

# 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: 2102920420010 Local regulatory authority: Washington County

Property address: 2433 Oriole Ave N West Lakeland, Mn. 55082

Owner/representative: Larry Groppoli Owner's phone: 651-303-0760

Brief system description: 2 Precast Septic tanks to drainfield

### System status

System status on date (mm/dd/yyyy): 6/22/2021

**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: Meyer's
- License number of maintenance business: 915
- Date of maintenance: 6/22/2021
- Existing tank integrity assessment (Attach)
- Date of maintenance (mm/dd/yyyy): \_\_\_\_\_ (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

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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

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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 January 1994  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	30"
B. Periodically saturated soil/bedrock	72"
C. System separation	42"
D. Required compliance separation*	24"

\*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.

2433 ORIOLE AVE N. WEST LAKE LAND MN. 55082

KLINE BROS EXCAVATING

429 5793

P. 03

RECEIVED  
DEC 14 1993  
PUBLIC HEALTH

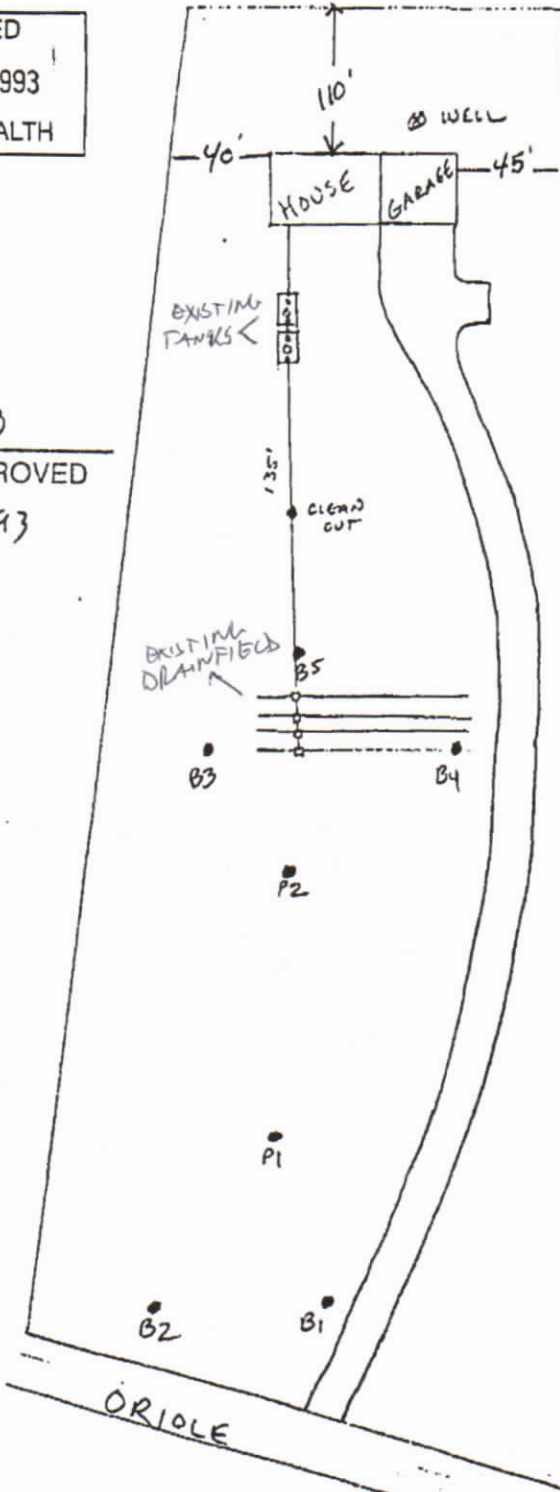
PERMIT # 98 93 129  
CONDITIONALLY APPROVED

P. Gomez 12-21-93

LARRY GROPPOLLI

LOT 2  
BLOCK 3  
West Lakeland Hills

1/4" = 15'



ORIOLE

JOB KENT JEFFERSON  
 Block 3 Lot 2, WEST LAKEHURST HILLS  
WALKER, CA.

