MINNESOTA POLLUTION CONTROL AGENCY
520 Lafayette Road North
St. Paul, MN 55155-4194

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: 35.029.20.32.0019 Reason for Inspection property sale

Local regulatory authority info: Washington County

Property address: 16039 6th St N Lakeland, MN 55043

Owner/representative: Rachael Blomer Owner's phone: 651-491-6625

Brief system description: A pre-cast septic tank and a gravity, rock trench drainfield.

System status

System status on date (mm/dd/yyyy): 9/29/2022

☒ **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**

Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.

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: 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): Sewage tank maintenance reporting form

Property Address: 16039 6th St N Lakeland, MN 55043
Business Name: All State Septic Services LLC Date: 9/29/2022

1. Impact on public health – Compliance component #1 of 5

Compliance criteria:	
System discharges sewage to the ground surface	☐ Yes ☒ No
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 the system is an imminent threat to public health and safety.

Attached supporting documentation:

☐ Other:

☐ Not applicable

Describe verification methods and results:

None of the above observed.

2. Tank integrity – Compliance component #2 of 5

Compliance criteria:	
System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes ☒ No
Sewage 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.

Attached supporting documentation:

☒ Empty tank(s) viewed by inspector

Name of maintenance business: Pinky's Sewer Service

License number of maintenance business: 1613

Date of maintenance: 9/29/2022

☐ 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:

Describe verification methods and results:

The maintenance hole cover is buried below grade - see the attached signed statement by the owner refusing to allow the removal of solids and liquids through the maintenance hole.

The tank was at normal operating level, then was pumped through the pumping pipe for the inspection. Lowered a camera into the empty tank - bottom, walls, cover, baffles and maintenance hole cover ok.

Property Address: 16039 6th St N Lakeland, MN 55043
Business Name: All State Septic Services LLC Date: 9/29/2022

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 1979 (mm/dd/yyyy) ☒ Unknown

Shoreland/Wellhead protection/Food beverage lodging? ☐ Yes ☒ No

Attached supporting documentation:

☒ Soil observation logs completed for the report
☐ Two previous verifications of required vertical separation
☐ Not applicable (No soil treatment area)
☐ _____

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:* Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	☒ Yes ☐ No
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:* Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	☐ Yes ☐ No
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)* Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No

Indicate depths or elevations

A. Bottom of distribution media	2.9
B. Periodically saturated soil/bedrock	5.1
C. System separation	2.2
D. Required compliance separation*	2.0

*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:

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.*

Soil Observation Log

Project ID:

v 04.01.2021

Client:	Rachael Blomer	Location / Address:	16039 6th St N Lakeland, MN 55043

Soil parent material(s): (Check all that apply) ☐ Outwash ☐ Lacustrine ☐ Loess ☐ Till ☐ Alluvium ☐ Bedrock ☐ Organic Matter

