

# Compliance inspection report form

## Existing Subsurface Sewage Treatment System (SSTS)

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: \_\_\_\_\_ Local regulatory authority: washington city.  
Property address: 10823 Grey Cloud Island Dr. So. Cottage Grove Mn.55016  
Owner/representative: Richard Adams Owner's phone: 651-332-0734  
Brief system description: one septic tank and lift station with drainfield

### System status

System status on date (mm/dd/yyyy): 8/2/2022

**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**

*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.*

*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) – *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: Bob Freiermuth  
Inspector signature:   
*(This document has been electronically signed)*

Certification number: C818  
License number: L492  
Phone: 651 437-5566

### Necessary or locally required supporting documentation (must be attached)

- Soil observation logs
- 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:

visual inspection of site

### 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:

See Attached

### Attached supporting documentation:

- Pumped at time of inspection
- Name of maintenance business: Schlomkas ser.  
 License number of maintenance business: 2989  
 Date of maintenance: 09/08/2021
- Existing tank integrity assessment (Attach)  
 Date of maintenance (mm/dd/yyyy): 09/08/2021  
 (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 5/18/1987  Unknown  
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging?  Yes  No

**Compliance criteria (select one):**

<p>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:</p> <p>Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No*
<p>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:</p> <p>Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*
<p>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)</p> <p>Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No*

**Attached supporting documentation:**

- Soil observation logs completed for the report (Attach)
- Two previous verifications of required vertical separation (Attach)
- Not applicable (No soil treatment area)
- \_\_\_\_\_

**Indicate depths or elevations**

A. Bottom of distribution media	21"
B. Periodically saturated soil/bedrock	72"
C. System separation	51"
D. Required compliance separation*	36"

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

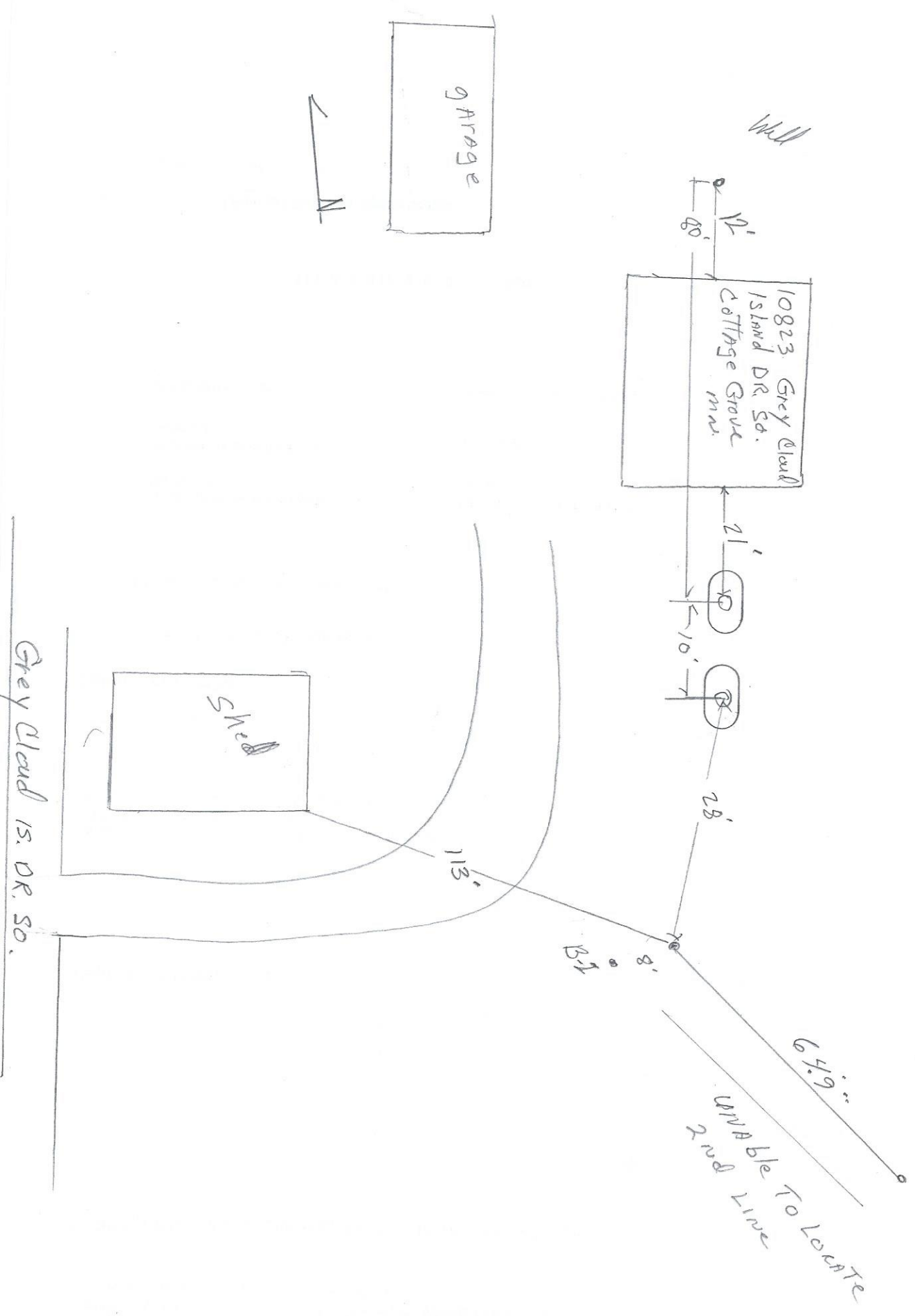
**\*Any "no" answer above indicates the system is failing to protect groundwater.**

