (see site map) Sur	✓ Yes veyed	No No	Site w/in 200' of transient noncommunity water supply (T	Yes NCWS)	V No
Req'd setbacks determined see site map)	✓ Yes	No	Site w/in an inner wellhead mgmt zone (CWS/NTNCWS)	Yes	✓ No
Utilities located & identified gopher state one call)	Yes	✓ No	Buried water supply pipe w/in 50' of system	Yes	√ No
Access for system maintenance shown on site map)	✓ Yes	No No	Site located in Shoreland (w/in 1000' of lake, 300' of river)	✓ Yes	No No
Soil treatment area protected	Ves	No No	Site map prepared with previous items included	✓ Yes	No No
Construction related issues	Installer w	ill try to reus	e existing septic supply pipe un	der road.	

	Soil 1	nformation		
Because of Frozen Ground The Designer used Past 2 Original soils		Evidence of site: Cut Filled Compacted Disturbed	 Yes Yes Yes Yes Yes 	 ✓ No ❑ No ✓ No ❑ No
Soil logs completed and attached Frozen ground / Compliance	Yes Vo soils state on fill	Perk test completed and attached (if applicable)	Yes	✓ No
Soil loading rate (gpd/ft ²)	0.60	Percolation rate (if applicable)		
Depth/elev to SHWT		Flooding or run-on potential (comments)	Yes	✓ No
Depth to system bottom maximum (or elev minimum) Depth/elev to standing water (if applicable)	(+36")	Flood elevation (if applicable)		_
Depth/elev to bedrock (if applicable)		Elevation of ordinary high water level (if applicable)	1255.5	
Soil Survey information determined (see attachment)	Yes 🗸 No	Floodplain designation and elev - 100 yr/10 yr (if applicable) Approx. Grade at Mound Location i		-
Differences between soil survey and field evaluation (if applicable)	Old Mound is on fill sand	l.		

I hereby certify this evaluation was completed in accordance with MN 7080 and any local req's.

Designed Sygniture

Brummer Septic LLC.

Company

L-1347

License #

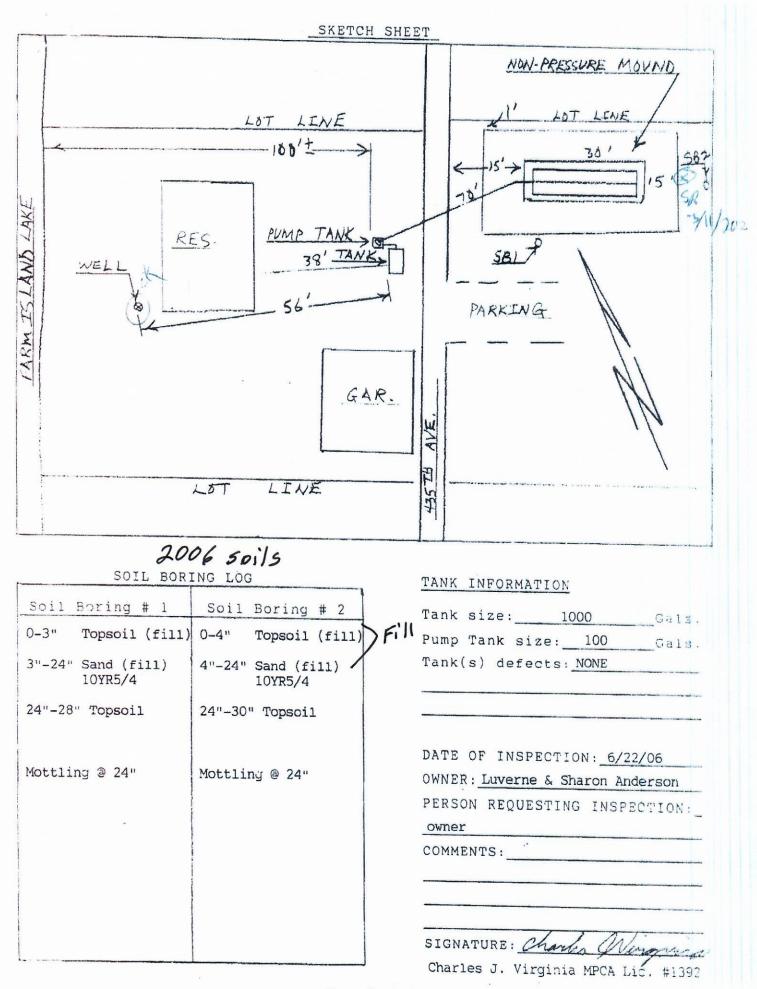
SKETCH SHEET ANI	AND SOIL BORING LOG	
INSPECTOR: Tim Woodrow	Equipment: Bucket Auger	
DATE: 5/11/2022	Elevation of Limiting Layer: 97.2'	North
PID#:11-0-012700	Vegetation: Mowed Grass	
SITE ADDRESS: 27309 435th Ave., Aitkin, MN 56431	Weather: Sunny & Clear	
Benchmark (EL = 100'): Bottom of Rock in STA		

- See attached dowing toon 2006 . Still valid-

•

2022 Seils.

	1	> EII					
9.2'	COLOR	10 YR 3/2	10 YR 5/4	10 YR 3/2	5YR5/6		
IL BORING #1 EL: 99.2'	TEXTURE	Top Soil - Fill	Sand - Fill	Original Top Soil	Redox in Top Soil @ 24"	Water at 24" EL: 97.2'	
SOI	DEPTH	0 - 3"	3" - 24"	24" - 28"			



