

Compliance inspection report form

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

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: <u>3302820110002</u> Loc	al regulatory authority: Washington County			
Property address: 5256 Saint Croix Trail South, Afton MN				
Owner/representative: BILLMEYER BRETT D	Owner's phone:			
Brief system description: in ground,				
System status				
System status on date (mm/dd/yyyy): 6/15/2021				
☐ 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	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.			
in Local Ordinance.) *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.			
Reason(s) for noncompliance (check all applicable	e)			
 Impact on public health (Compliance component #1) − Tank integrity (Compliance component #2) − Failing to Other Compliance Conditions (Compliance component Other Compliance Conditions (Compliance component 	p protect groundwater at #3) – Imminent threat to public health and safety			
Soil separation (Compliance component #5) – Failing				
Certification				
abuse of the system, inadequate maintenance, or future water usage	nade due to unknown conditions during system construction, possible ge.			
By typing my name below , I certify the above statements to be true can be used for the purpose of processing this form.	ue and correct, to the best of my knowledge, and that this information			
Business name: Soil Investigation & Design, Inc.	Certification number: 3263			
Inspector signature: Paul J. Brandt PSS	License number: 5182			
(This document has been electronically signed)	Phone: 6512603783			
Necessary or locally required supporting doc	umentation (must be attached)			
Soil observation logs □ Locally required forms	☐ Coperating Permit			
☐ Other information (list):				

1. Impact on public health - Compliance component #1 of 5 Compliance criteria: Attached supporting documentation: ☐ Yes* ☒ No System discharges sewage to the Other: ground surface ☐ Not applicable System discharges sewage to drain ☐ Yes* ☒ No tile or surface waters. ☐ Yes* ☒ No System causes sewage backup into dwelling or establishment. Any "yes" answer above indicates the system is an imminent threat to public health and safety. Describe verification methods and results:

2. Tank integrity – Compliance component #2 of 5

Compliance criteria:		Attached supporting d	ocumentation:			
System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes* ☒ No	☐ Pumped at time of inspe				
Sewage tank(s) leak below their	☐ Yes* ☒ No	License number of maintenance business:				
designed operating depth?		Date of maintenance:				
		⊠ Existing tank integrity as	ssessment (Attach)			
If yes, which sewage tank(s) leaks:		Date of maintenance (mm/dd/yyyy):	8/4/2020 (must be within three years)			
Any "yes" answer above indic is failing to protect groundwat		(See form instructions to Minn. R. 7082.0700 sub	o ensure assessment complies with op. 4 B (1))			
		☐ Tank is Noncompliant (p	pumping not necessary – explain below)			
		Other:				
Describe verification methods and	d results:					

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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	cured?
	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.	y? ☐ Yes* ☐ No ☐ Unknown
	 3c. System is non-protective of ground water for other conditions as determined by inspector? 3d. System not abandoned in accordance with Minn. R. 7080.2500? *Yes to 3c or 3d - System is failing to protect groundwater. 	☐ Yes* ☐ No ☐ Yes* ☐ No
	Describe verification methods and results:	
	Attached supporting documentation: Not applicable	
1	Operating permit and nitrogen BMP* – Compliance component #4 o	(.
	Operating permit and introgen bivir — compliance component #4 0	f 5 ⊠ Not applicable
	Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? Yes No I	f "yes", A below is required
	Is the system operated under an Operating Permit?	f "yes", A below is required f "yes", B below is required
	Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? BMP = Best Management Practice(s) specified in the system design	f "yes", A below is required f "yes", B below is required
<u></u>	Is the system operated under an Operating Permit? 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.	f "yes", A below is required f "yes", B below is required
	Is the system operated under an Operating Permit? 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:	f "yes", A below is required f "yes", B below is required
<u></u>	Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? \[\text{Yes} \] No \[\text{I} \] 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? \[\text{Yes} \] No	f "yes", A below is required f "yes", B below is required
	Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? Yes No I 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	f "yes", A below is required f "yes", B below is required
	Is the system operated under an Operating Permit?	f "yes", A below is required f "yes", B below is required
<u></u>	Is the system operated under an Operating Permit?	f "yes", A below is required f "yes", B below is required
7.	Is the system operated under an Operating Permit?	f "yes", A below is required f "yes", B below is required
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5. Soil separation – Compliance component #5 of 5

