

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: 3602721310014 Reason for Inspection Property Transfer

Local regulatory authority info: Washington County

Property address: 11660 Leeward Ave S Hastings, Mn. 55033

Owner/representative: Richard Tuman Owner's phone: 651-503-7967

Brief system description: 2 Septic tanks to gravity drainfield. System was installed with a permit from Washington County.

System status

System status on date (mm/dd/yyyy): 3/16/2022

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.)

Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by 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.**

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

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
- System/As-Built
- 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:

- 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): 8/10/2021 (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 7/13/2000 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 (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.

***Any "no" answer above indicates the system is failing to protect groundwater.**

Describe verification methods and results:

Attached supporting documentation:

- Soil observation logs completed for the report
- Two previous verifications of required vertical separation
- Not applicable (No soil treatment area)
- _____

Indicate depths or elevations

A. Bottom of distribution media	30"
B. Periodically saturated soil/bedrock	66"
C. System separation	36"
D. Required compliance separation*	36"

*May be reduced up to 15 percent if allowed by Local Ordinance.

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.

Sewage tank maintenance reporting form

Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

Purpose: Management and maintenance of Subsurface Sewage Treatment Systems (SSTS) are important to ensure resource protection and long-term and cost-effective sewage treatment. Completion of this form complies with the sewage tank maintenance requirements under Minn. R. 7080.2450 and 7082.0600. This form *may* be used to certify the compliance status of the sewage tank components of the SSTS. **This form is not a complete SSTS inspection report, only a tank integrity assessment, and may only certify sewage tank compliance status when entirely completed and signed on page 3 by a qualified professional.**

Instructions: A copy of this information must be submitted to the system owner within 30 days of the maintenance date and be maintained by the licensed SSTS maintainer business for a period of five (5) years from the maintenance date. Maintenance reporting to the local unit of government *may* be required by local ordinance. Check with your local SSTS program for maintenance reporting protocol. **Page 3 is optional and not required to be completed on routine maintenance events.**

Secure maintenance hole covers

All maintenance hole covers must be returned to service in a sound and durable condition and be capable of withstanding the anticipated load.

Covers must be re-secured in accordance with Minn. R. 7080.2450, subp. 3, Items C or D:

- a) Covers installed under local ordinances adopted after February 4, 2008 must be locked, bolted or screwed or must be 95 pounds in weight. They must be made of material suitable for outdoor use, resistant to ultraviolet degradation and leaks, and not susceptible to being slid or flipped. They must have a label warning of hazardous conditions inside the tank. All screw openings must be refastened.
- b) Covers installed under local ordinances adopted before February 4, 2008 must either be buried with at least 12 inches of soil cover or be secured according to the local ordinance in effect before February 4, 2008.
- c) Covers must meet item 'a' above when raised to the ground surface or less than 12 inches from the ground surface.

Reporting information

Date of maintenance (mm/dd/yyyy): 8/10/2021 Reason for maintenance: Routine
 Property address: 11660 Leeward Ave S Parcel ID: _____
 City: Hastings State: MN Zip code: 55033
 Property owner's name: Richard Tuman
 Property-owner's address (if different): _____
 City: _____ State: _____ Zip code: _____
 Phone number: _____ Email address: _____

1. Did you measure the accumulation of scum and sludge? Yes No (tank(s) pumped without measuring)

Tank (check if present)	Scum	Sludge	Operating depth	Percent full
<input type="checkbox"/> Septic/holding tank #1				
<input type="checkbox"/> Septic/holding tank #2				
<input type="checkbox"/> Pretreatment tank				
<input type="checkbox"/> Pump tank				

2. Access used to remove septage: Maintenance hole Other (Unless a holding tank, go to #4 below)

3. If the maintenance hole was used, were all covers secured in place? Yes No If no, please explain below:

4. If the owner refuses to allow a Subsurface Sewage Treatment System (SSTS) to be pumped through the maintenance hole, have them complete and sign the following statement.

I, _____, refuse to allow the removal of the solids and liquids through the maintenance
(Print owner's name)

hole. I understand that removal of solids and liquids through other access points is not considered a compliant method of solids removal and does not fulfill the solids removal requirements of Minn. R. 7080.2450 and 7082.0600.

By typing/signing 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.

