

Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

Instructions: Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached supporting documentation – additional local requirements may also apply. Further information can be found here: <https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf>.

Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance.

Property information

Local tracking number: _____

Parcel ID# or Sec/Twp/Range: 1203220340004 Local regulatory authority: Washington County

Property address: 15660 120th St N Scandia, Mn

Owner/representative: Pat Kinney Owner's phone: 651-331-6680

Brief system description: 2 Septic tanks and 1 pump tank to mound

System status

System status on date (mm/dd/yyyy): 4/6/2021

Compliant – Certificate of compliance*

(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)

***Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.**

Noncompliant – Notice of noncompliance

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 or under section 145A.04 subdivision 8.

Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.

Reason(s) for noncompliance (check all applicable)

- Impact on public health (Compliance component #1) – *Imminent threat to public health and safety*
- Tank integrity (Compliance component #2) – *Failing to protect groundwater*
- Other Compliance Conditions (Compliance component #3) – *Imminent threat to public health and safety*
- Other Compliance Conditions (Compliance component #3) – *Failing to protect groundwater*
- System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) – *Failing to protect groundwater*
- Soil separation (Compliance component #5) – *Failing to protect groundwater*
- Operating permit/monitoring plan requirements (Compliance component #4) – *Noncompliant - local ordinance applies*

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.

By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Business name: David R Brown

Certification number: 9370

Inspector signature: DRB

License number: 3649

(This document has been electronically signed)

Phone: 651.788.3296

Necessary or locally required supporting documentation (must be attached)

- Soil observation logs
- Locally required forms
- Tank Integrity Assessment
- Operating Permit
- 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.

Describe verification methods and results:

Attached supporting documentation:

Other: _____

Not applicable

2. Tank integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
If yes, which sewage tank(s) leaks:	

Any "yes" answer above indicates the system is failing to protect groundwater.

Describe verification methods and results:

Attached supporting documentation:

Pumped at time of inspection

Name of maintenance business: _____

License number of maintenance business: _____

Date of maintenance: _____

Existing tank integrity assessment (Attach)

Date of maintenance (mm/dd/yyyy): 05/18/2020
(must be within three years)

(See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))

Tank is Noncompliant (pumping not necessary – explain below)

Other: _____

3. Other compliance conditions – Compliance component #3 of 5

3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured?

Yes* No Unknown

3b. Other issues (*electrical hazards, etc.*) to immediately and adversely impact public health or safety? Yes* No Unknown

**Yes to 3a or 3b - System is an imminent threat to public health and safety.*

3c. System is non-protective of ground water for other conditions as determined by inspector? Yes* No

3d. System not abandoned in accordance with Minn. R. 7080.2500? Yes* No

**Yes to 3c or 3d - System is failing to protect groundwater.*

Describe verification methods and results:

Attached supporting documentation: Not applicable _____

4. Operating permit and nitrogen BMP* – Compliance component #4 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 specified in the system design? 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. 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.

Describe verification methods and results:

Attached supporting documentation: Operating permit (Attach) _____

5. Soil separation – Compliance component #5 of 5

Date of installation 7/17/2013 Unknown
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging? Yes No

Compliance criteria (select one):

5a. 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.

5b. 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.*

5c. "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.

Describe verification methods and results:

Attached supporting documentation:

Soil observation logs completed for the report (Attach)

Two previous verifications of required vertical separation (Attach)

