

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): 9/10/2018

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: 3502920130046

Property address: 689 Quinlan Ave N Lakeland, MN

Reason for inspection: Property Transfer

Property owner: Jeff Heimann

Owner's phone:

or

Owner's representative: Shelly Michaelis

Representative phone:

Local regulatory authority: Washington County

Regulatory authority phone: 651-430-6655

Brief system description: 2 Septic tanks and lift tank to drainfield

Comments or recommendations:

System was installed with a permit from Washington County in 2001.

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: 

Phone number: 651-788-3296

Necessary or Locally Required Attachments

- Soil boring logs
- 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. Yes No
- System discharges sewage to drain tile or surface waters. Yes No
- System causes sewage backup into dwelling or establishment. Yes 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. Yes No
- Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.*
- Sewage tank(s) leak below their designed operating depth. Yes No
- If yes, which sewage tank(s) leaks:

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: 8/21/2001 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	36"
B. Periodically saturated soil/bedrock	72"
C. System separation	36"
D. Required compliance separation*	36"

*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: _____ 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.

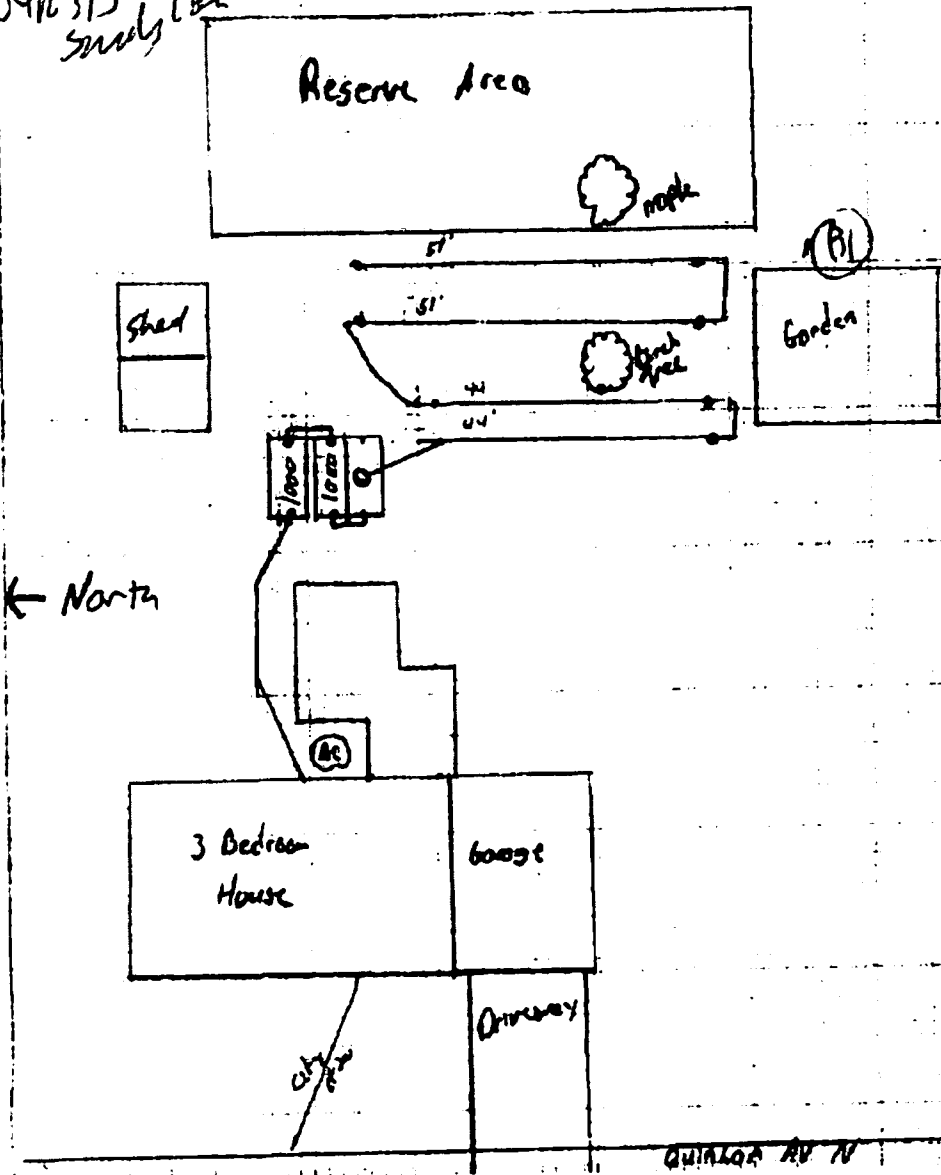
Upgrade Requirements (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water,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

