



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

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

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

For local tracking purposes:

System Status

System status on date (mm/dd/yyyy): 5/24/18

[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 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: 23223 St Croix Trail Scandia, MN 55073

Reason for inspection: Sale

Property owner: Walter Mondale

Owner's phone:

or

Owner's representative: John Johnson

Representative phone: 651-208-2216

Local regulatory authority: Washington County

Regulatory authority phone: 651-430-6655

Brief system description: (2) 1000 gallon septic tanks, 1000 gallon lift station, pressure bed dispersal 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: Benjamin Zierke

Certification number: C9594

Business name: Zierke Soil Testing

License number: L119

Inspector signature: [Signature]

Phone number: 651-249-1346

Necessary or Locally Required Attachments

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

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

**Compliance criteria:**

System discharges sewage to the ground surface.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System discharges sewage to drain tile or surface waters.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System causes 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:**

Spoke with Agent John Johnson and he said the cabin was used sparingly and that he wasn't aware of any past issues.

**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:**

See attached.

**Verification method(s):**

- Probed tank(s) bottom
- Examined construction records
- Examined Tank Integrity Form (Attach)
- Observed liquid level 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 be 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:**



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

Date of installation: 9/30/2010  Unknown  
(mm/dd/yyyy)

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 or elevations**

A. Bottom of distribution media	97.0
B. Periodically saturated soil/bedrock	94.0+
C. System separation	3.0+
D. Required compliance separation*	3.0

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

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

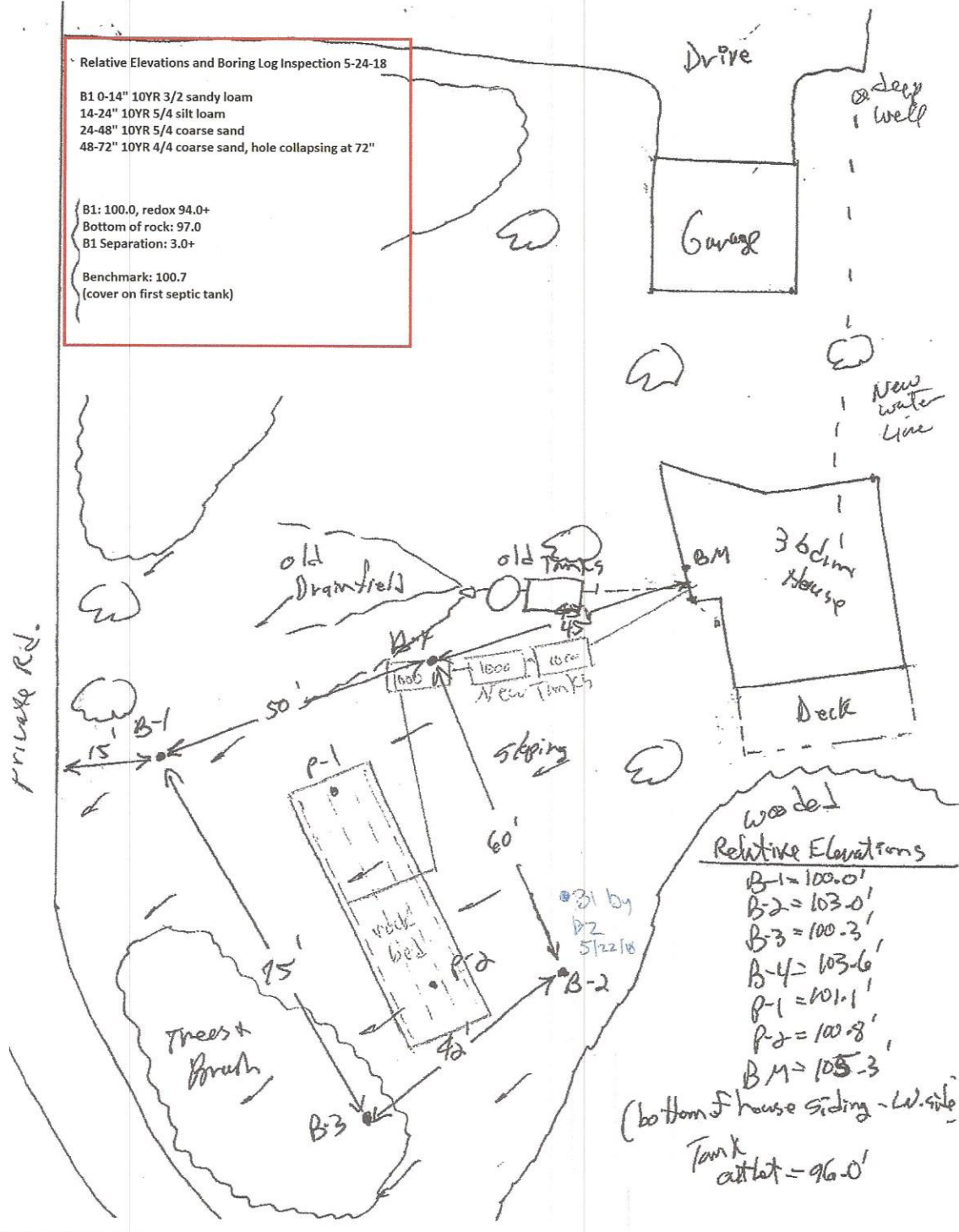
**Upgrade Requirements (Minn. Stat. § 115.55)** An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground 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.