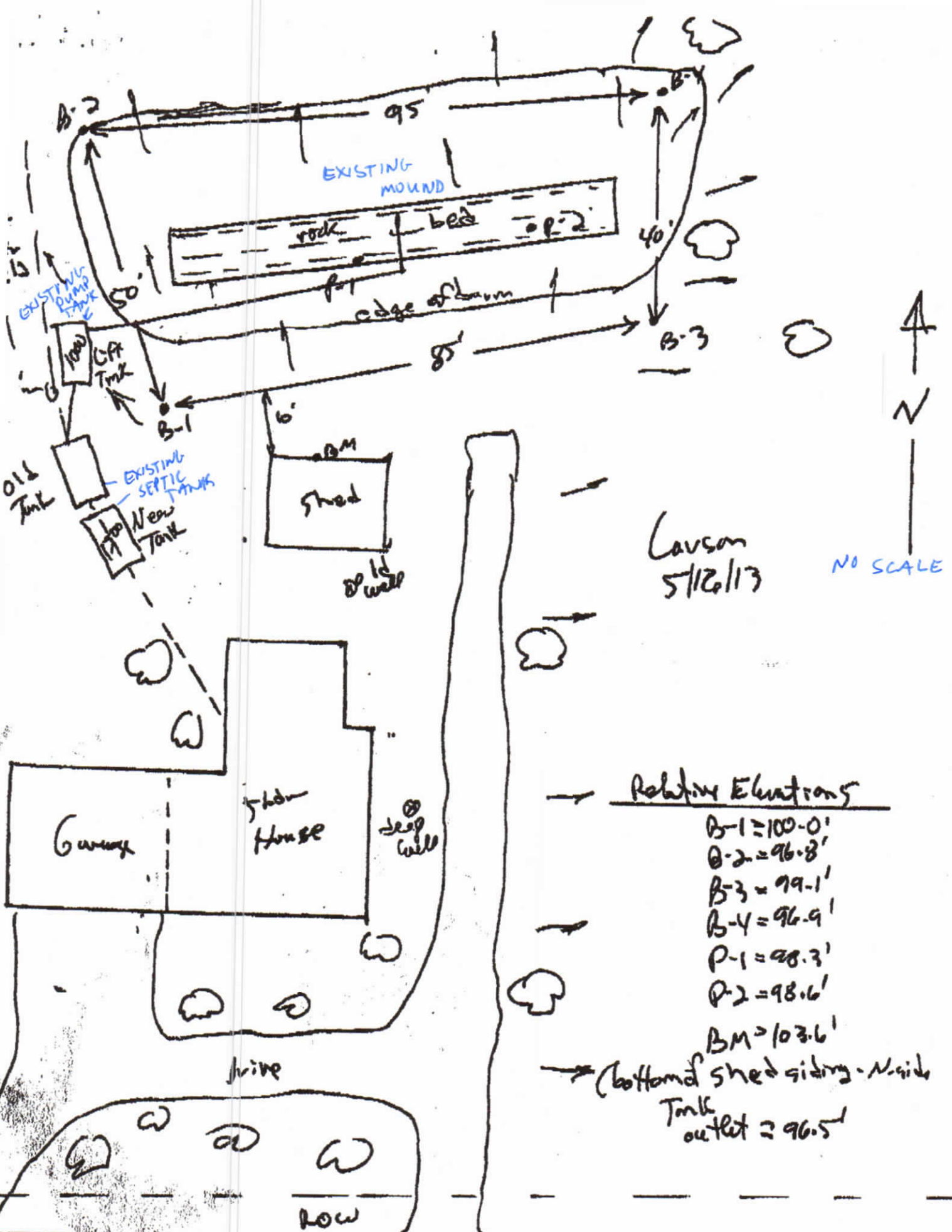
Not applicable (No soil treatment area)

Indicate depths or elevations

A. Bottom of distribution media	-16"
B. Periodically saturated soil/bedrock	20"
C. System separation	36"
D. Required compliance separation*	36"

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

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.



Relative Elevations

- B-1 = 100.0'
- B-2 = 96.8'
- B-3 = 99.1'
- B-4 = 96.9'
- P-1 = 98.3'
- P-2 = 98.6'
- BM = 103.6'

→ (bottom of shed siding - N. side Tank outlet = 96.5'

LOGS OF SOIL BORINGS

Location of Project Donna Larson, 53 acres, Sec. 12, City of New Scandia, Washington Co.
 Borings Made by Chris Zierke Date: 5/15/13
 Hand bucket auger used for borings; USDA - SCS Soil Classification used.

