

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 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: 2702821440004	Reason for Inspection	Property Transfer			
Local regulatory authority info: Washington County					
Property address: 9840 Dale Rd Woodnbury, Mn					
Owner/representative: Dennis Kegler		Owner's phone:			
Brief system description: 2 septic tanks to gravity drainfield					
System status					
System status on date (mm/dd/yyyy): 7/18/2023					
☐ 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	Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.				
abatement under section 145A.04, subdivision 8 is discovered or	An imminent threat to public	health and safety (ITPHS) must be			
a shorter time frame exists in Local Ordinance.)	upgraded, replaced, or its us	se discontinued within ten months of receipt			
*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 shorter period if required by local ordinand under section 145A.04 subdivision 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.					
		(iii #3) — I alling to protect groundwater			
Soil separation (Compliance component #5) – Failin		lancompliant local ardinance applies			
☐ Operating permit/monitoring plan requirements (Co	mpliance component #4) – N	ioncompliant - local ordinance applies			
Comments or recommendations					
Certification					
I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unkno inadequate maintenance, or future water usage.					
By typing my name below, I certify the above statements to be true 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: David R Brown		Certification number: 9370			
Inspector signature: DRB		License number: 3649			
(This document has been electronically sig	gned)	Phone: 651-788-3296			
Necessary or locally required supporting do	ocumentation (must l	be attached)			
	required forms Tank Inte				
Other information (list):					
https://www.pca.state.mn.us • 651-296-6300 • 800-657-38	 Use your preferred relationships 	ay service • Available in alternative format			
wg-wwists4-31b • 4/28/2021		Page 1 of 4			

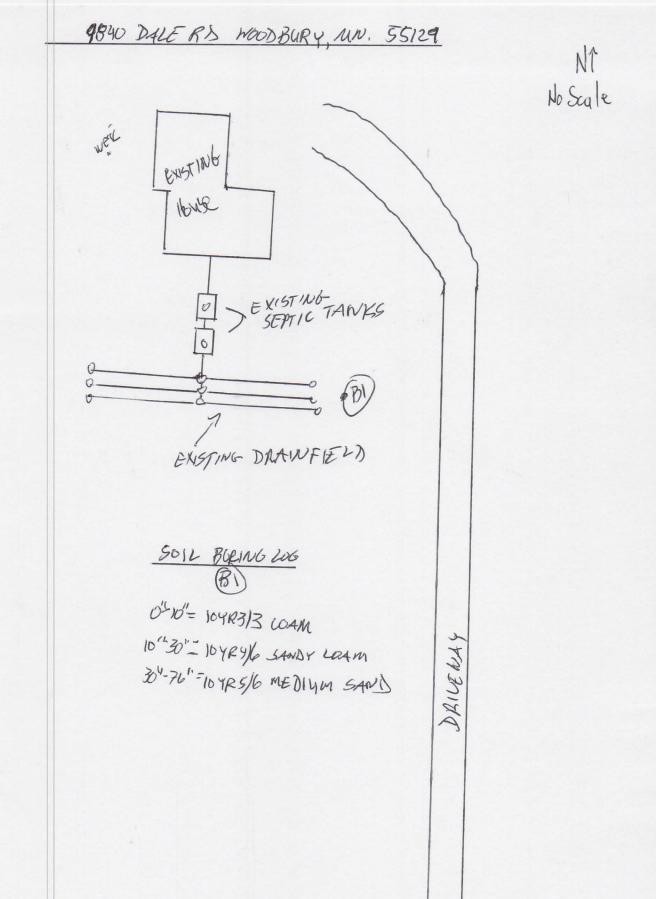
Compliance criteria:		Attached supporting documentation	n:
System discharges sewage to the ground surface	☐ Yes* ☒ No	☐ Other: ☐ Not applicable	
System discharges sewage to drain tile or surface waters.	☐ Yes* ⊠ No		
System causes sewage backup into dwelling or establishment.	☐ Yes* ☐ No		
Any "yes" answer above indicates imminent threat to public health ar			
Describe verification methods and			
ank integrity – Compliance	component #2		
Compliance criteria:		Attached supporting documentation	
Compliance criteria: System consists of a seepage pit,	☐ Yes* ⊠ No	Attached supporting documentation Empty tank(s) viewed by inspector	l i.
	☐ Yes* ⊠ No		Shlomkas
System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes* ☒ No ☐ Yes* ☒ No	⊠ Empty tank(s) viewed by inspector	Shlomkas ess: L2989
System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?		⊠ Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance busines Date of maintenance:	Shlomkas ess: L2989 6/29/2023
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Property Address: 9840 Dale Rd Woodnbury, Mn

