

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: 3102821130002 Reason for Inspection Property Transfer

Local regulatory authority info: Washington County

Property address: 6530 Glen Rd. Woodbury, Mn. 55129

Owner/representative: Sheila Dowling Owner's phone: 612-558-5226

Brief system description: Septic tank to gravity drainfield. This is an older system so lifetime is unknown.

System status

System status on date (mm/dd/yyyy): 10/20/2023

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.

***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 Brown Certification number: 9370

Inspector signature: DRB License 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

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

Describe verification methods and results:

Attached supporting documentation:

- Other: _____
- Not applicable

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.

Describe verification methods and results:

Attached supporting documentation:

- Empty tank(s) viewed by inspector
 - Name of maintenance business: Meyer's
 - License number of maintenance business: L915
 - Date of maintenance: 10/20/2023
- 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: _____

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 10/19/1982 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.

***Any "no" answer above indicates the system is failing to protect groundwater.**

Describe verification methods and results:

Attached supporting documentation:

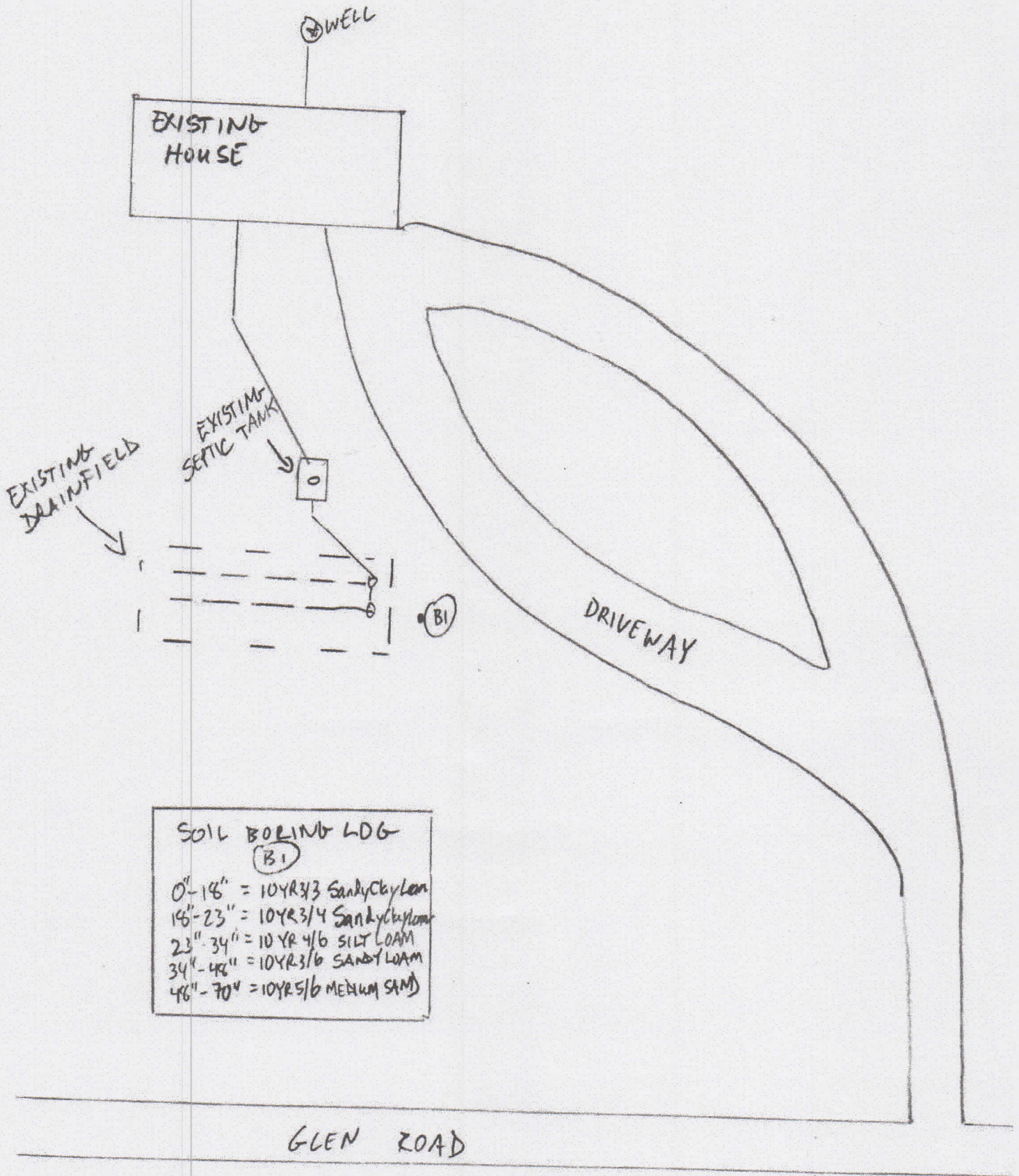
- Soil observation logs completed for the report
- Two previous verifications of required vertical separation
- Not applicable (No soil treatment area)
- _____

