



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.

For local tracking purposes:

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

System Status

System status on date (mm/dd/yyyy): 5/13/2016

[] Compliant - Certificate of Compliance
(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)

[X] 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
[X] Tank Integrity (Compliance Component #2) - Failing to protect groundwater
[] Other Compliance Conditions (Compliance Component #3) - Failing to protect groundwater
[X] 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: 2902820140005

Property address: 13925 44th Street S Afton, MN 55001

Reason for inspection: VBWB Kelle's Creek Program

Property owner: John Stadelman

Owner's phone: 651-436-7983

or

Owner's representative:

Representative phone:

Local regulatory authority: Washington County

Regulatory authority phone: 651-430-6655

Brief system description: 2 cess pools to drainfield

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: Dave Brown

Certification number: C#9370

Business name: David R. Brown

License number: L#3649

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:

Homeowner stated he has never had a problem with his septic.

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 checked="" type="checkbox"/> Yes <input 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

<p>Date of installation: _____ (mm/dd/yyyy)</p> <p><input checked="" type="checkbox"/> Unknown</p>	<p>Verification method(s):</p> <p><i>Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.</i></p> <p><input checked="" type="checkbox"/> Conducted soil observation(s) (Attach boring logs)</p> <p><input type="checkbox"/> Two previous verifications (Attach boring logs)</p> <p><input type="checkbox"/> Not applicable (Holding tank(s), no drainfield)</p> <p><input type="checkbox"/> Unable to verify (See Comments/Explanation)</p> <p><input type="checkbox"/> Other (See Comments/Explanation)</p>									
<p>Shoreland/Wellhead protection/Food beverage lodging? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Compliance criteria:</p> <p><i>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:</i></p> <p>Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Comments/Explanation:</p>									
<p><i>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:</i></p> <p>Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>										
<p><i>“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)</i></p> <p>Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Indicate depths or elevations</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">A. Bottom of distribution media</td> <td style="width:30%;">29"</td> </tr> <tr> <td>B. Periodically saturated soil/bedrock</td> <td>24"</td> </tr> <tr> <td>C. System separation</td> <td>-5"</td> </tr> <tr> <td>D. Required compliance separation*</td> <td>36"</td> </tr> </table> <p>*May be reduced up to 15 percent if allowed by Local Ordinance.</p>	A. Bottom of distribution media	29"	B. Periodically saturated soil/bedrock	24"	C. System separation	-5"	D. Required compliance separation*	36"	
A. Bottom of distribution media	29"									
B. Periodically saturated soil/bedrock	24"									
C. System separation	-5"									
D. Required compliance separation*	36"									

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

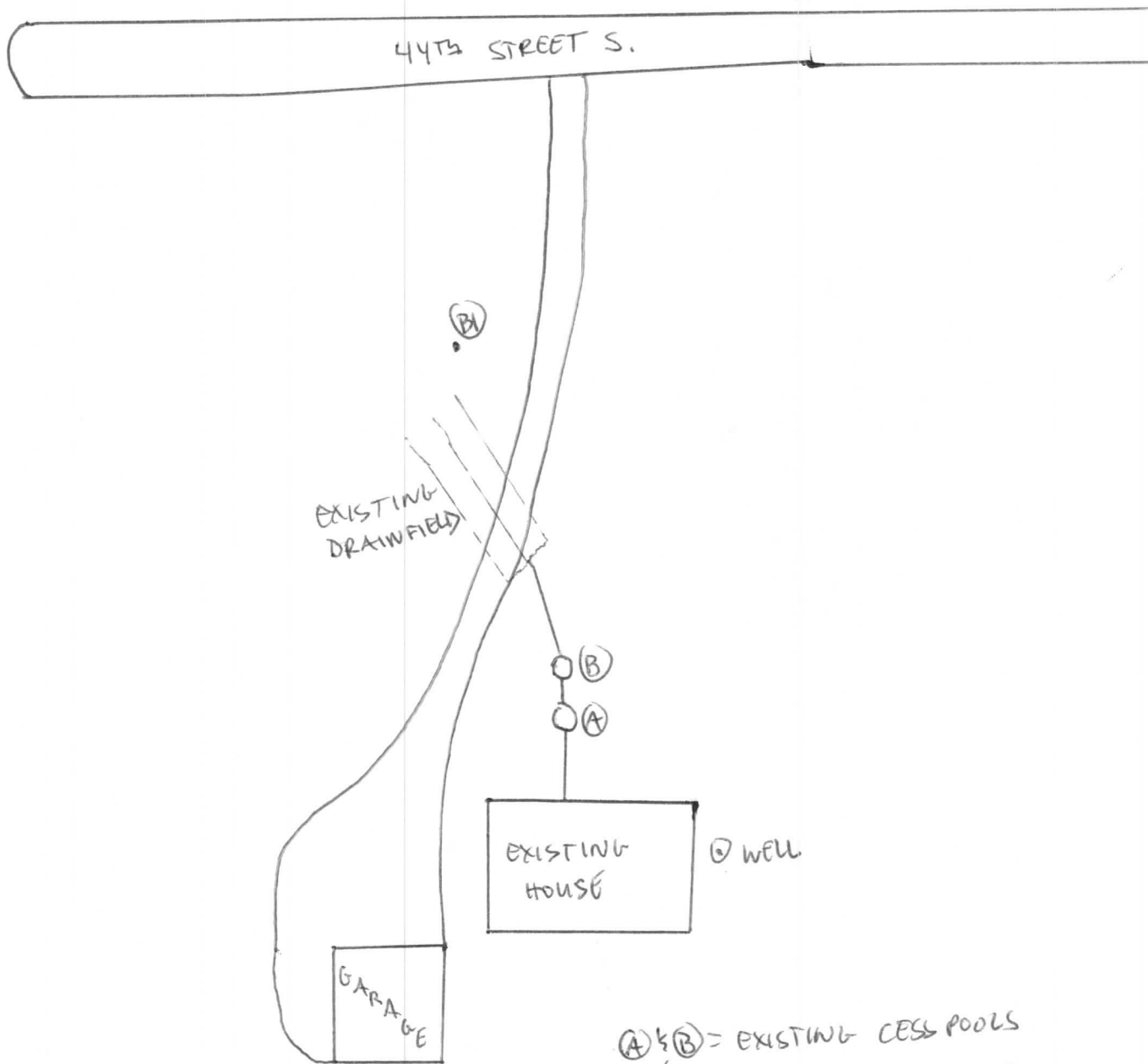
- a. Operating Permit number: _____ Yes No
Have the Operating Permit requirements been met?
- b. Is the required nitrogen BMP in place and properly functioning? Yes No

