



Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply.

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

For local tracking purposes:

System Status

System status on date (mm/dd/yyyy): 5/18/2019

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

Noncompliant – Notice of Noncompliance
(See Upgrade Requirements on page 3.)

Reason(s) for noncompliance (check all applicable)

- Impact on Public Health (Compliance Component #1) – Imminent threat to public health and safety
- Other Compliance Conditions (Compliance Component #3) – Imminent threat to public health and safety
- Tank Integrity (Compliance Component #2) – Failing to protect groundwater
- Other Compliance Conditions (Compliance Component #3) – Failing to protect groundwater
- Soil Separation (Compliance Component #4) – Failing to protect groundwater
- Operating permit/monitoring plan requirements (Compliance Component #5) – Noncompliant

Property Information

Parcel ID# or Sec/Twp/Range: 1402820210102

Property address: 16460 Upper 21st St St Croix Beach, Mn Reason for inspection: Property Transfer

Property owner: Erica Hoaglund Owner's phone: 612-819-8433

or
Owner's representative: _____ Representative phone: _____

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

Brief system description: 2 Septic tanks to drainfield

Comments or recommendations:

System was installed with a permit from Washington County 9/13/2001.

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

Inspector name: Dave Brown Certification number: C9370

Business name: David R Brown License number: L3649

Inspector signature: Phone number: 651-788-3296

Necessary or Locally Required Attachments

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

1. Impact on Public Health – Compliance component #1 of 5

Compliance criteria:

| | |
|---|---|
| System discharges sewage to the ground surface. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| System discharges sewage to drain tile or surface waters. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| System causes sewage backup into dwelling or establishment. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Any "yes" answer above indicates the system is an imminent threat to public health and safety.

Comments/Explanation:

Verification method(s):

- Searched for surface outlet
- Searched for seeping in yard/backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony (See Comments/Explanation)
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

2. Tank Integrity – Compliance component #2 of 5

Compliance criteria:

| | |
|--|---|
| System consists of a seepage pit, cesspool, drywell, or leaching pit. <i>Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Any "yes" answer above indicates the system is failing to protect groundwater.

Comments/Explanation:

Verification method(s):

- Probed tank(s) bottom
- Examined construction records
- Examined Tank Integrity Form (Attach)
- Observed liquid level below operating depth
- Examined empty (pumped) tanks(s)
- Probed outside tank(s) for "black soil"
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

3. Other Compliance Conditions – Compliance component #3 of 5

- a. Maintenance hole covers are damaged, cracked, unsecured, or appear to be structurally unsound. Yes* No Unknown
- b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety. Yes* No Unknown
***System is an imminent threat to public health and safety.**

Explain:

- c. System is non-protective of ground water for other conditions as determined by inspector. Yes* No
***System is failing to protect groundwater.**

Explain:

4. Soil Separation – Compliance component #4 of 5

Date of installation: 9/13/2001 Unknown
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging? Yes No

Compliance criteria:

For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment: Yes No

Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment: Yes No

Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*

“Experimental”, “Other”, or “Performance” systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080.2350 or 7080.2400 (Advanced Inspector License required) Yes No

Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

Verification method(s):

Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.

- Conducted soil observation(s) (Attach boring logs)
- Two previous verifications (Attach boring logs)
- Not applicable (Holding tank(s), no drainfield)
- Unable to verify (See Comments/Explanation)
- Other (See Comments/Explanation)

Comments/Explanation:

Indicate depths or elevations

| | |
|--|-----|
| A. Bottom of distribution media | 42" |
| B. Periodically saturated soil/bedrock | 84" |
| C. System separation | 42" |
| D. Required compliance separation* | 36" |

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

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

5. Operating Permit and Nitrogen BMP* – Compliance component #5 of 5 Not applicable

Is the system operated under an Operating Permit? Yes No **If “yes”, A below is required**

Is the system required to employ a Nitrogen BMP? Yes No **If “yes”, B below is required**

BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is “no”, this section does not need to be completed.

Compliance criteria

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

Any “no” answer indicates Noncompliance.

