ZIERKE SOIL TESTING

Elaine Borndale 16237 Harrow Ave N Hugo, MN 55038

11/23/2020

Dear Elaine Borndale,

At your request, I have conducted a septic inspection to determine the compliance status of your system pursuant to Minnesota Rules Chapter 7080.1500.

The compliance test set out in 7080.1500 has three main inquiries: 1). Is the system functioning hydraulically (disposing of effluent in a manner that prevents it from coming in contact with people)? 2). Are the septic tanks water tight? 3). Does the system have sufficient vertical separation between the bottom of the septic system and restrictive layers (bedrock, standing water, seasonally wet layers, etc) to provide full treatment of effluent?

Based off of these criteria, your system is <u>compliant</u>. A certification of compliance is in effect for three years from the date it is issued. To be clear, this should not be construed as a guarantee of future system function – there are too many factors that influence the lifespan of a septic system for an inspector to predict or even guess how long a septic system will last. A copy of this report will be filed with your local unit of government for their records.

Sincerely,

Benjamin Zierke

MPCA Lic 119, Cert 9594

ADDRESS: 28587 Jeffrey Ave Chisago City, MN 55013

PHONE 651-249-1346

EMAIL benzierke@gmail.com



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. | 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):11/23/2020 | |
| | npliant – Notice of Noncompliance ade Requirements on page 3.) |
| Reason(s) for noncompliance (check all applicable) Impact on Public Health (Compliance Component #1) – Imminent threat Other Compliance Conditions (Compliance Component #3) – Imminent Tank Integrity (Compliance Component #2) – Failing to protect grounds Other Compliance Conditions (Compliance Component #3) – Failing to Soil Separation (Compliance Component #4) – Failing to protect ground Operating permit/monitoring plan requirements (Compliance Component | threat to public health and safety vater protect groundwater dwater |
| | |
| Property Information Parcel ID# or Sec/Twp/Ra | ange: |
| Property address: 16237 Harrow Ave N Hugo, MN 55038 Reaso | n for inspection: Sale |
| | 's phone: |
| Or Owner's representative: Sendy Dawell | |
| • House • | sentative phone: 651-248-6516 |
| | atory authority phone: 651-430-6655 |
| Brief system description: (2) 1000 gallon septic tanks, 1000 gallon lift station, mo Comments or recommendations: | und dispersal system |
| odifficities of recommendations. | |
| | |
| | |
| | |
| Certification | |
| I hereby certify that all the necessary information has been gathered to determine the determination of future system performance has been nor can be made due to unknows sible abuse of the system, inadequate maintenance, or future water usage. | e compliance status of this system. No own conditions during system construction, |
| D : : 7: I | cation number: C9594 |
| | cense number: L119 |
| 70// | hone number: 651-249-1346 |
| Necessary or Locally Required Attachments | |
| | |
| ☑ Soil boring logs☑ System/As-built drawing☑ Other information (list): Tank Integrity | er local ordinance |
| | |

