

## 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: 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 <a href="https://www.pca.state.mn.us/sites/default/files/wg-wwists4-31a.pdf">https://www.pca.state.mn.us/sites/default/files/wg-wwists4-31a.pdf</a>.

Property information	Local tracking number:
Parcel ID# or Sec/Twp/Range: 35.029.20.23.0036	Reason for Inspection property sale
Local regulatory authority info: Washington County	
Property address: 665 Quality Ln N Lakeland, MN 55043	
Owner/representative: Jeff & Mary Weigel	Owner's phone: 612-202-8890
Brief system description: Two 1000 gallon septic tanks and 572	
System status	
System status on date (mm/dd/yyyy): _5/16/2022	
☐ 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	Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.
abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)	An imminent threat to public health and safety (ITPHS) must be
*Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.	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.
☐ Soil separation (Compliance component #5) – Failing	to protect groundwater ent #3) – Imminent threat to public health and safety ent #3) – Failing to protect groundwater ent #3) – Failing to protect groundwater end to protect groundwat
I hereby certify that all the necessary information has been gathered t	o determine the compliance status of this system. No determination of
future system performance has been nor can be made due to unknow inadequate maintenance, or future water usage.	vn conditions during system construction, possible abuse of the system,
By typing my name below, I certify the above statements to be true used for the purpose of processing this form.	and correct, to the best of my knowledge, and that this information can be
Business name: All State Septic Services LLC	Certification number: 323
Inspector signature:Tom Trooien	License number: 1568
(This document has been electronically sign	ped) Phone: 612-594-4496
Necessary or locally required supporting do	cumentation (must be attached)
	equired forms