Upgrade Requirements (Minn. Stat. § 115.55) *An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.*



WASHINGTON COUNTY, MINNESOTA
 Department of Public Health
 and Environment 651/430-6688

PERMIT NUMBER LAKE SATNY CROIX BRACH CITY
 200001011 SEWAGE PERMIT

Owner : ROB MILLER
 16460 UPPER 21ST ST S
 ST CROIX BRACH MN 55043
 Applicant : FEATHERSTONE EXCAVATING INC 436-1987

| | |
|--------------------------------|--------|
| DRAINFIELD REPLACEMENT PERMIT | 80.00 |
| SEPTIC APPLICATION/SOIL REVIEW | 175.00 |
| Total Fees : | 255.00 |
| Total Paid : | 255.00 |
| Total Due : | .00 |

2005-0101

PERMISSION IS HEREBY GRANTED

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

Project Address : 16460 UPPER 21ST ST S ST CROIX BRACH MN 55043
 Legal Description: LOTS 4526 TO 4530 INC LAKE ST CROIX BRACH SEC 5 Gap : 14-026-20-21-0102
 Flow Capacity 450 Gal/Day Tank Volume 2000
 Soil Conditions: Depth to Restriction 96 inches Perc Rate 6 Min/Inch

Soil Treatment Type:
 Bottom Area 570 Rock Depth 12

Authorized Work / Special Conditions
 - Install individual sewage treatment system as per approved design in area tested and shown on site plan.

** Permit Expiration Date : Sewage Treatment : 2002-09-12

A CERTIFICATE OF OCCUPANCY MUST BE REQUESTED AND ISSUED PRIOR TO USE OR OCCUPANCY OF WORK PERMITTED BY A BUILDING PERMIT.

** This permit shall expire and be null and void if the work authorized by the Building Permit is not commenced within 60 days of the date of issuance or if work is abandoned or suspended for a period of 120 days. Term of the Building Permit is 12 months from date of issue. Term of sewage treatment permit is 12 months from date of issue.

Penalty for violation of any of the provisions of building code: Fine not to exceed five hundred dollars (\$500.00) or imprisonment for not more than ninety (90) days, or both.

Permit Issue Date 2001-09-12 Code Enforcement Officer P. Coanzel

INSPECTION RECORD

| BUILDING | DATE | INSP. | COMMENTS |
|------------------------------------|------|-------|----------|
| Foundation..... | | | |
| Foundation Wall..... | | | |
| Plumbing (Groundwork)..... | | | |
| Heating (Groundwork)..... | | | |
| Rough Plumbing..... | | | |
| Rough Gas Piping..... | | | |
| Rough Heating and Ventilation..... | | | |
| Framing..... | | | |
| Insulation..... | | | |
| Fireplace..... | | | |
| Chimney..... | | | |
| Wallboard or Lath and Plaster..... | | | |
| Final Electrical..... | | | |
| Final Plumbing..... | | | |
| Final Gas Piping..... | | | |
| Final Heating and Ventilation..... | | | |
| Final Building..... | | | |

| SEWAGE TREATMENT SYSTEM | DATE | INSP. | COMMENTS |
|-------------------------|---------|-------|---|
| Installation..... | 9-17-00 | PLM | Tank Size: 2-1000 Treatment Area: 57015 <i>check her</i> |
| As Built..... | | | Installer: <i>Todd Featherston</i> |

| DRIVEWAY | DATE | INSP. | COMMENTS |
|-------------------|------|-------|----------|
| Access..... | | | |
| Installation..... | | | |

NOTES:



