

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

## **Compliance Inspection Form**

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

Doc Type: Compliance and Enforcement

<b>Inspection results</b> based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also ap	For local tracking purposes: ply.							
Submit completed form to Local Unit of Government (LUG) and system owner within 15 days								
System Status								
System status on date (mm/dd/yyyy): 12/11/2017								
<del></del>	oncompliant – Notice of Noncompliance te Upgrade Requirements on page 3.)							
Reason(s) for noncompliance (check all applicable)  Impact on Public Health (Compliance Component #1) – Immine Other Compliance Conditions (Compliance Component #3) – Im Tank Integrity (Compliance Component #2) – Failing to protect Other Compliance Conditions (Compliance Component #3) – F Soil Separation (Compliance Component #4) – Failing to protect Operating permit/monitoring plan requirements (Compliance Component #4)	nminent threat to public health and safety groundwater ailing to protect groundwater at groundwater							
Property Information Parcel ID# or Se	c/Twp/Range: <u>3302820240006</u>							
Property address: 5525 Odell Ave. S. Afton, MN 55001	Reason for inspection: Property Transfer							
Property owner: Walter and Janie Scheela	Owner's phone:							
or								
Owner's representative: Holz Realty	Representative phone: 651-436-5958							
Local regulatory authority: Washington County	Regulatory authority phone: 651-430-6655							
Brief system description: 2 Precast septic tanks to gravity drainfield.								
Comments or recommendations: System was installed in 2000.								
Certification	•							
I hereby certify that all the necessary information has been gathered to determination of future system performance has been nor can be made due possible abuse of the system, inadequate maintenance, or future water use	e to unknown conditions during system construction,							
Inspector name: Dave Brown	Certification number: C9370							
Business name: David R. Brown	License number: L3649							
Inspector signature:	Phone number: 651-788-3296							
Necessary or Locally Required Attachments								
<u> </u>	Forms per local ordinance							
L) Other Information (list).								

operty	address: 5525 Odell Ave. S. Aftor	i, MN 55001	Inspector initials/Date: DRB   12/11/2017 (mm/dd/yyyy)			
			(птистуууу)			
. lm	pact on Public Health – C	ompliance compor	nent #1 of 5			
Co	mpliance criteria:		Verification method(s):			
	stem discharges sewage to the	☐ Yes ⊠ No	☐ Searched for surface outlet			
	und surface.	Lies Millo	☐ Searched for seeping in yard/backup in home			
Svs	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	☐ Yes ⊠ No	☐ "Black soil" above soil dispersal system			
dw	elling or establishment.		System requires "emergency" pumping			
	ny "yes" answer above indi		☐ Performed dye test			
	stem is an imminent threat	to public	<ul><li>☐ Unable to verify (See Comments/Explanation)</li><li>☐ Other methods not listed (See Comments/Explanation)</li></ul>			
he	alth and safety.					
Co	mments/Explanation:					
Ta	nk Integrity - Compliance	component #2 of 5	j			
Co	empliance criteria:		Verification method(s):			
	stem consists of a seepage pit,	☐ Yes ⊠ No	☑ Probed tank(s) bottom			
	stern consists of a seepage pit, sspool, drywell, or leaching pit.	☐ les ⊠ M				
	epage pits meeting 7080.2550 may be		Examined Constitution records  Examined Tank Integrity Form (Attach)			
	npliant if allowed in local ordinance.		☐ Observed liquid level below operating depth			
	wage tank(s) leak below their	☐ Yes ⊠ No	Examined empty (pumped) tanks(s)			
	signed operating depth.		Probed outside tank(s) for "black soil"			
lf y	res, which sewage tank(s) leaks:		☐ Unable to verify (See Comments/Explanation)			
	ny "yes" answer above ind		☐ Other methods not listed (See Comments/Explanation)			
sy	stem is failing to protect g	roundwater.	Other methods not listed (See Comments Explanation)			
Co	mments/Explanation:					
	•					
Ot	her Compliance Condition	ns – Compliance con	nponent #3 of 5			
a.	Maintenance hole covers are dam	aged, cracked, unsecure	ed, or appear to be structurally unsound. 🔲 Yes* 🖾 No 📋 Unkn			
b.	Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety.					
	*System is an imminent threat t					
	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:					
	- -					