Indicate depths or elevations

A. Bottom of distribution media	32"
B. Periodically saturated soil/bedrock	70"
C. System separation	38"
D. Required compliance separation*	36"

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

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.



WOODBURY, MINNESOTA
Tel. 739-5972

7B 11/8/82
Permit Fee.....\$ 5.00
State Surcharge.\$ 5.00
Penalty.....\$
TOTAL FEE.....\$ 10.00
PERMIT NUMBER.... 769

12/82
DA

SEWAGE DISPOSAL SYSTEM PERMIT

OWNER: Albert D. Duggan TEL. NO. 47-6193 HM. _____ WK. _____

ADDRESS: 1520 4th Street

CONTRACTOR: DeLong Company

MINIMUM SYSTEM REQUIRED: 4 BEDROOMS, PERCOLATION RATE: 17.1 M in/inch

SEPTIC TANK: 1000 GAL. LIQUID CAPACITY DEPTH OF TRENCHES: 32"

DISTRIBUTION BOX: Concrete drop box with removable cover

ABSORPTION TRENCH: SQUARE FEET 800 LINEAL FEET 267 WIDTH 5

DEPTH OF ROCK BELOW TILE LINES: 1 1/2 INCHES ABOVE TILE: 2 INCHES

MINIMUM COVER: 14 INCHES MAXIMUM COVER: overfill 6" INCHES

MINIMUM LENGTH OF LINES: 67 FEET

MINIMUM NUMBER OF LINES: 4

MAXIMUM LENGTH OF INDIVIDUAL LINE: 100 FT.

MINIMUM SPACING OF LINES: 7 FT. C TO C

Permit holder shall be responsible for the bottom of the trench and the location of the lines. License No. 0031367

Inspection of installation must be accomplished by this office before any portion of system is covered, unless prior approval by inspector is obtained.

SPECIAL CONDITIONS: Trenches to be within perc Test area. Trench bottoms must be level. Call Jim Brady for inspection before covering the system. (777-6193)

DATE SYSTEM INSPECTED: 11-8-82

INSTALLATION APPROVED (inspectors signature): Jim Brady

COMMENTS: AFTER ALL THE CONTRAVERSARY, A GOOD SYSTEM WAS INSTALLED

PERMIT: Permission is hereby granted to the above-named applicant to perform the work described in the application, to the specifications shown under minimum system required. This permit is granted upon express condition that the person to whom it is granted, and his agents, employees and workmen shall conform in all respects to ordinances of Woodbury, Minnesota. This permit may be revoked at any time upon violation of any said ordinance, and permit shall be void if work is not commenced within six (6) months.

APPROVED: (inspectors signature) [Signature] DATE: 10-19-82

White copy - office, Yellow copy - inspector, Pink copy - applicant



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: 10/18/2023 07:33
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Received By: Deb Weltzin Received Date / Time: 17-Oct-2023 12:05	Sample Condition Upon Receipt: <input checked="" type="checkbox"/> Acceptable Temperature <u>16.1</u> °C <input checked="" type="checkbox"/> On ice
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Sample ID: 2310101-01
6530 Glen Rd Woodbury, MN 55129
Sample Collector: Dave Brown
Collection Date/Time: 10/17/2023 11:26:00AM

Analyte	Result	Units	MCL*		Date Analyzed	Analyst Initials	Method
Nitrate as N	3.16	mg/L	10	PASS	10/17/2023 14:01	DJW	EPA 353.2 Rev. 2.0
P/A total coliform	Absent	MPN/100 mL	Absent	PASS	10/18/2023 07:26	ERS	SM 9223 B (Collert-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: *Elizabeth Stahl*

Elizabeth Stahl
Lab Analyst

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.