Owner's signature: _____ Date (mm/dd/yyyy): _____

Property address: 11660 Leeward Ave S Parcel ID: _____
 City: Hastings State: MN Zip code: 55033

5. Is the tank designed as a leaky tank? (Example: seepage pit, cesspool, drywell, leaching pit)

Tank #1: Yes No Verification method used: Visual
 Tank #2: Yes No Verification method used: _____

6. Is there evidence of the following?

Tank (check if present)	Tank leaks below the designed operating depth	Tank leaks above the designed operating depth	Maintenance hole cover is damaged, cracked, unsecured, or appears to be structurally unsound
<input type="checkbox"/> 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
<input type="checkbox"/> Septic/holding Tank #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 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
<input type="checkbox"/> Pump 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
Describe detail for any "Yes"			

7. How many gallons of septage were removed?

Tank #1: 1000 Tank #2: _____ Pretreatment Tank: _____ Pump Tank: _____

8. Where was the septage taken? Wastewater treatment facility Land application Other

Explanation (Facility name/Site #): St Paul - MCES

9. Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system?

Yes No If yes, identify tank and explain:
 Evidence of non-domestic waste Baffle(s) condition Effluent screen condition
 Maintenance hole and extensions condition Other conditions (e.g. structural integrity of tank or lid, electrical hazard, etc.)

Explanation: _____

10. List any troubleshooting and minor repairs completed or declined by owner:

Troubleshooting and repairs conducted: _____ Repairs declined by owner: _____

Additional comments or suggestions for owner's consideration:

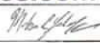
Pumping record

I personally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance with Minnesota Rules Chapters 7080 – 7083:

As a noncertified individual who has received proper training, daily work review, and periodic observation, or
 As a designated certified individual of the business listed below.

By typing/signing 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.

Company information

Company name: Schlomka Services
 Business license number: 2989
 Email: Office@schlomkaservices.com
 Employee's signature: 

Employee information

Print name: Larry Schlomka
 Certification number: (if applicable): _____
 Phone number: 651.459.3718
 Date (mm/dd/yyyy): 8/10/2021

Property address: 11660 Leeward Ave S Parcel ID: _____
 City: Hastings State: MN Zip code: 55033

Optional section: Sewage Tank Compliance Certification (Tank integrity assessment)

This form does not represent a complete system inspection report and only certifies sewage tank compliance status. i.e., this form, completed, may serve as a tank integrity assessment.

Instructions: This section of the form may be completed and signed by a Designated Certified Individual (DCI) of a licensed SSTS Maintenance Business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system.

When this section of the form is signed by a qualified certified professional, it becomes *necessary supporting documentation* to an Existing System Compliance Inspection Report: Compliance inspection form - Existing system (wq-wwists4-31b). This form can be found on the MPCA website at <https://www.pca.state.mn.us/water/service-and-maintenance>.

The information and certified statement on this form is **required** when existing septic tank compliance status is determined by an individual other than the SSTS Inspector that submits an inspection report. This form represents a third party assessment of SSTS component compliance and is allowable under Minn. R. 7082.0700, subp. 4 Item (B) subitem (1). This form is valid for a period of three years beyond the signature date on this form unless a new evaluation is requested by the owner or owner's agent or is required according to local regulations. Additional Administrative Rule references for this activity can be found at Minn. R. 7082.0700, subp. 4 Items B, C, and D; 7083.0730 Item C.

Pages 1 and 2 are not required to accompany this form when the optional third page is completed and used to certify sewage tank compliance status.

System status

System status on date (mm/dd/yyyy): 8/10/2021

Certificate of sewage tank compliance

Notice of sewage tank non-compliance

Compliance criteria:

The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - "Failure to Protect Groundwater."	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
The SSTS has a sewage tank that leaks below the designed operating depth - "Failure to Protect Groundwater."	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
The SSTS presents a threat to public safety by reason of structurally unsound (damaged, cracked, or weak) maintenance hole cover(s) or lids or any other unsafe condition - "Imminent Threat to Public Health or Safety."	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No

Any "yes" answer above indicates sewage tank non-compliance.

Company information

Company name: Schlomka Services LLC
 Business license number: 2989

Designated Certified Individual (DCI) information

Print name: Larry Schlomka
 Certification number: 4253

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS Maintenance Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS.

By typing/signing 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.

