



# Compliance inspection report form

## Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

### Instructions:

Instructions for filling out this form are located on the Minnesota Pollution

Control Agency (MPCA) website at

### Property information

Local tracking number:

Parcel ID# or Sec/Twp/Range: 0902921320015 Reason for Inspection Sale of property

Local regulatory authority info: Washington County

Property address: 8109 HIDDEN BAY TRL N, CITY OF LAKE ELMO

Owner/representative: John Hammer Owner's phone: 303-263-2721

Brief system description: 2015 replacement system. Two septic tanks, pump tank going to in ground drainfield.

### System status

System status on date (mm/dd/yyyy): 10/13/2023

**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

### 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: SS Septic Solutions, LLC.

Certification number: 9917

Inspector signature: *Alley Johnson*  
*(This document has been electronically signed)*

License number: 4137

Phone: 651-343-9117

### 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

**Attached supporting documentation:**

- Other: \_\_\_\_\_
- Not applicable

**Describe verification methods and results:**

**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:	

**Attached supporting documentation:**

- Empty tank(s) viewed by inspector
  - Name of maintenance business: Meyers
  - License number of maintenance business: \_\_\_\_\_
  - Date of maintenance: 10/13/2023
- Existing tank integrity assessment (Attach)
  - Date of maintenance (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:**

Tanks in good shape at time of inspeciton.

**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

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

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

Describe verification methods and results:

Attached supporting documentation:  Operating permit (Attach)

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

Date of installation 12/15/2015  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)
- Soils attached Ed Eklin and verified by Chris LeClair

**Indicate depths or elevations**

A. Bottom of distribution media	3' - 4'
B. Periodically saturated soil/bedrock	7'
C. System separation	3'
D. Required compliance separation*	3'

\*May be reduced up to 15 percent if allowed by Local Ordinance.

**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.

# Additional Soil Observation Logs

Project ID:

Client / Address:		Legal Description / GPS:									
Soil parent material(s): (Check all that apply) <input checked="" 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											
Landscape Position: (check one) <input type="checkbox"/> Summit <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Back/Side Slope <input type="checkbox"/> Foot Slope <input type="checkbox"/> Toe Slope shape linear/linear											
Vegetation		lawn		Soil survey map units		155C		Slope%		10.0	
Weather Conditions/Time of Day:		sunny 9:25AM									
Observation #/Location:		BH2									
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Grade	Consistence	Auger	Pit
0-12	Silt Loam		mixed							<input checked="" type="checkbox"/>	<input type="checkbox"/>
12-26	Sandy Loam		10yr 5/4				Blocky				
26-60	Sand	<35%	10yr 5/3				Single grain				
60-84	Sand	<35%	10yr 6/3				Single grain				
Comments OK 7 - sand 26"											
Observation #/Location: BH3											
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Grade	Consistence	Auger	Pit
0-14	Silt Loam		10yr 3/1				Blocky				
14-30	Silt Loam		10yr 5/3				Blocky				
30-36	Sandy Loam		10yr 5/3				Blocky				
36-84	Sand	<35%	10yr 6/3				Single grain				
Comments OK 7 - sand 36"											

**UNIVERSITY OF MINNESOTA**

**OSTP Soil Observation Log**



v 12.04.25

Project ID:

Client/ Address:		Birger Hammer		Legal Description/ GPS:		8109 Hidden Bay Trail, Lake Elmo, MN	
Soil parent material(s): (Check all that apply) <input checked="" 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							
Landscape Position: (check one) <input type="checkbox"/> Summit <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Back/Side Slope <input type="checkbox"/> Foot Slope <input type="checkbox"/> Toe Slope Slope shape linear/linear							
Vegetation		lawn		Soil survey map units		155C	
Weather Conditions/Time of Day:				sunny 10:40 AM			
Observation #/Location:				BH4			
Depth (in)		Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)
0-14		Sandy Loam		10yr 3/2			Blocky
14-42		Sand		10yr 5/3			Single grain
42-84		Sand		10yr 6/3			Single grain
Observation Type: <input checked="" type="checkbox"/> Auger <input type="checkbox"/> Probe <input type="checkbox"/> Pit							
Elevation: 10/15/15							
Date: 10/15/15							
Structure: -----							
Shape		Grade		Consistence			

Comments OK 7" - sand 14"

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

(Designer)

(Signature)

(License #)

(Date)

# Additional Soil Observation Logs

Project ID:



