

Property Information		Request Information		Update Information
File#:	11111111	Requested Date:	08/28/2025	Update Requested:
Owner:	Zach Zwahl and Victoria Osinski, Chad Schwendeman	Branch:		Requested By:
Address 1:	28435 392nd Street	Date Completed:	08/29/2025	Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	Browerville, MN 56438	# of Parcel(s):	1	

Notes	
CODE VIOLATIONS	<p>Per Todd County Department of Zoning there are No Open Code Violation cases on this property.</p> <p>Collector: Todd County Payable Address: 215 1st Ave S Suite 103, Long Prairie, MN 56347 Business#: (320) 732-4420</p>
PERMITS	<p>Per Todd County Building Department there are No Open/Pending/Expired Permits on this property.</p> <p>Collector: Todd County Payable Address: 215 1st Ave S Suite 103, Long Prairie, MN 56347 Business#: (320) 732-4420</p>
SPECIAL ASSESSMENTS	<p>Per Todd County Finance Department there are no Special Assessments/liens on the property.</p> <p>Collector: Todd County Payable Address: 215 1st Ave S Suite 103, Long Prairie, MN 56347 Business#: (320) 732-4420</p>
DEMOLITION	NA
UTILITIES	<p>Water & Sewer. The House is on a community water and sewer. All houses go to the shared well and septic system.</p> <p>Garbage Garbage Private hauler with lien status and balance unknown.</p>



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

Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSS)

APR 24 2025

Todd County Planning & Zoning

Doc Type: Compliance and Enforcement

Instructions: Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at <https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf>.

Property information

Local tracking number:

Parcel ID# or Sec/Twp/Range: 19-0099800

Reason for inspection: transfer

Local regulatory authority info: Todd county

Property address: 28435 392nd ST

Owner/representative: Gordon and Carolyn Stewart

Owner's phone: 651-341-0813

Brief system description: combo tank to mound

System status

System status on date (mm/dd/yyyy): 4/23/2025

☒ Compliant – Certificate of compliance*

☐ Noncompliant – Notice of noncompliance

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

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

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

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

Reason(s) for noncompliance (check all applicable)

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

Comments or recommendations

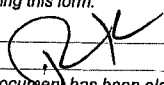
Certification

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

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

Business name: 218 SEPTIC

Certification number: C2703

Inspector signature: 

License number: L4197

(This document has been electronically signed)

Phone: 218-851-2013

Necessary or locally required supporting documentation (must be attached)

- ☒ Soil observation logs
- ☐ System/As-Built
- ☐ Locally required forms
- ☐ Tank Integrity Assessment
- ☐ Operating Permit
- ☐ Other Information (list): site map drawing

Reviewed 4/25/2025

KLM

System status: Compliant

Date: 4/23/25

Property owner: Stewart

Ordered by: EXP Realty

Address: 28435 392nd ST Browerville

Property ID: 19-0099800

System pumped by: ASAP Septic

A compliance inspection was conducted at the above location and date. Soil evaluation was done to determine the level of seasonal saturated soil. The soil treatment area (drain field) was also inspected to ensure there was no ponding or leaking. The septic tank was then pumped and inspected. The following pages include the state of Minnesota's septic compliance forms.

Disclaimer: The septic system inspection meets all **MPCA** requirements for a compliance inspection. It is recommended to have the system serviced every **36 months** by a septic professional to ensure the correct treatment of wastewater. This inspection does not guarantee future performance, any additions to the home or increased use of water may require an increase in system capacity. Or a new system may need to be designed and installed.

Thank you for your business!

218 Septic

Owner Raini Kohl

(218)-851-2013

OK
4/23/25



Property Address: 28435 392nd ST

Business Name: 218 SEPTIC

Date: 4/23/2025

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

Compliance criteria:

System discharges sewage to the ground surface

☐ Yes* ☒ No

System discharges sewage to drain tile or surface waters.

☐ Yes* ☒ No

System causes sewage backup into dwelling or establishment.

☐ Yes* ☒ No

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

Describe verification methods and results:

probed drainfield

Attached supporting documentation:

☐ Other: _____

☐ Not applicable

2. Tank integrity – Compliance component #2 of 5

Compliance criteria:

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

☐ Yes* ☒ No

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

☐ Yes* ☒ No

If yes, which sewage tank(s) leaks:

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

Describe verification methods and results:

inspection mirror and flashlight was used to inspect tank.

