

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: 1602820230010 Reason for Inspection Property Transfer
Local regulatory authority info: Washington County
Property address: 14100 Valley Creek Trail S Afton, Mn.55001
Owner/representative: Charles and Natalie Cremens Owner's phone: 651-269-4206
Brief system description: 2 precast septic tanks and 1 precast pump tank to pressure bed. System was installed with a permit from Washington County 7/20/2004.

System status

System status on date (mm/dd/yyyy): 6/6/2023

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.

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.

***Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.**

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
- 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:

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:

- Empty tank(s) viewed by inspector
 - Name of maintenance business: Pinky's
 - License number of maintenance business: L4251
 - Date of maintenance: 6/6/2023
- 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 7/20/2004 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	19"
B. Periodically saturated soil/bedrock	60"
C. System separation	41"
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.



WASHINGTON COUNTY, MINNESOTA
 Department of Public Health
 and Environment 651/430-6688

Scanned 8/11/08 BM

PERMIT NUMBER: AFTON CITY
 010004010 SEWAGE PERMIT

Owner: ARNIE HILAND
 14110 VALLEY CREEK TR
 AFTON MN 55001

Applicant: J CHAVES EXCAVATING 438-7732

DRAINFIELD REPLACEMENT PERMIT	216.00
SEPTIC APPLICATION/SOIL REVIEW	206.00
Total Fees:	420.00
Total Paid:	420.00
Total Due:	.00

Mailed 4/29/04

010004010

PERMISSION IS HEREBY GRANTED

To execute the work specified in this permit on the following described property upon express condition that said persons and their agents, employees and workmen shall conform in all respects to the provisions of the Building Code, and/or Ordinances. This permit may be revoked at any time upon the violation of any of the provisions of said code and ordinances.

Project Address: 14100 VALLEY CREEK TR AFTON MN 55001
 Legal Description: PT OF LOTS 2 & 3 162820 STATE SUBD COM AT W1/4 Sec: 16-02A-20-23-0010
 Flow Capacity: 400 Gal/Day Tank Volume: 2000
 Soil Conditions: Depth to Restriction: 60 Inches Perc Rate: 14 Hrs/Inch

Soil Treatment Type:
 Bottom Area: 664 Back Depth: 912

- Authorized Work / Special Conditions
- Install individual sewage treatment system as per approved design in area tested and shown on site plan.
 - 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.)

** Permit Expiration Date: Sewage Treatment: _____

A CERTIFICATE OF OCCUPANCY MUST BE REQUESTED AND ISSUED PRIOR TO USE OR OCCUPANCY OF WORK PERMITTED BY A BUILDING PERMIT.

** This permit shall expire and be null and void if the work authorized by the Building Permit is not commenced within 60 days of the date of issuance or if work is abandoned or suspended for a period of 120 days. Term of the Building Permit is 12 months from date of issue. Term of sewage treatment permit is 12 months from date of issue.

Penalty for violation of any of the provisions of building code: Fine not to exceed five hundred dollars (\$500.00) or imprisonment for not more than ninety (90) days, or both.

Permit Issue Date: 2004-04-29 Code Enforcement Officer:

FILE

INSPECTION RECORD

BUILDING	DATE	INSP.	COMMENTS
Foundation			
Foundation Wall			
Plumbing (Groundwork)			
Heating (Groundwork)			
Rough Plumbing			
Rough Gas Piping			
Rough Heating and Ventilation			
Framing			
Insulation			
Fireplace			
Chimney			
Wallboard or Lath and Plaster			
Final Electrical			
Final Plumbing			
Final Gas Piping			
Final Heating and Ventilation			
Final Building			

SEWAGE TREATMENT SYSTEM	DATE	INSP.	COMMENTS
Installation	20 Jun 04	CNL	Tank Size: 2-1000 1-1000 L.S. Treatment Area: 748 FR
As Built			Installer: JOE CHAVES

