

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: 1702920440003 Local regulatory authority: Washington County

Property address: 3096 Oakgreen Ave N Baytown, Mn.55082

Owner/representative: Monica Flis Owner's phone: 612-396-3256

Brief system description: 1 Septic tank to gravity drainfield

System status

System status on date (mm/dd/yyyy): 10/26/2021

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.)

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.

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

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

System was installed with a permit from Washington County. This is an older system, lifetime of the system unknown.

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: Meyer's
- License number of maintenance business: 915
- Date of maintenance: 10/26/2021
- 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: _____

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 10/9/1991 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.

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	30"
B. Periodically saturated soil/bedrock	60"
C. System separation	30"
D. Required compliance separation*	24"

*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.



WASHINGTON COUNTY, MINNESOTA
Department of Public Health

SPYTON TOWNSHIP
SEWER PERMIT

PERMIT NUMBER 0031057

Owner: JOHN GILLIN
3086 OSKAREEN AVENUE N
STILLWATER MN 55082

SEWER TREATMENT APPLICATION	30.00
SEWER TREATMENT SYSTEM PERMIT	90.00
Total Fees :	120.00
Total Paid :	.00
Total Due :	120.00

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 : 3086 OSKAREEN AVENUE N STILLWATER MN 55082

Flow Capacity 450 Gal/Day
Soil Conditions: Depth to Restriction 24 Inches Permeability 42 Min/Inch

Soil Treatment Area Type:
In Ground In Fill Bed Drain Field

Authorized Work / Special Conditions

- Install individual sewage treatment system as per approved design in area tested and shown on site plan.
- Execute proposed alterations to the existing individual sewage treatment system as per approved plans in the area shown on the site plan.
- THIS SYSTEM MUST BE INSTALLED BY A CERTIFIED/LICENSED SEWER TREATMENT SYSTEM INSTALLER HOLDING A CURRENT LICENSE WITH WASHINGTON COUNTY. (A list of licensed installers is available at your request.)
- Maximum depth of trenches is 30 inches... Keep trenches on high ground. Pump and fill existing tanks.

** Permit Expiration Date : Sewage Treatment : 3/26/82

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 8/26/81 Code Enforcement Officer

FILE

80-91052

INSPECTION RECORD

BUILDING	DATE	INSP.	COMMENTS
Foundation			
Foundation Wall			
Plumbing (Groundwork)			
Gas Piping (Groundwork)			
Rough Plumbing			
Rough Gas Piping			
Rough Heating and Ventilation			
Framing			
Insulation			
Fireplace			
Wallboard or Lath and Plaster			
Final Building			
Final Plumbing			
Final Gas Piping			
Final Heating and Ventilation			

SEWAGE TREATMENT SYSTEM	DATE	INSP.	COMMENTS
Installation	10-5-88	122	Tank Size: 1500 Treatment Area: 900
As Built			Installer: AAA Pelletier Corp

WELL	DATE	INSP.	COMMENTS
Installation			

Pre-Grout Nitrate Sample: _____ Owner Acceptance: _____

Well Record Received: _____ Sample Results Received: _____

NOTES:



APPLICATION FOR PERMIT TO INSTALL SEWAGE TREATMENT SYSTEM

WASHINGTON COUNTY PUBLIC HEALTH
ENVIRONMENT AND LAND USE DIVISION
1430 - 81ST STREET N., P.O. BOX 6
STILLWATER, MN 5622-0066
(612) 430-6708

RECEIVED
SEP 16 1991
PUBLIC HEALTH

Application Fee - \$50.00
Permit Fee - \$90.00
Additional Reviews - \$25.00/hr. (1 hr. min.)
Subdivision Fee - \$100.00 + \$50.00/lot

Application Number: 80-91052

Legal Description and Parcel Identification Number

PL SEC 14 - SEC 14 Sec 17 T 29 R 20 78017-2155

Applicant: JOHN GILSON Mailing Address: 3096 OMBIGREN AVE. N. STILLWATER MN City: STILLWATER MN Zip: 56222 Phone: 78017-2155

