

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: 3502920340043 Local regulatory authority: Washington County

Property address: 42 Quant Ave N Lakeland, Mn.55043

Owner/representative: Walter and Marcia Torning Owner's phone: _____

Brief system description: 2 plastic septic tanks to drainfield

System status

System status on date (mm/dd/yyyy): 10/27/2022

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: David R Brown

Certification number: 9370

Inspector signature: DRB

License number: 3649

(This document has been electronically signed)

Phone: 651-788-3296

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:

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:

Attached supporting documentation:

Pumped at time of inspection

Name of maintenance business: _____

License number of maintenance business: _____

Date of maintenance: _____

Existing tank integrity assessment (Attach)

Date of maintenance (mm/dd/yyyy): 9/26/2022
(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 6/5/2009 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 (Advanced Inspector License required) 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 (Attach)
 Two previous verifications of required vertical separation (Attach)
 Not applicable (No soil treatment area)

Indicate depths or elevations

A. Bottom of distribution media	24"
B. Periodically saturated soil/bedrock	66"
C. System separation	42"
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:

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.



Department of Public Health and Environment
 14949 62nd Street North PO Box 6
 Stillwater MN 55082-0006
 Office: 651-430-6655 TTY: 651-430-6246 Fax: 651-430-6730

Review Fee:	\$273.00
Permit Fee:	\$283.00
Total Fee:	\$556.00
Previous Payment	\$556.00
Balance Due	\$0.00

Scanned 6-9-09

Community: Lakeland
 Permit Number: 1900-09-4
 Owner: Walt Tornling
 42 Quant AVE N
 Lakeland MN 55043-
 Applicant: Capra's Utilities Inc.

PERMISSION IS HEREBY GRANTED

To execute the work specified in this permit on the following identified property upon express condition that said persons and their agents, and employees shall conform in all respects to the provisions of Ordinance #128, Washington County Development Code, Chapter Four, Individual Sewage Treatment System Regulations. This permit may be revoked at any time upon violation of any of the provisions of said ordinance.

Project Address: 42 Quant AVE N
 Geo Code: 35-029-20-34-0043
 Designer: Barry Jonathan Brown

Type of System: Standard Drainfield		Pressure Distribution	
		N/A	
Design Criteria	Drainfield Sizing		
Percolation Rate: 4	Square Feet:	570	
Depth To Restriction: 60	Lineal:	190 Feet	
Land Slope: 0.00%	Depth Of Rock Below:	12 Inches	
Flow Rate: 450	Maximum Trench Depth:	24 Inches	
Number of Bedrooms: 3	Number Of Trenches:	4	
<input type="checkbox"/> Graveless	Length Of Trenches:	48 Feet	
<input checked="" type="checkbox"/> Chambered	Spacing Of Trenches:	7.5 Feet	
Tank Sizes			
Tank 1: 1000	Tank 2: 1000	Tank 3: 0	Lift Station: 1000

1700-09-4

Authorized Work/Special Conditions

1. Building sewer can be no closer than 20 feet from well and must be pressure tested Schedule 40 within 50 feet.
2. Chambered media allowed by system design.
3. Domestic strength waste only. Industrial waste and hazardous wastes cannot enter the septic system.
4. Establish a vegetative cover over the soil treatment area within 30 days of the installation. Protect the soil treatment area from erosion until the vegetative cover is established.
5. Maximum trench depth 24 inches into natural soil.
6. This system must be installed by a certified/licensed sewage treatment system installer holding a current license with the Minnesota Pollution Control Agency. (A list of installers is available at your request.)