	2011 purple code M	ound Des	ign - Aitkin	county	www.SepticResource.com	(vers 15.2)
	Property Owner:	Phillip Scharmann		Date: 2/2/2	2024	
	Site Address:	27309 435th Ave.	Aitkin MN 56431	PID:	11-0-012700	
	Comments:	Type III (Remove	and replace mound), ti	med dosed 2 be	droom mound 3 bedroom ho	use
instruc	ctions: = ent	er data	= adjust if desired	= cc	omputer calculated - DO NO	T CHANGE!
1)	2 bedroom	Type III	Residential	System	3 Bedroom House	
2)	300 GPD design fl	ow Timed Dos	e At 70% = (300 x .70 =	210 GPD)		
3)	No Garbage disp	osal or pumped to s	septic Install 160) Wipler Heavy T	ank 1000 septic /600 pump	
4)	1000 Gal Septic ta	nk (code minimum)			sign size / LUG req'd) ent filter & alarm req'd	
5)	1.2 GPD/ft ² mou	nd sand loading rate	e contour loadi	ng rate of 12	req's a min 25 ft. l	ong rockbed
6)	10.0 ft rockbed w	vidth 25.0 ft	rockbed length			
7)	3.0 ft lateral space	cing 3.0 ft	perforation spacing end feed ma	(maximum o nifold connectio	f 3 for both) n	
8)	3 laterals	23.0 feet long	8.0 perfs / late (1/2 a perf means		perfs total arts at the middle feed man	ifold)
9)	1/4" inch perfs at	1 feet residu			te per perforation	,
	for this perf size & sp	acing, & pipe size (on line 12, max perfs/la	teral = 16	, line #8 must be less>	OK
10)	4.0 doses per day	/ (4 minimu	m)		_	
11)	53 gallons per de	ose (treatment vo	blume)			
					1.5	50 5x
12)	1.50 inch diamete	r laterals must be u	ised to meet "4x pipe vo	lume" requireme		00 3x
13)	90 feet of	2.0 inch supply	/ line leads to 1		ainback volume	
14)	68 gallons TOTA	L pump out volume	(treatment + drainback		ed" manifold to control the	drainback)
10						
15) 16)	18 GPM @		nound laterals, leads to ad, Pump requirement		om may require an extra 3-6	of head)
17)	500 gal Dose tank	(code minimum)	600 gal Dose ta	nk (design size)	/ LUG req'd) at 20.	00 gpi
	leads to a	Development				
18)		n Demand float, average flow, =70% o		8 min ON hrs OFF	(confirm pump rate with or test and adjust as necessa	
19)	12 inches from b	oottom of tank to "P	Pump OFF" float			
20) 21)		oottom of tank to "P oottom of tank to "H			"imer ON" float if time dosed Ii Level" float if time dosed	3
22)			High Level Alarm is acti			

This Design will need a Variance on Absorption width setback to property lines

23)	0.60 gpd/ft ² Absorption area Soil Loading Rate, which gives a mound ratio of 2 (minimum) (this must match the soil boring log) desired mound ratio 2.0
24)	(this must match the soil boring log) desired mound ratio 2.0 0 percent site slope (0-20% range) 0 (% downslope site slope, if different than upslope)
25) 26)	0inches, or0.0ft. to Redox or other limiting condition(need at least 12" to be a Type I)Treatment zone contains0inches of 0% soil credit, and0inches of 50% soil credit. Giving a:36inch, or3.0ft. Sand Lift MoundCRITICAL FOR FUTURE CERTIFICATIONS!!!
27)	20.0 ft. base absorption width (with sand beyond rockbed as follows:)
28)	20.0 greater of: absorption width OR sand slope 5.0 ft. upslope and sideslope sand upslope 5.0 ft. Downslope sand down slope 5.0 ft. Downslope sand down slope Individual slope ratios give BERM widths (topsoil beyond rockbed) of:
29) 30) 31)	3:1upslope ratio10ft. upslope bermUse 10 ft = Install retaining wall at 10 ft from rockbed3:1sideslope15ft. sideslope berms3:1downslope15ft. downslope berm
32)	Overall Dimensions:10.0ft. wide by25.0ft. long Rock bed35ft. wide by55ft. long Mound footprint
	Upslope berm 10 10 10 10 10 10 15 12" cover on sides (6" loamy cap & 6" topsoil) 3.0 Clean sand lift 0.0 Depth to Limiting Limiting Condition
	Absorption Width 20.0
	<u>Note:</u> For 0 to 1% slopes, <i>Absorption Width</i> is measured from the <i>Bed</i> equally in both directions. For slopes >1%, <i>Absorption Width</i> is measured downhill from the upslope edge of the <i>Bed</i> .
33)	Rock Bed: 10.0 ft. by 25.0 ft. by 9 inches under pipe, plus 20% gives 12 yd ³ or *1.4= 17 ton
34)	Mound Sand: (note: volume is based on 3:1/4:1 slope from top of rockbed, Exchange sand for loamy cap if desired) 43.6 up + 43.6 downslope + 17.8 ends + 27.8 under rock = 159 yd ³ or *1.4= 223 ton plus 20%
35)	Loamy Cap: 31 ft. by 51 ft. 6" deep, plus 20% gives 36 yd ³ or *1.4= 50 ton
36)	Topsoil:35ft. by55ft. 6" deep, plus 20% gives43yd³ or *1.4=60ton
	I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.
	Brummer Septic LLC. L-1347 2/2/2024
	Designer/Signature Company License# Date

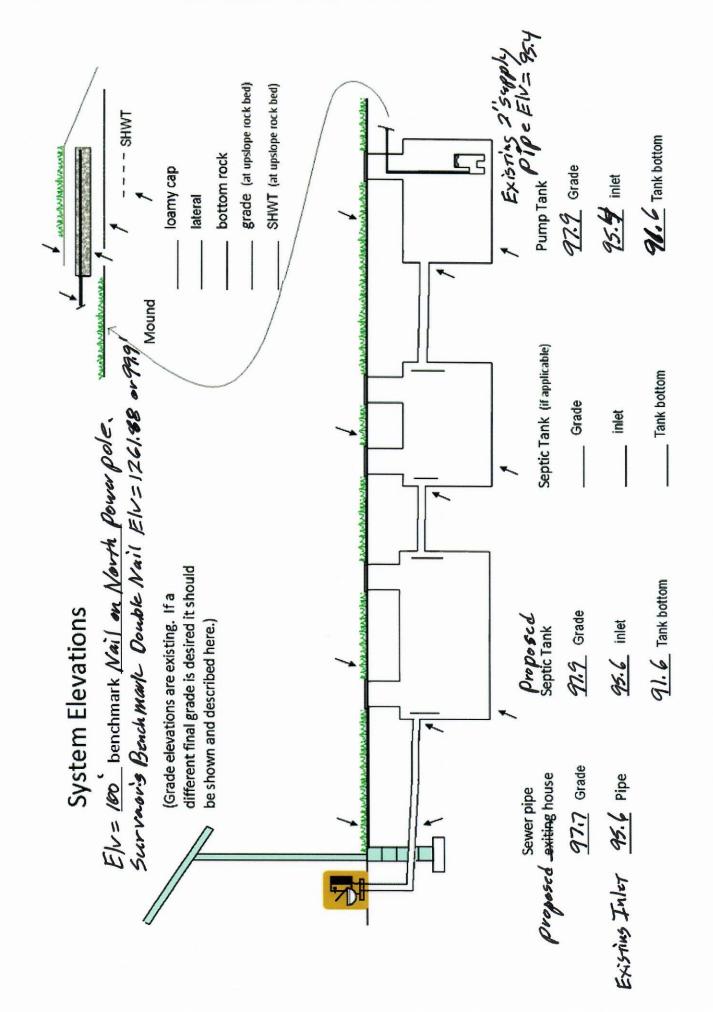
Type III Mound (Timed Dose at 210 GPD) will require an Aitkin Co Operating Permit

