

# ZIERKE SOIL TESTING

Terry Pool  
9420 190<sup>th</sup> St N  
Forest Lake, MN 55025

11/21/2023

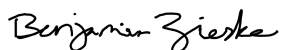
Dear Terry Pool,

At your request, I have conducted a septic inspection to determine the compliance status of your septic system pursuant to Minnesota Rules Chapter 7080.1500.

The compliance test set out in 7080.1500 has three main inquiries: 1). Is the system functioning hydraulically (disposing of effluent in a manner that prevents it from coming in contact with people)? 2). Are the septic tanks water tight? 3). Does the system have sufficient vertical separation between the bottom of the septic system and restrictive layers (bedrock, standing water, seasonally wet layers, etc) to provide full treatment of effluent?

Based off of these criteria, your septic system is compliant. A certification of compliance is in effect for three years from the date it is issued. To be clear, this should not be construed as a guarantee of future system function – there are too many factors that influence the lifespan of a septic system for an inspector to predict or even guess how long a septic system will last. A copy of this report will be filed with your local unit of government for their records.

Sincerely,



Benjamin Zierke  
MPCA Lic 119, Cert 9594

ADDRESS:  
28587 Jeffrey Ave  
Chisago City, MN 55013

PHONE 651-249-1346  
EMAIL [benzierke@gmail.com](mailto:benzierke@gmail.com)

# 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: 2503221330003 Reason for Inspection Sale

Local regulatory authority info: Washington County

Property address: 9420 190<sup>th</sup> St N Forest Lake, MN 55025

Owner/representative: Terry Pool Owner's phone: 612-221-1069

Brief system description: (2) 1000 gallon septic tanks, 1000 gallon lift tank, mound dispersal system

### System status

System status on date (mm/dd/yyyy): 11/21/2023

**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

Verified mound sand depth with boring to the west of the rock bed. Previous permit information and soil verifications attached.

### 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: Zierke Soil Testing Certification number: 9594

Inspector signature: Benjamin Zierke License number: 119

*(This document has been electronically signed)*

Phone: 651-249-1346

### 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:**

Present for pumping by Olson's Sewer 11/15/2023. Tanks watertight and baffles in place.

**Attached supporting documentation:**

- Empty tank(s) viewed by inspector
- Name of maintenance business: Olson's
- License number of maintenance business: 216
- Date of maintenance: 11/21/2023
- 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 9/10/2013  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	+20"
B. Periodically saturated soil/bedrock	-16"
C. System separation	36"
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:**

See attached boring logs and permit information

**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: 651-430-6246 Fax: 651-430-6730

Review Fee:	\$285.00
Permit Fee:	\$480.00
<b>Total Fee:</b>	<b>\$765.00</b>
Previous Payment	\$765.00
Balance Due	\$0.00

*Scanned 6-19-2013*

**Community:** Forest Lake City  
**Permit Number:** 0600-13-5  
**Owner:** Cami Brouse  
 9420 190th ST N  
 Forest Lake MN 55025-  
**Applicant:** Cami Brouse

**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:** 9420 190th ST N  
**Geo Code:** 25-032-21-33-0003  
**Designer:** Zierke Soil Testing

Type of System: Mound		Pressure Distribution	
		Number Of Laterals:	3
		Perforation Spacing:	3 Feet
		Perforation Diameter:	1/4 Inch
		Head Size:	0 Inch
		Total Head:	17
		Connection:	End
		Length of Laterals:	43 Feet
		Perforations / Lateral:	15
		Total Perforations:	45
		Gallons Per Minute:	0
		Lateral Diameter:	1.5 Inches
Design Criteria		Mound Sizing	
Percolation Rate:	8	Rock Bed Width:	10 Feet
Depth To Restriction:	16	Rock Bed Length:	45 Feet
Land Slope:	3.00%	Absorption Width:	18 Feet
Flow Rate:	450	Depth of Clean Sand:	20 Inches
Number of Bedrooms:	3	Downslope Dike Width:	10 Feet
		Upslope Dike:	8 Feet
		Length of Dike:	71 Feet
Tank Sizes			
Tank 1:	1000	Tank 2:	1000
Tank 3:	0	Lift Station:	1000