DRIVEWAY	DATE	INSP.	COMMENTS
Access			
Installation			

NOTES: 34' x 22' ROCK BED 18" - ²⁴~~36~~" FROM GRADE
 9" ROCK
 SETBACK TO VALLEY CREEK > 150 FT

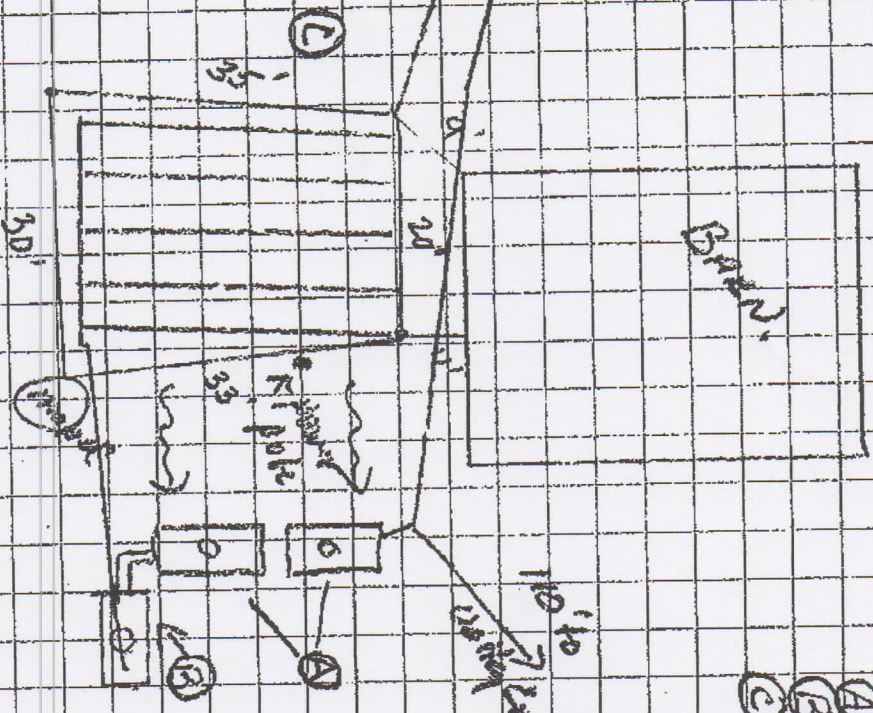
14100 Valley Creek Trail A-F tons 6-6-03

100' to Valley Creek

Living House

2' dia. pit

Road Surface & R.O.W



- A = (2) 1000 gal. Septic tanks
- B = (1) 1000 gal. pump tank
- C = ~ 680 sq. ft. pressure bed or subsoiler

can be fit into the Tataran

N 11:20



SITE REVIEW and/or SEPTIC PERMIT APPLICATION

Washington County Public Health and Environment
 14949 62nd Street N, PO Box 6, Stillwater MN 55082-0006
 651/430-6688 FAX 651/430-6730

420
 # 46257

0100-04010

Make checks payable to WASHINGTON COUNTY

- \$215 - Drainfield System Permit
- \$350 - Mound System Permit
- \$350 - Alternative/Experimental System
- \$ 85 - Additional Review Fee (1 hour minimum)
- \$205 - Individual Lot
- \$140 - Subdivision Soil/Site Review - Base fee Plus \$65/lot
- \$105 - Renewal of an Expired Permit

Legal Description and Parcel Identification Number (especially if this is for a NEW SUBDIVISION OR MINOR SUBDIVISION)

Applicant **JOE CHAVES** Address City State **436** Zip **7732** Phone

Owner (if different from applicant) **ARNIE MILAND** Address **14100 VALLEY CREEK TRL** City **AFTON MN** State Zip **55007** Phone **936-7547**

New Home Existing Home New Business Existing Business Number Of Bedrooms: **3** Gallons Per Day: **450**

Check the following fixture(s) which are or will be installed: Garbage Disposal Recreational Bathing Facility: (jacuzzi, hot tub, etc.)

New Home Drainfield System Mound System Alternate/Experimental System Existing Permit Renewal

Existing Home Replacement System Drainfield System Mound System Tank Replacement Only

Site Approval Only If this site has been previously approved, attach copy of approval letter Additional Soil Test Data for Previously Approved Site

The following exhibits are required as part of this application and shall be attached hereto: Percolation Test Reports; Soil Boring Logs; Site Plan drawn to scale showing location of buildings, lot lines, percolation test holes, soil boring holes, proposed location of system and well; one (1) copy of the System Design; and one (1) copy of the Final Building Plan. The house and the drainfield areas must be staked. Inaccurate or incomplete information will result in delays in processing.

AGREEMENT: The undersigned hereby makes Application for Permit to Install or Extend Sewage Treatment System herein specified, agreeing that all such work shall be done in strict accordance with ordinances and regulations of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches and Design submitted herewith, and which are reviewed by Washington County, together with any requirement and/or restriction made necessary by conditions peculiar to a particular location, shall become a part of the permit. Applicant further agrees to provide access, at reasonable times, to Washington County for the purpose of performing inspections required and that no part of the system shall be covered until it has been inspected and accepted. **APPLICATION IS FOR AN INSTALLATION AT A SPECIFIC LOCATION; ANY DEVIATION FROM THE APPROVED LOCATION WILL VOID THE PERMIT.** It shall be the responsibility of the applicant for the permit to notify the Office of the Washington County Dept. of Public Health & Environment that the installation is ready for inspection.

