



**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): 6/26/2020

**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) – 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: 30.029.20.13.0010

Property address: 1635 Newberry Ave N, West Lakeland Twp Reason for inspection: Property Sale

Property owner: Joani Tennant Owner's phone: \_\_\_\_\_

or

Owner's representative: \_\_\_\_\_ Representative phone: \_\_\_\_\_

Local regulatory authority: \_\_\_\_\_ Regulatory authority phone: \_\_\_\_\_

Brief system description: 2 septic tanks - drainfield trenches

**Comments or recommendations:**

Pump septic tanks every 2-3 years for proper maintenance.

### 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: Chris Bosshart Certification number: C2487

Business name: Environmental Design Group, Inc License number: L1955

Inspector signature:  Phone number: 651-341-6938

### 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:** 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.

**Any "no" answer above indicates the system is failing to protect groundwater.**

**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:**

Soil boring log and approval from County Health Department is attached.

**Indicate depths or elevations**

A. Bottom of distribution media	24"
B. Periodically saturated soil/bedrock	60"
C. System separation	36"
D. Required compliance separation*	36"

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

**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: \_\_\_\_\_  Yes  No  
Have the Operating Permit requirements been met?

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.

# Voight's Septic Service

32977 County 7 Blvd • Goodhue, MN 55027  
Office: 651-258-4012 • Toll Free 888-273-8107  
Email: voightelectric@sleepyeyetel.net

## SEPTIC PUMPING CERTIFICATE

Owners name: Joari Tennant Phone# \_\_\_\_\_  
Site Address: 1635 Newberry Ave. N.  
County Washington City/Township West Lake Park Parcel ID # 30.029.20.13.0010  
Ordered by: EDG Reason for Maintenance: Compliance Inspe.  
Private Residence  Rental  Commercial  Other

1st Tank size: 1000 Gallons Compartments: 1  2 \_\_\_\_\_ Gallons Pumped 1000  
Sludge/scum depth 10" inches Pumped through: manhole  inspection pipe \_\_\_\_\_  
Tank Material: Concrete  Plastic \_\_\_\_\_ Other \_\_\_\_\_ Baffles Inspected: yes  no \_\_\_\_\_  
Tank type: Septic  Pump \_\_\_\_\_ Holding \_\_\_\_\_ Cesspool \_\_\_\_\_ Other \_\_\_\_\_  
Video inspection of Tank: yes \_\_\_\_\_ no  Safety Concerns with Manhole Covers: yes \_\_\_\_\_ no   
Tank appears to be watertight at the time of pumping below operating depth: yes  no \_\_\_\_\_  
Tank appears to be watertight at the time of pumping above operating depth: yes  no \_\_\_\_\_

2nd Tank size: 1000 Gallons Compartments: 1  2 \_\_\_\_\_ Gallons Pumped 1000  
Sludge/scum depth 4 inches inches Pumped through: manhole  inspection pipe \_\_\_\_\_  
Tank Material: Concrete  Plastic \_\_\_\_\_ Other \_\_\_\_\_ Baffles Inspected: yes  no \_\_\_\_\_  
Tank type: Septic  Pump \_\_\_\_\_ Holding \_\_\_\_\_ Cesspool \_\_\_\_\_ Other \_\_\_\_\_  
Video inspection of Tank: yes \_\_\_\_\_ no  Safety Concerns with Manhole Covers: yes \_\_\_\_\_ no   
Tank appears to be watertight at the time of pumping below operating depth: yes  no \_\_\_\_\_  
Tank appears to be watertight at the time of pumping above operating depth: yes  no \_\_\_\_\_

3rd Tank size: \_\_\_\_\_ Gallons Compartments: 1 \_\_\_\_\_ 2 \_\_\_\_\_ Gallons Pumped \_\_\_\_\_  
Sludge/scum depth \_\_\_\_\_ inches Pumped through: manhole \_\_\_\_\_ inspection pipe \_\_\_\_\_  
Tank Material: Concrete \_\_\_\_\_ Plastic \_\_\_\_\_ Other \_\_\_\_\_ Baffles Inspected: yes \_\_\_\_\_ no \_\_\_\_\_  
Tank type: Septic \_\_\_\_\_ Pump \_\_\_\_\_ Holding \_\_\_\_\_ Cesspool \_\_\_\_\_ Other \_\_\_\_\_  
Video inspection of Tank: yes \_\_\_\_\_ no \_\_\_\_\_ Safety Concerns with Manhole Covers: yes \_\_\_\_\_ no \_\_\_\_\_  
Tank appears to be watertight at the time of pumping below operating depth: yes \_\_\_\_\_ no \_\_\_\_\_  
Tank appears to be watertight at the time of pumping above operating depth: yes \_\_\_\_\_ no \_\_\_\_\_

Effluent Surface Discharge: yes \_\_\_\_\_ no

Comments/Troubleshooting/Repairs: ponding in first trench only

I, \_\_\_\_\_, 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 a compliant method of solids removal and does not fulfill the solids removal requirements of Minn. R.7080.245 and 7082.0600. Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

Date serviced: June 26, 2020 Waste treatment plant disposal: Empire Treatment  
Maintainer Name: Daniel Voight Signature: DV MPCA cert# C6257  
License #'s L3330-PR644383-EA006194-MB004183-BC637005

# Voight's Septic Service

32977 County 7 Blvd. • Goodhue, MN 55027  
Office: 651-258-4012 • Toll Free: 888-273-8107  
Email: voightelectric@sleepyeyetel.net

Property address: 1635 Newberry Ave. N  
City: St. Cloud State: MN

Parcel ID: 30.029.20-13  
Zip code: 55082 COLO

## Optional section: Sewage Tank Compliance Certification

**This form does not represent a complete system inspection report and only certifies sewage tank compliance status.**

Instructions: This section of the form may be completed and signed by a Designated Certified Individual (DCI) of a licensed SSTS Maintenance Business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system.

