

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): 8/2/2019 | | | |
| | apliant – Notice of Noncompliance de Requirements on page 3.) | | |
| Reason(s) for noncompliance (check all applicable) Impact on Public Health (Compliance Component #1) – Imminent threat Other Compliance Conditions (Compliance Component #3) – Imminent Tank Integrity (Compliance Component #2) – Failing to protect grounds Other Compliance Conditions (Compliance Component #3) – Failing to Soil Separation (Compliance Component #4) – Failing to protect ground Operating permit/monitoring plan requirements (Compliance Component | threat to public health and safety vater protect groundwater lwater | | |
| | | | |
| Property Information Parcel ID# or Sec/Twp/R | ange: 1302921320003 | | |
| | n for inspection: Property Transfer | | |
| | Owner's phone: | | |
| or | | | |
| | sentative phone: | | |
| , | Regulatory authority phone: 651-430-6655 | | |
| Brief system description: 1 septic tank to drainfield8/ | | | |
| Comments or recommendations: | | | |
| | | | |
| | | | |
| | | | |
| Certification | | | |
| I hereby certify that all the necessary information has been gathered to determine the determination of future system performance has been nor can be made due to unknown possible abuse of the system, inadequate maintenance, or future water usage. | ne compliance status of this system. No nown conditions during system construction, | | |
| Inspector name: Dave Brown Certific | cation number: 9370 | | |
| Business name: David R Brown Li | cense number: 3649 | | |
| Inspector signature: | Phone number: 651-788-3296 | | |
| Necessary or Locally Required Attachments | | | |
| | per local ordinance | | |
| | | | |

