

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/wg-wwists4-31a.pdf.

Property information	Local tracking	number:
Parcel ID# or Sec/Twp/Range: 04.030.21.21.0009 Local regulatory authority info: Washington County	Reason for Inspection	property sale
Property address: 6873 Odell Ave S Hastings, MN 55033		
Owner/representative: Dave & Kelli Kleis		Owner's phone: 952-807-5625
Brief system description: Two precast septic tanks and a gravity	y rock trench drainfield.	
System status		
System status on date (mm/dd/yyyy):11/3/2021		/
☐ Compliant – Certificate of compliance*	☐ Noncompliant – Noti	ce 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.)	use discontinued within the tandard an imminent threat to public	ound water must be upgraded, replaced, or time required by local ordinance. health and safety (ITPHS) must be
*Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance. Reason(s) for noncompliance (check all applicates)	of this notice or within a shounder section 145A.04 subd	se discontinued within ten months of receip rter period if required by local ordinance or livision 8.
☐ Impact on public health (Compliance component #1 ☐ Tank integrity (Compliance component #2) — Failing ☐ Other Compliance Conditions (Compliance compon ☐ Other Compliance Conditions (Compliance compon ☐ System not abandoned according to Minn. R. 7080. ☐ Soil separation (Compliance component #5) — Failin ☐ Operating permit/monitoring plan requirements (Cor Comments or recommendations Reviewed design, soil, installation and inspection records	n to protect groundwater ent #3) – Imminent threat to ent #3) – Failing to protect g 2500 (Compliance compone ing to protect groundwater mpliance component #4) – N	public health and safety groundwater ent #3) – Failing to protect groundwater Joncompliant - local ordinance applies
Certification		
I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unkno inadequate maintenance, or future water usage. By typing my name below, I certify the above statements to be true used for the purpose of processing this form.	wn conditions during system co	onstruction, possible abuse of the system,
Business name: All State Septic Services LLC		Certification number: 323
Inspector signature: Tom Trooien		License number: 1568
(This document has been electronically sig	ined)	Phone: 612-594-4496
Necessary or locally required supporting do	cumentation (must b	pe attached)
Soil observation logs System/As-Built □ Locally r □ Other information (list):		

mpact on public health – C	Compliance com	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	_ I Not applicable
System causes sewage backup into dwelling or establishment.	☐ Yes* ☒ No	
Any "yes" answer above indicates imminent threat to public health a	s the system is an nd safety.	
Describe verification methods and	d results:	
ank integrity — Compliance Compliance criteria:	component #2	of 5 Attached supporting documentation:
	component #2	Attached supporting documentation: □ Empty tank(s) viewed by inspector
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: Date of maintenance:
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: Existing tank integrity assessment (Attach) Date of maintenance 9/23/2020
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth?	☐ 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 9/23/2020 (mm/dd/yyyy): 9/23/2020 (must be within three years) (See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))
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 complies with Minn. R. 7082.0700 subp. 4 B (1)) Tank is Noncompliant (pumping not necessary – explain below
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 ates the system er.	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 complies with

	Property Address: 6873 Odell Ave S Hastings, MN 55033	
В	Business Name:All State Septic Services LLC	Date: 11/3/2021
3.	Other compliance conditions – Compliance component #3 of 5	
<u> </u>	complained component in or o	10
	3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsec ☐ Yes* ☒ No ☐ Unknown	ured?
	3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety	P ☐ 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	
Т 0		3 Not applicable
		"yes", A below is required
	Is the system required to employ a Nitrogen BMP specified in the system design? \square Yes \boxtimes No If $BMP = Best Management Practice(s) specified in the system design$	"yes", B below is required
	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?	
	b. Is the required nitrogen BMP in place and properly functioning?	
	Any "no" answer indicates noncompliance.	
	Describe verification methods and results:	
	Attached supporting documentation: Operating permit (Attach)	

Business Name: All State Septic Services LLC		Date:	11/3/2021
Soil separation – Compliance cor	nponent #5 o	f 5	
Date of installation 10/13/2003 (mm/dd/yyyy)	Unknown		
Shoreland/Wellhead protection/Food beverage lodging? Compliance criteria (select one):	☐ Yes ☒ No	Attached supporting documentation: ☐ Soil observation logs completed for the ☐ 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	⊠ Yes □ No*	Indicate depths or elevations	
April 1, 1996, or later or for non- performance systems located in Shoreland		A. Bottom of distribution media	2.2
or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:		B. Periodically saturated soil/bedrock	5.5
Drainfield has a three-foot vertical		C. System separation	3.3
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.			

