

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 requirements and attached forms – additional local requirements may	
Submit completed form to Local Unit of Government (LUG) ar within 15 days	nd system owner
System Status	
System status on date (mm/dd/yyyy): 4/25/2020	
○ 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) – Immine Other Compliance Conditions (Compliance Component Tank Integrity (Compliance Component #2) – Failing to Other Compliance Conditions (Compliance Component Soil Separation (Compliance Component #4) – Failing Operating permit/monitoring plan requirements (Compliance Component)	ent threat to public health and safety ont #3) – Imminent threat to public health and safety o protect groundwater ont #3) – Failing to protect groundwater of to protect groundwater
Property Information Parcel	D# or Sec/Twp/Range: 06.030.21.43.0007
Property address: 6616 Indian Wells Trail Grant, MN 55110	Reason for inspection: _routine
Property owner: Brian & Susannah Humpal	Owner's phone:651-492-7550
or	
Owner's representative:	Representative phone:
Local regulatory authority: Washington County	Regulatory authority phone: 651-430-6655
Brief system description: Two precast septic tanks and a rock to	
Comments or recommendations:	
Certification	
I hereby certify that all the necessary information has been gathered determination of future system performance has been nor can be repossible abuse of the system, inadequate maintenance, or future v	made due to unknown conditions during system construction.
Inspector name:Tom Trooien	Certification number: 323
Business name: All State Septic Services LLC	License number: 1568
Inspector signature: Zon Zn	Phone number: 612-594-4496
Necessary or Locally Required Attachments ☑ Soil boring logs ☑ System/As-built drawing	☐ Forms per local ordinance
☐ Other information (list):	
www.pca.state.mn.us • 651-296-6300 • 800-657-3864 • wg-wwists4-31b • 6/4/14	TTY 651-282-5332 or 800-657-3864 • Available in alternative forma Page 1 o

Co			ioo oompo	nent #1 of 5			
	mpliance criteria:			Verification method(s):			
Sy	stem discharges sewage to the ound surface.	☐ Yes	⊠ No	☑ Searched for surface outlet☑ Searched for seeping in yard/backup in home			
	stem discharges sewage to drain or surface waters.	☐ Yes	⊠ No	 ☑ Excessive ponding in soil system/D-boxes ☑ Homeowner testimony (See Comments/Explanation) 			
	stem causes sewage backup into elling or establishment.	☐ Yes	⊠ No	☐ "Black soil" above soil dispersal system ☐ System requires "emergency" pumping			
sy	Any "yes" answer above indica system is an imminent threat to lealth and safety.			☐ Performed dye test ☐ Unable to verify (See Comments/Explanation) ☐ Other methods not listed (See Comments/Explanation)			
	mments/Explanation:		0.54 40 -55				
	nk Integrity – Compliance	compon	ent #2 or s	Verification method(s):			
Sys ces	stem consists of a seepage pit, sspool, drywell, or leaching pit.	☐ Yes	⊠ No	☑ Probed tank(s) bottom☑ Examined construction records			
	epage pits meeting 7080.2550 may be npliant if allowed in local ordinance.			☐ Examined Tank Integrity Form (Attach) ☐ Observed liquid level below operating depth			
de	wage tank(s) leak below their signed operating depth. ves, which sewage tank(s) leaks:	☐ Yes	⊠ No	☐ Examined empty (pumped) tanks(s)☐ Probed outside tank(s) for "black soil"			
	ny "yes" answer above indi estem is failing to protect g			 ☐ Unable to verify (See Comments/Explanation) ☑ Other methods not listed (See Comments/Explanation) 			
Re	mments/Explanation: viewed pumping records. Tanks are						
				red, or appear to be structurally unsound. Yes* No Unkr			
a. b.		to immed	versely impact public health or safety. ☐ Yes* ☒ No ☐ Unkr				
	Explain:						
	Explain.						