STANDARD SYSTEM DESIGN INDIVIDUAL SEWAGE TREATMENT SYSTEM

WASHINGTON COUNTY PUBLIC HEALTH & ENVIRONMENT
14949 62ND STREET NORTH, P.O. BOX 3803, STILLWATER, MN 55082-3803
651/430-6688 OR 651/430-6655 FAX 651/430-6730

| | |
|--|----------|
| Owner's Name <u>Rob Miller</u> | Geo Code |
| Job Site Address <u>16460 upper 21st St St Croix Beach Mn</u> | |
| City or Township <u>St Croix Beach</u> | |
| Use of Building <u>Home</u> | |

| | | | |
|--|--|-----------------------------|-----------|
| Design Flow Rate <u>450</u> | Perc Rate <u>6-10</u> | Land Slope <u>0</u> Percent | |
| Two Required Tank Sizes, <u>1000</u> Gallons | <u>1000</u> Gallons | Lift Station Tank Size | — Gallons |
| Type of System (standard, at grade, or rockless pipe add 20%) <u>Chamber</u> | | | |
| System Size: <u>57050</u> -Square Feet | <u>190'</u> -Lineal Feet | <u>36"</u> -Trench Width | |
| Depth of rock below pipe <u>Chamber</u> | Depth of Rock Above Pipe | | |
| MINimum Depth of Trench From Existing Grade <u>24</u> Inches | MAXimum Depth of Trench From Existing Grade <u>42</u> Inches | | |
| Recommended Number of Trenches <u>6</u> | Recommended Length of Trenches <u>31.65'</u> | | |
| Trench Spacing Measured Center to Center | | <u>6-7</u> Feet | |
| Any Other Special Conditions | | | |

IF PRESSURE DISTRIBUTION IS USED, COMPLETE THE PRESSURE DISTRIBUTION WORK SHEET ATTACHED.

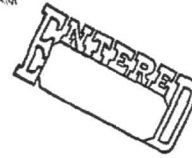
This design **must be accompanied by a site plan** that clearly shows the location of the area tested and approved by the following:

1. Use an appropriate scale and indicate direction by use of a north arrow.
2. Show **ALL** property boundaries, rights-of-way, easements, wetlands. If necessary, an enlarged detail of the house site may also be required.
3. Show location of house, garage, driveway and all other improvements existing or proposed.
4. Show location and layout of sewage treatment system.
5. Show location of water supply (well and/or community supply line).
6. Dimension all setbacks and separation distances.

This system has been designed by a Pollution Control Agency (PCA) Certified Professional.

| | |
|---|---------------------------------|
| Designer Name <u>FEATHERSTONE EXC INC</u> | PCA Certification # <u>1362</u> |
| Address <u>368 TOWER RD HUDSON WI 54016</u> | Phone # <u>175-381-1704</u> |
| Signature <u>[Signature]</u> | Date <u>9-5-01</u> |

An Equal Employment Opportunity/Affirmative Action Employer
If You Need Assistance Due to Disability or Language Barrier, Please Call 651/430-6708 OR 430-6636 (TDD 651/439-3220)



AS-BUILT REPORT INDIVIDUAL SEWAGE TREATMENT SYSTEM

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

| | | | | | |
|--|---|--|---|---------------------|--|
| Legal Description or Complete Street Address 16460 UPPER 21st S | | City or Township Lake saint Croix beach city | | | |
| Owner Name Rob Miller | Mail Address 16460 upper 21st S | City St. Croix Beach | State MN | Zip 55043 | |
| Installer Featherstone Excavating Inc | Mail Address 368 Tower Rd | City Hudson | State WI | Zip 54016 | |
| Septic Tank Information Tank Manufacturer: Minnesota Rec cost | | | Liquid Capacity: 2,1000 gal tanks | | |

| PUMP CHAMBER (if installed) | | | |
|--|---------------------------|------------------------------|--|
| Tank Manufacturer: — | Liquid Capacity: — | Horsepower of Pump: — | Type of Warning Device: — |
| Pump Discharge in Gallons Per Minute: Head — | at — | Feet of — | Number of Gallons Pumped Per Cycle: — |

| DRAINFIELD TRENCH | | BED OR MOUND | | |
|---|---|---|------------------|-------------------------------|
| Width: 36" | Length of Each Trench: (3) 63' trenches | Rock Bed Length: — | Width: — | Area: — |
| Depth of Trench Bottom from Finished Grade: 42" | | Bed Depth from Grade: — | | |
| Method of Distribution: <input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input checked="" type="checkbox"/> Drop Box | | MOUND: Upslope Sand Base Depth: — Downslope Sand Base Depth: — | | |
| Depth of Rock Under Distribution Pipe: 18" Chamber System | | Depth of Rock Under Pipe: — | | |
| Square Footage of Treated Area Used: 570 s/o | | PRESSURE DISTRIBUTION SYSTEM: | | |
| Trench Bottom Square Footage Required: 570 | Area As Built: 570 | Lateral Inside Diameter: — | Length: — | Perforation Size: — |
| | | Spacing: — | Number: — | Perforation Spacing: — |

