



Minnesota Pollution Control Agency

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

Compliance Inspection Form
Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Instructions: Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms - additional local requirements may also apply.

For local tracking purposes:

Submit completed form to Local Unit of Government (LUG) and system owner within 15 days

System Status

System status on date (mm/dd/yyyy): 9-11-17

[X] Compliant - Certificate of Compliance

(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)

[ ] Noncompliant - Notice of Noncompliance

(See Upgrade Requirements on page 3)

Reason(s) for noncompliance (check all applicable)

- [ ] Impact on Public Health (Compliance Component #1) - Imminent threat to public health and safety
[ ] Other Compliance Condition (Compliance Component #3) - Imminent threat to public health and safety
[ ] Tank Integrity (Compliance Component #2) - Failing to protect groundwater
[ ] Other Compliance Conditions (Compliance Component #3) - Failing to protect groundwater
[ ] Soil Separation (Compliance Component #4) - Failing to protect groundwater
[ ] Operating permit/monitoring plan requirements (Compliance Component #5) - Noncompliant

Property Information

Parcel ID# or Sec/Twp/Range:

Property address: 21017 Meadowbrook Cir. N

Reason for inspection: Property Transfer

Property owner: Randal Schmidt

Owner's phone: 651-728-2526

Owner's representative:

Representative phone:

Local regulatory authority: Washington Co

Regulatory authority phone:

Brief system description: two septic tanks. One lift station mound system

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.

Inspector name: Lanny Christensen

Certification number: C-674

Business name: Scandia Compliance Inc.

License number: L-3911

Inspector signature: Lanny Christensen

Phone number: 651-333-0281

Necessary or Locally Required Attachments

- [X] Soil boring logs
[X] System/As-built drawing
[ ] Forms per local ordinance
[ ] Other information (list):

Property address: 21017 Meadowbrook Cir. W

Inspector initials/Date: JC 9-11-17

**1. Impact on Public Health – Compliance component #1 of 5**

**Compliance criteria:**

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

**Any "yes" answer above indicates the system is an Imminent Threat to Public Health and Safety.**

Comments/Explanation:

**Verification method(s):**

- Searched for surface outlet
- Searched for seeping in yard/backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony (See Comments/Explanation)
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

**2. Tank Integrity – Compliance component #2 of 5**

**Compliance criteria:**

System consists of a seepage pit, cesspool, drywell, or leaching pit. <i>Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Any "yes" answer above indicates the system is Failing to Protect Groundwater.**

Comments/Explanation:

**Verification method(s):**

- Probed tank(s) bottom
- Examined construction records
- Examined Tank Integrity Form (Attach)
- Observed liquid level <sup>AT</sup> below operating depth
- Examined empty (pumped) tanks(s)
- Probed outside tank(s) for "black soil"
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

**3. Other Compliance Conditions – Compliance component #3 of 5**

- a. Maintenance hole covers are damaged, cracked, unsecured, or appear to structurally unsound.  Yes\*  No  Unknown
- b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety.  Yes\*  No  Unknown

**\*System is an imminent threat to public health and safety**  
Explain:

- c. System is non-protective of ground water for other conditions as determined by inspector  Yes\*  No

**\*System is failing to protect groundwater**  
Explain:

Property address: 21017 Meadowbrook Cn. N

Inspector initials/Date: LC 9-11-17

**4. Soil Separation – Compliance component #4 of 5**

Date of installation: 7-05  Unknown  
Shoreland/Wellhead protection/Food Beverage Lodging?  Yes  No

**Compliance criteria:**

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

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

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

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

"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080.2350 or 7080.2400 (Advanced Inspector License required)  Yes  No

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

**Any "no" answer above indicates the system is Failing to Protect Groundwater.**

**Verification method(s):**

Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.

