

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 semplesed form to Local Governmental unit (LGU) and system coner within 15 december for 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.

roperty information	Local tracking number:	
arcel ID# or Sec/Twp/Range: 09.029.21.31.0019	Reason for Inspection property sal	9
ocal regulatory authority info: Washington County		
roperty address: 8390 Deer Pond Trl N Lake Elmo, MN 5504		
Owner/representative: Tom McHenry	Owner's pt	none: <u>651-442-3525</u>
rief system description: Two septic tanks and a pump tank lift	ng to a gravity rock trench drainfield.	
ystem status		
ystem status on date (mm/dd/yyyy): _6/9/2023		
□ Compliant – Certificate of compliance*	☐ Noncompliant – Notice of noncor	npliance
Valid for 3 years from report date unless evidence of an minent threat to public health or safety requiring removal and	Systems failing to protect ground water muuse discontinued within the time required b	st be upgraded, replaced, or y local ordinance.
batement under section 145A.04. subdivision 8 is discovered or shorter time frame exists in Local Ordinance.)	An imminent threat to public health and sa	fety (ITPHS) must be
Note: Compliance indicates conformance with Minn.	upgraded, replaced, or its use discontinued of this notice or within a shorter period if re	l within ten months of receipt quired by local ordinance or
R. 7080.1500 as of system status date above and does not	under section 145A.04 subdivision 8.	quired by local ordinance or
juarantee future performance.		
Reason(s) for noncompliance (check all applica		
☐ Impact on public health (Compliance component #) – Imminent threat to public health and sa	afety
☐ Tank integrity (Compliance component #2) – Failing	g to protect groundwater	
Other Compliance Conditions (Compliance compo	nent #3) – Imminent threat to public health	and safety
☐ Other Compliance Conditions (Compliance compo	nent #3) – Failing to protect groundwater	
System not abandoned according to Minn. R. 7080	.2500 (Compliance component #3) - Failir	ng to protect groundwater
Soil separation (Compliance component #5) – Failu	na to protect aroundwater	
☐ Operating permit/monitoring plan requirements (Composition of the Composition of the C	mpliance component #4) - Noncompliant	- local ordinance applies
	impliance compension in 1)	
Comments or recommendations	the office Elmo	
Reviewed design, permit, soil, inspection and pumping	ecords on tile at the City of Lake Limb.	
Certification		
I hereby certify that all the necessary information has been gathere future system performance has been nor can be made due to unkn inadequate maintenance, or future water usage.	d to determine the compliance status of this sy own conditions during system construction, po	rstem. No determination of
		ossible abuse of the system,
By typing my name below. I certify the above statements to be tr	ue and correct, to the best of my knowledge. a	issible abase of the cyclen,
By typing my name below. I certify the above statements to be trused for the purpose of processing this form.	Certil	nd that this information can be
By typing my name below. I certify the above statements to be transed for the purpose of processing this form. Business name: All State Septic Services LLC	Certil	nd that this information can be
By typing my name below. I certify the above statements to be transed for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trooien	Certil	nd that this information can be ication number: 323 icense number: 1568
By typing my name below. I certify the above statements to be transed for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Troolen (This document has been electronically services)	Certii L igned)	nd that this information can be ication number: 323 icense number: 1568 Phone: 612-594-449
By typing my name below. I certify the above statements to be transed for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Troolen (This document has been electronically sometimes) Necessary or locally required supporting descriptions.	Certii Igned) ocumentation (mus* be alfached	nd that this information can be ication number: 323 icense number: 1568 Phone: 612-594-449
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System discharges sewage to the			Attached supporting documentation:	
ground surface	☐ Yes	⊠ No	☐ Other: ☐ Not applicable	
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 Imminent throat to public health ar	the syst of safety	lem is an		
Describe verification methods and				
None of the above observed.				
	Lomn			
ank integrity – Compliance	comp	onent #2		
Compliance criteria:		No No	Attached supporting documentation: Empty tank(s) viewed by inspector	
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,			Attached supporting documentation:	Pinky's
Compliance criteria: System consists of a seepage pit,	☐ Yes		Attached supporting documentation: ☑ Empty tank(s) viewed by inspector	
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes	No No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business Date of maintenance:	6/9/2023
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes	No No	Attached supporting documentation: ☑ Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business	6/9/2023
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth?	☐ Yes	No No	Attached supporting documentation: ⊠ Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business Date of maintenance: □ Existing tank integrity assessment (Attache)	6/9/2023 n)
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth? If yes, which sewage tank(s) leaks:	☐ Yes	No No No	Attached supporting documentation: ☑ Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business Date of maintenance: ☐ Existing tank integrity assessment (Attach Date of maintenance (mm/dd/yyyy): (must be within	6/9/2023 h) three years)
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roperty Address: 8390 Deer Pond Trl N Lake Elmo, MN 55042 usiness Name: All State Septic Services LLC	Date: 6/9/2023
Other compliance conditions – Compliance component #3 of 5	
3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unse	ecured?
3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safet	ry? ☐ Yes No ☐ Unknov
"Yes to 3a or 3b - System is an imminent throat to public health and safety.	
3c. System is non-protective of ground water for other conditions as determined by inspector?	☐ Yes
3d. System not abandoned in accordance with Minn. R. 7080.2500?	☐ Yes*
'Yes to 3c or 3d - System is failing to protect groundwater.	
Describe verification methods and results:	
Av. 1. A	
Attached supporting documentation: Not applicable	
Attached supporting documentation: Not applicable Operating permit and nitrogen BMP* − Compliance component #4 of	
Operating permit and nitrogen BMP* – Compliance component #4 o	of 5 🛭 Not applicable
Operating permit and nitrogen BMP* – Compliance component #4 or Is the system operated under an Operating Permit?	of 5 Not applicable If "yes", A below is requir
Operating permit and nitrogen BMP* – Compliance component #4 of the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? Yes No of the system required to employ a Nitrogen BMP specified in the system design?	of 5 Not applicable If "yes", A below is requir
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Property Address: 8390 Deer Pond Trl N Lake E Business Name: All State Septic Services LLC	Imo, MN 55042	Date: <u>6/</u>	9/2023
. Soil separation – Compliance co	mponent #5 o	f 5	
Date of installation 8/20/1998 (mm/dd/yyyy)	Unknown		
Shoreland/Wellhead protection/Food		Attached supporting documentation:	
beverage lodging?		Soil observation logs completed for the	
Compliance criteria (select one):		Two previous verifications of required	
5a. For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food.	Yes No	☐ Not applicable (No soil treatment area☐)
beverage or lodging establishment:			
Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.			
5b.Non-performance systems built	⊠ Yes □ No	Indicate depths or elevations	
April 1, 1996, or later or for non- performance systems located in Shoreland	,	A. Bottom of distribution media	41"
or Wellhead Protection Areas or serving a		B. Periodically saturated soil/bedrock	80"
food, beverage, or lodging establishment:		C. System separation	39"
Drainfield has a three-foot vertical separation distance from periodically		D. Required compliance separation*	36"
saturated soil or bedrock.*		*May be reduced up to 15 percent if allo Ordinance.	owed by Local
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 Inspecto License required > 2,500 gallons per day)	Yes No		
Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.			