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

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

Signed: MPCA License #: **1382** Dated: **1-29-01**

ASBULT.PRM:SW 2/89

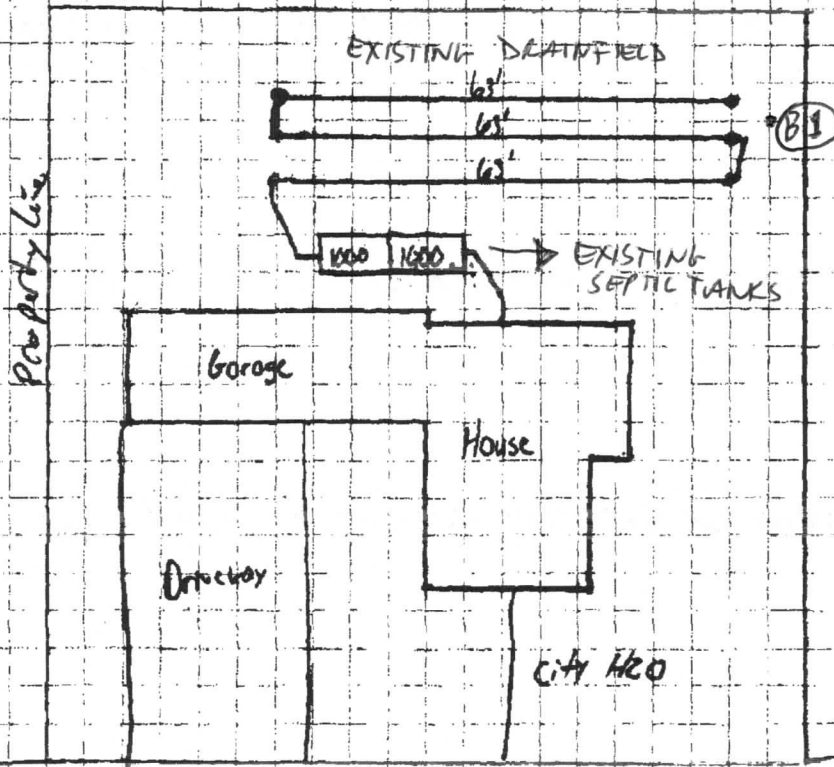
WASHINGTON COUNTY SEPTIC PERMIT NUMBER 200001011

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

Rob Miller 16460 Upper 21st S St. Croix Beach MN 55043
Permit # 200001011

□ = 5'

