

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

Compliance inspection report form Existing Subsurface Sewage Treatment System (SSTS)

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.

Property information	Local tracking number:
Parcel ID# or Sec/Twp/Range: 04.032.20.14.0001	Reason for Inspection property sale
Local regulatory authority info: Washington County	property care
Property address: 23393 Nolan Ave N Scandia, MN 55073	
Owner/representative: Jim Simpson	Owner's phone: 651-770-2222
Brief system description: Three septic tanks and one pump tank	
System status	
System status on date (mm/dd/yyyy): 9/7/2021 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.) *Note: Compliance indicates conformance with Minn.	Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance. An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months 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 ordinance or under section 145A.04 subdivision 8.
Reason(s) for noncompliance (check all applicab	ole)
☐ Impact on public health (Compliance component #1)	
☐ Tank integrity (Compliance component #2) – Failing	
☐ Other Compliance Conditions (Compliance compone	ent #3) – Imminent threat to public health and safety
☐ Other Compliance Conditions (Compliance compone	
	2500 (Compliance component #3) – Failing to protect groundwater
☐ Soil separation (Compliance component #5) – Failing	
	npliance component #4) – Noncompliant - local ordinance applies
Comments or recommendations	The instance of the instance o
Reviewed septic system records on file at Washington Co	nuntv
Treviewed depthe dystem redords on the at washington oc	runty.
Certification	
future system performance has been nor can be made due to unknow inadequate maintenance, or future water usage.	to determine the compliance status of this system. No determination of wn conditions during system construction, possible abuse of the system,
By typing my name below, I certify the above statements to be true used for the purpose of processing this form.	and correct, to the best of my knowledge, and that this information can be
Business name: All State Septic Services LLC	Certification number: 323
Inspector signature:Tom Trooien	License number: 1568
(This document has been electronically sign	
Necessary or locally required supporting doc	
Soil observation logsSystem/As-Built□ Locally re□ Other information (list):	equired forms 🛛 Tank Integrity Assessment 🔲 Operating Permit