Event Counter and Alarm on Pump controller (Aitkin Co. Operating Permit)

Installer Summary

1000 gallon Septic tank (minimum) Tank options: Effluent filter & alarm req'd	
600gallon Dose tank (minimum)Install 1600 Wipler Heavy Tank 1000 septic /600 pumpat20.00 gpi	
18 GPM @ 22 ft. of head, Pump required 3.4 inch swing on Demand float which translates to roughly 2.7 inches of float tether length if time dosing is required> 3.8 minutes ON time & 9 hours OFF time 15 inches from bottom of tank to "pump ON" float, or 12 inches to "timer ON" float	
15inches from bottom of tank to "pump ON" float, or12inches to "timer ON" float18inches from bottom of tank to "Hi Level Alarm" or28inches to "Hi level alarm" if time dosed	
90 ft. of 2.0 inch supply line with end feed manifold connection (Tip: "top feed" manifold to control drainback 36 inch, or 3.0 ft. Sand Lift Mound	k)
10.0 ft. wide by 25.0 ft. long Rock bed	
3laterals1.50inch diameter23.0ft. long3.0ft. lateral spacing1/4"inch perfs3.0ft. perforation spacingft. longft. lateral spacing	
yes Effluent filter & alarm 3 clean out & valve box assemblies	
20.0 ft. Total sand ABSORPTION width (minimum) 5.0 ft. upslope and sideslope (sand beyond rockbed, minimum) 5.0 ft. Downslope (sand beyond rockbed, minimum)	
Specific slope ratios give BERM widths (topsoil beyond rockbed) of: 3:1 upslope ratio 10 ft. upslope berm Use 10 ft = Install retaining wall at 10 ft from rockbed 3:1 sideslope 15 ft. sideslope berms 3:1 downslope 15 ft. downslope berm	
4" inspection pipe	
18" cover on top	
KUpslope berm 10	4
12" cover on sides	1
(6" loamy cap & 6" topsoil)	
3.0 Clean sand lift	
0.0 Depth to Limiting	
Limiting Condition	
Absorption Width 20.0	
Note: For 0 to 1% slopes, <i>Absorption Width</i> is measured from the <i>Bed</i> equally in both directions For slopes >1%, <i>Absorption Width</i> is measured downhill from the upslope edge of the <i>Bed</i>	i. Z
Rock Bed: $12.0 \text{ yd}^3 \text{ or } *1.4 = 17 \text{ ton } 9 \text{ inches under pipe}$	

