

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: 3402921210016

Reason for Inspection: Property Transfer

Local regulatory authority info: Washington County

Property address: 968 Jewel Ave N Lake Elmo, Mn. 55042

Owner/representative: Richard Fairrow

Owner's phone: 612-805-9200

Brief system description: 2 septic tanks and 1 lift tank to mound. System was installed with a permit.

System status

System status on date (mm/dd/yyyy): 5/5/2022

 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.

***Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.**

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**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 Yes* NoSystem discharges sewage to drain tile or surface waters. Yes* NoSystem causes sewage backup into dwelling or establishment. Yes* 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? Yes* NoSewage tank(s) leak below their designed operating depth? Yes* 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: Meyers

License number of maintenance business: 915

Date of maintenance: 5/5/2022

-
- 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 Unknown3b. 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 requiredIs 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 Nob. 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 2001 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)

Indicate depths or elevations

A. Bottom of distribution media	-24"
B. Periodically saturated soil/bedrock	14"
C. System separation	38"
D. Required compliance separation*	36"

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

***Any "no" answer above indicates the system is falling 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.

968 JEWEL AVE N. LAKE ELMO, MN 55042

Steve Gabrielli
Lot 5, Block 1
Storage and Addition
Lake Elmo

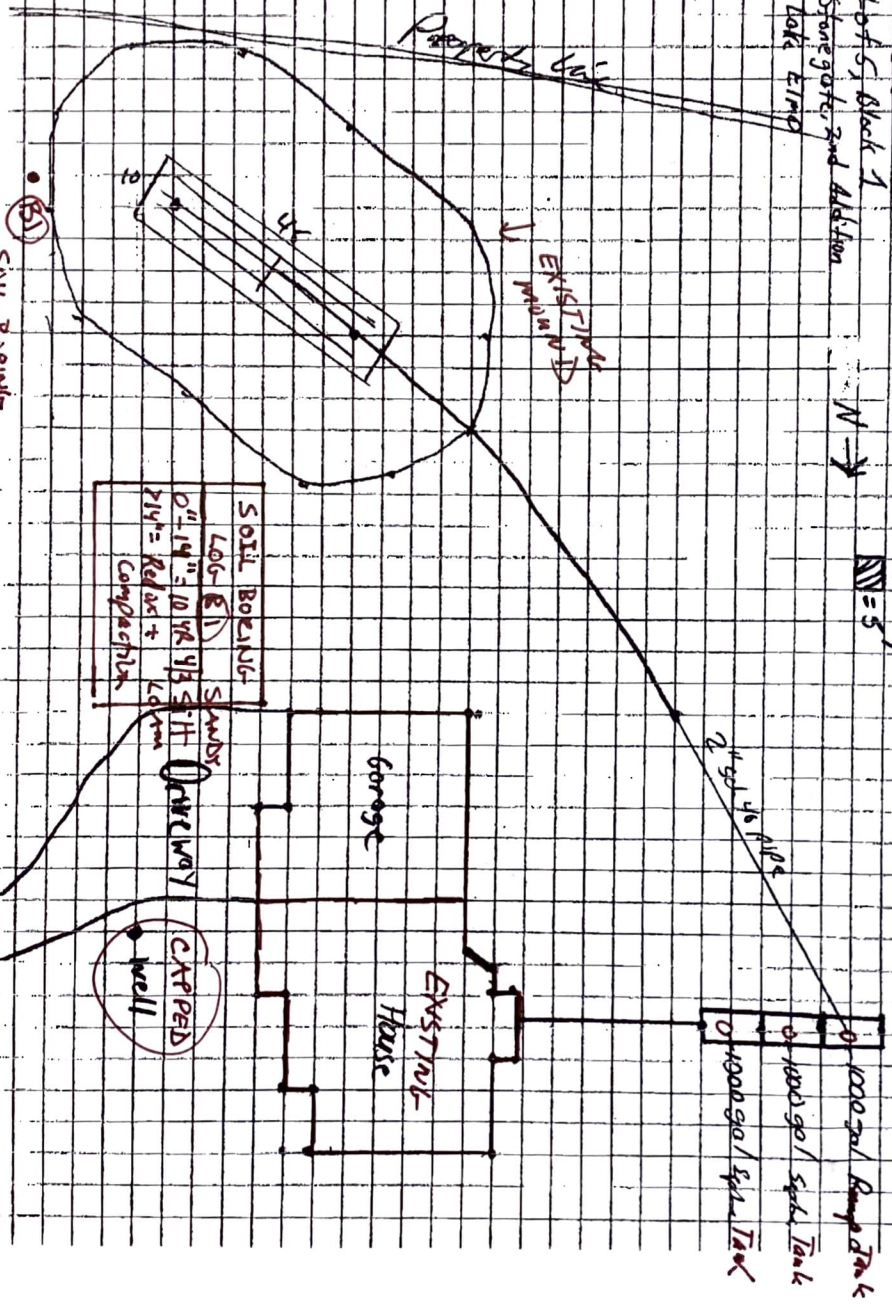
Scale
1" = 5'