Owner (if different from applicant): JOHN GILSON Mailing Address: 3096 OMBIGREN AVE. N. STILLWATER MN City: STILLWATER MN Zip: 56222 Phone: 78017-2155

Use of Building: Private Res. Number of Bedrooms or Gallons Per Day: 2 BR

Check the following features which are or will be installed:
Garbage Disposal: _____ Recreations: Bathing Facility (Jacuzzi, hot tub, etc.): _____

Type of Work: New Alteration Repair Approval Only

Has site previously been reviewed by Washington County? No Yes Approved Denied

The following exhibits are required as part of this application and shall be attached hereto: Percolation Test Logs; Soil Boring Logs; Site Plan drawn to scale showing location of buildings, lot lines, percolation test holes, soil boring holes, proposed location of system and well; 2 copies of the System Design; and 1 copy of the Final Building Plan. The house and the drainfield areas must be staked. Incomplete or inadequate test or information will result in delays in processing.

Agreement: The undersigned hereby makes Application for Permit to Install or Extend Sewage Treatment System herein specified, agreeing that all such work shall be done in strict accordance with ordinances and regulations of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches and Design submitted herewith, and which are reviewed by the Washington County Building Official or his agent, together with any requirements and/or restriction made necessary by conditions peculiar to a particular location, shall become a part of the permit. Applicant further agrees to provide access, at reasonable times, to the Building Official or his agent for the purpose of performing inspections required and that no part of the system shall be covered until it has been inspected and accepted. APPLICATION IS FOR AN INSTALLATION AT A SPECIFIC LOCATION; ANY DEVIATION FROM THE APPROVED LOCATION WILL VOID THE PERMIT. It shall be the responsibility of the applicant for the permit to notify the Office of the Building Official that the installation is ready for inspection.

Signature of Applicant: _____ Date: _____

Washington County does not discriminate on the basis of race, color, national origin, sex, religion, age or handicapped status in employment or the provision of services.

FOR OFFICE USE ONLY:

Reviews: Planner _____ Inspector PLH Date 9/15/91

Site Evaluation:
Soil Boring Evaluation: Depth of Water Table, Seasonal Water Table (Mottled Soil), Impermeable Layer or Bedrock:

Soils Map Date	Percolation Test Evaluation				
	Required	Actual			
50'	75'	100'	150'		
20'	40'	75'	100'	150'	

Conclusions: Site Suitable: Site Unavailable: _____ Additional Tests Required: _____ Verify Use: _____

NOTES:
 0'-24" Topsoil
 25'-36" clay loam
 37'-39" sand loam some stain
 39'-43" slightly milled
 44'-53" clay sand stain
 56'-60" milled

3.38 acres built 1962
 Keep trenches on high ground.

INDIVIDUAL SEWAGE TREATMENT SYSTEM MINIMUM SPECIFICATIONS SHEET

NAME: JOHN GILSON PERMIT # 80-97052
 ADDRESS AND/OR LEGAL DESCRIPTION: 3096 OAKGREEN AVE. N. BAYTOWN
 CONDITIONALLY APPROVED
 R.C. HAY - 9/27/91

WASTEWATER FLOW
 Estimated 450 gal/day, or
 Measured — gal/day

Spacing of trenches 7.5' ft oc
 Distribution (check one):
 drop box
 pressurized laterals - complete
 PRESSURE DISTRIBUTION SYSTEM section below

SEPTIC TANK WASHINGTON CTY. COPY
 Volume 1500 gal

BED
 Minimum depth of bed _____ inch
 Maximum depth of bed _____ inch
 Bottom area for bed having 12 inch
 of rock below the distribution pipe
 _____ sq ft
 Bed Width _____ ft
 Bed Length _____ ft

LIFT STATION
 Volume _____ gal
 Pump:
 delivery rate _____ gal/min
 total head _____ ft
 discharge per pumping event _____ gal
 Inside diameter of pressure line from pump
 to treatment area _____ inches

MOUND
 Bottom area for bed having 9 inch of rock
 below the distribution pipe _____ sq ft
 Bed Width _____ ft
 Bed Length _____ ft
 Upslope sand base depth _____ ft
 Upslope dike width _____ ft
 Downslope sand base depth _____ ft
 Downslope dike width _____ ft