Client/ Address:		Birger Hammer		Legal Description/ GPS:		8109 Hidden Bay Trail, Lake Elmo, MN	
Soil parent material(s): (Check all that apply) <input checked="" 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							
Landscape Position: (check one) <input type="checkbox"/> Summit <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Back/Side Slope <input type="checkbox"/> Foot Slope <input type="checkbox"/> Toe Slope Slope shape (linear/linear)							
Vegetation		lawn		Soil survey map units		155C	
Weather Conditions/Time of Day:				sunny 1:20 PM			
Observation #/Location:		BH5					
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Observation Type: <input checked="" type="checkbox"/> Auger <input type="checkbox"/> Probe <input type="checkbox"/> Pit
0-12	Silt Loam		10yr 3/2				Blocky
12-32	Silt Loam		10yr 5/3				Blocky
32-44	Sandy Loam		10yr 5/3				Blocky
44-60	Sand	<35%	10yr 5/3				Single grain
Comments OK 5' obstruction - sand 44"							
Observation #/Location:		BH6					
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Observation Type: <input type="checkbox"/> Auger
							Structure-----  Consistence
Comments							

## SEPTIC PERMIT APPLICATION

Washington County Department of Public Health & Environment  
 14949-62nd St N, P.O. Box 6, Stillwater MN 55082-0006  
 651.430.6655 FAX: 651.430.6730

2015

PERMIT NUMBER

0800-15-29

### PROPERTY & APPLICANT INFORMATION

PROPERTY ADDRESS: 8109 Hidden Bay Tr, Lake Elmo GEOCODE: 0902921320015

USE OF BUILDING:  SINGLE FAMILY HOME  NON-SINGLE FAMILY APPLICATION TYPE:  NEW  REPLACEMENT

#### APPLICANT

NAME(S) Birger Hammer ADDRESS 8109 Hidden Bay Tr. PHONE NUMBER(S) 651-777-1283  
 CITY Lake Elmo, MN ZIP 55042

OWNER (IF DIFFERENT FROM APPLICANT)

NAME(S) ADDRESS CITY ZIP PHONE NUMBER(S)

### SYSTEM TYPE

- TYPE I SYSTEM (Trenches, Pressure Bed, Mound, At-Grade)  TYPE II SYSTEM (Floodplain, Holding Tanks, Privy)  TYPE III SYSTEM  
 TYPE IV SYSTEM (System using Registered Products)  TYPE V SYSTEM  MSTS (>5,000 GPD)  LOT SPLIT  
 DRAINFIELD  PRESSURE BED  MOUND  AT-GRADE  TANK REPLACEMENT  SUBDIVISION REVIEW

### FEE SCHEDULE - 2015

#### INSTALLATION PERMITS

- SOIL/SITE REVIEW APPLICATION FEE\* \$290  
 \*This fee does not apply to: Reissuance of Expired Permits, Tank Replacement, Lot Split or Subdivision Approval, or System Abandonment Permits APPLICATION FEE: \$290.00
- PERMIT FEE - PRIVY OR HOLDING TANK \$120  
 PERMIT FEE - DRAINFIELD OR PRESSURE BED \$305  
 PERMIT FEE - MOUND OR AT-GRADE \$485  
 PERMIT FEE-NON SINGLE FAMILY  
 1-500 GALLONS PER DAY \$730  
 501-1000 GALLONS PER DAY \$875  
 1001-5000 GALLONS PER DAY \$1,100  
 5001-999 GALLONS PER DAY \$1,300  
 10,000 GALLONS PER DAY OR GREATER MPCA PERMIT REQUIRED
- PERMIT FEE - HOLDING TANK REPLACEMENT (NO SOIL TEST/SITE REVIEW) \$120  
 PERMIT FEE - SYSTEM REPAIR \$120  
 PERMIT FEE - SYSTEM ABANDONMENT \$120  
 PERMIT FEE - REISSUANCE OF EXPIRED PERMIT \$120  
 50% of permit fee (does not include initial soil/site-review fee)

P  
#9537

PERMIT FEE: \$305.00  
**RECEIVED**  
 OCT 16 2015

**PUBLIC HEALTH**

Make Checks Payable to WASHINGTON COUNTY TOTAL PERMIT FEE = APPLICATION FEE + PERMIT FEE: \$595.00

