

Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS) 520 Lafayette Road North

Doc Type: Compliance and Enforcement

St. Paul, MN 55155-4194

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: 32.029.20.11.0005	Reason for Inspection	property sale
Local regulatory authority info: Washington County		
Property address: 835 Novak Ave N Stillwater, MN 55082		
Owner/representative: Bob Anderson		Owner's phone: 651-226-5777
Brief system description: Two precast septic tanks and 1500 S	F of rock trench drainfield.	
System status		
System status on date (mm/dd/yyyy):11/19/2021		
☐ 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	Systems failing to protect gruse discontinued within the	ound water must be upgraded, replaced, or time required by local ordinance.
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
*Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.		se discontinued within ten months of receipt rter period if required by local ordinance or livision 8.
Reason(s) for noncompliance (check all applical	ble)	
☐ Impact on public health (Compliance component #1		health and safety
☐ Tank integrity (Compliance component #2) — Failing		Treatur and Salety
☐ Other Compliance Conditions (Compliance compon		nublic health and safety
☐ Other Compliance Conditions (Compliance compon		
System not abandoned according to Minn. R. 7080.		nt #3) – Failing to protect groundwater
☐ Soil separation (Compliance component #5) – Failir		
Operating permit/monitoring plan requirements (Co	mpliance component #4) – N	loncompliant - local ordinance applies
Comments or recommendations		
Reviewed design, soil, permit & inspection records on file	e at Washington County.	
Certification		
hereby certify that all the necessary information has been gathered	to determine the compliance of	tatus of this quatern. No data minetian of
future system performance has been nor can be made due to unkno inadequate maintenance, or future water usage.	wn conditions during system co	onstruction, 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.	e 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 sig	ined)	Phone: 612-594-4496
Necessary or locally required supporting do	cumentation (must b	pe attached)
	equired forms 🛮 Tank Inte	
Other information (list):	oganou formo Ma Farik inte	gitty / 130035ment
mornadon (not).		

npact on public health — Co Compliance criteria:		Attached supporting documentation:
System discharges sewage to the ground surface	☐ Yes* ☒ No	Other:
System discharges sewage to drain tile or surface waters.	☐ Yes* ☒ No	☐ Not applicable
System causes sewage backup into dwelling or establishment.	☐ Yes* ☒ No	
Any "yes" answer above indicates imminent threat to public health ar	the system is an nd safety.	
Describe verification methods and	results:	
Searched for seeping or surfacing to	the ground surface - r	none observed during the inspection.
ank integrity – Compliance	component #2	of 5
ank integrity – Compliance Compliance criteria:	component #2	
Compliance criteria: System consists of a seepage pit,	component #2	Attached supporting documentation:
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,		Attached supporting documentation: ☐ Empty tank(s) viewed by inspector
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes* ☒ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business:
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:
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:
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)
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:
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 11/20/2020 (must be within three years) (See form instructions to ensure assessment complies within three years)
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:	☐ 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): (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 11/20/2020 (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
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 is failing to protect groundwate.	☐ 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): (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 ☐ 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 Minn. R. 7082.0700 subp. 4 B (1)) Tank is Noncompliant (pumping not necessary – explain below