Attached supporting documentation:

☒ Empty tank(s) viewed by inspector

Name of maintenance business: ASAP

License number of maintenance business: L3967

Date of maintenance: 4/23/2025

☐ Existing tank integrity assessment (Attach)

Date of maintenance (mm/dd/yyyy): _____
(must be within three years)

(See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))

☐ Tank is Noncompliant (pumping not necessary – explain below)

☐ Other: _____

Property Address: 28435 392nd ST
Business Name: 218 SEPTIC

Date: 4/23/2025

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

- 3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured?
☐ Yes* ☒ No ☐ Unknown
- 3b. Other issues (*electrical hazards, etc.*) to immediately and adversely impact public health or safety? ☐ Yes* ☒ No ☐ Unknown
**Yes to 3a or 3b - System is an imminent threat to public health and safety.*
- 3c. System is non-protective of ground water for other conditions as determined by inspector? ☐ Yes* ☒ No
- 3d. System not abandoned in accordance with Minn. R. 7080.2500? ☐ Yes* ☒ No
**Yes to 3c or 3d - System is failing to protect groundwater.*

Describe verification methods and results:

Attached supporting documentation: ☐ Not applicable ☒

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

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

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

Compliance criteria:

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

Any "no" answer indicates noncompliance.

Describe verification methods and results:

Attached supporting documentation: ☐ Operating permit (Attach) ☐

County verified soil at 24" and soil log attached

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

Tax Parcel Number
19-0099800

Permit Number
Z-200608269953

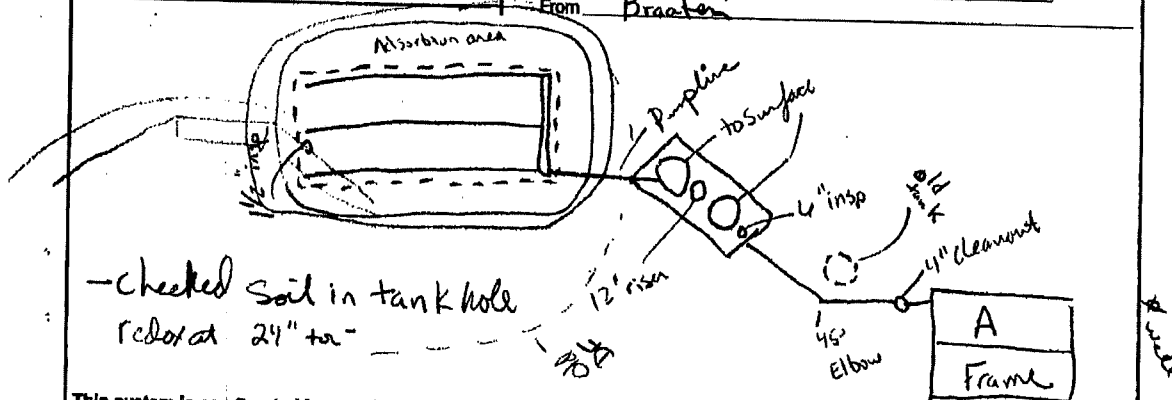
Todd County Planning & Zoning Office Sewage System Inspection Sheet

Name & Address
Kathleen S Jefferson - 28435 392nd St

Lake No. Lake Name Legal Section Township
Sylvan Shores Sylvan Shores South, Lot 1, Blk 5 36 Moran Twp

