# ST. LOUIS COUNTY BOARD OF ADJUSTMENT STAFF REPORT

**REPORT DATE: 07/24/2023** 

MEETING DATE: 08/10/2023

#### **APPLICANT INFORMATION**

**APPLICANT NAME:** Bodri Enterprises Inc.

**APPLICANT ADDRESS:** 8650 Highway 115 Cook, MN 55723

**OWNER NAME:** Daniel Engstrom

SITE ADDRESS: 1392 Walsh Road Ely, MN 55731

**LEGAL DESCRIPTION:** LOT 41 & LOT 42 CLEARWATER PLAT, S27, T62N, R14W (Eagles Nest)

PARCEL IDENTIFICATION NUMBER (PIN): 317-0040-00410 / 317-0040-00420

**VARIANCE REQUEST:** The applicant is requesting relief from St. Louis County SSTS Ordinance 61 adopted Technical Standards 7080.2150, Subpart 2, Section F, Table VII, to allow a subsurface sewage treatment system installation at a reduced shoreline setback from a Recreational Development lake where a minimum of 75 feet is required.

**PROPOSAL DETAILS:** The applicant is proposing to install a new septic tank at a reduced shoreline setback of 60 feet where a 75 foot setback is required. The new tank will be replacing the noncompliant existing dry wells as required by the point-of-sale inspection requirements.

#### PARCEL AND SITE INFORMATION

ROAD ACCESS NAME/NUMBER: WALSH ROAD FUNCTIONAL CLASS: LOCAL

LAKE NAME: EAGLES NEST NO. 3 LAKE CLASSIFICATION: RD

RIVER NAME: N/A RIVER CLASSIFICATION: N/A

**DESCRIPTION OF DEVELOPMENT ON PARCEL:** The parcel currently contains a dwelling, two small storage buildings, and noncompliant dry wells that failed point-of-sale inspection.

**ZONE DISTRICT: SMU** 7

PARCEL ACREAGE: APPROX. 0.2 ACRES LOT WIDTH: 100 FEET

FEET OF ROAD FRONTAGE: 100 FEET FEET OF SHORELINE FRONTAGE: 100 FEET

PARCEL AND SITE INFORMATION

VARIANCE

**VEGETATIVE COVER/SCREENING:** The property has sufficient vegetative screening from the shoreline, roadway, and neighboring properties.

**TOPOGRAPHY:** There is an elevation change of 10 feet, sloping towards the shoreline.

FLOODPLAIN ISSUES: N/A

WETLAND ISSUES: N/A

**ADDITIONAL COMMENTS ON PARCEL:** There is limited area for replacement due to the depth of the parcel.

#### **FACTS AND FINDINGS**

#### A. Official Controls:

- 1. Ordinance 61 states that all SSTS components must be setback in accordance with Table VII of the SSTS Technical standards. The required setback for Eagle's Nest Lake No. 3 is 75 feet. The applicant is proposing to install the tank at a reduced setback of 60 feet.
- 2. All other setbacks will be met.

#### **B. Practical Difficulty:**

- 1. With a road right-of-way setback of 10 feet, and a shoreline setback of 75 feet, there is no area on the parcel that conforms to both setback requirements.
  - a. The parcel is approximately 83 feet deep, limiting the conforming area for replacement.
  - b. The existing structure layout limits the conforming area for replacement.
- 2. The existing dry wells were found to be noncompliant when a point-of-sale inspection was done and are required to be replaced.

#### C. Essential Character of the Locality:

- 1. The plat is zoned Shoreland Multiple Use 7 consisting of conforming and nonconforming residences.
- 2. There have been no similar variance requests within the plat.

#### D. Other Factor(s):

- 1. There is no conforming septic replacement area due to shoreline and roadway setbacks.
- 2. The existing system is noncompliant has failed point-of-sale inspection.

#### **BOARD OF ADJUSTMENT CRITERIA FOR APPROVAL OF A VARIANCE**

- 1. Is the variance request in harmony with the general purpose and intent of official controls?
- 2. Has a practical difficulty been demonstrated in complying with the official controls?
- 3. Will the variance alter the essential character of the locality?
- 4. What, if any, other factors should be taken into consideration on this case?

#### **CONDITIONS**

Conditions that may mitigate the variance for relief from St. Louis County SSTS Ordinance 61 7080.2150 Subpart 2 Item F (Table VII) to allow a subsurface sewage treatment system installation at a reduced shoreline setback as proposed include, but are not limited to:

- 1. All other Onsite Wastewater SSTS standards shall be met.
- 2. Following system installation, an inspection shall be performed by a qualified inspector to ensure setbacks are met prior to issuing Certificate of Compliance.
- 3. All other local, county, state and federal regulations shall be met.

3

#### ST. LOUIS COUNTY, MN PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT (On-Site Wastewater Division)

**Duluth** Virginia

**Government Services Center Government Services** 

Center

320 West 2nd Street, Suite 301

Duluth, MN 55802 Phone (218) 725-5200 Toll Free (800) 450-9278

201 South 3rd Avenue West Virginia, MN 55792 Phone (218) 749-0625 Toll Free (800) 450-9278

#### Permit Construction Application Subsurface Sewage Treatment System

#### General

- This permit application form is used to apply for a Permit to Construct. Additional information: www.stlouiscountymn.gov/septic

#### Enter the Primary PIN and Associated PIN (if applicable) of the property to be reviewed.

PIN is found on your Property Tax Statement. For example, 123-1234-12345. Primary PIN: Parcel where Structure/SSTS are located. Associated PIN: Additional and/or adjacent property that you own or that is related to the project.

