

ZIERKE SOIL TESTING

David and Linda Kriesel
274 Quinlan Ave N
Lakeland, MN 55043

4/6/2022

Dear David and Linda Kriesel,

At your request, I have conducted a septic inspection to determine the compliance status of your septic system pursuant to Minnesota Rules Chapter 7080.1500.

The compliance test set out in 7080.1500 has three main inquiries: 1). Is the system functioning hydraulically (disposing of effluent in a manner that prevents it from coming in contact with people)? 2). Are the septic tanks water tight? 3). Does the system have sufficient vertical separation between the bottom of the septic system and restrictive layers (bedrock, standing water, seasonally wet layers, etc) to provide full treatment of effluent?

Based off of these criteria, your septic system is compliant. A certification of compliance is in effect for three years from the date it is issued. To be clear, this should not be construed as a guarantee of future system function – there are too many factors that influence the lifespan of a septic system for an inspector to predict or even guess how long a septic system will last. A copy of this report will be filed with your local unit of government for their records.

Sincerely,



Benjamin Zierke
MPCA Lic 119, Cert 9594

ADDRESS:
28587 Jeffrey Ave
Chisago City, MN 55013

PHONE 651-249-1346
EMAIL benzierke@gmail.com

Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

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

Property information

Local tracking number: _____

Parcel ID# or Sec/Twp/Range: _____ Reason for Inspection Sale

Local regulatory authority info: Washington County

Property address: 274 Quinlan Ave N Lakeland, MN 55043

Owner/representative: David and Linda Kriesel Owner's phone: 651-436-4638

Brief system description: 1500 gallon two compartment septic tank, gravity rock trench drainfield

System status

System status on date (mm/dd/yyyy): 4/6/2022

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

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.

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

Frozen ground conditions encountered during site visit. Soils portion of test satisfied by permit record per Washington County policy.

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: Zierke Soil Testing Certification number: 9594

Inspector signature:  License number: 119

(This document has been electronically signed) Phone: 651-249-1346

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): Permit documentation

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:

None of the above observed during site visit 3/29/2022. Homeowner did not report any past issues with the system.

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:

Present for pumping by Smilies Sewer 3/29/2022. Tank watertight and baffles in place.

Attached supporting documentation:

Empty tank(s) viewed by inspector

Name of maintenance business: Smilies

License number of maintenance business: 2428

Date of maintenance: 3/29/2022

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:

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 12/1/1999 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.

Attached supporting documentation:

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

Indicate depths or elevations

A. Bottom of distribution media	96.5'
B. Periodically saturated soil/bedrock	92.0'
C. System separation	4.5'
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:

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.



WASHINGTON COUNTY, MINNESOTA

Department of Public Health
and Environment 651/430-6708

PERMIT NUMBER
LAKELAND CITY
190099017 SEWAGE PERMIT

Owner : JIM EBERHARDT
274 QUINLAN AVE N
LAKELAND MN 55043
Applicant : JOE CHAVEZ 436-1364

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

1900-99017

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 :	274 QUINLAN AVE N	LAKELAND	MN	55043	
Legal Description:	LOTS 1-3	006 SALISBURYS ADD			Geo : 35-029-20-42-0040
Flow Capacity	300 Gal/Day	Tank Volume	1500		
Soil Conditions:	Depth to Restriction	96 Inches	Perc Rate	6 Min/Inch	

Soil Treatment Type:
Bottom Area 350 Rock Depth 12

Authorized Work / Special Conditions
- Install individual sewage treatment system as per approved design in area tested and shown on site plan.

** Permit Expiration Date : Sewage Treatment : 2000-11-30

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 1999-11-30 Code Enforcement Officer

P. Barzal

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.....			

