

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

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 System Status System status on date (mm/dd/yyyy): _ 2018 ☐ Compliant – Certificate of Compliance (Valid for 3 years from report date, unless shorter time Noncompliant - Notice of Noncompliance frame outlined in Local Ordinance.) (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 Conditions (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: 11655 LAUTON Mistings Reason for inspection: Property owner: MARK EGAN Owner's phone: Owner's representative: Local regulatory authority: WASham Ton Representative phone: Court Brief system description: Regulatory authority phone: 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: Bob Freiermuth Certification number: C818 Business name: Bob Freiermuth Santitation, LLC Inspector signature: License number: L492 Phone number: 651-437-5566 Necessary or Locally Required Attachments Soil boring logs System/As-built drawing ☐ Other information (list): ☐ Forms per local ordinance

1. Impact on Public Health	Inspector initials/Date: 12 7
 Impact on Public Health – Complia Compliance criteria: 	ince component #1 of 5
System discharges	Verification method(s): No Searched for surface outlet
	Searched for seeping in yard/backurs
System causes sewage backup into Yes dwelling or establishment.	Excessive ponding in soil system/D-boxes Homeowner testimony (See Comments/Explanation) "Black soil" above soil disposed.
Any "yes" answer above indicates the system is an imminent threat to public health and safety.	e System requires "emergency" pumping
Comments/Explanation:	☐ Unable to verify (See Comments/Explanation) ☐ Other methods not listed (See Comments/Explanation)
	å
Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance. Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks: Any "yes" answer above indicates the system is failing to protect groundwater. Comments/Explanation:	☐ Examined empty (pumped) tanks(s) ☐ Probed outside tank(s)
Other Compliance Conditions – Compliance a. Maintenance hole covers are damaged crecked as	e component #3 of 5
b. Other issues (electrical hazards, etc.) to immediately and *System is an imminent threat to public health and Explain:	ecomponent #3 of 5 secured, or appear to be structurally unsound. Yes* No Unknown d adversely impact public health or safety. Yes* No Unknown d safety.
 System is non-protective of ground water for other cond *System is failing to protect groundwater. Explain: 	ditions as determined by inspector. Yes* No

Property address: 1655 Jaylan ave 50	
	"INDUCTION INITIALATOR IN THE PARTY OF THE P
4. Soil Separation - Compliance component #	4 of 5 (mm/dd/yyyy)
- Ilokaan-	
Shoreland/Wellhead protection/Food beverage Yes	Verification method(s):
Compliance criteria;	Unless site conditions have a
For systems built prior to April 1, 1996, and I Yes No.	requirements differ.
Protection Area or not serving a food, beverage or lodging establishment:	Conducted Soil Observation (1)
Urdintield has at take	☐ Two previous verifications (Attach boring logs) ☐ Not applicable (Holding tank(s), no drainfield) ☐ Unable to verify (s)
separation distance from periodically saturated soil or bedrock.	TO VEILLY (SEE COMMENT)
Non-performance systems to the	Comments/Explanation
1996, or later or for non-performance Systems located in Share performance	Comments/Explanation: 21
Protection Areas or one in Shoreland or Wellhead	12-5" TOP Soil
and a stablishment.	5-30" 5
Drainfield has a three-foot vertical separation distance from periodically saturated soil or bodges.	5-20" 7.5 YR 5/g SAND LOWN 20-48" 10 YR 5/g Med SAND 48-74" 10 YR 9
	20-48" 104R The Med Sond
"Experimental", "Other", or "Performance" Systems built under pro 2000 p.	a med some
or V systems built and Rules; Type IV	Indicate depths or elevations
2350 or 7080.2400 (Advanced Inspector License required)	A. Bottom of distribut
Drainfield meets the desired	30)
separation distance from periodically saturated soil or bedrock.	B. Periodically saturated soil/bedrock None to 74"
and a delifor dedrock.	C. System separation 38"
Any "no" answer above indicates the system is failing to protect groundwater.	D. Required compliance separation* 36*
	Ordinance.
5. Operating Permit and Nitrogen BMP* – Complia	
Is the system operated under a Complia	nce component #5 of 5
Is the system operated under an Operating Permit?	No If "yes" A helow is a second applicable
The to citibina S Vittoden Bivos	I Colow is required
BMP = Best Management Practice(s) specified in the system If the answer to both quarti-	design
If the answer to both questions is "no", this section doe Compliance criteria	es not need to be commit
Operating Permit number:	to we completed.
Have the Operating Permit requirements been met?	
b. Is the required nitrages PMD:	☐ Yes ☐ No
b. Is the required nitrogen BMP in place and properly functioning Any "no" answer indicates Noncompliance.	? Yes No
Ungrado Barris	
Upgrade Requirements (Minn. Stat. § 115.55) An imminent threat to public discontinued within ten months of receipt of this notice or within a shorter pen ground water, the system must be upgraded, replaced, or its use discontinued is not failing as defined in law, and has at least two feet of design soil separated used discontinued, notwithstanding any local ordinance that is more strict. The Wellhead Protection Areas, or those used in connection with food, beverage, to	

Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law. www.pca.state.mn.us • 651-296-6300 wq-wwists4-31b . 6/4/14 800-657-3864 TTY 651-282-5332 or 800-657-3864 • Available in alternative formats Date:

2 716 20r

Customer Name:

Street Address:

City, State, Zip:

Phone Number:

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, LLC

License No.

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:

Title:

SSTS Inspector 818