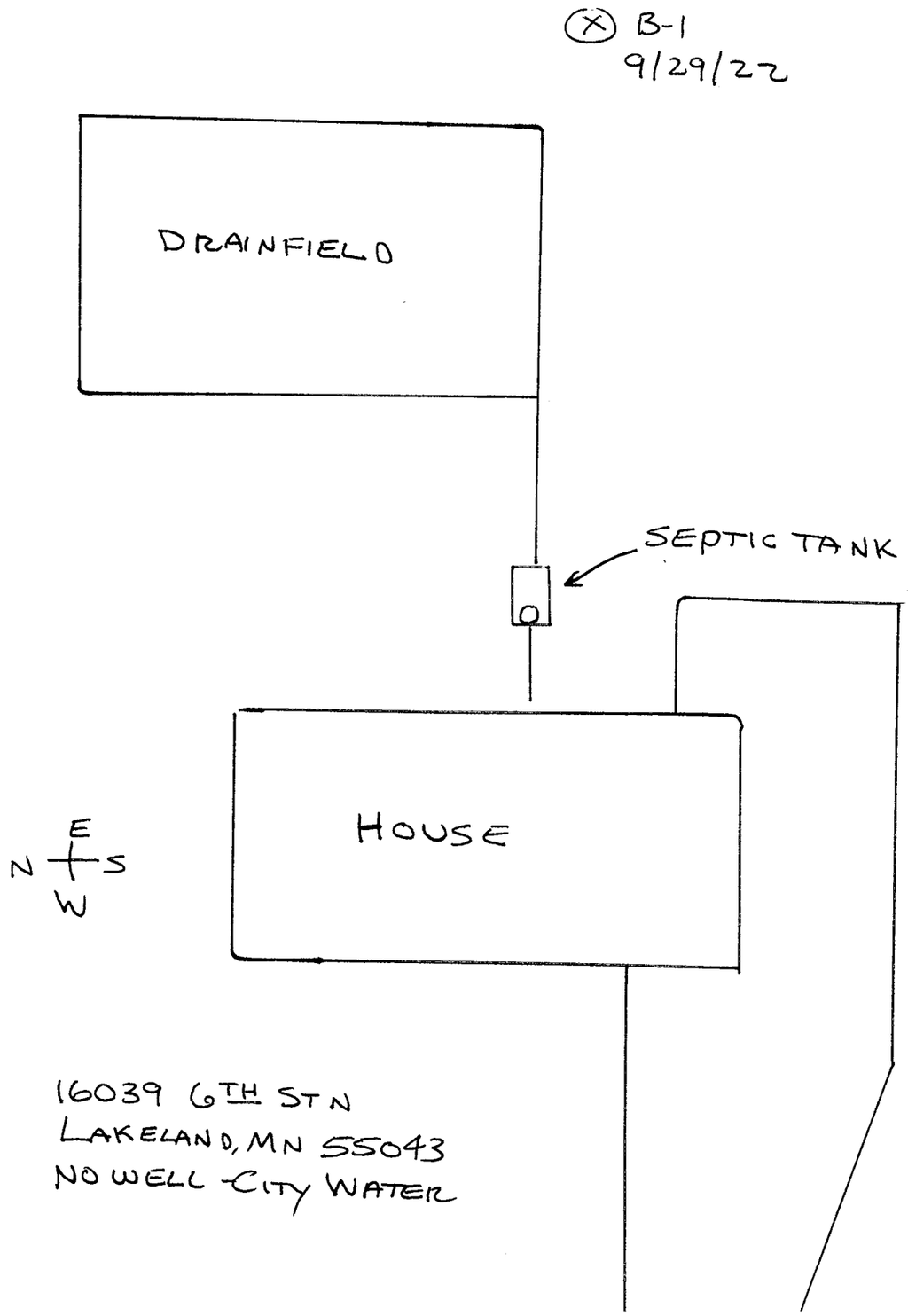
Landscape Position: (select one)			
Vegetation:			
Weather Conditions/Time of Day:		Date	09/29/22
Observation #/Location:	B-1	Observation Type:	Auger

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Structure: Shape	Structure: Grade	Structure: Consistence
0-20	loamy sand	<35%	10YR 2/2						
20-36	loamy sand	<35%	10YR 4/3						
36-61	sand	<35%	7.5YR 5/4						

Comments

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

Tom Trooien	Tom Trooien	1568	9/29/22
(Designer/Inspector)	(Signature)	(License #)	(Date)


B-1
9/29/22
DRAINFIELD
SEPTIC TANK
HOUSE
E
N
S
W
16039 6TH ST N
LAKELAND, MN 55043
NO WELL - CITY WATER

MINNESOTA POLLUTION CONTROL AGENCY

520 Lafayette Road North
St. Paul, MN 55155-4194

Sewage tank maintenance reporting form

Subsurface Sewage Treatment Systems (SSTS) Program

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.

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): 9/29/22 **Reason for maintenance:** Routine

Property address: 16039 61st St No Parcel ID:

City: Lakeland State: MN Zip code: 55043

Property owner's name: Rachel Blomer

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
☐ Septic/holding tank #1				
☐ Septic/holding tank #2				
☐ Pretreatment tank				
☐ 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, Rachel Blomer, refuse to allow the removal of the solids and liquids through the maintenance 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.

(Print owner's name)

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: Rachel Blomer Date (mm/dd/yyyy): Sept 29 2022

Property address: 16039 6th St Ne | Parcel ID:
City: Lakeland | State: MN | Zip code: 55043

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:

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
☑ Septic/holding Tank #1	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
☐ Septic/holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☐ Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☐ Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Describe detail for any "Yes"			

7. **How many gallons of septage were removed?**
   Tank #1: 1250 Tank #2: Pretreatment Tank: Pump Tank:

8. **Where was the septage taken?** ☑ Wastewater treatment facility ☐ Land application ☐ Other
   Explanation (Facility name/Site #): Met Council Metro Plant

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:
None	

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: Pinky Sewer Service
Business license number: 1673
Email: Pinkyssewerservice@yahoo.com
Employee's signature: Eddie Clymer

Employee information
Print name: Eddie Clymer
Certification number: (if applicable)
Phone number: 651-777-4005
Date (mm/dd/yyyy): 9/29/22