



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): 11/11/2018

[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: 1602921210001

Property address: 8268 39th St N Lake Elmo, MN 55042 Reason for inspection: Property Transfer

Property owner: Ryan Schmidt Owner's phone:

or

Owner's representative: Representative phone:

Local regulatory authority: Washington County Regulatory authority phone: 651-430-6655

Brief system description: 2 Septic Tanks and 1 Pump Tank to Pressure Bed

Comments or recommendations:

System was installed in 2014 with a Washington County permit.

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: Dave Brown Certification number: C9370

Business name: David R Brown License number: L3649

Inspector signature: [Signature] Phone number: 651-788-3296

Necessary or Locally Required Attachments

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

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:

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:

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: 10/2/2014 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.

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	30"
B. Periodically saturated soil/bedrock	72"
C. System separation	42"
D. Required compliance separation*	36"

*May be reduced up to 15 percent if allowed by Local Ordinance.

Any "no" answer above indicates the system is failing to protect groundwater.

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: _____ Yes No
Have the Operating Permit requirements been met?
- 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.



Department of Public Health and Environment
 14949 62nd Street North PO Box 6
 Stillwater MN 55082-0006
 Office: 651-430-6655 TTY: 651-430-6246 Fax: 651-430-6730

Review Fee:	\$290.00
Permit Fee:	\$305.00
Total Fee:	\$595.00
Previous Payment	\$595.00
Balance Due	\$0.00

Community: Lake Elmo
 Permit Number: 0800-14-36
 Owner: Jim Dyer
 1214 Trout Brook RD
 Hudson WI 54016
 Applicant: Bill Wolfe Excavating Inc

PERMISSION IS HEREBY GRANTED

To execute the work specified in this permit on the following identified property upon express condition that said persons and their agents, and employees shall conform in all respects to the provisions of Ordinance #179, Washington County Development Code, Chapter Four, Subsurface Sewage Treatment System Regulations. This permit may be revoked at any time upon violation of any of the provisions of said ordinance.


Project Address: 8268 39th ST N
 Geo Code: 16-029-21-21-0001
 Designer: Zierke Soil Testing

