

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: 1102820430068

Reason for inspection \_\_\_\_\_

Property Transfer \_\_\_\_\_

Local regulatory authority info: Washington CountyProperty address: 1725 Quentin Ave S Lakeland, Mn.Owner/representative: Sandra SwansonOwner's phone: 651-295-5006Brief system description: 2 septic tanks to drainfield**System status**System status on date (mm/dd/yyyy): 10/6/2023 **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 groundwater must be upgraded, replaced, or use discontinued within the time required by local ordinance.*

*\*Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.*

*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****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: David R BrownCertification number: 9370Inspector signature: DRBLicense number: 3649*(This document has been electronically signed)*Phone: 651-788-3296**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): \_\_\_\_\_

### 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

*Any "yes" answer above indicates the system is an imminent threat to public health and safety.*

**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: \_\_\_\_\_
- License number of maintenance business: \_\_\_\_\_
- Date of maintenance: \_\_\_\_\_
- Existing tank integrity assessment (Attach)
- Date of maintenance 6/1/2022  
(mm/dd/yyyy): (must be within three years)

*Any "yes" answer above indicates the system is failing to protect groundwater.*

*(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 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 noncompliance.

Describe verification methods and results:

Attached supporting documentation:  Operating permit (Attach)

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

Date of installation 9/4/2009  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	42"
B. Periodically saturated soil/bedrock	84"
C. System separation	42"
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.*



**Department of Public Health and Environment**  
 14949 62nd Street North PO Box 6  
 Stillwater MN 55082-0006  
 Office: 651-430-6655 TTY: 651-430-8246 Fax: 651-430-6730

Review Fee:	\$273.00
Permit Fee:	\$283.00
<b>Total Fee:</b>	<b>\$556.00</b>
Previous Payment	\$556.00
<b>Balance Due</b>	<b>\$0.00</b>

**Community:** Lake Saint Croix Beach  
**Permit Number:** 2000-09-2  
**Owner:** Capra's Utilities, Inc.  
 2370 Leibel ST  
 White Bear Lake MN 55110-  
**Applicant:** Capra's Utilities, Inc.

*Scanned 9-11-09 JH*

**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 #128, Washington County Development Code, Chapter Four Individual Sewage Treatment System Regulations. This permit may be revoked at any time upon violation of any of the provisions of said ordinance.

**Project Address:** 1725 Quentin AVE S  
**Geo Code:** 11-028-20-43-0068  
**Designer:** Barry Jonathan Brown

Type of System: Standard Drainfield		Pressure Distribution	
		N/A	
Design Criteria		Drainfield Sizing	
Percolation Rate:	3	Square Feet:	380
Depth To Restriction:	78	Lineal:	127 Feet
Land Slope:	2.00%	Depth Of Rock Below:	12 Inches
Flow Rate:	300	Maximum Trench Depth:	42 Inches
Number of Bedrooms:	2	Number Of Trenches:	4
<input type="checkbox"/> Gravelless		Length Of Trenches:	32 Feet
<input checked="" type="checkbox"/> Chambered		Spacing Of Trenches:	7 Feet
<b>Tank Sizes</b>			
Tank 1:	1000	Tank 2:	500
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. Establish a vegetative cover over the soil treatment area within 30 days of the installation. Protect the soil treatment area from erosion until the vegetative cover is established.
4. Install individual sewage treatment system as per approved design in area tested and shown on the site plan.
5. Maximum trench depth 42 inches into natural soil.
6. 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.)