Asbuilt

Jeff Heiman
689 Quinlan Av N
Lakehead ON S80V3

1" = 20'

0-2010 YR 312 locm
20-72 10 YR 313
study loc

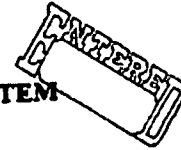


QUINLAN AV N



AS-BUILT REPORT INDIVIDUAL SEWAGE TREATMENT SYSTEM

Installed 8-21-01
Washington County Health and Environment
14949 62ND ST N, PO BOX 3803, STILLWATER, MN 55082-3803
651/430-6708 or 651/430-6656 FAX 651/430-6730



Legal Description or Complete Street Address <i>609 Quinlan Av N Lakehead Mn</i>		City or Township	
Owner Name <i>Jeff Heimer</i>		City	State Zip
Installer <i>Featherstone Exc Inc</i>		City	State Zip
Depth Tank Information Tank Manufacturer: <i>2/1000</i>		Liquid Capacity: <i>Minnesota Record</i>	
PUMP CHAMBER (if installed) <i>Installed 8-21-01</i>			
Tank Manufacturer: <i>Minnesota Record</i>	Liquid Capacity: <i>1000</i>	Manufacturer of Pump <i>Model 53</i>	Type of Warning Device: <i>Level Alarm</i>
Pump Discharge in Gallons Per Minute: <i>735</i>	Feet of Head: <i>13</i>	Number of Discharge Pumps Per Cycle: <i>150</i>	
DRAINFIELD TRENCH		BED OR MOUND	
Width: <i>36"</i>	Length of Each Trench: <i>20 51 20 44</i>	Rock Bed Length:	Width: Area:
Depth of Trench Bottom from Finished Grade: <i>36"</i>		Bed Depth from Grade:	
Method of Distribution: <input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input checked="" type="checkbox"/> Drop Box		MOUND: Upstream Bed Base Depth:	Downslope Bed Base Depth:
Depth of Trench Under Distribution Pipe: <i>18" Gravel 30 channels</i>		Depth of Rock Under Pipe:	
PRESSURE DISTRIBUTION SYSTEM:			
Square Footage of Treated Area Used		Orifice Inside Diameter:	Length:
Trench Bottom Square Footage Required: <i>570</i>	Area As Built: <i>570</i>	Spacing:	Number:
		Perforation Size:	Perforation Spacing:
<p>Complete site plan on attached sheet. On the site plan, include location of the following items: Structure, outlet tank, pump chamber, flow thru lines to tank treatment system, distribution lines, distribution or trap basin, 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 edge of the plan.</p>			
<p>I hereby certify that the system at the above referenced address was installed according to the Washington County Individual Sewage Treatment System Ordinance requirements.</p>			
<p>Signature: <i>[Signature]</i></p>		<p>MPCA License #: <i>1262</i> Date: <i>1-30-02</i></p>	

WASHINGTON COUNTY SEPTIC PERMIT NUMBER 1900-01009 ADULT PERMITS DIV

AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
IF YOU NEED ASSISTANCE DUE TO DISABILITY OR LANGUAGE BARRIER, PLEASE CALL 651-430-6708 (TDD 651-430-3220)