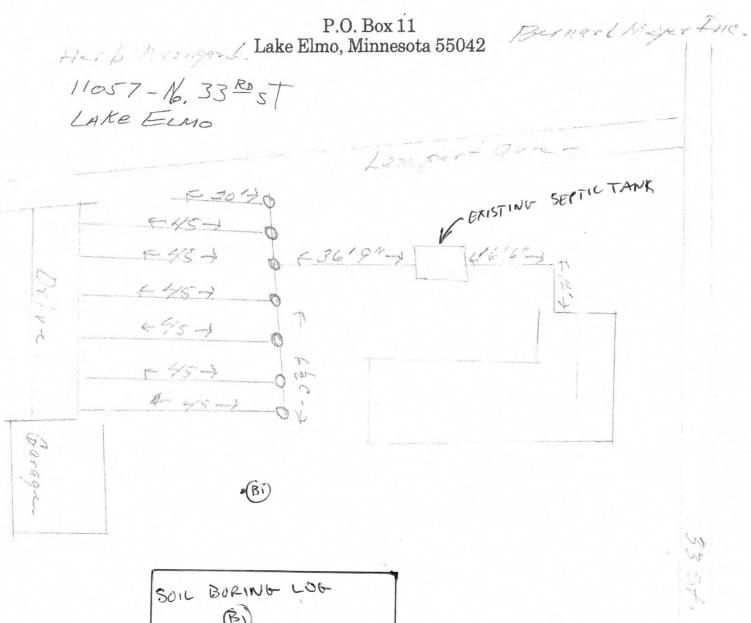
| Prop | perty address: 11057 33rd St N Lake El | mo, Mn | Inspector initials/Date: DB 8/2/19 | | | | | |
|----------|--|---------------------|---|--|--|--|--|--|
| | | | (mm/dd/yyyy) | | | | | |
| 1. | Impact on Public Health – C | ompliance compor | nent #1 of 5 | | | | | |
| | Compliance criteria: | | Verification method(s): | | | | | |
| | System discharges sewage to the | ☐ Yes ☒ No | Searched for surface outlet | | | | | |
| | ground surface. | | oxtimes Searched for seeping in yard/backup in home | | | | | |
| | System discharges sewage to drain tile or surface waters. | ☐ Yes ☐ No | ☐ Excessive ponding in soil system/D-boxes | | | | | |
| | System causes sewage backup into | ☐ Yes ☒ No | ☐ Homeowner testimony (See Comments/Explanation)☐ "Black soil" above soil dispersal system | | | | | |
| | dwelling or establishment. | | System requires "emergency" pumping | | | | | |
| | ny "yes" answer above indicates the | | ☐ Performed dye test | | | | | |
| | system is an imminent threat | to public | ☐ Unable to verify (See Comments/Explanation) | | | | | |
| | health and safety. | | ☐ Other methods not listed (See Comments/Explanation) | | | | | |
| | Comments/Explanation: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2. | Tank Integrity – Compliance | component #2 of 5 | | | | | | |
| | Compliance criteria: | | Verification method(s): | | | | | |
| | System consists of a seepage pit, | ☐ Yes ⊠ No | □ Probed tank(s) bottom | | | | | |
| | cesspool, drywell, or leaching pit. | | Examined construction records | | | | | |
| | Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance. | | Examined Tank Integrity Form (Attach) | | | | | |
| | Sewage tank(s) leak below their | ☐ Yes ☒ No | ☐ Observed liquid level below operating depth ☑ Examined empty (pumped) tanks(s) | | | | | |
| | designed operating depth. | | ☐ Probed outside tank(s) for "black soil" | | | | | |
| | If yes, which sewage tank(s) leaks: | 441 | ☐ Unable to verify (See Comments/Explanation) | | | | | |
| | Any "yes" answer above indi system is failing to protect gr | | Other methods not listed (See Comments/Explanation) | | | | | |
| | Comments/Explanation: | ouriawater. | | | | | | |
| | Comments/Explanation. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3. | Other Compliance Condition | ns – Compliance com | ponent #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 | | ons as determined by inspector . Yes* No | | | | | |
| | *System is failing to protect groundwater. | | | | | | | |
| | Explain: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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| Property address: 11057 33rd St N Lake Elmo, | , ivin | | | Inspector initials/Date: | | |
|--|----------------------------------|---|--|--|---|--|
| | | | | | (mm/dd/yyyy) | |
| 4. Soil Separation - Compliance co | mpone | nt #4 of 5 | | | | |
| Date of installation: | □ Unkr | nown | Verific | cation method(s): | | |
| (mm/dd/yyyy) Shoreland/Wellhead protection/Food beverage | | Soil observation does not expire. Previous soil | | | | |
| lodging? | ☐ Yes | ⊠ No | observations by two independent parties are sufficient, unless site conditions have been altered or local | | | |
| Compliance criteria: | | | | ments differ. | 0,000 | |
| For systems built prior to April 1, 1996, and | ⊠ Yes □ N | s □ No | ☐ Conducted soil observation(s) (Attach boring logs) | | | |
| not located in Shoreland or Wellhead Protection Area or not serving a food, | | | ☐ Two previous verifications (Attach boring logs) | | | |
| beverage or lodging establishment: | | | Not applicable (Holding tank(s), no drainfield) | | | |
| Drainfield has at least a two-foot vertical separation distance from periodically | | | | Inable to verify (See Comments/Explanation) | | |
| saturated soil or bedrock. | | | Other (See Comments/Explanation) | | | |
| Non-performance systems built April 1, | ⊠ Yes | □ No | Comments/Explanation: | | | |
| 1996, or later or for non-performance systems located in Shoreland or Wellhead | | | | | | |
| Protection Areas or serving a food, beverage, or lodging establishment: | | | | | | |
| 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 | Yes 🗆 | | Indica | ate depths or elevations | | |
| or V systems built under 2008 Rules (7080. | | | A. Bott | om of distribution media | 24" | |
| 2350 or 7080.2400 (Advanced Inspector License required) | | | B. Peri | iodically saturated soil/bedrock | 78" | |
| Drainfield meets the designed vertical | | | C. System separation | | 54" | |
| separation distance from periodically saturated soil or bedrock. | | | D. Required compliance separation* | | 36" | |
| Any "no" answer above indicates the | he svst | em is | | allowed by Local | | |
| failing to protect groundwater. | , | | Ordin | ance. | | |
| | | | | | | |
| 5. Operating Permit and Nitrogen | BMP* | – Complian | ce com | ponent #5 of 5 🛛 🖂 🖪 | Not applicable | |
| Is the system operated under an Operating | Permit? | ☐ Yes | ☐ No | If "yes", A below is requi | red | |
| Is the system required to employ a Nitroger | n BMP? | ☐ Yes | ☐ No | If "yes", B below is requi | red | |
| BMP = Best Management Practice(s) | specified | in the system | design | | | |
| If the answer to both questions is "r | o", this | section do | es not n | need to be completed. | | |
| Compliance exiteria | | | | | | |
| a. Operating Permit number: | | | | | | |
| Have the Operating Permit requirements been met? b. Is the required nitrogen BMP in place and properly functioning | | ☐ Yes ☐ No | | | | |
| | | ng? | ☐ Yes ☐ No | | | |
| Any "no" answer indicates Nonc | omplia | nce. | | | | |
| Upgrade Requirements (Minn. Stat. § 115.55 discontinued within ten months of receipt of this ground water, the system must be upgraded, rep is not failing as defined in law, and has at least tits use discontinued, notwithstanding any local of | notice or volaced, or wo feet of | vithin a shorter p its use discontin design soil sepa | period if re ued within aration, the | equired by local ordinance. If the s n the time required by local ordina en the system need not be upgra | system is failing to protect ance. If an existing system ded, repaired, replaced, or s in shoreland areas, | |

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Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.



0"-12"=104R3|3 SILTLOAM
12"-28"=104R3|6 CLAY
28"-32"=104R3|6 COARSESAND
32"-78"=104R3|6 MEDIUM
SAND

Rentank 12 60, Ba

Pin or