Depth, In Feet	Boring Number 1
0-----	
0-10"	Dark-brown sandy loam(10YR-3/3)
10-24"	Dark yellowish-brown sandy loam(10YR-4/4)
24-36"	Yellowish-brown silt loam(10YR-5/4), iron-stains, light-gray mottles, damp

End of boring at 3 feet.
 Standing water table:
 Present at feet of depth, hours after boring.
 Standing water not present in hole .
 Mottled Soil:
 Observed at 2 feet of depth.
 Mottled soil not present in bore hole .
 Comments:

Depth, In Feet	Boring Number 2
0-----	
0-12"	Dark-brown sandy loam(3/3)
12-20"	Yellowish-brown silt loam(5/4)
20-24"	Dark yellowish-brown silt loam(10YR-4/6), iron-st., light-gray mottlee
	obstruction

End of boring at 2 feet.
 Standing water table:
 Present at feet of depth, hours after boring.
 Standing water not present in hole .
 Mottled Soil:
 Observed at 20" feet of depth.
 Mottled soil not present in bore hole .
 Comments:

Depth, In Feet	Boring Number 3
0-----	
0-8"	Dark-brown sandy loam(3/3)
8-20"	Dark y-brown sandy loam(4/4)
20-30"	Dark yellowish-brown loam(10YR-4/6), iron-st., light-gray mottles
30-36"	Reddish-brown sandy loam(5YR-4/4), iron-st.

End of boring at 3 feet.
 Standing water table:
 Present at feet of depth, hours after boring.
 Standing water not present in hole .
 Mottled Soil:
 Observed at 20" feet of depth.
 Mottled soil not present in bore hole .
 Comments:

Depth, In Feet	Boring Number 4
0-----	
0-12"	Dark-brown sandy loam(3/3)
12-18"	Dark y-brown sandy loam(4/4), pebbles
	obstruction

End of boring at 1.5 feet.
 Standing water table:
 Present at feet of depth, hours after boring.
 Standing water not present in hole .
 Mottled Soil:
 Observed at feet of depth.
 Mottled soil not present in bore hole .
 Comments:

U of MN Onsite Sewage Treatment Program Soil Boring Log

Client/ Address: 1560 220th St

Legal Description/GPS:

Date:

4/13/13

Soil Parent Material(s): Till Outwash Lacustrine Alluvium Loess Organic Matter Bedrock

(circle all that apply)

Landscape Position: Summit Shoulder Back/Side Slope Foot Slope Toe Slope

Vegetation: (circle one) Soil Survey Map Unit(s):

Slope (%):

Weather conditions/Time of Day: Cloudy

Slope Shape:

Depth (in)	Texture	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Saturated Soil Indicator(s) (see back)	Shape	Structure	Consistence
6-12	Sandy loam	10 3/3	~	Concentrations Depletions Gleyed		Granular Play Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
12-20	Silt loam	10 5/4	~	Concentrations Depletions Gleyed		Granular Play Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
20-25	Silt loam	10 4/6	10 4/3 @ 20"	Concentrations Depletions Gleyed		Granular Play Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
				Concentrations Depletions Gleyed		Granular Play Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
				Concentrations Depletions Gleyed		Granular Play Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid

Comments:

Real canopy grass over from - Fairly clear restoration @ 20" - ground - 16" S B



Department of Public Health and Environment
 14949 62nd Street North PO Box 6
 Stillwater MN 55082-0006
 Office: 651-430-6655 TTY: 651-430-6246 Fax: 651-430-6730

Review Fee:	\$285.00
Permit Fee:	\$480.00
Total Fee:	\$765.00
Previous Payment	\$765.00
Balance Due	\$0.00

Scanned 6/7/13

Community: Scandia
 Permit Number: 0400-13-4
 Owner: Donna Larson
 15660 220th ST
 Scandia MN 55073-
 Applicant: C & B Excavation

PERMISSION IS HEREBY GRANTED

To execute the work specified in this permit on the following identified property upon express condition that said persons and their agents, and employees shall conform in all respects to the provisions of Ordinance #179, Washington County Development Code, Chapter Four, Subsurface Sewage Treatment System Regulations. This permit may be revoked at any time upon violation of any of the provisions of said ordinance.