Date of installation 09/11/2000 (mm/dd/yyyy)	_ 🛛 Unknown					
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 Protection Area or not serving a food,		☐ Not applicable (No soil treatment area)				
beverage or lodging establishment:		Surface 882'				
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 systems located in Shoreland or Wellhead	,	A. Bottom of distribution media	877			
Protection Areas or serving a food, beverage, or lodging establishment:		B. Periodically saturated soil/bedrock	873			
Drainfield has a three-foot vertical		C. System separation	4			
separation distance from periodically		D. Required compliance separation*	3			
saturated soil or bedrock.*		*May be reduced up to 15 percent if allo Ordinance.	owed by Local			
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 failing to protect groundwater. Describe verification methods and results	•					

Soil borings

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.

800-657-3864

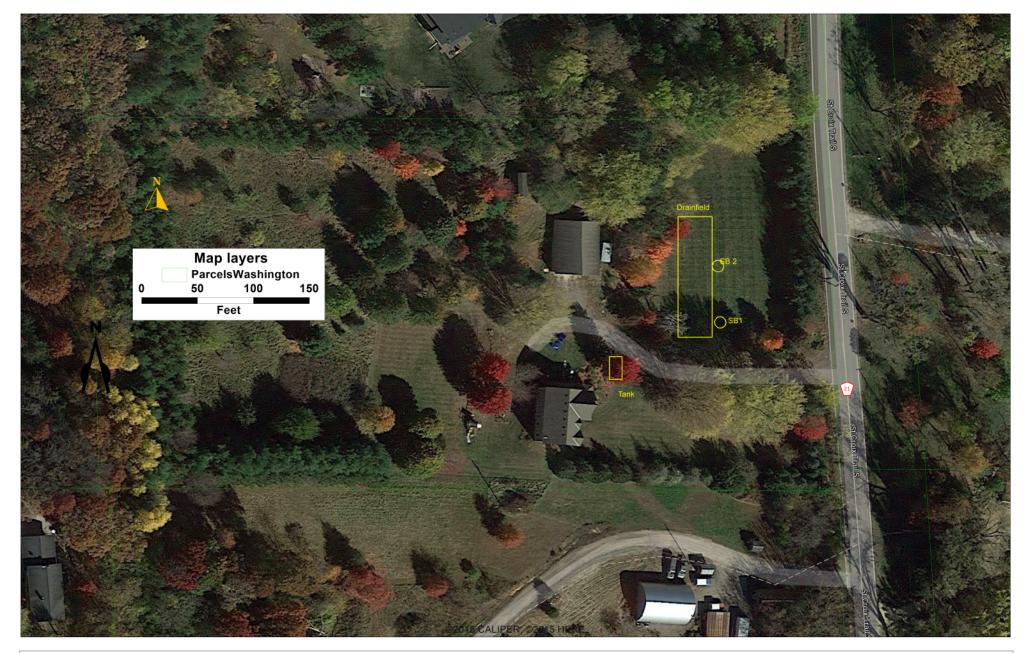


Figure 1: Site Detail Map

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

Client: Brett Billmeyer

Address: 5256 St. Croix Trail S. Afton, MN

Soil Observation Log

Project ID:

Client:		BILI	LMEYER B	RETT D			Locat	ion / Address:	5256 S	aint Croix Trail S	outh, Afton MN
Soil parent n	naterial(s): (Cl	heck all th	at apply)	V	Outwash [Lacustrine	☐ Loess ☐ T	ill 🗌 Alluvi	um 🗌 Bedro	ock 🗌 Organio	Matter
Landscape P	osition: (selec	t one)	Shou	ılder	Slope %:	3.0	Slope shape	: Linear	, Linear	Eleva	tion: LIDAR 882.0
Vegetation:		Grass		Soi	l survey m	nap units:				Limiting Layer	Elevation:
Weather Cor	nditions/Time	of Day:		clea	ır- 85		11:0	00	Date	00	6/15/21
Observatio	n #/Location:	SI	В			1		Obse	ervation Type:		Auger
Depth (in)	Texture	Rock	Matrix (Color(s)	Mottle	Color(s)	Redox Kind(s)	Indicator(s)	Į.	Structure	I
Depth (III)	rexture	Frag. %	Matrix	cotor (s)	Mottle	Cotor (s)	Redox Kilid(s)	indicator(s)	Shape	Grade	Consistence
0 to 9	Loam	0	10YR	4/3					Blocky	Moderate	Friable
0 10 7	Louin	ŭ							Diocity	Moderate	Triable
9 to 16	Loam	0	10YR	5/4					Blocky	Moderate	Friable
									,		
16 to 27	Loam	0	10YR	3/3					Blocky	Moderate	Friable
					ļ						
27 to 48	Loam	0	10YR	4/4					Blocky	Moderate	Friable
			(0)(5								
48 to 79	Loam	0	10YR						Blocky	Moderate	Friable
			10YR								
79 to 84	Loam	0	10YR	4/6					Massive	Moderate	Firm
I hereby certif	v that I have cor	nnleted this	s work in a	ccordance	with all an	onlicable or	dinances, rules and	1 laws			
	aul J. Brandt	piotod tilic	,oik iii a	/	W. Brondt		amanooo, raioo am		5182		15-Jun-21
	signer/Inspector	.)	ļ		0	(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 15-Jun-21