I hereby certify the above to be true and correct. In connection with your request for a soil review/septic permit, I hereby give Washington County Department of Public Health and Environment permission to enter upon my property during normal business hours for the purpose of determining the suitability of the location, design, and construction, which may include minor excavation or soil borings by the Department.

[Signature]

4-13-04

Signature of Applicant (Owner or Contractor)

Date

THE AREA BELOW IS FOR COUNTY USE ONLY

SITE EVALUATION: BY INSPECTOR **CWL** DATE **28 APR 2004**

SETBACKS:	REQUIRED (CIRCLE APPROPRIATE ITEM(S))					ACTUAL
	50'	75'	100'	150'		
Well (including adjacent property)						
Wetland, Pond, Lake, Stream, River, or Bluffline						

CONCLUSIONS: Site Suitable: Site Unsuitable: Additional Tests Required: Verify Use: _____ Bedrooms

NOTES: Lot Size _____ Year Built _____

1602820230010

BORING IN MIDDLE OF TEST AREA TO 43" LOAMY SAND LIMESTONE @ 63"

LOG OF SOIL BORINGS

Job: 14100 Walker Creek Trail H&H
 date: 06-04-03

Depth Feet	B1	B2	B3	B4
	Black SANDY Loam 10yr 2/1	Black SANDY Loam 10yr 2/1	Black SANDY Loam 10yr 2/1	Black loamy SAND. 10yr 2/1
1	Red brown loamy	Red brown	med. brown	
2	SAND 5yr 4/3	loamy SAND 5yr 5/3	coarse SAND 10yr 4/3	medium brown coarse SAND 10yr 4/3
3	medium to dark brown medium			
4	SAND 10yr 4/3			
5				
6				
7				
8				



**AS-BUILT REPORT
INDIVIDUAL SEWAGE TREATMENT SYSTEM**

ENTERED

Washington County Public Health & Environment
14949 - 62ND ST N, PO BOX 6, STILLWATER, MN 55082-0006
651/430-6688 OR 651/430-6655 FAX 651/430-6730

Legal Description or Complete Street Address		City of Township		
Owner Name ARNIE MILANO	Mail Address 14110 VALLEY CREEK TR	City ASTON	State MN	Zip 55001
Installer Joe Chaves Excavating 120 N. Quinlan Ave. Lakeland, MN 55043	Mail Address	City	State	Zip
Septic Tank Information Tank Manufacturer: WIESER		Liquid Capacity 20 1000		

PUMP CHAMBER (if installed)			
Tank Manufacturer: WIESER	Liquid Capacity: 1000	Horsepower of Pump: 3/4	Type of Warning Device: TANK ALERT
Pump Discharge in Gallons Per Minute: 40 at 16 Feet of		Number of Gallons Per Cycle: 120-140	


DRAINFIELD TRENCH		BED OR MOUND		
Width:	Length of Each Trench:	Rock Bed Length: 37	Width: 22	Area: 748
Depth of Trench Bottom from Finished Grade:		Bed Depth from Grade: MAX 24"		
Method of Distribution: <input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input checked="" type="checkbox"/> Drop Box		MOUND: Upstope Sand Base Depth: Downslope Sand Base Depth:		
Depth of Rock Under Distribution Pipe:		Depth of Rock Under Pipe:		
Square Footage of Tested Area Used:		PRESSURE DISTRIBUTION SYSTEM:		
Trench Bottom Square Footage Required:	Area As Built:	Lateral Inside Diameter: 1 1/2	Length: 30	Perforation Size: 1/4
		Spacing: 45"	Number: 5	Perforation Spacing: 3

