

# Compliance inspection report form Existing Subsurface Sewage Treatment System (SSTS)

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

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: <a href="https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf">https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf</a>.

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: 02.028.20.11.0016   | Local regulatory authority: Wash County 651-430-6655   |
| Property address: 55 Lakeland Shores Rd Lakeland Shores,   |  |
| Owner/representative: Brian Zeller   | Owner's phone:   |
| Brief system description: Two septic tanks and one pump tank   |  |
| System status  |  |
| System status on date (mm/dd/yyyy): _5/7/2021  |  |
| ☐ Compliant – Certificate of compliance*   | ☐ Noncompliant – Notice of noncompliance   |
| (Valid for 3 years from report date unless evidence of<br>an imminent threat to public health or safety requiring<br>removal and abatement under section 145A.04,<br>subdivision 8 is discovered or a shorter time frame exist<br>in Local Ordinance.)                           | upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by  |
| *Note: Compliance indicates conformance with Minn<br>R. 7080.1500 as of system status date above and<br>does not guarantee future performance.   | replaced, or use discontinued within the time required by local ordinance.   |
| <ul> <li>□ Other Compliance Conditions (Compliance compo</li> <li>□ System not abandoned according to Minn. R. 7080</li> <li>□ Soil separation (Compliance component #5) – Fail</li> <li>□ Operating permit/monitoring plan requirements (Comments or recommendations</li> </ul> | h(1) – Imminent threat to public health and safety and to protect groundwater benent #3) – Imminent threat to public health and safety benent #3) – Failing to protect groundwater 0.2500 (Compliance component #3) – Failing to protect groundwater |
| Certification  |  |
| I hereby certify that all the necessary information has been gath<br>determination of future system performance has been nor can be<br>abuse of the system, inadequate maintenance, or future water to   | be made due to unknown conditions during system construction, possible   |
| 그 하고 하는 사람이 얼마나는 그리는 아내는 사람이 아니는 말이 되었다. 그리고 하는 사람이 아내는 아니는 아니는 아니는 아니는 사람이 되었다.   | ne true and correct, to the best of my knowledge, and that this information  |
| Business name: All State Septic Services LLC   | Certification number: 323  |
| Inspector signature: Tom Trooien   | License number: 1568   |
| (This document has been electronically sign  | ned) Phone: 612-594-4496   |
| Necessary or locally required supporting de  |  |
|  |  |
| <ul><li>☑ Soil observation logs</li><li>☑ Locally required forms</li><li>☑ Other information (list):</li></ul>   | ☐ Operating Permit   |
| Site plan  |  |
| https://www.pca.state.mn.us • 651-296-6300 • 800-657-38<br>wq-wwists4-31b • 1/11/21  | Use your preferred relay service     Available in alternative formats     Page 1 of 4  |

|  |          |          | Attached supporting documentation:   |
|--|----------|----------|--|
| System discharges sewage to the ground surface   | ☐ Yes*   | ⊠ No     | ☐ Other: ☑ Not applicable  |
| System discharges sewage to drain tile or surface waters.  | ☐ Yes*   | ⊠ No     | _ Ra Not applicable  |
| System causes sewage backup into dwelling or establishment.  | ☐ Yes*   | ⊠ No     |  |
| Any "yes" answer above indicates<br>imminent threat to public health ar  |          |          |  |
| Describe verification methods and  | results: |          |  |
|  |          |          |  |
| nk integrity – Compliance  | compo    | onent #2 |  |
| Compliance criteria:   | T-2      |          | Attached supporting documentation:   |
| System consists of a seepage pit,  | ☐ Yes*   | ⊠ No     | ☐ Pumped at time of inspection   |
| cesspool, drywell, leaching pit, or other pit?   |          |          | Name of maintenance business:  |
| or other pit?  | ☐ Yes*   | ⊠ No     | Name of maintenance business:  License number of maintenance business:   |
| or other pit? Sewage tank(s) leak below their  | ☐ Yes*   | ⊠ No     | Name of maintenance business:  License number of maintenance business:  Date of maintenance:   |
| cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their designed operating depth?  | ☐ Yes*   | ⊠ No     | License number of maintenance business:  Date of maintenance:  |
| or other pit?  Sewage tank(s) leak below their designed operating depth?   | ☐ Yes*   | ⊠ No     | License number of maintenance business:  |
| or other pit?  Sewage tank(s) leak below their   | ates the |          | License number of maintenance business:  Date of maintenance:  Existing tank integrity assessment (Attach)  Date of maintenance 3/3/2021   |
| or other pit?  Sewage tank(s) leak below their designed operating depth?  If yes, which sewage tank(s) leaks:  Any "yes" answer above indicates. | ates the |          | License number of maintenance business:  Date of maintenance:  Existing tank integrity assessment (Attach)  Date of maintenance (mm/dd/yyyy): (must be within three years)  (See form instructions to ensure assessment complies we  |
| or other pit?  Sewage tank(s) leak below their designed operating depth?  If yes, which sewage tank(s) leaks:  Any "yes" answer above indicates. | ates the |          | License number of maintenance business:  Date of maintenance:  Existing tank integrity assessment (Attach)  Date of maintenance 3/3/2021 (mm/dd/yyyy): (must be within three years)  (See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1)) |