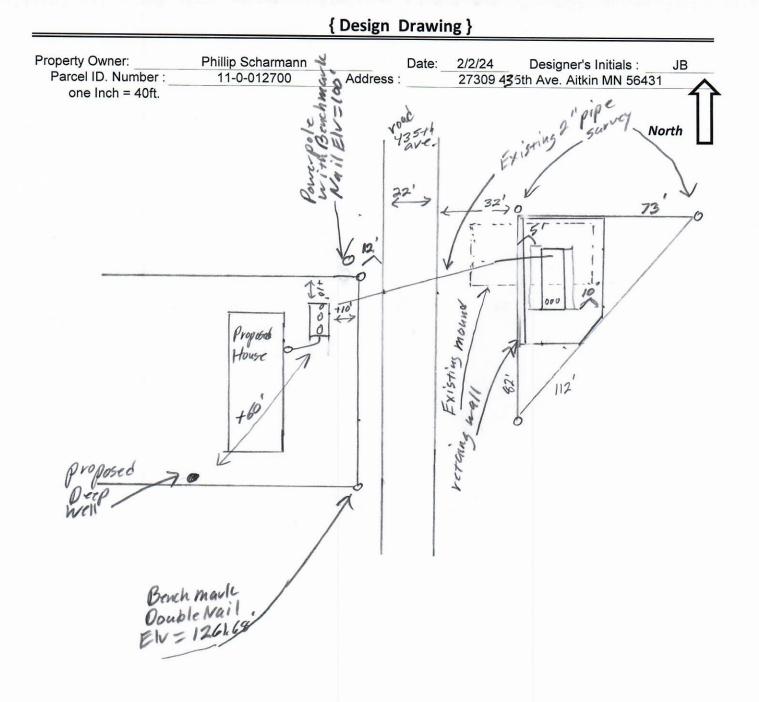
	2/309 435th Ave. Aitkin MN 56	INSPECTOR CHE	CKLIS	T - mound				
		20' to pressure tested s	ewer lin	a (5 psi for 15 min)				
		50' to everything		dispersal area with s				
		10' to everything	100 10 1	dispersar area with s	shallow well			
		platted: 10' prop line.	Metes 8	bounds: out of roa	d easement	or outer dit	ch	
		20' for bluff. Lakes: G					.cn.	
H		10' for everything, 20'			Totected we	-ctanu		
	WATER LINE under pressure se				helow else	ok w/pyc)		
	in the second se	to to bed, talk a serve			Delow, else	OK W/ PVC)		
	Sewer line & baffle connection	n (no 90's, 3' betwee	n 45's, sl	ope min 1" in 8', ma	x 2" in 8')			
		out every 100', Sch 4						
			,					
	Septic tank and risers (water	tight, insulated, prope	er depth,	existing verified by	pumping)			
	mfg	1000 gallons		filter & alarm req'o				
	-							
	Riser over outlet, riser over in	nlet or center, and 6"+	inspectio	on pipe over any rer	maining baff	les.		
	yes effluent filter & alarm							
	Dose tank risers and piping (w	vater tight, insulated,	proper de	epth, drainback)				
	mfg	600 gallons						
	dose pump	18 gpm 22	head	VERIFY PUMP CURVE	- 3	8 min ON	9	hr OFF
			-				9	- -
	float setting drop 3.4	inches at	20.0	gpi "DESIGNED"	2.7 incl	nes approx fl	oat te	other length
		gal dose divided by		gpi "INSTALLED" =		nes float dro		and the second s
		ents and drawdown on						
	Cam lock reachable from grad				s (no hard	90's)		
	2.0 inch supply pipe: Sch4	0, sloped 1/8"+, supr	ported by	4" sch40 sleeve or	compacted,	and buried	6"+.	
	splice box / control panel / el	ectrical connections						
	flow measurement: CT, ETM,	time dosed, home wat	er meter					
	mound absorption area rough	up						
	mound rock dimensions	10.0 X 25.0	_					
	Sand lift depth 36	inches. (Jar te	st: 2" sa	nd leaves < 1/8" silt	after 30 mi	n)		
	Absorption Sand beyond rock	5.0 upslop	e		5.0 dov	vnslope		
	D							
	Bermed topsoil beyond rockbe	ed <u>10</u> upslop	е.	15sideslope	15dov	vnslope		
	cover depth of 12-18"+		VERIFY					
	3 laterals (1-2' from ed	dag of rock)	VERIFI					
	Manager and a second state of the second state	(Sch40 pipe & fittings)						
	3.0 ft lateral spacing	(Sch40 pipe & fittings)						
	1/4" inch perforations							
H	3.0 ft perforation spacing							
	Air inlet at end of laterals, a	nd at top feed manifol	d if nece	ssary. VERIF	Y			
H	clean outs (no hard 90's)							
H	4" inspection pipe to bottom of	of rock, anchored		VERIFY				
					le annual de la companya			
	Abandon existing system - if r	lecessary		Re-use existing tan	k certificatio	ווכ		
	monitoring plan and type							
	well abandonment form - if r	lecessary						



Mound Design Notes - Aitkin county

Pr	operty Owner:	Phillip Scharmann	Da	te:	2/2/24	_
	Site Address:	27309 435th Ave. Aitkin MN 56	431 P	ID:	11-0-012700	_
	Comments:	Mound design may not	follow Aitkin co. Aut	o fill fo	rm for mound d	esign.
1	This is a type III n	nound , (On fill soil), Timed Do	sed at 210 GPD, 2 be	droom n	nound on 3 bedro	oom house
		well (to be sealed), is on the S				
		e pumped collapsed, removed.				
	Proposed mound	will have part of it where existin	g mound is. New mou	nd will b	e 2 bedroom (1	0' x 25') rockbed.
		s calculated at 70% of m				
	Installer will try to	reuse existing supply pipe buri	ed under road from ex	isting ta	nk to existing mo	und.
4	The Proposed hor	use is gravity flow from East sid	le of house, install clea	an-out n	ear house.	
5	Lot is Flat, install	1600 Wippler Heavy 2/compart	ment tank for gravity f	ow from	house. Maybe i	n some water.
	Install 1600 tank I	ow enough for drainback from r	mound to pump tank.			
	Install effluent filt	er in septic tank outlet. Install a	larm on Effluent filter.	Insulate	tank tops.	
		e across county road 435th Ave		2007		
		e mound absorption area set				
		ll a retaining wall (approx. 2.5' f				
		f membrane/ barrier. Install Hea				
		ashed sand will be 5 ft. west of i				taining wall.
200 000		plan will place the absorption a				
7		orner will have berms built 15 ft.				
		ine will be 15 ft east of SE rock			CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR	
		corner at 45 degree angle. Insta			rner to stay on th	is lot.
•		n area At the Corner will be App		line		
0		slopes are Based on a 3:1 slop		5.0		
		of rock bed upslope edge is 97 he rock bed is 10' x 25' . Absor		e rockbe	ed will be approx	. 15ft. from North property line.
		area is 5 ft. up slope(West) + 1		Inslope	(Fast) = approx	20ft wide sand base
		Vest to the retaining wall, 15ft. I			and the second s	
		ze is approx. 35' wide x 55' long				
9		s the nail on the Power Pole No				
	Installer to double	e check bench mark. Installer sh	ould confirm bench m	ark and	sand height Elv.	with inspector.
	Installer should re	ecord bench mark Elv. and sand	height on installation	inspecti	on form.	
	The top of the sar	nd and bottom of rock bed is Elv	<i>.</i> 100'.			
		t the soils do not get compacted				
10) tank will be gravity flow from d				
		s per dose, 3.4 inches of tank le				
		es, inspection pipes and clean-				
		pipe from tank to end manifold				
11		s with 9" of rock under them. (I holes spaced 3 ft. on ce		ts at far	end of laterals.	Recommended)
		on pipe to bottom of rock bed, s		raina ta	above final grad	
12		nter on Effluent pump, calibrate				e.
		trol panel capable of time dose				
13		ot guarantee or warranty any Ty				
	Designed to Aitkin	n Co. and MPCA recommenda	tions and requirement	S.		
		unt	Brummer Septic LL	C.	L-1347	
1	Cesigner Signa	ature	Design Company		License#	
4	This System will I	require an Aitkin Co. Operator p	ermit, annual inspecti	on		

This System will require an Altkin Co. Operator permit, annual inspection There will be 2 alarms on this system one on the Effluent filter, one on the pump tank. Owner and installer are responsible for owner knowing how system is maintained. Owner should clean Effluent filter at least twice a year and check alarms and pump.

