

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: 2102921120008 Local regulatory authority: Washington County

Property address: 8567 Stillwater Blvd N Lake Elmo MN 55042

Owner/representative: Timothy Holst Owner's phone: 651-210-2972

Brief system description: Gravity

System status

System status on date (mm/dd/yyyy): 4/28/2021

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: Soil Investigation & Design, Inc.

Certification number: 3263

Inspector signature: Paul Brandt PSS

License number: 5182

(This document has been electronically signed)

Phone: 6512603783

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:

Owner testimony, site observation

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: Pinky's Envi. Sewer Service
- License number of maintenance business: L1673
- Date of maintenance: 04/15/21
- Existing tank integrity assessment (Attach)
- Date of maintenance (mm/dd/yyyy): 04/15/21
(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 _____ 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.

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	949
B. Periodically saturated soil/bedrock	942
C. System separation	4
D. Required compliance separation*	3

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

***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.

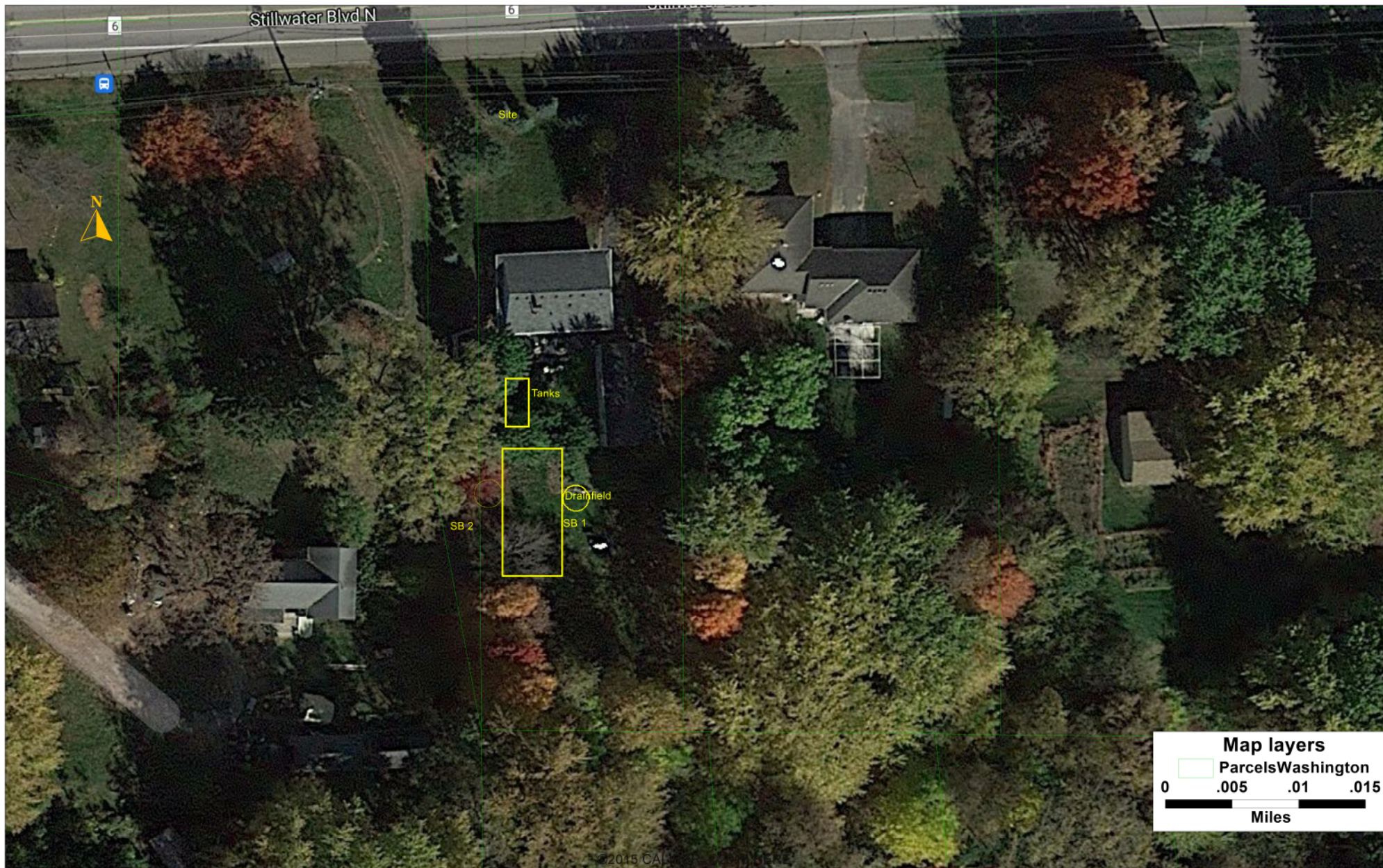


Figure1: Site Detail Map

Soil Investigation & Design, Inc,
 2809 78th Ave. N
 Brooklyn Park, Mn 55444
 pbrandt@soilinvestigations.us
 651-260-3783