Designated Certified Individual's signature:  Date (mm/dd/yyyy): 3/11/2022



AS-BUILT REPORT INDIVIDUAL SEWAGE TREATMENT SYSTEM

Washington County Health, Environment & Land Management
14900 61ST ST N, PO BOX 3803, STILLWATER, MN 55082-3803
612/430-6708 or 612/430-6656 FAX 612/430-6730

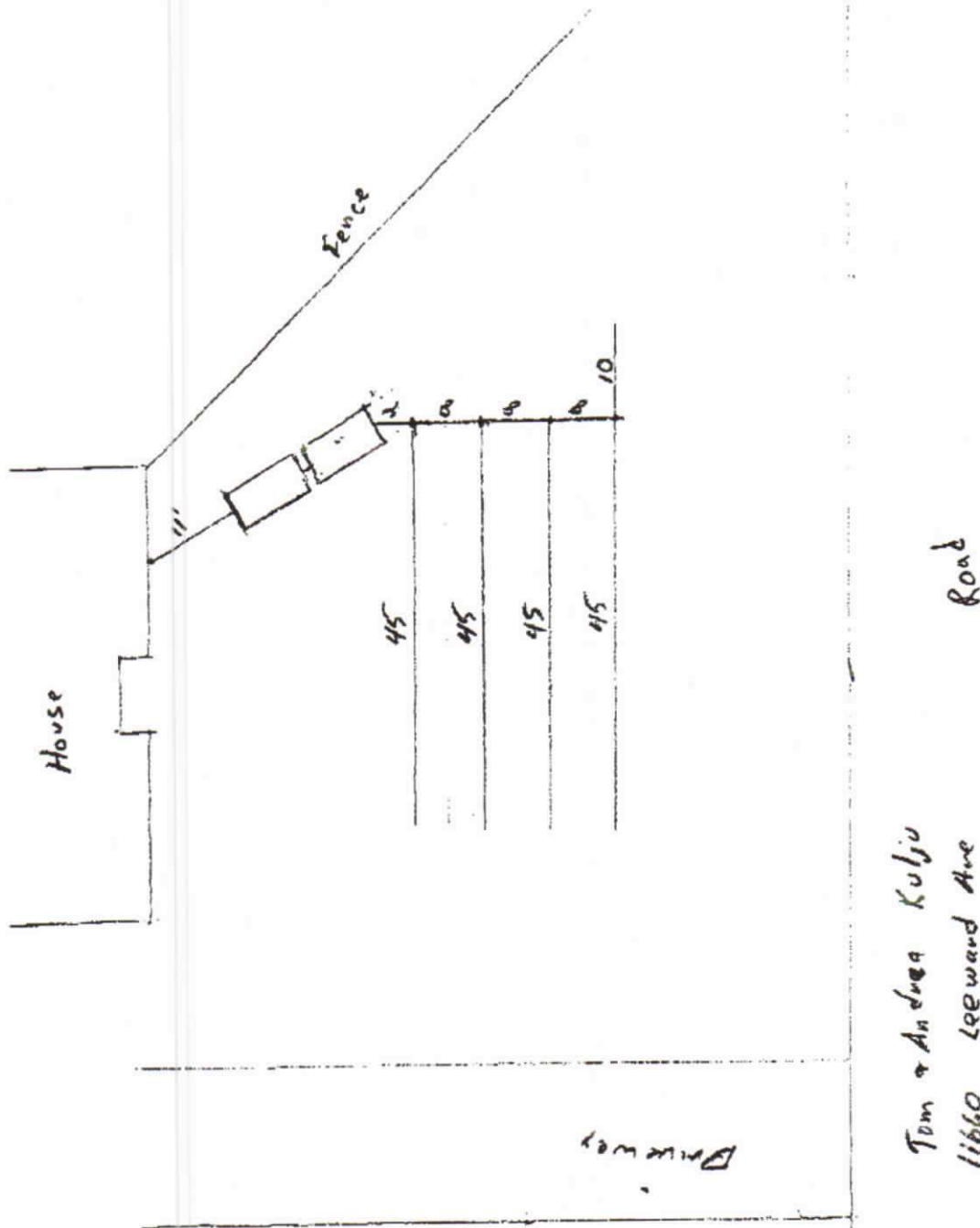
Legal Description or Complete Street Address		City or Township		
11660 Leeward Ave		Cottage Grove		
Owner Name	Mail Address	City	State	Zip
Tom & Andrea Kulju	11660 Leeward Ave	Cottage Grove	Mn	55033
Installer	Mail Address	City	State	Zip
Frank Fenling	9225 ST Croix Trail	Hastings	Mn	55032
Septic Tank Information:		Liquid Capacity:		
Tank Manufacturer: Brown Concrete		2 - 1000 gal		

