

## 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  Parcel ID# or Sec/Twp/Range: 30.029.20.11.0005  Local ID# or Sec/Twp/Range: 30.029.20.11.0005	Local tracking number:
Property address: 1790 Neal Ave N Stillwater, MN 55082	al regulatory authority: Wash County 651-430-6655
Owner/representative: Mark Winkler	Owner's phone: 651-303-8138
Brief system description: Septic tank and a gravity, rock trench dra	• • • • • • • • • • • • • • • • • • • •
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	
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.)	An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months or receipt of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.
*Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.	Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.
Soil separation (Compliance component #5) - Failing	00 (Compliance component #3) – Failing to protect groundwater
I hereby certify that all the necessary information has been gathere	d to determine the compliance status of this system. No
determination of future system performance has been nor can be mabuse of the system, inadequate maintenance, or future water usag	nade due to unknown conditions during system construction, possible
<b>By typing my name below</b> , I certify the above statements to be trucan be used for the purpose of processing this form.	e 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 signed)	Phone: 612-594-4496
Necessary or locally required supporting docu	mentation (must be attached)
<ul> <li>Soil observation logs</li> <li>☐ Locally required forms</li> <li>☐ Other information (list):</li> <li>Site plan</li> </ul>	☑ Tank Integrity Assessment ☐ Operating Permit

	<u></u>	Attached supporting documentation:							
System discharges sewage to the ground surface	☐ Yes* ☒ No	☐ Other: ☑ Not applicable							
System discharges sewage to drain ile or surface waters.	☐ Yes* ☒ No	24 Not applicable							
System causes sewage backup into welling or establishment.	☐ Yes* ☒ No								
Any "yes" answer above indicates mminent threat to public health an									
Describe verification methods and	results:								
nk integrity – Compliance Compliance criteria:	component #2	of 5  Attached supporting documentation:							
System consists of a seepage pit, cesspool, drywell, leaching pit,	☐ Yes* ☒ No	☐ Pumped at time of inspection							
or other pit?		Name of maintenance business:							
Sewage tank(s) leak below their designed operating depth?	☐ Yes* ☒ No	License number of maintenance business:  Date of maintenance:							
		⊠ Existing tank integrity assessment (Attach)							
		Date of maintenance 8/19/2020							
		(mm/dd/yyyy): (must be within three years)							
If yes, which sewage tank(s) leaks:		(Index be within the by daile)							
If yes, which sewage tank(s) leaks:  Any "yes" answer above indicates failing to protect groundwate		(See form instructions to ensure assessment complies v							
		(See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))							
Any "yes" answer above indica	er.	(See form instructions to ensure assessment complies to							

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?
	Attached supporting documentation:

## 5. Soil separation - Compliance component #5 of 5 Date of installation 11/22/1989 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) Yes No\* 5a. For systems built prior to April 1, 1996. 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. 5 B. Periodically saturated soil/bedrock beverage, or lodging establishment: C. System separation 2.6 Drainfield has a three-foot vertical separation distance from periodically D. Required compliance separation\* 2 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, 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.