Christopher W. LeClair, REHS  
 Senior Environmental Specialist

Permit Issue Date: 9/11/2009  
 Permit Expiration Date: 9/11/2010

## Individual Sewage Treatment System Inspection Form

<b>Project Address:</b> 1725 Quantin AVE S <b>Community:</b> Lake Saint Croix Beach <b>Owner:</b> Capra's Utilities, Inc. <b>Applicant:</b> Capra's Utilities, Inc.		<b>Application ID:</b> 2000-09-2 <b>Geo Code:</b> 11-028-20-43-0088 <b>Type of System:</b> Standard Drainfield <b>Designer:</b> Barry Jonathan Brown	
<b>Type of Installation:</b> <input type="checkbox"/> New <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Other	<b>Type of Inspection:</b> <input type="checkbox"/> Site Review <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Rough-Up <input checked="" type="checkbox"/> Treatment Area <input type="checkbox"/> Final	<b>Inspector:</b> <input type="checkbox"/> Pete Ganzel <input checked="" type="checkbox"/> Chris LeClair <input type="checkbox"/> Other	
<b>Number of Bedrooms:</b> _____		<b>Inspection Dates:</b> 23 SEP 2009      24 SEP 2009	

**Installer:** CAPRA'S UTILITIES

Site Review	Mounds / At-Grade
<b>Date:</b> _____ <input type="checkbox"/> Soil Boring <input type="checkbox"/> Soil Pit Depth of Pit/Boring _____ <b>Comments</b> _____	<input type="checkbox"/> Mound <input type="checkbox"/> At-Grade    Absorption Area _____ Percent Slope _____    Sand Below Bed _____ Upslope Width _____    Rock Below Pipe _____ Downslope Width _____    Perf Size/Spacing _____ Sideslope Width _____    Pipe Size/Spacing _____ Pressure Bed Dimensions: Length _____ Width _____
<b>Conclusions:</b> <input type="checkbox"/> Site Suitable <input type="checkbox"/> Site Unsuitable <input type="checkbox"/> Additional Tests Required	

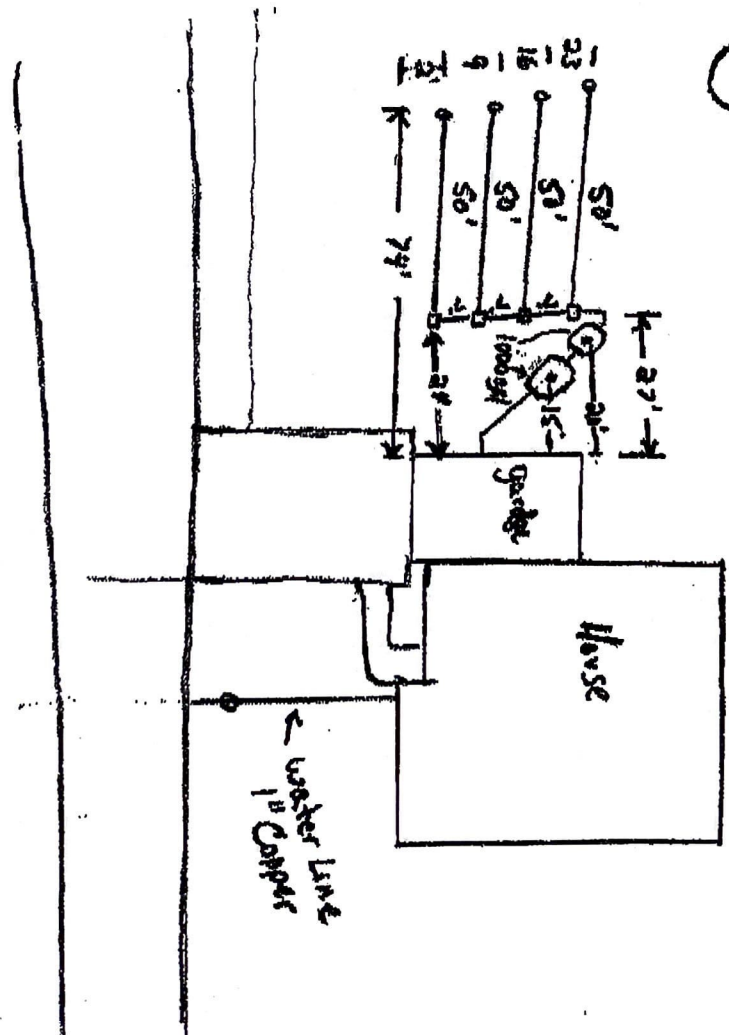
Sewage / Holding Tanks	Pump Information
Tank 1 <u>1000</u> <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing Tank 2 <u>1000</u> <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing <b>Baffle Type</b> <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> San-T <input type="checkbox"/> Concrete	Lift Station Capacity _____    Feet of Head _____ Horsepower/GPM _____    Size of Discharge Line: _____ Gallons Per Cycle _____    Type/Location or Alarm _____ Gallons Per Minute _____

