

St. Paul, MN 55155-4194

# **Compliance Inspection Form**

## **Existing Subsurface Sewage Treatment Systems (SSTS)**

Doc Type: Compliance and Enforcement

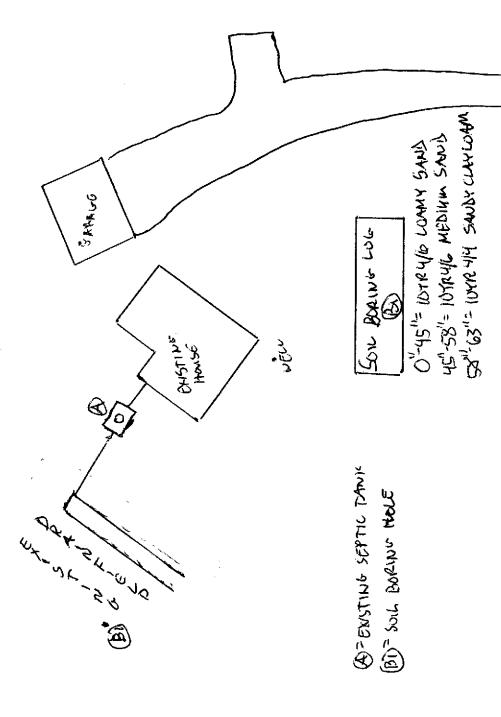
pection results based on Minnesota Pollution Control Agency (MPCA)  uirements and attached forms – additional local requirements may also apply.  pomit completed form to Local Unit of Government (LUG) and system owner him 15 days  Stem Status  System status on date (mm/dd/yyyy): 8/8/2017  Compliant – Certificate of Compliance (Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)  Reason(s) for noncompliance (check all applicable)  Impact on Public Health (Compliance Component #1) – Imminent threat to public health and safety
stem Status  System status on date (mm/dd/yyyy):8/8/2017  Compliant - Certificate of Compliance (Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)  Reason(s) for noncompliance (check all applicable)
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(Valid for 3 years from report date, unless shorter time (See Upgrade Requirements on page 3.) frame outlined in Local Ordinance.)  Reason(s) for noncompliance (check all applicable)
<ul> <li>□ Other Compliance Conditions (Compliance Component #3) – Imminent threat to public health and safety</li> <li>□ Tank Integrity (Compliance Component #2) – Failing to protect groundwater</li> <li>□ Other Compliance Conditions (Compliance Component #3) – Failing to protect groundwater</li> <li>□ Soil Separation (Compliance Component #4) – Failing to protect groundwater</li> <li>□ Operating permit/monitoring plan requirements (Compliance Component #5) – Noncompliant</li> </ul>
operty Information Parcel ID# or Sec/Twp/Range: 3102821410002
perty address: 5676 Woodlane Court Woodbury, MN 55129 Reason for inspection: Property Transfer
perty owner: Philip and Suzanne Mooney Owner's phone: 651-324-7264
ner's representative: Representative phone:
cal regulatory authority: Washington County Regulatory authority phone: 651-430-6655
ef system description: 1 Septic tank to gravity drainfield.
mments or recommendations:
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roperty	address: 5676 Woodlane Court W	oodbury, MN 55129	Inspector initials/Date: DRB   8/8/2017	
			(mm/dd/yyyy)	
1. lm	pact on Public Health – C	ompliance compone	ent #1 of 5	
		on phanes		
Co	mpliance criteria:	<u> </u>	Verification method(s):	
	stem discharges sewage to the	☐ Yes ☒ No	Searched for surface outlet     —	
	ound surface.		⊠ Searched for seeping in yard/backup in home     —	
	stem discharges sewage to drain	☐ Yes ☒ No	Excessive ponding in soil system/D-boxes	
	or surface waters.		Homeowner testimony (See Comments/Explanation)	
	stem causes sewage backup into elling or establishment.	☐ Yes ☒ No	"Black soil" above soil dispersal system	
-		J	System requires "emergency" pumping	
	Any "yes" answer above indicates the system is an imminent threat to public health and safety.		Performed dye test	
_			☐ Unable to verify (See Comments/Explanation)	
			☐ Other methods not listed (See Comments/Explanation)	
Co	mments/Explanation:			
<u>. Ta</u>	nk Integrity - Compliance	component #2 of 5		
Co	empliance criteria:		Verification method(s):	
	stem consists of a seepage pit,	☐ Yes ⊠ No	☑ Probed tank(s) bottom	
	sspool, drywell, or leaching pit.		☐ Examined construction records	
	epage pits meeting 7080.2550 may be			
	npliant if allowed in local ordinance.		Examined Tank Integrity Form (Attach)	
Se	wage tank(s) leak below their	☐ Yes ⊠ No	Observed liquid level below operating depth	
	signed operating depth.		Examined empty (pumped) tanks(s)	
lf y	es, which sewage tank(s) leaks:		Probed outside tank(s) for "black soil"	
A	ny "yes" answer above indi	cates the	☐ Unable to verify (See Comments/Explanation)	
	stem is failing to protect g		Other methods not listed (See Comments/Explanation)	
CC	mments/Explanation:			
. 01	ther Compliance Condition	<b>is</b> – Compliance comp	oonent #3 of 5	
а.			d, or appear to be structurally unsound. ☐ Yes* ☒ No ☐ Unknow	
		·		
b.	Other issues (electrical hazards, etc.)  *System is an imminent threat to		ersely impact public health or safety. ☐ Yes* ☒ No ☐ Unknow ertv	
	•	, paune neam and sale	স-	
	Explain:			
c.	System is non-protective of ground	I water for other condition	ns as determined by inspector . ☐ Yes*   ☑ No	
	*System is failing to protect gro	undwater.		
	Explain:			