| 3. | Other compliance conditions - Compliance component #3 of 5   |                          |
|----|--|--------------------------|
|    | 3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unse ☐ Yes* ☒ No ☐ Unknown  |                          |
|    | 3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety *Yes to 3a or 3b - System is an imminent threat to public health and safety.   | /? ☐ Yes* ☒ No ☐ Unknown |
|    | 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 or  | f 5 🛛 Not applicable     |
|    | Is the system required to employ a Nitrogen BMP specified in the system design?   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?  |                          |
|    | b. Is the required nitrogen BMP in place and properly functioning?   |                          |
|    | Any "no" answer indicates noncompliance.   |                          |
|    | Describe verification methods and results:   |                          |
|    |  |                          |
|    |  |                          |
|    |  |                          |
|    |  |                          |
|    |  |                          |
|    |  |                          |
|    |  |                          |
|    |  |                          |
|    |  |                          |
|    |  |                          |
|    | Attached supporting documentation:   Operating permit (Attach)   |                          |
|    |  |                          |

https://www.pca.state.mn.us wq-wwists4-31b • 1/11/21

## 5. Soil separation – Compliance component #5 of 5 Date of installation 4/23/1993 Unknown (mm/dd/yyyy) Shoreland/Wellhead protection/Food Yes □ No Attached supporting documentation: beverage lodging? Soil observation logs completed for the report (Attach) Compliance criteria (select one): Two previous verifications of required vertical separation (Attach) 5a. For systems built prior to April 1, 1996, ☐ Yes ☐ No\* and not located in Shoreland or Wellhead ☐ Not applicable (No soil treatment area) 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. 5b. Non-performance systems built April 1, Yes □ No\* Indicate depths or elevations 1996, or later or for non-performance A. Bottom of distribution media 2.4 systems located in Shoreland or Wellhead Protection Areas or serving a food, 6 B. Periodically saturated soil/bedrock beverage, or lodging establishment: 3.6 C. System separation Drainfield has a three-foot vertical separation distance from periodically 3 D. Required compliance separation\* saturated soil or bedrock.\* \*May be reduced up to 15 percent if allowed by Local Ordinance. 5c. "Experimental", "Other", or "Performance" ☐ Yes ☐ No\* 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. \*Any "no" answer above indicates the system is failing to protect groundwater. Describe verification methods and results: Upgrade requirements: (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by

or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the 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.



