

**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: 30.029.20.41.0013 Reason for inspection: property sale

Local regulatory authority info: Washington County

Property address: 1265 Neal Ave N West Lakeland Twp, MN 55042

Owner/representative: Dan Colvin Owner's phone: 651-888-0440

Brief system description: Two septic tanks and a gravity rock trench drainfield.

### System status

System status on date (mm/dd/yyyy): 6/15/2023

**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

Reviewed design, permit, soil, inspection and pumping records on file at Washington County..

### 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): Design soil borings showing limestone

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 non-compliance.

Describe verification methods and results:

Attached supporting documentation:  Operating permit (Attach)

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.

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?	<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.

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): 8/22/2022  
(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: \_\_\_\_\_

Describe verification methods and results:

### 5. Soil separation – Compliance component #5 of 5

Date of installation 6/26/1996  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	30"
B. Periodically saturated soil/bedrock	8"
C. System separation	0"
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.

**LOCATION:** SEAMON

**DATE OF BORINGS:** 6/17/96

**BORINGS MADE BY:** JEFF CHILDERS - CERTIFICATION # 2122 - M.P.C.A. License # 958

DEPTH IN FEET	BORING #	B1
0		ELEVATION _____
1		TOP SOIL
2		FILL LIMESTONE
3		BROWN SILTY SAND
4		
5		
6		BROWN SAND/TR. SILT
7		
8		LIGHT BROWN SAND & GRAVEL

DEPTH IN FEET	BORING #	B2
0		ELEVATION _____
1		TOP SOIL
2		FILL LIMESTONE
3		BROWN SILTY SAND
4		
5		
6		BROWN SILT/TR. SAND
7		
8		UNCONSOLIDATED BEDROCK

END OF BORING @ 7.50 FEET.

WATER TABLE OR MOTTLED SOIL- NO

OBSERVATIONS AND COMMENTS- BORINGS DUG W/ BACKHOE

END OF BORING @ 7.50 FEET.

WATER TABLE OR MOTTLED SOIL- NO



# Soil Observation Log

Project ID: **03.15.2023**

Client: **Dan Colvin** Location / Address: **1265 Neal Ave N West Lakeland Twp, MN 55042**

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

Landscape Position: Slope %: \_\_\_\_\_ Slope shape: \_\_\_\_\_ Flooding/Run-On potential: \_\_\_\_\_

Vegetation: Soil survey map units: **6/15/2023** clear am Surface Elevation-Relative to benchmark: \_\_\_\_\_ Limiting Layer Elevation: \_\_\_\_\_

Observation #/Location: **B-1** Auger

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	I----- Structure-----I	
							Shape	Consistence
0-10	sandy loam	5%	10YR 3/2					
10	bedrock							

Comments: **Bedrock at 10"**

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

**Tom Trooien** (Designer/Inspector) **Tom Trooien** (Signature) **1568** (License #) **6/15/23** (Date)

**Optional Verification:** I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.

\_\_\_\_\_  
(LGU/Designer/Inspector) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Cert #) \_\_\_\_\_ (Date)



# Soil Observation Log

Project ID: \_\_\_\_\_ v 03.15.2023

Client: Dan Colvin

Location / Address: 1265 Neal Ave N West Lakeland Twp, MN 55042

Soil parent material(s): (Check all that apply)

Outwash  Lacustrine

Loess

Till

Alluvium

Bedrock

Organic Matter

Disturbed/Fill

Landscape Position: \_\_\_\_\_

Slope %: \_\_\_\_\_

Slope shape: \_\_\_\_\_

Flooding/Run-On potential: \_\_\_\_\_

Vegetation: \_\_\_\_\_

Soil survey map units: \_\_\_\_\_

Surface Elevation-Relative to benchmark: \_\_\_\_\_

Limiting Layer Elevation: \_\_\_\_\_

Observation #/Location: \_\_\_\_\_

B-2

Auger

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	----- Structure-----		
							Shape	Grade	Consistence
0-12	sandy loam	5%	10YR 3/2						
12	bedrock								

Comments: Bedrock at 12"

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

Tom Trooien

Tom Trooien

1568

6/15/23

(Designer/Inspector)

(Signature)

(License #)

(Date)

Optional Verification: I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.