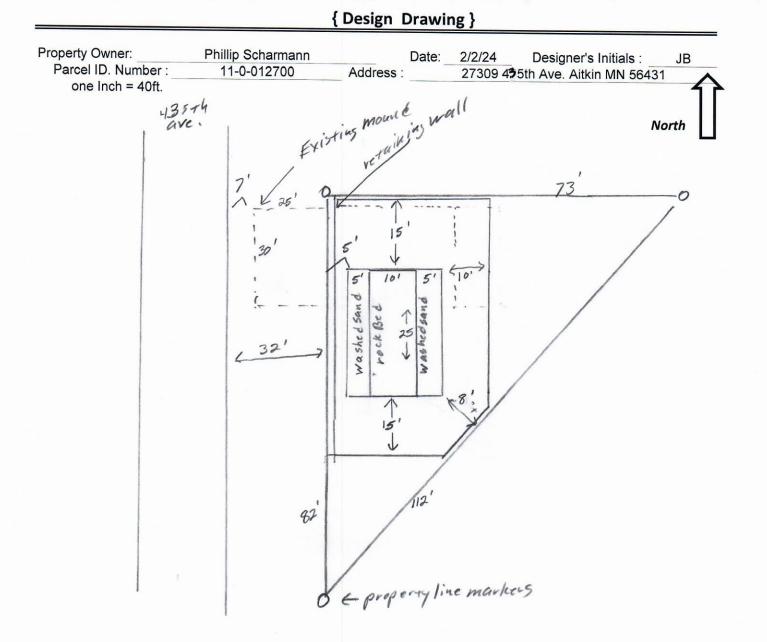


Existing 2" supply pipe at Existing Pump tank Elv.= 95.4' Surveyor's Double Nail Benchmark Elv.= 99.9' or Elv.= 1261.68' Farm Island Lake Ice Elv = 93.6' Or 1255.4' on 2/1/2024 Shore Elv. = 95.3'

	Surface/ SHWT Nail on Power Pole= Bench Mark 100'		on Power Pole= Bench M		Existing Grade
Soil Bore 1		Bench Mark	100'		Upslope Edge of Rockbed Elv.= 97'
Soil Bore 2		Ground Elv. BM	98.2'		Bottom of Rockbed Elv.= 100'
Soil Bore 3		Ground Elv. Tank	97.9'		Top of Washed Sand Elv.= 100'
	Ground at	Proposed house	97.7'	East side	Existing Septic tank Inlet Elv.=

Please show all that apply (Existing) Wells within 100ft. Of Drain field. Water lines within 10 ft. of Drain field. Drain field Areas: Please Draw to Scale with North to Top or Left Side of Page:

Disturbed/Compacted Areas	Access Route for Tank Maintenance			
Component Location	Property Lines			
OHW ordinary high water	Structures			
Lot Easements	Setbacks			

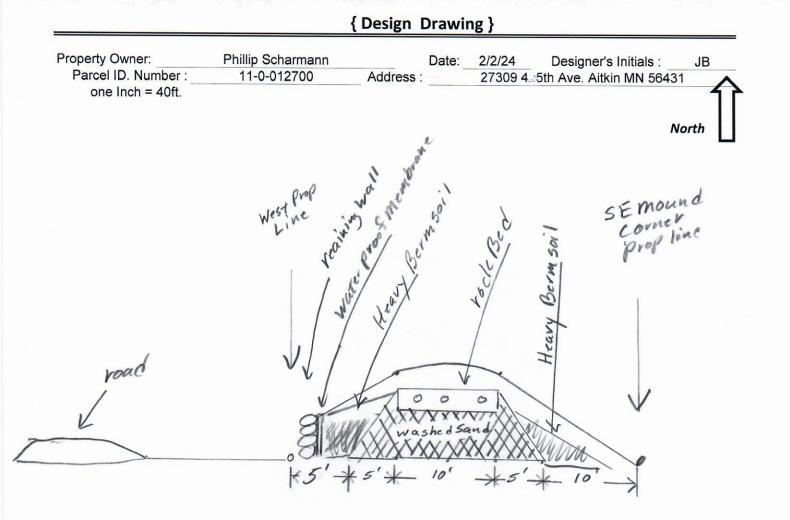


Existing 2" supply pipe at Existing Pump tank Elv.= 95.4' Surveyor's Double Nail Benchmark Elv.= 99.9' or Elv.= 1261.68' Farm Island Lake Ice Elv = 93.6' Or 1255.4' on 2/1/2024 Shore Elv. = 95.3'

	Surface/ SHWT	Nail on Power Pole= Bench Mark 100'			Existing Grade	
Soil Bore 1		Bench Mark	100'		Upslope Edge of Rockbed Elv.= 97'	
Soil Bore 2		Ground Elv. BM	98.2'		Bottom of Rockbed Elv.= 100'	
Soil Bore 3		Ground Elv. Tank	97.9'		Top of Washed Sand Elv.= 100'	
	Ground at	Proposed house	97.7'	East side	Existing Septic tank Inlet Elv.=	

Please show all that apply (Existing) Wells within 100ft. Of Drain field. Water lines within 10 ft. of Drain field. Drain field Areas: Please Draw to Scale with North to Top or Left Side of Page:

Disturbed/Compacted Areas	Access Route for Tank Maintenance		
Component Location	Property Lines		
OHW ordinary high water	Structures		
Lot Easements	Setbacks		



Existing 2" supply pipe at Existing Pump tank Elv.= 95.4' Surveyor's Double Nail Benchmark Elv.= 99.9' or Elv.= 1261.68' Farm Island Lake Ice Elv = 93.6' Or 1255.4' on 2/1/2024 Shore Elv. = 95.3'

	Surface/ SHWT	Nail on Power Pole= Bench Mark 100'			Existing Grade	
Soil Bore 1		Bench Mark	100'		Upslope Edge of Rockbed Elv.= 97'	
Soil Bore 2		Ground Elv. BM	98.2'		Bottom of Rockbed Elv.= 100'	
Soil Bore 3		Ground Elv. Tank	97.9'		Top of Washed Sand Elv.= 100'	
	Ground at	Proposed house	97.7'	East side	Existing Septic tank Inlet Elv.=	