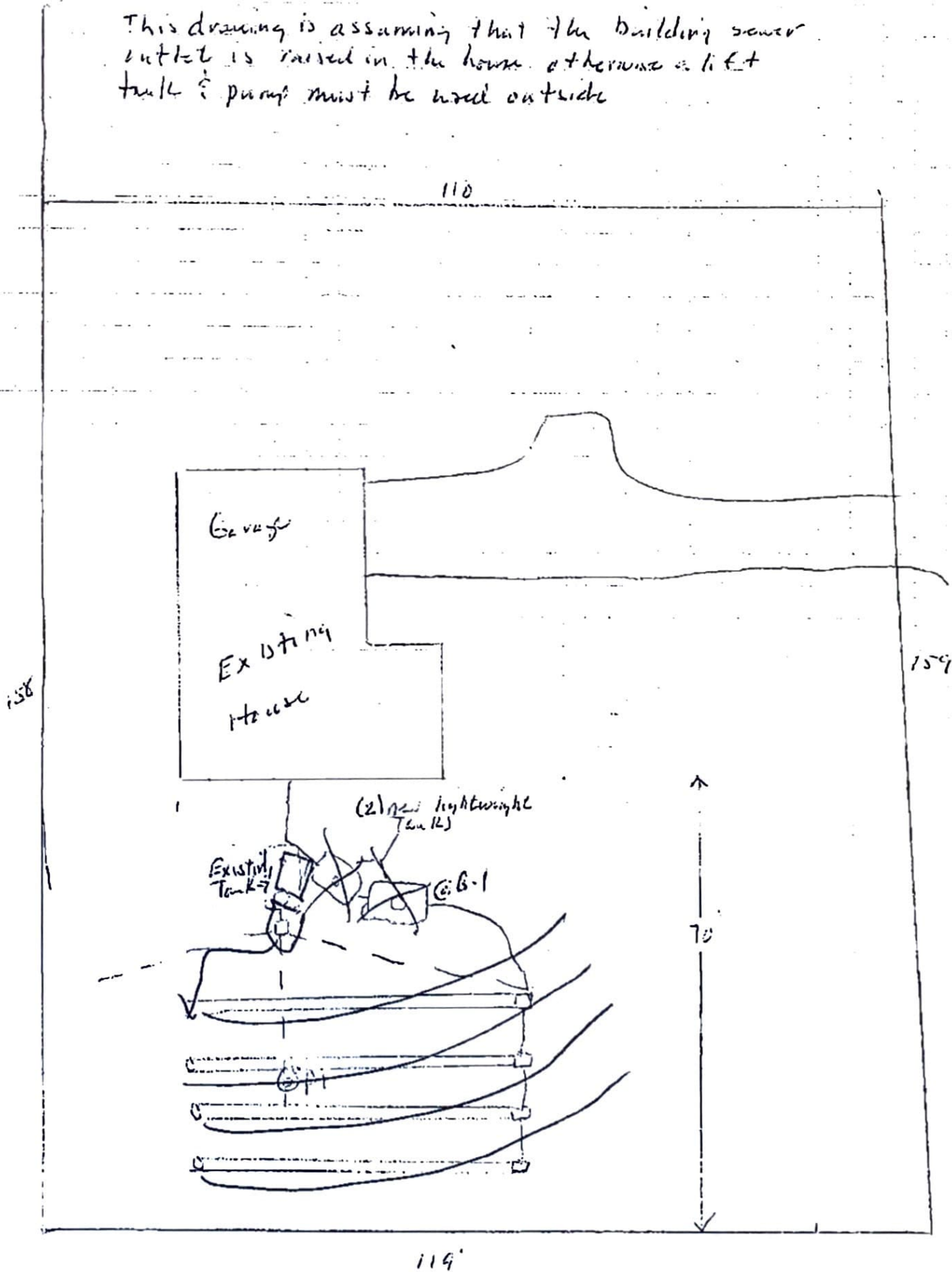
Christopher W. LeClair, REHS
 Senior Environmental Specialist

Permit Issue Date: 5/29/2009
 Permit Expiration Date: 5/29/2010

47 Ocean Ave. No. Lakeland 65-12-09

NOT 1" = 20'

This drawing is assuming that the building sewer outlet is raised in the house otherwise a lift tank & pump must be used outside



LOG OF SOIL BORINGS

Job: 42 Quaker Ave. No. 1, K. Keland

Date: 05-11-65

Depth In Feet	B1	B2	B3	B4
1	10 gr 5/1 Black loamy sand			
2	Dark red brown medium sand			
3	2.5 gr 3/4			
4	Red brown coarse sand 4.5'			
5	6.5'			
6	cutting is hard to cut after 6.5'			
7	5 gr 4/3			

WASHINGTON COUNTY PUBLIC HEALTH & ENVIRONMENT
14049 - 82ND ST N, PO BOX 8, STILLWATER, MN 55082-0008
651/430-8888 OR 651/430-8855 FAX 651/430-8730

Legal Description or Complete Street Address 42 Quant Ave N		City of Township Lakeland		
Owner Name Walt Torning	Mail Address	City	State	Zip
Installer Capra's Utilities Inc	Mail Address 2370 Leibel St	WBL	MN	55110
Septic Tank Information Tank Manufacturer: Norwesco		Liquid Capacity 2-1000		