PUMP CHAMBER (if installed)			
Tank Manufacturer:	Liquid Capacity:	Horsepower of Pump:	Type of Warning Device:
Pump Discharge in Gallons Per Minute: Head	at	Feet of	Number of Gallons Pumped Per Cycle:

DRAINFIELD TRENCH		BED OR MOUND		
Width:	Length of Each Trench:	Rock Bed Length:	Width:	Area:
3	50'			
Depth of Trench Bottom from Finished Grade:		Bed Depth from Grade:		
30"				
Method of Distribution:		MOUND:		
<input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input checked="" type="checkbox"/> Drop Box		Upslope Sand Base Depth: Downslope Sand Base Depth:		
Depth of Rock Under Distribution Pipe:		Depth of Rock Under Pipe:		
12"				
Square Footage of Tested Area Used:		PRESSURE DISTRIBUTION SYSTEM:		
Trench Bottom Square Footage Required:	Area As Built:	Lateral Inside Diameter:	Length:	Perforation Size:
		Spacing:	Number:	Perforation Spacing:
5.70				

Complete site plan on attached sheet. On the site plan, include location of the following items:
Structures, septic tank, pump chamber, line from house to 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.

I hereby certify that the system at the above referenced address was installed according to the Washington County Individual Sewage Treatment System Ordinance requirements.
Signed: Frank Fenling MPCA License #: 673 Dated: 2-16-01



Tom & Andrea Kulju
11660 Leeward Ave
Cottage Grove



WASHINGTON COUNTY, MINNESOTA
 Department of Public Health
 and Environment 651/430-6708

PERMIT NUMBER 000420026 SEWAGE PERMIT

Owner : TOM & ANDREA KULLIN
 11660 LERKWARD AVE S
 HASTINGS MN 55033
 Applicant : CENCO FARMS 436-R282

DRAINFIELD REPLACEMENT PERMIT 70.00
 SEPTIC APPLICATION/SOIL REVIEW 150.00
 Total Fees : 220.00
 Total Paid : 220.00
 Total Due : .00

0004-20026

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 : 11660 LERKWARD AVE S HASTINGS MN 55033
 Legal Description: LOT 004 BLOCK 005 PINE COULER Gen : 36-027-21-31-0014
 Flow Capacity 450 Gal/Day Tank Volume 2000
 Soil Conditions: Depth to Restriction 30 Inches Perc Rate 6 Min/Inch

Soil Treatment Type:
 Bottom Area 570 Rock Depth 12

Authorized Work / Special Conditions

- Install individual sewage treatment system as per approved design in area tested and shown on site plan.
- THIS SYSTEM MUST BE INSTALLED BY A CERTIFIED/LICENSED SEWAGE TREATMENT SYSTEM INSTALLER HOLDING A CURRENT LICENSE WITH THE MINNESOTA POLLUTION CONTROL AGENCY. (A list of installers is available at your request.)
- Maximum trench depth 30 inches into natural soil.
- Use 1.27 sizing factor. 570 sq. ft. of drainfield.

** Permit Expiration Date : Sewage Treatment : 2001-07-13

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 12 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 2000-07-13 Code Enforcement Officer Allen Gordon

INSPECTION RECORD

BUILDING	DATE	INSP.	COMMENTS
Foundation.....			
Foundation Wall.....			
Plumbing (Groundwork).....			
Heating (Groundwork).....			
Rough Plumbing.....			
Rough Gas Piping.....			
Rough Heating and Ventilation.....			
Framing.....			
Insulation.....			
Fireplace.....			
Chimney.....			
Wallboard or Lath and Plaster.....			
Final Electrical.....			
Final Plumbing.....			
Final Gas Piping.....			
Final Heating and Ventilation.....			
Final Building.....			<i>ejector in front</i>

SEWAGE TREATMENT SYSTEM	DATE	INSP.	COMMENTS
Installation.....	<i>7-13-00</i>	<i>AK</i>	<i>gravity</i> Tank Size: <i>2-1000</i> Treatment Area: <i>570 sq ft</i>
As Built.....			Installer: <i>Frank Fleming</i>

DRIVEWAY	DATE	INSP.	COMMENTS
Access.....			
Installation.....			