(LGU/Designer/Inspector)

(Signature)

(Cert #)

(Date)



# Soil Observation Log

Project ID: **v 03.15.2023**

Client: **Dan Colvin** Location / Address: **1265 Neal Ave N West Lakeland Twp, MN 55042**

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

Landscape Position: Slope %: \_\_\_\_\_ Slope shape: \_\_\_\_\_ Flooding/Run-On potential: \_\_\_\_\_

Vegetation: Soil survey map units: **6/15/2023** **clear am** Surface Elevation-Relative to benchmark: \_\_\_\_\_ Limiting Layer Elevation: \_\_\_\_\_

Observation #/Location: **B-3** Auger

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	I----- Structure -----I		
							Shape	Grade	Consistence
0-8	sandy loam	5%	10YR 3/3						
8	bedrock								

Comments: **Bedrock at 8"**

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

**Tom Troojen** (Designer/Inspector) **Tom Troojen** (Signature) **1568** (License #) **6/15/23** (Date)

**Optional Verification:** I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.

\_\_\_\_\_  
(LGU/Designer/Inspector) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Cert #) \_\_\_\_\_ (Date)





# Soil Observation Log

Project ID: \_\_\_\_\_ v 03.15.2023

Client: Dan Colvin Location / Address: 1265 Neal Ave N West Lakeland Twp, MN 55042

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

Landscape Position: \_\_\_\_\_ Slope shape: \_\_\_\_\_ Slope %: \_\_\_\_\_ Flooding/Run-On potential: \_\_\_\_\_

Vegetation: \_\_\_\_\_ Soil survey map units: \_\_\_\_\_ Surface Elevation-Relative to benchmark: \_\_\_\_\_

Limiting Layer Elevation: \_\_\_\_\_

Observation #/Location:	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	----- Structure -----	
						Shape	Consistence
0-16	5%	10YR 3/2					
16							

Comments: Bedrock at 16"

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

Tom Troojen (Designer/Inspector) Tom Troojen (Signature) 1568 (License #) 6/15/23 (Date)