operty Address: <u>665 Quality Ln N Lakela</u>			
iness Name: All State Septic Services LL	С	Date: <u>5/16/20</u>	022
mpact on public health — Co	ompliance comp	ponent #1 of 5	
Compliance criteria:	•	Attached supporting documentation:	
System discharges sewage to the ground surface	☐ Yes* ☒ No	☐ Other: ☐ Not applicable	
System discharges sewage to drain tile or surface waters.	☐ Yes* ☒ No		
System causes sewage backup into dwelling or establishment.	☐ Yes* ☒ No		
Any "yes" answer above indicates imminent threat to public health an			
Describe verification methods and	results:		
Tank integrity – Compliance	component #2	of 5	
Compliance criteria:		Attached supporting documentation:	
System consists of a seepage pit,	☐ Yes* ☒ No	☑ Empty tank(s) viewed by inspector	
cesspool, drywell, leaching pit, or other pit?			
Sewage tank(s) leak below their designed operating depth?		Name of maintenance business: <u>Se</u>	nky's Sew ervice
	☐ Yes* ☒ No	Name of maintenance business: Se  License number of maintenance business: 97	ervice
designed operating deput:	☐ Yes* ☒ No	License number of maintenance business: 97	ervice
	☐ Yes* ☒ No	License number of maintenance business: 97	ervice 55
	☐ Yes* ☒ No	License number of maintenance business: 97:  Date of maintenance: 5/1  Existing tank integrity assessment (Attach)  Date of maintenance	ervice 55 16/2022
If yes, which sewage tank(s) leaks:		License number of maintenance business: 97:  Date of maintenance: 5/1  Existing tank integrity assessment (Attach)  Date of maintenance (mm/dd/yyyy): (must be within three	ervice 55 16/2022 e years)
	ates the system	License number of maintenance business: 97:  Date of maintenance: 5/1  Existing tank integrity assessment (Attach)  Date of maintenance	ervice 55 16/2022 e years)
If yes, which sewage tank(s) leaks:  Any "yes" answer above indica	ates the system	License number of maintenance business: 97:  Date of maintenance: 5/1  Existing tank integrity assessment (Attach)  Date of maintenance (mm/dd/yyyy): (must be within three (See form instructions to ensure assessment of	ervice 55 16/2022 e years)
If yes, which sewage tank(s) leaks:  Any "yes" answer above indica	ates the system	License number of maintenance business: 97:  Date of maintenance: 5/1  Existing tank integrity assessment (Attach)  Date of maintenance (mm/dd/yyyy): (must be within three distributions to ensure assessment of Minn. R. 7082.0700 subp. 4 B (1))	ervice 55 16/2022 e years)
If yes, which sewage tank(s) leaks:  Any "yes" answer above indica	ates the system	License number of maintenance business: 97:  Date of maintenance: 5/1  Existing tank integrity assessment (Attach)  Date of maintenance (mm/dd/yyyy): (must be within three (See form instructions to ensure assessment of Minn. R. 7082.0700 subp. 4 B (1))  Tank is Noncompliant (pumping not necessary –	ervice 55 16/2022 e years)
If yes, which sewage tank(s) leaks:  Any "yes" answer above indicates is failing to protect groundwate.  Describe verification methods and	ates the systemer.  I results:	License number of maintenance business: 97:  Date of maintenance: 5/1  Existing tank integrity assessment (Attach)  Date of maintenance (mm/dd/yyyy): (must be within three (See form instructions to ensure assessment of Minn. R. 7082.0700 subp. 4 B (1))  Tank is Noncompliant (pumping not necessary –	e years) complies explain be
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Ρ	roper	erty Address: _665 Quality Ln N Lakeland, MN 55043	
В	usine	ness Name: _All State Septic Services LLC Date	5/16/2022
3.	Ot	ther compliance conditions – Compliance component #3 of 5	
	sa.	a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured?  ☐ Yes* ☒ No ☐ Unknown	
	26		
	SD.	b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety?  Yes	s* ☑ No ☐ Unknown
	0 -	*Yes to 3a or 3b - System is an imminent threat to public health and safety.	
		_	es* ⊠ No
	3d.		es* ⊠ No
		*Yes to 3c or 3d - System is failing to protect groundwater.	
		Describe verification methods and results:	
		Attached supporting documentation: ⊠ Not applicable □	
		Attached supporting documentation. M Not applicable	
4.	Ор		] Not applicable
4.		perating permit and nitrogen BMP* – Compliance component #4 of 5	
4.	ls th	perating permit and nitrogen BMP* – Compliance component #4 of 5 ≥ the system operated under an Operating Permit? □ Yes ☑ No If "yes",	A below is required
4.	ls th	perating permit and nitrogen BMP* — Compliance component #4 of 5  the system operated under an Operating Permit?  □ Yes ☑ No If "yes", the system required to employ a Nitrogen BMP specified in the system design? □ Yes ☑ No If "yes",	A below is required
4.	Is th	perating permit and nitrogen BMP* — Compliance component #4 of 5 ≥ the system operated under an Operating Permit?  □ Yes ☒ No If "yes", the system required to employ a Nitrogen BMP specified in the system design? □ Yes ☒ No If "yes", BMP = Best Management Practice(s) specified in the system design	A below is required
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4.	Is th	the system operated under an Operating Permit?  The system operated under an Operating Permit?  The system required to employ a Nitrogen BMP specified in the system design?  The system design and system design are system design and the answer to both questions is "no", this section does not need to be completed.  The system design are system design and the answer to both questions is "no", this section does not need to be completed.  The system design are system design and the answer to both questions is "no", this section does not need to be completed.	A below is required
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siness Name: All State Septic Services LLC				5/16/2022
Soil separation – Compliance countries of installation <u>11/1/1993</u>	mponer _□ Unkno		f 5	\
(mm/dd/yyyy)  Shoreland/Wellhead protection/Food beverage lodging?  Compliance criteria (select one):	Yes	⊠ No	Attached supporting documentation:  ☑ Soil observation logs completed for th ☐ Two previous verifications of required	
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*	☐ Not applicable (No soil treatment area ☐	
Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.  5b. Non-performance systems built	Yes	 □ No*	Indicate depths or elevations	
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.*			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 ordinance.	2.4 5.5 3.1 2 owed by Local
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 saturated soil or bedrock.	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, 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.

