

Compliance inspection report form

520 Lafayette Road North 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: 1303220340003 Local regulatory authority: Washington County | | | | | | |
| Property address: 25689 Scandia Trl N Scandia MN 55073 | | | | | | |
| Owner/representative: Michael Cummins-(Owners Rep.) | Owner/representative: Michael Cummins-(Owners Rep.) Owner's phone: 612.490.4824 | | | | | |
| Brief system description: Septic Tank(s), Pump Tank, Mound, 14" Soil Cover, 12" Sewer Rock | | | | | | |
| System status | | | | | | |
| System status on date (mm/dd/yyyy): 6/24/2022 | | | | | | |
| □ Compliant – Certificate of compliance* □ | ີ Noncompliant – Notice of noncomp | oliance | | | | |
| (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 | An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months receipt of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8. | | | | | |
| in Local Ordinance.) *Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance. | 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) – In | mminent threat to public health and safe | ety . | | | | |
| ☐ Tank integrity (Compliance component #2) – Failing to p | | | | | | |
| Other Compliance Conditions (Compliance component # | • | nd safety | | | | |
| Other Compliance Conditions (Compliance component # | | | | | | |
| System not abandoned according to Minn. R. 7080.2500 | | to protect groundwater | | | | |
| Soil separation (Compliance component #5) – Failing to | · | anal ardinanaa annliaa | | | | |
| Operating permit/monitoring plan requirements (Complia Comments or recommendations | ance component #4) – Noncompliant - R | ocai ordinance applies | | | | |
| It would be our recommendation that, ALL, Small Tree(s), Saplings, Heavy Brush, etc., be removed immediately in a manner as not to disturb/damage, in and around the immediate area of the existing STA (Mound). No immediate Root Intrusion or Ponding was observed via the observed 4" Inspection Pipe | | | | | | |
| Certification | | | | | | |
| I hereby certify that all the necessary information has been gathered a determination of future system performance has been nor can be made abuse of the system, inadequate maintenance, or future water usage | de due to unknown conditions during sys | | | | | |
| 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 | e, and that this information | | | | |
| Business name: Progressive Onsite Septic LLC | Certification number: C9963 | | | | | |
| Inspector signature: | License number: L4145 | | | | | |
| (This document has been electronically signed) | Phone: <u>763-482-5171</u> | | | | | |
| Necessary or locally required supporting documentation (must be attached) | | | | | | |
| ☑ Soil observation logs☑ Locally required forms☑ Other information (list):As Built | ☑ Tank Integrity Assessment | ☐ Operating Permit | | | | |
| | | | | | | |

1. I

| Compliance criteria: | | Attached supporting documentation | on: |
|---|-------------------------------------|---|---|
| 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 a | | | |
| Describe verification methods and | d results: | | |
| Property owner has indicated that the | ere have been no issu | es with the existing SSTS. | |
| Visual search of the immediate area | identified no issues. | | |
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| ı nk integrity – Compliance | e component #2 | of 5 | |
| n k integrity – Compliance Compliance criteria: | e component #2 | of 5 Attached supporting documentation | on: |
| Compliance criteria: | · | Attached supporting documentation | on: |
| Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, | e component #2 | Attached supporting documentation ⊠ Pumped at time of inspection | |
| 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: | Olsens |
| Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, | · | Attached supporting documentation Name of maintenance business: License number of maintenance business | Olsens ness: <u>L216</u> |
| 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 Name of maintenance business: License number of maintenance business: Date of maintenance: | Olsens ness: L216 6/23/2022 |
| 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 Name of maintenance business: License number of maintenance business Date of maintenance: □ Existing tank integrity assessment (A | Olsens ness: L216 6/23/2022 |
| 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 | Attached supporting documentation Name of maintenance business: License number of maintenance business of maintenance: □ Existing tank integrity assessment (A Date of maintenance | Olsens ness: L216 6/23/2022 |
| Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth? If yes, which sewage tank(s) leaks: | ☐ Yes* ☒ No ☐ Yes* ☒ No | Attached supporting documentation Name of maintenance business: License number of maintenance business busin | Olsens ness: L216 6/23/2022 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 ☐ Yes* ☒ No | Attached supporting documentation Name of maintenance business: License number of maintenance business Date of maintenance: □ Existing tank integrity assessment (A Date of maintenance) | Olsens ness: L216 6/23/2022 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: | ☐ Yes* ☒ No ☐ Yes* ☒ No ☐ Yes* ☒ No | Attached supporting documentation Name of maintenance business: License number of maintenance business: Date of maintenance: □ Existing tank integrity assessment (A Date of maintenance (mm/dd/yyyy): (must be with the form instructions to ensure assessment) | Olsens ness: L216 6/23/2022 ttach) thin three years) essment complies |
| 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 ☐ Yes* ☒ No | Attached supporting documentation Name of maintenance business: License number of maintenance business: Date of maintenance: □ Existing tank integrity assessment (A Date of maintenance (mm/dd/yyyy): (See form instructions to ensure assemble Minn. R. 7082.0700 subp. 4 B (1)) | Olsens ness: L216 6/23/2022 ttach) thin three years) essment complies |

