

**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: 1503221440004 Local regulatory authority: Washington County

Property address: 21215 Imperial Ave N Forest Lake, Mn. 55025

Owner/representative: Bill Bergeson (Realtor) Owner's phone: 651-270-9191

Brief system description: 2 septic tanks to drainfield

### System status

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

**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: \_\_\_\_\_

License number of maintenance business: \_\_\_\_\_

Date of maintenance: \_\_\_\_\_

Existing tank integrity assessment (Attach)

Date of maintenance (mm/dd/yyyy): 9/17/2021  
(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 5/6/1994  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**

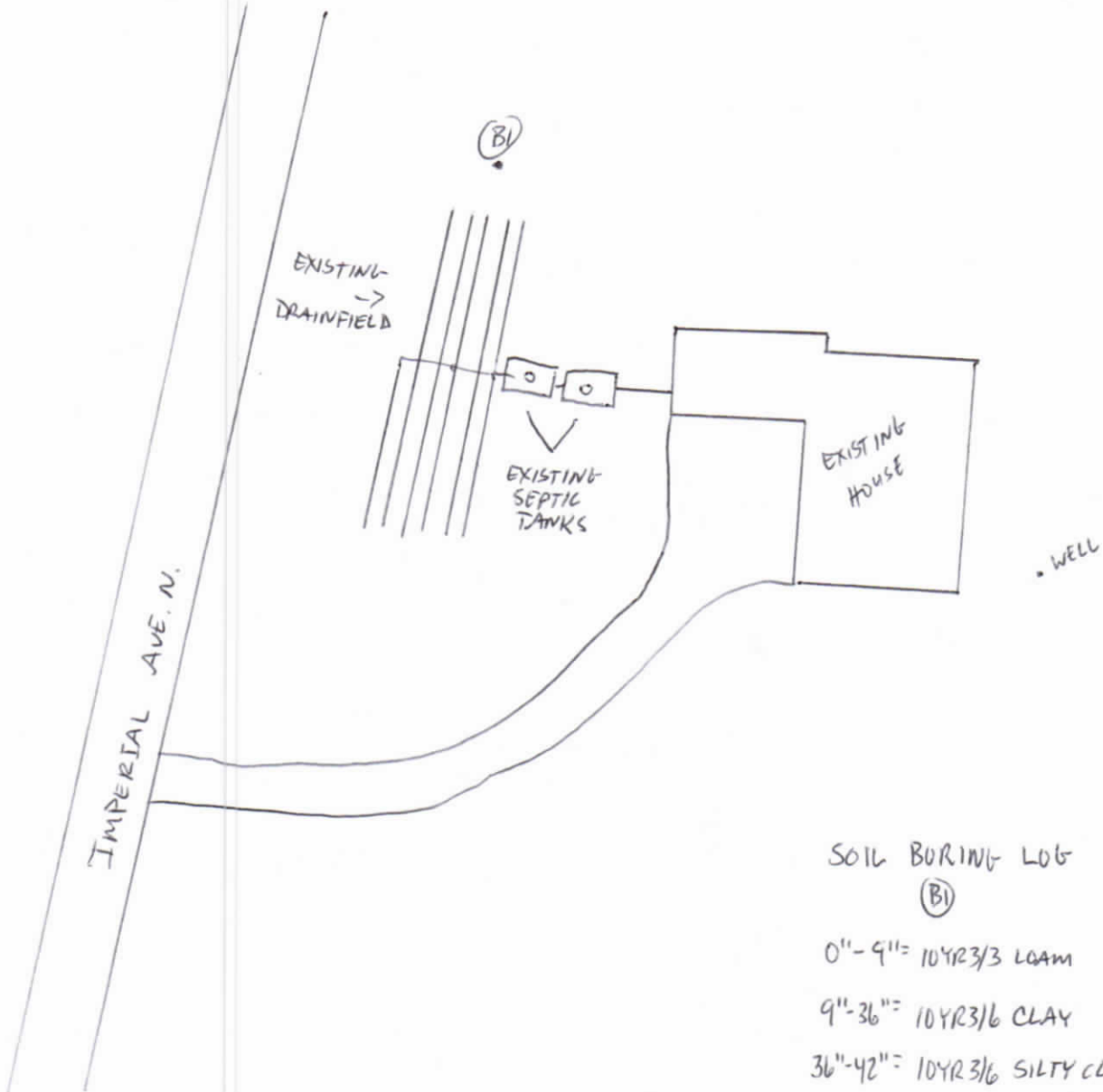
A. Bottom of distribution media	40"
B. Periodically saturated soil/bedrock	76"
C. System separation	36"
D. Required compliance separation*	24"

\*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.