SOIL
 Depth to restricting layer +7'6"
 Percolation rate:
 _____ min/in at 12 inch depth
 _____ min/in at 24 inch depth
42.50 min/in at 48 inch depth
 Land Slope 2.0 %

PRESSURE DISTRIBUTION SYSTEM
 Inside diameter of manifold pipe _____ in
 Perforated lateral
 inside diameter _____ in
 length _____ ft
 number _____
 spacing _____ in oc
 Perforation:
 diameter _____ in
 spacing _____ in oc

DRAINFIELD TRENCHES
 Minimum depth of trench 24 inch
 Maximum depth of trench 48 inch 30"
 Bottom area for trenches having 12
 inch of rock below the distribution pipe
900 sq ft
 Trench width 3 ft
 Total trench length 300 ft
 Number of trenches 4

LAYOUT (Site Plan)

1. Use an appropriate scale and indicate direction by use of a north arrow.
2. Show pertinent property boundaries, rights-of-way, easements, etc.
3. Show location of house, garage, driveway and all other improvements existing or proposed.
4. Show location and layout of sewage treatment system including tanks, trenches, etc.
5. Show location of water supply well.

Specifications and layout have been designed by _____ Date _____

Minnesota Pollution Control Agency Certification No. _____ Exp. Date _____

LOGS OF SOIL BORINGS

LOCATION: 3096 WAKIGREEN AVE. N. BAYTOWN TWP.

DATE OF BORINGS: SEPT. 3, 1991

BORING MADE BY: D. SCHLUMKA

DEPTH : BORING # B1		DEPTH : BORING # B2	
IN	ELEV.	IN	ELEV.
0	100.00	0	98.17
1		1	
: TOP SOIL		: TOP SOIL	
2		2	
3		3	
4		4	
5		5	
6		6	
: BROWN CLAY- TRACE SAND-ROCK		: CLAY-GRAVEL-LG. ROCK SILTY LOAM	
7		7	
8		8	
: CLAY LOAM-SOME SAND HEAVY CLAY		: CLAY/SILTY LOAM-LRG. ROCK	

END OF BORING @ 8.00 FEET.

WATER TABLE PRESENT- NO

MOTTLED SOIL PRESENT- NO

END OF BORING @ 7.50 FEET.

WATER TABLE PRESENT- NO

MOTTLED SOIL PRESENT- NO

OBSERVATIONS AND COMMENTS-

LOGS OF SOIL BORINGS

LOCATION: 3096 DAKGREEN AVE. N. BAYTOWN TWP.

DATE OF BORINGS: SEPT. 3, 1991

BORING MADE BY: D. SCHLUMKA

DEPTH IN FEET	BORING # B3 ELEV. 96.50	DEPTH IN FEET	BORING # B4 ELEV. 99.67
0		0	
1	TOP SOIL	1	TOP SOIL
2	HARD CLAY-DARK-ROCK	2	CLAY-LOAMY
3		3	
4		4	
5	CLAY-TRACE SAND POCKETS ROCK	5	
6		6	
7		7	
8	COARSE SAND/GRAVEL-ROCK	8	SAND/GRAVEL-CLAY-ROCK

END OF BORING @ 8.00 FEET.

WATER TABLE PRESENT- NO

MOTTLED SOIL PRESENT- NO

END OF BORING @ 8.00 FEET.

WATER TABLE PRESENT- NO

MOTTLED SOIL PRESENT- NO

OBSERVATIONS AND COMMENTS-

AS-BUILT REPORT
INDIVIDUAL SEWAGE TREATMENT SYSTEM

Washington County Code Enforcement
14900 61st Street N.
Stillwater, MN 55082
612/430-6708 or 612/430-6656

RECEIVED
OCT 14 1994
WASHINGTON COUNTY

.....
Legal Description or Complete Street Address City or Township

3096 CAMDEN AVE. N. STILLWATER

Owner Name Mail Address City State Zip

JENN GILLEN

Installer Mail Address City State Zip

AAA POLLUTION CONTROL

Septic Tank Information

Tank Manufacturer: A-1 Liquid Capacity: 1500

Pump Chamber (if installed):