Relative Elevations and Boring Log Inspection 5-24-18

B1 0-14" 10YR 3/2 sandy loam  
 14-24" 10YR 5/4 silt loam  
 24-48" 10YR 5/4 coarse sand  
 48-72" 10YR 4/4 coarse sand, hole collapsing at 72"

B1: 100.0, redox 94.0+  
 Bottom of rock: 97.0  
 B1 Separation: 3.0+

Benchmark: 100.7  
 (cover on first septic tank)



wooded

Relative Elevations

B-1	= 100.0'
B-2	= 103.0'
B-3	= 100.3'
B-4	= 103.6'
P-1	= 101.1'
P-2	= 100.8'
BM	= 105.3'

(bottom of house siding - W. side)

Tank outlet = 96.0'



SECTION 13: Forms and Reference ■ 13-53

Parcel number: \_\_\_\_\_ System status:  Compliant  Noncompliant  
(as determined by this form)

**Tank Integrity and Safety Compliance – Compliance Inspection Form for Existing SSTS**

Compliance Issue #2 of 4

Date of observation: 5-21-18 Reason for observation: \_\_\_\_\_

This form expires on (three years): \_\_\_\_\_

**Compliance questions/criteria:** (Required)  
(Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do any sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

if yes, identify which sewage tank leaks.

Any "yes" answer indicates that the system is failing to protect ground water.

\* Seepage pits meeting 7080.2650 may be compliant if allowed in ordinance by local permitting authority.

**Verification Method\*\*:** (Optional)

(Check the appropriate box)

Probed tank bottom

Observed low liquid level

Examined construction records

Examined empty (pumped) tank

Probed outside tank for "black soil"

Pressure/vacuum check

Other: \_\_\_\_\_

\*\* No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

**Safety Check**

- |   |  |
|---|--|
| 1. Are maintenance hole covers damaged, cracked, or appeared to be structurally unsound?                      | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No |
| 2. Were maintenance hole covers replaced in a secured manner (e.g., screws replaced)?                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* |
| 3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 4. Are other safety/health issue present?   | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No |

Explain: \_\_\_\_\_

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

**Certification**

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Walter Moudale

Property address: 23223 ST Croix Trl N, Scandia 55073

Property owner's address (if different): \_\_\_\_\_

County: \_\_\_\_\_ Property owner phone: \_\_\_\_\_

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: \_\_\_\_\_ Certification number: \_\_\_\_\_

Business license name and number: L2428 or \_\_\_\_\_

Name of local unit of government: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### 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: 5-21-18 Reason for Maintenance: Routine

Property Address: 23223 St Croix Trl N Property Owner's Name: Walter Mondale

Municipality: Scandia ZIP: 55073 Property Identification Number: \_\_\_\_\_

Maintenance Permit No: 2466210873 Maintainer Name and License No. Smilie's Sewer Service/L2428

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

- Access used to remove septage:  Maintenance Hole  Other (enter authorization code)
- Were all covers securely replaced?  Yes  No
- 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?  Yes  No

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

4. How many gallons of septage were removed?  
 Tank #1 2000 gal Tank #2 \_\_\_\_\_ gal Pretreatment tank \_\_\_\_\_ gal Pump Tank 500 gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Location of septage disposal: Land Applied

Smilie's Sewer Service  
 23893 Pomroy Ave N  
 Scandia MN 55073  
 651-433-3934