

## 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:** 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: 3403220420007 Loca	I regulatory authority: Washington County
Property address: 18333 Olinda Trail North, Marine on St Croix 5	5047
Owner/representative: Sarah Kudebeh	Owner's phone:
Brief system description: Holding Tank Detached Bldg. (Non-Dwell	ing)
System status	
System status on date (mm/dd/yyyy):4/1/2022	
☐ 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.)  *Note: Compliance indicates conformance with Minn.	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.  Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local
R. 7080.1500 as of system status date above and does not guarantee future performance.	ordinance.
Reason(s) for noncompliance (check all applicable)	
<ul> <li>☐ Soil separation (Compliance component #5) – Failing to</li> <li>☐ Operating permit/monitoring plan requirements (Compliance Comments or recommendations</li> </ul>	protect groundwater #3) – Imminent threat to public health and safety #3) – Failing to protect groundwater 00 (Compliance component #3) – Failing to protect groundwater
I hereby certify that all the necessary information has been gathered determination of future system performance has been nor can be maduse of the system, inadequate maintenance, or future water usage	ade due to unknown conditions during system construction, possible
By typing my name below, I certify the above statements to be true can be used for the purpose of processing this form.	and correct, to the best of my knowledge, and that this information
Business name: Progressive Onsite Septic LLC	Certification number: C9963
Inspector signature:	License number: <u>L4145</u>
(This document has been electronically signed)	Phone: 763-482-5171
Necessary or locally required supporting docu	mentation (must be attached)
☐ Soil observation logs ☐ Locally required forms	☐ Tank Integrity Assessment ☐ Operating Permit
Other information (list):	

https://www.pca.state.mn.us wq-wwists4-31b • 1/11/21 651-296-6300

800-657-3864 • L

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### **1.** I

Compliance criteria:		Attached supporting documentation	on:
System discharges sewage to the ground surface	☐ Yes* ☒ No	<ul><li>☐ Other:</li><li>☑ Not applicable</li></ul>	
System discharges sewage to drain tile or surface waters.	☐ Yes* ☒ No	Z Net applicable	
System causes sewage backup into dwelling or establishment.	☐ Yes* ⊠ No		
Any "yes" answer above indicates imminent threat to public health al			
Describe verification methods and	d results:		
Visual search of the immediate area	identified no issues.		
		- f F	
<u> </u>	component #2		on:
Compliance criteria: System consists of a seepage pit,	component #2	of 5  Attached supporting documentation  ☑ Pumped at time of inspection	on:
Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit,	· · · · · · · · · · · · · · · · · · ·	Attached supporting documentation	
Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their	· · · · · · · · · · · · · · · · · · ·	Attached supporting documentation  ⊠ Pumped at time of inspection	Olson's Sew
Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes* ☒ No	Attached supporting documentation  ✓ Pumped at time of inspection  Name of maintenance business:	Olson's Sewe
System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their	☐ Yes* ☒ No	Attached supporting documentation  ✓ Pumped at time of inspection  Name of maintenance business:  License number of maintenance business	Olson's Sew ness: <u>L216</u> 4/1/2022
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  Pumped at time of inspection  Name of maintenance business:  License number of maintenance businest Date of maintenance:  Existing tank integrity assessment (Attached)	Olson's Sew ness: <u>L216</u> 4/1/2022
Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their designed operating depth?	Yes* ⊠ No  Yes* ⊠ No	Attached supporting documentation  Pumped at time of inspection  Name of maintenance business:  License number of maintenance businest Date of maintenance:  Existing tank integrity assessment (Attached)	Olson's Sew ness: L216 4/1/2022 ttach) thin 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:  Any "yes" answer above indicates.	Yes* ⊠ No  Yes* ⊠ No	Attached supporting documentation  Name of maintenance business:  License number of maintenance business:  Date of maintenance:  □ Existing tank integrity assessment (Attached maintenance)  (mm/dd/yyyy):  (See form instructions to ensure asse	Olson's Sew ness: L216 4/1/2022 ttach) thin three years) ssment complies v