↑↑ NO SCALE



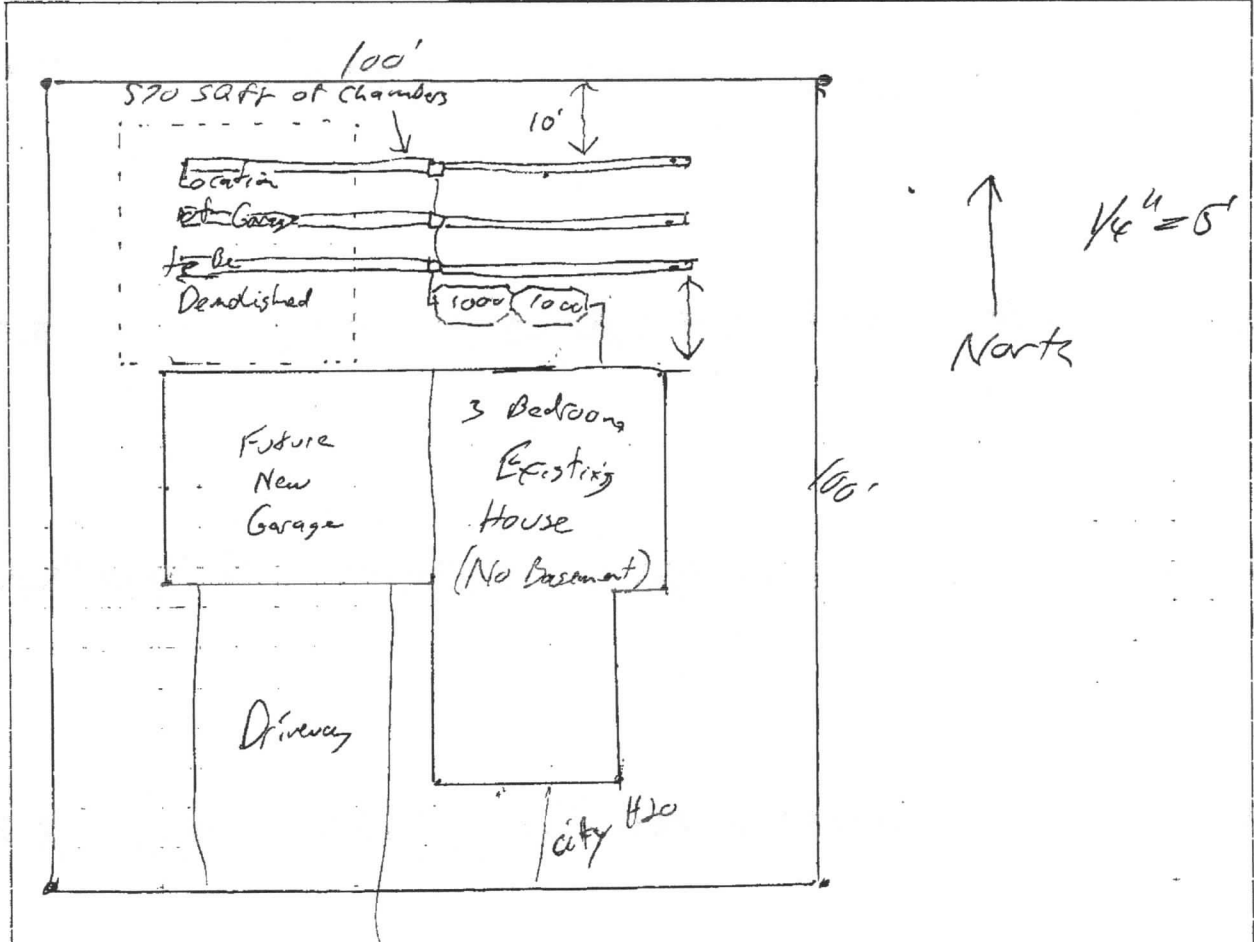
UPPER 21ST ST

| SOIL BORING LOG | |
|-----------------|--------------------------|
| (B1) | |
| 0" - 14" | = 10YR3/3 LOAMY SAND |
| 14" - 84" | = 10YR4/4 MEDIUM SAND |

WIESER CONCRETE

Maiden Rock, WI 1-800-325-8456
 Portage, WI 1-800-362-7220
 Fond du lac, WI 1-800-641-5937

Website: www.wieserconcrete.com



#2000
-01011

| | | |
|---|------------------------------|---------------------|
| Project Name: <i>Rob Miller</i> | Computations By: <i>Todd</i> | Date: <i>9-5-01</i> |
| Location: <i>16460 Upper 21st St</i> | Checked By: | Date: |
| Title/Item: <i>St Croix Beach Ma</i> | Sheet:: | Of: |

16460 UPPER 21ST STS.
LAKE ST. CROIX BEACH, MN. 55043
9-29-12

B-1

0-11" LOAMY TOPSOIL

10YR 3/3

12-90" MED/COURSE SAND

10YR 4/4

B-2

0-12" LOAMY TOPSOIL

10YR 3/2

13-22" MED/COURSE SAND

10YR 4/6

23-88" MED SAND

10YR 4/4