# Soil Observation Log

| PROGRAM         | 755   |             |   |                        |  | Project ID:         |                   |                           | v 04.01.2021                                      |
|-----------------|---|-------------|---|------------------------|--|---------------------|-------------------|---------------------------|---|
| Client:         |   |             | Brian Zeller  |                        | Locat                                      | Location / Address: | 55 Lakeland       | Shores Road Lakel         | 55 Lakeland Shores Road Lakeland Shores, MN 55043 |
| Soil parent m   | Soil parent material(s): (Check all that apply) | ck all that | apply)  | Outwash   Lacustrine   | Loess Till                                 | Alluvium            | n Bedrock         | ck Organic Matter         | Matter  |
| Landscape Pc    | Landscape Position: (select one)                | one)        |   | Slope %:               | Slope shape                                |                     |                   | Elevation                 | Elevation-relative to                             |
| Vegetation:     |   |             |   | Soil survey map units: |  |                     |                   | Limiting Layer Elevation: | Elevation:  |
| Weather Conc    | Weather Conditions/Time of Day:                 | Day:        |   |                        |  |                     | Date              | 0                         | 05/07/21  |
| Observation     | Observation #/Location:                         |             | B-1   |                        |  | Obser               | Observation Type: |                           | Auger   |
| Denth (in)      | Texfilre  | Rock        | Matrix Color(s)   | Mottle Color(c)        | Dodov Vind(c)                              | (0)                 |                   | Structure                 |   |
|                 | 2000  | Frag. %     | ואומרו וא בסנטו (ع)   | ואוסררוב בסוסו (s)     | redox nilid(s)                             | Indicator(s)        | Shape             | Grade                     | Consistence                                       |
| 0.7             | foncoil   | /35%        | 10YR 2/1  |                        |  |                     | -                 |                           |   |
|                 | Nocado.   | 0/22        |   |                        |  |                     | Granular          | Moderate                  | Friable   |
| 7,38            | Cues  | 735%        | 10YR 2/2  |                        | •  |                     |                   |                           |   |
| 00-7            | Saild   | 0/00        |   |                        |  |                     | Granular          | Weak                      | Loose   |
| 20 72           |   | 250/        | 10YR 4/4  |                        |  |                     |                   |                           |   |
| 7/-00           | sand  | <55%        |   | •                      | ***************************************    |                     | Single grain      | Weak                      | Loose   |
|                 |   | E DAN ARK O | BARRESANA   | •                      |  |                     |                   |                           |   |
|                 |   | NK XXK XX   |   | •                      |  | <b>******</b>       |                   |                           |   |
|                 |   | SAN SAN     |   |                        |  |                     |                   |                           |   |
|                 |   | 55. NEX 287 |   |                        |  |                     |                   |                           |   |
|                 |   |             |   |                        |  |                     |                   |                           |   |
|                 | SOLE SEE  | WAR MAY     |   |                        |  |                     |                   |                           |   |
|                 | 300 300 31                                      |             |   |                        |  |                     |                   |                           |   |
|                 |   |             |   |                        |  |                     |                   |                           |   |
| Comments        |   |             |   |                        |  |                     |                   |                           |   |
| I hereby certif | iy that I have α                                | ompleted t  | I hereby certify that I have completed this work in accordance with |                        | all applicable ordinances, rules and laws. | and laws.           |                   |                           |   |
|                 | Tom Trooien                                     |             | Tom Trooien   | oien                   |  |                     | 1568              |                           | 5/7/21  |
| ipe()           | (Designer/Inspector)                            | 1           |   | (000.4000.5)           |  |                     |                   |                           |   |

JOHN CAMP 3-31-93 CALCULATED BY \_ J.A. CHAVES EXCAVATING 15975 Putman Blvd. South AFTON, MINNESOTA 55001 (612) 436-7766 SCALE \_ WASHINGTON CTY, COPY P-81-4 )25mod.9 PERMIT # 31-9301 B-1 30 25 TENNIS CONST 800 RWAR LAKE LAND 36 20 102 HAI 041 Koncelsy AND STATE NAME OF STATE WAS STATED THE WAS A TOURS OF THE STATES