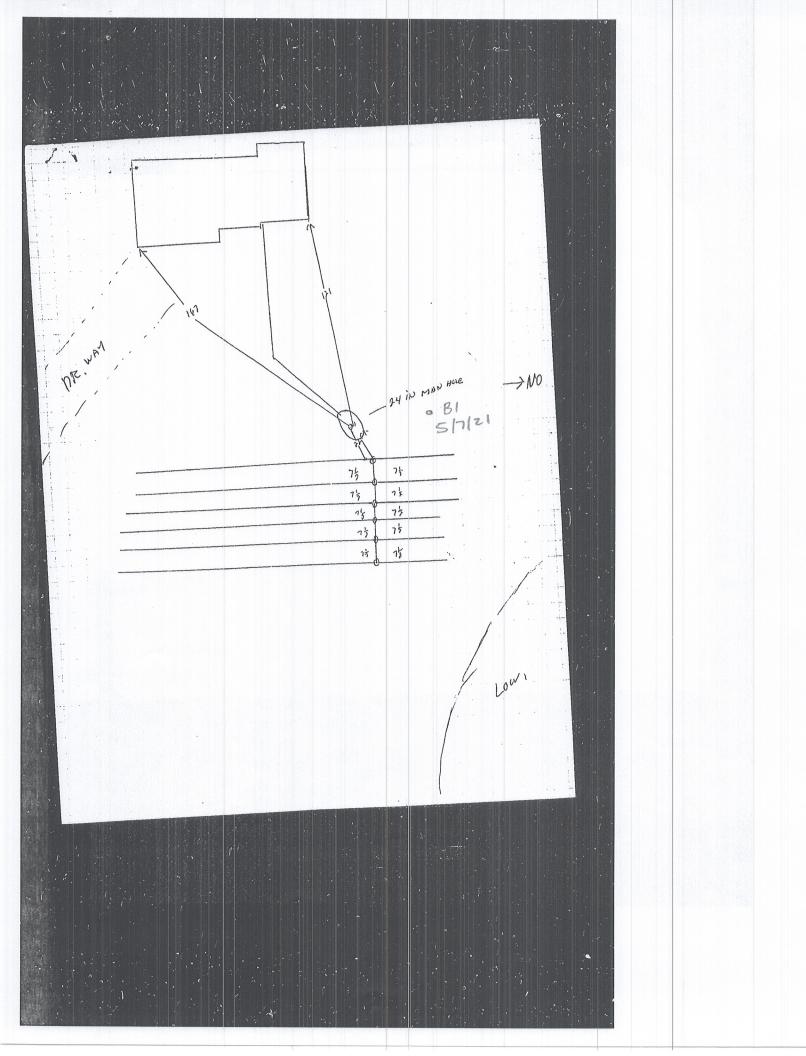


## Soil Observation Log

Project ID:

v 04.01.2021

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1790 Neal Ave N Stillwater, MN 55082	Matter	Elevation-relative to benchmark:	evation:	05/07/21	Auger	  -  -		Friable		Firm		i.	Hrm										5/7/21	(Date)													
	< Organic Matter	Elevation	Elevation	Limiting Layer Elevation:	Limiting Layer E	10	10	A	Structure	Grade	1	Moderate	-	Moderate	-	Moderate											•										
17901	Bedrock			Date	Observation Type:		Shape	Granular		Blocky		Blocky		Blocky		Blocky		Blocky		Blocky		Blocky		Blocky		-	blocky	******									1568
Location / Address:	Alluvium				Observ	( )	Indicator(s)							•	•				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			and laws.															
Locatio	Loess Till	Slope shape					Kedox Kina(s)															all applicable ordinances, rules and laws.															
	Outwash   Lacustrine	Slope %:	Soil survey map units:			(0)000000000000000000000000000000000000	Mottle Color(s)																en	(Signature)													
Winkler			Soi			(0)2010	Marrix Color(s)	10YR 3/2		10YR 4/3		7.5YR 4/4			•	***************************************	•••••	••••••				ork in accordan	Tom Trooien														
	Soil parent material(s): (Check all that apply)			ay:	B-1	Rock	Frag. % Ma	750	%CC>	7	%65	0188888888	<35%			***********						mpleted this wo															
	rial(s): (Check	Landscape Position: (select one)		Weather Conditions/Time of Day:	Observation #/Location:	Towfried	i exrni e	Page 3	COGIIII) SQIIIO	sandy clay	loam	sandy clay	loam	C HAK MAK	nor man	### ### ##	X 33X 3XX 3	68 348 348	BEK BEK BE	MK 305 30		I hereby certify that I have completed this work in accordance with	Tom Trooien	(Designer/Inspector)													
Client:	Soil parent mat	Landscape Posi	Vegetation:	Weather Condit	Observation	Don'th (in)	neptili (III)	9.0	) )		0.71	2	06-17		•••••						 Comments	I hereby certify	TC	(Desig													



## 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/wairer/ssts-and-insts-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 \$STS 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 Notice of sewage tank non-compliance Affirm all three statements: Select all that apply: The SSTS does not contain a seepage pit, cesspool, The SSTS has a seepage pit, cesspool, drywell, drywell, leaching pit, or other pit. leaching pit, or other pit + "Failure to Protect It does not contain a sewage tank that was designed Groundwater." It has a sewage tank that was designed to be to be watertight, but subsequently leaks below the designed operating depth. watertight, but subsequently leaks below the designed operating depth - "Failure to Protect Groundwater." It does not represent an imminent safety threat by It presents a threat to public safety by reason of reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition. unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition - "Imminent Threat to Public Health or Safety." Designated Certified Individual (DCI) information Company information Company name: † Business license number: 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:

Zil Cem

Date (mm/dd/yyyy):