When this section of the form is signed by a qualified certified professional, it becomes *necessary supporting documentation* to an Existing System Compliance Inspection Report: Compliance inspection form - Existing system (wq-wwists4-31b). This form can be found on the MPCA website at <https://www.pca.state.mn.us/water/ssts-and-msts-technical-and-compliance-criteria>.

The information and certified statement on this form is **required** when existing tank compliance status is determined by an individual other than the SSTS Inspector that submits the inspection report. It represents a third party assessment of SSTS component compliance and is allowable under Minn. R. 7082.0700, subp. 4 Item (B) subitem (1). This form is valid for a period of three years beyond the signature date on this form unless a new evaluation is requested by the owner or owner's agent or is required according to local regulations. Additional Administrative Rule references for this activity can be found at Minn. R. 7082.0700, subp. 4 items B,C, and D; 7083.0730 Item C.

**Certificate of sewage tank compliance**

Affirm all three statements:

- The SSTS does not contain a seepage pit, cesspool, drywell, leaching pit, or other pit.
- It does not contain a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth.
- It does not represent an imminent safety threat by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.

**Notice of sewage tank non-compliance**

Select all that apply:

- The SSTS does not contain a seepage pit, cesspool, drywell, leaching pit, or other pit.
- It has a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth.
- It presents a threat to public safety by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.

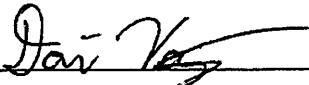
### Company Information

Company name: Voight's Septic Service  
Business license number: L3330

### Designated Certified Individual (DCI) information

Print name: Daniel Voight  
Certification number: C6257

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS Maintenance Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS:

Designated Certified Individual's signature:  Date (mm/dd/yyyy): 6-26-20



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
 GOVERNMENT CENTER  
 14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006  
 Office: 651-430-6655 TTY: 651-430-6246 FAX: 651-430-6730

**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: 6-26-20 Reason for Maintenance: Inspection Semi-Annual  
 Property Address: 1635 Newbury Ave. N. Property Owner's Name: ~~30 029 20 13 0010~~  
 Municipality: West Lakeland ZIP: 55082 Property Identification Number: 30.029.20.13.0010  
 Maintenance Permit No: \_\_\_\_\_ Maintainer Name and License No. Vaigh's Septic Service L3330

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped <input checked="" type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input checked="" 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

- How many gallons of septage were removed?  
 Tank #1 1000 gal Tank #2 1000 gal Pretreatment tank \_\_\_\_\_ gal Pump Tank \_\_\_\_\_ gal
- Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Location of septage disposal: empire wwp

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



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

Scanned 8/22/08 10m

PERMIT NUMBER

WEST LAKELAND TOWNSHIP  
 001720052 SEWAGE PERMIT

Owner : JOAN TENNANT  
 1636 NEWBERRY AVE NO  
 STILLWATER MN 55082  
 Applicant : KLINE BROTHERS 429-8793

SEWER REPLACEMENT PERMIT	70.00
SEPTIC APPLICATION/SOIL REVIEW	180.00
Total Fees :	220.00
Total Paid :	220.00
Total Due :	.00

0017-20052

**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 to 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 : 1636 NEWBERRY AVE NO STILLWATER MN 55082  
 Legal Description: LOT 001 BLOCK 003 WOOD VISTA (No : 30-029-20-13-0010)  
 Flow Capacity 600 Gal/Day Tank Volume 1000  
 Soil Conditions: Depth to Restriction 60 inches Pipe Size 16 HIn/Inch

**Soil Treatment Type:**

Bottom Area 400 Back Depth 12

**Authorized Work / Special Conditions**

- Execute proposed alterations to the existing individual sewage treatment system as per approved plans in the area shown on the site plan.
- THIS SYSTEM MUST BE INSTALLED BY A CERTIFIED/LICENSED SEWAGE TREATMENT SYSTEM INSTALLER HOLDING A CURRENT LICENSE WITH THE MINNESOTA POLLUTION CONTROL AGENCY. (A list of installers is available at your request.)
- Maximum trench depth 42 inches into natural soil.
- House burned, add to existing drainfield.