Please show all that apply (Existing) Wells within 100ft. Of Drain field. Water lines within 10 ft. of Drain field. Drain field Areas: Please Draw to Scale with North to Top or Left Side of Page:

Disturbed/Compacted Areas	Access Route for Tank Maintenance		
Component Location	Property Lines		
OHW ordinary high water	Structures	•	
Lot Easements	Setbacks		

2022 PRICE LIST WIPPLER PRECAST

PO Box 93 Pine River, MN 56474

Cell: 218-820-8598

Prices Subject to Change Delivery Charge After 60 Miles - \$5.00/Mile (Loaded)

85 GAL GRINDER / P	(2 GPI)	××5495
500 GAL P	(11.9 GPI)	×\$985K
650 GAL P	(15.5 GPI)	×94;065
1000 GAL SS, H, P	(23.9 GPI)	XXXXXXXX
1500 GAL SS, H, P	(37.6 GPI)	×\$ \$(52 5
2250 GAL SS, H, P	(56.7 GPI)	\$2,450
3198 GAL SS, H, P (3198 GAL)	(56.7 GPI)	\$ 3,53 9
1500 GAL 2 CP or 2 CG	(24.1 / 12 GPI)	\$ *,66 0
1650 GAL 2 CP or 2 CG	(24.1 / 15.6 GPI)	X54;6435
2250 GAL 2 CP or 2 CG	(37.6 / 17.8 GPI)	×\$2,820
2250 GAL 3 CP	(37.6 / 17.8 GPI)	\$2,65 5
600 GAL LO-PROFILE PUMP	(20 GPI)	× *********
1000 GAL LO-PROFILE	(33.3 GPI)	X\$ X,53 0 .
1600 2cP or 2cPG LO-PRO Heavy Tank 1000/600	(33.3 / 20 GPI)	>52,000

ACCESSORIES:

POLYLOK PL-122 FILTER FILTERS AVAILABLE UP TO 10,000	\$55
G.P.D.	Price on Request
PLASTIC DROP BOX	\$26
24" DIA PLASTIC RISER	\$31 / LIN FT
20' ROLL BLACK MASTIC SEALANT	\$13
24" CONCRETE MANHOLE COVER	\$35.00
24" DIA PLASTIC MANHOLE COVER	\$42 AND \$50
KEY: P = PUMP SS = SINGLE SEPTIC H = HOLDING	
CP = COMPARTMENT PUMP CG = COMPARTMENT GRAVITY	

CP = COMPARIMENT PUMP CG = COMPARIMENT GRAVITY

:

TANK DIMENSIONS

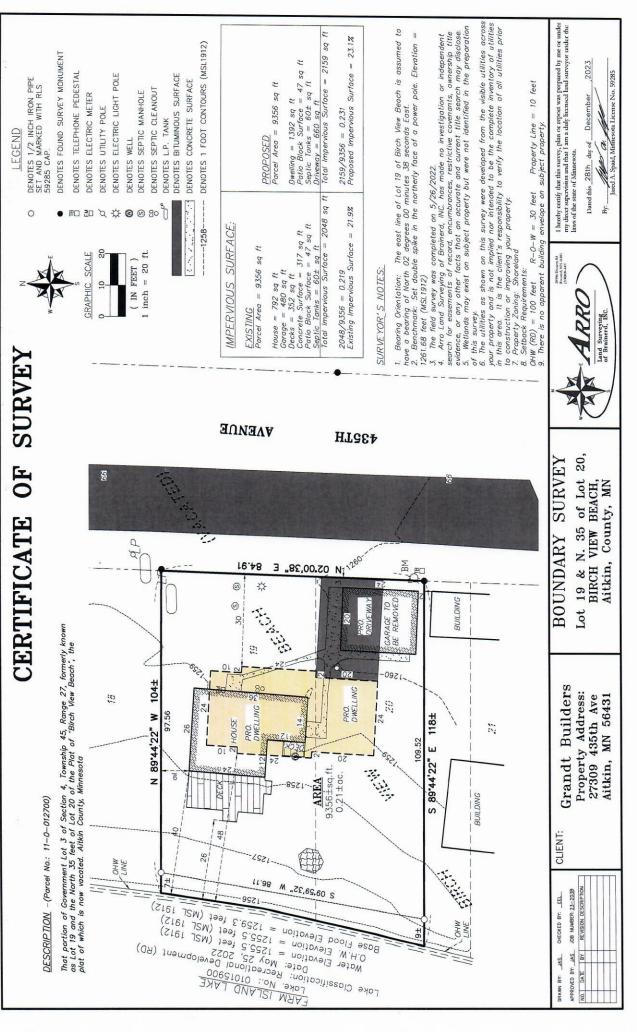
MOST TANK INLETS ARE 48" & LIQUID LEVELS ARE 42" LO-PROFILES – INLET 38" & LIQUID LEVEL 31" 3198 GALLON - INLET 64" & LIQUID LEVEL 58"

	an analita	D.O.B.	W	L	H
85	GAL	8'	32"Dia	42"Sq	5'
500	GAL	8'	4'	80"	5'7"
650	GAL	7'	5'	80″	5'7"
1000	GAL	7'	80″	8'	5'7"
1500	GAL	7'	80″	11'	5'7"
1650	GAL	6'	80″	12'	5'7"
2250	GAL	6'	80″	16'	5'7"
3198	GAL	6'	80"	16'	6'3"
600	GALLO	Pro 4'	7'	97″	4'7"
1000	GAL LO-P	ro 4'	97″	8'6"	4'7"
1600	GAL LO-I	pro 4'	97″	12'6"	4'7"

