



# Compliance Inspection Form

## Existing Subsurface Sewage Treatment System (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.

For local tracking purposes:

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

### System Status

System status on date (mm/dd/yyyy): 5/27/2020

- Compliant - Certificate of Compliance**  **Noncompliant - Notice of Noncompliance**  
*(Valid for 3 years from report date, unless shorter time frame outlined by Local Ordinance.)* *(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: \_\_\_\_\_

Property address: 9280 Grey Cloud Island Dr. St. Paul Park Mn.55071

Reason for inspection: Sale

Property owner: David Jasper

Owner's phone: 952-944-1111

or

Owner's representative: \_\_\_\_\_

Representative's phone: \_\_\_\_\_

Local regulatory authority: Washington

Regulatory authority phone: \_\_\_\_\_

Brief system description: Two septic tanks, lift station and Mound

### Comments or recommendations:

Empty box for comments or recommendations.

### Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of the 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: Bob Freiermuth

Certification number: C818

Business name: Bob Freiermuth

License number: L492

Inspector signature: *Bob Freiermuth*

Phone number: 651 437-5566

### Necessary or Locally Required Attachments

- Soil Boring Logs
- System/As-Built Drawings
- Forms Per Local Ordinance
- Other Information (list): Tanks pump by Meyer sewer service

**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 that the system is an imminent threat to public health and safety.**

**Verification method(s)**

- Searched for surface outlet
- Searched for seeping in yard/backup into 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)

**Comments/Explanation:**

**2. Tank Integrity - Compliance component #2 of 5**

**Compliance Criteria:**

System consists of 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 that the system is failing to protect groundwater.**

**Verification method(s)**

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

**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 groundwater for other conditions as determined by the inspector  Yes\*  No

**\*System is failing to protect groundwater**

**Explain:**



Property address: 9280 Grey Cloud Island Dr. St. Paul Park Mn.55071

Inspector Initials/Date

5/27/2020  
(mm/dd/yyyy)

4. Soil Separation - Compliance component #4 of 5

Date of installation: 10/25/2004  
(mm/dd/yyyy)  Unknown

Shoreland/Wellhead Protection/Food, beverage, lodging?  Yes  No

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.

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.

- 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:

1-6" top soil 10yr 2/2 loam ,6-22"7.5 yr 3/2 sandy loam, 22-24" lime rock end of bore

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

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

Indicate depths or elevations

Table with 2 columns: Description (A. Bottom of distribution media, B. Periodically saturated soil/bedrock, C. System separation, D. Required compliance separation\*) and Value (mound 18" sand, 22", 40", 36")

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

"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.

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 system operating under an Operating Permit?  Yes  No

If "yes", A below is required.

Is the system required to employ Nitrogen BMP?  Yes  No 3

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.