0600-13-5

**Authorized Work/Special Conditions**

1. Effluent Filter with Alarm Required
2. Pressure laterals must have cleanouts to grade.

Permit Issue Date: 6/19/2013  
 Permit Expiration Date: 6/19/2014

*P. Ganzel*  
 Pete Ganzel  
 Senior Environmental Specialist

## Individual Sewage Treatment System Inspection Form

<b>Project Address:</b> 9420 190th ST N	<b>Application ID:</b> 0600-13-5
<b>Community:</b> Forest Lake City	<b>Geo Code:</b> 25-032-21-33-0003
<b>Owner:</b> Cami Brouse	<b>Type of System:</b> Mound
<b>Applicant:</b> Cami Brouse	<b>Designer:</b> Zierke Soil Testing

<b>Type of Installation:</b> <input type="checkbox"/> New <input type="checkbox"/> Repair <input 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 checked="" type="checkbox"/> Pete Ganzel <input type="checkbox"/> Chris LeClair <input type="checkbox"/> Other
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<b>Number of Bedrooms:</b>	<b>Inspection Dates:</b> 9/11/13 9/12/13 Rockwell et al
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**Installer:** *Perry & Sons* *Mitch Perry*

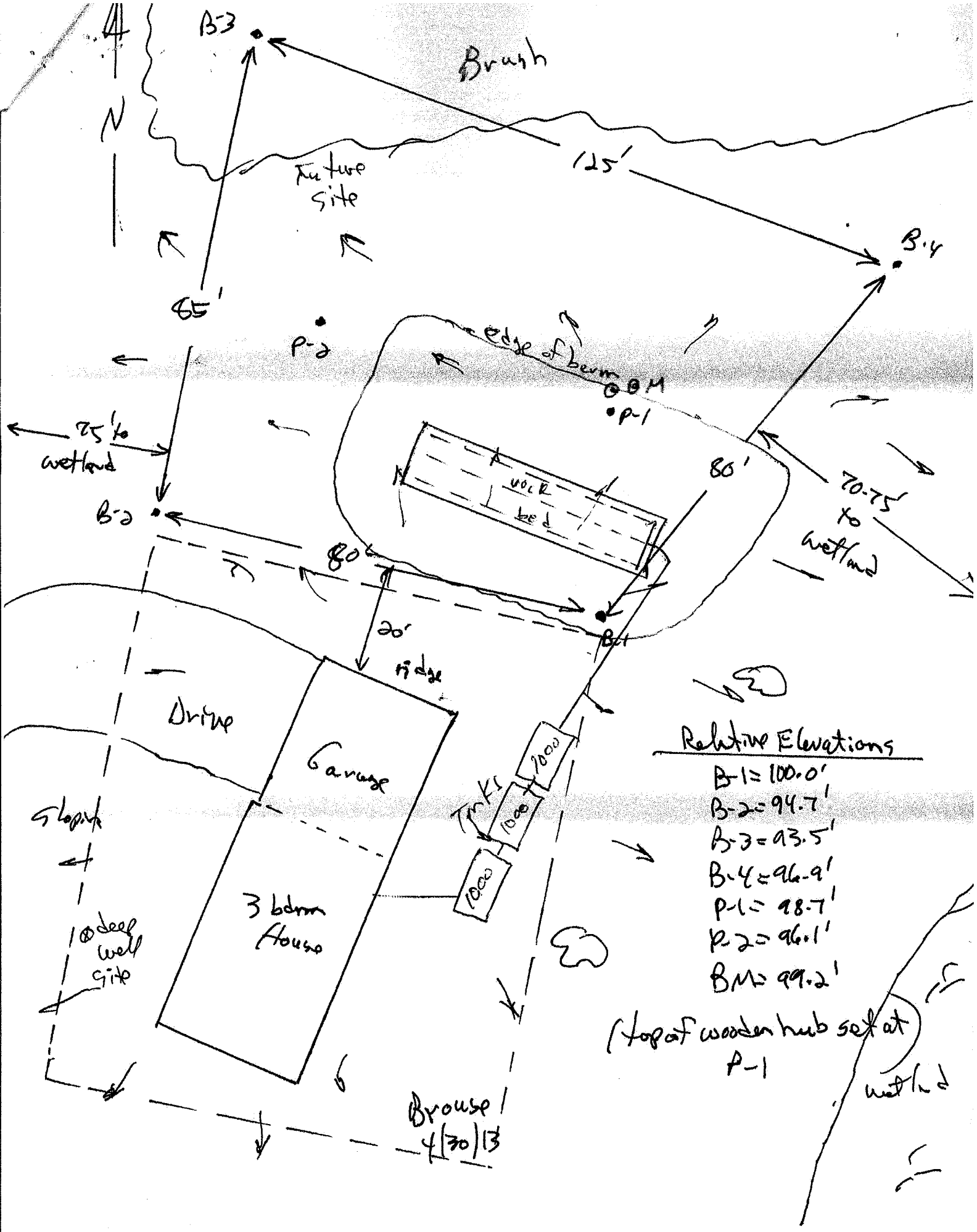
Site Review		Mounds / At-Grade	
Date: _____	Conclusions: <input type="checkbox"/> Site Suitable <input type="checkbox"/> Site Unsuitable <input type="checkbox"/> Additional Tests Required	<input type="checkbox"/> Mound <input type="checkbox"/> At-Grade	Absorption Area _____
<input type="checkbox"/> Soil Boring <input type="checkbox"/> Soil Pit	Depth of Pit/Boring _____	Percent Slope _____	Sand Below Bed <u>20" +</u>
Comments _____		Upslope Width _____	Rock Below Pipe <u>9</u>
		Downslope Width <u>10 +</u>	Perf Size/Spacing <u>2/4 13</u>
		Sideslope Width _____	Pipe Size/Spacing <u>1.5 B</u>
		Pressure Bed Dimensions: Length <u>45</u> Width <u>10</u>	