BORING LOG

PAGE 1 of 2

DATE 12-3-90

BOREHOLE DIAMETER 4'-3 1/2" - 2 1/2" HANE ROSSER

DEPTH FEET	HOLE #1	HOLE #2	HOLE #3	HOLE #4	HOLE #5	HOLE #6
1	DARK BROWN, SANDY LOAM	DARK BROWN, SANDY LOAM	DARK BROWN, SANDY LOAM	DARK BROWN LOAM	DARK BROWN LOAM	DARK BROWN LOAM
2	BROWN LOAM			BROWN, SANDY LOAM	BROWN LOAM	BROWN LOAM
3	BROWN, FINE SAND	BROWN LOAM	BROWN, SANDY LOAM	BROWN, FINE TO MEDIUM SAND	HEAVY ROCKS	BROWN, MEDIUM TO COARSE SAND WITH LIGHT ROCK
4	BROWN, FINE TO MEDIUM SAND WITH LOAM LAYERS	BROWN, FINE TO MEDIUM SAND	TRACE OF IRON BROWN, SANDY LOAM		STOP	
5			LIGHT MOTILE			
6		BROWN, COARSE SAND - HEAVY 1/2" TO 1" ROCKS	BROWN, FINE TO MEDIUM SAND - LIGHT LOAM DEPOSITS	BROWN, MEDIUM SAND - HEAVY 1/2" ROCKS		
7	BROWN, SILTY SAND	STOP	STOP	GRAVELLY STOP		STOP
8						
9						
10						

Page 2 of 2

BORING LOG

JOB # Kent Jefferson  
 Block 3 Lot 2, West Laneland Hills  
 Wash. DC.

BOREHOLE DIAMETER 4'-3 1/2" - 2 1/2" HAND AUGER

DATE 12-3-90

DEPTH FEET	HOLE # 7	HOLE # 2	HOLE # 3	HOLE # 4	HOLE # 5	HOLE # 6
1	DARK BROWN LOAM					
2						
3	Brown LOAM					
4						
5	BROWN, SANDY LOAM					
6						
7	MOTTLED SOIL					
8						
9	Stop					
10						



**WASHINGTON COUNTY, MINNESOTA**  
 Department of Health, Environment,  
 and Land Management 612/430-6708  
 WEST LAKELAND TOWNSHIP

PERMIT NUMBER 9893128 SEWAGE PERMIT

Owner : LARRY GROPPOLTI  
 3155 OLIVEH TR. E.  
 INVER GROVE HEIGHTS MI 55076  
 Applicant : R.W. LACASSE 715-548-5693

SEPTIC SYSTEM PERMIT 100.00  
 Total Fees : 100.00  
 Total Paid : .00  
 Total Due : 100.00

98-93128

**PERMISSION IS HEREBY GRANTED**

To execute the work specified in this permit on the following described property upon express condition that said persons and their agents, employees and workmen shall conform in all respects to the provisions of the Building Code, and/or Ordinances.  
 This permit may be revoked at any time upon the violation of any of the provisions of said code and ordinances.

Project Address : 2433 ORIOLE AVE N STILLWATER MI 55082

Flow Capacity 800 Gal/Day  
 Soil Conditions: Depth to Restriction 84 Inches Perc Rate 20 Min/Inch

Soil Treatment Area Type:  
 In Ground Y In Fill N Bed N Drain Field Y

- Authorized Work / Special Conditions
- Install individual sewage treatment system as per approved design in area tested and shown on site plan.
  - THIS SYSTEM MUST BE INSTALLED BY A CERTIFIED/LICENSED SEWAGE TREATMENT SYSTEM INSTALLER HOLDING A CURRENT LICENSE WITH WASHINGTON COUNTY. (A list of licensed installers is available at your request.)

\*\* Permit Expiration Date : Sewage Treatment : 12/21/84

A CERTIFICATE OF OCCUPANCY MUST BE REQUESTED AND ISSUED PRIOR TO USE OR OCCUPANCY OF WORK PERMITTED BY A BUILDING PERMIT.

\*\* This permit shall expire and be null and void if the work authorized by the Building Permit is not commenced within 60 days of the date of issuance or if work is abandoned or suspended for a period of 120 days. Term of the Building Permit is 12 months from date of issue. Term of sewage treatment permit is 6 months from date of issue.

Penalty for violation of any of the provisions of building code: Fine not to exceed five hundred dollars (\$500.00) or imprisonment for not more than ninety (90) days, or both.