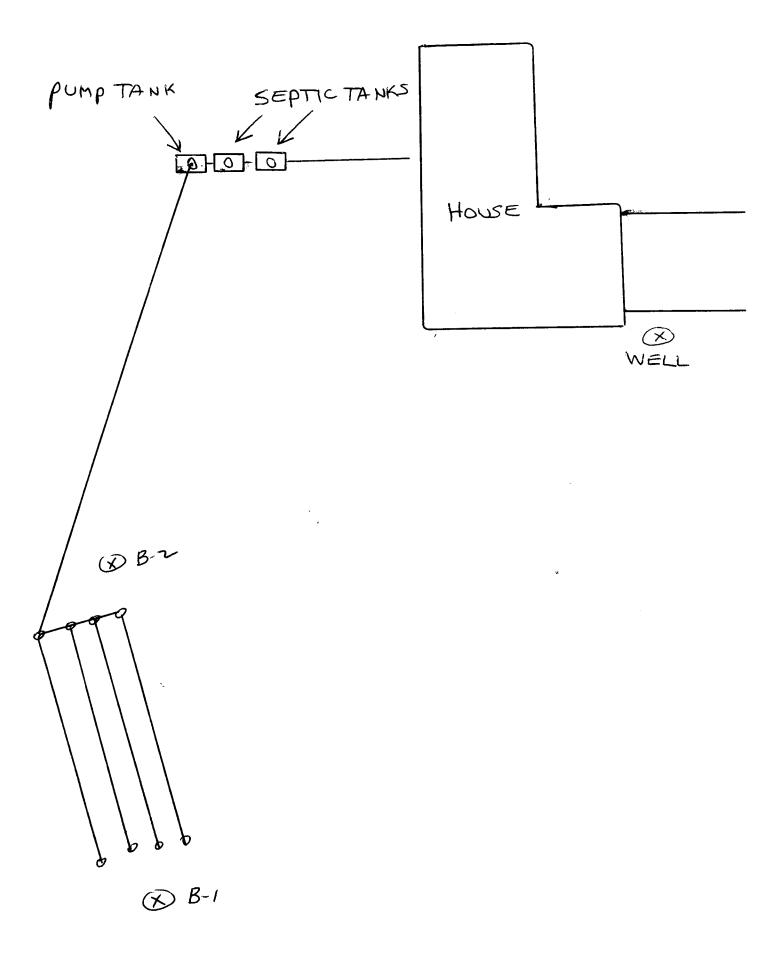
Describe verification methods and results:

failing to protect groundwater.

