### **Inspect Minnesota & Midwest Soil Testing**

P.O. Box 383 Hugo, MN 55038

Brian Humpal

651-492-7550/Brian@midwestsoiltesting.com

MPCA Licensed Advanced Inspector

### SUBSURFACE SEWAGE TREATMENT SYSTEM (SSTS) COMPLIANCE REPORT

**Inspection Address:** 5850 Highlands Trail N, Lake Elmo, MN 55042

### REPORT SUMMARY

I have performed an "MPCA Compliance Inspection" on this system, have reviewed the history of the system with the owner, Chuck Anastasi, and have reviewed the original design/permit records on file at the City of Lake Elmo. This very old system (installed in 1981) consists of a pre-cast septic tank and a rock trench drainfield.

Predicated on my inspection of the system, my review of the history of the system with the owner, and my review of the original design/permit records, it is my opinion that this system presently meets MPCA minimum compliance inspection requirements.

Inspect Minnesota and Midwest Soil Testing have been hired to perform a compliance inspection of this SSTS for compliance with local ordinances pursuant to Minn. Stat. § 115.55 (2013). This compliance inspection covers only the criteria required by Minn. Stat. § 115.55 Subd. 5a (2013) and Minn. R. 7080.1500 (2011). A compliance inspection is an indication of the current compliance status of the system and does not guarantee the performance or longevity of this system beyond the date of inspection, as it is impossible to determine the future performance of any system. Inspect Minnesota and Midwest Soil Testing disclaim any use of this compliance inspection beyond determining SSTS compliance pursuant to Minn. Stat. § 115.55 Subd. 5a (2013) and Minn. R. 7080.1500 (2011).

Please contact me should you have any questions.

Brian Humpal
Brian Humpal



St. Paul, MN 55155-4194

### **Compliance Inspection Form**

### Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

| <b>Instructions:</b> 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                                                                                                                                                                  |                                                                   |
| William 10 days                                                                                                                                                                                                                                          |                                                                   |
| System Status                                                                                                                                                                                                                                            |                                                                   |
| System status on date (mm/dd/yyyy):5/17/2016                                                                                                                                                                                                             |                                                                   |
|                                                                                                                                                                                                                                                          | npliant – Notice of Noncompliance<br>rade 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 three                                                                                                                                                                                 | eat to public health and safety                                   |
| ☐ Tank Integrity (Compliance Component #2) – Failing to protect groundwat                                                                                                                                                                                |                                                                   |
| Other Compliance Conditions (Compliance Component #3) – Failing to pro                                                                                                                                                                                   |                                                                   |
| ☐ Soil Separation (Compliance Component #4) – Failing to protect groundwa                                                                                                                                                                                |                                                                   |
| ☐ Operating permit/monitoring plan requirements (Compliance Component ‡                                                                                                                                                                                  | 5) – Noncompilant                                                 |
|                                                                                                                                                                                                                                                          |                                                                   |
|                                                                                                                                                                                                                                                          |                                                                   |
| Property Information Parcel ID# or Sec/Twp/Range                                                                                                                                                                                                         |                                                                   |
| · · ·                                                                                                                                                                                                                                                    | or inspection: Property Sale                                      |
| Property owner: Chuck & Joan Anastasi Owner's p                                                                                                                                                                                                          | phone:                                                            |
|                                                                                                                                                                                                                                                          | tative phone:                                                     |
|                                                                                                                                                                                                                                                          | y authority phone: 651-430-4052                                   |
| Brief system description: Pre-cast septic tank and a rock trench drainfield.                                                                                                                                                                             | <u> </u>                                                          |
| Comments or recommendations:                                                                                                                                                                                                                             |                                                                   |
|                                                                                                                                                                                                                                                          |                                                                   |
|                                                                                                                                                                                                                                                          |                                                                   |
|                                                                                                                                                                                                                                                          |                                                                   |
|                                                                                                                                                                                                                                                          |                                                                   |
| Certification                                                                                                                                                                                                                                            |                                                                   |
| I hereby certify that all the necessary information has been gathered to determine the of determination of future system performance has been nor can be made due to unknow possible abuse of the system, inadequate maintenance, or future water usage. |                                                                   |
|                                                                                                                                                                                                                                                          | on number: L5342                                                  |
|                                                                                                                                                                                                                                                          | se number: L2896                                                  |
|                                                                                                                                                                                                                                                          |                                                                   |
| Inspector signature: Brian Humpal Pho                                                                                                                                                                                                                    | ne number: 651-492-7550                                           |
| Necessary or Locally Required Attachments                                                                                                                                                                                                                |                                                                   |
|                                                                                                                                                                                                                                                          | ocal ordinance                                                    |
| ☑ Other information (list): Report Summary, Property Information, Disclaimer, Lic                                                                                                                                                                        | ense                                                              |

