

Phone (763) 274-0925 Fax (763) 274-0928

ROLL-OFFS ◆ SEPTIC SYSTEMS ◆ EXCAVATING LANDSCAPING ◆ DEMOLITION

3/8/2022

### **Septic Compliance**

Cassie Sanetra 11555 Hillcrest Court N, Dellwood, MN 55110

### **Project:** 11555 Hillcrest Court N, Dellwood, MN 55110

A septic compliance was completed at the above address and the system is according to the M.P.C.A codes for chapter 7080, and local codes for Washington County The system has the following attributes:

Date Built: Unknown

Bedrooms: 3

Septic Tank: (2) 1000 gallon
Pump Tank: 1000 gallon
Soil Treatment: Mound system

The tanks were pumped and inspected by Olsons Sewer Service on 3/3/2022. View the attached tank integrity form.

Washington County has no permit or construction files for this system. Some attributes of the system are unknown such as the exact size and dimensions of the mound system.

At the time of our compliance, the pump and alarm were verified and functioned properly. Water was pumped to the mound for approximately 4 minutes. It appeared that the Southern inspection pipe on the mound had minor ponding. No system discharge was observed.

At the time of our compliance, 2 soil borings were completed. SB1(97.9') was conducted to verify redox and system separation. Redox was observed at **26**" or an elevation of **95.74**'. SB2 was conducted through the mound to verify the amount of mound sand and the elevation of native grade below the mound. The mound has approximately **16** inches of clean sand below the rock bed. Native grade below the mound is at **97.92**'. The bottom of the distribution media was established by probe and inspection pipes. The bottom of the distribution media is at elevation **99.3**'.

The homeowner has stated they have experienced no issues with the system.

Steinbrecher Companies, Inc. has been hired to perform a compliance inspection of your ISTS for compliance with local ordinances pursuant to Minn. Stat. § 155.55 (2010). The compliance criteria required by Minn. Stat. § 155.55 Subd. 5a (2010) and Minn R 7080.1500 (2011). A compliance inspection is a snapshot in time of your septic system and does not warrant the condition or longevity of your septic system. Steinbrecher Companies, Inc. disclaims any use of the compliance inspection beyond determining ISTS compliance pursuant to Minn. Stat. § 155.55 (2010).

Sincerely,

Zach Jocelyn

Steinbrecher Companies, Inc.



### Compliance inspection report form

#### **Existing Subsurface Sewage Treatment System (SSTS)**

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

Doc Type: Compliance and Enforcement

Instructions: Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at <a href="https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf">https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf</a>.

Local tracking number:				
Reason for Inspection Property Transfer				
51-430-6655				
Owner's phone: 612-309-1280				
d a 1000-gallon pump tank. Exact size of mound area and rock bed hes of clean sand under mound rock bed.				
☐ Noncompliant – Notice of noncompliance				
Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.				
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 or under section 145A.04 subdivision 8.				
hla)				
ble)    ) – Imminent threat to public health and safety				
g to protect groundwater				
nent #3) – Imminent threat to public health and safety				
nent #3) – Failing to protect groundwater				
.2500 (Compliance component #3) – Failing to protect groundwater				
ng to protect groundwater				
mpliance component #4) – Noncompliant - local ordinance applies				
I to determine the compliance status of this system. No determination of own conditions during system construction, possible abuse of the system,				
e and correct, to the best of my knowledge, and that this information can be				
Certification number: 3399				
License number: 2851				
gned) Phone: 763-274-0925				
ocumentation (must be attached)				
required forms X Tank Integrity Assessment  Operating Permit				