County Land Explorer: <a href="https://www.stlouiscountymn.gov/explorer">https://www.stlouiscountymn.gov/explorer</a>

Property Lookup: http://apps.stlouiscountymn.gov/auditor/parcelInfo2005Iframe

Primary PIN 317-0040-00410

Associated PINs

PIN# 317-0040-00420

#### **Enter Applicant Information**

Contractor I am a:

Are you an LLC No

Business?

**Bodri Enterprises Inc** Applicant Name: Address: 8650 Highway 115

City: Cook State: MN Zip: 55723

Primary Phone: (218)410-3477 Mobile Phone: 218-410-3477

Email: michaelbodri@gmail.com

Preferred Contact Any

Method:

Contact Person Name: Contact Person Phone:

#### **Property Owner Name and Contact Information.**

If the property owner information we have on file is not correct, please enter the current owner information.

**ENGSTROM DANIEL J** Property Owner Name: Site Address: 1392 WALSH ROAD

City: **ELY** State/Province: MN Zip: 55731

Primary Phone: (612)987-5335

Mobile Phone:

Email: dengstrom67@yahoo.com

Preferred Contact

Method:

Contact Person Name Contact Person Phone

#### **Mailing Address Information**

| This address can ( | default from | the address | you selected. | If the \ | values | defaulted | are not | correct, | please | enter i | the co | rrect |
|--------------------|--------------|-------------|---------------|----------|--------|-----------|---------|----------|--------|---------|--------|-------|
| information.       |              |             |               |          |        |           |         |          |        |         |        |       |

Same as Property

address?

Same as Applicant

address?

**ENGSTROM DANIEL J** Name:

Address: 4484 115th AVE

Yes

Yes

City: **CLEAR LAKE** 

State/Province: MN Zip: 55319

Primary Phone: (612)987-5335

Mobile Phone:

Email: dengstrom67@yahoo.com

Provide additional email

recipients

Yes

#### SITE INFORMATION

Enter Site information Do you need to request No a 911 address number and sign?

Is this a leased property?

No

Is this for Residential or Commercial? Residential

Is the property used year round or used seasonally? Seasonal Use

Is this project within 300 feet of a river/stream or 1,000 feet of a lake?

Yes

River/Lake Name Eagles Nest #3

Is this property connected to a Common Interest Community?

Is this serving multiple dwellings sharing a SSTS component?

Is this related to a Point of Sale Requirement?

Yes

Is the SSTS located in a floodplain?

No

#### APPLICATION REASON

What are you applying Replacing the existing SSTS

for?

Explain why: **Drywell that failed inspection** 

Permit Number (being replaced, if known):

#### RESIDENTIAL WORKSHEET

Select the System Type

#### Type I System

"Type I System" means an ISTS that follows a standard trench, bed, at-grade, mound, or graywater system design in accordance with MPCA rules, Minnesota Rules, Chapter 7080.2200 through 7080.2240.

#### Type II System

"Type II System" means an ISTS with acceptable modifications or sewage containment system that may be permitted for use on a site not meeting the conditions acceptable for a standard Type I system. These include systems on lots with rapidly permeable soils or lots in floodplains and privies or holding tanks.

Yes

**Holding Tank** System Type

#### Type III System

"Type III System" means a custom designed ISTS having acceptable flow restriction devices to allow its use on a lot that cannot accommodate a standard Type I soil treatment and dispersal system.

#### Type IV System

"Type IV System" means an ISTS, having an MPCA registered pretreatment device and incorporating pressure distribution

and dosing, that is capable of providing suitable treatment for use where the separation distance to a shallow saturated zone is less than the minimum allowed.

No

#### Type V System

"Type V System" means an ISTS, which is a custom engineered design to accommodate the site taking into account pretreatment effluent quality, loading rates, loading methods, groundwater mounding, and other soil and other relevant soil, site, and wastewater characteristics such that groundwater contamination by viable fecal coliforms is prevented.

No

#### WELL INFORMATION

Enter information about the well.

Do you have a proposed water source?

No

Enter # of existing water sources on the property

After completing the following information for the 1st water source, please use the Add Another Water Source button to add the additional water source(s) information.

Water Source Type **Surface/Lake Water** 

Well # Well Depth (Feet) Case Depth (Feet) Well Type

#### **DESIGNER & INSTALLER INFORMATION**

#### **Select the Designer**

Licensed Business

**Bodri Enterprises Inc.** 

Name or Designer

Name

License # 4284 Certification # 8748

Designer's Comments

He had a permit to complete this back in

(To On-Site Wastewater 2020 but never got it completed

Staff)

#### Select the Installer (if known)

Licensed Business Name or Installer Name License # Certification #

Installer's Comments (To On-Site Wastewater

Staff)

#### STRUCTURE - RESIDENTIAL

| Enter Building Type and Water Uses  Home, mobile home, hunting shack, cabin, RV |       |  |  |  |  |  |  |
|---|-------|--|--|--|--|--|--|
| Dwelling  | Yes   |  |  |  |  |  |  |
|   |       |  |  |  |  |  |  |
| Dwelling  |       |  |  |  |  |  |  |
| # of Bedrooms   | 2     |  |  |  |  |  |  |
| Plumbing  | ✓ Yes |  |  |  |  |  |  |
| Basement Plumbing   | Yes   |  |  |  |  |  |  |
| Garbage Disposal  | Yes   |  |  |  |  |  |  |
| Clothes Washer  | Yes   |  |  |  |  |  |  |
| Dishwasher  | Yes   |  |  |  |  |  |  |
| Water Conditioning Unit   | Yes   |  |  |  |  |  |  |
| Furnace w/Humidifier  | Yes   |  |  |  |  |  |  |
| Bathtub > 40 gal.   | Yes   |  |  |  |  |  |  |
| Sewer Grinder Pump  | Yes   |  |  |  |  |  |  |
| Multi-Family  | No    |  |  |  |  |  |  |
| Accessory Dwelling  | No    |  |  |  |  |  |  |
| Accessory Structure   |       |  |  |  |  |  |  |
| w/water   | Al -  |  |  |  |  |  |  |
| Other   | No    |  |  |  |  |  |  |
|   |       |  |  |  |  |  |  |

Other information to be considered for this application

Will this project require a Septic Variance?

