



Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Instructions on page 7

Parcel number: _____

For Local Tracking Purposes:

System status: Compliant Noncompliant
(based on all compliance requirements)

Summary Form

Property Information

Property owner name(s): Sherre Collins

Property address: 12115 Illies Avenue North, Hugo, MN 55038

Property owner's address (if different): Same

County: Washington Property owner phone: NA Permitting authority: Washington County

Date system constructed: Pre 1996 Reason for inspection: Point of sale

System Description

Brief system description: 2- 1000 gallon septic tanks with 1000 gallon pump tank and 600 sq ft of drainfield with 12" of rock

Local permit number: NA Number of bedrooms: 3 Design flow rate: 450 GPD

Is the system:

In Shoreland area? Yes No In Wellhead Protection Area? Yes No

An U.S. Environmental Protection Agency (EPA) Class V Injection Well? Yes No System serving a Minnesota Department of Health (MDH) licensed facility? Yes No

Compliance Status (Based on state requirements – additional local requirements may also apply.)

Based on the information gathered and reported on attached forms, the compliance status of this system is (check one):

Certificate of Compliance – valid until (3 years from date of report): _____

Notice of Noncompliance - For Noncompliant systems: _____

The reason for noncompliance is: _____

This noncompliant system is classified as (check one below):

Imminent threat to public health & safety Failing to protect ground water Not in compliance with operating permit

Certification (Completed form must be submitted to the local unit of government within 15 days.)

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.

Name: Mark Tradewell Certification number: #2306

Business license name and number: Tradewell Soil Testing #307 or

Name of local unit of government: Washington County

Signature: *Mark Tradewell* Date: 03/28/19

Required Attachments

Inspector Complete: **This Inspection Report is 6 pages long.**

Check compliance forms attached: Hydraulic Performance Tank Integrity Soil Separation Operating Permit Form (if applicable) System drawing/As-built drawing An assessment of any local requirements that are different from what is required on this form Soil Boring Logs Abandonment form (if appropriate) Other information (list): _____

Upgrade Requirements (derived from 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.

Parcel number: _____

System status: Compliant Noncompliant
(as determined by this form)

Hydraulic Performance and Other Compliance

Compliance Issue #1 of 4

Date of observation: 03/28/19 Reason for observation: Point of sale

This form expires upon next inspection or in three years, whichever occurs first: _____

Compliance questions/criteria: (Required) (Check the appropriate box)

Does the system discharge sewage to the ground surface? Yes No

Does the system discharge sewage to drain tile or surface waters? Yes No

Does the system cause sewage backup into dwelling or establishment? Yes No

Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)? Yes No

Any "yes" answer indicates that the system is an imminent threat to public health and safety.

Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector? Yes No

"Yes" indicates that the system is failing to protect ground water. If "yes", describe the condition noted:

Verification Method*: (Optional) (Check the appropriate box)

Searched for surface outlet

Performed hydraulic test

Searched for seeping in yard

Checked for backup in home

Excessive ponding in soil system/D-boxes

Homeowner testimony

Examined for surging in tank

"Black soil" above soil dispersal system

System requires "emergency" pumping

Performed dye test

Other: _____

* No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Sherre Collins

Property address: 12115 Illies Avenue North, Hugo, MN 55038

Property owner's address (if different): Same

County: Washington Phone: NA

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Mark Tradewell Certification number: #2306

Business license name and number: Tradewell Soil Testing #307 or

Name of local unit of government: Washington County

Signature:  Date: 03/28/19

Parcel number: _____

System status: Compliant Noncompliant
(as determined by this form)

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: 03/28/19 Reason for observation: Point of sale

This form expires on (three years): _____

Compliance questions/criteria: (Required)
(Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit? Yes No

Do any sewage tank(s) leak below their designed operating depth? Yes No

If yes, identify which sewage tank leaks. _____

Any "yes" answer indicates that the system is failing to protect ground water.

* Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.