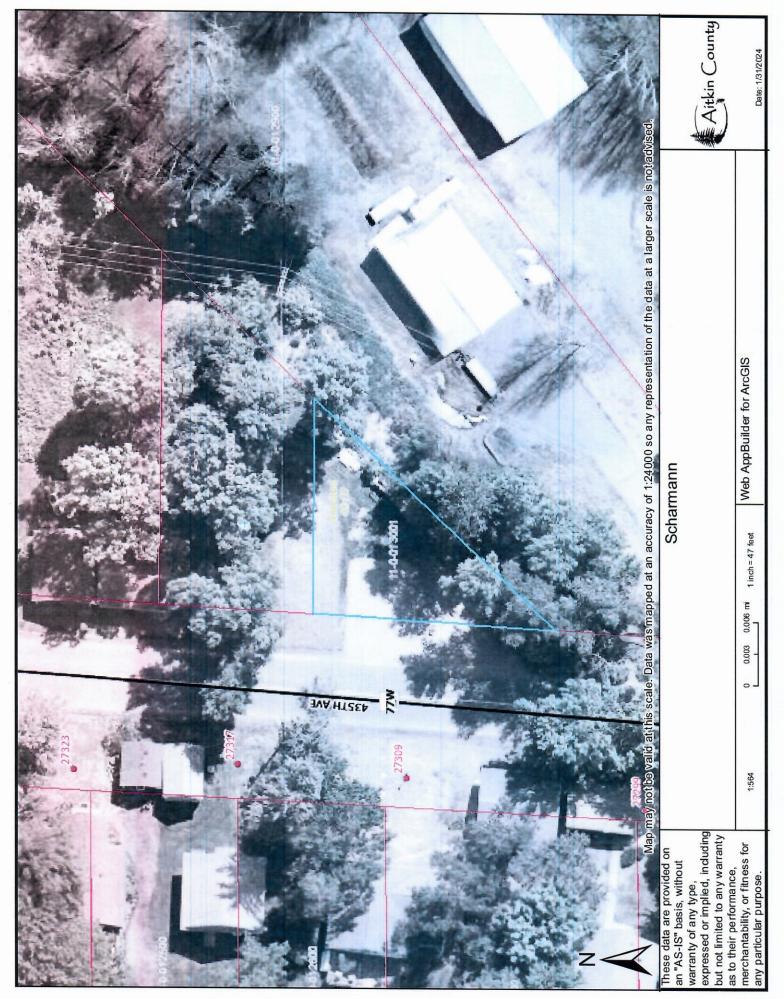
S = SINGLE COMPARTMENT

SP-PUMP SS-SINGLE SEPTIC SH-HOLDING CP - COMPARTMENT PUMP CG - COMPARTMENT GRAVITY GPI = GALLONS PER INCH D.O.B. = DEPTH OF BURIAL HEIGHT IS FROM BOTTOM OF TANK TO TOP OF MANHOLE COVER

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Detailed Parcel Report

Parcel Number: 11-0-012700

General Informati	on		Lake lot.	
Township/City:	HAZELTON TWP			
Taxpayer Name:	SCHARMANN, PHILLIP	& LORI		
Taxpayer Address:	17891 DUCK LAKE TRL EDEN PRAIRIE MN 553	346		
Property Address:	27309 435th Ave			
Township:	45	Lake Number:	1015900	
Range:	27	Lake Name:	FARM ISLAND LAKE $R\rho$	
Section:	4	Acres:	0.41	
Green Acres:	No	School District:	1.00	
Plat:				
Brief Legal Description:	PART OF LOT 3 FORM	LOT 19 BIRCH VIEW B	EACH & N35 FT OF LOT 20	
Tax Information				
Class Code 1:	Non-Comm Seasonal	Residential Recreation	onal OHW - 1255. 5	
Class Code 2:	Unclassified		Inal OHW - 1255. 5 1009r - 1257.5	
Class Code 3:	Unclassified		100 11	
Homestead:	Non Homestead			
Assessment Year:	2023			
Estimated Land Value:		\$341,300.00		
Estimated Building Value:		\$109,600.00		
Estimated Total Value:		\$450,900.00		
Prior Year Total Taxable Valu	e:	\$350,000.00		
Current Year Net Tax (Specia	ls Not Included):	\$2,064.00		
Total Special Assessments:		\$0.00		
**Current Year Balance Not I	ncluding Penalty:	\$0.00		
Delinquent Taxes:		No		

* For more information on delinquent taxes, please call the Aitkin County Treasurer's Office at 218-927-7325.

** Balance Due on a parcel does not include late payment penalties.



Detailed Parcel Report

Parcel Number: 11-0-013001

General Information			Backlot.			
Township/City:	HAZELTON TWP	- 0.	75 X 2107 X			
Taxpayer Name:		SCHARMANN, PHILLIP & LORI				
Taxpayer Address:	17891 DUCK LAKE TRL EDEN PRAIRIE MN 553					
Property Address:						
Township:	45	Lake Number:	1915900			
Range:	27	Lake Name:	FARM ISLAND - BACK LOT			
Section:	4	Acres:	0.06			
Green Acres:	No	School District:	1.00			
Plat:						
Brief Legal Description:	PART OF LOT 3 FORM	LOT 25 OF BIRCH VIE	W BCH DOC 162558			
Tax Information		4-				
Class Code 1:	Rural Vacant Land					
Class Code 2:	Unclassified					
Class Code 3:	Unclassified					
Homestead:	Non Homestead		42			
Assessment Year:	2023					
Estimated Land Value:		\$600.00				
Estimated Building Value:		\$0.00				
Estimated Total Value:		\$600.00				
Prior Year Total Taxable Va	alue:	\$500.00				
Current Year Net Tax (Spec	cials Not Included):	\$2.00				
Total Special Assessments:	19/2	\$0.00				
**Current Year Balance No	ot Including Penalty:	\$0.00				
Delinquent Taxes:	Ve Va	No				

* For more information on delinquent taxes, please call the Aitkin County Treasurer's Office at 218-927-7325.

** Balance Due on a parcel does not include late payment penalties.

AITKIN COUNTY SHORELAND PERFORMANCE

(Structure Placement Guidance)

A property should obtain a score of 100 or more to meet performance standard requirements. A conforming lot is assigned a score of 100. A lot is deemed conforming when the structure meets the required setbacks to the protected water as specified in the Aitkin County Shoreland Management Ordinance (SMO). A structure that fails to meet this definition is

To determine the level of non-conformance and score (See Reference Table): 1)

- Determine the DNR classification of the protected water on the lot (SMO-4.13 & 4.14)..... 2)
- Determine the required "Structure Setback" to that classification of water (SMO 5.2)..... Determine the "Actual Setback" of the structure by measuring the closest part of the structure to the 3)
- 4)
- Enter the corresponding 'Score Multiplier' Pre-mitigation 'Lot Score': Determine the percentage of the encroachment as it relates to the 5) standard setback by multiplying the Actual Setback with the 'Score Multiplier' (Note: round to the nearest whole number).....