\*\* Permit Expiration Date : Sewage Treatment : 2001-11-18

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 2000-11-18 Code Enforcement Officer

# INSPECTION RECORD

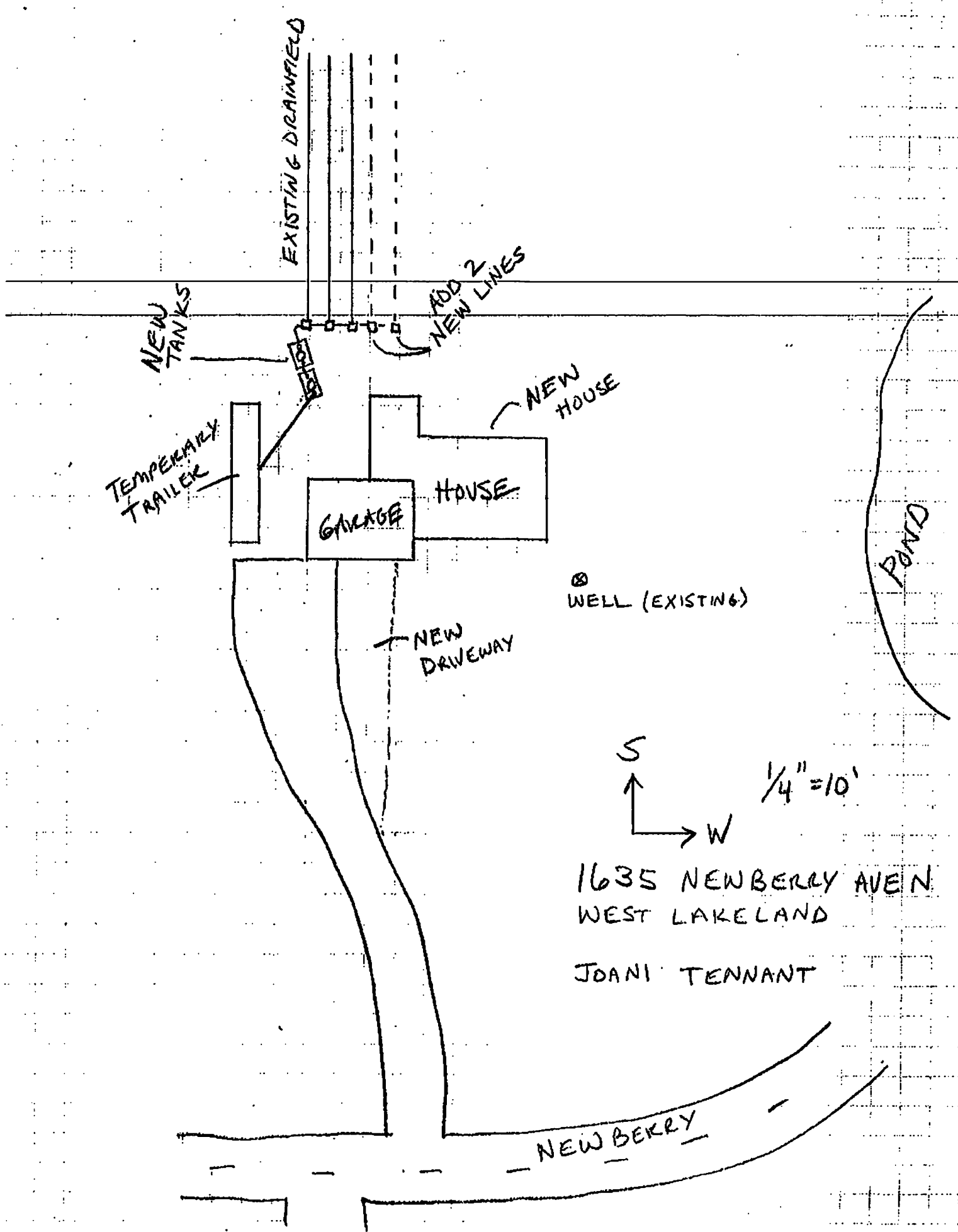
BUILDING	DATE	INSP.	COMMENTS
Foundation.....			
Foundation Wall.....			
Plumbing (Groundwork).....			
Heating (Groundwork).....			
Rough Plumbing.....			
Rough Gas Piping.....			
Rough Heating and Ventilation.....			
Framing.....			
Insulation.....			
Fireplace.....			
Chimney.....			
Wallboard or Lath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

SEWAGE TREATMENT SYSTEM	DATE	INSP.	COMMENTS
Installation.....	1-3-00	Pled	Tank Size: 2-1000 Treatment Area: <i>add 500 ft</i>
As Built.....			Installer: <i>Kline Bros</i>

DRIVEWAY	DATE	INSP.	COMMENTS
Access.....			
Installation.....			

**NOTES:** 11-15-00 Tanks set OK. 9/2  
 Pumped-system is now gravity







# STANDARD SYSTEM DESIGN INDIVIDUAL SEWAGE TREATMENT SYSTEM

WASHINGTON COUNTY HEALTH, ENVIRONMENT & LAND MANAGEMENT  
14900 N. 61ST STREET, P.O. BOX 3803, STILLWATER, MN 55082-3803  
612/430-6708 OR 612/430-6656 FAX 612/430-6730

Owner's Name	JOANI TENNANT
Job Site Address	1635 NEWBERRY AVE N
City or Township	WEST LAKE LAND
Use of Building	SINGLE FAMILY RESIDENCE

