



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): 7/6/2020

- 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: 5900 Woodlane Dr. Woodbury Mn.55125

Reason for inspection: Sale

Property owner: Judy Cohoon

Owner's phone: _____

or

Owner's representative: Molly Cohoon

Representative's phone: 651-756-9052

Local regulatory authority: Washington County

Regulatory authority phone: _____

Brief system description: Two septic with three drainfield lines 80' long

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): pump cert.

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:

tanks pumped by Schlomkas ser.

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

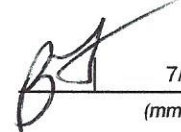
***System is an imminent threat to public health and safety.**

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:



4. Soil Separation - Compliance component #4 of 5

Date of installation: _____ Unknown
 (mm/dd/yyyy)

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:

B1, 1-15" 7.5 yr 3/4 loam , 15-030" 10 yr 4/6 loam , 30-48" 10 yr 5/8 Sandy loam ,48-60" 10 yr 5/8 med sand ,60-74" 10 yr 5/8 med sand ,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

A. Bottom of distribution media	34"
B. Periodically saturated soil/bedrock	>74"
C. System separation	40"
D. Required compliance separation*	36"

"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.

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

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.

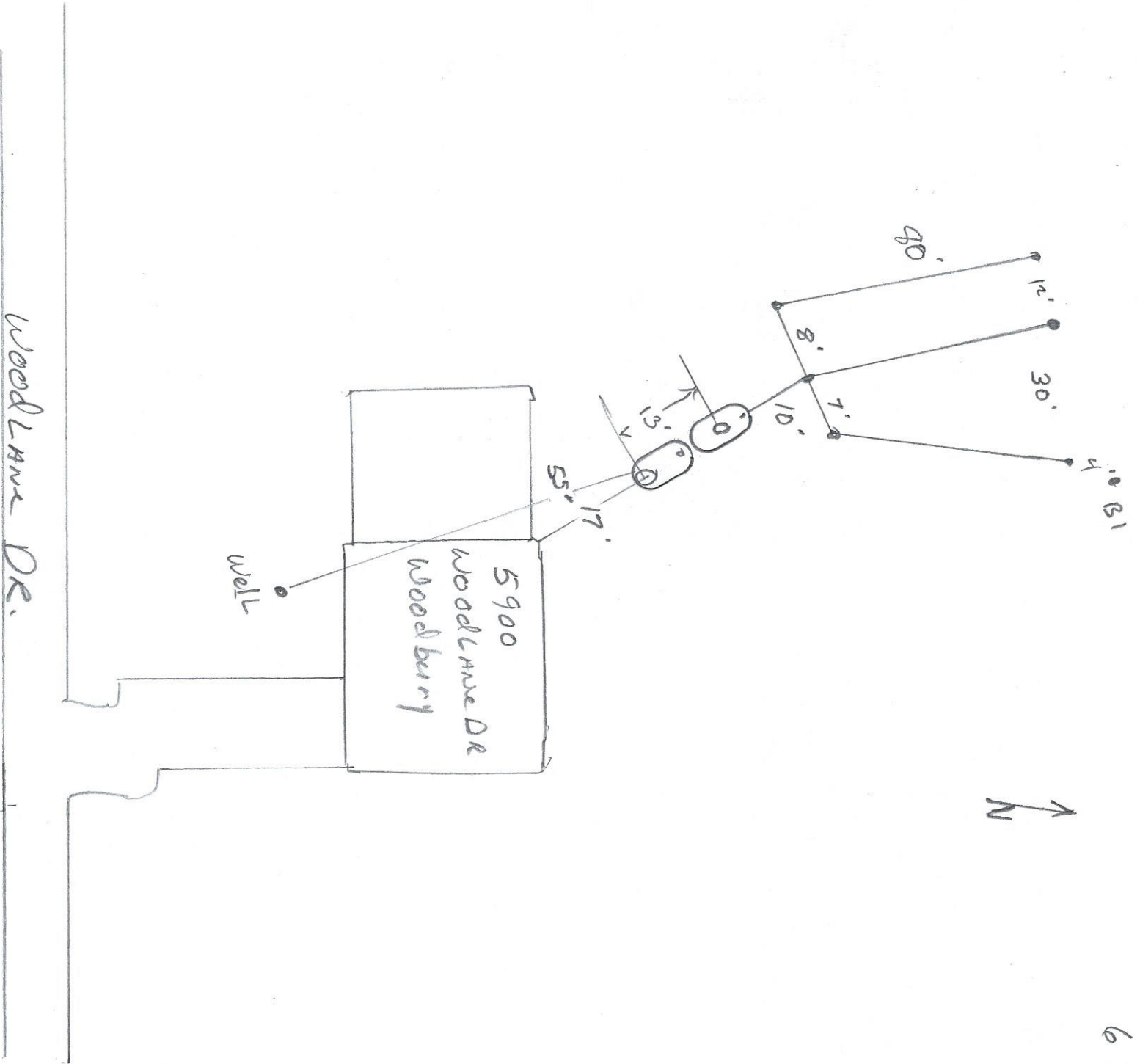
Compliance Criteria:

a. Operating Permit number: _____ Have the Operating Permit requirements been met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the required nitrogen BMP in place and properly functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> 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. If the system is failing to protect groundwater, 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.

6 July 20



Woodlawn Dr.

well

5900
Woodlawn Dr
Woodbury

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Date: 6 July 2020
Customer Name: Judy Cohoon
Street Address: 5900 Woodlane Dr.
City, State, Zip: Woodbury
Phone Number: Molly C 651-756-9052

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: 10/19/20/15/2020 Reason for observation: **Routine Pumping**

This form expires on (three years): **4/14/2023**

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

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do any sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

- Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound? Yes* No
- Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)? Yes No*
- Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended. Yes No
- 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): **E. H. Cohoon**
Property address: **5900 Woodlane Dr, Woodbury MN**
Property owner's address (if different): _____
County: **Washington** Phone: _____

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

Name: **Larry Schlomka** Certification number: **C4253**
Business license name and number: **Schlomka Services LLC** **2989** or
Name of local unit of government: _____
Signature: *[Signature]* Date: **7/2/2020**