**Describe verification methods and results:**

- B-1 1-34" 10 yr 3/4 med sand
- 34-64" 10 yr 4/6 med sand
- 64-72" 10 yr 5/8 med sand
- 72" 10 yr 6/8 med sand end of Bore

**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.

2 Aug 22




Date: 2 Aug 2022  
Customer Name: Richard Adams  
Street Address: 10823 Grey Cloud Island South  
City, State, Zip: Cottage Grove Mn. 55016  
Phone Number: 651-332-0734

Based on what we were able to observe and on our experience with on-site wastewater technology, we submit this Onsite Sewage Treatment System Inspection Report based on the present condition of the onsite sewage disposal system. Bob Freiermuth has not been retained to warrant, guarantee, or certify The proper functioning of the system for any period of time in the future. Because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system, this report shall not be construed as a warranty by our company that the system will function properly for any particular buyer. Bob Freiermuth hereby DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the septic system or this report. We are not also ascertaining any affect the system is having on the groundwater.

Inspecting Company Bob Freiermuth Phone 651 437-5566  
License No: 818

\_\_\_\_\_  
**Owners Signature**

I have studied the information contained herein and certify that my assessment is honest, thorough, and to the best of my ability correct.

Name: Bob Freiermuth /   
Title SSTS Inspector 818

# Sewage tank maintenance reporting form

## Subsurface Sewage Treatment Systems (SSTS) Program

*Doc Type: Compliance and Enforcement*

**Purpose:** Management and maintenance of Subsurface Sewage Treatment Systems (SSTS) are important to ensure resource protection and long-term and cost-effective sewage treatment. Completion of this form complies with the sewage tank maintenance requirements under Minn. R. 7080.2450 and 7082.0600. 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 on page 3 by a qualified professional.**

**Instructions:** A copy of this information must be submitted to the system owner within 30 days of the maintenance date and be maintained by the licensed SSTS maintainer business for a period of five (5) years from the maintenance date. Maintenance reporting to the local unit of government *may* be required by local ordinance. Check with your local SSTS program for maintenance reporting protocol. **Page 3 is optional and not required to be completed on routine maintenance events.**

### Secure maintenance hole covers

**All maintenance hole covers must be returned to service in a sound and durable condition and be capable of withstanding the anticipated load.**

Covers must be re-secured in accordance with Minn. R. 7080.2450, subp. 3, Items C or D:

- a) Covers installed under local ordinances adopted after February 4, 2008 must be locked, bolted or screwed or must be 95 pounds in weight. They must be made of material suitable for outdoor use, resistant to ultraviolet degradation and leaks, and not susceptible to being slid or flipped. They must have a label warning of hazardous conditions inside the tank. All screw openings must be refastened.
- b) Covers installed under local ordinances adopted before February 4, 2008 must either be buried with at least 12 inches of soil cover or be secured according to the local ordinance in effect before February 4, 2008.
- c) Covers must meet item 'a' above when raised to the ground surface or less than 12 inches from the ground surface.

### Reporting information

Date of maintenance (mm/dd/yyyy): 09/08/2021 Reason for maintenance: Maintenance  
 Property address: 10823 Grey Cloud Island Dr Parcel ID: \_\_\_\_\_  
 City: St Paul Park State: MN Zip code: 55071  
 Property owner's name: Richard & Naomi Adams  
 Property-owner's address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

1. Did you measure the accumulation of scum and sludge?  Yes  No (tank(s) pumped without measuring)

Tank (check if present)	Scum	Sludge	Operating depth	Percent full
<input type="checkbox"/> Septic/holding tank #1				
<input type="checkbox"/> Septic/holding tank #2				
<input type="checkbox"/> Pretreatment tank				
<input type="checkbox"/> Pump tank				

2. Access used to remove septage:  Maintenance hole  Other (Unless a holding tank, go to #4 below)

3. If the maintenance hole was used, were all covers secured in place?  Yes  No If no, please explain below:

4. If the owner refuses to allow a Subsurface Sewage Treatment System (SSTS) to be pumped through the maintenance hole, have them complete and sign the following statement.