Design-Flow-Rate <u>600 GPD</u>	Land-Slope <u>2-3</u> Percent
Required Tank Sizes <u>1000</u> Gallons and <u>1000</u> Gallons	
Type of System (standard, at grade or bed) <u>STANDARD</u>	
System Size: <u>EXISTING 751</u> -Square Feet and <u>NEW 498</u> -Square Feet	<u>166</u> NEW -Lineal Feet and <u>3'</u> -Trench Width
Depth of rock below pipe <u>12"</u>	Depth of Rock Above Pipe <u>2"</u>
MINimum Depth of Trench From Existing Grade _____ Inches	MAXimum Depth of Trench From Existing Grade <u>42"</u> Inches
Recommended Number of Trenches <u>2</u>	Recommended Length of Trenches <u>84'</u>
Trench Spacing Measured Center to Center <u>7 1/2'</u> Feet	
Any Other Special Conditions <u>VERIFY TRENCH DEPTH WHEN INSTALLING DRAINFIELD - SEPTIC TANK HOLES TURNED TO SAND ABOUT 4' DEEP - NO MOTTING FOUND</u>	

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

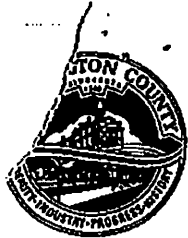
This design must be accompanied by a site plan that clearly shows the location of the area tested and approved by the following:

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>BRIAN KLINE</u>	PCA Certification # <u>1860</u>
Address <u>8996 110 ST N STILLWATER MN 55082</u>	Phone # <u>424-5793</u>
Signature <u>Brian Kline</u>	Date <u>11-7-00</u>

An Equal Employment Opportunity/Affirmative Action Employer  
If You Need Assistance Due to Disability or Language Barrier, Please Call 430-6656 OR 430-6708 (TDD 439-3220)



# SITE REVIEW and/or SEPTIC PERMIT APPLICATION

## Washington County Public Health & Environment

14949 62nd Street N, PO Box 3803  
Stillwater, MN 55082-3803  
651/430-6688 FAX 651/430-6730

RECEIVED  
NOV 13 2000  
HELM

Paid \$ 220.00  
Receipt # 38285

### Make checks payable to WASHINGTON COUNTY

- \$150 - New Home Drainfield
- \$ 70 - Replace Existing System with a Drainfield System
- \$250 - New Home Mound
- \$170 - Replace Existing System with a Mound System
- \$250 - Alternative/Experimental System
- \$150 - Individual Lot
- \$100 - Subdivision Soil/Site Review - Base fee Plus \$50/lot
- \$ 25 - Additional Review Fee (1 hour minimum)
- \$ 25 - Renewal of Previous Permit Fee

0017-20052

Legal Description and Parcel Identification Number (especially if this is for a NEW SUBDIVISION OR MINOR SUBDIVISION)

1635 NEWBERRY AVE N 30.029.20.13.0010

Applicant B KLINE BROS EXCAVATING Address 8916 110 ST N City STILLWATER State MINN Zip 55082 Phone \_\_\_\_\_

Owner (if different from applicant) JOANI TENNANT Address 1635 NEWBERRY AVE N City WEST LAKELAND State MINN Zip \_\_\_\_\_ Phone \_\_\_\_\_

New Home  HOUSE BURNED Existing Home  New Business  Existing Business  Number Of Bedrooms: 4 Gallons Per Day: 600

Check the following fixture(s) which are or will be installed: Garbage Disposal \_\_\_\_\_ Recreational Bathing Facility: (jacuzzi, hot tub, etc.) \_\_\_\_\_

New Home  Drainfield System  Mound System  Alternate/Experimental System  Existing Permit Renewal  Tank Replacement Only

Existing Home Replacement System  Drainfield System  Mound System

Site Approval Only  If this site has been previously approved, attach copy of approval letter Additional Soil Test Data for Previously Approved Site

The following exhibits are required as part of this application and shall be attached hereto: Percolation Test Reports; Soil Boring Logs; Site Plan drawn to scale showing location of buildings, lot lines, percolation test holes, soil boring holes, proposed location of system and well; one (1) copy of the System Design; and one (1) copy of the Final Building Plan. The house and the drainfield areas must be staked. Inaccurate or incomplete information will result in delays in processing.

**AGREEMENT:** The undersigned hereby makes Application for Permit to Install or Extend Sewage Treatment System herein specified, agreeing that all such work shall be done in strict accordance with ordinances and regulations of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches and Design submitted herewith, and which are reviewed by Washington County, together with any requirement and/or restriction made necessary by conditions peculiar to a particular location, shall become a part of the permit. Applicant further agrees to provide access, at reasonable times, to Washington County for the purpose of performing inspections required and that no part of the system shall be covered until it has been inspected and accepted. **APPLICATION IS FOR AN INSTALLATION AT A SPECIFIC LOCATION; ANY DEVIATION FROM THE APPROVED LOCATION WILL VOID THE PERMIT.** It shall be the responsibility of the applicant for the permit to notify the Office of the Washington County Dept. of Public Health & Environment that the installation is ready for inspection.

I hereby certify the above to be true and correct. In connection with your request for a soil review/septic permit, I hereby give Washington County Department of Public Health and Environment permission to enter upon my property during normal business hours for the purpose of determining the suitability of the location, design, and construction, which may include minor excavation or soil borings by the Department.