SEWAGE TREATMENT SYSTEM	DATE	INSP.	COMMENTS
Installation.....	12-1-99	P. Leonard	Tank Size: 1500 Combo Treatment Area: 150' x 10'
As Built.....			Installer: Joe Chavez

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

NOTES:

3RD ST

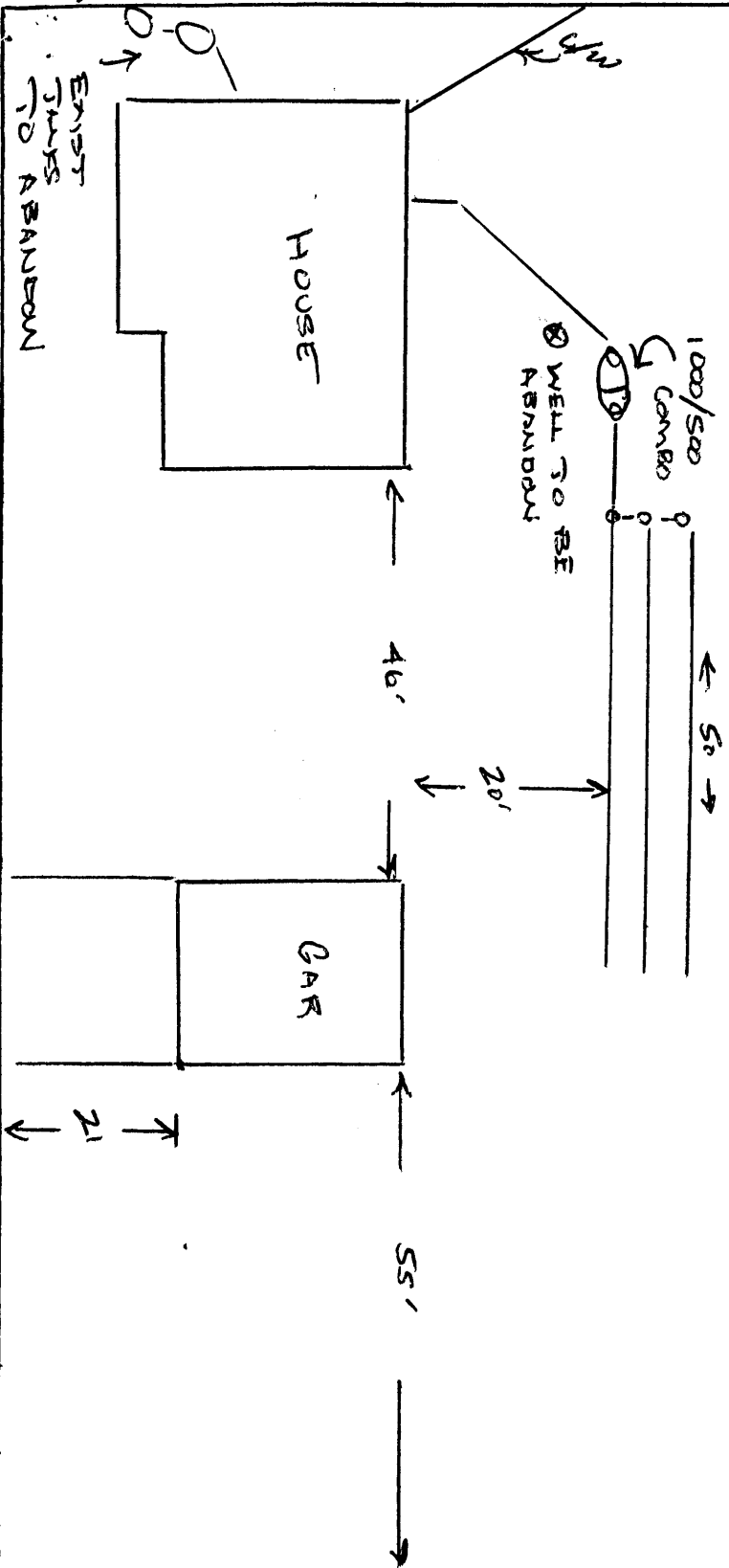
170'

J. CHAVES EXCAVATING
120 N. Quinlan Ave.
Lakeland, MN 55043

SCALE - 1" = 20' APPROX

N

AMPRE DIST.
TO ALL EXIST WELLS
PROP LINES



175'