Reference Table: Performance Multipliers for structures, septics, bluff, and sidelots in Aitkin

Protected Waters Type (DNR Classification; SMO 4.13-4.14) General Development Lake	Structure Setback	Score Multiplier Structures	Required Septic Setback	Score Multiplier Septic	Score Multiplier Bluff	Score Multiplier
Recreational Development Lake	75'	1.333	75'	1.333	(30' setback)	Sidelot
Recreational Development Lake Natural Environment Lake	100'	1.000	75'	1.333		(10' setback)
Mississippi River	150'	0.667	150'	0.667		
Tributary Stream	150'	0.667	125'	0.800		
	100'	1.000	75'	1.333	3.33	10.000
Forested Stream	150'	0.667	100'	1.000		10.000
Remote Stream	200'	0.500	150'	0.667		

Mitigation: To bring a non-conforming structure to a score of 100 the landowner conducts and maintains one or more of the below listed ZODO A(1), DIANA

~)	and record deed restrictions to maintain a 12.5 wide natural vegetated buffer zone adjacent to the OHW removal.* Water access as defined in the Shoreland Management Ordinance is allowed (Section 5.31,B,2,c).	
	Zone A(2): Plant and/or maintain a 25' wide natural vegetated buffer zone adjacent to the OHW and record deed restrictions to maintain vegetation in its natural state, prohibit mowing or vegetation 5.31,B,2,c).	15 points
B)	vegetation removal * A ten-foot (10) access with the section in its natural state, prohibit mowing or	30 points
	B landward. Record deed restrictions to maintain vegetation in its natural state, prohibit mowing or vegetation removal * A ten-foot (10) access meth	20 points
١	water oriented structures that do not meet the standard building setbacks, including	10 points 20 points
G)	deed	20 points 10 points
H) I)	Re-vegetate bluff or steep slopes* and provide screening of structures from the lake. Diversion of all water runoff from impervious surfaces away from the lake into retention ponds.	10 points 10 points
Fina	Existing conditions may apply on the property that warrant credit	10 points ermined by P&Z

Plant materials for vegetative buffers shall be native to northern Minnesota. For every 5,000 square feet of buffer area, there shall be a *Note: minimum of four types of trees, six types of shrubs, seven forbs, and three grasses planted to achieve a one plant per square foot minimum coverage. Survival of all plants must be guaranteed for a minimum of 5 years

Board of Adjustment Chairperson

Applicant

n No. 5-M WARRANTY DEED	Minnesota Uniform Conveyancing Blanks (1978
WARRANTY DEED	384954
No delinquent taxes and transfer entered: Certificate Of Real Estate Value (\filed () not required	FILED NOV 2 6 '07 AT 22-
Certificate of Real Estate Value No. 37725 Nov 34, 2007 (Date)	Diane M. Lafferty, County Recorder
Kirle Perjoan County Auditor	
by Elizabeth Narmon Deputy	
DEED TAX DUE: \$ 10%۹۰۰۰۰	(reserved for recording data)
Date: November 1, 2007	
FOR VALUABLE CONSIDERATION, <u>Luverne C. Anderson</u> Grantor(s), hereby conveys and warrants to <u>Phillip J. Scharman</u>	
Grantees as Joint Tenants, real property in	
recorded in Warranty Deed to Chestine H. Vanderhors AND > That portion of Government Lot 3 of Section 4, Townsl	25 of the Plat of "Birch View Beach", now vacated, as is at and Nellie P. Vanderhorst, in Book "81" of Deeds, page 286 hip 45, Range 27, formerly known as Lot 19 and the North 35
feet of Lot 20 of the Plat of "Birch View Beach", the plat	at of which is now vacated
Aitkin County, Minnesota	
Together with all hereditaments and appurtenances belonging t	thereto, subject to the following exceptions:
restrictions, covenants, conditions, and easements of record, if Check Box if applicable:	
Check Box if applicable: The Seller certifies that the seller does not know of any A well disclosure certificate accompanies this document I am familiar with the property described in this instrumt described property have not changed since the last previous Affix Deed Tax Stamp Here: Affix Deed Tax Stamp Here: Affix Deed Tax Stamp Here: AITKIN COUNTY DEED TAX No Date LOC Dollars Paid LOC Dollars Paid County Treeaurer By Deputy STATE OF MINNESOTA COUNTY OF HENNEPIN }ss.	wells on the described real property. t. t. t. t. t. t. t. t. t. t
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Check Box if applicable: The Seller certifies that the seller does not know of any A well disclosure certificate accompanies this document I am familiar with the property described in this instrumt described property have not changed since the last previ- Affix Deed Tax Stamp Here: Affix Deed Tax Stamp Here: AITKIN COUNTY DEED TAX No Date Dollars Paid Dollars Paid Dollars Paid Dollars Paid Dollars Paid Depatr STATE OF MINNESOTA COUNTY OF HENNEPIN }ss. This instrument was acknowledged before me on Novembry Luverne C. Anderson and Sharon D. Anderson, husband and with NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK): NICOLE M. HAAPALA NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK): NICOLE M. HAAPALA NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK): NICOLE M. HAAPALA NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK): NICOLE M. HAAPALA NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK): NICOLE M. HAAPALA NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK): NICOLE M. HAAPALA NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK): NICOLE M. HAAPALA NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK): NICOLE M. HAAPALA NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK): NICOLE M. HAAPALA NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK): NICOLE M. HAAPALA NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK): NICOLE M. HAAPALA NOTARIAL STAMP OR SEAL (OR OTHER AND ADDRESS):	wells on the described real property. t. tent and I certify that the status and number of wells on the iously filed well disclosure certificate. Luverne C. Anderson Luverne C. Anderson Luverne C. Anderson Mathematical Content of Conten
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