#### VARIANCE WORKSHEET

Enter Variance information. About SSTS Variances Pursuant to Ordinance 61, Article V, Section 3.0 A property owner may request a variance from the standards specified in the Ordinance pursuant to county policies and procedures. Variances shall only be permitted when they are in harmony with the general purposes and intent of this Ordinance where there are practical difficulties or particular hardship in meeting the strict letter of this Ordinance, excluding the technical standards. Certain deviations may require the approval of the MPCA or the MN Department of Health.

Describe the specific provision(s) in the ordinance from which the variance is requested.

Need to put the tank within 60' of the high water mark compared to the lake setback of 75'

Describe the practical difficulty that prevents compliance with the rule.

The lot is so small that the lake setback and road setback overlap, making it impossible to do anything on the lot without getting a variance.

Describe the alternative measures that will be taken to achieve a comparable degree of compliance with the purposes and intent of the applicable provisions.

> The tank will be located behind the cabin so that it cannot be seen from the lake. It will also help to protect the groundwater by removing a noncompliant system

Identify cost considerations preventing reasonable use of the property under the terms of this ordinance

Without a variance, the cabin would have to be turned into a hand carry water only dwelling. This would dramatically decrease the value of the property. The only other option would be to try to buy more land in the area, Which there is none available

#### **OFFICE USE ONLY**

ES Area Office Virginia Section 27 Township 62 Range 14 Variance Department Recommendation

#### Specify reasons for recommendation:

Hint: (Reference pertinent sections of the Ordinance and ISTS Construction Standards)

Hearing Info. and Outcome

Board of Adjustment

Hearing Date

Permit # Variance Granted Case #

#### VARIANCE AGREEMENT

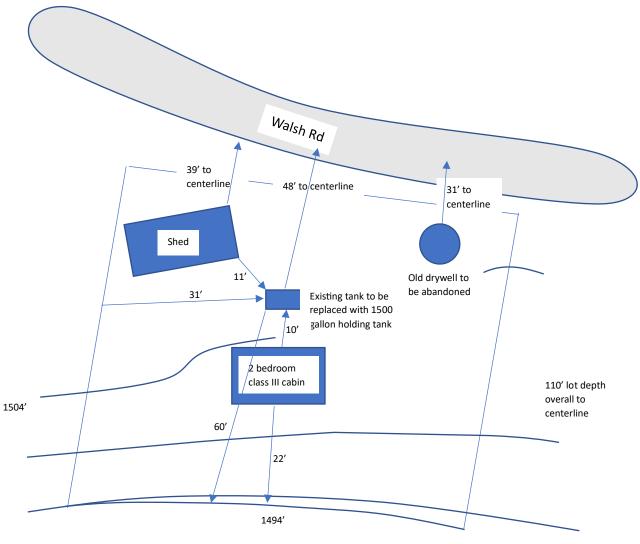
By submitting this request for variance from the Ordinance and the Construction Standards, I certify and agree that no substantial health hazard is likely to occur therefrom and an unnecessary hardship might result in strict compliance with the Ordinance and Standards.

I further agree to install a sewage treatment system in accordance with the permit application, plans, and specification that are made as part of this variance request, in addition to paying the Variance Fee associated with this request.

Site evaluation of Septic 6/1/2023
1392 Walsh Rd
Approx 0.2 acres
City: Ely
Twp Eagles Nest
Designed by Michael Bodri
Bodri Enterprises Inc
License 4284 Cert 8748
218-410-3477
Property only has lake water system.
Not to scale



1



Eagles Nest #3 100' frontage



#### **PERMIT**

#### **Residential Construction Application**

**Subsurface Sewage Treatment System** 

3000

This permit application form is used to apply for a Permit to Construct. Additional Information: www.stlouiscountymn.gov/septic. PROPERTY IDENTIFICATION NUMBER (PIN) and SITE 0 0 4 0 3 7 0 0 0 3 1 Primary PIN Associated PIN PIN is found on your Property Tax Statement (E.g. 123-1234-12345), searching the County Land Explorer at https://gis.stlouiscountymn.gov/landexplorer/, or searching the Property Lookup at http://apps.stlouiscountymn.gov/auditor/parcelInfo2005Iframe/. City Ely Zip **55731** Site Address 1392 Walsh Rd Check to request a 911 address number and sign. Visit https://www.stlouiscountymn.gov/departments-a-z/sheriff/emergency/911-emergency#5143571-obtaining-a-911-address for addressing information. **APPLICANT** (Property Owner) **Dan Engstrom** Date **6/6/2023** Name Address 4484 115TH AVE City Clear Lake State MN Zip **55319** Phone 612-987-5335 dengstrom67@yahoo.com Phone Email **CONTACT** (If Different than Applicant Above) Name Email Phone Phone MAILING INFORMATION (If Different than Site Address) ☐ US Mail City State Zip Address ✓ Email **Email** michaelbodri@gmail.com **REASON FOR APPLICATON** ✓ Replacing the Existing SSTS Why Failed dry well ☐ New SSTS ✓ Point of Sale Requirement SYSTEM TYPE (refer to design summary) and PERMIT FEES Type I Type II Type III Type IV Type V \$500 ☐ Non-Shoreland \$310 ✓ Holding Tank \$255 ☐ System \$350 □ System \$400 □ System ☐ Shoreland \$535 ☐ Privy/Outhouse \$105 ☐ Component Add/Replace \$205 ☐ Component Add/Replace \$205 ☐ Component Add/Replace \$205 ☐ Component Add/Replace \$205 ☐ Floodplain-Shoreland \$315 ☐ Component Add/Replace \$205 Please make checks payable to: St. Louis County Auditor **SITE INFORMATION** (Check all that apply) ✓ Yes ☐ No Is the SSTS within 1,000 feet of a lake or 300 feet of a river? Lake/River Name Eagles Nest #3 ☐ Yes ✓ No Is the property used year round? ☐ Yes ✓ No Is the property part of a CIC (Common Interest Community)? If yes, include the Associated PIN on this Application. ☐ Yes ✓ No Is this property serving multiple dwellings sharing a SSTS component? ☐ Yes ✓ No Is this leased property? If yes, you must obtain & attach the Lessor's written authorization for this project. Leased From ☐ MN Power ☐ St. Louis County ☐ MN DNR ☐ US Forest Service □ Other WELL INFORMATION (Check all that apply) ✓ Surface/Lake Water Water Source ☐ Proposed Well ☐ Hand Carried ☐ Existing Well ☐ Municipal ☐ Drilled □ Dug Is there one or more wells? Well Type □ Sandpoint ☐ Yes ✓ No Well # Well Depth Feet Case Depth Feet



