

Instructions: Inspectors must submit this form to Local Government within 10 days of completion of compliance or non-compliance. 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: 21.029.21.33.0012 Reason for Inspection: property sale
Local regulatory authority info: Washington County
Property address: 8219 21st St N Lake Elmo, MN 55042
Owner/representative: Dave Liebenow Owner's phone: 612-384-0835
Brief system description: Two precast septic tanks and a precast pump tank pumping up to a gravity, rock trench drainfield.

System status

System status on date (mm/dd/yyyy): 8/24/2023

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

Reviewed design, permit, inspection, soil 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

- 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 that 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: 10/10/2022
(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: _____

Describe verification methods and results:

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 immediate 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)

5. Soil separation – Compliance component #5 of 5

Date of installation 2000 Unknown
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging? Yes No

Attached supporting documentation:

- Soil observation logs completed for the report
- Two previous verifications of required vertical separation
- Not applicable (No soil treatment area)
- _____

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.

Indicate depths or elevations

A. Bottom of distribution media	2.7
B. Periodically saturated soil/bedrock	6.0
C. System separation	3.3
D. Required compliance separation*	3.0

*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.



4" SCHEDULE 40 PIPE

1000 GALLON SEPTIC TANKS

1000 GALLON PUMP TANK

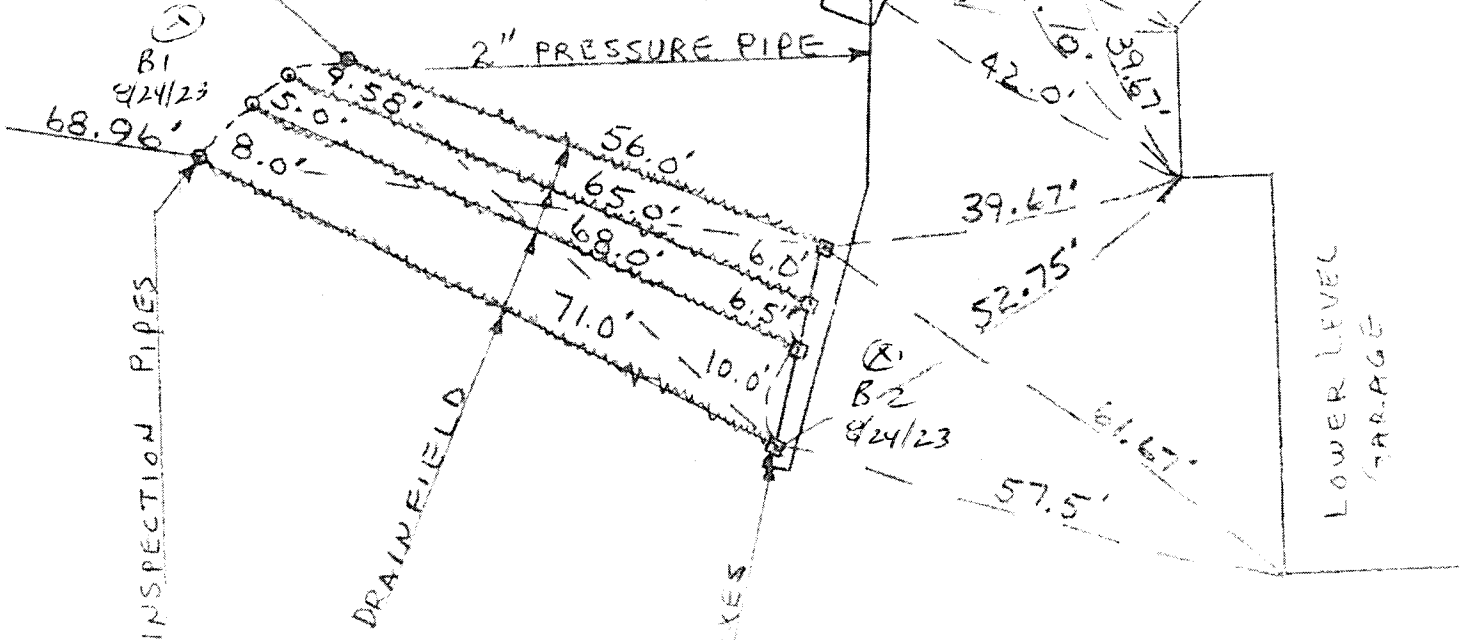
2" PRESSURE PIPE

INSPECTION PIPES

DRAINFIELD

DRAIN BOXES

LOWER LEVEL GARAGE



COPY

AS BUILT
 3219-2000 STREET NUMBER
 LAND SURVEYING COMPANY
 SCALE 1" = 20.0'



