

## **SP TESTING INC.**

Steven B. Schirmers – 951 Katydid Lane NE – St. Michael, MN 55376  
Cert. No 627 – State License #394 – Phone 763-497-3566 – Fax 763-497-5011  
[www.sptesting.wastewater@comcast.net](mailto:www.sptesting.wastewater@comcast.net) – [schirmerswastewater.com](http://schirmerswastewater.com)

**August 26, 2020**

**Cheryl Stinski  
6575 Keats Ave. N.  
Grant, MN**

**A Compliance inspection was completed for the existing on-site sewage treatment system located on this property for the sale of the home. The system consists of 1-1200 gallon septic tank & a 14' x 35', 490sq.ft. seepage bed installed in 1979 for a 3 bedroom home.**

**Soil boring #1 found no mottled soil (redox features) to 7', elev. 90.5 & the bottom of the rock at elev. 94.3 leaving a 3.8' separation from the bottom of the rock & redox features. Soil boring #2 found the bottom of the rock at elev. 93.9 leaving a 3.4' separation. This system meets the required 2' separation from the bottom of the lowest trench & redox features & is classified as in compliance with Minnesota Chapter 7080 rules for systems installed prior to April 1, 1996.**

**The tanks were pumped by Olson's Sewer Service & were found to be compliant.**

**Nothing other than gray water (laundry, showers etc.) human waste & toilet tissue should be disposed of into the septic tanks. Garbage disposals are not recommended due to adding more solids & fine solids passing through into the system. Iron filters are also not recommended & should be diverted out of the system. Excessive amounts of soaps, antibacterial soaps, cleaning agents, shower cleaners used every shower & chlorine agents may kill the bacteria you need living in the system. Additives are not recommended. Recommend to pump & clean you tanks through the manhole by a certified pumper every 2 years. Check with your pumper to set up a schedule.**

**This certificate of compliance is no guarantee that this system will continue to function indefinitely.**

**Steven B. Schirmers**

**RECEIVED  
AUG 31 2020  
PUBLIC HEALTH**

**RECEIVED  
~~AUG 2 2020~~  
PUBLIC HEALTH**







**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): 8-21-20

**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: WASHINGTON CO.  
 Property address: 6375 KEATS AVE. NO., UFAIR Reason for inspection: PROPERTY TRANSFER  
 Property owner: CAROL STINSKI Owner's phone: 612-516-5207  
 or  
 Owner's representative: \_\_\_\_\_ Representative phone: \_\_\_\_\_  
 Local regulatory authority: WASHINGTON CO Regulatory authority phone: 651-430-1065  
 Brief system description: 20,000 GALLON TANK AND SEWAGE BOD 14'x35', 490 G.P.P.  
 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 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: STEVEN B. SCHIRMERS Certification number: 627  
 Business name: S-P TESTING, INC. License number: 394  
 Inspector signature: [Signature] Phone number: 763-497-3566

### Necessary or Locally Required Attachments

- Soil boring logs
- System/As-built drawing
- Forms per local ordinance
- Other information (list): \_\_\_\_\_

Property address: 6575 LEAS AVE. NW

Inspector initials/Date: S 21 20  
(mm/dd/yyyy)

#### 4. Soil Separation – Compliance component #4 of 5

Date of installation: 1999  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: Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
"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) Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 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:

#### Indicate depths or elevations

A. Bottom of distribution media	SB#1 94.3 +2-93.9
B. Periodically saturated soil/bedrock	SB#1 > 90.5
C. System separation	#1-3.8' +2 3.4'
D. Required compliance separation*	2.0'

\*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 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: _____ 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 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.



Property address: 6515 VOLKS AVE. NO.

Inspector initials/Date: SPS 8-21-20  
(mm/dd/yyyy)

**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 *NW*
- Excessive ponding in soil system/D-boxes *NW*
- Homeowner testimony (See Comments/Explanation)
- "Black soil" above soil dispersal system *NW*
- 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 type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	<input type="checkbox"/> Yes <input 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)

SEE ATTACHED TANK INTEGRITY REPORT BY: OLSON'S SEWER SERVICE

\* M.H. INSTALLED TO UPGRADE

**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 falling to protect groundwater.*

Explain:

## **SP TESTING INC.**

Steven B. Schirmers – 951 Katydid Lane NE – St. Michael, MN 55376  
Cert. No 627 – State License #394 – Phone 763-497-3566 – Fax 763-497-5011  
[www.sptestesting.wastewater@comcast.net](mailto:www.sptestesting.wastewater@comcast.net) – [schirmerswastewater.com](http://schirmerswastewater.com)

**Cheryl Stinksi  
6575 Keats Ave. N.  
Grant, MN**

**Soil borings completed with a bucket auger on 8-21--20**

**SOIL BORING #1 – ELEV. 97.5 – NO MOTTLED SOIL PRESENT IN THE BORING.**

<b>0</b>	<b>-</b>	<b>8"</b>	<b>Topsoil dark brown loam 10YR 3/2</b>
<b>8"</b>	<b>-</b>	<b>18"</b>	<b>Brown loamy medium sand 10YR 4/3</b>
<b>18"</b>	<b>-</b>	<b>54"</b>	<b>Brown medium sand 10YR 5/3</b>
<b>54"</b>	<b>-</b>	<b>66"</b>	<b>Brown loamy medium sand 10YR 4/3</b>
<b>66"</b>	<b>-</b>	<b>84"</b>	<b>Light brown medium sand 10YR 6/4</b>



# Sewage tank maintenance reporting form

## Subsurface Sewage Treatment Systems (SSTS) Program

**Purpose:** Management and maintenance of Subsurface Sewage Treatment Systems (SSTS) are important to ensure resource protection and long-term and cost-effective sewage treatment. Completion of this form complies with the sewage tank maintenance requirements under Minn. R. 7080.2450 and 7082.0600. This form may be used to certify the compliance status of the sewage tank components of the SSTS. **This form is not a complete SSTS inspection report and may only certify sewage tank compliance status when entirely completed and signed on page 3 by a qualified professional.**

**Instructions:** A copy of this information must be submitted to the system owner within 30 days of the maintenance date and be maintained by the licensed SSTS maintainer business for a period of five (5) years from the maintenance date. Maintenance reporting to the local unit of government may be required by local ordinance. Check with your local SSTS program for maintenance reporting protocol.