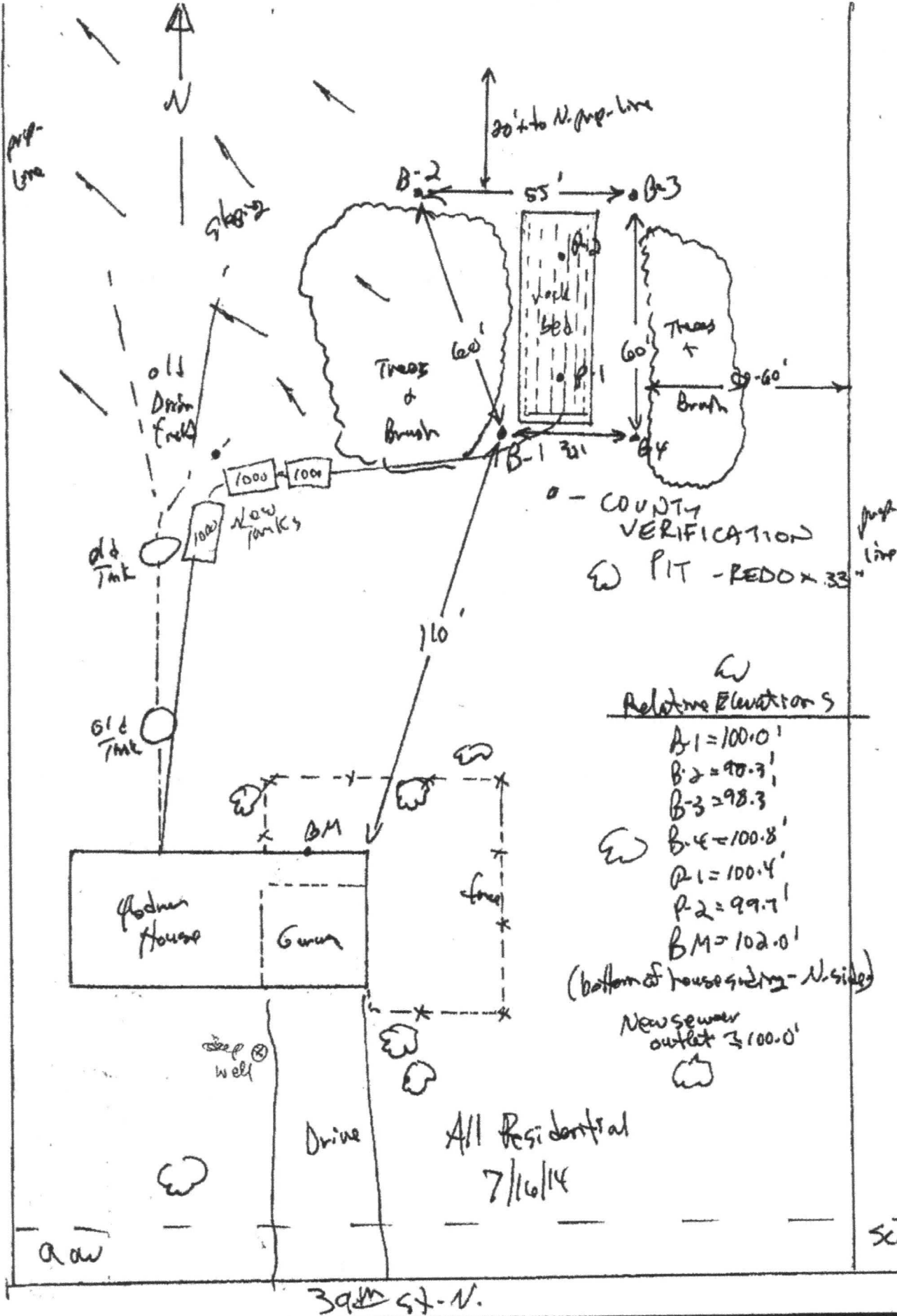
Type of System: Pressure Bed		Pressure Distribution	
		Number Of Laterals:	6
		Perforation Spacing:	3 Feet
		Perforation Diameter:	3/16 Inch
		Head Size:	1.0 Inch
		Total Head:	15.05
		Connection:	End
		Length of Laterals:	51 Feet
		Perforations / Lateral:	18
		Total Perforations:	108
		Gallons Per Minute:	45.36
		Lateral Diameter:	2 Inches
Tank Sizes			
Tank 1: 1500	Tank 2: 1000	Tank 3: 0	Lift Station: 1000

Authorized Work/Special Conditions

1. Building sewer can be no closer than 20' to well and must be pressure tested within 50 feet of well.
2. Domestic strength waste only. Industrial waste and hazardous wastes cannot enter the septic system.
3. Effluent Filter with alarm required.
4. Establish a vegetative cover over the soil treatment area within 30 days of the installation. Protect the soil treatment area from erosion until the vegetative cover is established.
5. Install individual sewage treatment system as per approved design in area tested and shown on the site plan.
6. Installer must verify head and elevation so the proper pump size is used.
7. This system must be installed by a certified/licensed sewage treatment system installer holding a current license with the Minnesota Pollution Control Agency. (A list of installers is available at your request.)
8. Use of tanks registered with the Minnesota Pollution Control Agency required.

Permit Issue Date: 10/1/2014
 Permit Expiration Date: 10/1/2015


 Christopher W. LeClair, REHS
 Senior Environmental Specialist



Row

39th St. - N.