| Pro | perty | address: 16237 Harrow Ave N Hu | go, MN 5 | 5038 | Inspector initials/Date: BZ 11/ | 23/2020 |
|--|--|---|--|--|---|-----------------|
| | | | | | (mi | m/dd/yyyy) |
| 1. | lm | pact on Public Health – C | omplian | ce compon | ent #1 of 5 | 603 |
| | Co | mpliance criteria: | | | Verification method(s): | |
| | | stem discharges sewage to the ound surface. | ☐ Yes | ⊠ No | ☑ Searched for surface outlet☑ Searched for seeping in yard/backup in head | ome |
| | | stem discharges sewage to drain or surface waters. | ☐ Yes | ⊠ No | Excessive ponding in soil system/D-boxes | s |
| | | stem causes sewage backup into elling or establishment. | ☐ Yes | ⊠ No | ☐ Homeowner testimony (See Comments/Exp☐ "Black soil" above soil dispersal system | <i>напацоп)</i> |
| | Any "yes" answer above indicates the system is an imminent threat to public health and safety. | | | ☐ System requires "emergency" pumping ☐ Performed dye test ☐ Unable to verify (See Comments/Explanation ☐ Other methods not listed (See Comments/Explanation) | | |
| | | mments/Explanation: signs of ponding/seepage present | during site | e visit 11/19/20 | | |
| 2. | Ta | nk Integrity – Compliance o | compon | ent #2 of 5 | | |
| ١, | Compliance criteria: | | Verification method(s): | | | |
| | | stem consists of a seepage pit, spool, drywell, or leaching pit. | ☐ Yes | ⊠ No | ☐ Probed tank(s) bottom ☐ Examined construction records | |
| , | | epage pits meeting 7080.2550 may be npliant if allowed in local ordinance. | | | ☐ Examined Tank Integrity Form (Attach) | -41- |
| | des | wage tank(s) leak below their signed operating depth. | ☐ Yes | ⊠ No | ☐ Observed liquid level below operating dep ☐ Examined empty (pumped) tanks(s) | ш |
| | 100 | es, which sewage tank(s) leaks: | | | Probed outside tank(s) for "black soil" | -) |
| | Any "yes" answer above indicates the system is failing to protect groundwater. | | ☐ Unable to verify (See Comments/Explanation) ☐ Other methods not listed (See Comments/Explanation) | | | |
| Comments/Explanation: Tanks pumped by Rowe Sewer Service 6/19/2020. See attached tank integrity forms. | | | ed tank integrity forms. | | | |
| | | | | | | |
| 2 | 011 | | | | | |
| 3. | Uti | her Compliance Condition | | | | |
| | a. | | | | , or appear to be structurally unsound. $\ \square$ Yes $^* \ \boxtimes$ N | lo 🗌 Unknown |
| | b. | Other issues (electrical hazards, etc.) *System is an imminent threat to | to immedia public he | ately and adver alth and safe | rsely impact public health or safety. Yes* N Yes* | lo 🗌 Unknown |
| | | 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: | | | | |
| | | | | | | |

| Property address: 16237 Harrow Ave N Hugo | Inspector initials/Date: | Inspector initials/Date: BZ 11/23/2020 | | |
|--|--------------------------|--|----------------|--|
| | | (mm/dd/yyyy) | | |
| 4. Soil Separation - Compliance of | component #4 of 5 | | | |
| D 4 41 41 41 | | | | |
| Date of installation: 7/14/1994 (mm/dd/yyyy) | Unknown | Verification method(s): | | |
| Shoreland/Wellhead protection/Food beverage lodging? | ☐ Yes ⊠ No | 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 | ⊠ Yes □ No | ☐ Conducted soil observation(s) (Attach boring logs) | | |
| not located in Shoreland or Wellhead Protection Area or not serving a food, | | ☐ Two previous verifications (Attach boring logs) | | |
| beverage or lodging establishment: | | ☐ Not applicable (Holding tank(s), no drainfield) | | |
| Drainfield has at least a two-foot vertical | | ☐ Unable to verify (See Comments/Explanation) | | |
| separation distance from periodically saturated soil or bedrock. | | Other (See Comments/Explanation) | | |
| Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment: | ☐ Yes ☐ No | Comments/Explanation: | | |
| Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.* | | | | |
| "Experimental", "Other", or "Performance" | ☐ Yes ☐ No | Indicate depths or elevations | | |
| systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080. | | Bottom of distribution media | 101.7' | |
| 2350 or 7080.2400 (Advanced Inspector | | 7. Dottom of dictribution modia | 101.7 | |
| License required) | | B. Periodically saturated soil/bedrock | 98.5' | |
| Drainfield meets the designed vertical separation distance from periodically | | C. System separation | 3.2' | |
| saturated soil or bedrock. | | D. Dogwinski compliance constitute | 2.0' | |
| Any "no" answer above indicates to | the system is | D. Required compliance separation* *May be reduced up to 15 percent if Ordinance. | | |
| failing to protect groundwater. | | Ordinance. | | |
| | | | | |
| Operating Permit and Nitroger | n BMP* – Complian | ce component #5 of 5 | Not applicable | |
| Is the system operated under an Operating | Permit? Yes | ☐ No If "yes", A below is require | red | |
| Is the system required to employ a Nitroge | n BMP? ☐ Yes | ☐ No If "yes", B below is require | red | |
| BMP = Best Management Practice(s) | specified in the system | 50 1001 | | |
| | | | | |
| 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? | | ☐ Yes ☐ No | | |
| 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, 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 locating establishments as defined in law. | | | | |

www.pca.state.mn.us • 651-296-6300 • 800-657-3864 • TTY 651-282-5332 or 800-657-3864 • Available in alternative formats wq-wwists4-31b • 6/4/14

