

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 Local regulatory authority: Washington County

Property address: 18333 Olinda Trail North, Marine on St Croix 55047

Owner/representative: Sarah Kudebeh Owner's phone: _____

Brief system description: (2) Single Comp. Septic Tanks, (1) Dose Tank, 18" Lift Mound

System status

System status on date (mm/dd/yyyy): 4/1/2022

Compliant – Certificate of compliance*

(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. R. 7080.1500 as of system status date above and does not guarantee future performance.**

Noncompliant – Notice of noncompliance

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 ordinance.

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

This property was observed to have (2) SSTS. The following documentation represents our findings for the Primary System (Dwelling).


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: Progressive Onsite Septic LLC

Certification number: C9963

Inspector signature: 

License number: L4145

(This document has been electronically signed)

Phone: 763-482-5171

Necessary or locally required supporting documentation (must be attached)

- Soil observation logs
- 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:

Visual search of the immediate area identified no issues.

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:

Effluent Levels observed at Operating Depth. Baffles in place. Emptied tank(s) did not reveal any structural deficiencies.

Attached supporting documentation:

- Pumped at time of inspection
- Name of maintenance business: Olson's Sewer
- License number of maintenance business: L216
- Date of maintenance: 4/1/2022
- 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))
- 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:

Service Covers observed to be at existing Grade

Effluent Pump and associated Float observed to be operating as intended

At the time of inspection it was observed that the Audible Hi-Level Alarm/Float could not be made to function as intended. It is our understanding that the property owner will/is taking the necessary action(s) in order to make these corrections.

Notation: It has come to our attention the necessary corrections have been made to the above mentioned items on 4/15/2022. See attached documentation.

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 9/21/2000 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 (Advanced Inspector License required) Yes No*

Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

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)
- _____

Indicate depths or elevations

A. Bottom of distribution media	101.6'
B. Periodically saturated soil/bedrock	98.1'
C. System separation	3.5'
D. Required compliance separation*	3.0'

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

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

Describe verification methods and results:

See Attached Soil Observation Log(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.

Service Order

Olson's Excavating Service 17638 Lyons Street N.E. Forest Lake, MN 55025 651-464-2082

Date

Road Restrictions (Tons)

Address

City

Township

County

Driving Directions

C1: (651) 338-7666 Sarah

Name

Private Utilities?

Irrigation?

N

N

Work to be performed We will directionally bore to install up to 65' of 1 1/4" conduit to include up to 85' of 12/2 wire and 14/2 wire from the existing lift station to the exterior wall of the house. A 1 hour allowance is included for an electrician to make the final electrical connections in the breaker panel.
No lawn or landscape restoration is included.

Subs, Rental & Material Used (Note Job Code)

Comments CrossCountry Underground to bore in conduit 4/13 or 4/14.
Mercury Electric to be on site 4/15/2022.

Changes in Scope of Work

Follow-up Requests This work was completed on 4/15/2022.

Customer Concerns/ Damage

"Keep Your Sewer In The Pink!"



Soil Observation Log

Project ID:

v 04.01.2020

Client: Sarah Kudebeh Location / Address: 18333 Olinda Tr N Marine on St Croix

Soil parent material(s): (Check all that apply) Outwash Lacustrine Loess Till Alluvium Bedrock Organic Matter

Landscape Position: (select one) Foot Slope Slope %: 1.0 Slope shape: Linear, Concave Elevation-relative to benchmark: 99.6'

Vegetation: Lawn Soil survey map units: 120 Limiting Layer Elevation: 98.1'

Weather Conditions/Time of Day: sunny 9:00 AM Date: 04/01/22

Observation #/Location: SB1 Adjacent to Mound Observation Type: Auger

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	I----- Structure-----I		
							Shape	Grade	Consistence
0-17	Fine Sandy Loam	5%	10YR 3/4		None	None	Granular	Moderate	Friable
			10YR 7/6						
17	Fine Sandy Loam	%5	10YR 7/3	10YR 5/6	Concentrations	S1	Platy	Weak	Friable

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

Progressive Onsite Septic LLC *Wendy G. Hark* L4145 4/7/2022
 (Designer/Inspector) (Signature) (License #) (Date)

Optional Verification: I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.