NOTES: *4 lines*
18" rock in 4th line

FROM : Cenco Farms
JUL-03-00 12:55 FROM WASH CO HELM

FAX NO. : 6514364634

Jul. 03 2000 02:24PM P1



Washington County Public Health & Environment
14949 62nd Street N, PO Box 3803
Stillwater, MN 55082-3803
651/430-6688 FAX 651/430-6730

Cenco Farms Inc.
Chk # 11014
Paid \$ 220.00 DJC

Make checks payable to WASHINGTON COUNTY

- \$150 - New Home Drainfield
- \$ 70 - Replace Existing System with a Drainfield System
- \$250 - New Home Mound
- \$170 - Replace Existing System with a Mound System
- \$250 - Alternative/Experimental System
- \$150 - Individual Lot
- \$100 - Subdivision Soil/Site Review - Base fee Plus \$50/lot
- \$ 25 - Additional Review Fee (1 hour minimum)
- \$ 25 - Renewal of Previous Permit Fee

Receipt #

0004-20026

Legal Description and Parcel Identification Number (especially if this is for a NEW SUBDIVISION OR MINOR SUBDIVISION)

Applicant: Cenco Farms Address: 9225 Stearns Tr City: Hastings State: MN Zip: 55033 Phone: 485-9792

Owner (if different from applicant): Tom & Andrea Kolju Address: 11660 Howard Ave City: Hastings State: MN Zip: 55033 Phone: 437-9199

New Home Existing Home New Business Existing Business Number Of Bedrooms: 3 Chiltons Per Day: 950

Check the following fixture(s) which are or will be installed: Garbage Disposal Recreational Bathing Facility: (sauna, hot tub, etc.)

New Home Drainfield System Mound System Alternate/Experimental System Existing Permit Renewal Tank Replacement Only

Existing Home Replacement System Drainfield System Mound System

Site Approval Only If this site has been previously approved, attach copy of approval letter Additional Soil Test Data for Previously Approved Site

The following exhibits are required as part of this application and shall be attached hereto: Percolation Test Reports; Soil Boring Logs; Site Plan drawn to scale showing location of buildings, lot lines, percolation test holes, soil boring holes, proposed location of systems and well; one (1) copy of the System Design; and one (1) copy of the Final Building Plan. The house and the drainfield areas must be staked. Inaccurate or incomplete 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 Washington County, together with any requirements and/or restrictions 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 Washington County 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 Washington County Dept. of Public Health & Environment that the installation is ready for inspection.

I hereby certify the above to be true and correct. In connection with your request for a soil review/permit, I hereby give Washington County Department of Public Health and Environment permission to enter upon my property during normal business hours for the purpose of determining the suitability of the location, design, and construction, which may include minor excavation or soil borings by the Department.

Frank Feuk

Signature of Applicant (Owner or Contractor)

7-3-00

Date

THE AREA BELOW IS FOR SOIL EVALUATION

SITE EVALUATION: BY INSPECTOR JK DATE 7-7-00

ETBACKS: SAND 1.27 design REQUIRED [CIRCLE APPROPRIATE ITEM(S)] ACTUAL

Vol (including adjacent property) max depth 30" 50' 75' 100' 150'

Vegetat, Pond, Lake, Stream, River, or Bluffline on 6 MPI 20' 40' 75' 100' 150'

CONCLUSIONS: Site Suitable: Site Unsuitable: Additional Tests Required: Verify Use: _____ Bedroom

OTES: Lot Size _____ Year Built _____

EXISTING HOUSE # 360 27 21 310014
NO PERCS run as cont use .83 design

Soil Boring Log

Client: Tom and Andrea Gaudin Kulju
 Address: 11600 Leeward Ave. S.
Hastings, MN 55033
 Date: 6/16/00
 Location: B1
 Soil Type: SANDY SILTS
 Disturbed/Compacted: no
 Type of Observation: Boring
 Parent Material: Outwash
 Vegetation: Grass/Lawn
 Slope Form: Backslope
 Slope: 6 %
 Drainage: Good
 Floodplain: no
 Elevation of Boring: _____
 Depth of Water: _____
 Depth to Bedrock: _____
 Depth to Sat. Soil: +64"
 Max Depth of System: _____
 Soil Sizing Factor: 0.83
 Linear Loading Rate: _____
 Well Information:
 Location: +50'
 Depth: Deep well 280' per owner testimonial
 Casing Depth: _____
10' of impervious material:

Additional Notes: B1 is not suitable for a septic drainfield. There is concern with what seem to be drainfield rock, possibly from the installation of the cesspool. Drainfield shall not cross over B1.

