

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: Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf.

Parcel ID# or Sec/Twp/Range: 14.028.20.12.0044 Reason for Inspection property sale Local regulatory authority info: Washington County Property address: 2060 Racine Ave S Lake St Croix Beach, MN 55043 Owner/representative: Jerome Hagen Owner's phone: 651-436-2 Brief system description: Two septic tanks and a pump tank lifting to a gravity drainfield System status System status on date (mm/dd/yyyy): 7/27/2021 Compliant – Certificate of compliance* Noncompliant – Notice of noncompliance	2256
Property address: 2060 Racine Ave S Lake St Croix Beach, MN 55043 Owner/representative: Jerome Hagen Owner's phone: 651-436-22 Brief system description: Two septic tanks and a pump tank lifting to a gravity drainfield System status System status on date (mm/dd/yyyy): 7/27/2021 Compliant – Certificate of compliance* Noncompliant – Notice of noncompliance	2256
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Malid for 2 years from report data unless evidence of an	
(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and Systems failing to protect ground water must be upgraded, rules discontinued within the time required by local ordinance	
abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.) *Note: Compliance indicates conformance with Minn. *Note: Compliance indicates conformance with Minn.	ns of receipt
R. 7080.1500 as of system status date above and does not guarantee future performance. of this notice or within a shorter period if required by local or under section 145A.04 subdivision 8.	ainance or
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 grou	ındwater
Soil separation (Compliance component #5) – Failing to protect groundwater	
☐ Operating permit/monitoring plan requirements (Compliance component #4) – Noncompliant - local ordinance	applies
Comments or recommendations	
Reviewed septic system records on file at Washington County.	
Certification	
I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determine future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the 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 informatised for the purpose of processing this form.	ition can be
Business name: All State Septic Services LLC Certification number: 32	23
Inspector signature: Tom Trooien License number: 15	
(This document has been electronically signed) Phone: 61	12-594-4496
Necessary or locally required supporting documentation (must be attached)	
☑ Soil observation logs ☑ System/As-Built ☐ Locally required forms ☑ Tank Integrity Assessment ☐ Operate	ting Permit
Other information (list):	

npact on public health – Co	omphance comp	JOHEHL #I OLD
Compliance criteria:	T.	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	
System causes sewage backup into dwelling or establishment.	☐ Yes* ☒ No	
Any "yes" answer above indicates imminent threat to public health an		
Describe verification methods and	results:	
Searched for seeping or surfacing to	the ground surface - n	one observed during the inspection.
n k integrity – Compliance	component #2	of 5
nk integrity – Compliance Compliance criteria:	component #2	
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,	component #2 □ Yes* ☑ No	Attached supporting documentation: ☐ Empty tank(s) viewed by inspector
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes* ☒ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business:
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,		Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business:
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes* ☒ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business: Date of maintenance:
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth?	☐ Yes* ☒ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business: Date of maintenance: Existing tank integrity assessment (Attach) Date of maintenance 5/4/2020
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth? If yes, which sewage tank(s) leaks:	☐ Yes* ☒ No ☐ Yes* ☒ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business: Date of maintenance: Existing tank integrity assessment (Attach) Date of maintenance (mm/dd/yyyy): (must be within three year
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth?	☐ Yes* ☒ No ☐ Yes* ☒ No ☐ Yes* ☒ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business: Date of maintenance: Existing tank integrity assessment (Attach) Date of maintenance 5/4/2020
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth? If yes, which sewage tank(s) leaks: Any "yes" answer above indicates.	☐ Yes* ☒ No ☐ Yes* ☒ No ☐ Yes* ☒ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business: Date of maintenance: Existing tank integrity assessment (Attach) Date of maintenance (mm/dd/yyyy): (See form instructions to ensure assessment compliance)