operty address: 5525 Odell Ave. S. Afton, MN 55001			Inspector initials/Date: DRB   12/11/2017 (mm/dd/yyyy)		
. Soil Separation – Compliance co	mpone	nt #4 of 5			
Pate of installation:	Unkr		Verific	cation method(s):	
(mm/dd/yyyy)	☐ Yes   No		Soil observation does not expire. Previous soil		
noreland/Wellhead protection/Food beverage dging?			observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.		
ompliance criteria:			☐ Conducted soil observation(s) (Attach boring logs)		
or systems built prior to April 1, 1996, and of tooted in Shoreland or Wellhead	Yes No	☐ Two previous verifications (Attach boring logs)			
rotection Area or not serving a food,					
everage or lodging establishment:			☐ Not applicable (Holding tank(s), no drainfield)		
rainfield has at least a two-foot vertical eparation distance from periodically			☐ Unable to verify (See Comments/Explanation)		
turated soil or bedrock.			☐ Other (See Comments/Explanation)		
on-performance systems built April 1, 996, or later or for non-performance ystems located in Shoreland or Wellhead rotection Areas or serving a food, everage, or lodging establishment:	⊠ Yes	□No	Comm	ents/Explanation:	
rainfield has a three-foot vertical eparation distance from periodically aturated soil or bedrock.*					
Experimental", "Other", or "Performance"	☐ Yes ☐ No	☐ No	Indica	ate depths or elevations	
vstems built under pre-2008 Rules; Type IV r V systems built under 2008 Rules (7080. 350 or 7080.2400 (Advanced Inspector		A. Bott	om of distribution media	24"	
icense required)			B. Peri	odically saturated soil/bedrock	>60"
rainfield meets the designed vertical eparation distance from periodically			C. Sys	tem separation	>36"
aturated soil or bedrock.				uired compliance separation*	36"
Any "no" answer above indicates to ailing to protect groundwater.  Operating Permit and Nitroger	·		Ordin		Not applicable
Is the system operated under an Operating	Permit?	☐ Yes	☐ No	If "yes", A below is requ	iired
Is the system required to employ a Nitroge	n BMP?	☐ Yes	□ No	If "yes", B below is requ	iired
BMP = Best Management Practice(s)	specified	in the system	design		
If the answer to both questions is "i				need to be completed	
Compliance criteria					
a. Operating Permit number:	perating Permit number:				
Have the Operating Permit requirements been met?			☐ Yes ☐ No		
b. Is the required nitrogen BMP in place and properly functioning			ng?	☐ Yes ☐ No	
Any "no" answer indicates Nonc					
Upgrade Requirements (Minn. Stat. § 115.55 discontinued within ten months of receipt of this ground water, the system must be upgraded, re	5) An immi notice or v	nent threat to pu within a shorter	period if re	equired by local ordinance. If the	e system is failing to prot

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

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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,

## SEPTIC SYSTEM PERMIT APPLICATION

CITY OF AFTON
3033 ST. CROIX TRAIL SOUTH
P.O. BOX 219, AFTON, MN 55001

651-436-5090

City State Zip Project Address (if known) 15 O'Dell Ave S. (13B2 Forbes Addw) Afton MN
Applicant Owner (if different than applicant) Street City State Walter & Janie Scheela P.O. Box 28310 St. Paul MN
Contractor Name Street City State

McDonald Homes 6015 E. Cahill Ave Thyer Grove
Heights \_Existing Home \_\_\_\_\_\_ New Business \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Gallons Per Day \_\_\_\_\_\_ 600 Check the following fixture(s) which are or will be installed: Garbage Disposal Yes Recreational Bathing Facility: (Jacuzzi, Hot-tub, etc.) YES New Drainfield \_\_\_\_\_ New Mound \_\_\_\_\_ Replacement Drainfield \_\_\_\_\_ Replacement Mound \_\_\_\_\_ Renewal \_ The following exhibits are required as part of this application: site plan drawn to scale that includes: directional arrow, slopes, lot lines and dimensions, elevations, setbacks, location of existing or proposed buildings, soil boring holes, tanks, primary and reserve treatment areas; new or existing wells, soil boring logs, perc tests, and a copy of the system design. The house, soil treatment area, soil borings, and perc test locations must be staked. All information must be included with the application. Inaccurate or incomplete information will delay processing and permit issuance. AGREEMENT: The undersigned hereby makes application for a permit to install, repair, or extend the sewage treatment system specified herein, agreeing that all work shall be done in strict accordance with all ordinances and regulations of the City of Afton. Applicant agrees that that all information submitted, and which is reviewed by the City of Afton, together with any requirement or restriction noted on approved plans, shall become part of the permit. Applicant further agrees to provide access at reasonable times for required inspections. It shall be the responsibility of the applicant to notify the City when the installation is ready for inspections. This application is for an installation at a specific location. Any deviation from the approved location may void the permit. Mike Hartell, McDonald Homes 3-24-00 Signature of Applicant (owner or contractor) THE AREA BELOW IS FOR CITY USE ONLY Site evaluation: Inspector\_\_\_\_ 50 '+ REQUIRED Wetland, river, stream, bluffline and property line O.K. Site Conclusion: Suitable \_\_\_\_\_ Additional testing/information required \_\_\_\_\_ Slope % \_\_\_\_\_ Existing system on-site? No Drainage/swale No Number of bedrooms 4 Sewer cleanout required? No Drainage/swale No Number of bedrooms DESIGN BASEDON ORIGINAL SUBDINISION, AND NEW SOIL IN FO -O.K. Fees due and payable to: City of Afton Date paid Amount Check # Septic System Permit Approval Recvd. by Building Official