#### **PERMIT**

#### **Residential Construction Application**

**Subsurface Sewage Treatment System** 

Form **3000** Rev. 12-28-2021

| DESIGNER  |   |               |                   |                                |                   |                  |                |            |                                   |                      |                  |                    |
|---|---|---------------|-------------------|--------------------------------|-------------------|------------------|----------------|------------|-----------------------------------|----------------------|------------------|--------------------|
| Licensed Business Name <b>Bodri Enterprises Inc.</b>  |   |               |                   |                                |                   |                  |                |            |                                   |                      |                  |                    |
| License # 4284 Certification # 8748   |   |               |                   |                                |                   |                  |                |            |                                   |                      |                  |                    |
| Designer's Comments (To On-Site Wastewater Staff)  Owner had a permit for a holding tank back in 2020 but never had it installed and no variance was pulled. He now needs a new permit and a variance to do a new one   |   |               |                   |                                |                   |                  |                |            |                                   |                      |                  |                    |
| STRUCTURE   |   |               |                   |                                |                   |                  |                |            |                                   |                      |                  |                    |
| <b>Building Type and Water U</b> Check all that apply   | lses  | # of Bedrooms | Seasonal Use Only | Plumbing                       | Basement Plumbing | Garbage Disposal | Clothes Washer | Dishwasher | Water Conditioning Unit           | Furnace w/Humidifier | Bathtub > 40 gal | Sewer Grinder Pump |
| ✓ Dwelling  | Home, mobile home, hunting shack, cabin, RV                                     | 2             | <                 | <b>✓</b>                       |                   |                  | <b>✓</b>       |            |                                   |                      |                  |                    |
| ☐ Multi-Family  | Multiple units  |               |                   |                                |                   |                  |                |            |                                   |                      |                  |                    |
| ☐ Accessory Dwelling  | Guest cottage, bunk house   |               |                   |                                |                   |                  |                |            |                                   |                      |                  |                    |
| ☐ Accessory Structure   | Garage, pole building, shed, sauna, gazebo screen-house                         | 0             |                   |                                |                   |                  |                |            |                                   |                      |                  |                    |
| ☐ Other   |   |               |                   |                                |                   |                  |                |            |                                   |                      |                  |                    |
| Other information to be consid Road right of way setback  | ered for this application<br>and lake setbacks overlap or                       | n lot di      | ue to h           | ow sm                          | all it i          | s                |                |            |                                   |                      |                  |                    |
| AGREEMENT   |   |               |                   |                                |                   |                  |                |            |                                   |                      |                  |                    |
| By submitting this application, the entire contents of which are considered to be public data, I certify and agree that I am the owner or the authorized agent of the owner of the above property, and that all uses will conform to the provisions of St. Louis County. I further certify and agree that I will comply with all conditions imposed in connection with the approval of the application. Applicants may be required to submit additional property descriptions, property surveys, site plans, building plans and other information before the application is accepted or approved. <i>Intentional or unintentional falsification of this application or any attachments thereto will make the application, any approval of the application and any resulting permit invalid.</i> I authorize St. Louis County staff to inspect the property to review the application and for compliance inspections. Furthermore, by submitting this application, I release St. Louis County and its employees from any and all liability and claims for damages to person or property in any manner or form that may arise from the approval of the application or any related plans, the issuance of any resulting permit or the subsequent location, construction, alteration, repair, extension, operation or maintenance of the subject matter of the application. |   |               |                   |                                |                   |                  |                |            |                                   |                      |                  |                    |
| CONTACT Planning and Com  | munity Development (On-Site V   | Vastewa       | ater Div          | ision)                         |                   |                  |                |            |                                   |                      |                  |                    |
| Dul   | uth Office  |               |                   |                                |                   | 1                | Virgini        | a Offic    | e                                 |                      |                  |                    |
| Government Services Center<br>320 W 2nd Street, Suite 301<br>Duluth, MN 55802   | Phone (218) 725-5200<br>Toll Free (800) 450-9777<br>www.stlouiscountymn.gov/sep | <u>tic</u>    | 201 S             | nment S<br>outh 3rd<br>a, MN 5 | Avenue            |                  |                | Toll Fre   | (218) 74<br>ee (800)<br>etlouisco | 450-97               | 77               | <u>tic</u>         |