| 1. | Impact on Public Health - Compliance component #1 of 5                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |           |                                                                                                                                                                                                                                                                                                                                                                                                |    |  |  |  |
|----|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|--|
|    | Sy gro                                                                                                                                   | stem discharge sewage to the bund surface. stem discharge sewage to drain tile surface waters. stem cause sewage backup into relling or establishment.  ny "yes" answer above indicates a Imminent Threat to Public Heal of the above found.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •               |           | /erification 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/Explanatio | n) |  |  |  |
| 2. | Ta                                                                                                                                       | ank Integrity — Compliance con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nponent #2 of 5 |           |                                                                                                                                                                                                                                                                                                                                                                                                |    |  |  |  |
| 3. | Sy ces<br>Se con<br>Se de<br>If y<br>Au<br>Sy                                                                                            | stem consists of a seepage pit, sspool, drywell, or leaching pit.  sepage pits meeting 7080.2550 may be impliant if allowed in local ordinance.  swage tank(s) leak below their signed operating depth.  yes, which sewage tank(s) leaks:  ny "yes" answer above indicates the impliant is Failing to Protect Green is Failing to Protect Green is were allowed in local ordinance.  Stem is Failing to Protect Green in the second in | oundwater.      | valls OK. | ☐ Probed outside tank(s) for "black soil" ☐ Unable to verify (See Comments/Explanation) ☑ Other methods not listed (See Comments/Explanation                                                                                                                                                                                                                                                   | 7) |  |  |  |
|    | a. Maintenance hole covers are damaged, cracked, unsecured, or appear to structurally unsound. $\square$ Yes* $\boxtimes$ No $\square$ U |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |           |                                                                                                                                                                                                                                                                                                                                                                                                | 'n |  |  |  |
|    | 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.                                                                                                                                       | <ul> <li>System is non-protective of ground water for other conditions as determined by inspector ☐ Yes* ☐ No</li> <li>*System is failing to protect groundwater</li> <li>Explain:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |           |                                                                                                                                                                                                                                                                                                                                                                                                |    |  |  |  |
|    |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |           |                                                                                                                                                                                                                                                                                                                                                                                                |    |  |  |  |

Property address: 5850 Highlands Trail N, Lake Elmo, MN 55042

Inspector initials/Date: 5/17/2016

www.pca.state.mn.us • 651-296-6300 • 800-657-3864 • 3 off9TY 651-282-5332 or 800-657-3864 • Available in alternative formats wq-wwists4-31 • 1/24/12 Page 2 of 3