License Number 30007

Signature

Paul Brondt 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: BILLMEYER BRETT D					Locati	ion / Address:	5256 S	aint Croix Trail S	outh, Afton MN			
Soil parent n	naterial(s): (CI	heck all th	at apply)	V	Outwash [Lacustrine	☐ Loess ☐ Ti	ill 🗌 Alluvii	um 🗌 Bedro	ock 🗌 Organio	Matter	
Landscape P	osition: (selec	t one)	Shou	ılder	Slope %:	3.0	Slope shape:	Linear,	, Linear	Eleva	tion: LIDAR 882.0	
Vegetation:		Grass		Soil survey map units:							Limiting Layer Elevation:	
Weather Cor	nditions/Time	of Day:		clea	ır- 85		11:0	0	Date	00	6/15/21	
Observation	n #/Location:	SI	В			2		Obse	ervation Type:		Auger	
Depth (in)	Texture	Rock	Matrix	Color(s)	Mottle	Color(s)	Redox Kind(s)	Indicator(s)	ļ	Structure	I	
Depth (iii)	Texture	Frag. %	Matrix	Cotol (3)	Mottle	Cotol (3)	Redox Kilid(3)	indicator(3)	Shape	Grade	Consistence	
0 to 12	Loam	0	10YR	3/3					Blocky	Moderate	Friable	
12 to 24	Loam	0	10YR	4/3					Blocky	Moderate	Friable	
24 to 25	Loam	0	10YR	5/4					Blocky	Moderate	Friable	
25 to 72	Loam	0	10YR	3/3					Blocky	Moderate	Friable	
	•	npleted this	work in a	/	7		dinances, rules and	laws.				
	aul J. Brandt			00	W. Brondt			■	5182	ı	15-Jun-21	
(Des	signer/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.

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Signature

Paul Brondt 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.

Property address: 5256 St. Crox Tr	State: MM	Parcel ID: Zip code: 5500
Optional section: Sewage Tank Compliance This form does not represent a complete system inspection Instructions: This section of the form may be completed and s		ranger menengan unter esse insprisprisprisprisprisprisprisprisprispri
the system. When this section of the form is signed by a qualified certified por	procedures to assess the con	ed Individual (DCI) of a licensed SST opliance status of each sewage tank
The information and certified statement on this form is required individual other than the SSTS Inspector that submits the inspector that submits the inspector that submits the inspector three years beyond the signature date on this form unless a new required according to local regulations. Additional Administrative R. 7082.0700, subp. 4 Items B, C, and D: 7083.0730 Item C.	when existing septic tank com tion report. It represents a thir	compliance-criteria. Inpliance status is determined by an order party assessment of SSTO
Affirm all three statements: 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.	Notice of sewage ta Select all that apply: ☐ The SSTS has a leaching pit, or or Groundwater." ☐ It has a sewage to watertight, but su operating depth ☐ It presents a thre unsecured, dama cover(s) or other	tank non-compliance I seepage pit, cesspool, drywell, ther pit — "Failure to Protect I tank that was designed to be absequently leaks below the designer." Failure to Protect Groundwater." at to public safety by reason of a ged, or weak maintenance hole
impany information impany name: PINKYS Saver Service siness license number: 1673 ersonally conducted the work described above as a Designated siness. I personally conducted the necessary procedures to assessing at the conducted the signated Certified (vidual's signature:	Print name: MCI Certification number:	ndividual (DCI) information Clymer 22814