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

Trenches, Bed or Gravelless Drainfield				Setbacks	
<input type="checkbox"/> Drop Box	<input type="checkbox"/> Distribution Box	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pump Trench	<input type="checkbox"/> Pressure Bed	Building(s) to tanks _____
<input type="checkbox"/> Serial	<input type="checkbox"/> Parallel	<input type="checkbox"/> Chambers	<input type="checkbox"/> Gravelless	<input type="checkbox"/> 8" <input type="checkbox"/> 10"	Building(s) to drainfield _____
Trench Depth (in) T1 _____ T2 _____ T3 _____ T4 _____ T5 _____	Trench Length (ft) T1 _____ T2 _____ T3 _____ T4 _____ T5 _____	Trench Width <input type="checkbox"/> 24" <input type="checkbox"/> 36" <input type="checkbox"/> Other _____	Trench Spacing _____	Rock Below Pipe <input type="checkbox"/> 6" <input type="checkbox"/> 12" <input type="checkbox"/> 18" <input type="checkbox"/> 24"	Surface Water _____
Pressure Bed Dimensions: Length _____ Width _____ Absorption Area _____					Property Lines _____
					Wells <input type="checkbox"/> 50' <input type="checkbox"/> 100'

Pressure Test	
Time _____	Time _____
PSI _____	PSI _____
Comments _____	
_____	
_____	