Brian Kline

11-13-00

Signature of Applicant (Owner or Contractor)

Date

THE AREA BELOW IS FOR COUNTY USE ONLY

SITE EVALUATION: BY INSPECTOR AR Borden DATE 11-15-00

SETBACKS:	REQUIRED (CIRCLE APPROPRIATE ITEM(S))					ACTUAL
	50'	75'	100'	150'		
Well (including adjacent property)						
Wetland, Pond, Lake, Stream, River, or Bluffline						

CONCLUSIONS: Site Suitable:  Site Unsuitable:  Additional Tests Required:  Verify Use: \_\_\_\_\_ Bedrooms

NOTES: Lot Size \_\_\_\_\_ Year Built \_\_\_\_\_

NEW HOUSE EXISTING SYSTEM HOUSE BURNED



# AS-BUILT REPORT INDIVIDUAL SEWAGE TREATMENT SYSTEM

Washington County Health, Environment & Land Management  
14900 61ST ST N, PO BOX 3803, STILLWATER, MN 55082-3803  
612/430-6708 or 612/430-6656 FAX 612/430-6730

Legal Description or Complete Street Address <b>1635 NEWBERRY AVE N</b>		City or Township <b>WEST LAKELAND</b>	
Owner Name <b>JOANI TENNANT</b>	Mail Address <b>1635 NEWBERRY AVE N</b>	City <b>STILLWATER MN</b>	State Zip <b>55082</b>
Installer <b>KLINE BROS EXCAVATING</b>	Mail Address <b>8996 110 ST N</b>	City <b>STILLWATER MN</b>	State Zip <b>55082</b>
Septic Tank Information Tank Manufacturer: <b>MN PRECAST</b>		Liquid Capacity: <b>(2) 1000 GAL</b>	

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: <b>36"</b>	Length of Each Trench: <b>(2) 83'</b>	Rock Bed Length:	Width:	Area:
Depth of Trench Bottom from Finished Grade: <b>24" - 42"</b>		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: <b>12"</b>		Depth of Rock Under Pipe:		
Square Footage of Tested Area Used: <b>1245 ADDITIONAL</b>		PRESSURE DISTRIBUTION SYSTEM:		
Trench Bottom Square Footage Required: <b>750 ORIGINAL</b>	Area As Built: <b>1245</b>	Lateral Inside Diameter:	Length:	Perforation Size:
<b>1245 W/NEW TRENCH</b>		Spacing:	Number:	Perforation Spacing:

Complete site plan on attached sheet. On the site plan, include location of the following items.  
Structures, 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.

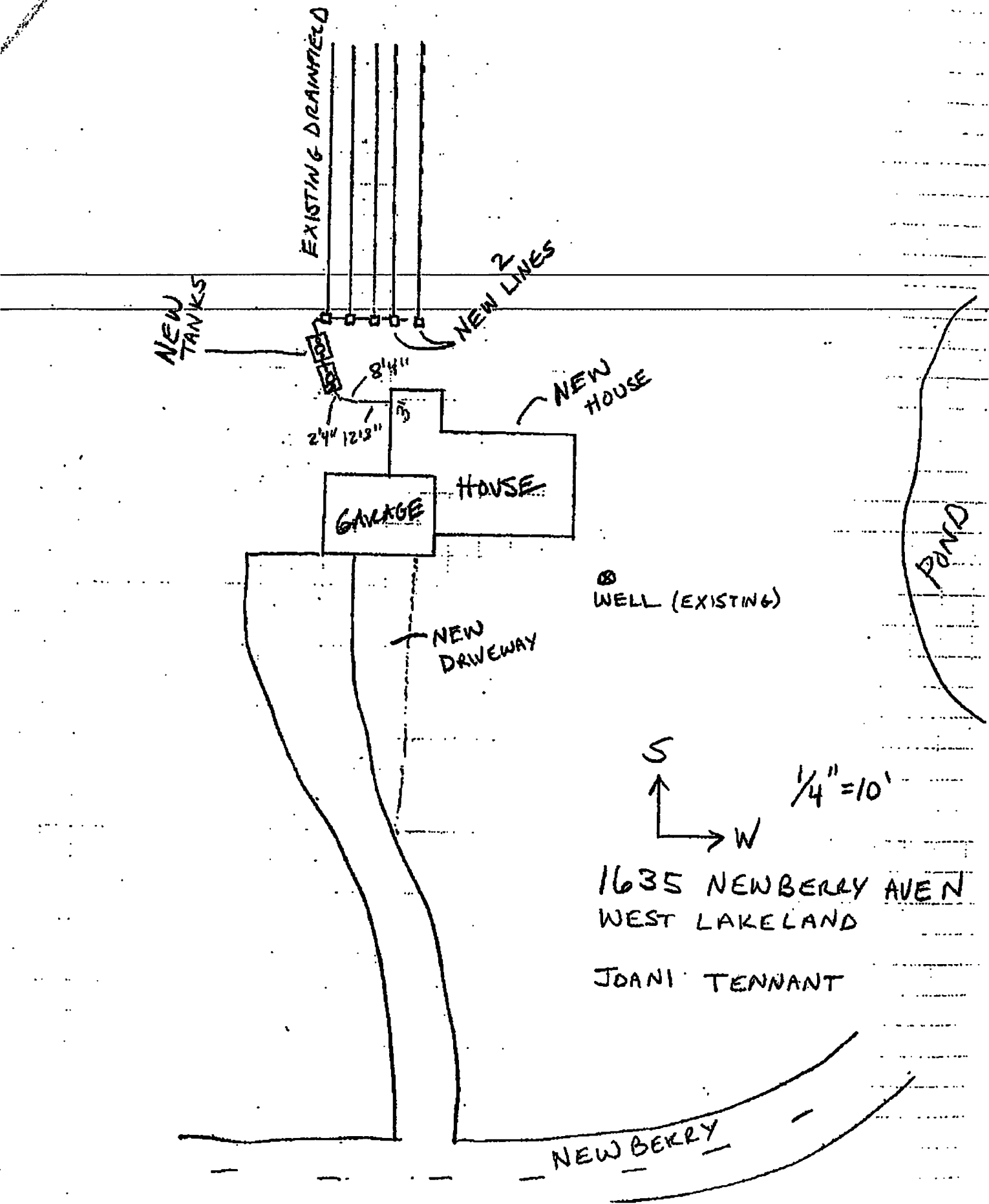
I hereby certify that the system at the above referenced address was installed according to the Washington County Individual Sewage Treatment System Ordinance requirements.

