<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: | | |
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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 #

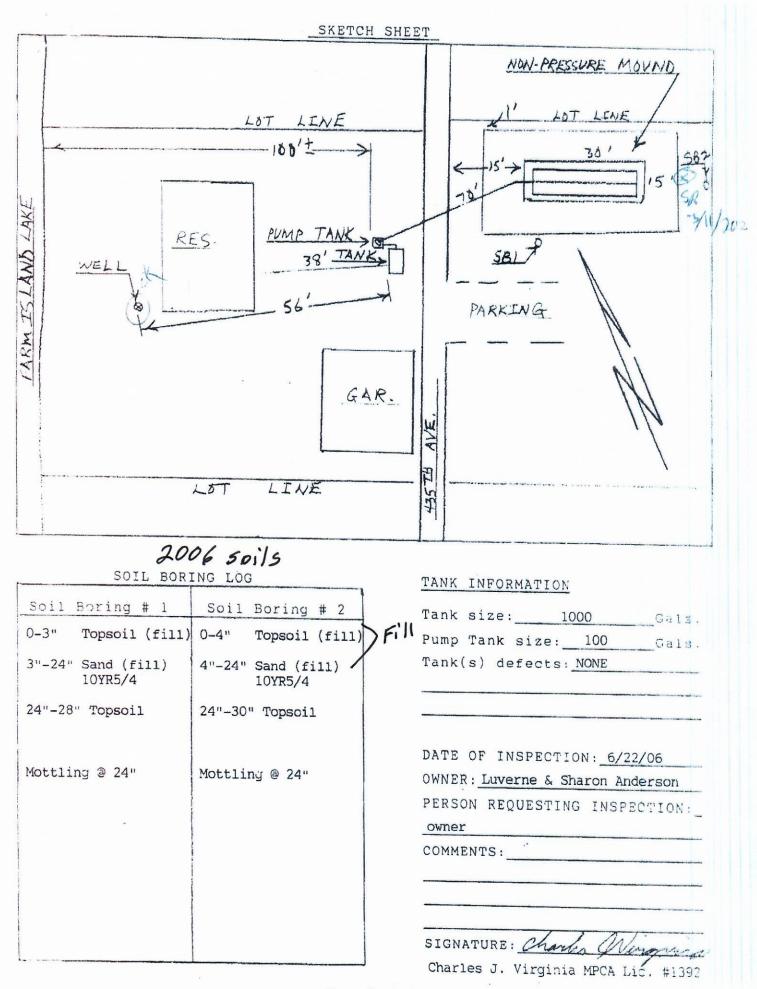
| SKETCH SHEET ANI | AND SOIL BORING LOG | |
|--|------------------------------------|-------|
| INSPECTOR: Tim Woodrow | Equipment: Bucket Auger | |
| DATE: 5/11/2022 | Elevation of Limiting Layer: 97.2' | North |
| PID#:11-0-012700 | Vegetation: Mowed Grass | |
| SITE ADDRESS: 27309 435th Ave., Aitkin, 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 |
| | |