STANDARD SYSTEM DESIGN INDIVIDUAL SEWAGE TREATMENT SYSTEM

WASHINGTON COUNTY HEALTH, ENVIRONMENT & LAND MANAGEMENT
14900 N. 61ST STREET, P.O. BOX 3803, STILLWATER, MN 55082-3803
612/430-6708 OR 612/430-6656 FAX 612/430-6730

Owner's Name	JIM EBERHARDT
Job Site Address	274 QUINLAN AVE N.
City or Township	LAKELAND SHORES, MN
Use of Building	SFD

Design Flow Rate	300	Perc Rate	6-15	Land Slope	2	Percent
Two Required Tank Sizes	1000 Gallons	500 Gallons		Lift Station Tank Size	N/A	Gallons
Type of System (standard, at grade or bed)	STANDARD					
System Size:	380	-Square Feet	126	-Lineal Feet	3	-Trench Width
Depth of rock below pipe	12"			Depth of Rock Above Pipe	2"	
MINimum Depth of Trench From Existing Grade	24	Inches		MAXimum Depth of Trench From Existing Grade	42	Inches
Recommended Number of Trenches	3			Recommended Length of Trenches	43	
Trench Spacing Measured Center to Center	7					Feet
Any Other Special Conditions	MAY USE 10" RUCKS WILL ADD 20% TO FOOTAGE					

IF PRESSURE DISTRIBUTION IS USED, COMPLETE THE PRESSURE DISTRIBUTION WORK SHEET ATTACHED.

This design must be accompanied by a site plan that clearly shows the location of the area tested and approved by the following:

1. Use an appropriate scale and indicate direction by use of a north arrow.
2. Show ALL property boundaries, rights-of-way, easements, wetlands. If necessary, an enlarged detail of the house site may also be required.
3. Show location of house, garage, driveway and all other improvements existing or proposed.
4. Show location and layout of sewage treatment system.
5. Show location of water supply (well and/or community supply line).
6. Dimension all setbacks and separation distances.

This system has been designed by a Pollution Control Agency (PCA) Certified Professional.

Designer Name	TOM TROJEN	PCA Certification #	1568
Address	137 TAMARACK CT. STILLWATER	Phone #	439-7323
Signature	<i>[Signature]</i>	Date	11-13-99

An Equal Employment Opportunity/Affirmative Action Employer
If You Need Assistance Due to Disability or Language Barrier, Please Call 430-6708 OR 430-6656 (TDD 439-3220)



SITE REVIEW and/or SEPTIC PERMIT APPLICATION

Washington County Public Health & Environment

14949 62nd Street N, PO Box 3803

Stillwater, MN 55082-3803

651/430-6655 FAX: 651/430-6730

Paid \$ _____

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
- \$150 - Site Review
- \$ 25 - Additional Review Fee (1 hour minimum)
- \$100 - Base fee, plus \$50 per lot - Subdivision Fee
- \$ 25 - Renewal of Previous Permit Fee

Receipt # _____

1900-99017

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

LOT 1-3 BLK 6 SALSIBURY ADD. 3502920420040

Applicant J. CHANOS Address _____ City _____ State _____ Zip _____ Phone 936-1384

Owner (if different from applicant) JIM EBERHARDT Address 274 QUINLAN City LAKEWOOD State MINN. Zip _____ Phone 936-6498

New Home Existing Home New Business Existing Business Number Of Bedrooms: 2 Gallons Per Day: 300

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

New Home ⇒ Drainfield System Mound 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 system 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 the Washington County Building Official or his agent, together with any requirement and/or restriction 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 the Building Official or his agent 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 Building Official 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/septic 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.

[Handwritten Signature]

Signature of Applicant (Owner or Contractor)

11-13-99
Date

THE AREA BELOW IS FOR COUNTY USE ONLY

SITE EVALUATION: BY INSPECTOR P. L. DATE 11-17

SETBACKS:	REQUIRED [CIRCLE APPROPRIATE ITEM(S)]					ACTUAL
	50'	75'	100'	150'		
Well (including adjacent property)						
Wetland, Pond, Lake, Stream, River, or Bluffline						

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

NOTES: Lot Size _____ Year Built _____
Hold for well abandonment cert