

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/wg-wwists4-31a.pdf>.

Property information

Local tracking number: _____

Parcel ID# or Sec/Twp/Range: 33.030.21.43.0007 Reason for inspection: property sale
Local regulatory authority info: Washington County
Property address: 6244 Inwood Ct N Grant, MN 55082
Owner/representative: Bob Johnson Owner's phone: 651-206-8070
Brief system description: Two precast septic tanks and a gravity rock trench drainfield.

System status

System status on date (mm/dd/yyyy): 8/11/2022

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

Reviewed design, permit, soil, inspection and pumping records on file at Washington County.

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: All State Septic Services LLC Certification number: 323
Inspector signature: Tom Trooien License number: 1568
(This document has been electronically signed) Phone: 612-594-4496

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 | <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.

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:

The maintenance hole covers were dug up and opened for pumping. The tanks were at normal operating level, then were pumped for the inspection.

Lowered a camera into the empty tanks - bottoms, walls, covers, baffles, risers and maintenance hole covers ok.

While not a compliance criteria, the maintenance hole covers are buried about 12" deep - recommend extending the risers and covers to grade.

Attached supporting documentation:

- Empty tank(s) viewed by inspector
 - Name of maintenance business: Meyer's Sewer Service
 - License number of maintenance business: 915
 - Date of maintenance: 8/11/2022
- 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 9/21/2001 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 | 3.2 |
| B. Periodically saturated soil/bedrock | 6.5 |
| C. System separation | 3.3 |
| D. Required compliance separation* | 3.0 |

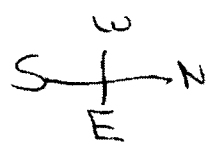
*May be reduced up to 15 percent if allowed by Local Ordinance.

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

Describe verification methods and results:

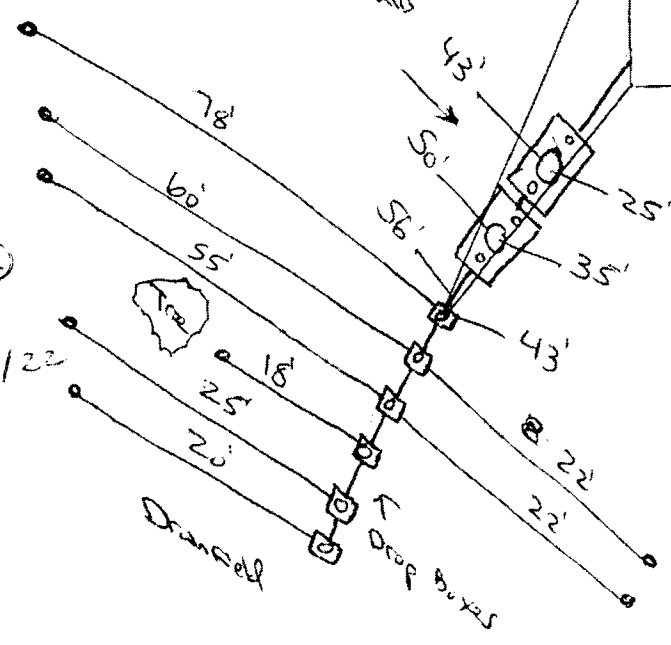
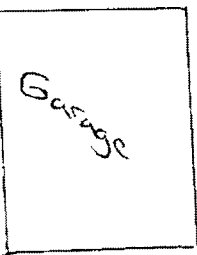
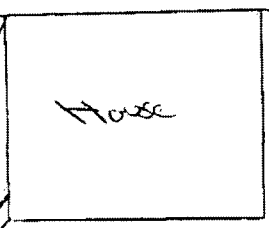
Reviewed design, permit, soil, inspection and pumping records on file at Washington County.

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.



well
X

2-1000 gal.
Septic tanks



(X)

B1
8/11/22

(X)

B2
8/11/22

Drainfield

Street



Soil Observation Log

Project ID: v 04.01.2021

| Client: Bob Johnson | | Location / Address: 6244 Inwood Ct N Grant, MN 55082 | | | | | | | |
|--|-----------------|--|-----------------|-----------------|-----------------------------|--------------|-------|-------|-------------|
| Soil parent material(s): (Check all that apply) | | <input type="checkbox"/> Alluvium <input type="checkbox"/> Bedrock <input type="checkbox"/> Organic Matter <input type="checkbox"/> Lacustrine <input type="checkbox"/> Loess <input type="checkbox"/> Till | | | | | | | |
| Landscape Position: (select one) | | Slope shape | | | | | | | |
| Vegetation: | | Slope %: | | | | | | | |
| Weather Conditions/Time of Day: | | Date: 08/11/22 | | | | | | | |
| Observation #/Location: B-1 | | Observation Type: Auger | | | | | | | |
| Depth (in) | Texture | Rock Frag. % | Matrix Color(s) | Mottle Color(s) | Redox Kind(s) | Indicator(s) | Shape | Grade | Consistence |
| 0-10 | sandy topsoil | <35% | 10YR 3/2 | | | | | | |
| 10-44 | loamy fine sand | <35% | 10YR 5/4 | | | | | | |
| 44-58 | loamy sand | <35% | 10YR 4/4 | | | | | | |
| 58-78 | sand | <35% | 10YR 3/4 | | | | | | |
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| Soil survey map units: | | | | | | | | | |
| Elevation-relative to benchmark: | | | | | | | | | |
| Limiting Layer Elevation: | | | | | | | | | |
| Comments | | | | | | | | | |
| I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws. | | | | | | | | | |
| Tom Trooijen (Designer/Inspector) | | | | | Tom Trooijen (Signature) | | | | |
| 1568 (License #) | | | | | 8/11/22 (Date) | | | | |



Soil Observation Log

Project ID: v 04.01.2021

| Client: Bob Johnson | | Location / Address: 6244 Inwood Ct N Grant, MN 55082 | | | | | | | |
|--|---------------|---|-----------------|-----------------|----------------------------|--------------|-------|-----------|-------------|
| Soil parent material(s): (Check all that apply) | | <input type="checkbox"/> Loess <input type="checkbox"/> Till <input type="checkbox"/> Alluvium <input type="checkbox"/> Bedrock <input type="checkbox"/> Organic Matter | | | | | | | |
| Landscape Position: (select one) | | Slope shape | | | | | | | |
| Vegetation: | | Soil survey map units: | | | | | | | |
| Weather Conditions/Time of Day: | | Date: 08/11/22 | | | | | | | |
| Observation #/Location: B-2 | | Observation Type: Auger | | | | | | | |
| Depth (in) | Texture | Rock Frag. % | Matrix Color(s) | Mottle Color(s) | Redox Kind(s) | Indicator(s) | Shape | Structure | Consistence |
| 0-12 | sandy topsoil | <35% | 10YR 3/2 | | | | | | |
| 12-50 | fine sand | <35% | 10YR 3/4 | | | | | | |
| 50-78 | fine sand | <35% | 10YR 4/4 | | | | | | |
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| | | | | | | | | | |
| Comments | | | | | | | | | |
| I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws. | | | | | | | | | |
| Tom Trooien (Designer/Inspector) | | | | | Tom Trooien (Signature) | | | | |
| 1568 (License #) | | | | | 8/11/22 (Date) | | | | |