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.*

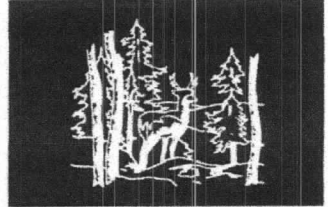
13925 44TH STREET S. AFTON, MN 55001

NT
NO SCALE



(A) & (B) = EXISTING CESS POOLS
(B1) = SOIL BORING HOLE

SOIL BORING LOG	
	(B1)
0"-15"	10YR 3/3 LOAM
15"-24"	10YR 4/6 CLAY
24"-29"	10YR 4/6 CLAY REDDX W/ SOME LIMESTONE



VB Valley Branch Watershed District

Kelle's Creek Watershed Septic System Inspection Program

Valley Branch Watershed District (VBWD)
Septic System Inspection Application

To be completed by VBWD

Date received: 5/3/2016

Return application 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 <u>JOHN STADELMAN</u>			
Street address <u>13925-44TH ST S</u>			
City <u>AFTON</u>	State <u>MN</u>	Zip <u>55001</u>	
Parcel identification number (if known)			
Phone(s) <u>651-436-7983</u>			
E-mail address(es)			
Preferred method of contact (phone or email) <u>PHONE</u>			
Preferred contact day/time <u>8:00 - 10:00 AM</u>			
Mailing address (if different from above)			

Property and septic system information			
Property address <u>13925-44TH ST. S</u>			
Year home built <u>1968</u>	Year home purchased <u>1968</u>		
Number of bedrooms <u>2</u>	Number of bathrooms <u>1 FULL 2 HALFS</u>		
Approximate age of septic system (if known) <u>TANKS-1968 DRAINFIELD 1982</u>			
When was your current system last pumped? Date(s)			
Have you had your septic system inspected within the past 3 years? Yes <input type="radio"/> No <input checked="" type="radio"/> If yes, what year?			

Program funded in part by



WASHINGTON COUNTY, MINNESOTA

Sewage Treatment Permit No. 2017

Inspection of Installation Must Be Made By the Building Official Before Any Portion of System Is Covered
Contact Planning Department, 439-3220 x-176. 24 HOUR NOTICE REQUIRED

Owner JOHN F. STADELMAN

Property Description N 1/4 - SE 1/4 - SW 1/4 - NE 1/4 31-27 AFTON

Property Address 17725 44TH ST S. AFTON

Use of Building: HOME Flow Rate: 2 BEDROOMS Percolation Rate: 15 mp

Septic Tank 1200 Gal. Liquid Capacity Lift Station (if needed) _____ Gal.

Type of System: SEPTIC TANK DRAINFIELD

Absorption Trench — Square Feet 31 Lineal Feet 127 Width 36"

Depth of Rock Below Lines 12 Inches. Above Lines 2 Inches

Depth of Trench From Existing Grade — Minimum 36 Inches. Maximum 48 Inches

3 AT 70'
INSTALLER

Recommended Number of Lines 1 AT 4' (Note: Maximum Length of Individual Line is 100 Feet.)