Preliminary design: Trench
 Trench: X Bed: _____ Atgrade: _____ Mound: _____ Holding Tank: _____
 Gravity Distribution: X Pressure Distribution: _____
 Sand: Serial _____ Pressure: _____ Liner: _____ Clay: Liner _____

Depth (inches)	Texture	Color	Structure	Notes
0-7	Loam	Very dark grayish brown (10YR 3/2)	Granular	
7-21	Sand	Dark yellowish brown (10YR 4/4)	Granular	
21-53	Sand	Yellowish brown (10YR 5/4)	Granular	
53-65	Clay Loam w/Gravel	Dark yellowish brown (10YR 4/6)	Blocky	Rock from cesspool installation?

Jan 21 2000 7:01AM

Mo. 0572 P. 8/13

Soil Boring Log

Client: Tom and Andrea ~~Smith~~ Kulju
 Address: 11660 Leeward Ave. S.
Hastings, MN 55033
 Date: 6/16/00
 Location: B2
 Soil Type: seamy soils
 Disturbed/Compacted: no
 Type of Observation: Boring
 Parent Material: Outwash
 Vegetation: Grass/Lawn
 Slope Form: Backslope
 Slope: 6 %
 Drainage: Good
 Floodplain: no
 Elevation of Boring: _____
 Depth of Water: _____
 Depth to Bedrock: _____
 Depth to Sat. Soil: +66"
 Max Depth of System: _____
 Soil Sizing Factor: 0.83
 Linear Loading Rate: _____
 Well Information:
 Location: +50'
 Depth: Deep well, 280' per owner testimonial
 Casing Depth: _____
 10' of impervious material:

Additional Notes: _____

Preliminary design: Trench
 Trench: X Bed: _____ Atgrade: _____ Mound: _____ Holding Tank: _____
 Gravity Distribution: X Pressure Distribution: _____
 Sand: Serial _____ Pressure: _____ Liner: _____ Clay: Liner _____

Depth (inches)	Texture	Color	Structure	Notes
0-15	Sandy Loam	Very dark grayish brown (10YR 3/2)	Granular	
15-24	Sandy Loam	Dark yellowish brown (10YR 4/4)	Granular	
24-66	Sand	Yellowish brown (10YR 5/4)	Granular	



Tri-City / William Lloyd Analytical Laboratory

9300 Poplar Bridge Road • Bloomington, MN 55437 • (952) 563-4904

Dave Brown
4787 Radio Dr.
Woodbury, MN 55129

Sample Results Report

Report Date:
03/18/2022 10:02

Received By: Deb Weltzin

Sample Condition Upon Receipt:

Received Date / Time: 17-Mar-2022 8:45

Acceptable Temperature 5.1 °C
 On ice

Sample ID: 2203090-01

11660 Leeward Ave S Hastings, MN

Sample Collector: Dave Brown

Collection Date/Time: 3/16/2022 3:16:00PM

Analyte	Result	Units	MCL*		Date Analyzed	Analyst Initials	Method
Nitrate as N	<0.0500	mg/L	10	PASS	03/17/2022 13:21	DJW	EPA 353.2 Rev. 2.0
P/A total coliform	Absent	MPN/100 mL	Absent	PASS	03/17/2022 15:00	BL	SM 9223 B (Collert-18® P/A)

*MCL (maximum contaminant level) set by the EPA

PASS - The analyte(s) reported, for the sample(s) listed above, meet standards set by the Minnesota Department of Health and U. S. Environmental Protection Agency for safe drinking water.

Approved By:

Bree Landherr
Laboratory Analyst

Laboratory Identification Number: 027-053-355

The results in this report apply to the above listed sample(s). All routine quality assurance procedures were followed, unless otherwise noted. This analytical report must be reported in its entirety. All methods are certified by the Minnesota Department of Health, unless otherwise noted. The test report shall not be reproduced except in full, without written approval of the laboratory.

* - The lab does not hold a Minnesota Department of Health accreditation for this parameter.