Inspector initials/Date: TT | 4/25/2020

Property address: 6616 Indian Wells Trail Grant, MN 55110

					(mm/dd/yyyy)
4. Soil Separation — Compliance co	mponent Unknow		Verification	n method(s):	
(mm/dd/yyyy) Shoreland/Wellhead protection/Food beverage lodging?	⊠ Yes [□No	Soil observation does not expire. Previous soil observations by two independent parties are su unless site conditions have been altered or local		ent parties are sufficient,
Compliance criteria:			requirement		
For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food,	☐ Yes ☐	□ No		ed soil observation vious verifications (cable (Holding tank)	
Deverage or lodging establishment: Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.			Unable to	o verify (See Comm see Comments/Explar	nents/Explanation)
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	Comments/	Explanation:	
Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*					
Experimental", "Other", or "Performance"	☐ Yes [□No	Indicate depths or elevations		
ystems built under pre-2008 Rules; Type IV r V systems built under 2008 Rules (7080. 350 or 7080.2400 (Advanced Inspector				distribution media	
icense required)			B. Periodical	ly saturated soil/bed	rock
Orainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.				eparation compliance separation	on*
Any "no" answer above indicates to failing to protect groundwater.			*May be red Ordinance.	luced up to 15 perd	cent if allowed by Local
. Operating Permit and Nitrogen	BMP* –	Compliar	ice compon	ent #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 Nitroger	n 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 "r	no", this s	ection do	es not need	to be complete	d.
Compliance criteria					
a. Operating Permit number: <u>n/a</u>				∕es □ No	
Have the Operating Permit requirement	ents been m	net?			
b. Is the required nitrogen BMP in place			ng? 🔲 Y	∕es □ No	
Any "no" answer indicates Nonc	omplian	ce.			
Upgrade Requirements (Minn. Stat. § 115.55 discontinued within ten months of receipt of this ground water, the system must be upgraded, rej is not failing as defined in law, and has at least the system of the sys	notice or with placed, or its wo feet of de	hin a shorter use discontir esign soil sep	period if required nued within the ti aration, then the	d by local ordinance. ime required by local system need not be	If the system is failing to prot I ordinance. If an existing syst upgraded, repaired, replaced

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

6616 INDIAN WELLS RD GRANT, MN SSI10

DNAW

FIELD

SEPTIC TANIES

House (t)

3

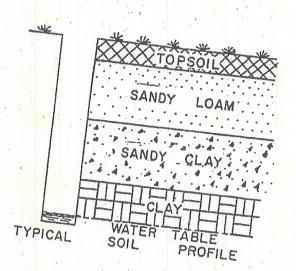
-SOIL BORINGS-

Soil borings are made in order to determine the type and structure of soils at various depths as well as the location of the water table, impervious

Borings are most easily made with a hand auger, however other expedients may be utilized - back

Soils encountered at various depths should be listed as to appearance, texture and composition.

Depth at which water, bedrock or heavy clay layer is encountered should be recorded.



LOG OF SOIL BORINGS

	BOR	RING NO. I	LUG	F SOIL	BOI	RINGS		
	DEPTH	SOIL	BORIN DEPTH	G NO. 2	BOR	INC N		
	FEET	DESCRIPTION	I IN I	SOIL	DEPTH	1	BORI	NG NO. 4
	1/2	COAMY	0	BAUDY	EET	DESCRIPTION	DEPTH IN FEET	Sou
	11/2	SAND	1/2	Loan	1/2	Panicy	0.	DESCRIPTION
F	2	SAND	11/2	oany.	11/2	roam.	1/2	Loam
t	3		51/5	AUD T	2		11/2	
1	31/2	SICT	3 1/2 5	LT	3 3	FINE	21/2	FINE
	41/2		4	oam [Per annie de la constitución de	PAULY		SANGY
	5 SA	Jan 1 2000 1	5 6	DAMY C	1/2	mac-	4	room
	6 3		The same of the sa	15	5 1/2	-	5	TILL
	7	The state of the s	1/2 OF THE	SAUD (A STATE OF THE PERSON NAMED IN	The state of the s	1/2	
	1/2 Mc	TITLES 71	/2 *	6.1	15			
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9		81/	12 H20 - 10	4/17 81/	2	8	12	
				. 9		81/	1-1116	: «Cain
				Annual Control of the Party of	-	9	* mot	TLED .