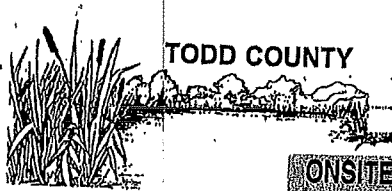
Sewage System Data

<p>Type of System:</p> <p><input type="checkbox"/> Septic Tank Only</p> <p><input type="checkbox"/> Drainfield Only</p> <p><input checked="" type="checkbox"/> Septic Tank & Drainfield</p> <p><input type="checkbox"/> Holding Tank</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Type of Drainfield:</p> <p><input type="checkbox"/> At-Grade</p> <p><input type="checkbox"/> Bed (pressure) (gravity)</p> <p><input type="checkbox"/> Trench</p> <p><input checked="" type="checkbox"/> Mound</p> <p><input type="checkbox"/> "Other" System _____</p> <p>Drainfield Design Data:</p> <p><input checked="" type="checkbox"/> Geotextile fabric over rock</p> <p><input checked="" type="checkbox"/> 2" header diameter</p> <p><input checked="" type="checkbox"/> Lateral size (1") (1 1/2") <u>1 1/2"</u></p> <p><input checked="" type="checkbox"/> Perforation size <u>1/4"</u> spacing <u>3'</u></p> <p><input checked="" type="checkbox"/> End-caps on laterals drilled</p> <p><input checked="" type="checkbox"/> Inspection pipes secured</p> <p><input type="checkbox"/> Drop boxes level</p> <p><input type="checkbox"/> 1/2 caps on drop boxes</p> <p><input checked="" type="checkbox"/> Equipment used to level system <u>laser</u></p> <p><input type="checkbox"/> Depth of trenches _____ inches</p> <p><input checked="" type="checkbox"/> Cover over drainfield <u>12"</u></p> <p><input checked="" type="checkbox"/> Old system (filled) (removed) (N/A)</p>	<p>Tank Design Data:</p> <p><input checked="" type="checkbox"/> Schedule 40 pipe over excavation</p> <p><input checked="" type="checkbox"/> Baffle on inlet <u>Poly</u> Baffle on outlet _____</p> <p><input type="checkbox"/> Effluent filter <u>Poly block</u> type of filter _____</p> <p><input checked="" type="checkbox"/> Inspection pipes over baffles/filter</p> <p><input checked="" type="checkbox"/> Inches of cover over septic tank <u>18"</u></p> <p><input checked="" type="checkbox"/> Type of riser <u>Green Single Wall</u></p> <p><input checked="" type="checkbox"/> Manhole cover to surface</p> <p><input checked="" type="checkbox"/> Type of manhole cover: <u>Green Poly</u></p> <p><input checked="" type="checkbox"/> Manhole cover secured by: <u>Screws</u></p> <p><input checked="" type="checkbox"/> Pump brand & model # <u>Liberty 283</u></p> <p><input checked="" type="checkbox"/> Pump HP 1/3 4/10 <u>10</u> Elevated on <u>Concrete Pad</u></p> <p><input checked="" type="checkbox"/> Type of connection on pump line <u>flex</u></p> <p><input checked="" type="checkbox"/> Type of alarm: (manual) (electric) brand <u>Alderson</u></p> <p><input checked="" type="checkbox"/> Alarm wired by: <u>Owner</u></p> <p><input type="checkbox"/> Pressure test (20-49 ft.)</p> <p>Design Data:</p> <table border="1"> <thead> <tr> <th></th> <th>Septic Tank</th> <th>Drainfield</th> </tr> </thead> <tbody> <tr> <td>a. Manufacturer <u>Alex</u></td> <td><u>1000/602</u> gals.</td> <td>_____ sq. ft.</td> </tr> <tr> <td>b. Distance from nearest well <u>84</u> ft.</td> <td></td> <td><u>111</u> ft.</td> </tr> <tr> <td>c. Distance from lake/stream _____ ft.</td> <td></td> <td>_____ ft.</td> </tr> <tr> <td>d. Distance from occupied bldg. <u>24</u> ft.</td> <td></td> <td><u>49</u> ft.</td> </tr> <tr> <td>e. Distance from property line <u>40'</u> ft.</td> <td></td> <td><u>10'</u> ft.</td> </tr> <tr> <td>f. Perc test <u>6 1/2</u> MPI <u>1.27</u> SSF</td> <td></td> <td></td> </tr> <tr> <td>g. Depth to restrictive layer (As per design) <u>27"</u></td> <td></td> <td></td> </tr> <tr> <td>h. Design flow (As per design)</td> <td></td> <td></td> </tr> <tr> <td>i. Depth of well <u>deep</u> Hook-up distance to well _____ ft.</td> <td></td> <td></td> </tr> <tr> <td>j. Yards of rock <u>14</u> Yards of sand <u>40</u></td> <td></td> <td></td> </tr> </tbody> </table>		Septic Tank	Drainfield	a. Manufacturer <u>Alex</u>	<u>1000/602</u> gals.	_____ sq. ft.	b. Distance from nearest well <u>84</u> ft.		<u>111</u> ft.	c. Distance from lake/stream _____ ft.		_____ ft.	d. Distance from occupied bldg. <u>24</u> ft.		<u>49</u> ft.	e. Distance from property line <u>40'</u> ft.		<u>10'</u> ft.	f. Perc test <u>6 1/2</u> MPI <u>1.27</u> SSF			g. Depth to restrictive layer (As per design) <u>27"</u>			h. Design flow (As per design)			i. Depth of well <u>deep</u> Hook-up distance to well _____ ft.			j. Yards of rock <u>14</u> Yards of sand <u>40</u>		
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This system is constructed in compliance with Ch. 7080 ☒ yes () no

