

wq-wwists4-31b • 6/4/14

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

# Compliance Inspection Form

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

Doc Type: Compliance and Enforcement

Page 1 of 3

Inspection results based on Minnesota Pollution of requirements and attached forms – additional local re	Control Agency (MPCA) For local tracking purposes: quirements may also apply.
Submit completed form to Local Unit of Government within 15 days	nent (LUG) and system owner
System Status	
System status on date (mm/dd/yyyy): 5/1	6/2016
Compliant − Certificate of Comp (Valid for 3 years from report date, unless sho frame outlined in Local Ordinance.)	Iiance
<ul> <li>Other Compliance Conditions (Complian</li> <li>Tank Integrity (Compliance Component</li> <li>Other Compliance Conditions (Complian</li> <li>Soil Separation (Compliance Component</li> </ul>	omponent #1) – Imminent threat to public health and safety nce Component #3) – Imminent threat to public health and safety #2) – Failing to protect groundwater nce Component #3) – Failing to protect groundwater
Description Information	Parcel ID# or Sec/Twp/Range: 2802820240003
Property Information	VBWD Kelle's Creek
Property address: 4354 Trading Post Trail S. Afto	
Property owner: Young H. Lee or	Owner's phone: 651-436-7564
Owner's representative:	Representative phone:
Local regulatory authority: Washington County	Regulatory authority phone: 651-430-6655
	np tank to pressure bed
Comments or recommendations:  System was installed with a permit from Washingto	n County in 2003.
Certification	
I hereby certify that all the necessary information had determination of future system performance has be possible abuse of the system, inadequate maintena	as been gathered to determine the compliance status of this system. No en nor can be made due to unknown conditions during system construction, ance, or future water usage.
Inspector name: Dave Brown	Certification number: C#9370
Business name: David R. Brown	License number: L#3649
Inspector signature:	Phone number: 651-788-3296
Necessary or Locally Required Attac	hments
<ul> <li>Soil boring logs</li> <li>□ Other information (list):</li> </ul>	
454 204 4200 - 900-	557-3864 • TTY 651-782-5332 or 800-657-3864 • Available in alternative format

Any "no" answer indicates Noncompliance.

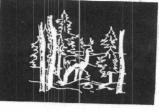
b. Is the required nitrogen BMP in place and properly functioning?

**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, 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.

Yes No

www.pca.state.mn.us • 651-296-6300 • 800-657-3864 • TTY 651-282-5332 or 800-657-3864 • Available in alternative formats wg-wwists4-31b • 6/4/14

## Kelle's Creek Watershed Septic System Inspection Program





Valley Branch Watershed District (VBWD) Septic System Inspection Application

To be completed by VBWD

Date received:

_		200	
Return	app	ication	to

Jen Koehler
Barr Engineering Co. (Engineers for VBWD)
4300 MarketPointe Drive
Bloomington, MN 55435
jkoehler@barr.com

Project and contact information	
Name of landowner/applicant YOUNG	H. LEE
Street address 4354 TRADING PO  City AFTON  Parcel identification number (if known)	ST TRAIL SOUTH
City AFTON	State MN Zip 5500/
Parcel identification number (if known)	-p 35001
Phone(s) 651-436-7564	
E-mail address(es) Minnpine @ g Preferred method of contact (phone or email)	mail com
Preferred method of contact (phone or email)	Pmail
Preferred contact day/time weekday	'.S
Mailing address (if different from above)	

Property and septic system info	rmation
Property address Same	as above
Year home built 2003	Year home purchased
Number of bedrooms 4	Number of bathrooms 4
Approximate age of septic system	
When was your current system las	
	spected within the past 3 years? Yes O No Ø If yes, what year?



Where is the septic system (septic tank and soil treatment area) located on your property?