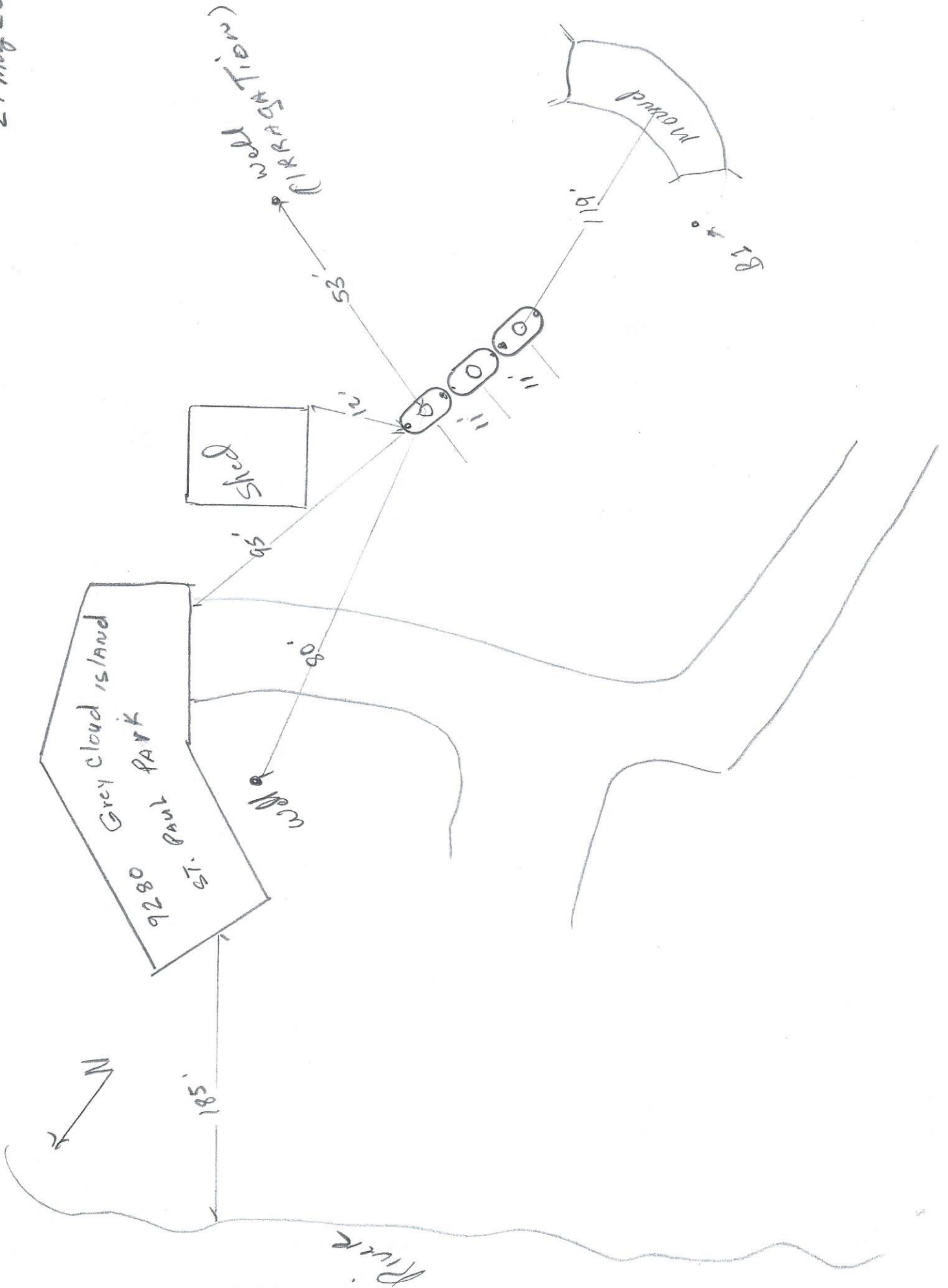
Compliance Criteria:

Table with 2 columns: Question (a. Operating Permit number, b. Is the required nitrogen BMP in place and properly functioning?) and Answer ( Yes  No)

Any "no" answer above 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.

27 May 20



Date: 27 May 2020  
Customer Name: David Jasper  
Street Address: 9280 Grey Cloud Island  
City, State, Zip: St. Paul Park Mn.  
Phone Number: 952-944-1111

Based on what we were able to observe and on our experience with on-site wastewater technology, we submit this Onsite Sewage Treatment System Inspection Report based on the present condition of the onsite sewage disposal system. Bob Freiermuth has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system, this report shall not be construed as a warranty by our company that the system will function properly for any particular buyer. Bob Freiermuth hereby DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the septic system or this report. We are not also ascertaining any affect the system is having on the groundwater.

Inspecting Company Bob Freiermuth Phone 651 437-5566  
License No: 818

\_\_\_\_\_  
**Owners Signature**

I have studied the information contained herein and certify that my assessment is honest, thorough, and to the best of my ability correct.

Name: Bob Freiermuth /   
Title SSTS Inspector 818



Parcel number: \_\_\_\_\_

System status:  Compliant  Noncompliant  
(as determined by this form)

### Tank Integrity and Safety Compliance

#### Compliance Issue #2 of 4

Date of observation: 9/16/19 Reason for observation: Routine

This form expires on (three years): 9/16/22

#### Compliance questions/criteria: (Required) (Check the appropriate box)

Does the system consist of a seepage pit\*, cesspool, drywell, or leaching pit?  Yes  No

Do any sewage tank(s) leak below their designed operating depth?  Yes  No

If yes, identify which sewage tank leaks: \_\_\_\_\_

*Any "yes" answer indicates that the system is failing to protect ground water.*

\* Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.

#### Verification Method\*\* (Optional)

(Check the appropriate box)

- Probed tank bottom
- Observed low liquid level
- Examined construction records
- Examined empty (pumped) tank
- Probed outside tank for "black soil"
- Pressure/vacuum check
- Other: \_\_\_\_\_

\*\* No standard protocol exists. This list is not exhaustive in sequential order, nor does it indicate which combinations are necessary to make this determination.

#### Safety Check

1. Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound?  Yes\*  No
2. Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)?  Yes  No\*
3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.  Yes  No
4. Was any other safety/health issue present?  Yes\*  No

Explain: \_\_\_\_\_

\*System is an imminent threat to public health and safety.

#### Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): DAVE JASPER  
 Property address: 9280 ~~RD~~ GREY CLOUD ISLAND DRIVE ST PAUL PARK 55071  
 Property owner's address (if different): \_\_\_\_\_  
 County: WASHINGTON Phone: 651-967-3040

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: CHRIS WAGNER Certification number: C-9761

Business license name and number: MEYER SEWER SERVICE ? ~~62~~ L915 or

Name of local unit of government: \_\_\_\_\_

Signature: Chris Wagner Date: 5/21/2020





Minnesota Pollution  
Control Agency

# Septic Tank Maintenance Reporting Form

Date of maintenance: 9-16-19 Reason for maintenance: Routine  
 Property address: 9280 Grey Clouds Dr City: St Paul Park State: MN Zip: 55071  
 Property owner's name: Deane Jesper  
 Property-owner's address if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

1. Access used to remove septage:  Maintenance hole  Other (Go to #3 below)
2. If maintenance hole was used, were all covers securely replaced?  Yes  No please explain  
 Explanation: \_\_\_\_\_
3. If owner refuses to allow a Subsurface Sewage Treatment System (SSTS) to be pumped through the maintenance hole, have them complete and sign the following statement.  
 I, \_\_\_\_\_ (owner's name), refuse to allow the removal of the solids and liquids through the maintenance hole. I understand that removal of solids and liquids through other access points is not considered maintenance.  
 Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Is the tank designed as a leaky tank? example: seepage pit, cesspool, drywell, leaching pit  
 Tank #1:  Yes  No Verification method used? VISUAL  
 Tank #2:  Yes  No Verification method used? VISUAL

5. Is there evidence of tank leakage from a septic, holding, pretreatment or pump tank below the operating depth or evidence of damaged, cracked or structurally unsound maintenance hole covers?

Tank	Leaking out	Leaking in	Cover damage
Septic/holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Septic/holding Tank #2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

6. How many gallons of septage were removed?  
 Tank #1: 1500 Tank #2: 1000 Pretreatment Tank: \_\_\_\_\_ Pump Tank: 1000

7. Is there any sensory (smell and/or sight) evidence of non-domestic wastes?  
 Yes Please explain: \_\_\_\_\_  
 No  Disposal site  Wastewater treatment plant  Land application  Other please explain  
 Explanation: W-1

Other information: List any troubleshooting, minor repairs conducted, tank safety\* concerns or other concerns:  
 \_\_\_\_\_

8. Certification: I hereby certify as a State of Minnesota-certified SSTS Maintainer that I personally conducted the work and made the observations, or directly supervised others in the performance of this job.

Maintainer's name and address: Meyer Sewer Service Inc 5325 Manning Avenue South Afton, MN 55001  
 Maintainer's license #: L915 Maintainer's phone: 651-459-0162  
 Maintainer's signature: Chris Sliger Date: \_\_\_\_\_





### Subsurface Sewage Treatment System Maintenance Permit

This section must be completed in its entirety to constitute a valid maintenance permit. This permit must be completed prior to performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance: 9/16/19 Reason for Maintenance: Routine  
 Property Address: 9280 Grey Cloud Is. Dr. Property Owner's Name: Dave Jasper  
 Municipality: Grey Cloud Is. ZIP: 55091 Property Identification Number: \_\_\_\_\_  
 Maintenance Permit No: 16264/12200 Maintainer Name and License No. Meyer Sewer Service/ L915

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	Liquid Level of Tank _____ in Sludge Level in Tank _____ in Scum Level in Tank _____ in Sludge + Scum _____ / Liquid Level _____ X 100 = % Sludge & Scum _____ Tanks must be pumped if 25% or greater

- Access used to remove septage:  Maintenance Hole  Other (enter authorization code)
- Were all covers securely replaced?  Yes  No
- Is there evidence of tank leakage from a septic, holding, pretreatment or pump tank below the operating depth or evidence of damaged, cracked, or structurally unsound maintenance hole covers?  Yes  No

Tank	Leaking Out	Leaking In	Cover Damage
Septic/Holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Septic/Holding Tank #2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. How many gallons of septage were removed?  
 Tank #1 1500 gal Tank #2 1000 gal Pretreatment tank \_\_\_\_\_ gal Pump Tank 1000 gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Location of septage disposal: W-1

Meyer Sewer Service, Inc.  
 5325 Manning Ave S  
 Afton, MN 55001  
 License Number: L915 P: 651-459-0162

Maintenance activities must be reported to the Department within 90 days. ✓