| Date of installation: 1981                                                                                                                                      | Unkr                        | nown         | ٧          | /erification method(s):                                                                                                                   |                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--|
| Shoreland/Wellhead protection/Food Beverage Lodging?                                                                                                            | ☐ Yes                       | ⊠ No         |            | Soil observation does not expire. P                                                                                                       | ndependent parties are sufficient, |  |
| Compliance criteria:                                                                                                                                            |                             |              |            | bservations by two independent p<br>Inless site conditions have been a                                                                    |                                    |  |
| For systems built prior to April 1, 1996, and                                                                                                                   | ⊠ Yes                       | П No         | re         | equirements differ.                                                                                                                       |                                    |  |
| not located in Shoreland or Wellhead<br>Protection Area or not serving a food,<br>beverage or lodging establishment:                                            |                             |              |            | <ul> <li>Conducted soil observation(s) (</li> <li>Two previous verifications (Atta</li> <li>Not applicable (Holding tank(s), r</li> </ul> | ch boring logs)                    |  |
| Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.                                                    |                             |              |            | ☐ Not applicable (Holding talk(s), F ☐ Unable to verify (See Comments. ☐ Other (See Comments/Explanation                                  | /Explanation)                      |  |
| Non-performance systems built April 1,                                                                                                                          | ☐ Yes                       | ☐ No         | -<br>C     | Comments/Explanation:                                                                                                                     |                                    |  |
| 1996, or later or for non-performance<br>systems located in Shoreland or Wellhead<br>Protection Areas or serving a food,<br>beverage, or lodging establishment: |                             |              |            | Reviewed design amd permit recor                                                                                                          | ds.                                |  |
| Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*                                                          |                             |              |            |                                                                                                                                           |                                    |  |
| "Experimental", "Other", or "Performance"                                                                                                                       | ☐ Yes                       | □ No         | -<br>In    | ndicate depths of elevations                                                                                                              |                                    |  |
| systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080. 2350 or 7080.2400 (Advanced Inspector License required)                  |                             | A. Bo        |            | . Bottom of distribution media                                                                                                            | See Attached<br>Boring Log(s)      |  |
| Drainfield meets the designed vertical                                                                                                                          |                             |              | В          | . Periodically saturated soil/bedrock                                                                                                     |                                    |  |
| separation distance from periodically saturated soil or bedrock.                                                                                                |                             |              | _ <u>C</u> | System separation                                                                                                                         |                                    |  |
| saturated son of bedrook.                                                                                                                                       |                             |              | D          | . Required compliance separation*                                                                                                         |                                    |  |
| Any "no" answer above indicates the system is Failing to Protect Groundwater.  *May be reduced up to 15 percent if allowed by Loc Ordinance.                    |                             |              |            |                                                                                                                                           |                                    |  |
| . Operating Permit and Nitrogen B                                                                                                                               | MD* c                       | \amamilian a |            | nonent#5 of 5                                                                                                                             | liaabla                            |  |
|                                                                                                                                                                 |                             | -            |            |                                                                                                                                           | nicable                            |  |
| Is the system operated under an Operating Permit?                                                                                                               |                             |              |            |                                                                                                                                           |                                    |  |
| Is the system required to employ a Nitrogen BMP?                                                                                                                |                             |              |            |                                                                                                                                           |                                    |  |
|                                                                                                                                                                 |                             | -            | _          | nood to be completed                                                                                                                      |                                    |  |
| If the answer to both questions is "no",                                                                                                                        | uns sec                     | tion does    | s not i    | need to be completed.                                                                                                                     |                                    |  |
| Compliance criteria                                                                                                                                             |                             |              |            | 1                                                                                                                                         |                                    |  |
| Compilance criteria                                                                                                                                             | a. Operating Permit number: |              |            | □ Yes □ No                                                                                                                                |                                    |  |
| a. Operating Permit number:                                                                                                                                     |                             |              |            | ☐ Yes ☐ No                                                                                                                                |                                    |  |
|                                                                                                                                                                 |                             |              |            | ☐ Yes ☐ No                                                                                                                                |                                    |  |

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. www.pca.state.mn.us • 800-657-3864

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

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Property address: 5850 Highlands Trail N, Lake Elmo, MN 55042

Inspector initials/Date: 5/17/2016

### **Inspect Minnesota & Midwest Soil Testing**

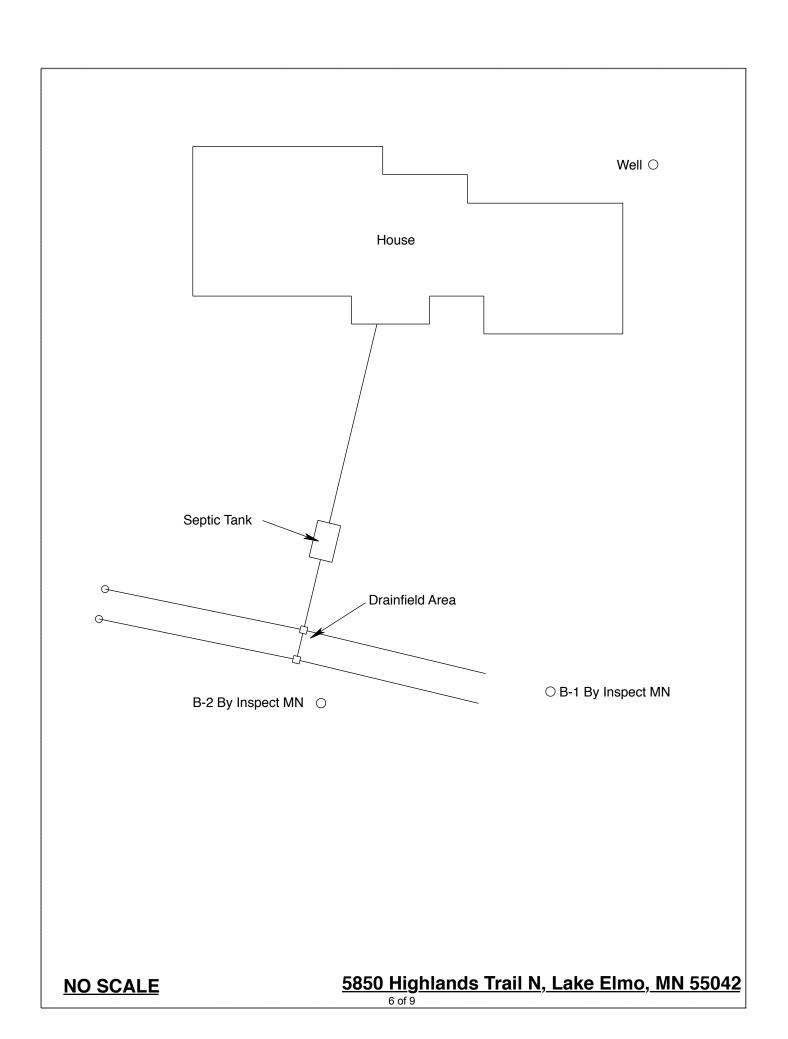
### Subsurface Sewage Treatment System Owner/Property Information