| Property address: 55 Lakeland SI   | hores Rol<br>State: MN  | Parcel ID:  |
|--|---|---|
|  | State. IVIII  | Zip code: 55043   |
|  |   |   |
| Optional section: Sewage Tank Compliance   | : Certification   |   |
| This form does not represent a complete system inspection  | in report and only certifies s  | autho considerate fact encure   |
| Instructions: This section of the form may be completed and Maintenance Business who personally conducts the necessary the system.   | signed by a Decised of A  | and foods and the state of the |
| When this section of the form is signed by a qualified certified produced in Existing System Compliance Inspection Report: Compliance in found on the MPCA website at <a -="" f-<="" href="https://www.pca.state.mn.us/waithttps://www.pca&lt;/td&gt;&lt;td&gt;SHERMON TORM - EVICTION OUGS&lt;/td&gt;&lt;td&gt;on frace same and Odbal " td="" the"=""></a> |   |   |
| The information and certified statement on this form is required individual other than the SSTS Inspector that submits the inspectomponent compliance and is allowable under Minn. R. 7082.0 three years beyond the signature date on this form unless a ne required according to local regulations. Additional Administrativ R. 7082.0700, subp. 4 Items B, C, and D; 7083.0730 Item C.   | d when existing septic tank co<br>ection report. It represents a th<br>1700, subp. 4 Item (B) subitem                         | mpliance status is determined by an<br>ird party assessment of SSTS<br>(1). This form is valid for a period of  |
| 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 leaching pit, or Groundwater. ☐ It has a sewag watertight, but operating depti☐ It presents a trunsecured, dar | e tank that was designed to be subsequently leaks below the designed h — "Failure to Protect Groundwater." areat to public safety by reason of maged, or weak maintenance hole or unsafe condition — "Imminent Threat   |
| Company information  | Designated Certifie   | d Individual (DCI) information  |
| Company name: Ron's Sewer Servic   |   | irc Meyer   |
| Business license number: L+1007  | Certification number:   | 그는 많이 얼마를 가장되었다. [20] 이 얼마를 하게 하다고 말했다.   |
| I personally conducted the work described above as a Designat<br>Business. I personally conducted the necessary procedures to a  | ted Certified Individual of a Mil<br>assess the compliance status   | nnesota-licensed SSTS Maintenance<br>of each sewage tank in this SSTS:  |
| Designated Certified Individual's signature:   | Date (mm/dd/yyyy):  | 05/05/2021  |
|  |   |   |

## **RON'S SEWER SERVICE**

PO BOX 309
Roberts, WI 54023 US
715-749-0153
ronssewerservice@gmail.com
http://ronssewerservice.com

Invoice

BILL TO ZELLER, BRIAN 55 LAKELAND S

55 LAKELAND SHORES RD LAKELAND, MN 55043

| INVOICE# | DATE       | TOTAL DUE | DUE DATE   | TERMS          | ENCLOSED |
|----------|------------|-----------|------------|----------------|----------|
| 23585    | 03/03/2021 | \$0.00    | 03/03/2021 | Due on receipt |          |

| DESCRIPTION  | QTY                  | RATE   | AMOUNT                  |
|--|----------------------|--------|-------------------------|
| PUMPING MN 2 TANKS PUMPED 2 SEPTIC TANKS AND BACKFLUSHED                         | 1                    | 400.00 | 400.00                  |
| PUMPED CHAMBER<br>PUMPED CHAMBER   |                      | 50.00  | 50.00                   |
| DIG OPEN MANHOLE DIG OPEN/LOCATE MANHOLE FOR PUMP CHAMBER TO DIAGNOSE PUMP ALARM |                      | 50.00  | 50.00                   |
| WASH CO FEE<br>WASHINGTON CO FEE   | 1                    | 17.00  | 17.00                   |
|  | PAYMENT<br>BALANCE I | DUE    | 517.00<br><b>\$0.00</b> |

All invoices that are un paid 30 days after invoice date will be charged a 3% finance charge each month there after.

## **RON'S SEWER SERVICE**

PO BOX 309
Roberts, WI 54023 US
715-749-0153
ronssewerservice@gmail.com
http://ronssewerservice.com

Invoice

BILL TO
ZELLER, BRIAN
55 LAKELAND SHORES RD
LAKELAND, MN 55043

| INVOICE# | DATE       | TOTAL DUE | DUE DATE   | TERMS          | ENCLOSED |
|----------|------------|-----------|------------|----------------|----------|
| 23848    | 05/05/2021 | \$50.00   | 05/05/2021 | Due on receipt |          |

| DESCRIPTION              | QTY | RATE  | AMOUNT |
|--------------------------|-----|-------|--------|
| Services TANK COMPLIANCE | 1   | 50.00 | 50.00  |

**BALANCE DUE** 

\$50.00