OFFICE USE ONLY

Paid by

Received By

**Amount Paid** 

Revenue Code

☐ IP

Check #

Date RIO

Cash

☐ Mail

Permit #



#### PERMIT

## SSTS Design Summary Subsurface Sewage Treatment System

Form

| This form is used to complete a SSTS Design. Additional Information: <a href="https://www.stlouiscountymn.gov/septic">www.stlouiscountymn.gov/septic</a> |  |             |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |
|--|--|-------------|----------|-------|----------------------------|--------|-------------------|-------------|---------------------|---------|-----------------------|---------------------|--------|-------|
| SITE INFORMATION   |  |             |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |
| Site Address 13  | 392 Walsh I  | Rd          |          | City  | / Ely                      |        |                   |             | Zip <b>5</b> !      | 5731    | Parcel                | ID <b>317-</b>      | 0040-0 | )0410 |
| DESIGNER   |  |             |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |
| Name <b>Micha</b>  | el Bodri   |             |          |       |                            |        |                   |             |                     |         |                       | Date                |        |       |
| Email <b>micha</b>   | elbodri@gr   | mail.com    |          |       |                            | Phone  | 218-4             | 10-34       | 77                  | Phone   |                       |                     |        |       |
| SYSTEM INFO  | ORMATIO  | N           |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |
| MPCA Type □  | Type I ✓   | ´Type II □  | Type III | □ Тур | pe IV                      | □Ту    | /pe V             | Dwellir     | ng Classifi         | cation  | □ I                   | □II                 | ✓ III  | □IV   |
| □ Residential □ Commercial ✓ Seasonal □ Other Well Casing Depth <b>0</b>   |  |             |          |       |                            |        |                   |             |                     |         | 0                     |                     |        |       |
| # Bedrooms   | 2 #  | Water using | devices  | 1     | Total                      | Finish | ed Sq f           | t <b>74</b> | 6                   | Sq ft / | Bedrooi               | m                   |        | 373   |
| Design Flow  | <b>180</b> W   | ater Meter  | yes      |       | Press                      | ure Te | est               | no          |                     | Grinde  | er or Di              | sposal              |        | no    |
| CLR :  | SLR  |             |          |       | Limiti                     | ng Soi | il Type           |             |                     | Limitii | ng Laye               | r Depth             | (in)   |       |
| SSTS Flow Description  A 2 bedroom class III seasonal cabin flowing into a 1500 gallon holding tank  |  |             |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |
| TANK INFOR   | MATION   |             |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |
| Type<br>(Septic, Pump, Holding   | Imp, Holding etc.) Size (gallons) Status (New, Existing) |             |          |       | <b>terial</b><br>cast, Pla |        | Alarm<br>(Yes, No |             | nsulated<br>es, No) |         | <b>dded</b><br>s, No) | Buildi<br>(Gravity, |        |       |
| holding  | 150  | 0           | new      | pre   | ecast                      |        | yes               | yes **      |                     | yes     | 5                     | gravity             |        |       |
|  |  |             |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |
|  |  |             |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |
|  |  |             |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |
|  |  |             |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |
| Gallons per inch   | h of pump t  | ank         |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |
| Tank Installation & Pumping comments  **Tank must be insulated to a value of R10 if buried less than 2 feet underground                                  |  |             |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |
| DISTRIBUTION   | ON INFO  | RMATION     |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |
| ☐ Gravity ☐  | ☐ Drop Box   | ☐ Distribut | ion Box  |       |                            |        |                   |             |                     |         |                       |                     |        |       |
| ☐ Pressure G   | Gal/Min  |             | Ft Hea   | d     |                            | Pump   | Model             |             |                     |         |                       |                     |        |       |
| ☐ Event Counter  | r 🗆 ETM  | Time Dose   | Panel    |       |                            |        |                   |             | Timer On            | 1       | _                     | Timer O             | ff     |       |
| Max Dose   | Min.   | Dose        | Drai     | nback |                            |        | Dose -            | + Drair     | nback               |         | Float                 | Tether (            | in)    |       |
|  |  | Manifold    |          |       |                            |        |                   |             |                     | Latera  | als                   |                     |        |       |
| Location   Co  | Center   |             | □ End    |       |                            | Num    | nber              |             |                     |         | Length                | ı (ft)              |        |       |
| Size (in)  |  |             |          |       |                            | Size   | (in)              |             | ·                   |         |                       |                     |        |       |
| Insulated  |  |             |          |       |                            |        |                   |             |                     | Orific  | es                    |                     |        |       |
|  |  |             |          |       |                            | Size   | (in)              |             |                     |         | # Per                 | lateral             |        |       |
| Spacing (in) Shields   |  |             |          |       |                            |        |                   |             |                     |         |                       |                     |        |       |



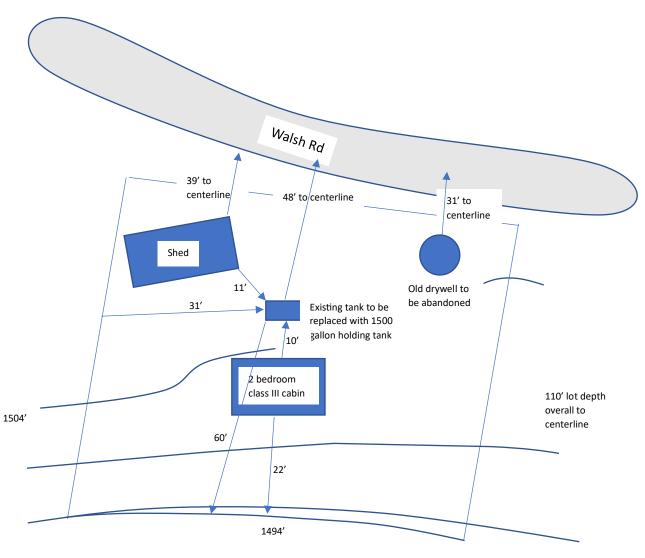
# PERMIT SSTS Design Summary Subsurface Sewage Treatment System