	es Inc		Date: <u>3/4/2022</u>			
pact on public health – Co	omplia	nce com	•			
Compliance criteria:			Attached supporting documentation:			
System discharges sewage to the ground surface	☐ Yes*	IXI No	☐ Other: ☐ Not applicable			
System discharges sewage to drain tile or surface waters.	☐ Yes*	⊠ No	_			
System causes sewage backup into dwelling or establishment.	☐ Yes*	⊠ No	_			
Any "yes" answer above indicates imminent threat to public health an						
Describe verification methods and	results:		r into mound system, checked for discharge. Observed no . Home owner has stated they have experienced no issue			
<b>nk integrity –</b> Compliance	comp	onent #2	of 5			
nk integrity – Compliance	comp	onent #2				
Compliance criteria:			Attached supporting documentation:			
Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit,	compo	_	Attached supporting documentation:  Empty tank(s) viewed by inspector			
Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes*	⊠ No	Attached supporting documentation:  Empty tank(s) viewed by inspector  Name of maintenance business:			
Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their		⊠ No	Attached supporting documentation:  Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business:			
Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes*	⊠ No	Attached supporting documentation:  Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business:  Date of maintenance:			
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Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their designed operating depth?	☐ Yes* ☐ Yes*	⊠ No	Attached supporting documentation:  Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business:  Date of maintenance:  Existing tank integrity assessment (Attach)  Date of maintenance 3/03/2022			
Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their designed operating depth?  If yes, which sewage tank(s) leaks:  Any "yes" answer above indicates.	☐ Yes* ☐ Yes*	⊠ No	Attached supporting documentation:  Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business:  Date of maintenance:  Existing tank integrity assessment (Attach)  Date of maintenance  (mm/dd/yyyy):  (See form instructions to ensure assessment complies)			
Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their designed operating depth?  If yes, which sewage tank(s) leaks:  Any "yes" answer above indicates.	☐ Yes* ☐ Yes*	⊠ No	Attached supporting documentation:  Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business:  Date of maintenance:  Existing tank integrity assessment (Attach)  Date of maintenance (mm/dd/yyyy): (must be within three years)  (See form instructions to ensure assessment complies Minn. R. 7082.0700 subp. 4 B (1))			

	Property Address: 11555 Hillcrest Court N, Dellwood	
В	Business Name: Steinbrecher Companies Inc	Date: 3/4/2022
<u>3.</u>	Other compliance conditions – Compliance component #3 of 5	
	3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsec	cured?
	☐ Yes* ☑ No ☐ Unknown	
	3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety	/? ☐ Yes* 🛛 No ☐ Unknown
	*Yes to 3a or 3b - System is an imminent threat to public health and safety.	
	3c. System is non-protective of ground water for other conditions as determined by inspector?	☐ Yes* ☒ No
	3d. System not abandoned in accordance with Minn. R. 7080.2500?	☐ Yes* ☒ No
	*Yes to 3c or 3d - System is failing to protect groundwater.	
	Describe verification methods and results:	
	Inspected components of system, did not observed any issues.	
	Attached supporting documentation:   Not applicable	
4.	Operating permit and nitrogen BMP* – Compliance component #4 of	f 5 🛛 Not applicable
4.		f 5 X Not applicable  f "yes", A below is required
4.		f "yes", A below is required
<u>4.</u>	Is the system operated under an Operating Permit?	f "yes", A below is required
4.	Is the system operated under an Operating Permit?	f "yes", A below is required f "yes", B below is required
4.	Is the system operated under an Operating Permit?  Is the system required to employ a Nitrogen BMP specified in the system design?   BMP = Best Management Practice(s) specified in the system design	f "yes", A below is required f "yes", B below is required
4.	Is the system operated under an Operating Permit?  Is the system required to employ a Nitrogen BMP specified in the system design?   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:	f "yes", A below is required f "yes", B below is required
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4.	Is the system operated under an Operating Permit?  Is the system required to employ a Nitrogen BMP specified in the system design?  Yes No Is 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. Have the operating permit requirements been met?  Yes No  b. Is the required nitrogen BMP in place and properly functioning? Yes No	f "yes", A below is required f "yes", B below is required
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https://www.pca.state.mn.us wq-wwists4-31b • 4/28/2021