Logs of Soil Borings

Location of Project:

16237 Harrow Ave N Hugo, MN 55038

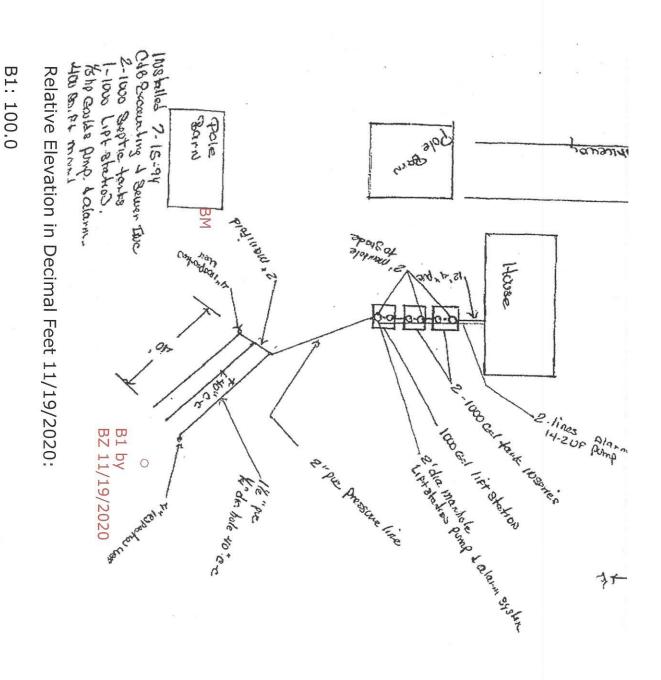
Borings Made by Ben Zierke

Date:

11/19/2020

Hand bucket auger used for borings; USDA - SCS Soil Classification used.

| Depth, in Inches 0 | Boring Number 1 | Depth, in Inches | Boring Number 2 |
|--|--|---|---|
| 0-14" | 10YR 3/2 loamy fine sand | | |
| 14-35" | 7.5YR 4/4 loamy fine sand, redox (7.5YR 5/8) present below 18" | | |
| 35-40" | 7.5YR 4/6 loamy sand lamellae layer | | |
| End of boring at 3.3 feet Standing water table: Present at feet of depth Hours after boring Standing water not present in hole Mottled Soil: Observed at 1.5 feet of depth Mottled soil not present in bore hole Comments: | | End of boring at Standing water tabi Present at Standing water not p Mottled Soil: Observed at Mottled soil not pres Comments: | feet of depth Hours after boring resent in hole feet of depth |
| Depth, in Inches | Boring Number 3 | Depth, in Inches | Boring Number 4 |
| 0 | | 0 | |
| End of boring at Standing water tabl Present at Standing water not pi Mottled Soil: Observed at Mottled soil not prese Comments: | feet of depth Hours after boring resent in hole feet of depth | End of boring at Standing water tabl Present at Standing water not produced Mottled Soil: Observed at Mottled soil not prese Comments: | feet of depth Hours after boring resent in hole feet of depth |



Benchmark: 102.5 - bottom of shed siding

Bottom of rock: 101.7 B1 Separation: 3.2

B1 restriction: 98.5



520 Lafayette Road North St. Paul. MN 55155-4194

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.

| Re | porting information | | | ^ . | - 4 | |
|------------------------------------|--|---------------------------|----------------------|---------------------------|--------------------------------|--|
| Dat Pro | e of maintenance (mm/dd/yyyy perty address: | 1: 06 19 2020 7 Hurrow | Reason for mainten | Parcel ID: | r mail Linax a | |
| City | 4 1 | | State: Mh | Zip code: _ | 55038 | |
| Pro | perty owner's name: Sav | 124 Bor | ndule | | | |
| | perty-owner's address if differen | | | | | |
| City | | | State: | Zip code: | | |
| | ne number: | | | 100 mg | | |
| 1. | Did you measure the accum | | | No (tank(s) pumped withou | it measuring) | |
| 1. | Tank (check if present) | Scum | Cludge | Operating depth | Percent full | |
| | Septic/holding tank #1 | 8" | /0 /1 | 53" | | |
| | Septic/holding tank #2 | 711 | 4" | 57 | | |
| | ☐ Pretreatment tank | | | | | |
| | Pump tank | () | 1 | 24" | | |
| 3. 4. | Access used to remove sep If the maintenance hole was If the owner refuses to allow hole, have them complete a | used, were all cover | es secured in place? | Yes □ No If no, p | olease explain below: | |
| | 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): | | |
| | E . | 14 JULY 10 SECTION 200 | | | | |
| | | 5-6300 • 800-657-38 | 864 • Use your prefe | erred relay service • Av | ailable in alternative formats | |
| wq- | wwists4-38 • 10/12/18 | | | | Page 1 of 3 | |