Trenches, Bed or Gravelless Drainfield	Setbacks																														
<input checked="" type="checkbox"/> Drop Box <input type="checkbox"/> Distribution Box <input checked="" type="checkbox"/> Gravity <input type="checkbox"/> Pump Trench <input type="checkbox"/> Pressure Bed <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Parallel <input checked="" type="checkbox"/> Chambers <input type="checkbox"/> Gravelless <input type="checkbox"/> 8" <input type="checkbox"/> 10"	Building(s) to tanks <u>710</u> Building(s) to drainfield <u>720</u> Surface Water <u>N/A</u> Property Lines <u>10'</u> Wells <input type="checkbox"/> 50' <input type="checkbox"/> 100'																														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Trench Depth (in)</td> <td style="width:20%;">T1 <u>42</u></td> <td style="width:20%;">Trench Length (ft)</td> <td style="width:20%;">T1 <u>32</u></td> <td style="width:20%;">Trench Width</td> <td style="width:20%;">Rock Below Pipe</td> </tr> <tr> <td></td> <td>T2 _____</td> <td></td> <td>T2 <u>32</u></td> <td><input type="checkbox"/> 24"</td> <td><input type="checkbox"/> 6"</td> </tr> <tr> <td></td> <td>T3 _____</td> <td></td> <td>T3 <u>32</u></td> <td><input checked="" type="checkbox"/> 36"</td> <td><input checked="" type="checkbox"/> 12"</td> </tr> <tr> <td></td> <td>T4 _____</td> <td></td> <td>T4 <u>32</u></td> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> 18"</td> </tr> <tr> <td></td> <td>T5 _____</td> <td></td> <td>T5 _____</td> <td>Trench Spacing _____</td> <td><input type="checkbox"/> 24"</td> </tr> </table>	Trench Depth (in)	T1 <u>42</u>	Trench Length (ft)	T1 <u>32</u>	Trench Width	Rock Below Pipe		T2 _____		T2 <u>32</u>	<input type="checkbox"/> 24"	<input type="checkbox"/> 6"		T3 _____		T3 <u>32</u>	<input checked="" type="checkbox"/> 36"	<input checked="" type="checkbox"/> 12"		T4 _____		T4 <u>32</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> 18"		T5 _____		T5 _____	Trench Spacing _____	<input type="checkbox"/> 24"	<b>Pressure Test</b> Time _____    Time _____ PSI _____    PSI _____
Trench Depth (in)	T1 <u>42</u>	Trench Length (ft)	T1 <u>32</u>	Trench Width	Rock Below Pipe																										
	T2 _____		T2 <u>32</u>	<input type="checkbox"/> 24"	<input type="checkbox"/> 6"																										
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	T4 _____		T4 <u>32</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> 18"																										
	T5 _____		T5 _____	Trench Spacing _____	<input type="checkbox"/> 24"																										
Pressure Bed Dimensions: Length _____ Width _____ Absorption Area _____																															