 (LGU Inspector) (Signature) (Cert. #) (Date)

Sewage tank integrity assessment form

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 information

Owner/Representative: Sarah Kudabeh
 Property address: 15333 Olinda + R N
 Local Regulatory Authority: Washington Parcel ID: _____

System status

System status on date (mm/dd/yyyy): 04/01/2022

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: Olson's Sewer Service, Inc.
 Business license number: _____

Designated Certified Individual (DCI) information

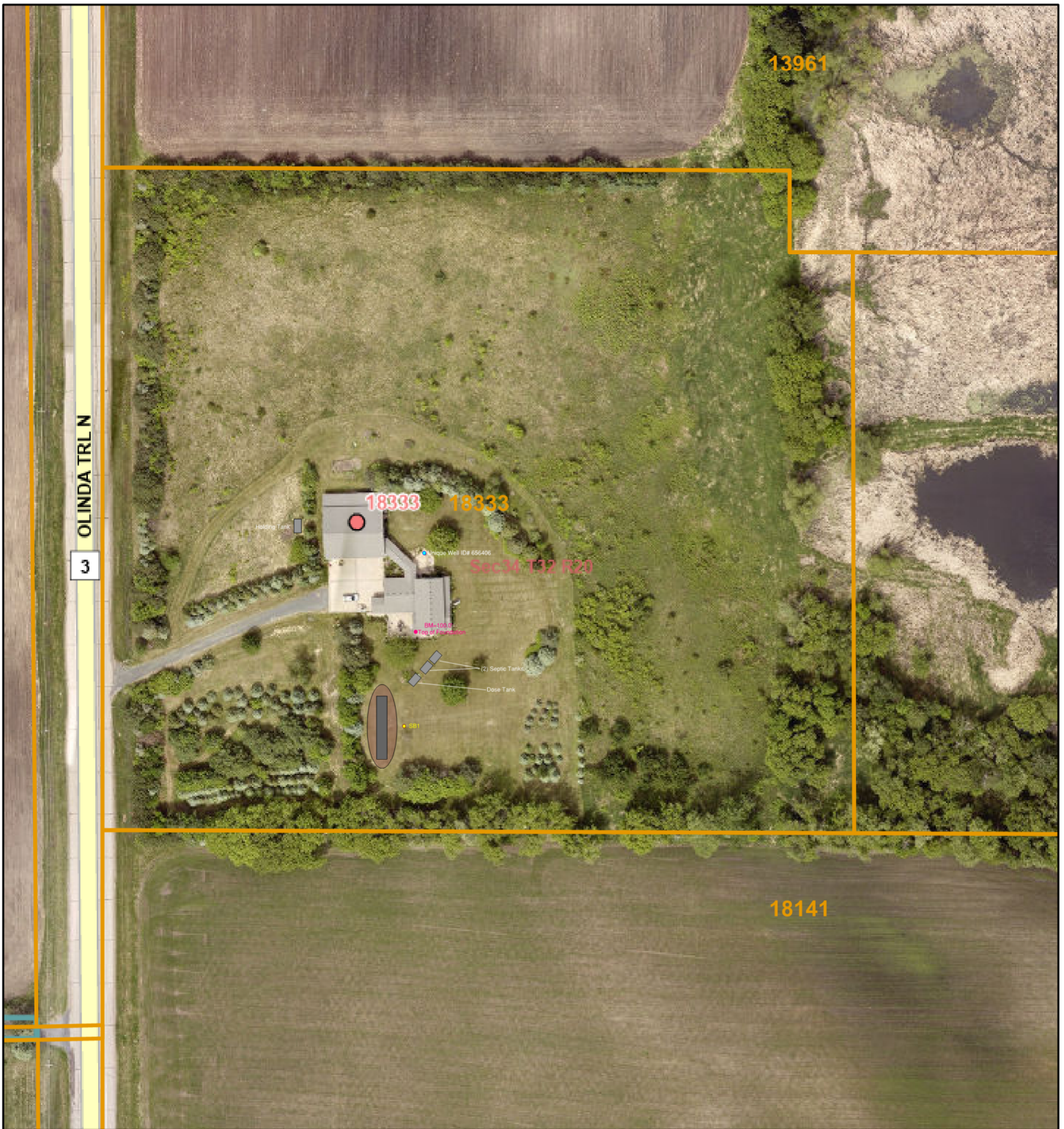
Print name: DeL Hopen
 Certification number: 6291

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS inspection, maintenance, installation, or service provider 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: [Signature] Date (mm/dd/yyyy): 04/01/2022
 (This document has been electronically signed.)