Permit Issue Date 12/21/83 Code Enforcement Officer 

FILE



88-23188

INSPECTION RECORD

BUILDING	DATE	INSP.	COMMENTS
Foundation.....			
Foundation Wall.....			
Plumbing (Groundwork).....			
Heating (Groundwork).....			
Rough Plumbing.....			
Rough Gas Piping.....			
Rough Heating and Ventilation.....			
Framing.....			
Insulation.....			
Fireplace.....			
Chimney.....			
Wallboard or Lath and Plaster.....			
Final Building.....			
Final Plumbing.....			
Final Gas Piping.....			
Final Heating and Ventilation.....			

SEWAGE TREATMENT SYSTEM	DATE	INSP.	COMMENTS
Installation.....	<i>January</i>		Tank Size: 2-1000 Treatment Area: 1000 sq ft
As Built.....	<i>see notes</i>		Installer: <i>Bruce Klein</i>

DRIVEWAY	DATE	INSP.	COMMENTS
Access.....			
Installation.....			

NOTES: Apparently installer talked to Ross to inspect. Question whether actually viewed or not. OK system ALB

Postmark  
**Fax Transmittal Memo 7672**  
 To **WASHINGTON CO.**  
 Location  
 Rec'd **430-6730**  
 Comments

No of Pages **2** Date Rec'd **3/31/94**  
 From **KLINE BROS ENCAVATING**  
 Company  
 Location  
 Cost Charge  
 Fax # **Washington 401-5793**  
 Original Disposition  Daily  Return  Call for copy

**COULD YOU FAX A LETTER OF APPROVAL TO FIRST FEDERAL BANK, HUDSON WI. FAX # 1-715-386-9221**

**AS-BUILT REPORT  
 INDIVIDUAL SEWAGE TREATMENT SYSTEM**

Washington County Health, Environment & Land Management  
 14900 61ST ST N, PO BOX 3803, STILLWATER, MN 55082-3803  
 612/430-6708 or 612/430-6656 FAX 612/430-6730

Legal Description or Complete Street Address		City or Township	
2433 ORIOLE AVE N STILLWATER MN		55082	
Owner Name	Mail Address	City	State Zip
LARRY GRADPOLLI	3155 EUREEN TR E INVERGROVE MC16115 MN	55076	
Installer	Mail Address	City	State Zip
KLINE BROS ENCAVATING	896 110 ST N STILLWATER MN	55082	
Septic Tank Information			
Tank Manufacturer: <b>A-1 CONCRETE</b>		Liquid Capacity (2) <b>1000 GAL</b>	

PUMP CHAMBER (if installed)			
Tank Manufacturer	Liquid Capacity:	Horsepower of Pump	Type of Warning Device
Pump Discharge in Gallons Per Minute Head	at	Feet of	Number of Gallons Pumped Per Cycle

DRAINFIELD TRENCH		BED OR MOUND	
Width <b>36"</b>	Length of Each Trench <b>(5) 67'</b>	Rock Bed Length	Width Area
Depth of Trench Bottom from Finished Grade <b>30"</b>		Bed Depth from Grade	
Method of Distribution: <input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input checked="" type="checkbox"/> Drop Box		MOUND: Upslope Sand Bed Depth Downslope Sand Bed Depth:	
Depth of Rock Under Distribution Pipe <b>12"</b>		Depth of Rock Under Pipe	
Square Footage of Treated Area Used <b>2680 SQ FT</b>		PRESSURE DISTRIBUTION SYSTEM:	
Trench Bottom Square Footage Required <b>1002</b>	Area At Built <b>1005</b>	Lateral Inside Diameter	Length Perforation Size
		Spacing	Number Perforation Spacing

Complete site plan on attached sheet. On the site plan, include location of structures, septic tank, pump chamber, line from house to tank, treatment system, distribution lines, distribution or drop boxes, well, and driveway. Show all distances applicable to the sewage treatment system (distance from structure to tank, tank to treatment system, distance between distribution lines, length of distribution lines, and distance between well and sewage treatment system). Indicate NORTH on the site plan and the scale of the plan.

ASBUILT.FAM DC 911

WASHINGTON COUNTY SEPTIC PERMIT NUMBER 9893128

AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

IF YOU NEED ASSISTANCE DUE TO DISABILITY OR LANGUAGE BARRIER, PLEASE CALL 430-6708 (TDD 430-3220).