Р	Property Address: <u>835 Novak Ave N Stillwater, MN 55082</u>	
В	Business Name: All State Septic Services LLC	Date: 11/19/2021
3.	Other compliance conditions – Compliance component #3 of 5	
	3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unser	cured?
	☐ 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	² 5 ⊠ Not applicable
4.		5 Not applicable
4.	Is the system operated under an Operating Permit? ☐ Yes ☑ No If	f "yes", A below is required
4.		f "yes", A below is required
4.	Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? BMP = Best Management Practice(s) specified in the system design	f "yes", A below is required f "yes", B below is required
4.	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	f "yes", A below is required f "yes", B below is required
4.	Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? 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:	f "yes", A below is required f "yes", B below is required
4.	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 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?	f "yes", A below is required f "yes", B below is required
4.	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 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	f "yes", A below is required f "yes", B below is required
4.	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 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? b. Is the required nitrogen BMP in place and properly functioning? Yes No Any "no" answer indicates noncompliance.	f "yes", A below is required f "yes", B below is required
4.	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 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	f "yes", A below is required f "yes", B below is required
4.	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 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? b. Is the required nitrogen BMP in place and properly functioning? Yes No Any "no" answer indicates noncompliance.	f "yes", A below is required f "yes", B below is required
4.	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 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? b. Is the required nitrogen BMP in place and properly functioning? Yes No Any "no" answer indicates noncompliance.	f "yes", A below is required f "yes", B below is required
4.	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 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? b. Is the required nitrogen BMP in place and properly functioning? Yes No Any "no" answer indicates noncompliance.	f "yes", A below is required f "yes", B below is required
4.	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 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? b. Is the required nitrogen BMP in place and properly functioning? Yes No Any "no" answer indicates noncompliance.	f "yes", A below is required f "yes", B below is required
4.	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 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? b. Is the required nitrogen BMP in place and properly functioning? Yes No Any "no" answer indicates noncompliance.	f "yes", A below is required f "yes", B below is required
4.	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 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? b. Is the required nitrogen BMP in place and properly functioning? Yes No Any "no" answer indicates noncompliance.	f "yes", A below is required f "yes", B below is required
4.	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 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? b. Is the required nitrogen BMP in place and properly functioning? Yes No Any "no" answer indicates noncompliance.	f "yes", A below is required f "yes", B below is required
4.	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 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? b. Is the required nitrogen BMP in place and properly functioning? Yes No Any "no" answer indicates noncompliance.	f "yes", A below is required f "yes", B below is required
4.	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 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? b. Is the required nitrogen BMP in place and properly functioning? Yes No Any "no" answer indicates noncompliance.	f "yes", A below is required f "yes", B below is required

siness Name: All State Septic Services LLC			Date: _^	11/19/2021
Soil separation – Compliance con	npone	nt #5 o	f 5	
Date of installation 9/8/1994 (mm/dd/yyyy)	_ 🗌 Unkr	nown		
Shoreland/Wellhead protection/Food beverage lodging?	☐ Yes	⊠ No	Attached supporting documentation: ☑ Soil observation logs completed for the	ne report
Compliance criteria (select one):			☐ Two previous verifications of required	I vertical separatio
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 ☐	a)
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	7. 3		A. Bottom of distribution media	See soil logs
or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:			B. Periodically saturated soil/bedrock	
Drainfield has a three-foot vertical			C. System separation	
separation distance from periodically saturated soil or bedrock.*			D. Required compliance separation*	
Saturated soil of 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.

https://www.pca.state.mn.us wq-wwists4-31b • 4/28/2021

Describe verification methods and results:

835 NOVAKAVEN STILLWATER, MN 55082 11/19/21

WELL (8) 54 B-1 61 68 1 73 (X) B-2

N >>

Property address: 835 Novak Ave City: Stillwater	State: MM	Parcel ID: Zip code: 5508 Z
Optional section: Sewage Tank Compliance	Certification	- NEW MORPH PROCESSAN AND AND AND AND AND AND AND AND AND A
This form does not represent a complete system increased	Tertification	· ·
This form does not represent a complete system inspection Instructions: This section of the form may be completed and s Maintenance Business who personally conducts the necessary the system. When this section of the form is signed by a qualification.	procedures to assess the	ried Individual (DCI) of a licensed SSTS
existing System Compliance Inspection Report: Gampliance profound on the MPCA website of the control of the MPCA website of the control of th	ofessional, it becomes neces	ssary supporting documentations
individual other than the SSTS Inspector that submits the inspector or the submits the inspector that submits the inspector that submits the inspector or the submits the inspector of the submits	when existing septic tank co	mpliance status is determined by an
R. 7082.0700, subp. 4 Items B. C. and D. 7082.0700	00, subp. 4 Item (B) subitem evaluation is requested by the Rule references for this active	(1). This form is valid for a period of le owner or owner's agent or is vity can be found at Mine.
unde statemente.	☐ Notice of sewage t	ank 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 leaks below the designed operating depth	The SSTS has a leaching pit, or	a seepage pit, cesspool, drywell,
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 so operating depth ☐ It presents a thre unsecured, dame cover(s) or other	tank that was designed to be ubsequently leaks below the designed — "Fallure to Protect Groundwater." pat to public safety by reason of aged, or weak maintenance hole
ompany information	to Public Health	or Safety."
mpany name: PINRYS Sewer Service	Designated Certified	Individual (DCI) informati
siness license number: 1673	Print name: Yeil	
ersonally conducted the work described above as a Decignate V	Certification number:	2814
ersonally conducted the work described above as a Designated of siness. I personally conducted the necessary procedures to assess signated Certified ividual's signature:	seruned Individual of a Minne ss the compliance status of a	osota-licensed SSTS Maintenance each sewage tank in this SSTS:
the stary with	Date (mm/dd/yyyy):	112120