Project Address: 15660 220th ST
 Geo Code: 12-032-20-34-0004
 Designer: Zierke Soil Testing

Type of System: Mound		Mound Sizing		Pressure Distribution	
Design Criteria				Number Of Laterals:	3
Percolation Rate:	13	Rock Bed Width:	10 Feet	Perforation Spacing:	3 Feet
Depth To Restriction:	20	Rock Bed Length:	75 Feet	Perforation Diameter:	7/32 Inch
Land Slope:	5.00%	Absorption Width:	20 Feet	Head Size:	1.0 Inch
Flow Rate:	750	Depth of Clean Sand:	16 Inches	Total Head:	16.23
Number of Bedrooms:	5	Downslope Dike Width:	20 Feet	Connection:	Center
		Upslope Dike:	11 Feet	Length of Laterals:	73 Feet
		Length of Dike:	97 Feet	Perforations / Lateral:	25
Tank Sizes				Total Perforations:	75
Tank 1: 1500	Tank 2: 1000	Tank 3: 0	Lift Station: 1000	Gallons Per Minute:	42
				Lateral Diameter:	1.5 Inches

Authorized Work/Special Conditions

1. Effluent Filter with Alarm Required
2. Pressure laterals must have cleanouts to grade.

Permit Issue Date: 6/6/2013
 Permit Expiration Date: 6/6/2014

Pete Ganzel
 Senior Environmental Specialist



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: May 2020 Reason for Maintenance: Reg Maint
 Property Address: 15660 220th St N Property Owner's Name: Mike Rude
 Municipality: Scandia ZIP: 55073 Property Identification Number: _____
 Maintenance Permit No: K3273+17624 Maintainer Name and License No. Smilie's Sewer Service/L2428

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

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

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

4. How many gallons of septage were removed?
 Tank #1 1500 gal Tank #2 1000 gal Pretreatment tank _____ gal Pump Tank 300 gal

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

6. Location of septage disposal: Metro

Smilie's Sewer Service
 PO BOX 100
 Scandia, MN 55073
 License# 2428 P: 651-433-3934

2020-017862
 #27887



Tri-City / William Lloyd Analytical Laboratory

9300 Poplar Bridge Road • Bloomington, MN 55437 • (952) 563-4904

Sample Results Report

Dave Brown
4787 Radio Dr.
Woodbury, MN 55129

Report Date:
04/07/2021 10:08

Received By: Bree Landherr

Sample Condition Upon Receipt:

Received Date / Time: 06-Apr-2021 14:22

Acceptable Temperature 4.6 °C

On ice

Sample ID: 2104024-01
15660 220th St. N, Scandia, MN

Sample Collector: Dave Brown

Collection Date/Time: 4/6/2021 8:34:00AM

Analyte	Result	Units	MCL		Date Analyzed	Analyst Initials	Method
Nitrate as N	2.07	mg/L	10	PASS	04/06/2021	BL	EPA 353.2 Rev. 2.0
P/A total coliform	Absent	MPN/100 mL	Absent	PASS	04/06/2021	BL	SM 9223 B (Collert-18® P/A)

*MCL (maximum contaminant level) set by the EPA

PASS - The analyte(s) reported, for the sample(s) listed above, meet standards set by the Minnesota Department of Health and U. S. Environmental Protection Agency for safe drinking water.

Approved By:

Bree Landherr
Laboratory Analyst

Laboratory Identification Number: 027-053-355

The results in this report apply to the above listed sample(s). All routine quality assurance procedures were followed, unless otherwise noted. This analytical report must be reported in its entirety. All methods are certified by the Minnesota Department of Health, unless otherwise noted. EPA 200.7 for the analysis of lead in drinking water is not certifiable by the MDH.