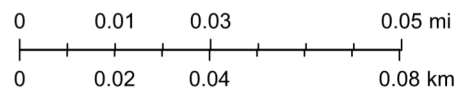
2 Aerial-18333 Olinda Tr N



4/4/2022, 10:46:43 AM

1:2,257

- Parcels
- Sections
- Easement Lines
- COMPUTED UTILITY_DRAINAGE
- Address Points
- MNWASH038007.sid ■ Red: Band_1
- Green: Band_2
- Blue: Band_3
- MNWASH026009.sid ■ Red: Band_1
- Green: Band_2
- Blue: Band_3
- MNWASH032009.sid ■ Red: Band_1
- Green: Band_2
- Blue: Band_3



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18333

18333

Holding Tank



Unique Well ID# 656406

Sec34 T3

BM=100.0'

Top of Foundation



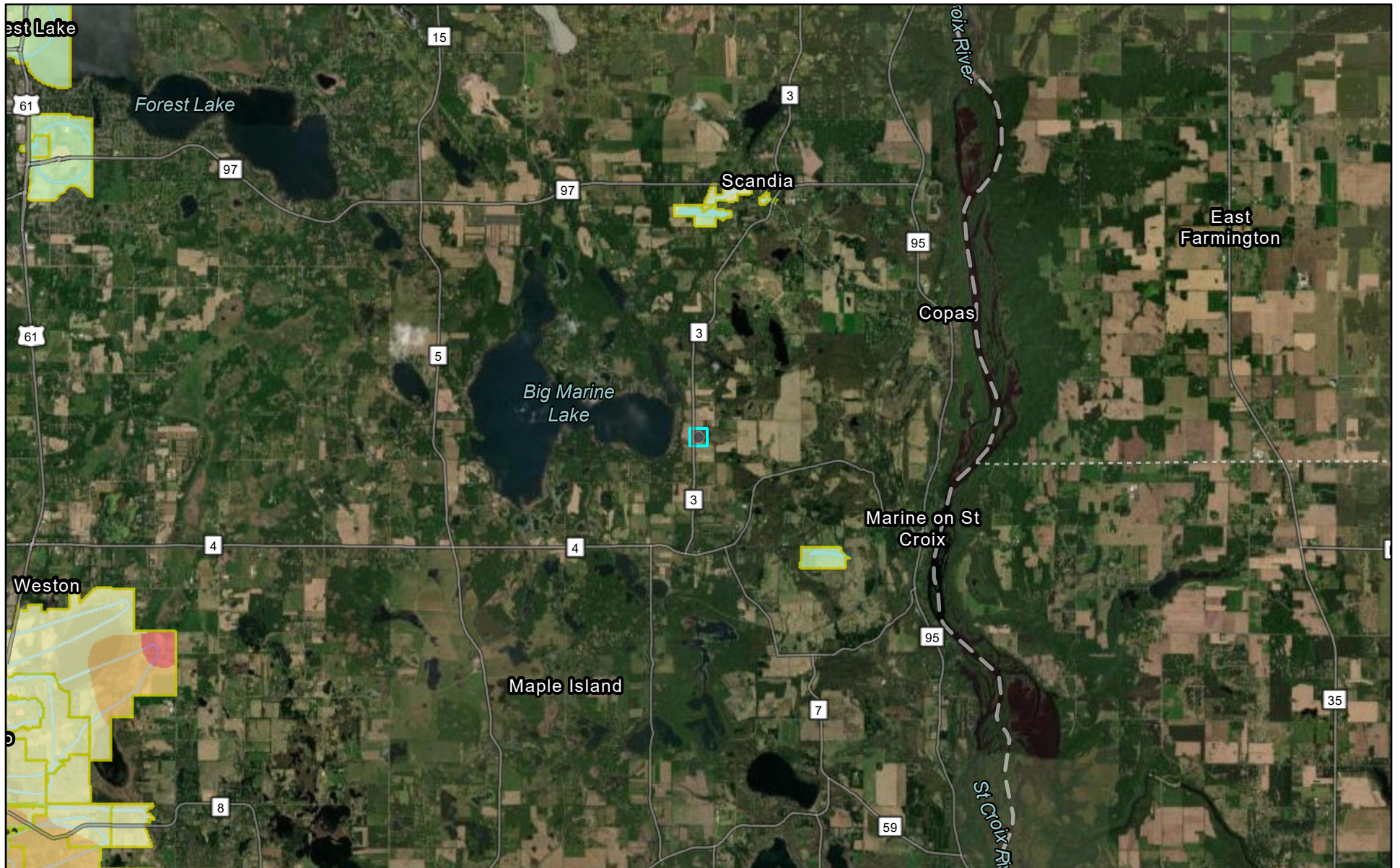
(2) Septic Tanks

Dose Tank

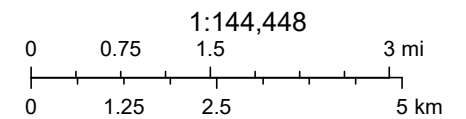


SB1

SWF-18333 Olinda TR N, Marine



April 4, 2022



Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community, Minnesota

656406

County Washington
 Quad Marine On
 Quad ID 118A

MINNESOTA DEPARTMENT OF HEALTH
WELL AND BORING REPORT
 Minnesota Statutes Chapter 1031

Entry Date
 Update Date 02/21/2013
 Received Date

Well Name	Township	Range	Dir Section	Subsection	Well Depth	Depth Completed	Date Well Completed					
	32	20	W 34	DBCCAA	160 ft.	160 ft.	11/16/2000					
Elevation	981 ft.	Elev. Method	CALC FROM 2-FOOT COUNTY DEM									
Address					Use	domestic	Status					
Well 18333 OLINDA TR SCANDIA MN							Active					
Stratigraphy Information					Well Hydrofractured?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	From	To			
Geological Material	From	To (ft.)	Color	Hardness	Casing Type		Single casing	Joint	Threaded			
CLAY	0	30	BROWN		Drive Shoe?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Above/Below			
FINE SAND	30	60	BROWN		Casing Diameter		Weight	Hole Diameter				
CLAY	60	95	GRAY		4 in. To	153 ft.	11 lbs./ft.	8 in. To	152 ft.			
CLAY / GRAVEL	95	147	BROWN					4 in. To	160 ft.			
SANDSTONE	147	160	YELLOW	MEDIUM								
					Open Hole	From 152 ft.	To 160 ft.					
					Screen?	<input type="checkbox"/>	Type	Make				
					Static Water Level							