UNDER THE SEWAGE SEWAGE TREATMENT PROGRAM

Soil Observation Log

v 04.01.2021 Project ID:

55082		e to	2			-	Consistence														11/19/21	
835 Novak Ave N Stillwater, MN 55082	Organic Matter	Elevation-relative to benchmark:	Limiting Layer Elevation:	11/19/21	Auger	Structure	Grade Co									 •						
835 Nov) Bedrock			Date	Observation Type:	<u> </u>	Shape								 	 	••••				1568	(l icense #)
Location / Address:	Alluvium				Obser	Indicator(c)	IIIdicacol (3)		,											and laws.)
Locati	Loess Till	Slope shape				Redox Kind(s)	\neg					•				 				all applicable ordinances, rules and laws.		
	Outwash Lacustrine	Slope %:	Soil survey map units:	, am		Mottle Color(s)	(5)									 			 u		Tom Trooien	(Signature)
Bob Anderson			Soil	cloudy am		Matrix Color(s)	(6) 1000	10YR 3/2	***********	10YR 4/4		10YR 5/4			 	 			20" 28" separation	I hereby certify that I have completed this work in accordance with		
Bol	k all that app	(əu	lawn	Jay:	B-1	_	Frag. %				**********]	 	 			bution media	mpleted this		
	Soil parent material(s): (Check all that apply)	Landscape Position: (select one)		Weather Conditions/Time of Day:	Observation #/Location:	Texture		paes vmeol	Daily said	pues /meo	todiny saild	acol ypacs	saildy toalli		 	 			 Comments Bottom of distribution media 20"	that I have co	Tom Trooien	(Designer/Inspector)
Client:	Soil parent ma	Landscape Pos	Vegetation:	Weather Cond	Observatio	Depth (in)	()	0-18	2	18.37	<u>-</u>	37-78	0					***************************************	Comments	I hereby certify	μ	(Design

44	Application of the second			ろう
UNIVERSITY OF MINNESOTA	ONSITE	SEWAGE	TREATMENT	PROGRAM

Soil Observation Log

v 04.01.2021	
	L
Project ID:	
ນ ຄ	

Client:			Bob Anderson		Location	Location / Address:	835 Nov	835 Novak Ave N Stillwater, MN 55082	ter, MN 55082
Soil parent m	Soil parent material(s): (Check all that apply)	ck all that	J	Outwash Lacustrine	Loess Till	Alluvium	Bedrock	Organic Matter	Matter
Landscape Po	Landscape Position: (select one)	ine)		Slope %:	Slope shape			Elevation	Elevation-relative to benchmark:
Vegetation:		lawn		Soil survey map units:				Limiting Layer Elevation:	Elevation:
Weather Conc	Weather Conditions/Time of Day:	Day:	clo	cloudy am			Date		11/19/21
Observation	Observation #/Location:	B.	B-2			Observa	Observation Type:		Auger
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	 Shape	Structure	l Consistence
9-0	topsoil		10YR 3/2						
6-20	loamy sand		10YR 4/4						
20-38	sandy loam		7.5YR 4/4						
38-64	sand		7.5YR 5/4						
ž								,	
Comments	Comments Bottom of distribution media 34"	ribution me	edia 34" 30" separation	ration					
I hereby certi	fy that I have o	ompleted t	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		11/19/21
(חבי	(Designer/Inspector)			(Signature)			Cellse # J		(Date)