. Soil Separation - Compliance co	mponent #4 of 5				
ate of installation:	Unknown	Verification method(s):			
(mm/dd/yyyy) horeland/Wellhead protection/Food beverage dging?	☐ Yes   No	Soil observation does not expire. Pr observations by two independent pa unless site conditions have been alt	arties are sufficient,		
ompliance criteria:		requirements differ.			
or systems built prior to April 1, 1996, and of located in Shoreland or Wellhead rotection Area or not serving a food, everage or lodging establishment:	⊠ Yes □ No	<ul> <li>☐ Conducted soil observation(s) (A</li> <li>☐ Two previous verifications (Attack</li> <li>☐ Not applicable (Holding tank(s), no</li> </ul>	h boring logs)		
rainfield has at least a two-foot vertical paration distance from periodically sturated soil or bedrock.		☐ Unable to verify (See Comments/E ☐ Other (See Comments/Explanation)	xplanation)		
on-performance systems built April 1, 996, or later or for non-performance vstems located in Shoreland or Wellhead rotection Areas or serving a food, everage, or lodging establishment:	☐ Yes ☐ No	Comments/Explanation:			
rainfield has a three-foot vertical eparation distance from periodically aturated soil or bedrock.*					
xperimental", "Other", or "Performance"	☐ Yes ☐ No	Indicate depths or elevations			
stems built under pre-2008 Rules; Type IV V systems built under 2008 Rules (7080. 150 or 7080.2400 (Advanced Inspector		A. Bottom of distribution media	36"		
cense required)		B. Periodically saturated soil/bedrock	>63"		
ainfield meets the designed vertical paration distance from periodically turated soil or bedrock.		C. System separation  D. Required compliance separation*	27"		
ny "no" answer above indicates the illing to protect groundwater.  Operating Permit and Nitrogen		*May be reduced up to 15 percent if Ordinance.  ance component #5 of 5	f allowed by Local  Not applicable		
Is the system operated under an Operating		es No If "yes", A below is requi	· · · · · · · · · · · · · · · · · · ·		
• • •	<u> </u>	es 🔲 No If "yes", B below is requi			
· · · · · · -					
BMP = Best Management Practice(s) specified in the system design  the answer to both questions is "no", this section does not need to be completed.					
Compliance criteria					
a. Operating Permit number:		□ Vaa □ Na			
Have the Operating Permit requireme	nts been met?	Yes No			
b. Is the required nitrogen BMP in place	and properly function	oning?			
Any "no" answer indicates Nonc					
Upgrade Requirements (Minn. Stat. § 115.55) discontinued within ten months of receipt of this a ground water, the system must be upgraded, rep is not failing as defined in law, and has at least to	notice or within a short nlaced, or its use disco	er period if required by local ordinance. If the ntinued within the time required by local ordina	system is failing to pro ance. If an existing sys		

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Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.