| Property address: | Harrow Am 1 | State: My | Parcel ID: Zip code: 58338 |
|--|--|---|--|
| rainantee com e a raina anti a coma a coma a coma a coma a como a | FE (III III SANO ZIINA III SANO II SAN | | 2.19 0000. 3 32 36 |
| i. Is the tank designed as a lea Tank #1: Yes ANO Tank #2: Yes No | | 7 26 1 30 vs. 17 950 50 | |
| . Is there evidence of the follo | wing? | | |
| 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 |
| Septic/holding Tank #1 | Yes No | Yes No | Yes X No |
| Septic/holding Tank #2 | Yes No | TYes ANO | ☐ Yes ☑ No |
| ☐ Pretreatment Tank | Yes No | Yes No | ☐ Yes ☐ No |
| Pump Tank | ☐ Yes 🔼 No | Yes No | ☐ Yes 🛣 No |
| Describe detail for any "Yes" | | | |
| How many gallons of septag | | Pretreatment Tank: AAA | Pump Tank: Z 00 |
| Where was the septage taken Explanation (Facility name/Site | | | |
| ☐ Evidence of non-domes☐ Maintenance hole and € Explanation: | extensions condition | | lition egrity of tank or lid, electrical hazard, etc.) |
| 0. List any troubleshooting and | | | |
| Troubleshooting and repairs | 1 1/. | Repairs declined by owne | r: |
| Pum Rukur Li | Burt EHORS | | |
| Park | | ************************************** | |
| Additional comments or sugge | stions for owner's considera | ation: | |
| | | | |
| | | | |
| Pumping record | | | |
| personally conducted the work des ith Minnesota Rules Chapters 708 | scribed above on behalf of a 10 – 7083: | a Minnesota-licensed SSTS M | aintenance Business, in compliance |
| As a noncertified individual who As a designated certified individu | | | dic observation, or |
| empany information | | Employee informati | on |
| ompany name: Row Su | un Senurcy | Print name: Ja | mes a Deille |
| siness license number: | 369 | Certification number: (if | applicable): C3619 |
| nail: mark- Royger | Sever O Jahoo C | Phone number: | 51 465 5505 |
| nployee's signature: | | Date (mn | n/dd/yyyy): 06 19 2020 |
| ww.pca.state.mn.us • 651-296- | -6300 • 800-657-3864 | Use your preferred relay se | rvice • Available in alternative for |

wq-wwists4-38 • 10/12/18

Page 2 of 3

| Property address: 16237 Harrow, | Aug M Parcel ID: | | | | |
|--|---|--|--|--|--|
| City. (109) | State: Mh Zip code: 55038 | | | | |
| 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 si | gned by a Designated Certified Individual (DCI) of a licensed SSTS procedures to assess the compliance status of each sewage tank in | | | | |
| When this section of the form is signed by a qualified certified professional, it becomes <i>necessary supporting documentation</i> 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 . | | | | | |
| required according to local regulations. Additional Administrative R. 7082.0700, subp. 4 Items B, C, and D; 7083.0730 Item C. | tion report. It represents a third party assessment of SSTS 00, subp. 4 Item (B) subitem (1). This form is valid for a period of evaluation is requested by the owner or owner's agent or is | | | | |
| Certificate of sewage tank compliance | ☐ Notice of sewage tank non-compliance | | | | |
| Affirm all three statements: | Select all that apply: | | | | |
| ☐ 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. | ☐ 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 | Designated Certified Individual (DCI) information | | | | |
| Company name: RUW Sewer Survivcy | Print name: James a Dellke | | | | |
| Business license number: 43364 | Certification number: <u>C3619</u> | | | | |
| I personally conducted the work described above as a Designated Business. I personally conducted the recessary procedures to as Designated Certified Individual's signature: | sess the compliance status of each sewage tank in this SSTS: | | | | |
| mulviduai's signature. | Date (mm/dd/yyyy): | | | | |