



Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

Instructions: This form must be completed and returned to Local Government officials. For more information, visit <https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf>. 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: 24.029.21.43.0013 Reason for Inspection: property sale

Local regulatory authority info: Washington County

Property address: 11588 20th St N Lake Elmo, MN 55042

Owner/representative: Mike & Jo Ellen Tate Owner's phone: 612-597-2056

Brief system description: Septic tank and a gravity rock trench drainfield

System status

System status on date (mm/dd/yyyy): 1/30/2024

Compliant – Certificate of compliance*

(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.)

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

Noncompliant – Notice of noncompliance

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.

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: 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 (Imp: 1000, 1200, 1400)

- 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

System discharges sewage to the ground surface. System discharges sewage to drain tile or surface waters.

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:	

System consists of a seepage pit. Sewage tank(s) leak below their designed operating depth.

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 10/11/2023
(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

Other issues (electrical hazards, etc.) to immediately and adversely impact public health or 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

System not abandoned in accordance with Minn. R. 7080.2500

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

Is the required nitrogen BMP in place and properly functioning?

Describe verification methods and results:

Attached supporting documentation: Operating permit (Attach)

5. Soil separation – Compliance component #5 of 5

Date of installation 1988 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	2.9
B. Periodically saturated soil/bedrock	5.5
C. System separation	2.6
D. Required compliance separation*	2.0

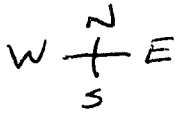
*May be reduced up to 15 percent if allowed by Local Ordinance.

Describe verification methods and results:

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.

⊗ B-2



11588 20TH ST N
LAKE ELMO, MN
1-30-24 55042

PROBE → ⊗

← DRAINFIELD

← ⊗ PROBE

D-BOXES →

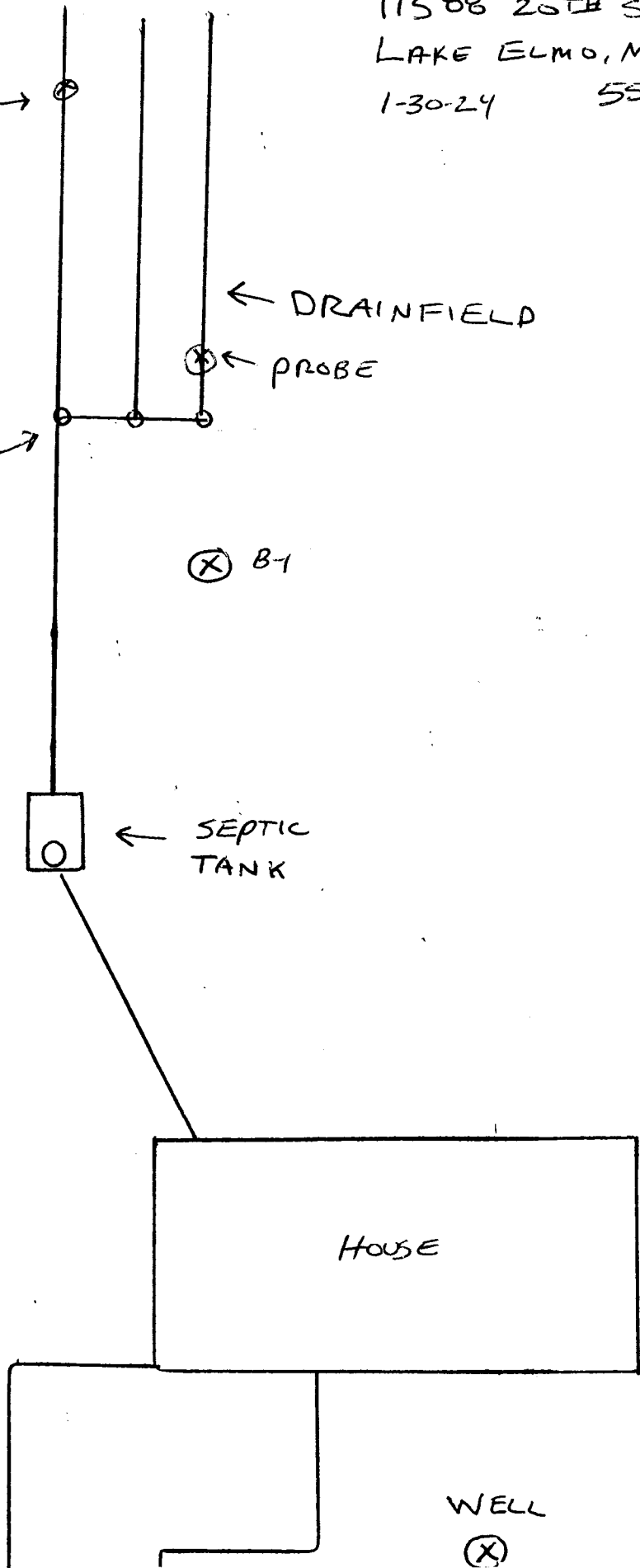
⊗ B-1

← SEPTIC TANK

HOUSE

WELL

⊗





Sewage tank integrity assessment form

Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

Purpose: This form may be used to certify the compliance status of the sewage tank components of the SSTS. This form is not a complete SSTS inspection report, only a tank integrity assessment, and may only certify sewage tank compliance status when entirely completed and signed by a qualified professional. SSTS compliance inspection report forms can be found at: <https://www.pca.state.mn.us/water/inspections>.

Instructions: This form may be completed, and signed, by a Designated Certified Individual (DCI) of a licensed SSTS inspection, maintenance, installation, or service provider business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system. Only a licensed maintenance business is authorized to pump the tank for assessment. A copy of this information should be submitted to the system owner and be maintained by the licensed SSTS business for a period of five (5) years from the assessment date.

When this 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 \(wq-wwists4-31b\)](https://www.pca.state.mn.us/water/inspections). This form can be found on the MPCA website at <https://www.pca.state.mn.us/water/inspections>.

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(B)(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(B),(C), and (D) and Minn. R. 7083.0730(C).

Owner information

Owner/Representative: Mike Katic
 Property address: 11585 22nd St NW
 Local Regulatory Authority: Lake Superior SSO Parcel ID: _____

System status

System status on date (mm/dd/yyyy): 10/11/23
 Certificate of sewage tank compliance Notice of sewage tank non-compliance

Compliance criteria:

The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - "Failure to Protect Groundwater."	<input type="checkbox"/> Yes <input type="checkbox"/> No
The SSTS has a sewage tank that leaks below the designed operating depth - "Failure to Protect Groundwater."	<input type="checkbox"/> Yes <input type="checkbox"/> No
The SSTS presents a threat to public safety by reason of structurally unsound (damaged, cracked, or weak) maintenance hole cover(s) or lids or any other unsafe condition - "Imminent Threat to Public Health or Safety."	<input type="checkbox"/> Yes <input type="checkbox"/> No

By "yes" answer above indicates sewage tank non-compliance

Company information

Company name: Proper Service
 Business license number: 1251

Designated Certified Individual (DCI) information

Print name: Paul Clarke
 Certification number: C2814

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS inspection, maintenance, installation, or service provider 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: _____ Date (mm/dd/yyyy): 10/11/23
 (This document has been electronically signed)

Soil Observation Log

Project ID: v 03.15.2023

Client:		Location / Address: 11588 20th 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:		Slope %:		Slope shape:		Flooding/Run-On potential:					
Vegetation:		Surface Elevation-Relative to benchmark:									
Date/Time of Day/Weather Conditions:		Limiting Layer Elevation:									
Observation #/Location:		Observation Type: Auger									
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Grade	----- Structure -----		
									Consistence		
0-10	Medium Sandy Loam	<35	10YR 3/2				Granular	Moderate	Friable		
10-30	Medium Loamy Sand	<35	7.5YR 4/4				Granular	Weak	Friable		
30-66	Medium Sand	<35	7.5YR 4/6				Single grain	Structureless	Loose		
Comments: 4" frost											
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.											
		Tom Trooien		Tom Trooien		1568		1/30/24			
		(Designer/Inspector)		(Signature)		(License #)		(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:

Location / Address: 11588 20th 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:

1/30/23 clear am

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)	Structure		
							Shape	Grade	Consistence
0-8	Medium Sandy Loam	<35	10YR 3/3				Granular	Moderate	Friable
8-36	Medium Sandy Loam	<35	10YR 4/4				Granular	Moderate	Friable
36-68	Medium Sand	<35	7.5YR 4/4				Single grain	Structureless	Loose

Comments: 6" frost

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

Tom Trooien
(Designer/Inspector)

1568
(License #)

1/30/24
(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)