Installer Richard LaVoie Backhoe Service Co. Inspector J. H. Haxby License # 5779 Date 9-2-04



TODD COUNTY

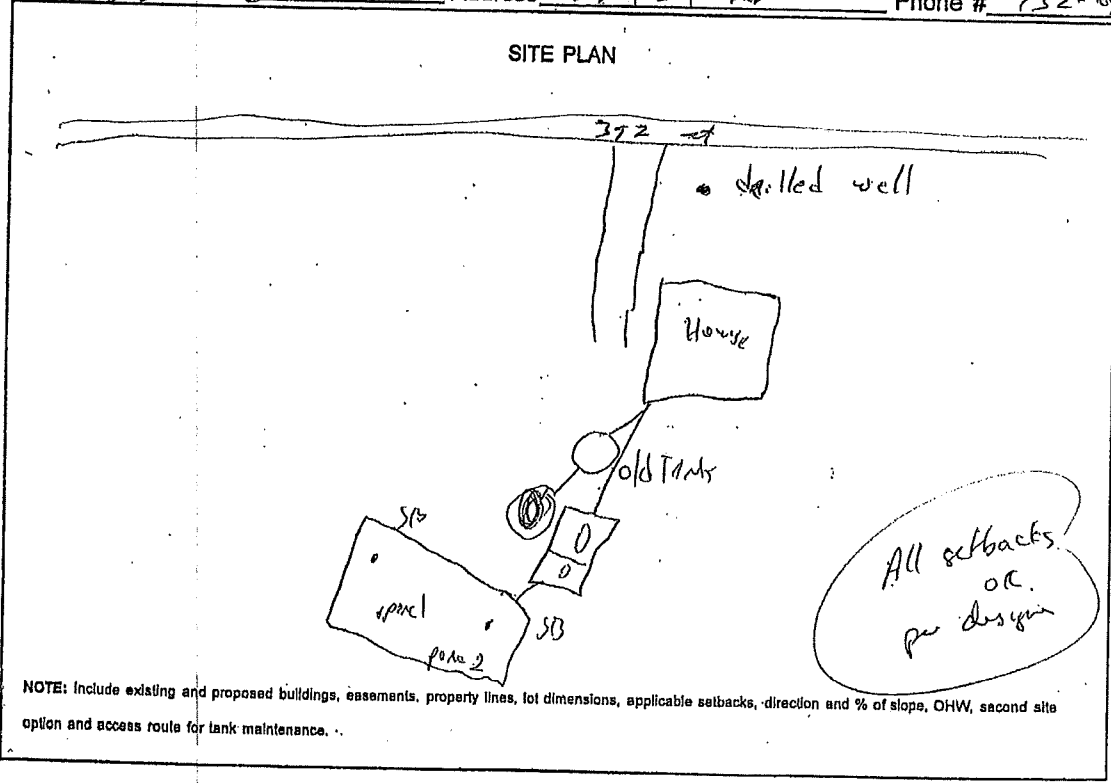
PLANNING & ZONING OFFICE
215 FIRST AVENUE SOUTH
LONG PRAIRIE, MN 56347
PHONE: (320) 732-4420
FAX: (320) 732-6345

ONSITE SEPTIC SYSTEM DESIGN DATA

Legal Property Owner Kathy Jefferson-Larry Daily Parcel Number 19-0099860
Mailing Address 28435 - 392nd Brownsville
Legal Description _____
Lake _____ Section _____ Twp. _____ System Design Flow 450 GPD
Number of Bedrooms 3 Soil Treatment Area Size _____ sq. ft.
Garbage Disposal ☐ Yes ☒ No Tank Size 1600 Lift w Filter
System is ☐ New ☒ Replacement ☐ Other