3.	Other compliance conditions – Compliance component #3 of 5	
	3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unse ☐ Yes* ☒ No ☐ Unknown	cured?
	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:	
	Service Covers observed to be at existing Grade	
	At the time of inspection it was observed that the Audible Hi-Level Alarm/Float could not be many Neither could the physical equipment (Alarm Box) be located in/around this structure.	ade to function as inteded.
	It is our understanding that the property owner will/is taking the necessary action(s) in order to	make these corrections.
	Attached supporting documentation:   Not applicable	
4.	Operating permit and nitrogen BMP* – Compliance component #4 or	f 5 Not applicable
	Is the system operated under an Operating Permit?	f "yes", A below is required
	Is the system required to employ a Nitrogen BMP specified in the system design? $\square$ Yes $\square$ No $\square$	f "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	1.
	Compliance criteria:	
	a. Have the operating permit requirements been met? ☐ Yes ☐ No	
	b. Is the required nitrogen BMP in place and properly functioning? $\ \square$ Yes $\ \square$ No	
	Any "no" answer indicates noncompliance.	
	Describe verification methods and results:	
	Attached supporting documentation:   Operating permit (Attach)	

https://www.pca.state.mn.us wq-wwists4-31b • 1/11/21

#### 5. Soil separation – Compliance component #5 of 5

Date of installation 11/28/2012 (mm/dd/yyyy)	Unknown	
Shoreland/Wellhead protection/Food beverage lodging?  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:  Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	Yes No	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)  ☐
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:  Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	☐ Yes ☐ No*	Indicate depths or elevations  A. Bottom of distribution media  B. Periodically saturated soil/bedrock  C. System separation  D. Required compliance separation*  *May be reduced up to 15 percent if allowed by Local Ordinance.
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)  Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.  *Any "no" answer above indicates the failing to protect groundwater.	Yes No*	

**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.

Describe verification methods and results:

#### MINNESOTA POLLUTION CONTROL AGENCY

# Sewage tank integrity assessment form

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

## **Subsurface Sewage** Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

Purpose: 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 by a qualified professional. SSTS compliance inspection report forms can be found at: https://www.pca.state.mn.us/water/inspections.

Instructions: This form may be completed, and signed, by a Designated Certified Individual (DCI) of a licensed SSTS inspection, maintenance, installation, or service provider business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system. Only a licensed maintenance business is authorized to pump the tank for assessment. A copy of this information should be submitted to the system owner and be maintained by the licensed SSTS business for a period of five (5) years from the assessment date.

When this 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/inspections.

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(B)(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(B),(C), and (D) and; Minn. R. 7083.0730(C).

Owner/Representative		
Property address: 18333 Ofindia + A	V (racace	
Local Regulatory Authority: washiy to cont	/ Garage Parcel ID	•
System status Alarm Not working	, 4.00, 15	•
System status on date (mm/dd/yyyy): 04/01/30 }		
Certificate of sewage tank compliance		ank non-compliance
Complia	nce criteria:	
The SSTS has a seepage pit, cesspool, drywell, leaching pit, or Groundwater."	other pit - "Failure to Protect	☐ Yes* <b>②</b> YNo
The SSTS has a sewage tank that leaks below the designed open Groundwater."	erating depth - "Failure to Protect	☐ Yes* ᠒ No
The SSTS presents a threat to public safety by reason of structuor weak) maintenance hole cover(s) or lids or any other unsafe of <b>Public Health or Safety.</b> "	rally unsound (damaged, cracked, condition - "Imminent Threat to	☐ Yes* 🏹 No
		•
Any "yes" answer above indica	ates sewage tank non-complianc	e.
company information	Designated Certified Individu	ual (DCI) information
Any "yes" answer above indication  Company information  Company name: Olson's Sewer Service, Inc.  Business license number:	Designated Certified Individu	ual (DCI) information
Company information Company name: Olson's Sewer Service, Inc.	Print name: 50e/// Certification number:	ual (DCI) information
Company information Company name: Olson's Sewer Service, Inc. Susiness license number:  I personally conducted the work described above as a Designate maintenance, installation, or service provider Business I personal	Designated Certified Individual Print name: 50 e / / / Certification number: 6 de Certified Individual of a Minnesota-lically conducted the necessary procedure of the best to be true and correct to the first one for the second certified Individual of the first one for the second certified Individual of the first one for the second certified Individual of the first one for the second certified Individual of the first one for the second certified Individual of the first one for the second certified Individual of the first one for the second certified Individual of the sec	ual (DCI) information  PP+10  25( censed SSTS inspection, es to assess the complian