Signed: *Brain* MPCA License #: 869 Dated: 1-15-01

ASBUILT.FRM:DC 2/97

WASHINGTON COUNTY SEPTIC PERMIT NUMBER 0017-20052

AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
IF YOU NEED ASSISTANCE DUE TO DISABILITY OR LANGUAGE BARRIER, PLEASE CALL 430-6708 (TDD 439-3220).



Application Fee \$75.00  
 Additional Reviews \$25.00/hr. (1 hr. min.)

Permit Fee \$75.00  
 Reinspection Fee \$25.00/hr. (1 hr. min.) JUN

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

Washington County Pl  
 14900 - 51st Street  
 Stillwater, Minnesota

1	Legal Description and Parcel Number	Lot 1, BK 3 Eden Vista Estates		
2	Owner	Mail Address	City	Zip Phone
	Lee Dwyer	P.O. Box 73	Stillwater, Minn.	55082
3	Tester	Mail Address	City	Zip Phone
4	Installer	Mail Address	City	Zip Phone
	St. Croix Valley Excavating			
5	Use of Building:	Single Family		
	Is a Garbage Disposal to be connected to this system?	Yes	<input checked="" type="checkbox"/> No	OT
6	Type of Work:	<input checked="" type="checkbox"/> New	Alteration	Repair Approval Only
7	Has site previously been reviewed by Washington County? (If previously approved, attach letter of approval)	No	<input checked="" type="checkbox"/> Yes	Approved Denied

The following exhibits are required as a part of this application and shall be attached hereto: Percolation Tests Logs; Soil Boring Logs; Site Plan drawn to scale showing location of Buildings, Lot Lines, Percolation Test Holes, Soil Boring Holes, Proposed Location of System, and Well. Also, the house and the drainfield are must be staked. One copy of the final building plan must be available for review at the time application is processed. Improper or inadequate test or information will result in delays in processing.

Agreement: The undersigned hereby makes Application for Permit to Install or Extend Sewage Treatment System herein specified, agreeing that all such work shall be done in strict accordance with ordinances and regulations of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches, and Specifications submitted herewith, and which are approved by the Washington County Zoning Administrator, together with any requirement and/or restriction made necessary by conditions peculiar to a particular location, shall become a part of the permit. Applicant further agrees to provide access, at reasonable times, to the Zoning Administrator or his agent for the purpose of performing inspections required and that no part of the system shall be covered until it has been inspected and accepted. Application is for an installation at a specific location on the site; any deviation from the approved location will cause the permit to become void. It shall be the responsibility of the applicant for the permit to notify the Office of the Zoning Administrator that the installation is ready for inspection.

6/27/86  
 DATE

MK Kraemer, R.O. Westhu  
 SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

Reviews: Planner: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
 Site Evaluation: \_\_\_\_\_  
 Soil Boring Evaluation: Depth of Water Table, Seasonal Water Table (Mottled Soil), Impervious Layer of \_\_\_\_\_  
 Soils Map Data: \_\_\_\_\_ Percolation Test Evaluation: \_\_\_\_\_  
 Topography: \_\_\_\_\_ Pump System Required: \_\_\_\_\_ Yes \_\_\_\_\_  
 Setbacks: \_\_\_\_\_ Required (circle) \_\_\_\_\_ Actual \_\_\_\_\_  
 Well (including adjacent property) . . . . . 50' 75'  
 Lake, Pond, Stream, River, or Bluffline. . . . . 40' 75' 100' 150' 200'  
 Distance (including adjacent property). . . . . 20' 10'



# WASHINGTON COUNTY

## PLANNING DEPARTMENT

COURTHOUSE • 14900 61ST STREET NORTH • STILLWATER, MINNESOTA 55082  
612/439-3220

Robert  
Pla  
Allan F  
Bu

June 10, 1986

Lee Dunfee  
P.O. Box 73  
Stillwater, MN 55082

Dear Mr. Dunfee:

We have reviewed the soil tests you submitted and have inspected the site described as Lot 1 Blk 3 Eden Vista in Section 30 of West Lakeland Township.