This information will be used for the purpose of conducting an MPCA Compliance Inspection.

| Date of Inspection: May 17, 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Time: 11:45 AM                                                                                                                                                                                             |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Property Address: 5850 Highlands Trail N, Lake Elr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | no, MN Zip: 55042                                                                                                                                                                                          |  |  |  |  |  |  |
| Property Owner: Chuck & Joan Anastasi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Phone:                                                                                                                                                                                                     |  |  |  |  |  |  |
| Tank(s) Tank(s)Material Soil Treath  Septic 1 Fiberglass Rock tr  Aerobic Plastic Gravell  Lift Metal Chambe  Holding Sconcrete Seepage  Other: Block Mound  Other Mound  Are the tank maintenance covers accessible? Yes  performed through the maintenance holes. Maintenar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nent System Other ench Alternative system ess trench Experimental system er trench Cesspool system e bed Other system  No *If no, proper maintenance must be acce hole covers should be made accessible to |  |  |  |  |  |  |
| the ground surface to facilitate access and proper main                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                            |  |  |  |  |  |  |
| Year house built: 1981 Year septic installed: 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (C)                                                                                                                                                                                                        |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | umber of residents in home? 2-4                                                                                                                                                                            |  |  |  |  |  |  |
| The state of the s | drained by gravity? Y                                                                                                                                                                                      |  |  |  |  |  |  |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rlpool bath? N                                                                                                                                                                                             |  |  |  |  |  |  |
| More than one system (laundry, etc.)? N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                            |  |  |  |  |  |  |
| Does this property have any footing drain tiles connected to the septic system? N  Are any buildings on this property such as garages or out-buildings connected to this system? N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                            |  |  |  |  |  |  |
| Are there any additional systems on this property serving other buildings? N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                            |  |  |  |  |  |  |
| Location of septic system on lot? South Side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                            |  |  |  |  |  |  |
| Location of water well on lot? North Side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Is the well a deep well? Y                                                                                                                                                                                 |  |  |  |  |  |  |
| Have you ever experienced any problems with the system such as: tree roots, sewage back-ups, surfacing of sewage onto the ground, septic tank overflowing, etc.; or have any repairs been made to the system? N If yes, explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                            |  |  |  |  |  |  |
| When was the system last pumped? 2014 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ame of pumper: Pinky's Sewer Service                                                                                                                                                                       |  |  |  |  |  |  |
| How often pumped in previous years? Every 2-3  Is system on a monitoring plan? N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                            |  |  |  |  |  |  |
| Have you received notices from any government agency concerning this system? N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                            |  |  |  |  |  |  |
| Is your property located in a shoreland management area? N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                            |  |  |  |  |  |  |
| Do you have any additional information that should be given to the new owner? N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                            |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                            |  |  |  |  |  |  |

I hereby certify that the above information is correct to the best of my knowledge. I also understand that if the system is considered "non-compliant/failing" per MPCA rules, that the inspector must by law submit a copy of this report to the local government unit within 15 days of the date of inspection completion. I also agree that unless otherwise noted in this report, that I/we are ultimately responsible for payment of all fees for all work performed relative to this inspection by Inspect Minnesota and Midwest Soil Testing.