Inspector \_\_\_\_\_





<b>SITE EVALUATION</b>	<b>COUNTY USE ONLY</b>	<b>CHECK ALL THAT APPLY:</b>
EVALUATOR: <i>R. Gaud</i>		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> CLASS V <input type="checkbox"/> EXISTING <input type="checkbox"/> COMMERCIAL ESTABLISHMENT <input type="checkbox"/> DWELLING <input type="checkbox"/> FBL ESTABLISHMENT <input type="checkbox"/> SHORELAND <input type="checkbox"/> IN WELLHEAD PROTECTION AREA
PROPERTY ADDRESS:		GEOCODE:
DATE: <i>10/18/03</i>	TIME: <i>11:00</i>	

SOIL REVIEW										
SOIL CLASSIFICATION: <i>Hayden</i>					PARENT MATERIAL: <i>TILL Hayden</i>					
SOIL BORING 1					SOIL BORING 2					
ELEVATION OF BORING:			LOCATION:		ELEVATION OF BORING:			LOCATION:		
GPS COORDINATES: LAT: _____ LON: _____					GPS COORDINATES: LAT: _____ LON: _____					
<input type="checkbox"/> BORING			<input type="checkbox"/> PIT		<input type="checkbox"/> PROBE			<input type="checkbox"/> BORING		
<input type="checkbox"/> BORING			<input type="checkbox"/> PIT		<input type="checkbox"/> PROBE			<input type="checkbox"/> BORING		
SOIL HORIZON DEPTH (IN)	TEXTURE	COLOR	STRUCTURE	REDOXIMORPHIC FEATURES	SOIL HORIZON DEPTH (IN)	TEXTURE	COLOR	STRUCTURE	REDOXIMORPHIC FEATURES	
<i>0-4</i>	<i>silt</i>	<i>10 3/4</i>	<i>sub</i>							
<i>4-18</i>	<i>clay loam</i>	<i>10 5/4</i>	<i>sub</i>	<i>4@16"</i>						

SOIL REVIEW CONCLUSIONS			
<input type="checkbox"/> SITE SUITABLE <input type="checkbox"/> UNSUITABLE SOIL <input type="checkbox"/> DISTURBED SOIL <input type="checkbox"/> COMPACTED SOIL	DEPTH INFORMATION:		SOIL TEXTURE:
	STANDING WATER:	SATURATED SOIL:	SOIL SIZING FACTOR:
	BEDROCK:	MAXIMUM DEPTH OF SYSTEM:	LINEAR LOADING RATE:

SITE REVIEW		
CHECK ALL THAT APPLY	EASEMENTS ON LOT:	SETBACKS
<input type="checkbox"/> WETLAND OR WETLAND VEGETATION <input type="checkbox"/> POND, LAKE, STREAM, RIVER <input type="checkbox"/> FLOODPLAIN <input type="checkbox"/> 10 YEAR FLOOD ELEVATION _____ <input type="checkbox"/> BLUFFLINE _____ <input type="checkbox"/> WELL WELL CASING DEPTH: _____	<input type="checkbox"/> UTILITY <input type="checkbox"/> DRAINAGE <input type="checkbox"/> OTHER	BLUFFLINE
		RIVER
		POND, LAKE, STREAM, WETLAND
		WELL

COMMENTS/NOTES:

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## LOGS OF SOIL BORINGS

Location of Project Cami Brouse, 20 acres, Sec. 25, City of Forest Lake, Washington Co.

Borings Made by Chris Zierke

Date: 4/29/13

Hand bucket auger used for borings; USDA – SCS Soil Classification used.

Depth, In Feet	<b>Boring Number 1</b>
0-----	
0-10"	Dark-brown sandy loam(10YR-3/3)
10-18"	Yellowish-brown loam(10YR-5/4)
18-24"	Yellowish-brown clay loam(10YR-5/4), iron-stains & light-gray mottles below 20"

End of boring at 2 feet.

**Standing water table:**

Present at feet of depth, hours after boring.

Standing water not present in hole .

**Mottled Soil:**

Observed at 20" feet of depth.

Mottled soil not present in bore hole .