The soils in the area tested are suitable under present codes for the installation of an on-site sewage treatment system. This approval applies to soil only and does not guarantee that the lot meets the necessary zoning requirements. The maximum drainfield depth will be 18" into natural soil, with the system size based on a 34 mpi percolation rate.

A septic permit will be issued when we receive a copy of this letter, verification of house size, permit application, and final site plan showing house and drainfield location in relation to lot lines, well, and other relevant physiographic features.

Sincerely,

Allan R. Goodman  
Building Official

Reviewer: Planner \_\_\_\_\_  
 Site Evaluation: \_\_\_\_\_  
 Inspector: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Soil Borings Evaluation: Depth of Water Table, Seasonal Water Table (Horsted Soil), Imperious Layer of S  
 Topography: \_\_\_\_\_  
 Setbacks: \_\_\_\_\_  
 Well (Including adjacent property) \_\_\_\_\_  
 Lake, Pond, Stream, River, or Shallow \_\_\_\_\_  
 Buildings (Including adjacent property) \_\_\_\_\_  
 Property Lines \_\_\_\_\_  
 Pump System Required: \_\_\_\_\_  
 Required (feet): \_\_\_\_\_  
 Actual \_\_\_\_\_  
 Percolation Test Evaluation: \_\_\_\_\_  
 Form Office Use Only

Reviewer: Planner \_\_\_\_\_  
 Signature of Applicant: \_\_\_\_\_  
 Date: 5/17/86

Agreement: The undersigned hereby makes application for permit to install or extend Sewage Treatment System  
 of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches, and Specifications  
 submitted herewith, and which are approved by the Washington County Zoning Administrator, together with any  
 request and/or restriction made necessarily by conditions peculiar to a particular location, shall become  
 a part of the permit. Applicant further agrees to provide access, as reasonable terms, to the zoning Admin  
 trator on his agent for the purpose of performing inspections requested and that no part of the system shall  
 be covered until it has been inspected and accepted. Application is for an installation at a specific location  
 on the site; any deviation from the approved location will cause the permit to become void. It shall be the  
 responsibility of the applicant for the permit to notify the Office of the Zoning Administrator that the  
 installation is ready for inspection.

The following exhibits are required as a part of this application and shall be attached hereto: Percolation  
 Test Log; Soil Boring Log; Site Plan drawn to scale showing location of buildings, lot lines, percolation  
 test holes, soil boring holes, proposed location of system, and well. Also, the course and the draft field  
 must be staked. One copy of the final building plan must be available for review at the time installation  
 progressed. Improper or inadequate test or information will result in delays in processing.

1	Legal Description and Parcel Number	Lot 1 Block 3 "EDAN VISTA" NE 1/4 Sec. 30, T29N R20W
2	Owner	Lee Dunfee P.O. Box 73 City _____ Zip _____ Phone _____
3	Tester	R. Johnson City _____ Zip _____ Phone _____
4	Installer	City _____ Zip _____ Phone _____
5	Use of Building:	Single Family Home
6	Is a Garbage Disposal to be connected to this system?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7	Type of work:	New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input checked="" type="checkbox"/>
8	Has site previously been reviewed by Washington County?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9	Number of Bedrooms or Gallons Per Day	43
10	Approved	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

APPLICATION FOR PERMIT TO INSTALL SEWAGE TREATMENT SYSTEM  
 WASHINGTON COUNTY PLANNING DEPARTMENT  
 1790 - 61st  
 Stillwater, MN  
 Application Fee: \$75.00  
 Additional Review Fee: \$25.00/hr. (1 hr. min.)  
 Permit Fee: \$75.00  
 Retrospection Fee: \$25.00/hr. (1 hr. min.)



SITE PLAN

Approx. Scale: 1" = 100'