10-23-11

WOODBURY, MINNESOTA Tel. 739-5972

Permit Fee...\$ 15.00
State Surcharge.\$ .50
Penalty...\$
TOTAL FEE...\$ 15.50
PERMIT NUMBER... 207

#### SEWAGE DISPOSAL SYSTEM PERMIT

OWNER: 741/ MOON 57 TEL. NO. 738-2519 HM. WK.					
ADDRESS: 5676 WOODLANE COURT					
CONTRACTOR: AMA Pollution Central					
MINIMUM SYSTEM REQUIRED: 2 BEDROOMS, PERCOLATION RATE: 12 M in/inch					
SEPTIC TANK: 250 GAL.LIQUID CAPACITY DEPTH OF TRENCHES: 36"					
DISTRIBUTION BOX: CONCRETE IN REMOVABLE COYLER					
ABSORPTION TRENCH: SQUARE FEET 229 LINEAL FEET 30 WIDTH 36"					
DEPTH OF ROCK BELOW TILE LINES: /2 INCHES ABOVE TILE: /2 INCHES					
MINIMUM COVER: 18 NO GOVERFILL INCHES MAXIMUM COVER: 24 INCHES					
MINIMUM LENGTH OF LINES: 40 FEET					
MINIMUM NUMBER OF LINES:    A potable water & words connections to the balloing shall be the responsibility of a state decrease plumber. Minn. Of a state decrease plumber. Minn.					
MAXIMUM LENGTH, OF INDIVIDUAL DINE: 100 FT. the building should be abledged. Mind.					
MINIMUM SPACING OF LINES: 8 FT. C TO C Shalukes 328,60 License No. Q6/5 M					
SPECIAL CONDITIONS: SERTIC TIANIK SHALL HAVE INSPECTION DINE					
DATE SYSTEM INSPECTED: INSTALLATION APPROVED (inspectors signature):					
COMMENTS:					
PERMIT: Permission is hereby granted to the above-named applicant to perform the work described in the application, to the specifications shown under minimum system required. This permit is granted upon express condition that the person to whom it is granted, and his agents, employees and workmen shall conform in all respects to ordinances of Woodbury, Minnesota. This permit may be revoked at any time upon violation of any said ordinance, and permit shall be void if work is not commenced within six (6) months.					
APPROVED: (inspectors signature)					
white copy - office. Yellow copy - inspector, Pink copy - applicant					

### St. Paul - Ramsey County Public Health

#### Well Water Report Form

Laboratory Name	St. Paul - Ramsey County Public Health Laboratory
Laboratory Address	555 Cedar Street, St. Paul, MN 55101
Telephone Number	651-266-1321
MN Lab ID	027-123-140

Dave Brown	
4787 Radio Drive, Woodbury, MN 55129	
5676 Woodlane Court, Wo	odbury, MN
Washington	
96-17	Tech CAP
8/8/17 12:40 PM	
8/8/17 1:58 PM	Waiver N/A
8°C	Waiver N/A
Sample on ice and received day of collection.	
	4787 Radio Drive, Woodbu 5676 Woodlane Court, Wo Washington 96-17 8/8/17 12:40 PM 8/8/17 1:58 PM 8°C

	Bacteria Result	
Date and Time Setup	8/8/17 2:42 PM	
Date and Time Completed	8/9/17 2:44 PM	Tech CAP
Coliforms coloures	Absent	
E. Coli colsures	Absent	

N.	trate Result	
Date and Time Tested	8/9/17 4:00 PM	Tech SGB
Nitrate sw4500 NO37 D-97	<1.0 mg/L	

Date Reported: 8/9/2017 Tech: SGB

Quality control samples were within acceptable range unless otherwise noted. The results listed within the report relate only to the sample received on the date indicated. This report must not be reproduced, except in full, without the written approval from the St. Paul - Ramsey County Public Health Laboratory.

Report Authorized by: Page DeLong, Technical Director

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