Comments:

Depth, In Feet	<b>Boring Number 2</b>
0-----	
0-8"	Dark-brown sandy loam(3/3)
8-18"	Dark yellowish-brown sandy loam(10Y R-4/4)
18-24"	Yellowish-brown clay loam(5/4), iron- st. & light-gray mottles

End of boring at 2 feet.

**Standing water table:**

Present at 19" feet of depth, 24 hours after boring.

Standing water not present in hole .

**Mottled Soil:**

Observed at 1.5 feet of depth.

Mottled soil not present in bore hole .

Comments:

Depth, In Feet	<b>Boring Number 3</b>
0-----	
0-8"	Dark-brown sandy loam(3/3)
8-16"	Dark y-brown sandy loam(4/4)
16-24"	Yellowish-brown clay loam(5/4), iron- st., light-gray mottles

End of boring at 2 feet.

**Standing water table:**

Present at 14" feet of depth, 24 hours after boring.

Standing water not present in hole .

**Mottled Soil:**

Observed at 16" feet of depth.

Mottled soil not present in bore hole .

Comments:

Depth, In Feet	<b>Boring Number 4</b>
0-----	
0-10"	Dark-brown sandy loam(3/3)
10-16"	Dark y-brown sandy loam(4/4)
16-24"	Yellowish-brown clay loam(5/4), iron- st., light-gray mottles

End of boring at 2 feet.

**Standing water table:**

Present at 16" feet of depth, 24 hours after boring.

Standing water not present in hole .

**Mottled Soil:**

Observed at 16" feet of depth.

Mottled soil not present in bore hole .

Comments:



## 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: Mound  
Permit Number: 0600-13-5  
Property ID Number: 25-032-21-33-0003  
Property Address: 9420 190th ST N  
Community: Forest Lake City  
Date of Installation: September 12, 2013

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 that reads "P. Ganzel".

Pete Ganzel  
Senior Environmental Specialist



**AS-BUILT REPORT  
INDIVIDUAL SEWAGE TREATMENT SYSTEM**

**Washington County Public Health & Environment**  
 14949 - 62<sup>ND</sup> ST N, PO BOX 6, STILLWATER, MN 55082-0006  
 651/430-6688 OR 651/430-6655 FAX 651/430-6730

Legal Description or Complete Street Address <b>9420 190<sup>TH</sup> ST.</b>		City of Township <b>FOREST LAKE</b>		
Owner Name <b>LAMI BROUSE</b>	Mail Address <b>9420 190<sup>TH</sup> ST.</b>	City <b>FOREST LAKE</b>	State <b>MN</b>	Zip <b>55025</b>
Installer <b>Kelly &amp; Son's Excavations</b>	Mail Address <b>9752 292<sup>ND</sup> ST.</b>	City <b>CHRYSLER CITY</b>	State <b>MN</b>	Zip <b>55813</b>
Septic Tank Information Tank Manufacturer: <b>Blown Wilbert</b>		Liquid Capacity <b>1000 - 1000</b>		

PUMP CHAMBER (if installed)			
Tank Manufacturer: <b>Blown</b>	Liquid Capacity: <b>1000</b>	Horsepower of Pump: <b>1/3</b>	Type of Warning Device: <b>AUDIO</b>
Pump Discharge in Gallons Per Minute: <b>37</b> at <b>18</b> Feet of		Number of Gallons Per Cycle: <b>115</b>	