#### SUBDIVISION PERMITS

- SUBDIVISION SOIL/SITE REVIEW-APPLICATION FEE \$205 + \$85 PER LOT SUBDIVISION REVIEW BASE FEE: \_\_\_\_\_  
 LOT SPLIT APPROVAL \$205 + \$85 PER LOT + \_\_\_\_\_  
 LOTS: \_\_\_\_\_ X \$85 PER LOT  
 TOTAL SUBDIVISION REVIEW OR LOT SPLIT APPROVAL FEE: \_\_\_\_\_

The following exhibits are required as part of the application and shall be attached hereto: Percolation Test Reports; Soil Boring Logs; Site Plan drawn to scale showing location of buildings, lot lines, percolation test holes, soil boring holes, proposed location of system and location of well(s); one (1) copy of the System Design; and one (1) copy of the Final Building Plan. The house and drainfield areas must be staked. Inaccurate or incomplete information will result in delays in processing.

AGREEMENT: The undersigned hereby makes Application for Permit to Install or Extend the Sewage Treatment System herein specified, agreeing that all work shall be done in strict accordance with ordinances and regulations of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches, and Design submitted herewith, and which are reviewed by Washington County, together with any requirements and/or restrictions made necessary by conditions peculiar to a particular location, shall become part of the permit. Applicant further agrees to provide access, at reasonable times, to Washington County for the purpose of performing inspections required and that no part of the system shall be covered until it has been inspected and accepted. APPLICATION IS FOR AN INSTALLATION AT A SPECIFIC LOCATION; ANY DEVIATION FROM THE APPROVED LOCATION WILL VOID THE PERMIT. It shall be the responsibility of the applicant for the permit to notify the Office of the Washington County Department of Public Health & Environment that the installation is ready for inspection.

PERMITS WILL NOT BE ISSUED ONCE FROZEN GROUND CONDITIONS EXIST due to the inability to conduct soil reviews unless arrangements are made BY THE APPLICANT to provide a backhoe, geo-probe, or any other device that can penetrate the frozen soil to allow Washington County to conduct a soil review. In accordance with Minnesota Statute 15.99, Subdivision 2, Washington County has up to SIXTY (60) DAYS to review and approve or deny the permit application.

I hereby certify the above to be true and correct. I hereby give the Washington County Department of Public Health & Environment permission to enter upon my property during normal business hours for the purpose of determining the suitability of the location, design, and construction, which may include minor excavations or soil borings by the Department.  
 Signature of Applicant (Owner or Contractor) [Signature] Date 10/16/15

An Equal Opportunity/Affirmative Action Employer  
 If You Need Assistance Due to Disability or Language Barrier, Please Call 651-430-6655 (TTY 651-430-6246)

#9537



# OSTP Soil Observation Log

Project ID:

Client/ Address: 8109 Hidden Bay Trail N		Legal Description/ GPS: 09.029.21.32.0015							
Soil parent material(s): (Check all that apply) <input checked="" 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									
Landscape Position: (check one) <input type="checkbox"/> Summit <input type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Back/Side Slope <input type="checkbox"/> Foot Slope <input type="checkbox"/> Toe Slope <input type="checkbox"/> Slope shape									
Vegetation	Lawn	Soil survey map units	Elevation: 962						
Weather Conditions/Time of Day:		Date: 10/29/15							
AM/Overcast									
County Verification Observation									
Observation #/Location:	Observation Type: <input checked="" type="checkbox"/> Auger <input type="checkbox"/> Probe <input type="checkbox"/> Pit								
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Grade	Consistence
0-13"	Silt Loam		10YR3/2				Blocky	Moderate	Friable
13-37"	Silty Clay Loam		10YR4/4				Blocky	Moderate	Friable
37-72"	Sand		10YR4/4				Granular	Weak	Loose
Comments 45°0'37.2741" 92°56'30.8445"									
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.									
							Chris LeClair		10/29/2015
							(County Inspector)		(Date)

*(Handwritten Signature)*

(Signature #)

C6836

(License #)



**Department of Public Health and Environment**  
 14949 62nd Street North PO Box 6  
 Stillwater MN 55082-0006  
 Office: 651-430-6655 TTY: 651-430-6246 Fax: 651-430-6730

Review Fee:	\$290.00
Permit Fee:	\$305.00
<b>Total Fee:</b>	<b>\$595.00</b>
Previous Payment	\$595.00
Balance Due	\$0.00

**Community:** Lake Elmo  
**Permit Number:** 0800-15-29  
**Owner:** Birger Hammer  
 8109 Hidden Bay TR  
 Lake Elmo MN 55042-  
**Applicant:** Birger Hammer

**PERMISSION IS HEREBY GRANTED**

To execute the work specified in this permit on the following identified property upon express condition that said persons and their agents, and employees shall conform in all respects to the provisions of Ordinance #179, Washington County Development Code, Chapter Four, Subsurface Sewage Treatment System Regulations. This permit may be revoked at any time upon violation of any of the provisions of said ordinance.