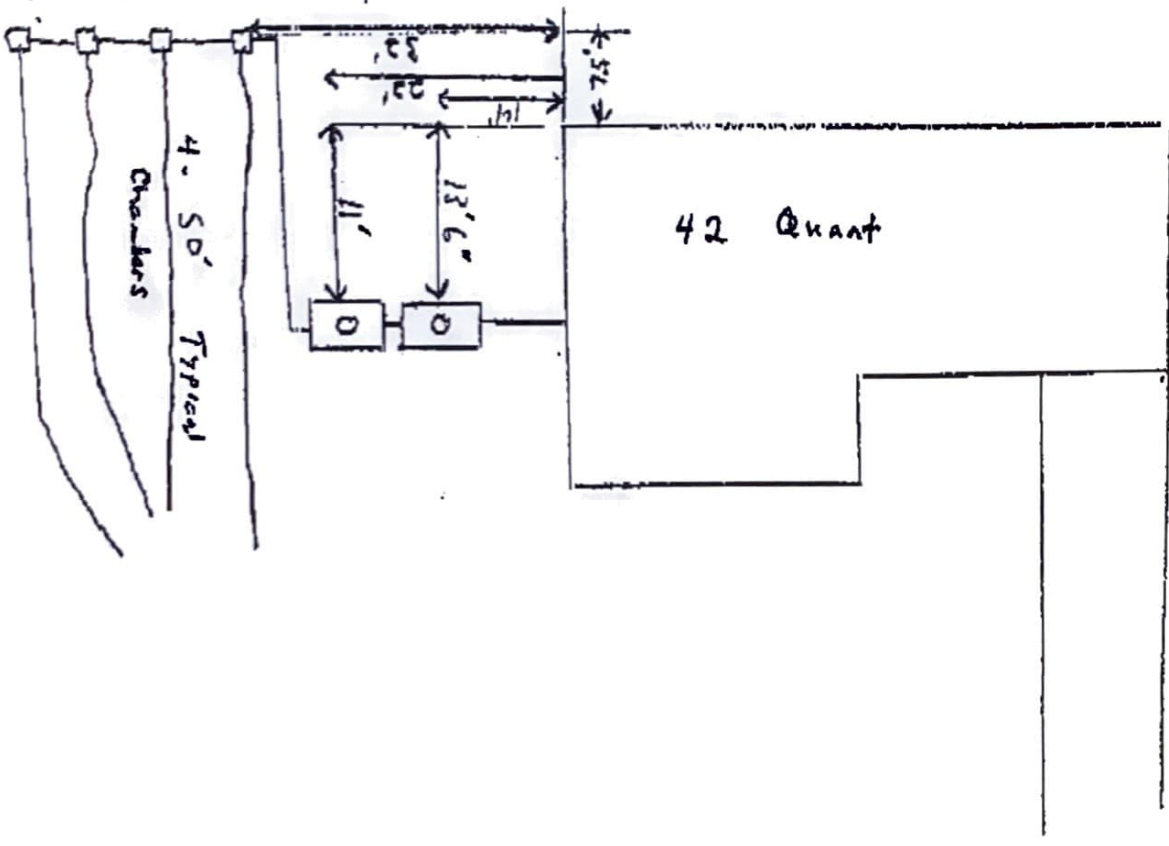
PUMP CHAMBER (if installed)			
Tank Manufacturer:	Liquid Capacity:	Horsepower of Pump:	Type of Warning Device:
Pump Discharge in Gallons Per Minute:	at _____ Feet of _____	Number of Gallons Per Cycle:	

DRAINFIELD TRENCH		BED OR MOUND		
Width: 3'	Length of Each Trench: 50'	Rock Bed Length:	Width: Area:	
Depth of Trench Bottom from Finished Grade: 24" - 30"		Bed Depth from Grade:		
Method of Distribution: <input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input checked="" type="checkbox"/> Drop Box		MOUND: Upslope Sand Base Depth: Downslope Sand Base Depth:		
Depth of Rock Under Distribution Pipe: Chambers		Depth of Rock Under Pipe:		
Square Footage of Tested Area Used: 1500		PRESSURE DISTRIBUTION SYSTEM:		
Trench Bottom Square Footage Required: 570	Area As Built:	Lateral Inside Diameter:	Length:	Perforation Size:
		Spacing:	Number:	Perforation Spacing:

Complete site plan on attached sheet. On the site plan, include location of the following items.
Structures, septic tank, pump chamber, line from house to tank treatment system, distribution lines, distribution or drop boxes, well, and driveway. Show all distances applicable to the sewage treatment system (distance from structure to tank, tank to treatment system, distance between distribution lines, length of distribution lines, and distance between well and sewage treatment system). Indicate NORTH on the site plan and the scale of the plan.

I hereby certify that the system at the above referenced address was installed according to the Washington County Individual Sewage Treatment System Ordinance requirements.
Signed: *[Signature]* MPCA License #: 1510 Dated: 6-12-09

WASHINGTON COUNTY SEPTIC PERMIT NUMBER 1900-09-4



2
↓

Property address 42 Quant Ave N
City Lakeland

Parcel ID. _____
State MN Zip code 55043

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. If 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) 9/26/22

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: Meyer Sewer Service
Business license number: L915

Designated Certified Individual (DCI) information

Print name: CHRIS WAGNER
Certification number: C9761

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: Chris Wagner Date (mm/dd/yyyy): 9/26/2022