NOTE: All systems to be sized as type I

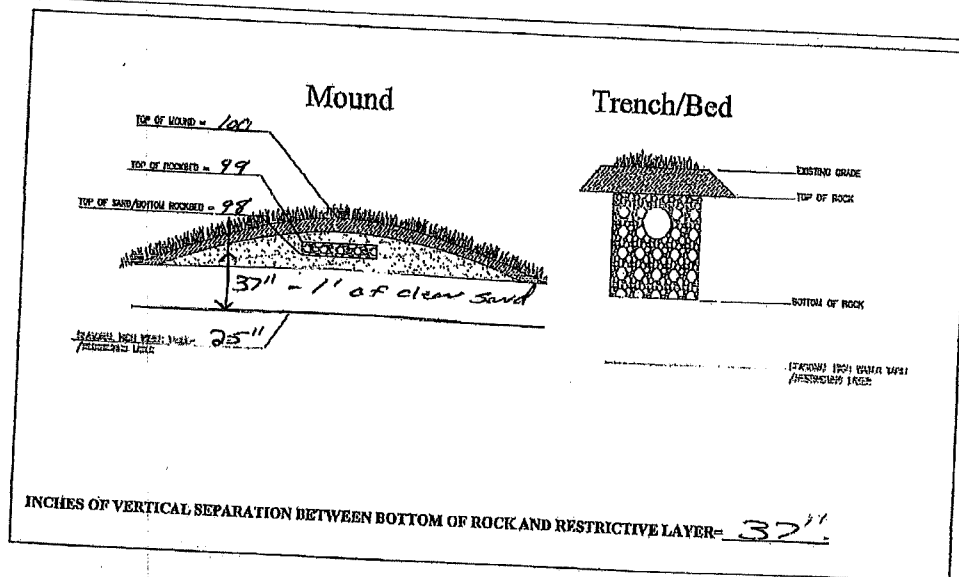
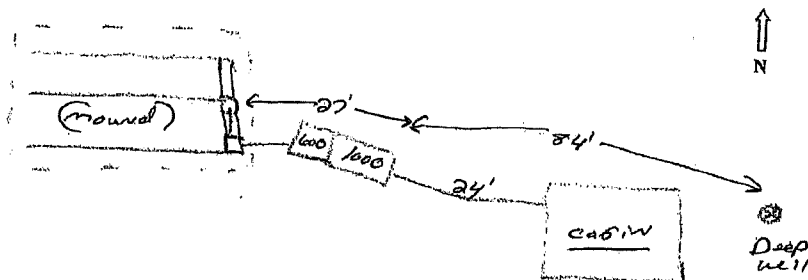
Data Prepared by Rich LaVore Date 8-26-01 Certificate # (05)
Signature [Signature] Address 25561 call Ln Phone # 732-0951



Documentation of well depth for all wells (including neighboring properties) within 100 feet of proposed septic system is required. A written statement by homeowner is acceptable documentation. #23661

Soil Boring Log			
Depth (in)	Texture	Matrix Color (Munsell Chart)	Mottle Color(s) (Munsell Chart)
0-8"			
8-25"	Sandy loam	10YR 2/1	
	clay loam	10YR 5/4	

SITE SKETCH AND COMMENTS:



Analysis Report

March 31, 2025

REPORT TO:

218 Septic
Raini Kohl
6585 Wetherbee Rd
Brainerd MN 56401

INVOICE TO:

218 Septic
Raini Kohl
6585 Wetherbee Rd
Brainerd MN 56401

Date Rcvd-Brnd: 3/28/2025
Time Rcvd-Brnd: 11:31

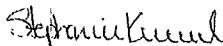
Sampled By: Raini
Sample Type: DW
Recv Temp°C: 4.9 on Ice
TYPE: Well Water

LOCATION:

Stewart
28435 392nd St
Browerville MN 56478

SITE / TEST PERFORMED	Sample Date/Time	Your Result	Units	Acceptable Level	Analytical Method	Analysis Date/Time	Analyst	Code #
Kitchen Tap - Raw	3/28/2025 @ 09:42							
Coliform, Total		ABSENT	/100mL	ABSENT	SM 9223 B (COLISURE)-2016	3/28/25 13:07	MH	107114
Escherichia coli (E. coli)		ABSENT	/100mL	ABSENT	SM 9223 B (COLISURE)-2016	3/28/25 13:07	MH	107114
Nitrate, as N		< 0.500	mg/L	< 10	EPA 353.2 REV 2.0	3/28/25 13:52	ZP	107114

Sample 107114: This sample meets the State of Minnesota and EPA Guidelines for safe drinking water for the analytes tested.

Approved By: 
Stephanie Kuesel, Laboratory Manager

Date Approved: 3/31/2025

A.W. Research Laboratories, Inc. is accredited by the MNELAP and follows approved methods and procedures. MN State Laboratory ID: 027-035-135 and EPA Lab Code: MN00098. All data generated using non-accredited methods noted as -NC, and all analytes for which accreditation is unavailable -NA. The results above relate only to the samples tested. This report must not be reproduced, except in full, without the written approval of the laboratory. We appreciate your feedback, please email us at awlab@awlab.com with questions or comments. Thank you!

~End of Analysis Report~