- Conducted soil observation(s) (Attach boring logs)
- Two previous verifications (Attach boring logs)
- Not applicable (Holding tank(s), no drainfield)
- Unable to verify (See Comments/Explanation)
- Other (See Comments/Explanation)

Comments/Explanation:

**Indicate depths of elevations**

A. Bottom of distribution media	
B. Periodically saturated soil/bedrock	
C. System separation	
D. Required compliance separation*	

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

**5. Operating Permit and Nitrogen BMP\* – Compliance component #5 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?  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.

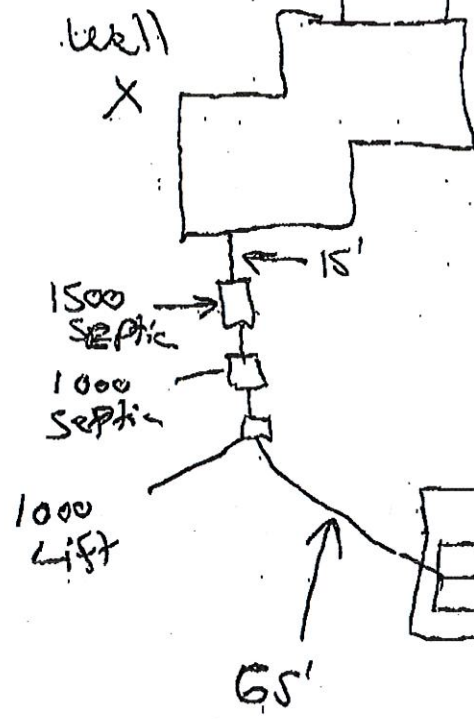
**Compliance criteria**

- a. Operating Permit number: \_\_\_\_\_  Yes  No  
Have the Operating Permit requirements been met?
- b. Is the required nitrogen BMP in place and properly functioning?  Yes  No

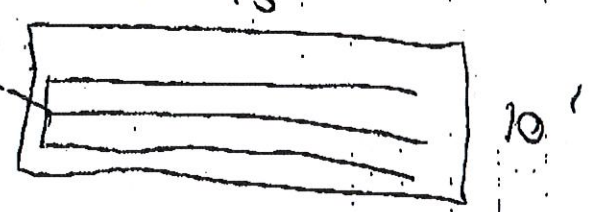
**Any "no" answer indicates Noncompliance.**

**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.

21017 Meadow Brook Circle



Standards Compliance DSP  
 BA. 9-11-12 0-8" DK Brown 10yr 3/8  
 8-26 " " Sandy Loam " 10yr 4/4  
 • 75'





### Subsurface Sewage Treatment System Maintenance Permit

This section must be completed in its entirety to constitute a valid maintenance permit. This permit must be completed prior to performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance: 9-13-17 Reason for Maintenance: \_\_\_\_\_  
 Property Address: 16035 Quality Trl. N. Property Owner's Name: Archie Shurb  
 Municipality: Scandia ZIP: 55073 Property Identification Number: 24-032-20-14-0005-1  
 Maintenance Permit No: \_\_\_\_\_ Maintainer Name and License No. Scandia Compliance Insp. LLC  
L-3941

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if no provide measurements)	Liquid Level of Tank <u>54</u> in Sludge Level in Tank <u>2"</u> in Scum Level in Tank <u>0"</u> in Sludge + Scum <u>2"</u> / Liquid Level <u>54</u> X 100 = % Sludge & Scum <u>3.7%</u> Tanks must be pumped if 25% or greater

1. Access used to remove septage:  Maintenance Hole  Other (enter authorization code)
2. Were all covers securely replaced?  Yes  No
3. Is there evidence of tank leakage from a septic, holding, pretreatment or pump tank below the operating depth or evidence of damaged, cracked, or structurally unsound maintenance hole covers? NO

Tank	Leaking Out	Leaking In	Cover Damage
Septic/Holding Tank #1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Septic/Holding Tank #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. How many gallons of septage were removed?  
 Tank #1 \_\_\_\_\_ gal Tank #2 \_\_\_\_\_ gal Pretreatment tank \_\_\_\_\_ gal Pump Tank \_\_\_\_\_ gal
5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.  
 \_\_\_\_\_

6. Location of septage disposal: \_\_\_\_\_