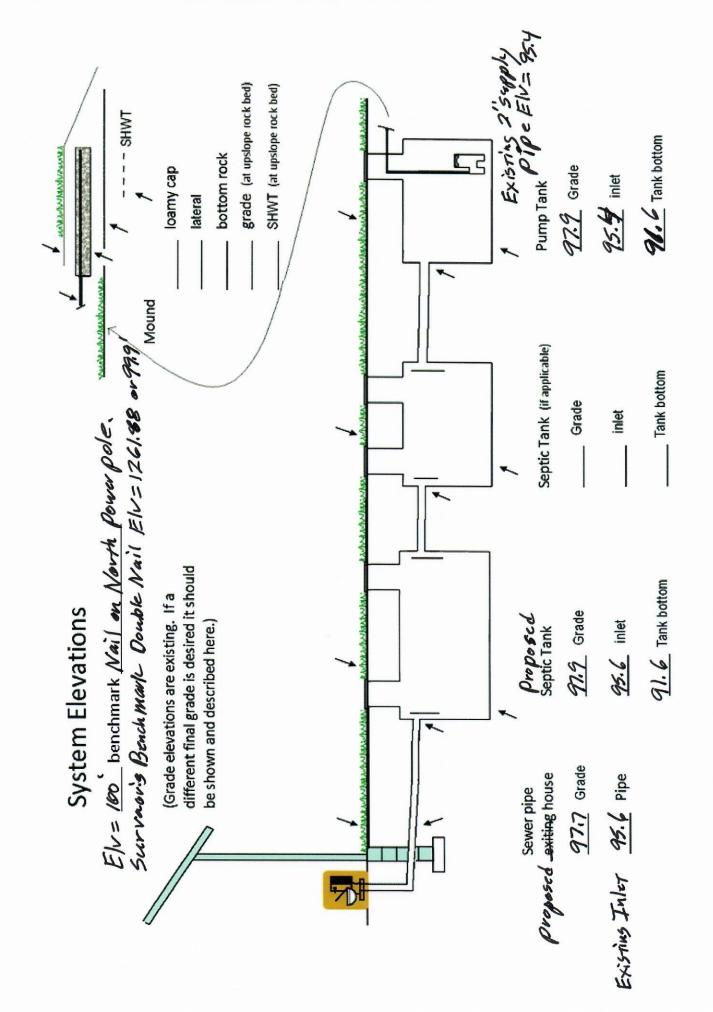
Type III Mound (Timed Dose at 210 GPD) will require an Aitkin Co Operating Permit

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: $12.0 \text{ yd}^3 \text{ or } *1.4 = 17 \text{ ton } 9 \text{ inches under pipe}$ | |

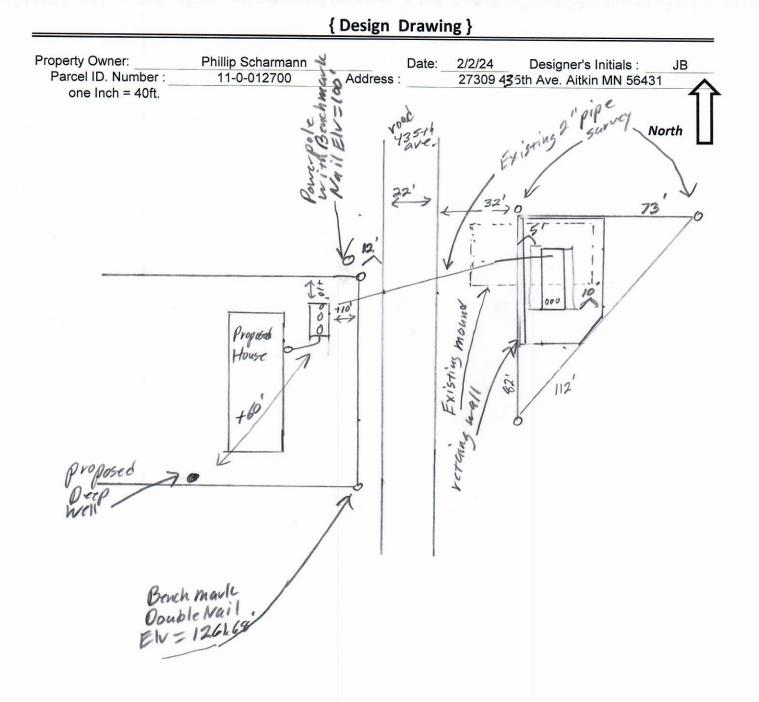
| | 2/309 435th Ave. Aitkin MN 56 | INSPECTOR CHE | CKLIS | T - mound | | | | |
|---|--|--------------------------|------------|-----------------------|--------------------------|---------------|--------|--|
| | | 20' to pressure tested s | ewer lin | a (5 psi for 15 min) | | | | |
| | | 50' to everything | | 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.