Property Line

EXISTING
MANHOLE

Soil Borings
(B1)

SOIL BORING	
LOG (B1)	SHANDS
D ¹¹ = 14" = 10 YR 9/3 SH	Driveway
PIV = Rebar + 16mm	
	Compaction



968 JEWEL ST.



AS-BUILT REPORT INDIVIDUAL SEWAGE TREATMENT SYSTEM

Washington County Health and Environment
14949 62ND ST N, PO BOX 3803, STILLWATER, MN 55082-3803
651/430-6708 or 651/430-6656 FAX 651/430-6730

Legal Description or Complete Street Address <i>Lot 5, Block 1 Stonegate, 2nd Addition</i>		City or Township <i>Lake Elmo</i>			
Owner Name <i>Steve Gabrielli</i>	Mail Address <i>Lot 5, Block 1 Stonegate, 2nd Addition Lake Elmo MN</i>	City <i>Lake Elmo</i>	State <i>MN</i>	Zip <i>55016</i>	
Installer <i>Featherstone Excavating Inc</i>	Mail Address <i>368 Tower Rd</i>	City <i>Hudson</i>	State <i>WI</i>	Zip <i>54016</i>	
Septic Tank Information Tank Manufacturer: <i>Minnesota Precast</i>		Liquid Capacity: <i>2000 gal</i>			

PUMP CHAMBER (if installed)			
Tank Manufacturer: <i>Minnesota Precast</i>	Liquid Capacity: <i>1000</i>	Motorpower of Pump: <i>model 157 1/2HP</i>	Type of Warning Device: <i>Level Alarm</i>
Pump Discharge in Gallons Per Minute: <i>>336 gpm</i> at <i>ZZ</i> Head		Number of Gallons Pumped Per Cycle:	

DRAINFIELD TRENCH		BED OR MOUND	
Width: <i>-</i>	Length of Each Trench: <i>-</i>	Rock Bed Length: <i>45'</i>	Width: <i>10'</i> Area: <i>450</i>
Depth of Trench Bottom from Finished Grade: <i>-</i>		Bed Depth from Grade: <i>2'</i>	
Method of Distribution: <input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input type="checkbox"/> Drop Box		MOUND: Upslope Sand Base Depth: <i>2'</i> Downslope Sand Base Depth: <i>2'</i>	
Depth of Rock Under Distribution Pipe: <i>-</i>		Depth of Rock Under Pipe: <i>9"</i>	
Square Footage of Treated Area Used: <i>-</i>		PRESSURE DISTRIBUTION SYSTEM:	
Trench Bottom Square Footage Required: <i>-</i>	Area As Built: <i>-</i>	Lateral Inside Diameter: <i>1 1/4"</i>	Length: <i>43'</i>
		Spacing: <i>20.11"</i>	Number: <i>3</i>
			Perforation Size: <i>1/4"</i>
			Perforation Spacing: <i>3'</i>

Complete site plan on attached sheet. On the site plan, include location of the following items:

Structure, 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: *[Signature]*MPCA License #: *1362*Date: *1-31-02*

WASHINGTON COUNTY SEPTIC PERMIT NUMBER _____

ASBUILT.PRM:SW 2002

AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
IF YOU NEED ASSISTANCE DUE TO DISABILITY OR LANGUAGE BARRIER, PLEASE CALL 651-430-6708 (TDD 651-430-3220).