usiness Name: David R Brown	D 1 7/40/0000
	Date: <u>7/18/2023</u>
Other compliance conditions – Compliance component #3 of 5	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	th or safety? ☐ Yes* ☒ No ☐ Unknown
*Yes to 3a or 3b - System is an imminent threat to public health and safety.	antaro Divist Mila
3c. System is non-protective of ground water for other conditions as determined by inspectations and determined by inspectations are determined by inspectations.	
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:	
Describe verification methods and results:	
Attached supporting documentation: Not applicable	
Operating permit and nitrogen BMP* – Compliance compone	nt #4 of 5 Not applicable
Is the system operated under an Operating Permit?	No If "yes", A below is required
Is the system required to employ a Nitrogen BMP specified in the system design? Yes	s ⊠ 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 co	ompleted.
Compliance criteria:	
a. Have the operating permit requirements been met?	
b. Is the required nitrogen BMP in place and properly functioning? Yes No	
Any "no" answer indicates noncompliance.	
Describe verification methods and results:	
Describe vermeation metrous and results.	
Attached supporting documentation: Operating permit (Attach)	

Date of installation 1994 (mm/dd/yyyy)	_ 🗌 Unkr	nown				
Shoreland/Wellhead protection/Food beverage lodging? Compliance criteria (select one):	⊠ Yes	□ No	Attached supporting documentation: Soil observation logs completed for the report Two previous verifications of required vertical			
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*	☐ Not applicable (No soil treatment area			
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-	⊠ Yes □ No*	☐ No*	Indicate depths or elevations			
performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:			A. Bottom of distribution media	30"		
		B. Periodically saturated soil/bedrock	76"			
Drainfield has a three-foot vertical separation distance from periodically		C. System separation	46"			
			D. Required compliance separation*	36"		
saturated soil or bedrock.*			*May be reduced up to 15 percent if all 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 Inspector License required > 2,500 gallons per day)		□ No*				
Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.						

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.



DALF RD



Tri-City//William Lloyd Analytical Laboratory

9300 Poplar Bridge Road • Bloomington, MN 55437 • (952) 563-4904

Dave Brown

4787 Radio Dr.

Woodbury, MN 55129

Sample Results Report

Report Date:

07/07/2023 08:30

Received By:

Deb Weltzin

06-Jul-2023 10:59

Sample Condition Upon Receipt:

Y Acceptable

Temperature

12.0 °C

Y

On ice

Sample ID: 2307027-01

Received Date / Time:

9840 Dale Rd Woodbury, MN 55129

Sample Collector: Dave Brown

Collection Date/Time: 7/6/2023 10:08:00AM

Collection Date/Time. 1701	2025 10.00.00AIN	10.00.00AW			Date Analyzed			
Analyte	Result	Result Units	MCL*	500 1	Analyst Initials	Method		
Nitrate as N	<0.0500	mg/L	10	PASS	07/06/2023 14:22	DJW	EPA 353.2 Rev. 2.0	
P/A total coliform	Absent	MPN/100 mL	Absent	PASS	07/06/2023 08:27	DJW	SM 9223 B (Colilert-18® P/A)	

^{*}MCL (maximum contaminant level) set by the EPA

PASS - The analyte(s) reported, for the sample(s) listed above, meet standards set by the Minnesota Department of Health and U. S. Environmental Protection Agency for safe drinking water.

Approved By:

Deb Weltzin

Deb Weltzin

Water Quality Supervisor

Laboratory Identification Number: 027-053-355

The results in this report apply to the above listed sample(s). All routine quality assurance procedures were followed, unless otherwise noted. This analytical report must be reported in its entirety. All methods are certified by the Minnesota Department of Health, unless otherwise noted. The test report shall not be reproduced except in full, without written approval of the laboratory.

* - The lab does not hold a Minnesota Department of Health accreditation for this parameter.

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