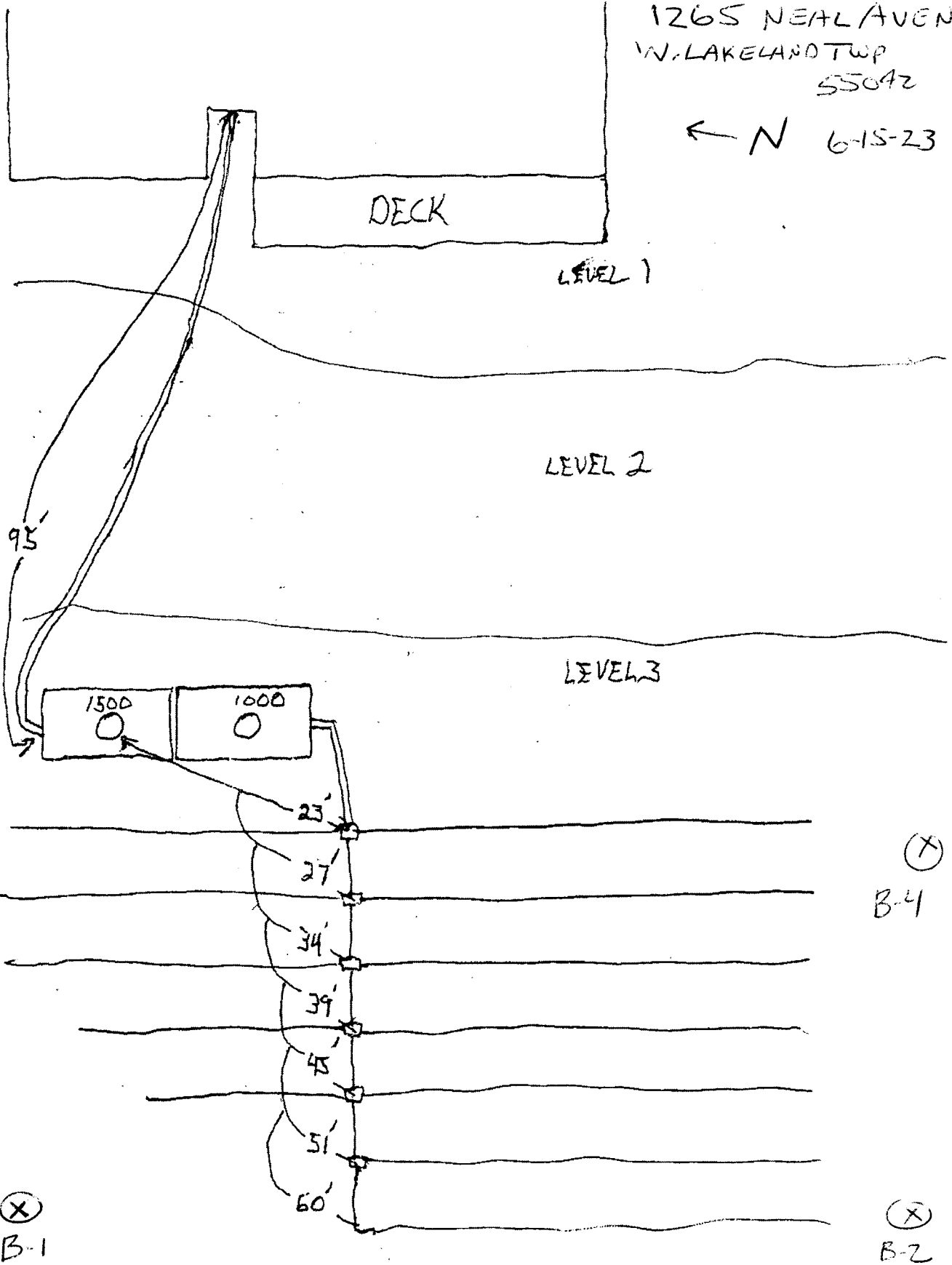
**Optional Verification:** I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.

\_\_\_\_\_  
(LGU/Designer/Inspector) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Cert #) \_\_\_\_\_ (Date)

(X)  
WELL

1265 NEAL AVEN  
W. LAKE LAND TWP  
55042

← N 6-15-23



(X)  
B-3

(X)  
B-4

(X)  
B-1

(X)  
B-2

Property address: 1265 Neal Ave W  
City: Lake Elmo State: MN Parcel ID:  
Zip code: 55042

### Optional section: Sewage Tank Compliance Certification

This form does not represent a complete system inspection report and only certifies sewage tank compliance status.

**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: (see <http://www.pca.state.mn.us/sewage/insp.htm>) This form can be found on the MPCA website at <http://www.pca.state.mn.us/sewage/insp.htm>

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 the inspection report. It 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.

**Certificate of sewage tank compliance**

Affirm all three statements:

- The SSTS does not contain a seepage pit, cesspool, drywell, leaching pit, or other pit.
- It does not contain a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth.
- It does not represent an imminent safety threat by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.

**Notice of sewage tank non-compliance**

Select all that apply:

- The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit – **"Failure to Protect Groundwater."**
- It has a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth – **"Failure to Protect Groundwater."**
- It presents a threat to public safety by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition – **"Imminent Threat to Public Health or Safety."**

**Company information**

Company name: Mike's Sewer Service  
Business license number: 4251

**Designated Certified Individual (DCI) information**

Print name: Nick Seiner  
Certification number: 50755

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.

Designated Certified Individual's signature: [Signature]

Date (mm/dd/yyyy): 8/22/22