**Project Address:** 8109 Hidden Bay TR N  
**Geo Code:** 09-029-21-32-0015  
**Designer:** Ed Eklin Septic Design & Inspection LLC

Type of System: Drainfield		Pressure Distribution	
		N / A	
Design Criteria	Drainfield Sizing		
Percolation Rate: 2	Square Feet: 600		
Depth To Restriction: 84	Lineal: 200 Feet		
Land Slope: 10.00%	Depth Of Rock Below: 6 Inches		
Flow Rate: 600	Maximum Trench Depth: 48 Inches		
Number of Bedrooms: 4	Number Of Trenches: 8		
<input type="checkbox"/> Gravelless	Length Of Trenches: 25 Feet		
<input type="checkbox"/> Chambered	Spacing Of Trenches: 7.5 Feet		
Tank Sizes			
Tank 1: 1500	Tank 2: 1000	Tank 3: 0	Lift Station: 0

**Authorized Work/Special Conditions**

1. Building sewer can be no closer than 20 feet from well and must be pressure tested Schedule 40 within 50 feet.
2. Domestic strength waste only. Industrial waste and hazardous wastes cannot enter the septic system.
3. Effluent Filter with Alarm Required
4. Install individual sewage treatment system as per approved design in area tested and shown on the site plan.
5. Maximum trench depth 48 inches into natural soil.
6. Rock only. No chambers. No gravelless.
7. This system must be installed by a certified/licensed sewage treatment system installer holding a current license with the Minnesota Pollution Control Agency. (A list of installers is available at your request.)
8. Use of tanks registered with the Minnesota Pollution Control Agency required.