siness Name: <u>Steinbrecher Companies In</u>	С	Date:	3/4/2022
Soil separation – Compliance cor	nponent #5 o	f 5	
Date of installation (mm/dd/yyyy)	_ ⊠ Unknown		
Shoreland/Wellhead protection/Food beverage lodging?  Compliance criteria (select one):	☐ Yes 🗵 No	Attached supporting documentation:  Soil observation logs completed for the Two previous verifications of required.	•
5a. 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*	☐ Not applicable (No soil treatment area	•
Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.			
5b. 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:  Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	☑ Yes □ No*	Indicate depths or elevations  A. Bottom of distribution media  B. Periodically saturated soil/bedrock  C. System separation  D. Required compliance separation*  *May be reduced up to 15 percent if allo Ordinance.	99.3' 95.74' 3.56' 3' owed by Local
5c. "Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules 7080. 2350 or 7080.2400 (Intermediate Inspector License required ≤ 2,500 gallons per day; Advanced Inspector License required > 2,500 gallons per day)	☐ Yes ☐ No*		
Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.			

failing to protect groundwater.

Describe verification methods and results:

**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.

800-657-3864



# Soil Observation Log

Project ID: v 04.01.2020

Client:	Cassie Sanetra					Location / Address: 11555 Hillcrest Cour			N, Dellwood	t			
Soil parent n	l parent material(s): (Check all that apply) ☐ Outwash ☐ Lacustrin				Lacustrine	e 🗌 Loess	☑ Til	I 🔲 Alluvi	um 🗌 Bedro	_ •			
Landscape Po	ndscape Position: (select one)  Back/S			e Slope	Slope %:	4.0	Slope	shape	Linear, Linear		Elevation-relative to 97.9'		97.9'
Vegetation: Lawn				Soil survey map units:						Limiting Layer Elevation: 95.		95.74'	
Weather Con	nditions/Time	of Day:		Sur	nny			12:00 F	PM	Date	03/03/22		
Observation	n #/Location:	SE	31					Obser			rvation Type: Auger		
Depth (in)	Texture	Rock Frag. %	Matrix Color(		Mottle C	olor(s)	Redox Kii	nd(s)	Indicator(s)	Chana  -	Structure		onco
0"-4"	Loamy Fine Sand	<35%	10YR :	3/2						Shape Granular	Grade Weak	Consist Friat	
5"-19"	Loamy Sand	<35%	10YR 4	4/3						Single grain	Structureless	Loo	se
20"-25"	Coarse Sand	<35%	7.5YR 4	4/4						Single grain	Structureless	Loo	se
26"-33"	Sandy Clay	<35%	10YR !	5/4	7.5YR 6	5/8	Concentra	ations	<b>S1</b>	Dlasky	Madagata	Firm	
20 -33	Loam	<33%			10YR (	5/1	Depletio	ons	<b>S</b> 1	Blocky	Moderate	FILL	n
Comments													
I hereby cert	ify that I have o	completed	this work	in accord				ances,	rules and laws	S.			
	chary Jocelyn					le Jane				2851		3/4/20	
(Desi	igner/Inspecto	r)		(Signature			)			(License #)		(Dat	.e)



# Soil Observation Log

Project ID: v 04.01.2020

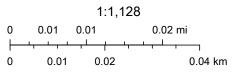
Client:						Locat	cion / Address:				
Soil parent n	l parent material(s): (Check all that apply)   ☐ Outwash ☐ Lacustring				Loess 🔲 1	Γill ☐ Alluvi	um 🗌 Bedro	_ •			
Landscape Position: (select one)  On Mound			lound	Slope %:	Slope shape	9			relative to enchmark:	100.75'	
Vegetation:				Soil	survey map units:				Limiting Layer Elevation:		N/A
Weather Cor	nditions/Time	of Day:		Sui	nny	12:15	PM	Date	3/02/22		
Observation	n #/Location:	SB	32				Obse	ervation Type:			
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)		Mottle Color(s)	Redox Kind(s) Indicator		I- Shape	Structure Grade Con		ence
0-4"	Loamy Fine Sand	<35%	10YR	3/2				энарс	Grade	CONSIST	cricc
5"-12"	Loamy Sand	<35%	10YR	4/6							
13"-17"	Rock Bed	>50%									
18"-34"	Mound Sand	<35%	10YR	5/6							
35"-38"	Loamy Fine Sand	<35%	10YR	3/4							
Comments	This boring wa	as conduc	ted throu	gh the mo	ound to verify the	amount of mound	d sand and elev	ation of native	e grade below m	ound.	
I hereby cert	ify that I have o	completed	this work	in accor	dance with all appli		, rules and laws	3.			
	chary Jocelyn		i		Joule Josefy			2851		3/4/2	
(Desi	igner/Inspecto	r)	(Signature)			(License #)				(Dat	e)