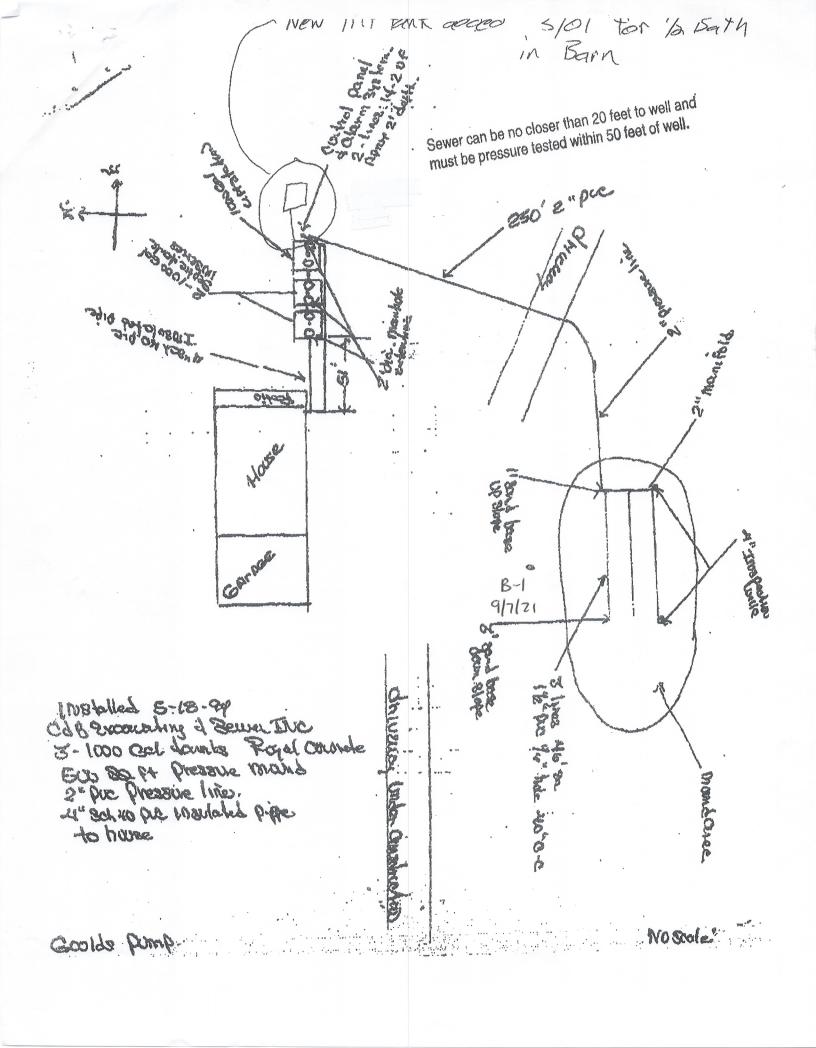
Business Name: All State Septic Services LL	andia, MN 55073	Date: 9/7/2021
All state depite dervices El	-0	Date. 9/1/2021
1. Impact on public health — Co	ompliance comp	ponent #1 of 5
Compliance criteria:		Attached supporting documentation:
System discharges sewage to the ground surface	☐ Yes* ☒ No	☐ 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 ar		
Describe verification methods and	results:	
. Tank integrity – Compliance	component #2	of 5
Compliance criteria:	•	Attached supporting documentation:
System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes* ☒ No	☐ Empty tank(s) viewed by inspector Name of maintenance business:
Sewage tank(s) leak below their designed operating depth?	☐ Yes* ☒ No	License number of maintenance business: Date of maintenance:
	A 100	Existing tank integrity assessment (Attach)
If yes, which sewage tank(s) leaks:		Existing tank integrity assessment (Attach) Date of maintenance (mm/dd/yyyy): 9/7/2021 (must be within three years)
Any "yes" answer above indic		Date of maintenance (mm/dd/yyyy): 9/7/2021 (must be within three years)
		Date of maintenance 9/7/2021 (mm/dd/yyyy): (must be within three years) (See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))
Any "yes" answer above indic	er.	Date of maintenance 9/7/2021 (mm/dd/yyyy): (must be within three years) (See form instructions to ensure assessment complies wit Minn. R. 7082.0700 subp. 4 B (1)) Tank is Noncompliant (pumping not necessary – explain below
Any "yes" answer above indicate is failing to protect groundwate	er.	Date of maintenance 9/7/2021 (mm/dd/yyyy): (must be within three years) (See form instructions to ensure assessment complies wit Minn. R. 7082.0700 subp. 4 B (1)) Tank is Noncompliant (pumping not necessary – explain below
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	Property Address: 23393 Nolan Ave N Scandia, MN 55073	
В	Business Name: All State Septic Services LLC	Date: 9/7/2021
3.	. Other compliance conditions – Compliance component #3 of 5	
	3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or	r 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 inspecto	r? ☐ 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 🔲	
	The applicable of the state of	
4.		#4 of 5 🛛 Not applicable
4.	. Operating permit and nitrogen BMP* – Compliance component	
4.	. Operating permit and nitrogen BMP* — Compliance component : Is the system operated under an Operating Permit? □ Yes □	No If "yes", A below is required
4.	Solution of 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? ☐ Yes	No If "yes", A below is required
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ısiness Name: All State Septic Services LLC			Date: \(\)	9/7/2021
Soil separation – Compliance co	mpone	nt #5 o	f 5	
Date of installation 5/18/1994 (mm/dd/yyyy)	Unkr	nown		
Shoreland/Wellhead protection/Food beverage lodging?	⊠ Yes	□No	Attached supporting documentation:	ne report
Compliance criteria (select one):			☐ Two previous verifications of required	I vertical separation
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 are:	•
Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.				
5b. Non-performance systems built		□ No*	Indicate depths or elevations	
April 1, 1996, or later or for non- performance systems located in Shoreland			A. Bottom of distribution media	94.4
or Wellhead Protection Areas or serving a			B. Periodically saturated soil/bedrock	91.3
food, beverage, or lodging establishment: Drainfield has a three-foot vertical			C. System separation	3.1
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 (Intermediate Inspector License required ≤ 2,500 gallons per day; Advanced Inspector License required > 2,500 gallons per day)	☐ Yes	□ No*		
Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.				
*Any "no" answer above indicates the sfailing to protect groundwater.	system i	s		

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.