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	Steve Gabrielle
Job Site Address	Lot 5 Block 1 Stange to 2 nd Addn.
City or Township	LAKE ELMO
Use of Building	3 bedroom home

Design Flow Rate	450	Peak Rate	65 mgd	Land Slope	0-1	Percent	
Two Required Tank Sizes	1000 Gallons	1000 Gallons	Lift Station Tank Size	1000	Gallons		
Rock Bed Width	10		Rock Bed Length	45			
Required Absorption Width	50	Feet	Depth of Clean Sand Fill at Upllope Edge of Rock Layer	2	Feet		
Minimum Downslope Dike Width After Accounting for the Absorption Area	20'		Minimum Length of Dike	85'	Feet		
Minimum Upllope Dike	20'	Feet					
Any Other Special Conditions							

COMPLETE THE PRESSURE DISTRIBUTION SYSTEM 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 (MOUND SYSTEMS SITE PLANS MUST CLEARLY SHOW THE LOCATION OF THE MOUND):

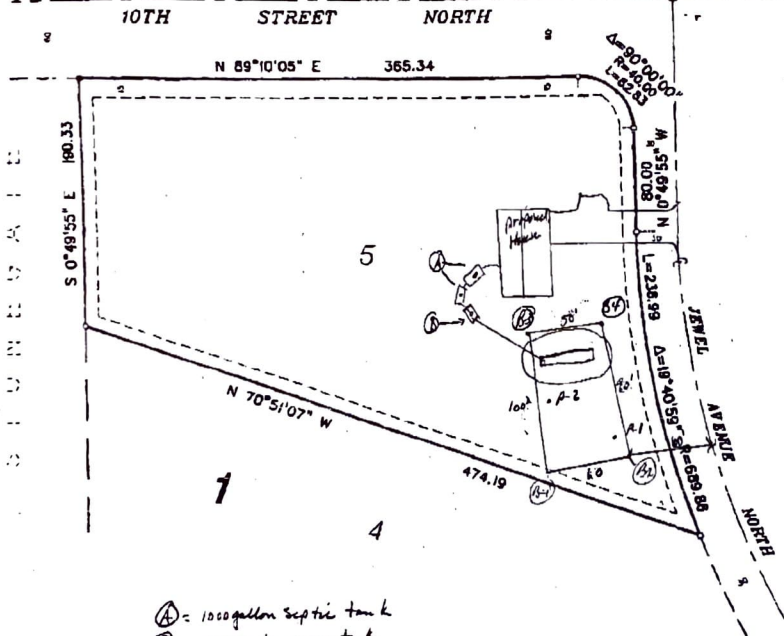
1. Use an appropriate scale and indicate direction by use of a north arrow.
2. Show ALL property boundaries, rights-of-way, easements, wetlands. If necessary, an enlarged detail of house site may also be required.
3. Show location of house, garage, driveway and all other improvements existing or proposed.
4. Show location and layout of sewage treatment mound, and back-up mound.
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	Barry Brown	PCA Certification #	1772
Address	3041 Woodlawn Dr. Woodbury 55125	Phone #	651-785-7321
Signature	Barry J. Brown	Date	8-10-01

An Equal Employment Opportunity/Affirmative Action Employer
If You Need Assistance Due to Disability or Language Barrier, Please Call 430-6696 OR 430-6708 (TDD 439-3328)

North Quarter Corner of Sec. 34,
T. 29, R. 21, A Washington County
Cast Iron Monument.



(A) = 1000 gallon septic tank
 (B) = 1000 gallon pump tank

5, Block 1, STONEGATE 2ND ADDITION, Washington County, Mn.
 hereby certify that this survey, plan, or report was prepared by me
 under my direct supervision and that I am a duly Registered Land
 Surveyor under the laws of the state of Minnesota.
 JOHN OLIVER & ASSOCIATES, INC.

[Signature]
 John G. Oliver, Land Surveyor
 Minnesota License No. 8194
 Date: 6/17/02

John Oliver & Associates, Inc.
 Civil Engineering, Land Surveying, Land Planning

588 Dodge Avenue
 8th Floor, Brannanville
 (612) 441-2972 (FAX) 441-1568

281 W. Transfers Front, Suite 208
 Brannanville, MN 55327
 (612) 884-3045 (FAX) 884-3049

LOG OF SOIL BORINGS

Job: Lot 5 Block 1 Stinson & 2nd Addn' Little Elm
 date: July 2, 2001

Depth Feet	B1	B2	B3	B4
1	Mud brown Sandy silt loam	Mud brown Silt loam	Mud brown Sandy silt loam	Mud brown Sandy silt loam
2	-dry hard 10yr 4/13	10yr 4/13	10yr 4/13	10yr 4/13
3				
4	Mud brown silt loam 10yr 4/13	Pale brown silt loam 10yr 6/13		
5				
6				
7				
8				