Form **3002**Rev. 07-27-2022

| DRAINFIELD IN                                      | FORMATI    | ON                                |          |                  |         |          |          |                                |                      |  |  |  |  |  |
|--|------------|-----------------------------------|----------|------------------|---------|----------|----------|--------------------------------|----------------------|--|--|--|--|--|
| Trench   |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
| Number   |            | Width (ft)                        |          |                  | Leng    | th (ft)  |          |                                |                      | Media Type                                       |  |  |  |  |
| Max Depth (in)                                     |            | Rock (in)                         |          | ,                | Cove    | er (in)  |          | ·                              |                      | Sand Liner (in)                                  |  |  |  |  |
| Bed  | ,          |                                   |          |                  | •       |          |          |                                |                      |  |  |  |  |  |
| Number Width (ft)                                  |            |                                   |          |                  |         | th (ft)  |          |                                |                      | Media Type                                       |  |  |  |  |
| Max Depth (in)                                     |            | Rock (in)                         |          | ,                | Cove    | er (in)  |          | ·                              |                      | Sand Liner (in)                                  |  |  |  |  |
| At-Grade   | _          |                                   |          |                  | !       |          |          | ·                              |                      |  |  |  |  |  |
| Width (ft)   | Length (f  | t)                                | Num      | ber              | Up E    | Berm (ft | :)       |                                |                      | Down Berm (ft)                                   |  |  |  |  |
| Mound  | •          |                                   | •        |                  |         |          |          | ·                              |                      |  |  |  |  |  |
| Number   |            | Bed Width (                       | ft)      |                  | Bed     | Length   | (ft)     |                                |                      | Media Type                                       |  |  |  |  |
| Sand (in)  | to         | Rock (in)                         |          |                  | Cove    | er (in)  |          |                                |                      | Total Width (ft)                                 |  |  |  |  |
| Up Berm (ft)                                       |            | Down Berm                         | (ft)     |                  | Sano    | l (yd³)  |          | ·                              |                      | Total Length (ft)                                |  |  |  |  |
| Registered Filter                                  | Product    | •                                 |          |                  |         |          |          |                                |                      |  |  |  |  |  |
| Filter Class                                       | Intermitte | nt/Single Pass                    |          | Subsu            | rface I | Flow     |          | Other                          |                      |  |  |  |  |  |
| Media Type □                                       | Sand       |                                   | Peat     |                  | Textile | e/Syntl  | hetic    |                                | Constructed Wetlands |  |  |  |  |  |
| No. of Filters                                     | •          | Rock Bed Di                       | ons (ft) | Х                |         | Bed      | Media De | epth (ir                       | 1)                   |  |  |  |  |  |
| Manufacturer                                       |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
| Registered Aerobi                                  | ic Treatme | ent System                        |          |                  |         |          |          |                                |                      |  |  |  |  |  |
| Туре   | Suspended  | d Growth                          |          | Fixed Film       |         | Seque    | encing   | Batch                          |                      | Other  |  |  |  |  |
| Gallons/day  | No. of U   | Inits                             | D        | isinfection (yes | or no   | )        |          | If yes, o                      | hermi                | cal or UV  |  |  |  |  |
| Manufacturer                                       | <b>!</b>   | ·                                 |          |                  |         | •        |          | <u> </u>                       |                      |  |  |  |  |  |
| Designer Commer                                    | nts        |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
| going in the same                                  |            | old tank, ve                      | ery lir  | nited options    | on s    | ite      |          |                                |                      |  |  |  |  |  |
|  | •          | ,                                 | •        | •                |         |          |          |                                |                      |  |  |  |  |  |
|  |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
|  |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
|  |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
|  |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
|  |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
|  |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
|  |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
|  |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
|  |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
|  |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
|  |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
|  |            |                                   |          |                  |         |          |          |                                |                      |  |  |  |  |  |
| CONTACT Planning                                   | ent (O     | ter Div                           | ision)   |                  |         | 1        | Office   |                                |                      |  |  |  |  |  |
| Duluth Office                                      |            |                                   |          |                  |         |          |          |                                | ia Office            |  |  |  |  |  |
| Government Services Cer<br>320 W 2nd Street, Suite |            | Phone (218) 72<br>Toll Free (800) |          |                  |         |          |          |                                |                      | Phone (218) 749-0625<br>Toll Free (800) 450-9777 |  |  |  |  |
| Duluth, MN 55802                                   |            | www.stlouiscou                    |          | a, MN 5          |         |          |          | www.stlouiscountymn.gov/septic |                      |  |  |  |  |  |

Site evaluation of Septic 6/1/2023
1392 Walsh Rd
Approx 0.2 acres
City: Ely
Twp Eagles Nest
Designed by Michael Bodri
Bodri Enterprises Inc
License 4284 Cert 8748
218-410-3477
Property only has lake water system.
Not to scale





Eagles Nest #3 100' frontage

#### Septic system maintenance plan - Holding tank

This management plan will identify the operation and maintenance activities necessary to ensure long-term performance of your septic holding tank. Some of these activities must be performed by you, the homeowner. Other tasks must be performed by a licensed septic maintainer or service provider. However, it is YOUR responsibility to make sure all tasks get accomplished in a timely manner. Keep copies of all pumping records and other maintenance and repair invoices with this document.

| Property OwnerDan Engstro                                   | om             |  |  |  |  |  |  |
|---|----------------|--|--|--|--|--|--|
| Property address1392 Walsh Rd Elv                           | у              |  |  |  |  |  |  |
| Permit #  | year installed |  |  |  |  |  |  |
| PumperJosh Carlson Honey Wagon                              |                |  |  |  |  |  |  |
| Description of septic: _2 br cabin to 1500 gal holding tank |                |  |  |  |  |  |  |

#### Seasonally or several times per year - homeowner's responsibility

- Leaks. Check (listen, look) for leaks in toilets and dripping faucets. Repair leaks promptly.
- Surfacing sewage. Regularly check for wet or spongy soil around your holding tank area. If surfaced sewage or strong odors are not corrected by pumping the tank or fixing broken caps, call your service professional. Untreated sewage may make humans and animals sick.
- Alarms. Alarm signals when the holding tank is 75% at capacity. Contact your pumper/maintainer any time the alarm signals. Test alarm to make sure it is working.
- Caps. Make sure that all caps and lids are intact and in place. Inspect for damaged caps at least once every year in the fall. Fix or replace damaged caps before winter to help prevent freezing issues.