Р	Property Address: 2060 Racine Ave S Lake St Croix Beach, MN 55043	
В	Business Name: _ All State Septic Services LLC	Date: 7/27/2021
3.	Other compliance conditions – Compliance component #3 of 5	
	3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecuted Yes* ⊠ No □ Unknown	red?
		DV* DN- DH-I
	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.	:
		☐ Yes* ☒ No
		☐ Yes* ☒ No
	*Yes to 3c or 3d - System is failing to protect groundwater.	
	Describe verification methods and results:	
	Attached supporting documentation: ⊠ Not applicable □	
	Attached supporting documentation. Not applicable	
4.	. Operating permit and nitrogen BMP* – Compliance component #4 of 5	o ⊠ Not applicable
4.	. Operating permit and nitrogen BMP* – Compliance component #4 of 5	
4.	. Operating permit and nitrogen BMP* — Compliance component #4 of 5 Is the system operated under an Operating Permit? □ Yes ☑ No If "	yes", A below is required
4.	Is the system operated under an Operating Permit? ☐ Yes ☒ No If " Is the system required to employ a Nitrogen BMP specified in the system design? ☐ Yes ☒ No If "	yes", A below is required
4.	Is the system operated under an Operating Permit? ☐ Yes ☒ No If " Is the system required to employ a Nitrogen BMP specified in the system design? ☐ Yes ☒ No If " BMP = Best Management Practice(s) specified in the system design	yes", A below is required
4.	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.	yes", A below is required
4.	Is the system operated under an Operating Permit? 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:	yes", A below is required
4.	Is the system operated under an Operating Permit?	yes", A below is required
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usiness Name: All State Septic Services LLC		Date: <u>7</u>	/27/2021
Soil separation — Compliance con	nponent #5 c	of 5	
Date of installation 8/5/2002 (mm/dd/yyyy)	Unknown		
Shoreland/Wellhead protection/Food beverage lodging? Compliance criteria (select one):	⊠ Yes □ No	Attached supporting documentation: ☐ Soil observation logs completed for th ☐ Two previous verifications of required	
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*	☐ Not applicable (No soil treatment area ☐	·
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: Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	⊠ Yes □ No*	Indicate depths or elevations A. Bottom of distribution media B. Periodically saturated soil/bedrock C. System separation D. Required compliance separation* *May be reduced up to 15 percent if allowed or separation.	2 5 3 3 wed 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 (Intermediate Inspector License required ≤ 2,500 gallons per day; Advanced Inspector License required > 2,500 gallons per day) Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No*		

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.

Describe verification methods and results:

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

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 from Existing system (wg-wwists4-31b). This form can be found on the MPCA website at https://www.pca state.mn.us/water/sats-and-msts-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 SSTS 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.

Business license number: 1613 Designated Certified Individual (DCI) information Print name: MCII Clymer Certification number: CZ814 I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS Maintenance.	Certificate of sewage tank compliance 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. Company information	Notice of sewage tank non-compliance Select all that apply: The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit — "Failure to Protect Groundwater." It has a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth — "Failure to Protect Groundwater." It presents a threat to public safety by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition — "Imminent Threat to Public Health or Safety."
Individual's signature: Date (mm/dd/yyyy): 5/4/20	Business license number: 1613 I personally conducted the work described above as a Designated Business. I personally conducted the necessary procedures to assignated Certified.	Print name: NCI CLYMER Certification number: CZ814 Certification number: CZ814 Certified Individual of a Minnesota-licensed SSTS Maintenance sess the compliance status of each sewage tank in this SSTS:

DRAIN CITY WATER SEPTIC 2060 RACINE AVES ST CROIX BEACH, MN 55043 N 2+n GARAGE



Soil Observation Log

v 04.01.2021

Project ID:

Client:			Jerome Hagen		Locat	Location / Address:	2060 Racine	Ave S Lake St Cro	2060 Racine Ave S Lake St Croix Beach, MN 55043
Soil parent m	Soil parent material(s): (Check all that apply)	k all that	apply)	Outwash Lacustrine	Loess	Alluvium) Bedrock	k Organic Matter	Matter
Landscape Pc	Landscape Position: (select one)	ne)		Slope %:	Slope shape			Elevation	Elevation-relative to benchmark:
Vegetation:				Soil survey map units:				Limiting Layer Elevation:	:levation:
Weather Conc	Weather Conditions/Time of Day:	Jay:					Date	0.	07/27/21
Observation	Observation #/Location:	Ω	B-1			Obser	Observation Type:		Auger
Donth (in)	Tovturo	Rock	Matrix Color(c)	Mottle Color(c)	Dodov Kind(c)	Indicator(c)		Structure	
nebrii (III)	a maxa I	Frag. %	ויומנו וא כטוטו (א)	ואוסרנוב בסוסו (s)	redox niiid(s)	IIIUICatol (s)	Shape	Grade	Consistence
70	700		10YR 2/2						
6-124	D								
	:5/ [7.5YR 3/4						
14-14 7	med/IIIne sand								
			10YR 4/4						
44-90	sand w/rocks							- 3000° 3000° 30	
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	00 0000 0000 0								
			,						
	***************************************		******				**********		
Comments								T.	
I hereby cert	ify that I have α	ompleted	I hereby certify that I have completed this work in accordance with		all applicable ordinances, rules and laws.	s and laws.			. 8
	Tom Trooien		Tom Trooien	ooien			1568	•	7/27/21
(Doc	"inny (Inchartor)	-		(Ciutanita)			(H iconco #)		(Dato)