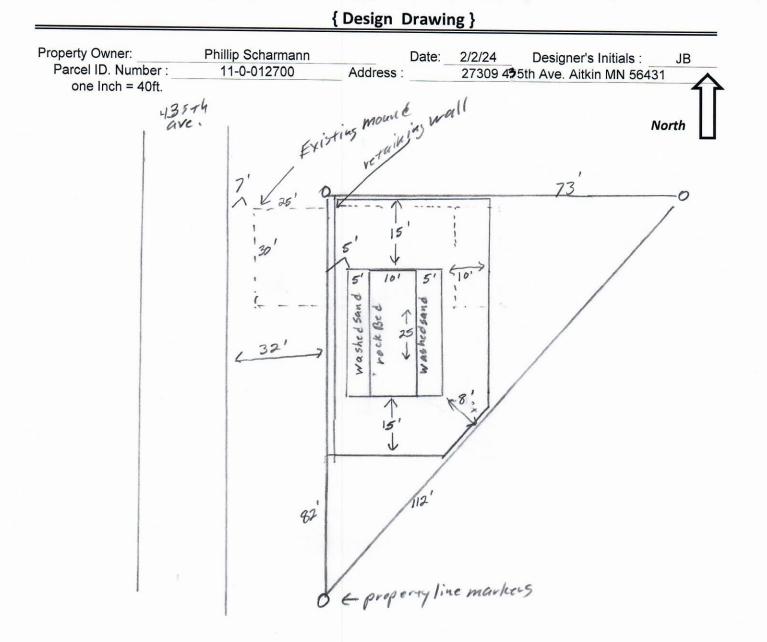


Existing 2" supply pipe at Existing Pump tank Elv.= 95.4' Surveyor's Double Nail Benchmark Elv.= 99.9' or Elv.= 1261.68' Farm Island Lake Ice Elv = 93.6' Or 1255.4' on 2/1/2024 Shore Elv. = 95.3'

| | 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 | | | |

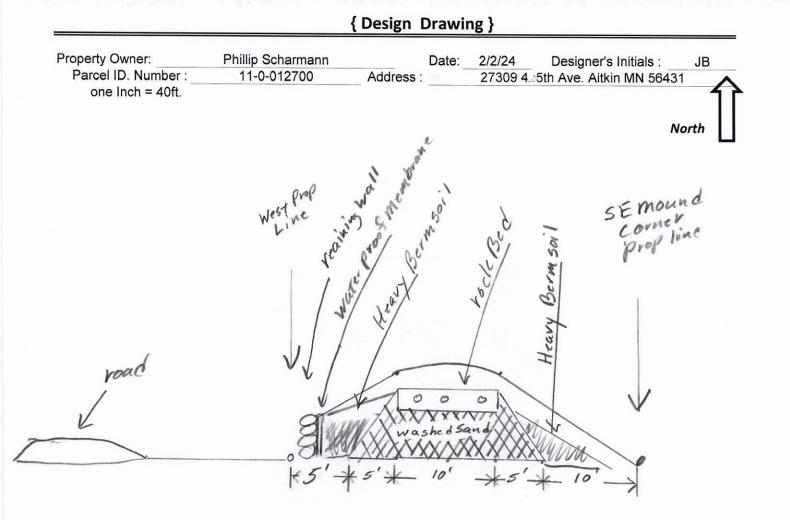


Existing 2" supply pipe at Existing Pump tank Elv.= 95.4' Surveyor's Double Nail Benchmark Elv.= 99.9' or Elv.= 1261.68' Farm Island Lake Ice Elv = 93.6' Or 1255.4' on 2/1/2024 Shore Elv. = 95.3'

| | 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' | |
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| 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