**Comments:** WILL NOT ISSUE CERT. OF COMPLIANCE UNTIL BOTH WELLS ARE SEALED

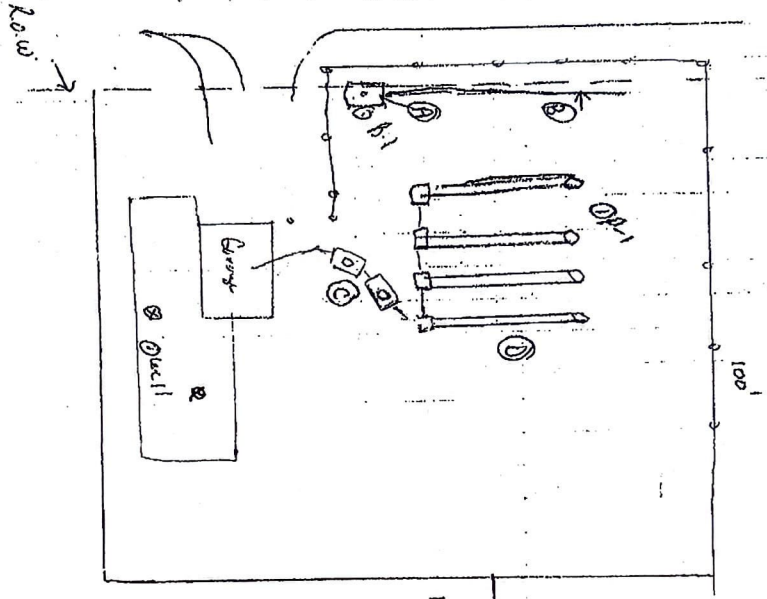
Inspector \_\_\_\_\_

1725 Quintin Ave South



1725 Quentin Ave So., Lake St. Croix Beach, 07-31-09

N ↑



Existing {  
 (A) = Septic tank  
 (B) = Drain field lateral

(C) = New Septic Tanks  
 (D) = New Drain Field  
 shown in (A) 32' trenches

Existing wells to be capped

10





**STANDARD SYSTEM DESIGN  
INDIVIDUAL SEWAGE TREATMENT SYSTEM**

**PUBLIC HEALTH & ENVIRONMENT**  
14949 62<sup>nd</sup> Street North, PO Box 6, Stillwater MN 55082-0006  
651/430-6688 OR 651-430-6655 FAX 651/430-6730

Owner's Name	<i>Capra Utilities for Craig Tapp (agent)</i>	Geo Code	<i>1102820430068</i>
Job Site Address	<i>1725 Quentin Ave So.</i>		
City or Township	<i>Lake St. Croix Beach</i>		
Use of Building	<i>Existing Home</i>		
Number of Bedrooms	<i>2</i>		

Design Flow Rate	<i>300</i>	Perc Rate	<i>3</i>	Landslope	<i>0-2</i>	Percent		
Two Required Tanks Sizes	<i>1000</i>	Gallons	<i>500</i>	Gallons	Lift Station Tank Size	<i>-</i>	Gallons	
Type of System (standard, at grade, or rockless pipe add 20%)				<i>Standard or Chambered</i>				
System Size	<i>380</i>	-Square Feet	<i>127</i>	-Lineal Feet	<i>36"</i>	-Trench Width		
Depth of rock below pipe	<i>12</i>			Depth of rock above pipe	<i>2</i>			
MINimum Depth of Trench From Existing Grade	<i>15</i>	Inches		MAXimum Depth of Trench From Existing Grade	<i>42"</i>	Inches		
Recommended Number of Trenches	<i>4</i>			Recommended Length of Trenches	<i>32'</i>			
Trench Spacing Measured Center to Center							<i>6 to 7'</i>	Feet
Any Other Special Conditions <i>Standard chambers may be used, 120 lineal feet</i>								

**IF PRESSURE DISTRIBUTION IS USED, COMPLETE THE PRESSURE DISTRIBUTION SHEET ATTACHED.**

This Design must be accompanied by a site plan that clearly shows the location of the area tested and approve by the following.

1. Use an appropriate scale and indicate direction by use of a north arrow.
2. Show ALL property boundaries, rights-of-way, easements, wetlands. If necessary, an enlarged detail of the house site may Also be required.
3. Show location of house, garage, driveway and all other improvements existing or proposed.
4. Show location and layout of sewage treatment system.
5. Show location of water supply (well and/or community supply line).
6. Dimension all setbacks and separation distances.

This system has been designed by a Pollution Control Agency (PCA) Certified Professional.