Owner/Occupant: Chuck Anastasi's Signature On File Date: 5/17/2016



### **Log Of Soil Borings**

| Location of Project: 5850 Highlands Trail North, Lake Elmo, MN 55042       |                                    |                                                                    |                                        |                                     |                                                                |
|----------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------|----------------------------------------|-------------------------------------|----------------------------------------------------------------|
| Borings Made By: Inspect Minnesota                                         |                                    |                                                                    | Date:                                  |                                     | ' '                                                            |
| Auger Used: Hand/Bucket                                                    |                                    |                                                                    | Class                                  | sification System:                  | USDA                                                           |
| Boring Number: 1                                                           |                                    |                                                                    | Boring Number:                         | 2                                   |                                                                |
| Surface Elevation of Boring  Same ground surface as last drainfield trench |                                    | FIEVATION OF T                                                     |                                        | nd surface as last<br>ifield trench |                                                                |
| Depth In Soils Encountered                                                 |                                    | Depth In Inches                                                    | · Solis Focolini Ared                  |                                     |                                                                |
| 0-16<br>16-36<br>36-65<br>65-73                                            | 10YR 3/3<br>10YR 4/3<br>10YR 3/4 S | /2 Silt Loam Medium Sand Medium Sand andy Loam With 10YR 6/3 Redox | 0-10<br>10-48<br>48-68                 | 10YR 4/3<br>10YR 4/3 Me             | Loamy Sand<br>Medium Sand<br>edium Sand With<br>Lamellae Bands |
| 65" Depth To End Of Boring Or Redox                                        |                                    | 68"                                                                | Depth To End Of Boring Or Redox        |                                     |                                                                |
| Same Elevation Of Boring Relative To System                                |                                    | Same                                                               | Elevation Of Boring Relative To System |                                     |                                                                |
| -32" Depth To Bottom Of Distribution Media<br>=33" Of Separation           |                                    | -32" Depth To Bottom Of Distribution Media<br>≥36" Of Separation   |                                        |                                     |                                                                |
| En                                                                         | d Of Boring At:                    | 73"                                                                |                                        | End Of Boring At:                   | 68"                                                            |
|                                                                            | dox Present At:                    | 65"                                                                |                                        | Redox Present At:                   |                                                                |
| Standing Wa                                                                | ter Present At:                    | None                                                               | Standing                               | Water Present At:                   |                                                                |

Bottom Of Distribution Medium At: 32 Inches

### **DISCLAIMER**

### Brian L. Humpal, Inc. dba. Inspect Minnesota, Midwest Soil Testing Relative to Subsurface Sewage Treatment System (SSTS) Compliance Inspections