### Secure maintenance hole covers

All maintenance hole covers must be returned to service in a sound and durable condition and be capable of withstanding the anticipated load.

Covers must be re-secured in accordance with Minn. R. 7080.2450, subp. 3, Items C or D:

- a) Covers installed under local ordinances adopted after February 4, 2008 must be locked, bolted or screwed or must be 95 pounds in weight. They must be made of material suitable for outdoor use, resistant to ultraviolet degradation and leaks, and not susceptible to being slid or flipped. They must have a label warning of hazardous conditions inside the tank. All screw openings must be refastened.
- b) Covers installed under local ordinances adopted before February 4, 2008 must either be buried with at least 12 inches of soil cover or be secured according to the local ordinance in effect before February 4, 2008.
- c) Covers must meet item 'a' above when raised to the ground surface or less than 12 inches from the ground surface.

### Reporting information

Date of maintenance (mm/dd/yyyy): 02-06-2020 Reason for maintenance: \_\_\_\_\_  
 Property address: 6575 Keats Ave North Parcel ID: \_\_\_\_\_  
 City: Stillwater State: MN Zip code: 55082  
 Property owner's name: Cheryl Stinski  
 Property-owner's address if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

1. Did you measure the accumulation of scum and sludge?  Yes  No (tank(s) pumped without measuring)

Tank (check if present)	Scum	Sludge	Operating depth	Percent full
<input type="checkbox"/> Septic/holding tank #1				
<input type="checkbox"/> Septic/holding tank #2				
<input type="checkbox"/> Pretreatment tank				
<input type="checkbox"/> Pump tank				

2. Access used to remove septage:  Maintenance hole  Other (Unless a holding tank, go to #4 below)

3. If the maintenance hole was used, were all covers secured in place?  Yes  No If no, please explain below:

4. If the 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, \_\_\_\_\_, refuse to allow the removal of the solids and liquids through the maintenance

(Print owner's name)

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. 7080.2450 and 7082.0600.

Owner's signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_



Property address: 6575 Keats Ave North Parcel ID: \_\_\_\_\_  
 City: Stillwater State: MN Zip code: 55082

5. Is the tank designed as a leaky tank? (Example: seepage pit, cesspool, drywell, leaching pit)

Tank #1:  Yes  No Verification method used: \_\_\_\_\_  
 Tank #2:  Yes  No Verification method used: \_\_\_\_\_

6. Is there evidence of the following?

Tank (check if present)	Tank leaks below the designed operating depth	Tank leaks above the designed operating depth	Maintenance hole cover is damaged, cracked, unsecured, or appears to be structurally unsound
<input type="checkbox"/> Septic/holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Septic/holding Tank #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 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
<input type="checkbox"/> 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
Describe detail for any "Yes"			Cover cracked will be installing riser w/ new cover

7. How many gallons of septage were removed?

Tank #1: 1200 Tank #2: \_\_\_\_\_ Pretreatment Tank: \_\_\_\_\_ Pump Tank: \_\_\_\_\_

8. Where was the septage taken?  Wastewater treatment facility  Land application  Other

Explanation (Facility name/Site #): \_\_\_\_\_

9. Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system?

Yes  No If yes, identify tank and explain:  
 Evidence of non-domestic waste  Baffle(s) condition  Effluent screen condition  
 Maintenance hole and extensions condition  Other conditions (e.g. structural integrity of tank or lid, electrical hazard, etc.)

Explanation: \_\_\_\_\_

10. List any troubleshooting and minor repairs completed or declined by owner:

<input type="checkbox"/> Troubleshooting and repairs conducted:	<input type="checkbox"/> Repairs declined by owner:

Additional comments or suggestions for owner's consideration:

**Pumping record**

I personally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance with Minnesota Rules Chapters 7080 – 7083:

As a noncertified individual who has received proper training, daily work review, and periodic observation, or  
 As a designated certified individual of the business listed below.

**Company information**

Company name: Olson Sewer  
 Business license number: #216  
 Email: \_\_\_\_\_  
 Employee's signature: [Signature]

**Employee information**

Print name: Justin Paul  
 Certification number: (if applicable): \_\_\_\_\_  
 Phone number: 651-464-2082  
 Date (mm/dd/yyyy): 08-06-2020



Property address: 6575 Keats Ave North  
City: St. Ilwaco State: MN

Parcel ID: \_\_\_\_\_  
Zip code: 55087

### 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 septic 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 has a seepage pit, cesspool, drywell, leaching pit, or other pit – "Failure to Protect Groundwater."  
 It has a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth – "Failure to Protect Groundwater."  
 It presents a threat to public safety by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition – "Imminent Threat to Public Health or Safety."

#### Company information

Company name: \_\_\_\_\_  
Business license number: \_\_\_\_\_

#### Designated Certified Individual (DCI) information

Print name: \_\_\_\_\_  
Certification number: \_\_\_\_\_

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: [Signature]

Date (mm/dd/yyyy): 08-06-2020