I, \_\_\_\_\_, refuse to allow the removal of the solids and liquids through the maintenance

(Print owner's name)

hole. I understand that removal of solids and liquids through other access points is not considered a compliant method of solids removal and does not fulfill the solids removal requirements of Minn. R. 7080.2450 and 7082.0600.

**By typing/signing 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.**

Owner's signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Property address: 10823 Grey Cloud Island Drive S Parcel ID: \_\_\_\_\_  
 City: St Paul Park State: MN Zip code: 55071

5. Is the tank designed as a leaky tank? (Example: seepage pit, cesspool, drywell, leaching pit)  
 Tank #1:  Yes  No Verification method used: Visual  
 Tank #2:  Yes  No Verification method used: Visual

6. Is there evidence of the following?

Tank (check if present)	Tank leaks below the designed operating depth	Tank leaks above the designed operating depth	Maintenance hole cover is damaged, cracked, unsecured, or appears to be structurally unsound
<input checked="" type="checkbox"/> Septic/holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Septic/holding Tank #2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe detail for any "Yes"			

7. How many gallons of septage were removed?  
 Tank #1: 1000 Tank #2: 1000 Pretreatment Tank: \_\_\_\_\_ Pump Tank: \_\_\_\_\_

8. Where was the septage taken?  Wastewater treatment facility  Land application  Other  
 Explanation (Facility name/Site #): MCES

9. Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system?  
 Yes  No If yes, identify tank and explain:  
 Evidence of non-domestic waste  Baffle(s) condition  Effluent screen condition  
 Maintenance hole and extensions condition  Other conditions (e.g. structural integrity of tank or lid, electrical hazard, etc.)  
 Explanation: \_\_\_\_\_

10. List any troubleshooting and minor repairs completed or declined by owner:  
 Troubleshooting and repairs conducted: \_\_\_\_\_  
 Repairs declined by owner: \_\_\_\_\_

Additional comments or suggestions for owner's consideration:

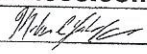
**Pumping record**

I personally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance with Minnesota Rules Chapters 7080 – 7083:

As a noncertified individual who has received proper training, daily work review, and periodic observation, or  
 As a designated certified individual of the business listed below.

By typing/signing 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.

**Company information**

Company name: Schlomka Services LLC  
 Business license number: 2989  
 Email: Office@schlomkaservices.com  
 Employee's signature: 

**Employee information**

Print name: Michael Castillo  
 Certification number: (if applicable): \_\_\_\_\_  
 Phone number: 651.459.3718  
 Date (mm/dd/yyyy): 09/08/2021



Property address: 10823 Grey Cloud Island Drive S Parcel ID: \_\_\_\_\_  
 City: St Paul Park State: MN Zip code: 55071

**Optional section: Sewage Tank Compliance Certification (Tank integrity assessment)**

This form does not represent a complete system inspection report and only certifies sewage tank compliance status. i.e., this form, completed, may serve as a tank integrity assessment.

**Instructions:** This section of the form may be completed and signed by a Designated Certified Individual (DCI) of a licensed SSTS Maintenance Business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system.

When this section of the 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 (wg-wwists4-31b). This form can be found on the MPCA website at <https://www.pca.state.mn.us/water/service-and-maintenance>.

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 Item (B) subitem (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 Items B, C, and D; 7083.0730 Item C.

Pages 1 and 2 are not required to accompany this form when the optional third page is completed and used to certify sewage tank compliance status.

**System status**

System status on date (mm/dd/yyyy): 09/08/2021

**Certificate of sewage tank compliance**

**Notice of sewage tank non-compliance**

**Compliance criteria:**

The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - "Failure to Protect Groundwater."	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
The SSTS has a sewage tank that leaks below the designed operating depth - "Failure to Protect Groundwater."	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
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."	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No

*Any "yes" answer above indicates sewage tank non-compliance.*

**Company information**

Company name: Schlomka Services  
 Business license number: 2989

**Designated Certified Individual (DCI) information**

Print name: Larry Schlomka  
 Certification number: C4253

*I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS Maintenance Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS.*

*By typing/signing 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.*

Designated Certified Individual's signature:  Date (mm/dd/yyyy): 8/18/2022