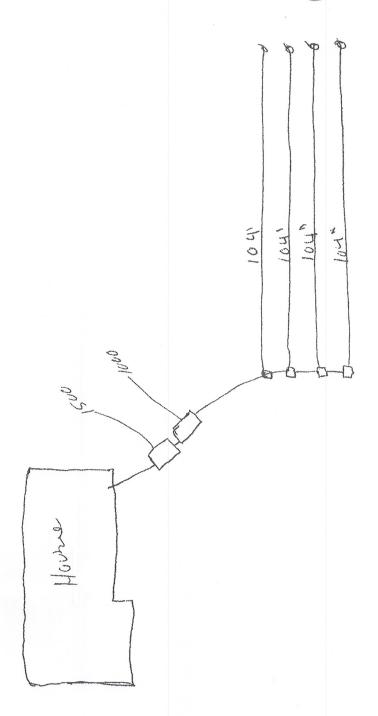
Upgrade requirements: (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, 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:

City: Hestings	State: MM	Parcel ID: Zip code: 5333
Optional section: Sewage Tank Compliance	Certification	and the second s
not represent a complete system :		
This form does not represent a complete system inspection Instructions: This section of the form may be completed and si Maintenance Business who personally conducts the necessary put the system. When this section of the form is signed by a qualified certified precision on the MPCA website at Inips://www.pga.giate.min.us/waite. The information and certified statement on this form is required individual other than the SSTS Inspector that submits the inspector proposed to the signature date on this form unless a new required according to the signature date on this form unless a new required according to the signature date on this form unless a new required according to the signature date on this form unless a new required according to the signature date on this form unless a new required according to the signature date on this form unless a new required according to the signature date on this form unless a new required according to the signature date on this form unless a new required according to the signature date on this form unless a new required according to the signature date on this form unless a new required according to the signature date on this form unless a second to the signature date on this form unless a second to the signature date on this form unless a second to the signature date on this form unless a second to the signature date on this form unless a second to the signature date on this form unless a second to the signature date on this form unless a second to the signature date on the signature date on the signature date of the signature d	orocedures to assess the coordinate of the coord	ified Individual (DCI) of a licensed SST ompliance status of each sewage tank essary supporting documentation to an am (wo-wwists4-31b). This form can be indicompliance-criteria.
required according to local regulations. Additional Administrative R. 7082.0700, subp. 4 Items B, C, and D: 7083.0730 Item C.	00, subp. 4 Item (B) subitem evaluation is requested by Rule references for this act	hird party assessment of SSTS n (1). This form is valid for a period of the owner or owner's agent or is ivity can be found at Minn.
sewage tank compliance	AND AND SOME	
milital lifee statements.	Notice of sewage	tank non-compliance
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 leads to	The SSTS has leaching pit, or	s a seepage pit, cesspool, drywell,
to be waterlight, 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.	☐ It has a sewage watertight, but a operating depth ☐ It presents a th unsecured dan	e tank that was designed to be subsequently leaks below the designed in — "Failure to Protect Groundwater." reat to public safety by reason of maged, or weak maintenance hole
2 3/8	Designated Certified	Individual (DCI) information
siness license number: 16.13	Print name: Nei	Clymer Clymer
The state of the s	Certification number:	028111
ersonally conducted the work described above as a Designated	O- un	681-1
ersonally conducted the work described above as a Designated of siness. I personally conducted the necessary procedures to assessing a Certified ividual's signature:	Genified Individual of a Mini less the compliance status of	nesota-licensed SSTS Maintenance f each sewage tank in this SSTS:
at legner	Date (mm/dd/yyyy):	9123/20

6873 Odell Ave 5., Hennauktush

(8) B-1 11/3/21



*			A	N. A.
	Aller of			
UNIVERSITY OF MINNESOTA	ONSITE	SEWAGE	TREATMENT	PROGRAM

Soil Observation Log

Project ID:

PROGRAM	33	The second secon				Project ID:			v 04.01.2021	
Client:		Da	Dave and Kelli Kleis		Locati	Location / Address:	6873	6873 Odell Ave S Hastings, MN 55033	igs, MN 55033	
Soil parent m	Soil parent material(s): (Check all that apply)	ick all that		Outwash Lacustrine	Loess	Alluvium	Bedrock	ck Organic Matter	Matter	
Landscape Po	Landscape Position: (select one)	one)		Slope %:	Slope shape		CASTON FRANKASPOTOTOT COMMUNICAL SINCE VERBOCK ON THE CASTON	Elevation	Elevation-relative to benchmark:	1
Vegetation:		lawn	Š	Soil survey map units:				Limiting Layer Elevation:	Elevation:	1
Weather Conc	Weather Conditions/Time of Day:	Day:	clou	cloudy pm			Date		11/03/21	
Observation	Observation #/Location:		B-1			Observ	Observation Type:		Auger	
Donth (in)	Toxtino	Rock	Matrix Color(e)	Mo++ 0 (0)(c)	Dodov Vind(c)			Structure		
nebrii (III)	i extul e	Frag. %	Mali IX COIOI (5)	(s) שחרווב רחוחו	vedox Nilid(s)	IIIUICALOI (S)	Shape	Grade	Consistence	1
0 7			10YR 2/2							
2	noson									
70 07			10YR 4/3							
97-01	toam									
77 70	÷		10YR 4/4							1
-07	SILL LOGIII									
77 44			10YR 5/4							
44-00	toaliiy salid									
										1
						,				
Comments										
I hereby certi	fy that I have c	ompleted	this work in accorda	I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.	e ordinances, rules	and laws.				li .
•	Tom Trooien			Tom Trooien			1568		11/3/21	

(Date)

(License #)

(Signature)

(Designer/Inspector)