Permit Issue Date: 10/30/2015  
 Permit Expiration Date: 10/29/2016

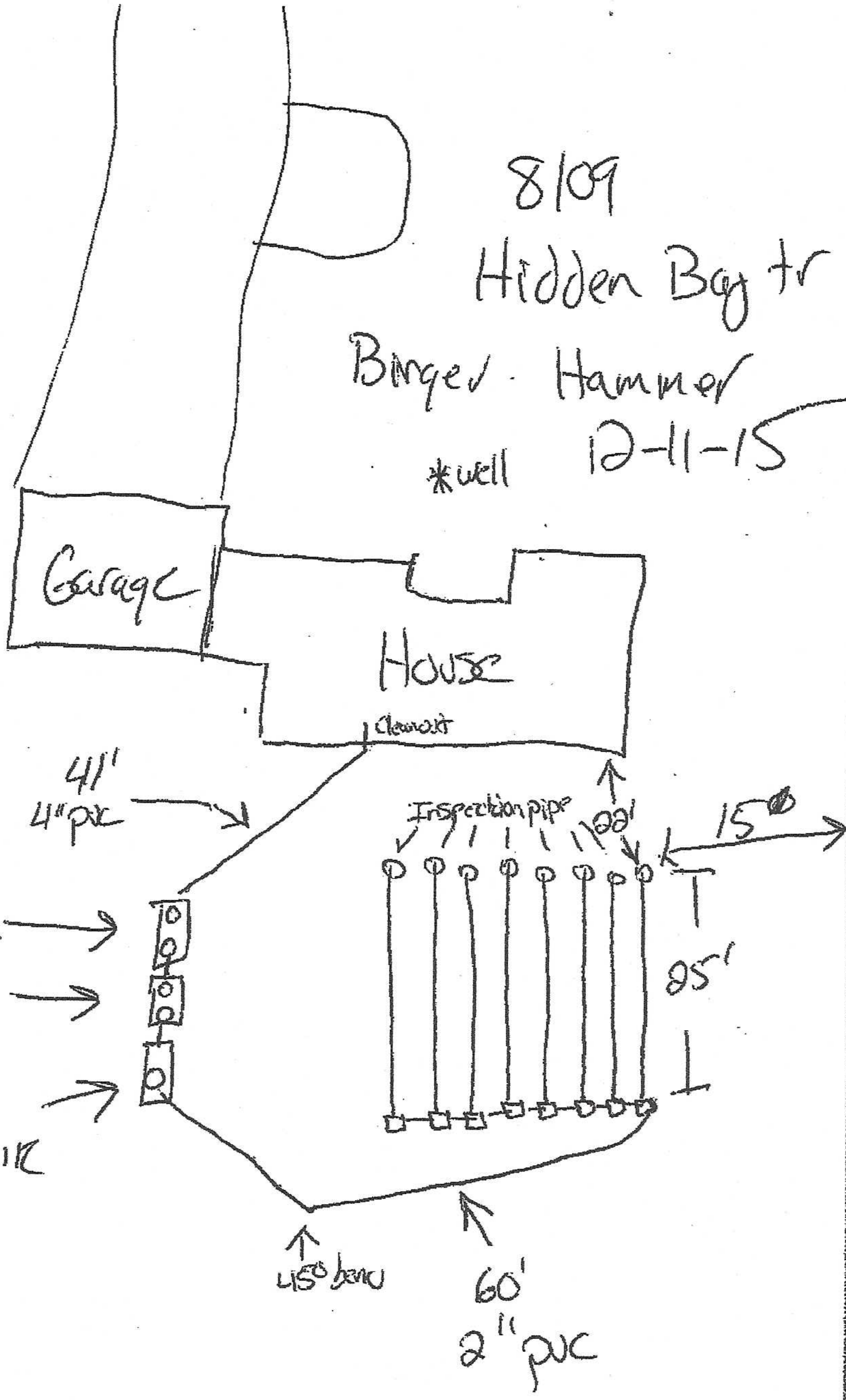
  
 Christopher W. LeClair, REHS  
 Senior Environmental Specialist

8109

Hidden Bay tr

Binger Hammer

\*well 12-11-15



### SS Septic Solutions, LLC additional terms and information.

1. SS Septic Solutions, LLC has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period beyond the inspection date. Due to numerous factors (usage, maintenance, tank pumping, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system. The report shall not be construed as a warranty that the system will properly function for any period.
2. Minimum compliance inspection requirements relative to this inspection and this report include only verification that the septic system has a watertight septic tank(s) and lift tank, the required separation from the bottom of the drain field/mound distribution medium and saturated soils, no backup of sewage into the dwelling and no discharge of sewage onto the ground surface or surface water. SS Septic Solutions, LLC does not inspect basement sewage ejector pumps or exterior lift pumps as they are a maintenance item. Sewage backup verification is limited to the information supplied by the last occupants/owner if available. I cannot guarantee that the information given to me is accurate. Some people may attempt to hide or conceal signs of previous backups.
3. Certification of this system does not warranty any future use beyond the date of inspection. Any system, new or old, can be hydraulically overloaded because of more people moving into the house than were previously occupying it, improper maintenance, heavy usage, tree roots, freezing conditions, or surface drainage problems. The system could simply stop working due to age.
4. A compliance inspection is not meant to be a test of the longevity of the septic system. The inspection is strictly for the purpose of determining if the septic is polluting the environment at the date and time the inspection is performed. The inspection is not intended to determine if the system was originally designed or installed to past or present MPCA or local unit of government code requirements.
5. Winter Work – Client understands that inspections conducted in winter weather conditions are more difficult to perform due to snow cover and frost. Septic system components like tanks, tank covers, drop boxes and soil treatment areas are more difficult to locate in these conditions. Soil borings and drain field locations are also more difficult to perform due to ground frost. The client needs to understand that due to the weather conditions, the same level of standards may not be possible compared to an inspection during the spring/summer/fall months.
6. If hired to perform the compliance inspection, the client hereby agrees that SS Septic Solutions, LLC will not be responsible for any monetary damages, claims or causes of action including attorney fees arising from the performance of this inspection.
7. Nothing other than gray water (laundry, showers, etc.) human waste and toilet tissue should be disposed of into the septic tanks. Garbage disposals are not recommended. Smaller amounts of laundry, soaps, dish soap, cleaning agents, etc. are better for the system. Antibacterial soaps and chlorine agents may kill the bacteria needed to treat effluent properly. Additives are not recommended and may be harmful to your system. Recommend to pump and clean your tanks by a certified pumper every other year if you have 1 tank and every 2-3 years if you have a 2-tank system to ensure proper maintenance.