#### Tank Maintenance – homeowner and pumper/maintainer's responsibility

- Make arrangement to have tank pump when alarm goes off or reaches its high level mark on manual alarm.
- Make sure that your pumper/maintainer services the tank through the manhole. (NOT though a 4" or 6" diameter inspection port.)
- Operating Permits must be renewed every five years. At the time of renewal, the owner must submit to the Department an Operating Permit
  - Renewal application and application fee,
  - Water usage records for the previous 12 months,
  - Pumping records by pumping episode for the previous 12 months,
  - Holding Tank Inspection Form completed by a licensed service provider or maintainer,
  - Copy of a valid signed contract with a licensed maintenance business



#### **OPERATING PERMIT**

#### **OPERATING PERMIT WORKSHEET**

**Subsurface Sewage Treatment System** 

Form Rev. 12-28-2021

|     |      |        | _   |           |         |            |              |                |                    |
|-----|------|--------|-----|-----------|---------|------------|--------------|----------------|--------------------|
| his | form | is for | ran | operating | permit. | Additional | Information: | www.stlouiscou | intymn.gov/septic. |

| This form is for an operating permit.   | Additional In | nforn | natio      | n: www | N.St | tlouisc | coun    | tymn.gov/septic.  |  |                                |           |      |               |      |          |       |       |  |
|---|---------------|-------|------------|--------|------|---------|---------|---|--|--------------------------------|-----------|------|---------------|------|----------|-------|-------|--|
| PROPERTY IDENTIFICAT  | TION NUM      | MВ    | ER         | (PIN   | ) a  | and s   | SIT     |   |  |                                |           |      |               |      |          |       |       |  |
| Primary PIN   3   1   7   -   | 0 0 4         | 0     | -          | 0 0    | 4    | 1       | 0       | Associated PIN 3  | 1  | 7                              | - (       | 0    | 0 4           | 0 -  | 0        | 0 4   | 4 2 0 |  |
| Site Address 1392 Walsh Rd  |               |       |            |        |      |         |         | City <b>Ely</b>   |  |                                | Zi        | ip   | 5573          | 1 Da | ite 6    | 6/6/2 | 023   |  |
| DESIGNER  |               |       |            |        |      |         |         |   |  |                                |           |      |               |      |          |       |       |  |
| Licensed Business Name <b>Bodri</b> I   | Enterprises   | In    | С          |        |      |         |         |   |  |                                | Lic       | en   | se # <b>4</b> | 284  |          |       |       |  |
| REASON FOR OPERATIO   | N PERMI       | T     |            |        |      |         |         |   |  |                                |           |      |               |      |          |       |       |  |
| ✓ Holding Tank  | ☐ Type I      | II    |            |        |      |         |         | □ Type IV   |  |                                |           |      | ⊒ Туре        | ٧ ڊ  |          |       |       |  |
| ☐ Other Establishment ☐ High Waste Strength                                   |               |       |            |        |      |         | □ Other |   |  |                                |           |      |               |      |          |       |       |  |
| SYSTEM INFORMATION  |               |       |            |        |      |         |         |   | 4,   |                                |           |      |               |      |          |       |       |  |
| Design flow <b>180</b>  |               |       |            |        |      |         |         | Treatment level C   |  |                                |           |      |               |      |          |       |       |  |
| System components A 2 bedroo  | om class II   | I ca  | abin       | going  | g t  | o a 1   | .50     | 0 gallon holding t  | tank   |                                |           |      |               |      | VII.1    |       |       |  |
| MONITORING REQUIRE  | MENTS         |       |            |        |      |         |         |   |  |                                |           |      |               |      |          |       |       |  |
| Parameter   | Effluent li   | mits  | 5          |        |      | 1.100   |         | Frequency   |  | L                              | ocatio.   | n    |               |      |          |       |       |  |
| Incoming flow   | 180           |       |            |        |      |         |         | DAILY   | V  | vater                          | mete      | r    |               |      |          |       |       |  |
| alarm   |               |       |            |        |      |         |         | AS NEEDED   |  |                                |           | t    | ank           |      |          |       |       |  |
|   |               |       |            |        |      |         |         |   |  |                                |           |      |               |      |          |       |       |  |
|   |               |       |            |        |      |         |         |   |  |                                |           |      |               |      |          |       |       |  |
|   |               |       |            |        |      |         |         |   |  |                                |           |      |               |      |          |       |       |  |
| MAINTENANCE REQUIRE   | MENTS         |       |            |        |      |         |         |   |  |                                |           |      |               |      |          |       |       |  |
| System component  |               | M     | ainte      | enance | 9    |         |         |   | ency   | су                             |           |      |               |      |          |       |       |  |
| holding tank  |               | pı    | ump        | )      |      |         |         |   | a  | s ne                           | ede       | ed   |               |      |          |       |       |  |
| alarm   |               | cl    | heck       | if wo  | ork  | cing    |         |   | al   |                                |           |      |               |      |          |       |       |  |
| operating permit  |               | re    | enev       | V      |      |         |         |   | е  | very                           | y 5 years |      |               |      |          |       |       |  |
|   |               |       |            |        |      |         |         |   |  |                                |           |      |               |      |          |       |       |  |
|   |               |       |            |        |      |         |         |   |  |                                |           |      |               |      | 5-H-25-G |       | 7     |  |
| OTHER INFORMATION   |               |       |            |        |      |         |         |   |  |                                |           | 1000 |               |      |          |       |       |  |
|   |               |       |            |        |      |         |         |   |  |                                |           |      |               |      |          |       |       |  |
|   |               |       |            |        |      |         |         |   |  |                                |           |      |               |      |          |       |       |  |
| SIGNATURE /   |               |       |            |        |      |         |         |   |  |                                |           |      |               |      |          |       |       |  |
| Mohael Book   |               | 5/0   | 110        | ed -   | f    | or      |         | Jan   |  |                                |           |      |               | Date | : 6,     | /6/20 | 23    |  |
| CONTACT Planning and Commu  |               | W.    | The second |        | e W  | /aste   | wate    | er Division)  |  |                                |           |      |               |      |          |       |       |  |
| Dulut   | h Office      |       |            |        |      |         |         |   |  | Vir                            | ginia     | a C  | Office        |      |          |       |       |  |
| Government Services Center<br>320 W 2nd Street, Suite 301<br>Duluth, MN 55802 |               |       |            |        |      | ic      |         | Government Services (<br>201 South 3rd Avenue<br>Virginia, MN 55792 | Phone (218) 749-0625 Toll Free (800) 450-9777 www.stlouiscountymn.gov/septic |                                |           |      |               |      |          |       |       |  |
|   |               |       |            |        |      |         |         |   |  | www.stiouiscountymn.gov/septic |           |      |               |      |          |       |       |  |