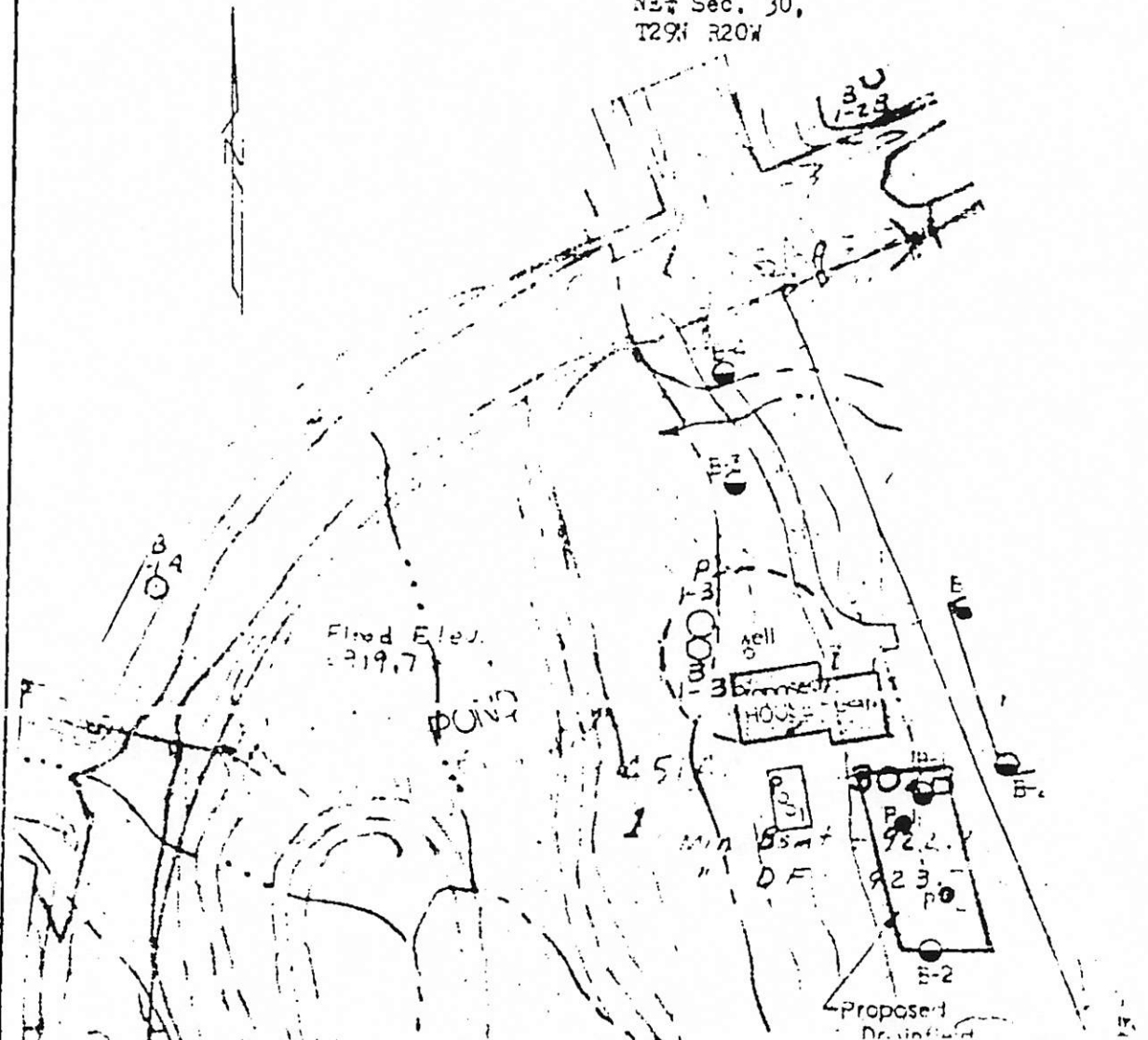
Purchaser: Lee & Joni Dunfe  
P.O. Box 73  
Stillwater, MN 5

- Denotes Backhoe Boring
- Denotes Percolation Test

Tel: (715) 549-698

Location: Lot 1 Block 3

"EDAN VISTA"  
NE 1/4 Sec. 30,  
T29N R20W



SUBJECT TO APPROVAL  
OF COUNTY BUILDING OFFICIAL

Lot 1

"EDAN VIS

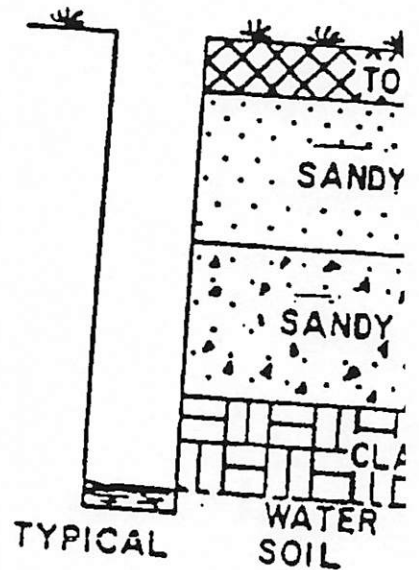
-SOIL BORINGS-

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 strata or bedrock.

Borings are most easily made with a hand auger, however other expedients may be utilized - back hoe, post hole auger, etc.

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.



(BACKHOE BORINGS: RS JOHNSON 5/2/86)

LOG OF SOIL BORINGS

BORING NO. 1		BORING NO. 2		BORING NO. 3		BORING	
DEPTH IN FEET	SOIL DESCRIPTION	DEPTH IN FEET	SOIL DESCRIPTION	DEPTH IN FEET	SOIL DESCRIPTION	DEPTH IN FEET	DES
0	Grayish Brown Sandy Loam	0	Grayish Brown Sandy Loam	0	Gray Very Dark Silt Loam (compacted) fill	0	
1/2		1/2		1/2		1/2	Very
1	Dark Brown Sandy Loam	1	Dark Brown	1		1	Gray
1 1/2		1 1/2	Silt Loam	1 1/2		1 1/2	
2		2		2	Reddish Brown	2	Sand
2 1/2	Dark Brown	2 1/2	Dark brown	2 1/2		2 1/2	
3		3		3		3	
3 1/2	Sand & Gravel	3 1/2	Loamy Sand	3 1/2		3 1/2	Gray
4		4	Brown	4		4	Brown
4 1/2		4 1/2	Sand & Gravel	4 1/2	Sandy Loam Till	4 1/2	Sandy
5		5		5			
5 1/2	Dense Sandy Loam	5 1/2	Dense	5			