Property address: 38393 Notew AVE City: Scandia Mu	State: NN Parcel ID: Zip code: 55073
Optional section: Sewage Tank Compliance	Certification (Tank integrity assessment)
This form does not represent a complete system inspection this form, completed, may serve as a tank integrity assessment.	report and only certifies sewage tank compliance status. i.e.,
Instructions: This section of the form may be completed and signal Maintenance Business who personally conducts the necessary pathe system.	gned by a Designated Certified Individual (DCI) of a licensed SSTS rocedures to assess the compliance status of each sewage tank in
When this section of the form is signed by a qualified certified pro Existing System Compliance Inspection Report: Compliance insp found on the MPCA website at https://www.pca.state.mn.us/wate	ofessional, it becomes necessary supporting documentation to an ection form - Existing system (wq-wwists4-31b). This form can be r/service-and-maintenance.
The information and certified statement on this form is required vindividual other than the SSTS Inspector that submits an inspectic component compliance and is allowable under Minn. R. 7082.070 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.	on report. This form represents a third party assessment of SSTS 0, subp. 4 Item (B) subitem (1). This form is valid for a period of evaluation is requested by the owner or owner's agent or is
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, crywell, 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.	 ☐ 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."
Company information	Designated Certified Individual (DCJ) information
Company name: Olson's Sewer Service, Inc.	Print name: Brion Dukget
Business license number: 216	Certification number: C9646
I personally conducted the work described above as a Designated Business. I personally conducted the necessary procedures to as	sess the compliance status of each sewage tank in this SSTS.
By typing/signing my name below, I certify the above statement	s to be true and correct, to the best of my knowledge, and that
this information can be used for the purpose of processing this following Designated Certified Individual's signature:	Date (mm/dd/yyyy): 9-7-21



Soil Observation Log

Project ID:

ROGRAM	3					Project ID:			v 04.01.2021	
Client:			Jim Simpson		Local	Location / Address:	23393	23393 Nolan Ave N Scandia, MN 55073	ndia, MN 55073	
Soil parent m	Soil parent material(s): (Check all that apply)	ck all that	t apply)	Outwash Dacustrine	Loess Till	Alluvium	m Bedrock		Organic Matter	
Landscape Po	Landscape Position: (select one)	ne)		Slope %:	Slope shape			Elevatio	Elevation-relative to benchmark:	n/a
Vegetation:		lawn		Soil survey map units:				Limiting Layer Elevation:	Elevation:	n/a
Weather Cond	Weather Conditions/Time of Day:	Day:	cl	clear am			Date	0	09/07/21	
Observation	Observation #/Location:	an an	B-1			opse0	Observation Type:		Auger	
Depth (in)	Texture	Rock	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	_	I Structure		
		Frag. %	-	\dashv	(c) NIII (c)	IIIGICACOI (3)	Shape	Grade	Consistence	nce
9-0	topsoil		10YR 3/2						x 200 200 200	
									m m	
6-22	loam		10YR 3/3						. 2000 2000 20	
			************	••••		, , , , , , , , , , , , , , , , , , ,			··· ···· ···	
22-32	meol vpues		10YR 4/3	10YR 6/8	Concentrations	51				
70 77	sairdy coaiii									
				••••••						

	*** *** ***			••••••						
	****			***************************************						
	48. 348. 34E									
	RRE MAK MA									
	DECREE DESCRIPTION		************	***************************************						
	OK BANC HAN									
Comments	Comments Redox at 91.3	3.1' separation	ıration							
I hereby certii	fy that I have co	ompleted	I hereby certify that I have completed this work in accordance with		all applicable ordinances, rules and laws.	and laws.				
	Tom Trooien			Tom Trooien			1568		9/7/21	
(Desi	(Designer/Inspector)			(Signature)			(License #)		(Date)	