21215 IMPERIAL AVE. N. FOREST LAKE, MN.

NT  
NO SCALE



SOIL BORING LOG  
(B1)

- 0" - 9" = 10YR2.3/3 LOAM
- 9" - 36" = 10YR3/6 CLAY
- 36" - 42" = 10YR3/6 SILTY CLAY
- 42" - 56" = 10YR5/3 SILT
- 56" - 76" = 10YR5/4 MEDIUM SAND

Property address: 21215 Imperial Ave  
City: Forest Lake State: MN

Parcel ID: \_\_\_\_\_  
Zip code: 55429

**Optional section: Sewage Tank Compliance Certification (Tank integrity assessment)**

This form does not represent a complete system inspection report and only certifies sewage tank compliance status. i.e., this form, completed, may serve as a tank integrity assessment.

**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 the system.

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 form - Existing system (wq-wwists4-31b). This form can be found on the MPCA website at <https://www.pca.state.mn.us/water/service-and-maintenance>.

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 an inspection report. This form 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. R. 7082.0700, subp. 4 Items B, C, and D; 7083.0730 Item C.

**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.

**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."**

**Company information**


Company name: Olson's Sewer Service, Inc.  
Business license number: 216

**Designated Certified Individual (DCI) information**

Print name: Jacob Bearl  
Certification number: \_\_\_\_\_

*I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS Maintenance Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS.*

**By typing/signing 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.**

Designated Certified Individual's signature: 

Date (mm/dd/yyyy): 07/17/2021





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

PERMIT NUMBER 8493105 FOREST LAKE TOWNSHIP SEWAGE PERMIT

Owner : FRED HEWBURG  
 1581 LORAHE AVE  
 WHITE BEAR LAKE MN 55110  
 Applicant : FRED HEWBURG 012-439-2352

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

84-93105

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 : 21215 IMPERIAL AVE N FOREST LAKE MN 55025

Flow Capacity 800 Gal/Day  
 Soil Conditions: Depth to Restriction 96 Inches Perc Rate 14 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.)
  - Minimum trench depth 36".

\*\* Permit Expiration Date : Sewage Treatment : 10/11/94

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 10/11/93 Code Enforcement Officer

FILE

24-03102

### 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.....	5-2-91	JL	Tank Size: 1500/1000 Treatment Area: 1300 sq'
As Built.....			Installer: D.C. Gen

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

**NOTES:**



# AS-BUILT REPORT INDIVIDUAL SEWAGE TREATMENT SYSTEM

RECEIVED

MAY 10 1994

RECEIVED  
MAY 09 1994

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

POSTED

HELM Septic Description: Complete Street Address 21215 Imperial Ave N Forest Lake Minn		City or Township	
Owner Name Fred Neuberg	Mail Address 1581 Loran Ave Wgo Minn	City Wgo	State Zip Minn
Installer D.C. General Builders F.L. Minn	Mail Address F.L. Minn	City F.L.	State Zip Minn
Septic Tank Information Tank Manufacturer: Gilbertson		Liquid Capacity: 1500 + 1000	

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: 3'	Length of Each Trench: 70', 20', 20', 20', 50' <sup>with</sup>	Rock Bed Length: 30' <sup>with</sup>	Width: 18"	Area:
Depth of Trench Bottom from Finished Grade: 40"		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 Base Depth:      Downslope Sand Base Depth:		
Depth of Rock Under Distribution Pipe: 12' on first four lines, 14" <sup>with</sup> on last 3 lines		Depth of Rock Under Pipe: 3 lines		
Square Footage of Tested Area Used: 1600 sq'		PRESSURE DISTRIBUTION SYSTEM:		
Trench Bottom Square Footage Required: 800 1320, 24	Area As Built: 800 1320 sq'	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.FRM:DC 5/93

WASHINGTON COUNTY SEPTIC PERMIT NUMBER 8493105