

Compliance inspection report form **Existing Subsurface Sewage Treatment System (SSTS)** 

520 Lafayette Road North St. Paul, MN 55155-4194

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 <a href="https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf">https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf</a>.

Property information	Local tracking	number:
Parcel ID# or Sec/Twp/Range: 14.028.20.21.0003	Reason for Inspection	property sale
Local regulatory authority info: Washington County	,	
Property address: 1841 Red Wing Ave S Lake St Croix Beach	, MN 55043	
Owner/representative: Kelly Johnson		Owner's phone: 651-253-5227
Brief system description: Precast septic tank & rock trench drain	nfield.	
System status		
System status on date (mm/dd/yyyy): _12/9/2021		
☐ 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		ound water must be upgraded, replaced, or time required by local ordinance.
a shorter time frame exists in 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.		se discontinued within ten months of receipt rter period if required by local ordinance or livision 8.
Reason(s) for noncompliance (check all applicate	ole)	
mpact on public health (Compliance component #1)		health and safety
☐ Tank integrity (Compliance component #2) – Failing		meantrand salety
Other Compliance Conditions (Compliance compone		nublic health and safety
Other Compliance Conditions (Compliance compone		
System not abandoned according to Minn. R. 7080.		int #3) – Falling to protect groundwater
Soil separation (Compliance component #5) – Failin		
Operating permit/monitoring plan requirements (Con	npliance component #4) – N	loncompliant - local ordinance applies
Comments or recommendations		
Reviewed design, permit & inspection records on file at V	Vashington County.	
Certification		
I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unknow inadequate maintenance, or future water usage.	to determine the compliance s wn conditions during system co	tatus of this system. No determination of onstruction, possible abuse of the system,
	and correct to the best of my	lunguida dana anad thaat this information and to
By typing my name below, I certify the above statements to be true used for the purpose of processing this form.	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 sign	ned)	Phone: 612-594-4496
Necessary or locally required supporting do	cumentation (must b	pe attached)
☐ Soil observation logs ☐ System/As-Built ☐ Locally re	equired forms	
Other information (list):		

erty Address: 1841 Red Wing Ave S Lake S ness Name: All State Septic Services LLC		Date: 12/9/2021	
npact on public health – Compl	iance comp	ponent #1 of 5	
Compliance criteria:		Attached supporting documentation:	
System discharges sewage to the ground surface	es* ⊠ No	☐ Other: ☐ Not applicable	
System discharges sewage to drain tile or surface waters.	es* 🛭 No	— <del>Постаррновые</del>	
System causes sewage backup into dwelling or establishment.	es* 🛭 No		
Any "yes" answer above indicates the sy imminent threat to public health and safe	/stem is an ety.		
Describe verification methods and result	ts:		
Searched for seeping or surfacing to the gro	ound surface - n	one observed during the inspection.	
ank integrity – Compliance com	ponent #2	of 5	
Compliance criteria:		Attached supporting documentation:	
System consists of a seepage pit,			
	es* 🛛 No		
cesspool, drywell, leaching pit,	es* 🛭 No		s Sewer
	es* ⊠ No		
cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their		Meyer	
cesspool, drywell, leaching pit, or other pit?		Name of maintenance business:  Meyer'  Service	9
cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their		Name of maintenance business:  License number of maintenance business: L915	9
cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their designed operating depth?		Name of maintenance business:  License number of maintenance business:  Date of maintenance:  Existing tank integrity assessment (Attach)  Date of maintenance	021
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 to	es* ⊠ No	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 compared)	021 ars)
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	roperty Address: 1841 Red Wing Ave S Lake St Croix Beach, MN 55043
В	usiness Name: All State Septic Services LLC Date: 12/9/2021
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?
	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) ☐