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

See attached Tank Integrity Assesment.

| 3d. System not abandoned in accordance with Minn. R. 7080.2500? *Yes to 3c or 3d - System is failing to protect groundwater. Describe verification methods and results: As noted above we have concerns regarding the vegetation (Type and Volume) on, in, and around the immediately. | . O | ther compliance conditions – Compliance com | ponent #3 of 5 | | | | | |
|--|------|---|--------------------------------------|--|--|--|--|--|
| 3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety? Yes* | 3a | a. Maintenance hole covers appear to be structurally unsound (dan | naged, cracked, etc.), or unse | cured? | | | | |
| *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 ☐ Unknown | | | | | | |
| 3c. System is non-protective of ground water for other conditions as determined by inspector? | 3b | o. Other issues (electrical hazards, etc.) to immediately and adversely | impact public health or safety | y? ☐ Yes* ☒ No ☐ Unknow | | | | |
| 3d. System not abandoned in accordance with Minn. R. 7080.2500? *Yes to 3c or 3d - System is failing to protect groundwater. Describe verification methods and results: As noted above we have concerns regarding the vegetation (Type and Volume) on, in, and around the immedithe existing STA (Mound) in order mitigate any possible/existing/future damage to the Pressure Distribution prospection. At the time of inspection the existing Pump/Float observed to be operating as intended. Exterior Alarm (Audible/Visual) opreating as designed. No Hydraulic Conditions (Ponding) or Root Intrusion were immediately observed in the STA Service Covers (Manholes) at/within 1' of Existing Grade. 4. Operating permit and nitrogen BMP* — Compliance component #4 of 5 ☑ Not at Is the system operated under an Operating Permit? ☐ Yes ☐ No ☐ If "yes", A below BMP = Best Management Practice(s) specified in the system design? ☐ Yes ☐ No ☐ If "yes", B below 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. | | *Yes to 3a or 3b - System is an imminent threat to public hea | alth and safety. | | | | | |
| *Yes to 3c or 3d - System is failing to protect groundwater. Describe verification methods and results: As noted above we have concerns regarding the vegetation (Type and Volume) on, in, and around the immediate existing STA (Mound) in order mitigate any possible/existing/future damage to the Pressure Distribution prosystem. At the time of inspection the existing Pump/Float observed to be operating as intended. Exterior Alarm (Audible/Visual) opreating as designed. No Hydraulic Conditions (Ponding) or Root Intrusion were immediately observed in the STA Service Covers (Manholes) at/within 1' of Existing Grade. 4. Operating permit and nitrogen BMP* — Compliance component #4 of 5 Not a ls the system operated under an Operating Permit? | 30 | | | | | | | |
| Describe verification methods and results: As noted above we have concerns regarding the vegetation (Type and Volume) on, in, and around the immediate existing STA (Mound) in order mitigate any possible/existing/future damage to the Pressure Distribution presystem. At the time of inspection the existing Pump/Float observed to be operating as intended. Exterior Alarm (Audible/Visual) opreating as designed. No Hydraulic Conditions (Ponding) or Root Intrusion were immediately observed in the STA Service Covers (Manholes) at/within 1' of Existing Grade. Attached supporting documentation: ☑ Not applicable ☐ 4. Operating permit and nitrogen BMP* − Compliance component #4 of 5 ☑ Not a ls the system operated under an Operating Permit? ☐ yes ☐ No ☐ If "yes", A below If "yes", B below BMP = Best Management Practice(s) specified in the system design? ☐ yes ☐ No ☐ If "yes", B below 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 ☐ No ☐ No ☐ No ☐ No ☐ No ☐ Yes ☐ No ☐ N | 30 | d. System not abandoned in accordance with Minn. R. 7080.2500? | | ☐ Yes* ☒ No | | | | |
| As noted above we have concerns regarding the vegetation (Type and Volume) on, in, and around the immediate existing STA (Mound) in order mitigate any possible/existing/future damage to the Pressure Distribution presystem. At the time of inspection the existing Pump/Float observed to be operating as intended. Exterior Alarm (Audible/Visual) opreating as designed. No Hydraulic Conditions (Ponding) or Root Intrusion were immediately observed in the STA Service Covers (Manholes) at/within 1' of Existing Grade. Attached supporting documentation: Not applicable 4. Operating permit and nitrogen BMP* — Compliance component #4 of 5 Not a ls the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? If "yes", A below 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. | | *Yes to 3c or 3d - System is failing to protect groundwater. | | | | | | |
