

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

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qui amonto ana attacheu for	n Minnesota Pollution Control Ager ms – additional local requirements	may also apply.	For local tracking purposes:
Submit completed form to L within 15 days	ocal Unit of Government (LUG)	and system owner	
System Status	7		
System status on date	(mm/dd/yyyy): 2001	7	
Compliant – Certi (Valid for 3 years from re frame outlined in Local C	ificate of Compliance eport date, unless shorter time Ordinance.)	Noncompli (See Upgrade I	iant - Notice of Noncompliance Requirements on page 3.)
Reason(s) for nonco	mpliance (check all applicabl	(a)	
☐ Impact on Public F ☐ Other Compliance ☐ Tank Integrity (Cor ☐ Other Compliance ☐ Soil Separation (Co	dealth (Compliance Component #1 Conditions (Compliance Component #2) – Failing Conditions (Compliance Component Conditions (Compliance Component Compliance Component #4) – Failing Conditions plan requirements (Component) – Imminent threat to pent #3) – Imminent threat to protect groundwater ent #3) – Failing to prote	at to public health and safety ect groundwater
	o, quantitotico (oom	phance Component #5)	- Noncompliant
Property Information	Parcel	ID# or Sec/Twp/Range:	
Property address: 43/8 Property owner: Bollet Guel	Grey Cloud Thail Se	? Reason for	
Owner's representative:			
Local regulatory authority:	Jashington Cou	Representation Regulatory a	live phone:
Brief system description:	Senter tanks -	Regulatory a	authority phone:
Comments or recommendation	ns:	- anny	el Mises
		9 0	
Certification			
possible abuse of the system, inc	sary information has been gathere erformance has been nor can be m adequate maintenance, or future w	d to determine the com ade due to unknown co	pliance status of this system. No onditions during system construction,
Inspector name: Bob Freiermu		aro, adago.	
Business name: Bob Freiermy	th Santitation, LLC		number: C818 number: L492
Inspector signature:	5 Treny 1	Pilitana-	number: 651-437-5566
Necessary or Locally Re			301-707-0000
	System/As-built drawing	1000000	
Other information (list):	2 System As-Dulit drawing	☐ Forms per local	ordinance

Property address: 93/0 Gray Cloud Tril 50 Inspector initials/Date Impact on Public Health – Compliance component #1 of 5 Compliance criteria: Verification method(s): System discharges sewage to the ☐ Yes ☑ No Searched for surface outlet ground surface. Searched for seeping in yard/backup in home System discharges sewage to drain ☐ Yes FINO ☐ Excessive ponding in soil system/D-boxes tile or surface waters. ☐ Homeowner testimony (See Comments/Explanation) System causes sewage backup into Yes INO ☐ "Black soil" above soil dispersal system dwelling or establishment. ☐ System requires "emergency" pumping Any "yes" answer above indicates the system is an imminent threat to public Performed dye test ☐ Unable to verify (See Comments/Explanation) health and safety. Other methods not listed (See Comments/Explanation) Comments/Explanation: 2. Tank Integrity - Compliance component #2 of 5 Compliance criteria: Verification method(s): System consists of a seepage pit, ☐ Yes ☐ No Probed tank(s) bottom cesspool, drywell, or leaching pit. ☐ Examined construction records Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance. Examined Tank Integrity Form (Attach) Observed liquid level below operating depth Sewage tank(s) leak below their ☐ Yes ¶ No designed operating depth. Examined empty (pumped) tanks(s) If yes, which sewage tank(s) leaks: Probed outside tank(s) for "black soil" Any "yes" answer above indicates the ☐ Unable to verify (See Comments/Explanation) system is failing to protect groundwater. Other methods not listed (See Comments/Explanation) Comments/Explanation: 3. Other Compliance Conditions - Compliance component #3 of 5 Maintenance hole covers are damaged, cracked, unsecured, or appear to be structurally unsound. ☐ Yes* ☑ No ☐ Unknown a. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety. *System is an imminent threat to public health and safety. ☐ Yes* ☐ No ☐ Unknown Explain: System is non-protective of ground water for other conditions as determined by inspector . *System is failing to protect groundwater. Explain:

Compliance (component #4 of	f 5		(mmudu/yyyy)	
Date of installation:	Unknown		rification method(s):		
(mm/dd/yyyy) Shoreland/Wellhead protection/Food beverage lodging?	☐ Yes ☑ No ob		Soil observation does not expire. Previous soil observations by two independent parties are sufficient		
Compliance criteria:	10	req	ess site conditions have been uirements differ.	altered or local	
For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead	☐ Yes ☐ No		Conducted soil observation(s	(Attach haring loga)	
Protection Area or not serving a food		☐ Conducted soil observation(s) (Attach boring logs) ☐ Two previous verifications (Attach boring logs)			
beverage or lodging establishment:			Not applicable (Holding tank(s),		
Drainfield has at least a two-foot vertical					
separation distance from periodically saturated soil or bedrock.			☐ Unable to verify (See Comments/Explanation) ☐ Other (See Comments/Explanation)		
Non-performance systems built April 1, 1996, or later or for non-performance	☐Yes ☐ No	Con	nments/Explanation: B/	,	
systems located in Shoreland or Wellhead Protection Areas or serving a food		1-9	40" 10 yr 5/ -72" 10 yr	3 Fine Sound	
beverage, or lodging establishment:		40	- 72" 104RC	Eles Emegal	
Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*		72-	73 10 yR. 5/2	FinsSand	
"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV	Yes No	Indi	cate depths or elevations	3	
2350 or 7080.2400 (Advanced Inspector License required)			ottom of distribution media	3/"	
Line interested €.		_B. Pe	eriodically saturated soil/bedrock	None to 23"	
Orainfield meets the designed vertical separation distance from periodically		1000	stem separation	11211	
saturated soil or bedrock.		NEWS CONTROL OF		76	
Any "no" answer above indicates th	a system is	D. Re	equired compliance separation*	36"	
ailing to protect groundwater.	e system is	Ordi	be reduced up to 15 percent nance.	if allowed by Local	
Operating Permit and Nitrogen	BMP* — Complis	nnoo oom			
Is the system operated under an Operating P				Not applicable	
Is the system required to employ a Nitrogen E			If "yes", A below is requ	ired	
		es 🗌 No	If "yes", B below is requi	ired	
BMP = Best Management Practice(s) spe	ecified in the systen	n design			
If the answer to both questions is "no	", this section do	oes not r	need to be completed.		
			20 24-000-05 • Cadoyad-000-092-092-092-094-094-09		
Compliance criteria					
			☐ Yes ☐ No		
a. Operating Permit number:	been met?				
a. Operating Permit number: Have the Operating Permit requirements		0			
a. Operating Permit number: Have the Operating Permit requirements b. Is the required nitrogen BMP in place an	nd properly function	ing?	☐ Yes ☐ No		
a. Operating Permit number: Have the Operating Permit requirements	nd properly functioni npliance.				

Date:

20ct 17

Customer Name:

Audy & Bob Iverson

Street Address:

9310 Gay Cloud trail So.

City, State, Zip:

ST Paul Park 5507/

Phone Number:

651-459- 1152

COMPANY DISCLAIMER

Based on what we were able to observe and on our experience with on-site wastewater technology, we submit this Onsite Sewage Treatment System Inspection Report based on the present condition of the onsite sewage disposal system.

Bob Freiermuth has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system, as well as the inability of our company to supervise or monitor the use or maintenance of the system, this report shall not be construed as a warranty by our company that the system will function properly for any particular buyer. Bob Freiermuth hereby DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the septic system or this report. We are also not ascertaining any affect the system is having on the groundwater.

Inspecting Company	Phone	651-437-5566	(Office)
Bob Freiermuth Sanitation,	$_{ m LLC}$ License No.	818	
¹ A			

Owners signature

I have studied the information contained herein and certify that my assessment is honest, thorough, and to the best of my ability, correct.

Name:

Bob Frent

Title:

SSTS Inspector 818

Grey Cloud TRAILSO. ST PAUL PARK 8 GENEVA

20ct 17