					55 ft.	land surface	Measure	11/16/2000				
					Pumping Level (below land surface)							
					160 ft.	1 hrs.	Pumping at	60	g.p.m.			
					Wellhead Completion							
					Pitless adapter manufacturer	SNAPPY	Model	1"				
					<input type="checkbox"/>	Casing Protection	<input checked="" type="checkbox"/>	12 in. above grade				
					<input type="checkbox"/>	At-grade (Environmental Wells and Borings ONLY)						
					Grouting Information							
					Well Grouted?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Specified	
					Material	Amount	From	To				
					high solids bentonite	3 Sacks	0	ft.	30	ft.		
					Nearest Known Source of Contamination							
					80 feet	South	Direction	Sewer Type				
					Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
					Pump							
					<input type="checkbox"/>	Not Installed	Date Installed	11/17/2000				
					Manufacturer's name MYERS							
					Model Number	2 WIRE	HP	0.5	Volt	230		
					Length of drop pipe	80	ft	Capacity	12	g.p.	Typ	Submersible
					Abandoned							
					Does property have any not in use and not sealed well(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
					Variance							
					Was a variance granted from the MDH for this well? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
					Miscellaneous							
					First Bedrock	Jordan Sandstone	Aquifer	Jordan				
					Last Strat	Jordan Sandstone	Depth to Bedrock	147	ft			
					Located by Minnesota Geological Survey							
					Locate Method Digitization (Screen) - Map (1:24,000) (15 meters or							
					System	UTM - NAD83, Zone 15, Meters	X	513834	Y	5006767		
					Unique Number Verification	Address verification	Input Date	02/14/2013				
					Angled Drill Hole							
					Well Contractor							
					Barott B. Well Co.	02566	BAROTT, B.					
					Licensee Business	Lic. or Reg. No.	Name of Driller					
Remarks												
Minnesota Well Index Report					656406							
					Printed on 04/04/2022 HE-01205-15							