

Compliance inspection report form

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

Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

	ctions for filling out this form	are located on the Minnesota Pollution
Control Agency (MPCA) website at <u>https://www.pae.ateile.mn.ur</u>	sitates ideleultifiles (were www.sc	34-2103-11.
Property information	Local tracking	number:
Parcel ID# or Sec/Twp/Range: 21.029.20.13.0005	Reason for Inspection	property sale
Local regulatory authority info: Washington County		
Property address: 2520 Oriole Ave N West Lakeland Twp, MN	155082	
Owner/representative: Doug & June Blackwell		Owner's phone: 612-964-2020
Brief system description: Septic tank and gravity rock trench dra	ainfield	
System status		
System status on date (mm/dd/yyyy): 7/6/2023		
☑ Compliant – Certificate of compliance*	Noncompliant – Noti	ce of noncompliance
(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and		ound water must be upgraded, replaced, or time required by local ordinance.
abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)		health and safety (ITPHS) must be se discontinued within ten months of receip
*Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.	of this notice or within a shounder section 145A.04 subd	rter period if required by local ordinance or livision 8.
Reason(s) for noncompliance (check all applical	ble)	
☐ Impact on public health (Compliance component #1		health and safety
☐ Tank integrity (Compliance component #2) – Failing		
☐ Other Compliance Conditions (Compliance compon		public health and safety
Other Compliance Conditions (Compliance compon		
System not abandoned according to Minn. R. 7080.		
Soil separation (Compliance component #5) – Failir		, 3 . 3
☐ Operating permit/monitoring plan requirements (Coi	mpliance component #4) – A	loncompliant - local ordinance applies
	implication competitions (, ,
Comments or recommendations	d- on file at Machinatan	County
Reviewed permit, design, inspection, soil and pumping re	ecords on the at washington	County.
and the set		
Certification		
I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unknown.	I to determine the compliance s own conditions during system c	status of this system. No determination of onstruction, possible abuse of the system.
inadequate maintenance, or future water usage. By typing my name below. I certify the above statements to be tru- used for the purpose of processing this form.	e and correct, to the best of my	knowledge, and that this information can be
Business name: All State Septic Services LLC		Certification number: 323
Inspector signature: Tom Trooien		License number: 1568
(This document has been electronically see	gned)	Phone: 612-594-449
Necessary or locally required supporting do	ocumentation	343 - Fr
Soil observation logsSystem/As-Built□ Locally□ Other information (list):		egrity Assessment
https://www.pca.state.mn.us • 651-296-6300 • 800-657-38		ay service • Available in alternative forma
https://www.pca.state.mn.us • 651-296-6300 • 800-65/-38 wq-wwists4-31b • 4/28/2021	, , r , r	Page 1 of

Compliance criteria:			Attached supporting documental	tion:
System discharges sewage to the 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		
kan jing mendelek kalender kepada Paran kalender berand (proposity) Berander (berander)	e Williamskij ej			
Describe verification methods and	results:			
nk integrity – Compliance	compo	onent #2	of 5	
nk integrity – Compliance Compliance criteria:	compo	onent #2	of 5 Attached supporting documentar	tion:
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit.	compo □ Yes			tion: Pinky's
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?			Attached supporting documental ☑ Empty tank(s) viewed by inspector	Pinky's
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit.	☐ Yes	⊠ No	Attached supporting documental	Pinky's
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes	⊠ No	Attached supporting documental Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business	Pinky's siness: <u>1613</u> 7/6/2023
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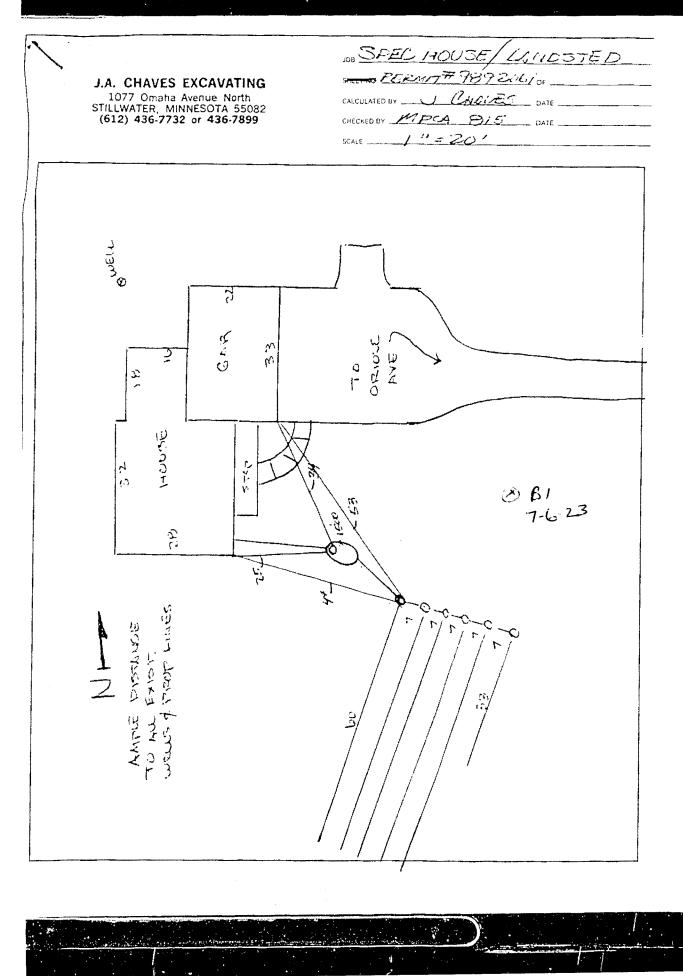
Describe verification methods and results: Attached supporting documentation: Not applicable Operating permit and nitrogen BMP* − Compliance component #4 of 5 Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? Wes No If "yes", 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? Solution of the complete of	e: 7/6/2023
3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured? Yes No Unknown	
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Yes Mo Unknown	
3b. Other issues (electrical bazards, etc.) to immediately and adversely impact public health or safetly? Yes 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 The state of t	
3c. System is non-protective of ground water for other conditions as determined by inspector? 3d. System not abandoned in accordance with Minn. R. 7080.2500? □ Yes □ Secribe verification methods and results: Attached supporting documentation: ☑ Not applicable □ ■ Operating permit and nitrogen BMP* — Compliance component #4 of 5 ☑ Is the system operated under an Operating Permit? □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice(s) specified in the system design □ Yes □ No □ If "yes", BMP = Best Management Practice	es ⊠No □Unknowr
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### 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 No Yes No No No No No No No N	", A below is require
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Describe verification methods and results:	
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_	
Attached supporting documentation:	
Attached supporting documentation: Operating permit (Attach)	