# Washington County



March 2, 2022



Maxar, Microsoft

Property address: 11555 Hill cost court	Par	rcel ID:
City: White bear Lake	An a	code: 55110
Optional section: Sewage Tank Compliance (	Certification (Tank integrity	assessment)
This form does not represent a complete system inspection this form, completed, may serve as a tank integrity assessment.	report and only certifies sewage tan	k compliance status. i.e.,
Instructions: This section of the form may be completed and signal Maintenance Business who personally conducts the necessary pathe system.	gned by a Designated Certified Individur rocedures to assess the compliance sta	nal (DCI) of a licensed SSTS atus of each sewage tank in
When this section of the form is signed by a qualified certified pro Existing System Compliance Inspection Report: Compliance insp found on the MPCA website at https://www.pca.state.mn.us/wate	ection form - Existing system (wg-wwis	orting documentation to an sts4-31b). This form can be
The information and certified statement on this form is required vendividual other than the SSTS Inspector that submits an inspection component compliance and is allowable under Minn. R. 7082.070 three years beyond the signature date on this form unless a new required according to local regulations. Additional Administrative R. 7082.0700, subp. 4 Items B, C, and D; 7083.0730 Item C.	on report. This form represents a third   00, subp. 4 Item (B) subitem (1). This for evaluation is requested by the owner o	party assessment of SSTS orm is valid for a period of r owner's agent or is
Pages 1 and 2 are not required to accompany this form when sewage tank compliance status.	the optional third page is complete	d and used to certify
System status		
System status on date (mm/dd/yyyy): 303 22  Certificate of sewage tank compliance	□ Notice of sewage ta	nk non-compliance
The SSTS has a seepage pit, cesspool, drywell, leaching pit, or <b>Groundwater.</b> "		☐Yes* ☑ No
The SSTS has a sewage tank that leaks below the designed ope Groundwater."	erating depth - "Fallure to Protect	☐ Yes* ☐ No
The SSTS presents a threat to public safety by reason of structu weak) maintenance hole cover(s) or lids or any other unsafe con Health or Safety."	rally unsound (damaged, cracked, or dition - "Imminent Threat to Public	☐ Yes* ☐ No
Any "yes" answer above indica	ates sewage tank non-compliance	e.
Company information	Designated Certified Individu	
Company name: Olson's Sewer Service, Inc.	Print name: William William	
	Print name: Drich Okco Certification number: C9146	
Business license number:	Certification number: C9646	censed SSTS Maintenance
Business license number:  I personally conducted the work described above as a Designate Business. I personally conducted the necessary procedures to a  By typing/signing my name below, I certify the above statement	Certification number: C9646  ed Certified Individual of a Minnesota-lic ssess the compliance status of each se nts to be true and correct, to the best o	censed SSTS Maintenance ewage tank in this SSTS.
Company name: Olson's Sewer Service, Inc. Business license number: I personally conducted the work described above as a Designate Business. I personally conducted the necessary procedures to a By typing/signing my name below, I certify the above statementhis information can be used for the purpose of processing this for Designated Certified Individual's signature:	Certification number: C9646 ed Certified Individual of a Minnesota-lic ssess the compliance status of each se nts to be true and correct, to the best o	censed SSTS Maintenance ewage tank in this SSTS.