## J.A. CHAVES EXCAVATING

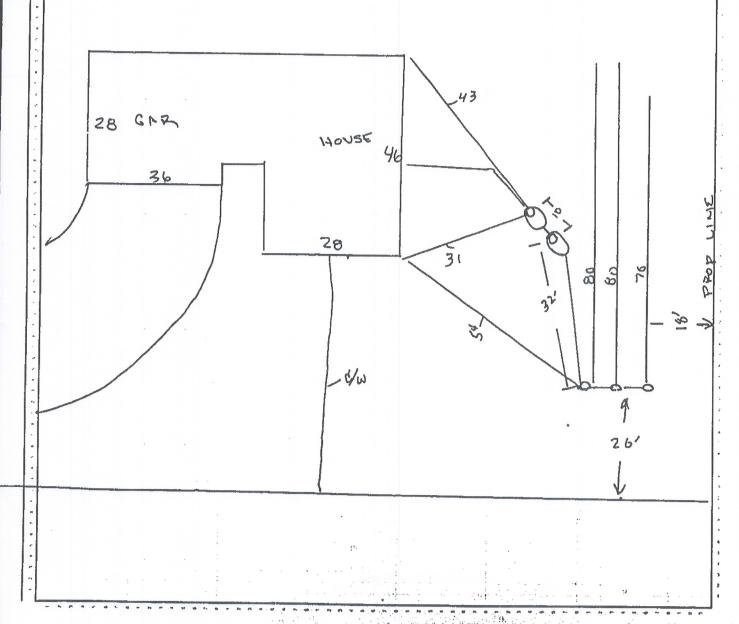
1077 Omaha Avenue North STILLWATER, MINNESOTA 55082 (612) 436-7732 or 436-7899

IN JEEF	WIEGEL
SHEETED. PERMIT # 299	3061 of
CALCULATED BY	DATE
CHECKED BY	DATE
SCALE 1" = 20' A	-0 0 00 X

N

AMPLE DISTANCE. TO ALL EXIST.
WELLS / PROP LINES

8 B-1



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UNIVERSITY OF MINNESOTA	Onsite Sewage Treatment Program	

## Soil Observation Log

Project ID:

v 04.01.2021

Client:		Je	Jeff & Mary Weigel		Locat	Location / Address:	999	665 Quality Ln N Lakeland, MN 55043	land, MN 55043
Soil parent m	Soil parent material(s): (Check all that apply)	ck all that		Outwash   Lacustrine	Loess Till	I Alluvium	ım Bedrock		Organic Matter
Landscape Pc	Landscape Position: (select one)	ne)		Slope %:	Slope shape			Elevatio	Elevation-relative to benchmark:
Vegetation:			Ŋ	Soil survey map units:				Limiting Layer Elevation:	Elevation:
Weather Cond	Weather Conditions/Time of Day:	Day:					Date		05/16/22
Observation	Observation #/Location:	B-1	-1			obs(	Observation Type:		Auger
Depth (in)	Texture	Rock	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)		Structure	Structure
		Frage.			(5)	(2)	Shape	Grade	Consistence
0.16	pues /weol	ر بر بر	7.5YR 2.5/2			***************************************			
2	todiny sain						*********		ione none non
16.30	paes Ameol	/35%	10YR 3/4						
VC-01	todiny sain	0/00		***************************************					ne none 1000 n
30.66	pues ossess	/35%	10YR 4/3	***************************************		***********			
00-70	coalse salid	%CC \				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			noor noor noor
						***************************************			
						***************************************	********		
	3000 3000 30				•				
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				~~~~~					
Comments									
I hereby certii	fy that I have co	ompleted t	his work in accorda	l hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.	e ordinances, rules	and laws.			
	Tom Trooien			Tom Trooien			1568		5/16/22
(Des	(Designer/Inspector)			(Signature)			(License #)		(Date)