APPLICATION FOR PERMIT TO INSTALL SEWAGE DISPOSAL SYSTEM WASHINGTON COUNTY PLANNING DEPARTMENT

以此事主

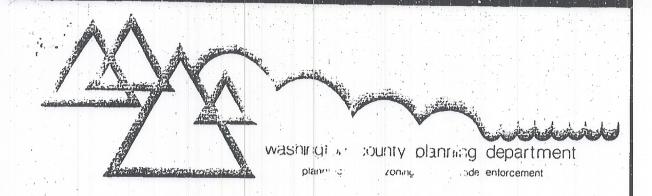
Legal Description			-1-1:	(rDD) c
52-W2-NW	1-SE1 Sec. 6, T3	ON R21W		APR 2
2 Owner Mr. Brian G	Mail Address	City 04, 1310 E. Highw	Zip	Phone 426-274 Bear Lake, Mn, 551
3 Roger Johns	Mail Address	City	Zip	Bear Lake, Mn. 551
4 Installer	Mail Address	City	Zip	Phone
5 Use of Building:	Residential	Num	ber of Bedrooms o	r Gallons Per Day 3≉
6 Type of Work:	New	Alteration	Repair	X Approval Only
Has site previously (If previously appro	been reviewed by Was lived, attach letter of ap	hington County? X proval)	_ No	Yes Approved Denied
	or information will result			eld area must be staked. ation is processed. Impro-
greement: The undersing pecified, agreeing that /a shington, Minnesota a cations submitted here requirement and/or restriction. Applicant further pplication is for an institute permit to become vair	aned hereby makes Applicall such work shall be do and Minnesota Departmentith, and which are appropriate and makes and make a specific locally agrees that no part of the allation at a specific locally it shall be the responsibility.	cation for Permit to Instal me in strict accordance we it of Health. Applicant a wed by the Washington C conditions peculing to a p e system shall be covere ation on the site; any dev sibility of the applicant for pection.	II or Extend Sewage with ordinances and grees that the Site ounty Zoning Admir particular location, and until it has been	e Disposal System herein regulations of the County of Plan, Sketches, and Specinistrator, together with any shall become a part of the inspected and accepted. roved location will cause fy the Office of the Zoning
Agreement: The undersing pecified, agreeing that vashington, Minnesota ications submitted herewitzed in the second of the second	aned hereby makes Applied all such work shall be do and Minnesota Departmentish, and which are approtion made necessary by a agrees that no part of the allation at a specific lock. It shall be the responsibilities are approximately allation is ready for installation is ready for installation.	cation for Permit to Instal me in strict accordance we it of Health. Applicant a wed by the Washington C conditions peculing to a p is system shall be covere ation on the site; any dev sibility of the applicant for pection. OR OFFICE USE ONLY Inspector:	Il or Extend Sewaggrith ordinances and grees that the Site ounty Zoning Admir particular location, id until it has been viation from the apport the permit to not in the second s	e Disposal System herein regulations of the County of Plan, Sketches, and Specinistrator, together with any shall become a part of the inspected and accepted. roved location will cause fy the Office of the Zoning

WASHINGTON COUNTY, MINNESOTA

Sewage Treatment Permit No. 3073

Inspection of Installation Must Be Made By the Building Official Before Any Portion of System Is Covered Contact Planning Department, 439-3220 x-176, 24 HOUR NOTICE REQUIRED

DWDEL DELEVI (2 P. V. DIZM
Dwner : 1
Property Description 5 1/2 - 11) 1/4 - NW/4 - SE 1/4 Secto T3010 (2) (1) COLOROTT
Property Address
Use of Building: Home Flow Rate: 4 Br. In / 6006 PA Percolation Rate: 40 mpi
Castle Took /200 Gal. Liquid Capacity Lift Station (if needed) Gal.
Time of Systems Standards Significant September (Standards Systems 1800)
Absorption Trench — Square Feet /200 Lineal Feet 400 Width 36
Inches Above Lines Inches
Depth of Trench From Existing Grade — Minimum Inches, Maximum Inches
Recommended Number of Lines (Note: Maximum Length of Individual Line is 1007 eet.)
7 // Sa Contacto Center
Special Conditions Str Total To Control Towards from Indicated for Anti-Hon
Shelian Conditions 5.
SHOULD BE Myon Us Hici Tohong Boxing &- 1 han B-2; OR & Tem
MUST BE LAK TALLE SHALLOW AT THIS LOCATION MAYLOUGH DEPTION
Tilesay (H 2 4 " A a serior to perform the work described in the ap-
plication to the minimum specifications shown above and policies and workmen shall con-
express condition that the person to whom it is granted, and the permit may be revoked at any time.
form in all respects to ordinances of Washington County, Minnesola. This behint has been that ordinance of Washington County, Minnesola. This behint has been that ordinance of washington county. INSTALLER MUST HOLD CURRENT SEPTIC INSTALLER LICENSE WITH WASHINGTON COUNTY.
Mostaller Most Al Wille Date 6-24-8
Approved: Restal William Date Zoning Astronostrator/Authorized Agent
Comments OK north and 4 herer 1500 plant
Comments OK north de l'y line 1000 plant l'est for toje I die 2 dige l'apon. (Cartinal)
Installation Approved Beller Inspector Date 7-8-63
Pink—Gogy-Inspector Goldenred Municipality



May 30, 1980

Brian Grudem 1310 E. Highway 96 White Bear Lake, MN 55110

Dear Brian,

We have reviewed the soil tests you submitted and have inspected your site described as S^{1}_{2} - W^{1}_{4} - SE^{1}_{4} , Section 6, T30N, R21W, Grant Township. It appears that the soils in the area tested are suitable under present codes for the installation of an on-site sewage disposal system.

We will withhold final approval until we receive verification of house size, permit application and final site plan showing house and drainfield location in relation to lot lines, well, and other important topography.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Alan M. Borsheim Building Inspector

AMB/mlp

Ac: Roger Johnson