- 1. This inspection/report is being performed for only the seller/owner of the property on which the SSTS is located. In such case that another party is paying for the inspection, the contract is between only said party and Brian L. Humpal, Inc.; there is no contract between Brian L. Humpal, Inc. and any other party unless otherwise noted.
- 3. Brian L. Humpal, Inc. has not been retained to warranty, guarantee, or certify the proper functioning of the SSTS for any period of time beyond the date of inspection or into the future. Because of the numerous factors (usage, maintenance, soil characteristics, previous failures, etc.) which may affect the proper operation of an SSTS, as well as the inability of Brian L. Humpal, Inc. to supervise or monitor the use or maintenance of the SSTS, the report shall not be construed as a warranty by Brian L. Humpal, Inc. that the SSTS will function properly for any particular party for any period of time.
- 4. Brian L. Humpal, Inc. is unable to verify the frequency and/or, quality of prior or future maintenance of the SSTS. Maintenance of the tank(s) must be performed through the tanks maintenance hole. The removal of solids from any location other than the maintenance hole is not a compliant method of maintenance. It is strongly recommended that maintenance covers be made accessible to the ground surface to facilitate proper maintenance.
- 5. Minimum Compliance Inspection requirements relative to this inspection and this report include <u>only</u> verification that the SSTS has tank(s) (septic tanks, lift tanks, dosing tanks, stilling tanks, etc.) which are watertight below the designed operating depth, the required separation between the bottom of the subsurface soil distribution medium and seasonally saturated soils, no back-ups of sewage into the dwelling, no discharge of sewage/effluent to the ground surface or surface waters, and no imminent safety hazards. Brian L. Humpal, Inc. does not inspect plumbing or pumps prior to the first SSTS component as these are plumbing components. The performance of exterior pumps and associated components are not inspected as they are considered to be maintenance items. Additionally, no indications relative to compliance with electrical code requirements have been made. It is recommended that any other applicable plumbing, electrical, housing, etc. inspections be performed by a qualified inspection business. Sewage back-up verification is limited to observing the floor drain area and/or the information supplied by the last occupants of the building prior to inspection. Brian L. Humpal, Inc. cannot guarantee that the information given to them by the last occupants of the building prior to inspection relative to back-ups is accurate.
- 4. Certification of this SSTS does not warranty future use beyond the date of the inspection. Any SSTS, old or new, can become hydraulically overloaded or discharge sewage/effluent to the ground surface as a result of more people moving into the house than were previously occupying the house, improper maintenance, heavy usage, leaking plumbing fixtures, groundwater infiltration, tree roots, freezing conditions, surface drainage problems, poor initial design, poor construction practices, or unsuitable materials used in constructing the system; the system can also simply stop working because of its age. An SSTS that has been properly designed and installed, properly maintained, and used in the manner for which the system was designed can be expected to provide service for twenty to twenty-five years on average. Some parts of the SSTS such as alarms, switches, pumps, filters, etc. will most likely have to be repaired or replaced over the lifetime of the system.
- 5. A Compliance Inspection is not meant to be a test or inspection for longevity of the system; a Compliance Inspection is strictly for the purpose of determining if the SSTS is protective of public health and safety, as well as the groundwater at the date and time the inspection was performed. This inspection is not intended to determine if the SSTS was originally designed or installed to past or present MPCA or other Local Government Unit code requirements. This inspection is not intended to determine if the SSTS was designed and/or installed to support the anticipated flow from the building as the use of the building may have changed since the design and construction of the SSTS due to the addition of bedrooms, occupants, etc. In addition, this inspection is not intended to determine the quality of the original SSTS design, the quality of the construction practices used while installing the SSTS, or the quality of the materials used in constructing the SSTS.
- 6. Brian L. Humpal, Inc. cannot guarantee the performance of SSTS products/components such as: gravelless pipe, chamber trenches, effluent filters, tanks, sewage pre-treatment components, piping, etc. Products such as gravelless pipe are no longer approved for installation in the State of Minnesota and may have a significantly reduced performance and/or life expectancy.
- 7. WINTER WORK: By accepting this report, it is understood that inspections conducted during winter months (approximately November 1<sup>st</sup> through April 1<sup>st</sup>) are more difficult to perform because of possible snow cover and/or ground frost. SSTS components such as tanks, maintenance covers, tank inspection pipes, subsurface distribution medium inspection pipes, and soil treatment areas are more difficult or impossible to locate due to snow cover and/or ground frost. In addition, soil borings are more difficult to perform due to snow cover and/or ground frost. Brian L. Humpal, Inc. will attempt to use the same level of standards when performing work during winter periods as when performing work during non-winter periods. However, the recipient of this report understands that because of the aforementioned considerations, the same level of standards may not be possible.
- 8. By accepting this report, the client understands that Brian L. Humpal, Inc. will not be responsible for any monetary damages exceeding the fee for the services provided.

# Sulbsurface Sewage Treatment Systems

Non-transferable



License # L2896

Maintainer License Expires:

Adv Inspector License Expires:

Oct 28, 2015 Dec 22, 2016 Dec 22, 2016 Dec 22, 2016 Dec 22, 2016

Adv Designer License Expires:

Date of Issuance:

Installer License Expires:

### Certification

Inspect Minnesota, Midwest Soil Testing

Expires

10/15/2017 10/15/2017

Advanced Designer (Certified) Advanced Inspector (Certified)

Maintainer (Certified)

Certification Type

**Designated Certified** 

Individual (DCI) Brian L. Humpal Brian L. Humpal Brian L. Humpal Brian L. Humpal Brian L. Humpal

10/15/2017

10/15/2017

10/15/2017

Service Provider (Certified)

Installer (Certified)

Designer (Certified) Inspector (Certified)

Christopher R. Uebe Christopher R. Uebe

03/04/2018

03/04/2018

Steven Giddings Manager Environmental Business Assistance Section



## Minnesota Pollution Control Agency

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