(Type description or make a sketch in the space provided)

howell

Trading Post Trail

I/We certify that by signing this application form that the information stated on the form is true and correct to the best of my/our knowledge and that I/we am/are interested in participating with the Valley Branch Watershed District in inspecting the septic system on the property listed in this application. I/we am/are the owners of the property listed in this application, and I/we give permission for a septic system inspector to enter the property listed in this application for purposes of inspecting the septic system. I/We recognize that by authorizing listed in this application for purposes of inspecting the septic system. I/We recognize that by authorizing the inspection of the septic system on my/our property, a notice of noncompliance and order to replace the system may be issued by Washington County on behalf of the City of Afton. If so, I/we will be responsible for upgrading/replacing the system in the time frame outlined by the City of Afton ordinance.

Applicant signature Mount of Lee

Date 4/26/16



### WASHINGTON COUNTY, MINNESOTA

Department of Public Health and Environment 651/430-6688

010000010 SEWAGE PERMIT

PERMIT NUMBER (honer !

CHITINDRS

2077 OBBRVA AVE

OAKDA?.K

5512A

Applicant ! **MCIRONALD**  CONSTRUCTION

612-747-7901

REH DRAINPIELD PERHIT

205.00 195.00

SEPTIC APPLICATION/SOIL REVIEW

Total Fons :

400.00

Total Paid : Trital Due :

.00 400.00

#### PERHITSION IS HEREBY GRANTED

In execute the work specified in this permit on the following described property upon express condition that said parama and their agents, employees and workson shall conform in all respects to the provisions of the Building Code, and/or Ordinances. This permit may be revoked at any time upon the violation of any of the provisions of said code and ordinances.

Project Addréss !

Plow Capacity

4364 TRADING POST TRAFL SOUTH

86001

Geo 1 28-028-20-24-0003

Legal Description: APTON

600 Bal/Day Tank Volume

2000

Soil Conditions: Depth to Restriction 48 Inches

Para Rata

615 Hin/Inch

Soil Treatment Type:

Bottom Area

Rock Depth

Authorized Work / Special Conditions

- Install individual accept treatment system as per approved dealgn in area tested and shown on site plan-
- Rope off and protect tosted area from all vehicle traffic.
- Haximum tranch depth 12 inches into untural sail.

\*\* Parait Expiration Date :

Sawage Treatment :

A CRETTFICATE OF OCCUPANCY MUST BE REQUESTED AND ISSUED PRIOR TO USE OF OCCUPANCY OF HORE PERMITTED BY A BUILDING PERHIT.

\*\* This paret shall expire and be null and void if the work authorized by the Building Parett is not dominanced within 60 days of the date of issuance or if work is abundoned or suspended for a period of 120 days. Term of the Duilding Permit is 12 months from date of lasse. Term of sawage treatment

parmit in 12 months from date of issue. Popalty for violation of any of the provisions of building code: Fine not to exceed five hundred dollars (\$500.00) or imprintement for not more than ainsty (90) days, or both

Pormit taking Date 2003-09-03 Code Enforcement Officer

#### **INSPECTION RECORD**

BUILDING	DATE	INSP.	COMMENTS
Foundation			
Foundation Wall	1		
Plumbing (Groundwork)			
Heating (Groundwork)			
Rough Plumbing			
Rough Gas Piping			
Rough Heating and Ventilation			
Framing			
Insulation			
Fireplace			
Chimney			
Wallboard or Lath and Plaster			
Final Electrical			
Final Plumbing			
Final Gas Piping			
Final Heating and Ventilation		. ·	
Final Building			
SEWAGE TREATMENT SYSTEM	DATE	INSP.	COMMENTS
Installation	14 Nov 03	CWL	Tank Size: 2-1000 & Treatment Area: 804 FT2
As Built		, .,	Installer: AAA POLLUTION
DRIVEWAY	DATE	INSP.	COMMENTS
Access			
Installation			

NOTES:

12'X 67' ROCK BED @ 12" DEP TH FROM EPADE