Verification Method:** (Optional)
(Check the appropriate box)

Probed tank bottom

Observed low liquid level

Examined construction records

Examined empty (pumped) tank

Probed outside tank for "black soil"

Pressure/vacuum check

Other: Tanks pumped and cleaned 07/20/18

Tanks and baffles in good shape

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Safety Check

- 1. Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound? Yes* No
- 2. Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)? Yes No*
- 3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended. Yes No
- 4. Was any other safety/health issue present? Yes* No

Explain: _____

***System is an imminent threat to public health and safety.**

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Sherre Collins

Property address: 12115 Illies Avenue North, Hugo, MN 55038

Property owner's address (if different): Same

County: Washington Phone: NA

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Mark Tradewell Certification number: #2306

Business license name and number: Tradewell Soil Testing #307 or

Name of local unit of government: Washington County

Signature: Mark Tradewell Date: 03/28/19

Parcel number: _____

System status: Compliant Noncompliant
(as determined by this form)

Soil Separation Compliance and Other Compliance

Compliance Issue #3 of 4

Date of observation: 03/28/19 Reason for observation: Point of sale

This information on this form does not expire.

Compliance questions/criteria: (Required)
(Check the appropriate box)

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:

Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?

Yes No

For 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:

Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*

Yes No

For reduced separation distance systems (i.e., "performance" systems under old 7080.0179 or Type IV or V system under new 7080.2350 or 7080.2400):

Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*

Yes No

Any "no" answer indicates that the system is failing to protect ground water.

Verification Method:** (Optional)

(Check the appropriate box)

Conducted soil observation(s) (attach boring logs)

Two previous verifications (attach boring logs)

Other: _____

Soil observation does not expire. Previous observations by two independent parties are sufficient, unless site conditions have been altered.

* May be reduced by up to 15 percent if allowed in local ordinance.

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector or designer. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Sherre Collins

Property address: 12115 Illies Avenue North, Hugo, MN 55038

Property owner's address (if different): Same

County: Washington Phone: NA

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Mark Tradewell Certification number: #2306

Business license name and number: Tradewell Soil Testing #307 or

Name of local unit of government: Washington County

Signature:  Date: 03/28/19

**Tradewell Soil Testing
18330 Dahlia Street NW
Cedar, MN 55011**

Date: March 28th, 2019

Name: Sherre Collins

Address: 12115 Illies Avenue North, Hugo, MN

SOIL BORING TEST REPORT

Boring #1			
0"- 8" Topsoil (Fill) Loam 10YR 2/2			
8"- 20" (Fill) Coarse Loamy Sand 10YR 3/3			
20"- 28" Topsoil Loamy Sand 10YR 3/1			
28"- 56" Medium Fine Sand 10YR 3/4 4/4			
56"- 76" Medium Sand 10YR 5/4 5/3 With Loamy Bands 7.5YR 4/4			
No Mottles Found Dry Hole			