Client: Tim Holst
 Address: 8567 Stillwater Blvd N Lake Elmo MN 55042

Soil Observation Log

Project ID:

Client: <u>Mr. Tim Holst</u>			Location / Address: <u>8567 Stillwater Blvd N Lake Elmo MN 55042</u>						
Soil parent material(s): (Check all that apply) <input type="checkbox"/> Outwash <input type="checkbox"/> Lacustrine <input type="checkbox"/> Loess <input checked="" type="checkbox"/> Till <input type="checkbox"/> Alluvium <input type="checkbox"/> Bedrock <input type="checkbox"/> Organic Matter									
Landscape Position: (select one) <u>Back/Side Slope</u>		Slope %: <u>1.0</u>	Slope shape: <u>Linear, Linear</u>		Elevation: LIDAR <u>949.0</u>				
Vegetation: <u>Grass</u>		Soil survey map units:			Limiting Layer Elevation: <u>943</u>				
Weather Conditions/Time of Day: <u>Cold Overcast</u>			14:30	Date <u>04/20/21</u>					
Observation #/Location: <u>SB 1</u>			Observation Type: <u>Auger</u>						
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	I----- Structure-----I		
							Shape	Grade	Consistence
0 to 5	Clay Loam	5	10YR 3/2				Blocky	Moderate	Friable
5 to 14	Clay Loam	5	10YR 3/4				Blocky	Moderate	Friable
14 to 20	Clay Loam	5	10YR 5/4				Blocky	Moderate	Friable
20 to 43	Clay Loam	5	7.5YR 4/6				Blocky	Moderate	Friable
43 to 72	Silty Sand	5	7.5YR 4/6				Granular	Moderate	Friable

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

Paul J. Brandt
(Designer/Inspector)

Paul J. Brandt PSS
(Signature)

5182
(License #)

21-Apr-21
(Date)

I hereby certify that this plan, document, or report was prepared by me or under my direct supervision and that I am a Licensed Professional Soil Scientist under the Laws of the State of Minnesota.

Date 21-Apr-21 License Number 30007
Signature *Paul J. Brandt PSS*

Notes: This soil profile is abridged to meet the requirements for septic systems. If a complete soil profile description is needed they will be supplied upon request.

Soil Observation Log

Project ID: _____

Client: Mr. Tim Holst Location / Address: 8567 Stillwater Blvd N Lake Elmo MN 55042

Soil parent material(s): (Check all that apply) Outwash Lacustrine Loess Till Alluvium Bedrock Organic Matter

Landscape Position: (select one) Back/Side Slope Slope %: 1.0 Slope shape: Linear, Linear Elevation: LIDAR 949.0

Vegetation: Grass Soil survey map units: _____ Limiting Layer Elevation: 943

Weather Conditions/Time of Day: Cold Overcast 14:30 Date: 04/20/21

Observation #/Location: _____ SB 2 Observation Type: Auger

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	I----- Structure-----I		
							Shape	Grade	Consistence
0 to 5	Clay Loam	5	10YR 3/2				Blocky	Moderate	Friable
5 to 244	Clay Loam	5	7.5YR 5/6				Blocky	Moderate	Friable
14 to 72	Silty Sand	5	7.5YR 4/6				Granular	Moderate	Friable

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

Paul J. Brandt *Paul Brandt PSS* 5182 21-Apr-21
 (Designer/Inspector) (Signature) (License #) (Date)

I hereby certify that this plan, document, or report was prepared by me or under my direct supervision and that I am a Licensed Professional Soil Scientist under the Laws of the State of Minnesota.
 Date 21-Apr-21 License Number 30007
 Signature *Paul Brandt PSS*

Notes: This soil profile is abridged to meet the requirements for septic systems. If a complete soil profile description is needed they will be supplied upon request.



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: 4-15-21 Reason for Maintenance: Routine
 Property Address: 8567 Stillwater Blvd N Property Owner's Name: Tim Holst
 Municipality: Lake Echo ZIP: 55042 Property Identification Number: _____
 Maintenance Permit No: 17270422484 Maintainer Name and License No. Pinky's Environmental Sewer Service/ L1673

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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- How many gallons of septage were removed?
 Tank #1 1500 gal Tank #2 _____ gal Pretreatment tank _____ gal Pump Tank _____ gal
- Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

6. Location of septage disposal: SL pghl

Pinky's Environmental Sewer Service Inc.
 PO Box 354
 Afton MN 55001
 P: 651-439-4847 License Number: L1673