siness Name: All State	e Septic Services LLC			Date	e: <u>12/9/2021</u>
Soil separation	– Compliance cor	npone	nt #5 o	f 5	
Date of installation	12/13/1989 (mm/dd/yyyy)	_ 🗌 Unkr	nown		
Shoreland/Wellhead posterage lodging? Compliance criteria		⊠ Yes	□No	Attached supporting documentation  Soil observation logs completed for the completed for the complete of the	or the report
5a.For systems built pr not located in Shore Protection Area or r beverage or lodging	not serving a food,	☐ Yes	□ No*	☐ Not applicable (No soil treatment	area)
Drainfield has at lea separation distance saturated soil or be					
or Wellhead Protect	er or for non- ms located in Shoreland tion Areas or serving a lodging establishment: ee-foot vertical from periodically	⊠ Yes	□ No*	A. Bottom of distribution media  B. Periodically saturated soil/bedrod  C. System separation  D. Required compliance separation  *May be reduced up to 15 percent in Ordinance.	3.1 * 3
2,500 gallons per de License required > Drainfield meets the	r pre-2008 Rules; ns built under 2008 or 7080.2400 ctor License required ≤ ay; Advanced Inspector 2,500 gallons per day) e designed vertical	Yes	□ No*		
separation distance saturated soil or bed	from periodically drock. above indicates the s	system i	's		

**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.

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UNIVERSITY OF MINNESOTA	ONSITE	SEWAGE	TREATMENT	PROGRAM	

## Soil Observation Log

v 04.01.2021

Project ID:

Client:		Kelly Johnson	_		Locat	Location / Address:	1841 Red Wi	ng Ave S Lake St C	1841 Red Wing Ave S Lake St Croix Beach, MN 55043
Soil parent material(s): (Check all that apply)	eck all that	apply)	Ō	Outwash Lacustrine	Loess	Alluvium	um Bedrock	ck Organic Matter	Matter
Landscape Position: (select one)	one)			Slope %:	Slope shape			Elevation	Elevation-relative to benchmark:
Vegetation:	lawn		Soil	Soil survey map units:				Limiting Layer Elevation:	:levation:
Weather Conditions/Time of Day:	ıf Day:						Date	12	12/09/21
Observation #/Location:		B-1				ops	Observation Type:		Auger
Depth (in) Texture	Rock Frag. %	Matrix Color(s)	ır(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	-I Shape	Structure	Consistence
		7.5YR 2.5/2	/2						
U-20 toamy sand				•••••					
		7.5YR 3/2							
20-42 (Udilly Salid									
sand with		10YR 3/4	**********						
4z-04 gravel									
									3
							***************************************		
Comments Obstruction at 64"	t 64"								
hereby certify that I have completed this work in accordance with	completed t	this work in ac	cordanc		all applicable ordinances, rules and laws.	and laws.			
Tom Trooien				Tom Trooien			1568	'	12/9/21
(Designer/Inspector)	or)			(Signature)			(License #)		(Date)

## ONSITE SEWAGE FREE FREE FREE FREGRAM

## Soil Observation Log

Project ID:

v 04.01.2021

1841 Red Wing Ave S Lake St Croix Beach, MN 55043 Consistence 12/9/21 (Date) Elevation-relative to benchmark: I------ Structure------I Limiting Layer Elevation: 12/09/21 Auger Organic Matter Grade Bedrock Date Observation Type: (License #) Shape 1568 Alluvium Location / Address: Indicator(s) hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws. I Slope shape Redox Kind(s) Loess Outwash Lacustrine Tom Trooien (Signature) Soil survey map units: Mottle Color(s) Slope %: Matrix Color(s) 7.5YR 2.5/1 Kelly Johnson 7.5YR 4/3 10YR 2/2 Soil parent material(s): (Check all that apply) B-2 Frag. % Rock Weather Conditions/Time of Day: Landscape Position: (select one) (Designer/Inspector) Observation #/Location: loamy sand loamy sand sand with Tom Trooien Texture gravel Comments Vegetation: Depth (in) 22-43 43-72 0-22 Client:

