

**Instructions:** Inspector must submit completed form to Local Governmental Unit (LCU) 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: 11.028.20.42.0039 Reason for Inspection: property sale  
 Local regulatory authority info: Washington County  
 Property address: 16590 Upper 15<sup>th</sup> St S, Lake St Croix Beach, MN 55043  
 Owner/representative: Madeline Beard Owner's phone: 651-303-0435  
 Brief system description: A pre-cast septic tank and a gravity rock trench drainfield.

### System status

System status on date (mm/dd/yyyy): 11/15/2023

**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

Reviewed design, permit, soil, inspection & 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 Troopien License number: 1568

*(This document has been electronically signed)*

Phone: 612-594-4496

### 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:**

None of the above observed.

**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:**

The tank was at normal operating level, then was pumped through the inspection pipe. Lowered a light & camera into the empty tank - bottom, walls, cover, baffles & maintenance hole cover ok.

**Attached supporting documentation:**

- Empty tank(s) viewed by inspector
  - Name of maintenance business: Pinky's
  - License number of maintenance business: 1613
  - Date of maintenance: 11/15/2023
- 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 09/28/1978  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:**

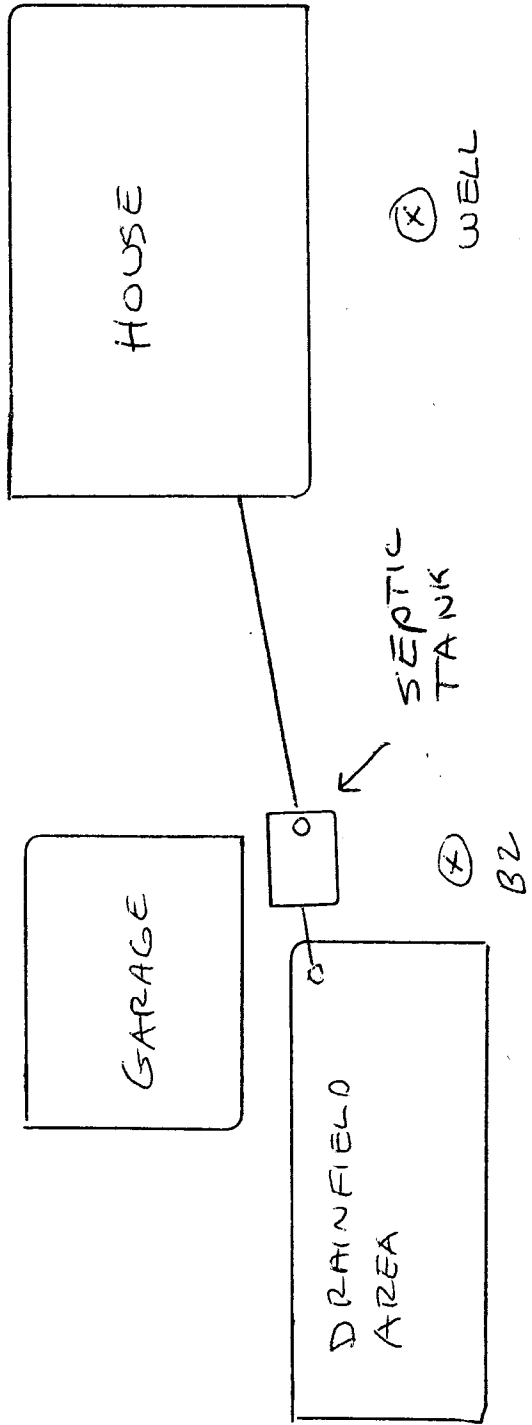
- Soil observation logs completed for the report
- Two previous verifications of required vertical separation
- Not applicable (No soil treatment area)
- \_\_\_\_\_

**Indicate depths or elevations**

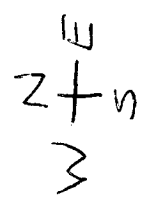
A. Bottom of distribution media	2.9
B. Periodically saturated soil/bedrock	6.0
C. System separation	3.1
D. Required compliance separation*	2.0

\*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.



16590 UPPER 15TH ST S  
 LAKE ST CROIX BEACH, MN  
 55043  
 11-15-23



B1



# Soil Observation Log

Project ID:

v 03.15.2023

<b>Client: Madeline Beard</b>											
Soil parent material(s): (Check all that apply)				Location / Address: 16590 Upper 15th St S Lake St Croix Beach, MN 55043							
<input type="checkbox"/> Outwash				<input type="checkbox"/> Lacustrine				<input type="checkbox"/> Disturbed/Fill			
<input type="checkbox"/> Loess				<input type="checkbox"/> Bedrock				<input type="checkbox"/> Organic Matter			
<input type="checkbox"/> Till				<input type="checkbox"/> Alluvium							
Landscape Position:				Slope %:				Slope shape:			
Vegetation:				Soil survey map units:				Flooding/Run-On potential:			
Date/Time of Day/Weather Conditions:								Surface Elevation-Relative to benchmark:			
Observation #/Location: B-1								Limiting Layer Elevation:			
Observation Type: Auger											
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Structure			Consistence
0-12	Medium Loamy Sand	<35	10YR 3/2								
12-29	Medium Sand	<35	10YR 3/4								
29-46	Medium Sand	<35	7.5YR 4/4								
46-72	Coarse Sand	<35	7.5YR 4/6								
Comments:											
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.											
				Tom Trooien							
				Tom Trooien (Designer/Inspector)							
								1568 (License #)			
								11/15/23 (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.											
				Tom Trooien							
				Tom Trooien (Signature)							
								(Cert. #)			
								(Date)			



# Soil Observation Log

Project ID:

v 03.15.2023

<b>Client:</b> <u>Madeline Beard</u>		Location / Address: <u>16590 Upper 15th St S Lake St Croix Beach, MN 55043</u>							
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:		Slope shape: _____							
Vegetation:		Slope %: _____							
Date/Time of Day/Weather Conditions:		Soil survey map units: _____							
Observation #/Location: <u>B-2</u>		Observation Type: <u>Auger</u>							
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Structure	Consistence
0-16	Medium Loamy Sand	<35	10YR 3/2						
16-36	Medium Sand	<35	10YR 3/4						
36-56	Medium Sand	<35	10YR 4/4						
56-72	Loamy Coarse 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 #)		11/15/23 (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)			