Property Address: 2520 Oriole Ave N West Lakeland Twp. MN 55082

usiness Name: _	All Stat	e Septic Services LLC			Date:	7/6/2023
Soil separa	tion	 Compliance cor 	npone	nt #5 o	f 5	
Date of installa	ition	7/29/1993 (mm/dd/yyyy)	_ Unkr	iown		
		protection/Food	☐ Yes	⊠ No	Attached supporting documentation	ı:
beverage lodgi	ing?				Soil observation logs completed for	the report
Compliance of	criteria	a (select one):	1		☐ Two previous verifications of requir	ed vertical separation
not located i Protection A	n Shor rea or i	rior to April 1, 1996, and eland or Wellhead not serving a food. g establishment:	⊠ Yes	□No	☐ Not applicable (No soil treatment a	ea)
	istance	ast a two-foot vertical e from periodically drock.				
5b. Non-perform			☐ Yes	□No	Indicate depths or elevations	
		er or for non- ns located in Shoreland			A. Bottom of distribution media	34"
		tion Areas or serving a lodging establishment:			B. Periodically saturated soil/bedrock	68"
	•	ee-foot vertical			C. System separation	34"
separation d	listance	e from periodically			D. Required compliance separation*	24"
saturated so	oil or be	drock.*			*May be reduced up to 15 percent if Ordinance.	allowed by Local
systems bui Type IV or V Rules 7080. (Intermediat 2.500 gallor	lt unde / syster 2350 d e Inspe s per d	ther", or "Performance" or pre-2008 Rules: on 7080.2400 octor License required ≤ lay: Advanced Inspector 2,500 gallons per day)	☐ Yes	□ No		
Drainfield m separation of saturated so	distance	e designed vertical e from periodically edrock.				

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

v 03.15.2023	ole Ave N West Lakeland Twp, MN 55082
Project ID:	Location / Address: 2520 Oriole Av

Client:		δnod	Doug & June Blackwell	lackwell			Loca	Location / Address:		2520 Oriole	e Ave N West Lak	2520 Oriole Ave N West Lakeland Twp, MN 55082	
Soil parent ma	Soil parent material(s): (Check all that apply)	k all that i	apply)	Out	Outwash 🔲 L	Lacustrine [Loess Till	Alluvium	Bedrock	Organic Matter	atter Disturbed/Fill	ed/Fill	
Landscape Position:	sition:				Slope %:		Slope shape:				Flooding/Run-On potential:	On potential:	
Vegetation:				Soil su	Soil survey map units:	umits:			Sur	face Eleva	Surface Elevation-Relative to benchmark:	benchmark:	
Date/Time of	Date/Time of Day/Weather Conditions:	anditions:									Limiting Layer Elevation:	r Elevation:	
Observatio	Observation #/Location:	B-1	-1					Obser.	Observation Type:	: :		Auger	
Depth (in)	Texture	Rock Frag. %	Matrix (Matrix Color(s)	Mottle	Mottle Color(s)	Redox Kind(s)	Indicator(s)	s) Shape		Grade	e	
0-12	silt loam		10YR	372			Walliam (1977)						
12-26	silt loam	25	10YR	4/3									
26-48	loamy sand	15	7.5YR	4/4									
48-68	loamy sand	10	10YR	4/4									
									-				
Comments:													
I hereby cert	I hereby certify that I have completed this work in accordance with all a	ompleted	this work i	in accorda	ance with	all applica	pplicable ordinances, rules and laws	es and laws.					
	Tom Trooien		1		Ţ	Tom Trooien		ı	1568	38		7/6/23	
(De: Optional Veri: periodically sa	(Designer/Inspector) 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.) y certify th. edrock at t	at this soil he propose	observatic d soil traal	on was veril trient and	(Signature) fied accordii dispersal sii	(Designer/Inspector) Optional Verification: I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.	.0500 subp. 3		Se #) ature belo∾	/ represents an in	(Licerse #) The signature below represents an infield verification of the	
(LGU/Des	Des rer/Inspector)	cor)				(Signature)		,	(Cert #)	t ;;)		(Date)	