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 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.

WISE

8390 DEERPONDTRUN LAKE ELMO, MN 55042 6-9-23



Soil Observation Log

Project ID:

v 03.15.2023

									0000	9200 Door Dond Tri NI ake Flmo MN 55047	P F mo MN 55047	-
lient:			Tom McHenry	enry		***************************************	Local	Location / Address:	0000	מבי ב מוס ב במיס		
- oil parent ma	oil parent material(s): (Check all that apply)	k all that i	apply)	Outv	Outwash 🔲 Lac	Lacustrine [Loess Till	Alluvium Bedrock		Organic Matter Disturbed/Fill	d/Fill	
andscape Position:	ittion:				Slope %:		Slope shape:			Flooding/Run-On potential:	n potential:	
alki scape i ca				Soil su	Soil survey map units:	ınits:			Surface Ele	Surface Elevation-Relative to benchmark:	enchmark:	
vegetation:		6/9	20001819	clear	clear am					Limiting Layer Elevation:	Elevation:	
		10	1,2027								Auger	
Observatio	Observation #/Location:	Ġ	B-1							Structure		
Depth (in)	Texture	Rock Frag. %	Matrix (Matrix Color(s)	Mottle Color(s)	olor(s)	Redox Kind(s)	Indicator(s)	Shape	Grade		
	-	\0 L	10YR	3/3								
8-0	sandy toam	%C										
8-78	fine sandy	2%	7.5YR 4/4	4/4								
07-0	loam											
0.00	Second Second	76 <u>7</u>	7.5YR	5/4								
85-87	salidy toaiii))										
		Ò	10YR	4/6								
58-82	sand	ိုဂ် -										
Comments:												
I hereby cert	ify that I have	completed	1 this work	in accord	ance with a	III applica	I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws	les and laws.				
`	H				Ţ	Tom Trooien	Ċ		1568	•	6/9/23	
d)	Designer/Inspector)	r)	1			(Signature)	(1	(License #)	,	(Date)	
Optional Veri	Optional Verification: I hereby certify that this soil observation was verified according periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.	by certify tl bedrock at	hat this soi the propose	l observati ed soil trea	on was verif itment and c	ied accord dispersal s	according to Minn. R. 7082.0500 subp. 3 A. ersal site.	0500 subp. 3 A.	The signature b	elow represents an inf	The signature below represents an infleid verification of the	
			i					ı		•	(0400)	
/N9T)	(IGU/Designer/Inspector)	ctor)				(Signature)	(6		(Cert #)		(Date)	
	7											



Soil Observation Log

Project ID:

v 03.15.2023

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ent:			Tom McHenry	enry			LOCE	Location / Address:	0000	מבכו ו סוב ווו וו ביייי		
i narent mal	narent material(s): (Check all that apply)	k all that a	tpply)	Outwash		Lacustrine [☐ Loess ☐ Till [] Alluvium	Bedrock Organi	Organic Matter Disturbed/Fill	/Fill	
ndeen Deition	tion.				Slope %:		Slope shape:			Flooding/Run-On potential:	potential:	
Nacape 1 03				Soil st	Soil survey map units:	units:			Surface Ele	Surface Elevation-Relative to benchmark:	enchmark:	
/egetation:										Limiting Layer Elevation:	Elevation:	
		6/9	6/9/2023	כובמ	כובמו מווו						Андег	
Observatio	Observation #/Location:	B-2	.2							- Christing	17850	
Depth (in)	Texture	Rock Frag. %	Matrix	Matrix Color(s)	Mottle	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Grade		
9-0	sandy loam	2%	10YR	3/3								
6-24	sandy loam	5%	7.5YR	4/4								
24-54	sandy loam	5%	10YR	5/4								
54-80	loamy sand	10%	10YR	4/4								
Comments:												
hereby cert	ify that I have	completed	this work	in accord	ance with	all applica	hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.	ules and laws.				
	Tom Trooien					Tom Trooien	U		1568	•	6/9/23	
(De Optional Veri Seriodically sa	(Designer/Inspector) Optional Verification: I hereby certify that this soil observation was verified according beniodically saturated soil or bedrock at the proposed soil treatment and dispersal site.	or) by certify th bedrock at 1	nat this sol the propos	il observati ed soil trea	on was ver atment and	(Signature) ified accordi d dispersal si	nature) according to Minn. R. 7082.0500 subp. 3 A. Persal site.	.2.0500 subp. 3 A.	(Licerse#) The signature b	(Licerse #) The signature below represents an infield verification of the	(Date)	
		1.04	1			(Signature)	(6)	1	(Cert #)	•	(Date)	
/n9T)	(LGU/Designer/Inspector)	ctor)				(J151 mvm						