Soil Observation Log

Project ID:

v 03.15.2023

Client: Dave Liebenow Location / Address: 8219 21st St N Lake Elmo, 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: _____

Date/Time of Day/Weather Conditions: _____ Limiting Layer Elevation: _____

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

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	I----- Structure-----I	
							Shape	Consistence
0-12	loam	<35	10YR 2/2					
12-25	loam	<35	10YR 4/3					
25-46	loamy sand	<35	7.5YR 5/4					
46-76	sand	<35	7.5YR 4/4					

Comments: _____

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 #) 8/24/23 (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: Dave Liebenow		Location / Address: 8219 21st St N Lake Elmo, MN 55042							
Soil parent material(s): (Check all that apply) <input type="checkbox"/> Outwash <input type="checkbox"/> Lacustrine <input type="checkbox"/> Loess <input type="checkbox"/> Till <input type="checkbox"/> Alluvium <input type="checkbox"/> Bedrock <input type="checkbox"/> Organic Matter <input type="checkbox"/> Disturbed/Fill									
Landscape Position:		Flooding/Run-On potential:							
Vegetation:		Surface Elevation-Relative to benchmark:							
Date/Time of Day/Weather Conditions:		Limiting Layer Elevation:							
Observation #/Location: B-2		Observation Type: Auger							
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Structure	Consistence
0-16	loam	<35	10YR 2/2						
16-38	loam	<35	10YR 4/3						
38-56	sandy loam	<35	7.5YR 3/4						
56-72	sand	<35	10YR 4/4						
Comments:									
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 #)		8/24/23 (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)			

Log Of Soil Borings

Location of Project:		8219 21st St N, Lake Elmo, MN 55042	
Borings Made By:		Inspect Minnesota	Date: 8/26/15
Auger Used:		Hand/Bucket	Classification System: USDA
Boring Number:		1	Boring Number:
Surface Elevation of Boring	Same ground surface as last drainfield trench		Surface Elevation of Boring
Depth In Inches	<u>Soils Encountered</u>		Depth In Inches
0-6	7.5YR 2.5/2 Loam		
6-18	7.5YR 3/4 Loam		
18-31	7.5YR 4/4 Medium Sand With Trace Of Gravel		
31-52	7.5YR 5/4 Medium Sand With Trace Of Gravel		
52-78	7.5YR 4/4 Loamy Sand		
78"	Depth To End Of Boring Or Redox		Depth To End Of Boring Or Redox
Same	Elevation Of Boring Relative To System		Elevation Of Boring Relative To System
-34"	Depth To Bottom Of Distribution Media		Depth To Bottom Of Distribution Media
≥44"	Of Separation		Of Separation
End Of Boring At:		78"	End Of Boring At:
Redox Present At:		None	Redox Present At:
Standing Water Present At:		None	Standing Water Present At:

Bottom Of Distribution Medium At: 34 Inches

LOG OF SOIL BORINGS

Job: Lot 14 Block 1, Torre Pines - Lake Elmo
 date: 4-11-00

Depth Feet	B1	B2	B3	B4
1	Dark brown loam 10yr 3/3	Dark brown loam 10yr 3/3	Med brown clay loam 10yr 4/3	Med brown clay loam 10yr 4/3
2	Red brown sandy loam 5yr 3/4	Red brown sandy loam 5yr 3/4	Med brown sandy clay loam 10yr 4/3	Med brown sandy clay loam 10yr 4/3
3	Restriction at 38"		Med brown sandy loam & gravel 10yr 5/3	Med brown sandy loam & gravel 10yr 5/3
4		Med, brown sandy loam & gravel (much sand)		
5		10yr 4/3 66"		
6				
7				
8				

Property address: 8219 21st Street
City: Lake Elmo State: MN

Parcel ID: _____
Zip code: 55042

Optional section: Sewage Tank Compliance Certification (Tank integrity assessment)

This form does not represent a complete system inspection report and only certifies sewage tank compliance status. I.e., this form, completed, may serve as a tank integrity assessment.

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: Compliance Inspection form - Existing system (wg-wwists-1-31b). This form can be found on the MPCA website at <https://www.pca.state.mn.us/water/service-and-maintenance>.

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 an inspection report. This form 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: PROKYS SEWER SERVICE
Business license number: 91251

Designated Certified Individual (DCI) information

Print name: NICK ST CLAIR
Certification number: 29155

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.

By typing/signing 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.

Designated Certified Individual's signature: [Signature] Date (mm/dd/yyyy): 10/10/22