| the existing STA (Mound) in order mitigate any possible/existing/future damage to the Pressure Distribution possible. At the time of inspection the existing Pump/Float observed to be operating as intended. Exterior Alarm (Audible/Visual) opreating as designed. No Hydraulic Conditions (Ponding) or Root Intrusion were immediately observed in the STA Service Covers (Manholes) at/within 1' of Existing Grade. Attached supporting documentation: Not applicable 4. Operating permit and nitrogen BMP* — Compliance component #4 of 5 Not a ls the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? If "yes", A below 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: | | | | | | |
| Exterior Alarm (Audible/Visual) opreating as designed. No Hydraulic Conditions (Ponding) or Root Intrusion were immediately observed in the STA Service Covers (Manholes) at/within 1' of Existing Grade. Attached supporting documentation: Not applicable 4. Operating permit and nitrogen BMP* — Compliance component #4 of 5 Not a ls the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? 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 No Any "no" answer indicates noncompliance. | | As noted above we have concerns regarding the vegetation (Type and Volume) on, in, and around the immediate area of the existing STA (Mound) in order mitigate any possible/existing/future damage to the Pressure Distribution portion of this system. | | | | | | |
| No Hydraulic Conditions (Ponding) or Root Intrusion were immediately observed in the STA Service Covers (Manholes) at/within 1' of Existing Grade. Attached supporting documentation: ☑ Not applicable ☐ 4. Operating permit and nitrogen BMP* — Compliance component #4 of 5 ☑ Not a Is the system operated under an Operating Permit? ☐ Yes ☐ No If "yes", A below Is the system required to employ a Nitrogen BMP specified in the system design? ☐ Yes ☐ No If "yes", B below 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. | | At the time of inspection the existing Pump/Float observed to be | operating as intended. | | | | | |
| Attached supporting documentation: Not applicable | | Exterior Alarm (Audible/Visual) opreating as designed. | | | | | | |
| Attached supporting documentation: Not applicable 4. Operating permit and nitrogen BMP* — Compliance component #4 of 5 Not a ls the system operated under an Operating Permit? | | No Hydraulic Conditions (Ponding) or Root Intrusion were immed | diately observed in the STA | | | | | |
| 4. Operating permit and nitrogen BMP* — Compliance component #4 of 5 Not a Is the system operated under an Operating Permit? | | Service Covers (Manholes) at/within 1' of Existing Grade. | | | | | | |
| a. Have the operating permit requirements been met? | Is t | the system operated under an Operating Permit? the system required to employ a Nitrogen BMP specified in the syst BMP = Best Management Practice(s) specified in the system de the answer to both questions is "no", this section does in | ☐ Yes ☐ No International Distriction | If "yes", A below is require If "yes", B below is require | | | | |
| b. Is the required nitrogen BMP in place and properly functioning? | | - | □ Yes □ No | | | | | |
| Any "no" answer indicates noncompliance. | | | | | | | | |
| | | | | | | | | |
| Describe verification methods and results. | | • | | | | | | |
| | | Describe verification methods and results: | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| Attached supporting documentation: Operating permit (Attach) | | 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 10/28/2009 (mm/dd/yyyy) | _ | | | | | |
|---|-------------|---|---------------|--|--|--|
| Shoreland/Wellhead protection/Food | ☐ Yes ⊠ No | Attached supporting documentation: | | | | |
| beverage lodging? | | Soil observation logs completed for the report (Attach) | | | | |
| Compliance criteria (select one): | | Two previous verifications of required | vertical | | | |
| 5a. For systems built prior to April 1, 1996, | ☐ Yes ☐ No* | separation (Attach) | | | | |
| and not located in Shoreland or Wellhead Protection Area or not serving a food, | | ☐ Not applicable (No soil treatment area) | | | | |
| beverage or lodging establishment: | | Ш | | | | |
| Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock. | | | | | | |
| 5b. Non-performance systems built April 1, | ⊠ Yes □ No* | Indicate depths or elevations | | | | |
| 1996, or later or for non-performance systems located in Shoreland or Wellhead | | A. Bottom of distribution media | 103.0' | | | |
| Protection Areas or serving a food, beverage, or lodging establishment: Drainfield has a three-foot vertical | | B. Periodically saturated soil/bedrock | 99.5' | | | |
| | | C. System separation | 3.5' | | | |
| separation distance from periodically | | D. Required compliance separation* | 3.0' | | | |
| saturated soil or bedrock.* | | *May be reduced up to 15 percent if allo Ordinance. | 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 (Advanced Inspector License required) | ☐ Yes ☐ No* | | | | | |
| Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock. | | | | | | |
| *Any "no" answer above indicates the system is failing to protect groundwater. | | | | | | |
| Describe verification methods and results: | : | | | | | |