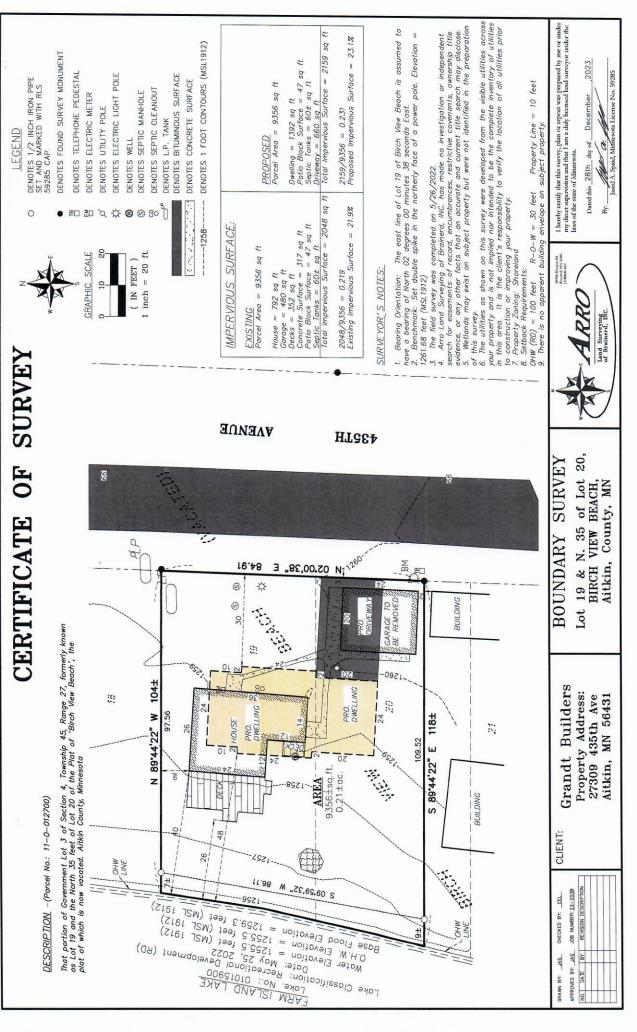
MOST TANK INLETS ARE 48" & LIQUID LEVELS ARE 42" LO-PROFILES – INLET 38" & LIQUID LEVEL 31" 3198 GALLON - INLET 64" & LIQUID LEVEL 58"

| | 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" |

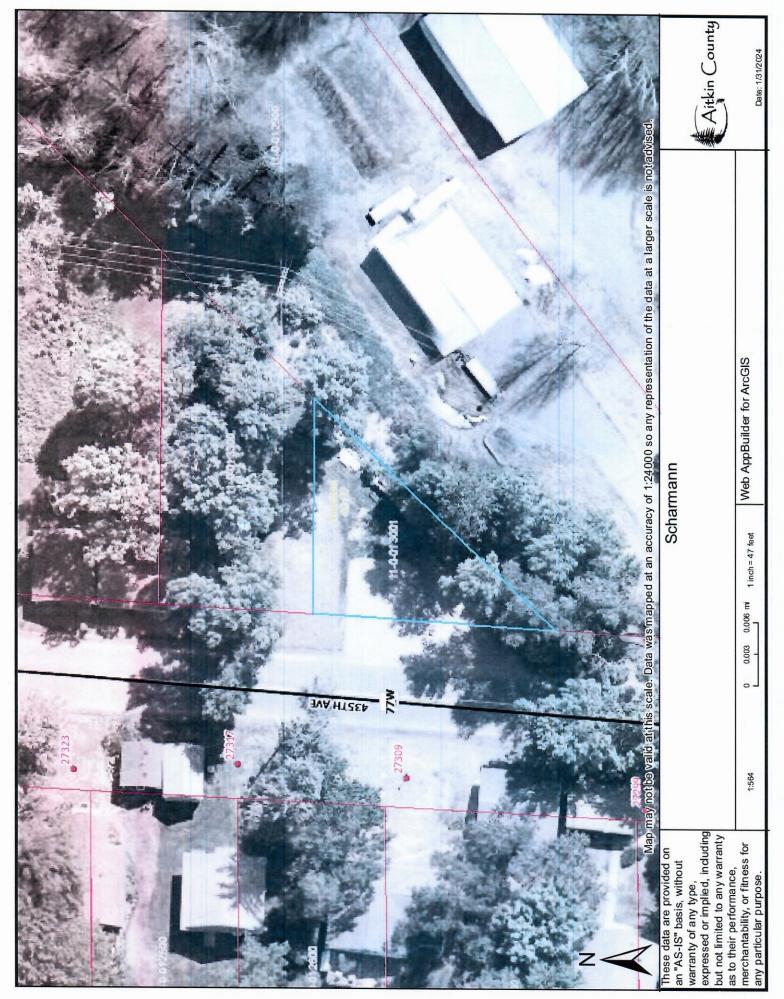
S = SINGLE COMPARTMENT

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

Page 15 of 19



Page 16 of 19





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 |
| 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 Delto No Date Dollars Paid Dollars Paid Deputr STATE OF MINNESOTA COUNTY OF HENNEPIN }ss. This instrument was acknowledged before me on Novemb by Luverne C. Anderson and Sharon D. Anderson, husband and wi 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): | wells on the described real property. t. t. t. t. t. t. t. t. t. t |

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