Designer Name	<i>Barry Brown</i>	PCA Certification #	<i>1772</i>
Address	<i>3041 Woodlawn Dr. Woodbury 55125</i>	Phone #	<i>651-735-7321</i>
Signature	<i>Barry J. Brown</i>	Date	<i>08-31-09</i>

WASHINGTON COUNTY PUBLIC HEALTH & ENVIRONMENT  
 14949 - 82<sup>ND</sup> ST N, PO BOX 6, STILLWATER, MN 55082-0006  
 651/430-8688 OR 651/430-8655 FAX 651/430-6730

Legal Description or Complete Street Address <b>1725 Quenton Ave S</b>		City of Township <b>Lake Land</b>		
Owner Name <b>Bank Foreclosure</b>	Mail Address	City	State	Zip
Installer <b>Cappis Utilities Inc</b>	Mail Address <b>2370 Le-bell St</b>	City <b>White Bear Lake MN</b>	State	Zip <b>55110</b>
Septic Tank Information Tank Manufacturer: <b>MW Precast</b>		Liquid Capacity <b>2-1000 gallon tanks</b>		

PUMP CHAMBER (If Installed)			
Tank Manufacturer:	Liquid Capacity:	Horsepower of Pump:	Type of Warning Device:
Pump Discharge in Gallons Per Minute:	Feet of	Number of Gallons Per Cycle:	

DRAINFIELD TRENCH		BED OR MOUND	
Width: <b>3'</b>	Length of Each Trench: <b>50'</b>	Rock Bed Length:	Width: Area:
Depth of Trench Bottom from Finished Grade: <b>42"</b>		Bed Depth from Grade:	
Method of Distribution: <input type="checkbox"/> Pressure <input checked="" type="checkbox"/> Distribution Box <input checked="" type="checkbox"/> Drop Box		MOUND: Uplope Sand Base Depth: Downslope Sand Base Depth:	
Depth of Rock Under Distribution Pipes:		Depth of Rock Under Pipes:	
Square Footage of Tested Area Used: <b>Chamber 5 600 sq ft</b>		PRESSURE DISTRIBUTION SYSTEM:	
Trench Bottom Square Footage Required: <b>600 sq ft</b>	Area As Built:	Lateral Inside Diameter:	Perforation Size:
		Spacing:	Perforation Spacing:

Complete site plan on attached sheet. On the site plan, include location of the following items:  
 Structures, septic tank, pump chamber, line from house to tank treatment system, distribution lines, distribution or drop boxes, well, and driveway. Show all distances applicable to the sewage treatment system (distance from structure to tank, tank to treatment system, distance between distribution lines, length of distribution lines, and distance between well and sewage treatment system). Indicate NORTH on the site plan and the side of the plan.

I hereby certify that the system at the above referenced address was installed according to the Washington County Individual Sewage Treatment System Ordinance requirements.  
 Signed: [Signature] MPCA License #: 1510 Dated: 3-12-10

WASHINGTON COUNTY SEPTIC PERMIT NUMBER 2000 09 2

AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Other Septic System Form

Job: 1725 Division Ave. S., Lake Stevens, Wash  
 Date: 7-31-69 LOG OF SOIL BORINGS

Depth in Feet	B1	B2	B3	B4
1	Black sandy Loam 10yr 3/1			
2	Dark brown coarse SAND 10yr 3/3			
3	Dark brown Silt			
4	Dark brown SAND - gravel 10yr 3/3			
5				
6				
7				



**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

# Individual Sewage Treatment System Certificate of Compliance

Type of System:	Drainfield
Permit Number:	2000-09-2
Property ID Number:	11-028-20-43-0068
Property Address:	1725 Quentin AVE S
Community:	Lake Saint Croix Beach
Date of Installation:	September 24, 2009

This certifies that the individual sewage treatment system installed at the aforementioned address was inspected during installation and found to be in compliance with requirements of the Washington County Development Code, Chapter Four, Individual Sewage Treatment System Regulations (Washington County Ordinance No. 128). This Certificate of Compliance is valid for five (5) years from the date of issuance unless Washington County finds evidence of an imminent threat to public health and safety. Supporting documentation with detailed information on the system can be found on the attached as-built.

A handwritten signature in black ink, appearing to read "Christopher W. LeClair".

Christopher W. LeClair, REHS  
Senior Environmental Specialist