Scale 1" = 40 30'

U of MN Onsite Sewage Treatment Program Soil Boring Log

Client/ Address: **8268 31st St. N.** Legal Description/GPS: **16.029.21.21.0001** Date: **30 SEP 2014**

PIT 87 B2

Soil Parent Material(s): Till	Outwash	Lacustrine	Alluvium	Loess	Organic Matter	Bedrock
(circle all that apply)						
Landscapes Position: Summit	Shoulder	Back/Side Slope	Foot Slope	Toe Slope		
(circle one)						
Vegetation:	Soil Survey Map Unit(s):					
Weather conditions/Time of Day: PM / Sunny						

Depth (in)	Texture	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Saturated Soil Indicator(s) (see back)	I----- Structure-----I		
						Shape	Grade	Consistence
0-6	SILT LOAM	10YR 3/2		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
6-24	SILT LOAM	10YR 4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
24-72	SAND	10YR 4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid

Comments:



Department of Public Health and Environment

14949 62nd Street North PO Box 6
Stillwater MN 55082-0006
Office: 651-430-6655 - TTY: 651-430-6246 - Fax: 651-430-6730

Individual Sewage Treatment System Certificate of Compliance

Type of System: Pressure Bed
Permit Number: 0800-14-36
Property ID Number: 16-029-21-21-0001
Property Address: 8268 39th ST N
Community: Lake Elmo
Date of Installation: October 2, 2014

This certifies that the individual sewage treatment system installed at the aforementioned address was inspected during installation and found to be in compliance with requirements of the Washington County Development Code, Chapter Four, Individual Sewage Treatment System Regulations (Washington County Ordinance No. 128). This Certificate of Compliance is valid for five (5) years from the date of issuance unless Washington County finds evidence of an imminent threat to public health and safety. Supporting documentation with detailed information on the system can be found on the attached as-built.

A handwritten signature in black ink, appearing to read "Christopher W. LeClair".

Christopher W. LeClair, REHS
Senior Environmental Specialist



**AS-BUILT REPORT
INDIVIDUAL SEWAGE TREATMENT SYSTEM**

Washington County Public Health & Environment
14949 - 62ND ST N, PO BOX 8, STILLWATER, MN 55082-0008
651/430-6688 OR 651/430-6655 FAX 651/430-6730

Legal Description or Complete Street Address		City of Township		
Owner Name Jim Dyer	Mail Address 8268 39th St. North Lake Elmo	City Lake Elmo	State MN	Zip
Installer Bill Wolfe Excavating Inc	Mail Address 15517 Jeffrey Av. N. Hugo	City Hugo	State MN	Zip 55035
Septic Tank Information Tank Manufacturer: MN - Precast		Liquid Capacity 1-1500 GAL - 1-1000 GAL w/ Filter + Alum		

PUMP CHAMBER (If installed)			
Tank Manufacturer: MN. Precast	Liquid Capacity: 1000	Horsepower of Pump: Liberty 293 3/4 HP	Type of Warning Device: Light Buzzer in Basement
Pump Discharge in Gallons Per Minute: 65 at 15 Feet of		Number of Gallons Per Cycle: 150	

DRAINFIELD TRENCH		BED OR MOUND	
Width:	Length of Each Trench:	Rock Bed Length:	Width: Area:
Depth of Trench Bottom from Finished Grade:		Bed Depth from Grade:	
Method of Distribution: <input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input type="checkbox"/> Drop Box		MOUND: Upslope Sand Base Depth: Downslope Sand Base Depth:	
Depth of Rock Under Distribution Pipe:		Depth of Rock Under Pipe:	
Square Footage of Tested Area Used:		PRESSURE DISTRIBUTION SYSTEM:	
Trench Bottom Square Footage Required:	Area As Built:	Lateral Inside Diameter:	Length: Perforation Size:
		Spacing:	Number: Perforation Spacing:

Complete site plan on an attached sheet. On the site plan, include location of the following items:
 Structures, septic tank, pump chamber, line from house to tank treatment system, distribution lines, distribution or drop boxes, well, and driveway.
 Show all distances applicable to the sewage treatment system (distance from structure to tank, tank to treatment system, distance between distribution lines, length of distribution lines, and distance between well and sewage treatment system). Indicate NORTH on the site plan and the scale of the plan.

I hereby certify that the system at the above referenced address was installed according to the Washington County Individual Sewage Treatment System Ordinance requirements.

Signed: *Bill Wolfe* MPCA License #: 236 Dated: _____

WASHINGTON COUNTY SEPTIC PERMIT NUMBER _____