### **PUMPING AGREEMENT**

| Date: 6-15-15   |  |
|---|--|
| EXP: UPON SALE OF PROPERTY  |  |
| Maintainer:   | Customer:  |
| HONEYWAGON SEPTIC SERVICE   | DAN ENGSTROM   |
| P.O. Box 691  | 1392 WALSHRD,  |
| Tower, Minnesota 55790  | ELY MN 5573)   |
| Cell: 218-780-4050 Office: 218-753-3621   |  |
| AGREEMENT DETAILS:  |  |
| Pump/500gallon holding tank(  | s) at 1392 WALSH RA  |
| Usage of water by homeowners will determine the freque emptied. Homeowners will call maintainer when tanks level shall be in place from the date signed until the operating prequired, at which time a new agreement shall be signed. The has the right to void this agreement, without notice, at an athat if he/she decides to opt out of the agreement with the Environmental Services must be notified and a new agree be secured.  In the land the purpose of holding tank sewage removal as SERVICE for the purpose of holding tank sewage removal. | vels require pumping. This agreement permit expires and an inspection is The homeowner or the maintainer by time. The homeowner understands be maintainer that St. Louis County ment with another maintainer must tract with HONEYWAGON SEPTIC |
| SIGNED:   | x  |
| Print Name)  Wheel Bory ( Signed for Dan)  Signature of Homeowner(s)  | (Print Name)  Signature of Maintainer  |



#### **VARIANCE**

#### **Variance Worksheet**

#### **Subsurface Sewage Treatment System**

Form **3090** Rev. 03-2021

#### About SSTS Variances Pursuant to Ordinance 61, Article V, Section 3.0

A property owner may request a variance from the standards specified in the Ordinance pursuant to county policies and procedures. Variances shall only be permitted when they are in harmony with the general purposes and intent of this Ordinance where there are practical difficulties or particular hardship in meeting the strict letter of this Ordinance, excluding the technical standards. Certain deviations may require the approval of the MPCA or the MN Department of Health.

Please Complete the Following Sections Describe the specific provision or provisions in the ordinance from which the variance is requested. Looking for an exception on Eagles Nest #3 in regards to lake setback for a holding tank. The goal is to get a holding tank within 60' of the high water mark setback instead of the regular 75' for this lake. Describe the practical difficulty that prevents compliance with the rule. Due to the small overall dimensions of the lot (110' from the shoreline to the centerline on Walsh Rd of the east line) there is no way to get any replacement system on the lot without asking for a variance. Owner had originally hoped for an in ground system on the property, which would have led to needing a road variance, lake setback variance, property line variance, and distance to structure variance Describe the alternative measures that will be taken to achieve a comparable degree of compliance with the purposes and intent of the applicable provisions. The road setback will be adhered to so that if any future alterations were to occur on the road, the system would not be of hinderance. Tank will be placed in the location of the existing tank behind the cabin to keep it as far from the lake as possible as well as out of sight from the lake. The holding tank would do a much better job of protecting the groundwater than the current dry well on the property is doing. Identify cost considerations preventing reasonable use of the property under the terms of this ordinance. Without a variance, there would be no way to get a septic system on the property. This would severely impact the value of the property if all water appliances had to be discontinued in use and switch to hand carry only

#### **AGREEMENT**

By submitting this request for variance from the Ordinance and the Construction Standards, I certify and agree that no substantial health hazard is likely to occur therefrom and an unnecessary hardship might result in strict compliance with the Ordinance and Standards. I further agree to install a sewage treatment system in accordance with the permit application, plans, and specification that are made as part of this variance request, in addition to paying the Variance Fee associated with this request.

# Miles St. Louis County August BOA Meeting Bodri Enterprises Inc. Location Map 317-0040-00410 4600 **Subject Property** 4608 Planning & Community Development (218) 725-5000 www.stlouiscountymn.gov St. Louis County 4616





# Walsh Rd 989 St. Louis County August BOA Meeting **Bodri Enterprises Inc** Site Map Planning & Community Development (218) 725-5000 www.stlouiscountymn.gov St. Louis County

PIN: 317-0040-00410 & 317-0040-00420