Tank Manufacturer: _____ Liquid Capacity: _____

Horsepower of Pump: _____

Pump Discharge in Gallons Per Minute: _____ at _____ Feet of Head

Type of Warning Device: _____

Number of Gallons Pumped Per Cycle: _____

Drainfield Trench

Width: 3' Length of Each Trench: 100'

Depth of Trench Bottom from Finished Grade: 30" - 34"

Method of Distribution: DROP BOX

Depth of Rock Under Distribution Pipe: 12"

Area Required: 900 Area As Built: 900

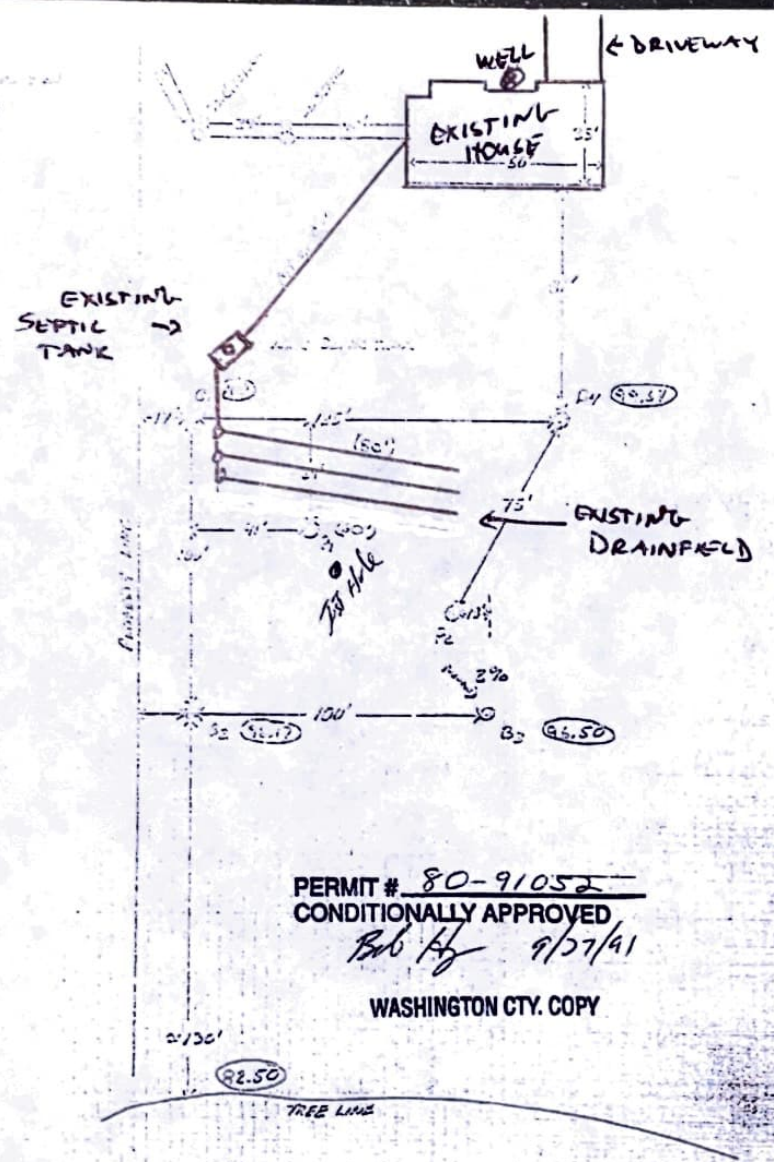
Complete site plan on attached sheet. On the site plan, include location of:

structures, septic tank, pump chamber, line from house to tank, line from 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.

CEASBUILT.LIB.DC 6/91

SEPTIC PERMIT NUMBER 80-91052

NE
NO SCALE



PERMIT # 80-91052
CONDITIONALLY APPROVED
Bob Hj 9/27/91
WASHINGTON CTY. COPY

3096 OAKGREEN AVE N. BAYTOWN, MN, 55062