

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: 12.030.21.14.0007 Reason for Inspection property sale

Local regulatory authority info: Washington County

Property address: 10768 Manning Trail Ct N Stillwater, MN 55082

Owner/representative: Tom & Laurie Dick Owner's phone: 651-303-5383

Brief system description: Two 1000 gallon precast septic tanks and a drainfield.

System status

System status on date (mm/dd/yyyy): 9/23/2021

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.)

Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.

**Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.*

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.

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

Reviewed septic system records.

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: All State Septic Services LLC Certification number: 323

Inspector signature: Tom Trooien License number: 1568

(This document has been electronically signed)

Phone: 612-594-4496

Necessary or locally required supporting documentation (must be attached)

Soil observation logs System/As-Built Locally required forms Tank Integrity Assessment Operating Permit

Other information (list): _____

Property Address: 10768 Manning Trail Ct N Stillwater, MN 55082

Business Name: All State Septic Services LLC

Date: 9/23/2021

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:

Searched for seeping or surfacing to the ground surface - none observed during the inspection.

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:

The tanks were pumped during the inspection. Lowered a camera into the tanks - bottoms, walls, covers, baffles, risers and maintenance hole covers appear ok

Attached supporting documentation:

- Empty tank(s) viewed by inspector
 - Name of maintenance business: Pinky's Sewer Service
 - License number of maintenance business: C9755
 - Date of maintenance: 9/23/2021
- 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: _____

Property Address: 10768 Manning Trail Ct N Stillwater, MN 55082

Business Name: All State Septic Services LLC

Date: 9/23/2021

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 3/16/1999 Unknown
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging? Yes No

Attached supporting documentation:

- Soil observation logs completed for the report
- Two previous verifications of required vertical separation
- Not applicable (No soil treatment area)
- _____

Compliance criteria (select one):

<p>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:</p> <p>Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No*
<p>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:</p> <p>Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*
<p>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)</p> <p>Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No*

Indicate depths or elevations

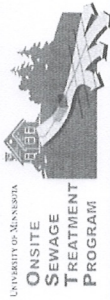
A. Bottom of distribution media	32"
B. Periodically saturated soil/bedrock	66"
C. System separation	34"
D. Required compliance separation*	36"-15% = 30.6"

*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.



Soil Observation Log

Project ID: v 04.01.2021

Client: **Tom & Laurie Dick**

Location / Address: **10768 Manning Trail Ct N Stillwater, MN 55082**

Soil parent material(s): (Check all that apply)

Outwash
 Lacustrine
 Loess
 Till
 Alluvium
 Bedrock
 Organic Matter

Landscape Position: (select one)

Slope %: _____ Slope shape _____

Elevation-relative to benchmark: _____

Vegetation: **lawn**

Soil survey map units: _____

Limiting Layer Elevation: _____

Weather Conditions/Time of Day: _____

clear am

Date

09/23/21

Observation #/Location: **B-1**

Observation Type: _____

Auger

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Structure	
							Shape	Grade
0-16	loamy sand		10YR 3/2					
16-24	coarse sand		10YR 4/3					
24-70	med sand		7.5YR 4/4					

Comments

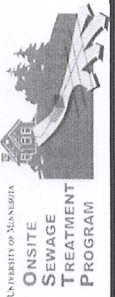
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

Tom Troojen

Tom Troojen

1568

9/23/21



Soil Observation Log

Project ID: _____ v 04.01.2021

Client: **Tom & Laurie Dick** Location / Address: **10768 Manning Trail Ct N Stillwater, MN 55082**

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

Landscape Position: (select one) Slope %: _____ Slope shape _____ Elevation-relative to benchmark: _____

Vegetation: lawn Soil survey map units: _____ Limiting Layer Elevation: _____

Weather Conditions/Time of Day: clear am Date: 09/23/21

Observation #/Location:		Observation Type:				Auger			
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Grade	Consistence
0-12	loamy sand		10YR 3/2						
12-26	coarse sand		10YR 4/3						
26-49	med sand		7.5YR 4/4						
49-72	med sand		10YR 5/4						

Comments: _____

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

Tom Trooien (Designer/Inspector) Tom Trooien (Signature) 1568 (License #) 9/23/21 (Date)

Soil Observation Log

Project ID: **v 04.01.2021**

Client: Tom & Laurie Dick			Location / Address: 10768 Manning Trail Ct N Stillwater, MN 55082								
Soil parent material(s): (Check all that apply)			<input type="checkbox"/> Loess	<input type="checkbox"/> Till	<input type="checkbox"/> Alluvium						
Landscape Position: (select one)			<input type="checkbox"/> Outwash	<input type="checkbox"/> Lacustrine	<input type="checkbox"/> Bedrock						
Vegetation: lawn			Soil survey map units: clear am								
Weather Conditions/Time of Day:			Date: 09/23/21								
Observation #/Location: B-3			Observation Type: Auger								
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Grade	Consistence	Elevation-relative to benchmark:	
											Structure-----I
0-14	loamy sand		10YR 3/2								
14-32	coarse sand		10YR 4/4								
32-52	med sand		7.5YR 4/6								
52-72	med sand		7.5YR 5/4	10YR 6/8	Concentrations						
Comments Redox @ 66"											
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.											
Tom Trooien (Designer/Inspector)					Tom Trooien (Signature #)			1568 (License #)		9/23/21 (Date)	

10768 MANNING STREET N
STUWATER, MN 55082

9/23/21

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