See attached Soil Obsrvation 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.

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).

| Parcel ID |): | | |
|---|--|--|--|
| | | | |
| | | | |
| ☐ Notice of sewage t | ank non-compliance | | |
| liance criteria: | | | |
| , or other pit - "Failure to Protect | ☐ Yes* ☑•No | | |
| The SSTS has a sewage tank that leaks below the designed operating depth - "Failure to Protect Groundwater." | | | |
| 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." | | | |
| licates sewage tank non-compliant | Se. | | |
| Designated Contilled Individual | wal (DOI) to the | | |
| Print name: Tacab Bowl | ual (DCI) information | | |
| | | | |
| nated Certified Individual of a Minnesota-li conally conducted the necessary procedur | censed SSTS inspection, es to assess the compliance | | |
| ments to be true and correct, to the best of some | of my knowledge, and that | | |
| | | | |
| | or other pit - "Failure to Protect operating depth - "Failure to Protect octurally unsound (damaged, cracked, fe condition - "Imminent Threat to licates sewage tank non-compliance Designated Certified Individed Print name: Jacob Bear Certification number: cated Certified Individual of a Minnesota-licated Certified Individua | | |



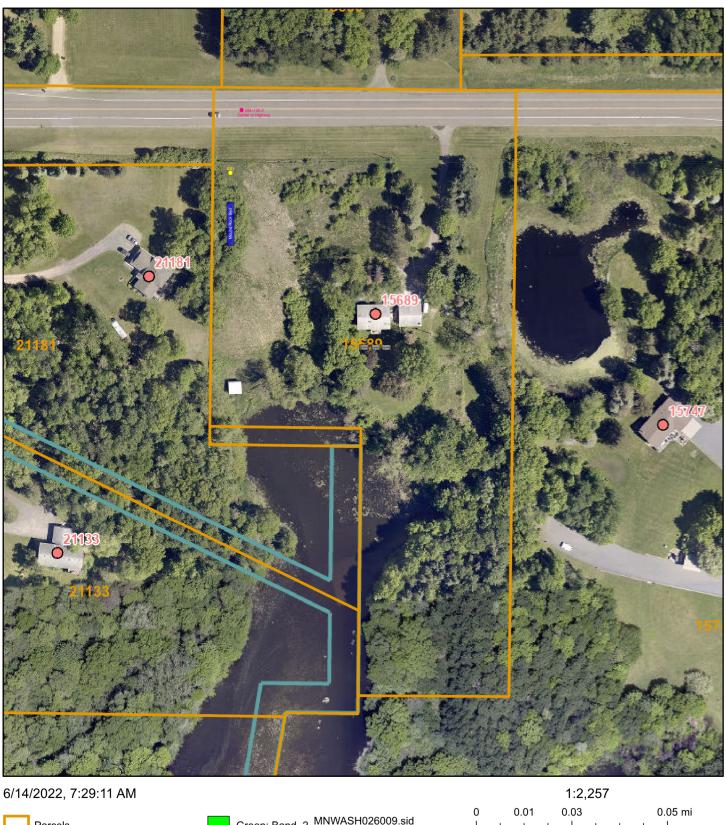
Soil Observation Log

Project ID:

v 04.01.2020

| Client: Michael Cummins (Owners Rep.) | | | | | Location / Address: 15689 Scandia Trl N Scandia MN 55073 | | | | andia MN 55073 |
|--|--------------------|--------------|----------------------|---|--|----------------------------|------------------|--------------------|---------------------------------|