Benchmark- Top of existing pump tank- 100.0

Probe #1- Surface elevation- 103.4

Bottom of rock elevation- 100.6

Probe #2- Surface elevation- 103.8

Bottom of rock elevation- 100.8

Probe #3- Surface elevation- 104.2

Bottom of rock elevation- 101.0

Boring #1- Surface elevation- 102.7

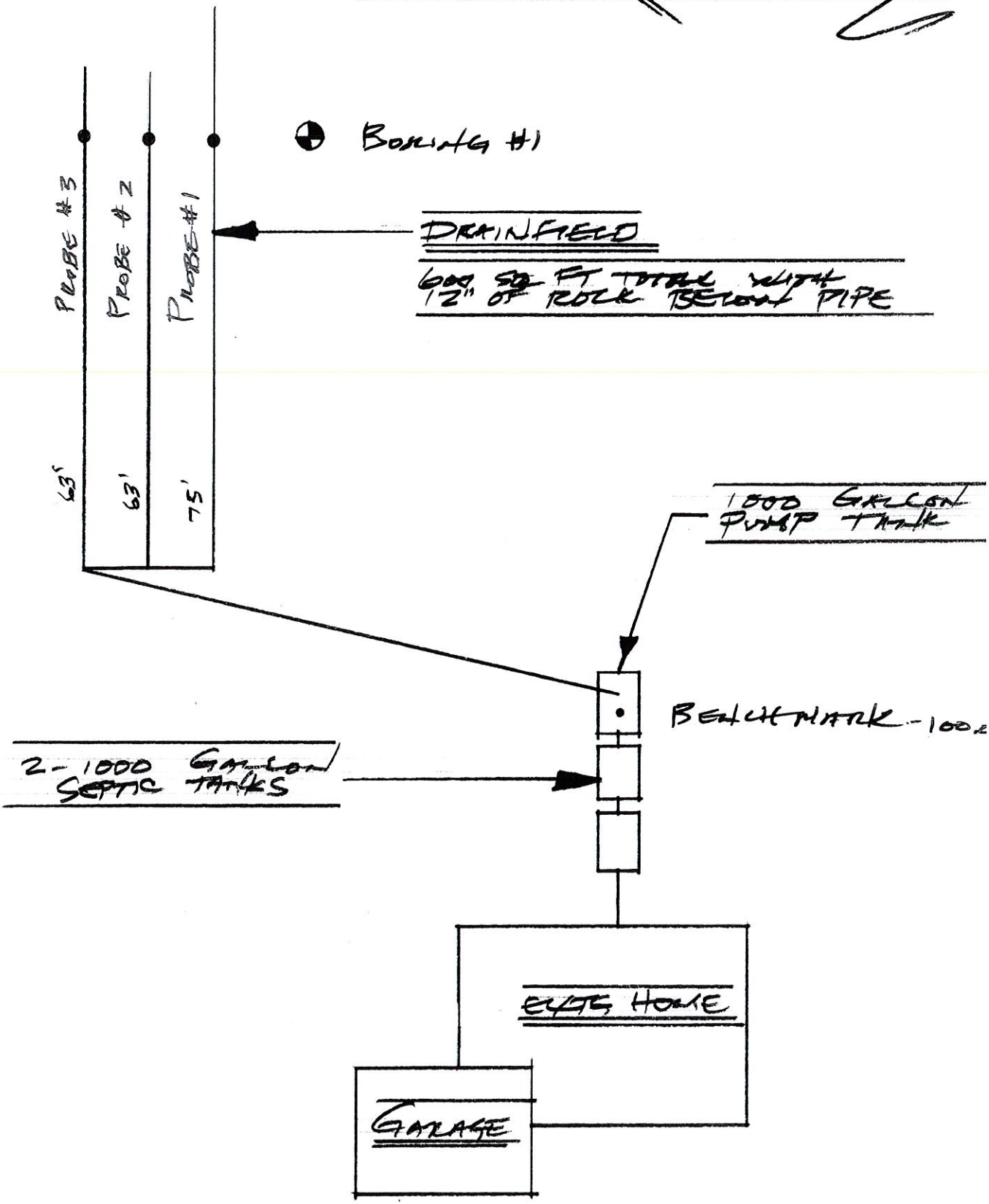
Bottom of boring elevation- 96.4

Separation needed- 24" Have- 48"+

Separation okay.



Mark Tradewell
MPCA #307



SITE PLAN
NO SCALE



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
 GOVERNMENT CENTER
 14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006
 Office: 651-430-6655 TTY: 651-430-6246 FAX: 651-430-6730

Subsurface Sewage Treatment System Maintenance Permit

This section must be completed in its entirety to constitute a valid maintenance permit. This permit must be completed prior to performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance: 1/22/08 Reason for Maintenance: Pump out - Dig out lines
 Property Address: 1415 S. Lincoln Ave. Property Owner's Name: S. Olson
 Municipality: Maple ZIP: 55038 Property Identification Number: _____
 Maintenance Permit No: 1710911112 Maintainer Name and License No. Olson's Sewer Service/L216

Maintenance Performed	Tank Measurements (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	Liquid Level of Tank _____ in _____ in Sludge Level in Tank _____ in Scum Level in Tank _____ in Sludge + Scum _____ / Liquid Level _____ X 100 = % Sludge & Scum _____ Tanks must be pumped if 25% or greater

- Access used to remove septage: Maintenance Hole Other (enter authorization code)
- Were all covers securely replaced? Yes No
- Is there evidence of tank leakage from a septic, holding, pretreatment or pump tank below the operating depth or evidence of damaged, cracked, or structurally unsound maintenance hole covers? Yes No

Tank	Leaking Out	Leaking In	Cover Damage
Septic/Holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Septic/Holding Tank #2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

- How many gallons of septage were removed?
 Tank #1 1000 gal Tank #2 1000 gal Pretreatment tank _____ gal Pump Tank 215 gal
- Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.
Replaced pump switches - replaced leaking valves
- Location of septage disposal: S. Bank Lake

Olson's Sewer Service Inc
 17638 Lyons St NE
 Forest Lake, MN 55025
 License# 216 P: 651-464-2082

Maintenance activities must be reported to the Department within 90 days.