Minimum Spacing of Lines 15 Ft. Center to Center

Special Conditions SYSTEM MUST GO IN AREA TESTED AND APPROVED. IF INTENDING TO USE EXISTING TANK MUST BE PUMPED AND OPEN FOR INSPECTION.

PERMIT: Permission is hereby granted to the above named applicant to perform the work described in the application to the minimum specifications shown above and per attached site plan. This permit is granted upon express condition that the person to whom it is granted, and his agents, employees and workmen shall conform in all respects to ordinances of Washington County, Minnesota. This permit may be revoked at any time upon violation of any said ordinance, and permit shall be void if work is not commenced within six (6) months.

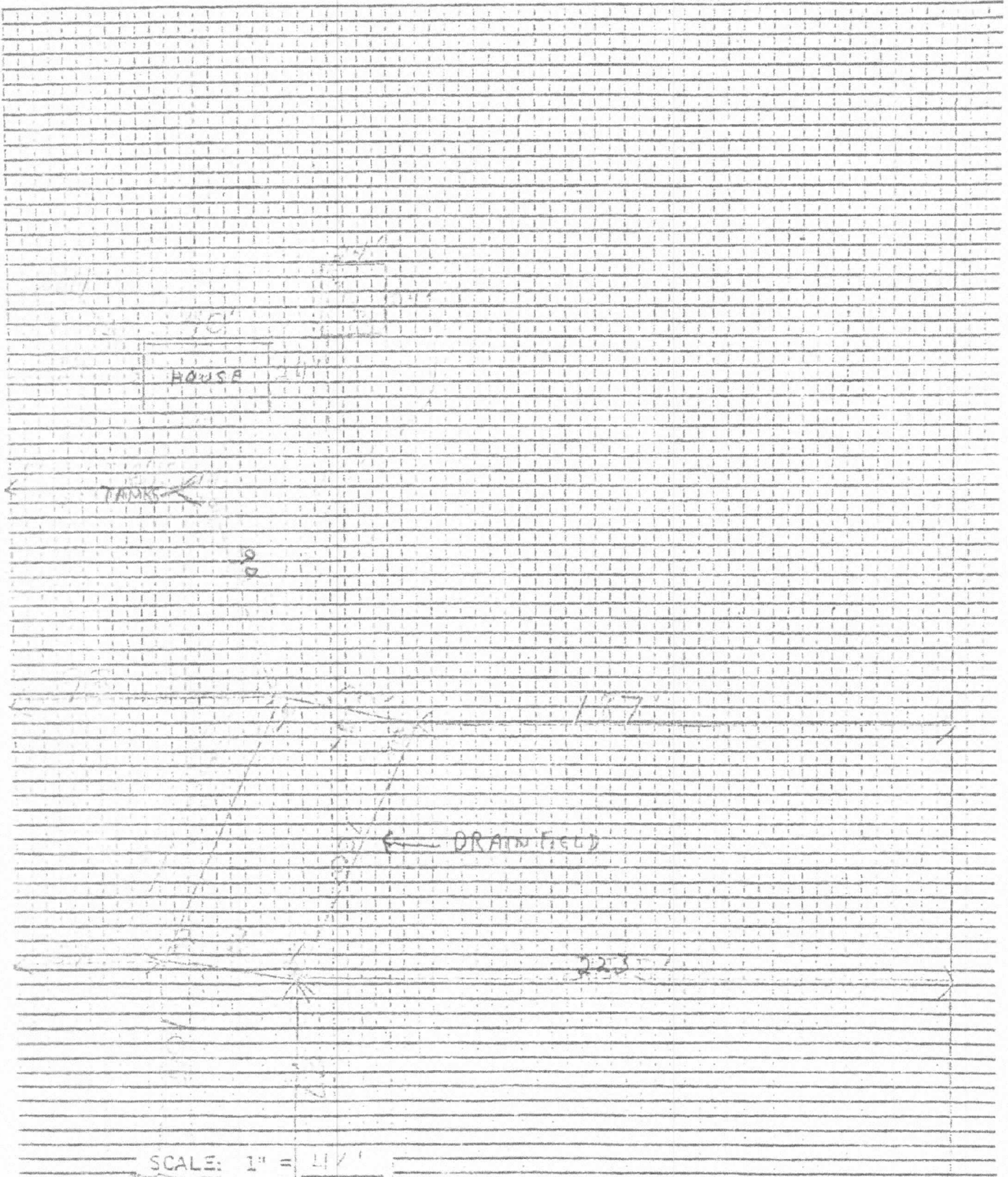
INSTALLER MUST HOLD CURRENT SEPTIC INSTALLER LICENSE WITH WASHINGTON COUNTY.

Approved [Signature] Date 5-24-12
County Administrator/Authorized Agent

Comments _____

Installation Approved _____ Date _____
Inspector

RECORD SITE PLAN INFORMATION ON THIS SHEET, DRAWN TO SCALE,
THE HOUSE AND DRAINFIELD MUST BE STAKED.



SCALE: 1" = 40'

ROAD