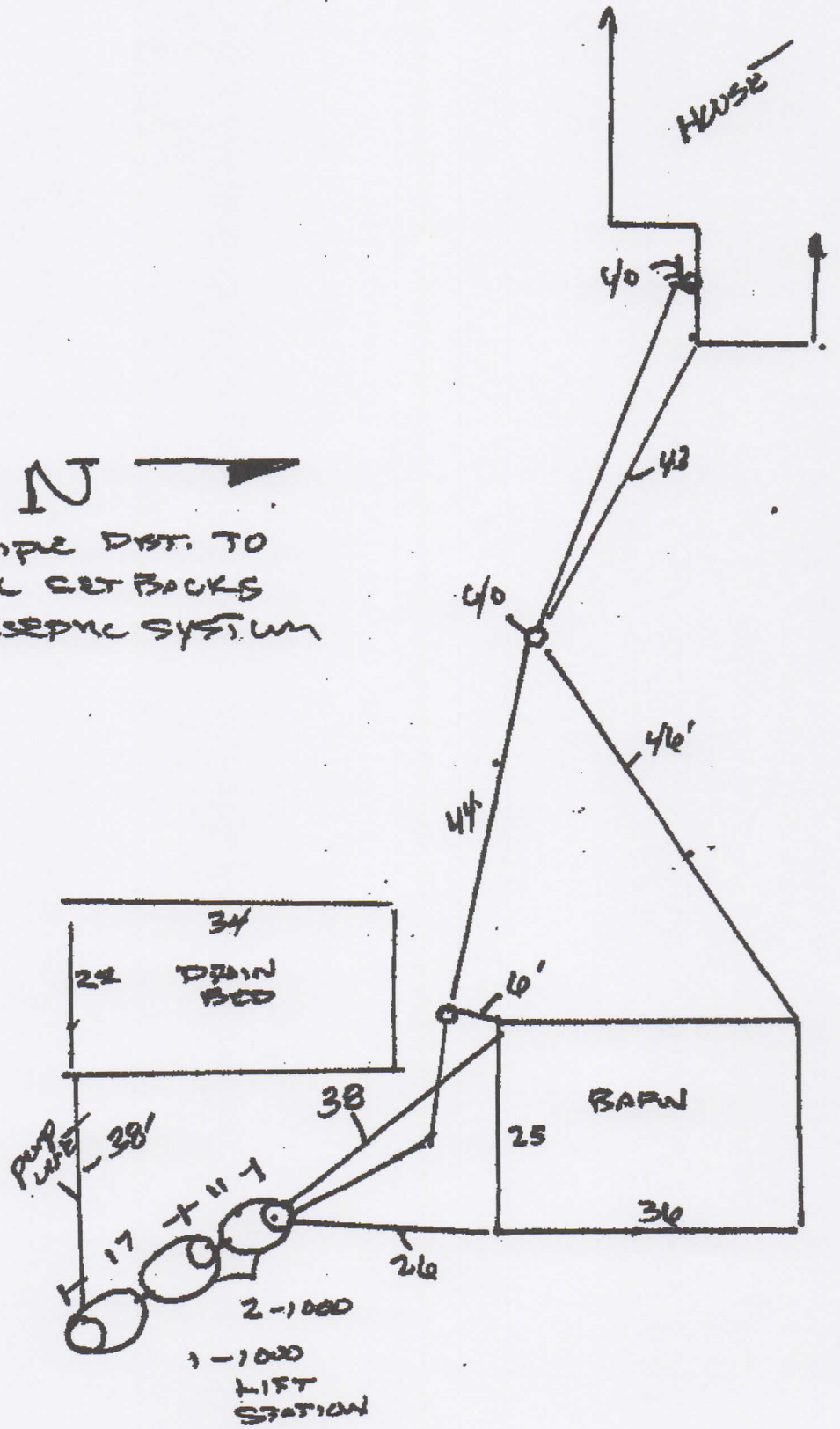
Complete site plan on attached sheet. On the site plan, include location of the following items.
Structures, septic tank, pump chamber, line from house to tank treatment system, distribution lines, distribution or drop boxes, well, and driveway. Show all distances applicable to the sewage treatment system (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 sale 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 #: 1335 Dated: 7/22/04

WASHINGTON COUNTY SEPTIC PERMIT NUMBER 0100-04010

Valley Creek Trail

N 
AMPLE DIST. TO
ALL SET BACKS
FOR SEPTIC SYSTEM





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

Individual Sewage Treatment System Certificate of Compliance

Type of System:	Standard Pressure Bed
Permit Number:	0100-04-010
Property ID Number:	16-028-20-23-0010
Property Address:	14100 Valley Creek TR S
Community:	Afton
Date of Installation:	July 20, 2004

This certifies that the individual sewage treatment system installed at the aforementioned address was inspected during installation and found to be in compliance with requirements of the Washington County Development Code, Chapter Four, Individual Sewage Treatment System Regulations (Washington County Ordinance No. 128). This Certificate of Compliance is valid for five (5) years from the date of issuance unless Washington County finds evidence of an imminent threat to public health and safety. Supporting documentation with detailed information on the system can be found on the attached as-built.

A handwritten signature in black ink, appearing to read "Chris LeClair", written over a horizontal line.

Christopher W. LeClair, REHS
Senior Environmental Specialist