| Soil parent m | naterial(s): (Ch | neck all th | at apply) | Outwash Lacustrin | e 🗸 Loess 🗸 - | Γill | ium 🗌 Bedr | | c Matter |
| Landscape Po | osition: (select | t one) | Back/Side Slope | Slope %: 1.0 | Slope shape: | Linear, | Linear | | relative to enchmark: 101.5' |
| Vegetation: | F | orest | Soi | l survey map units: | | 153B | | Limiting Layer | Elevation: 99.5' |
| Weather Conditions/Time of Day: Sunny 8:00 A.M. Date 06/24/22 | | | | | 5/24/22 | | | | |
| Observation #/Location: SB1 Adjacent to STA(Moun Observation Type: Auger | | | | | | Auger | | | |
| a.\ - | Texture | Rock | Matrix Color(s) | | Dodov Kind(s) | Daday Kind(a) Indianta (a) | I Structurel | | |
| Depth (in) | rexture | Frag. % | Matrix Color(s) | Mottle Color(s) | Redox Kind(s) | Indicator(s) | Shape | Grade | Consistence |
| 0-7 | Silt Loam | 5% | 10YR 3/3 | | None | None | Granular | Moderate | Friable |
| 7-14 | Silt Loam | 15% | 7.5YR 4/6 | | None | None | Platy | Weak | Friable |
| 14-24 | Silty Clay Loam | 5% | 7.5YR 4/6 | | None | None | Blocky | Weak | Firm |
| | Silty Clay | | 7.5YR 4/6 | 10YR 6/2 | Concentrations | S1 | | | |
| 24 | Loam | 5% | | 10YR 7/1 | Depletions | S1 | Massive | Structureless | Firm |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| I hereby certify | / that I have cor | npleted this | s work in accordance | e with all applicable or | l dinances, rules and | laws. | | | |
| Progressiv | ve Onsite Sept | ic LLC | W | Dule He | M | | L4145 | | 6/30/2022 |
| | | (Signature) | | | (License #) | | (Date) | | |
| - | | | | tion was verified acco he proposed soil trea | _ | - | 3 A. The signatu | ure below represer | nts an infield |
| (L | GU Inspector) | | | (Signature) | | | (Cert. #) | | (Date) |

Aerial





0.08 km