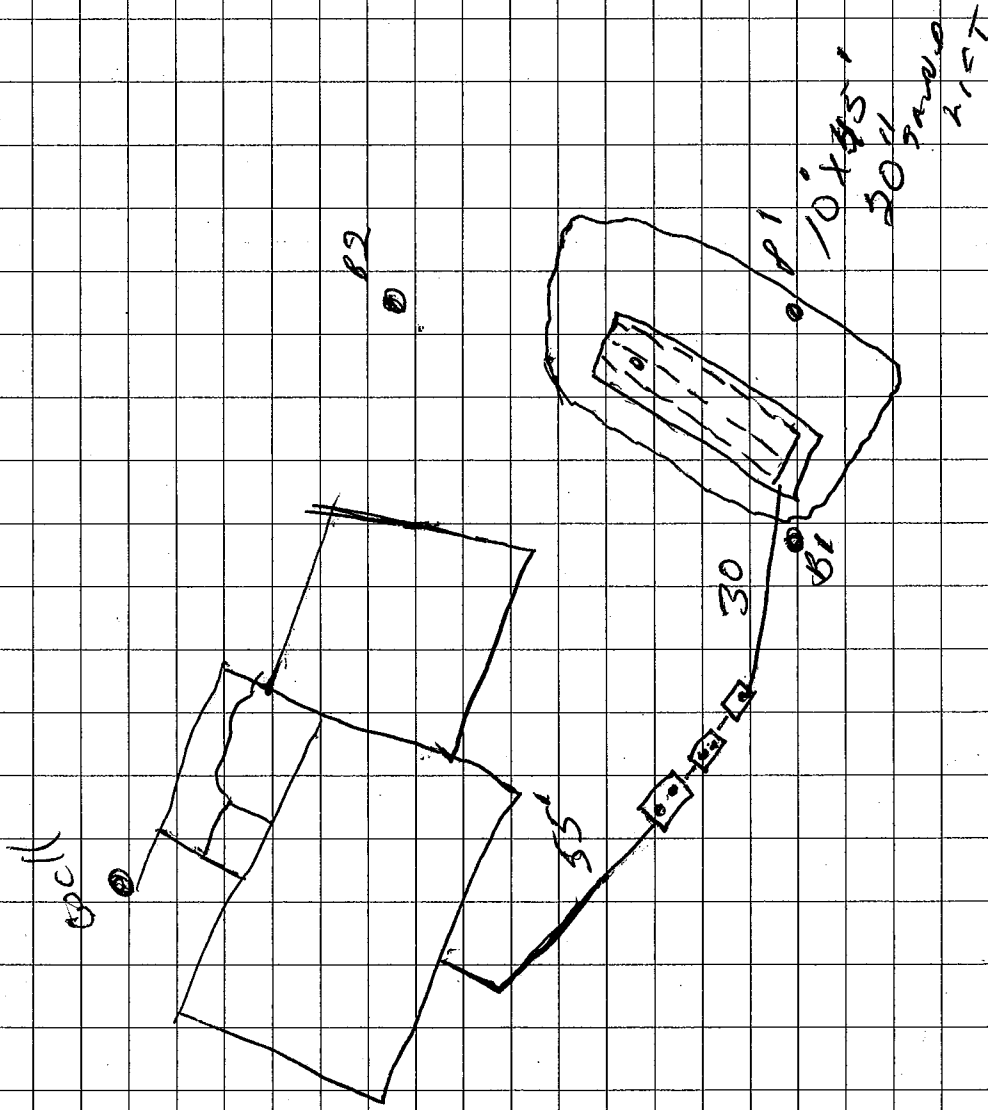
DRAINFIELD TRENCH		BED OR MOUND		
Width:	Length of Each Trench:	Rock Bed Length: <b>45</b>	Width: <b>10</b>	Area: <b>450</b>
Depth of Trench Bottom from Finished Grade:		Bed Depth from Grade: <b>20"</b>		
Method of Distribution: <input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input type="checkbox"/> Drop Box		MOUND: Upslope Sand Base Depth: <b>20"</b> Downslope Sand Base Depth: <b>28"</b>		
Depth of Rock Under Distribution Pipe:		Depth of Rock Under Pipe: <b>9"</b>		
Square Footage of Tested Area Used:		PRESSURE DISTRIBUTION SYSTEM:		
Trench Bottom Square Footage Required:	Area As Built:	Lateral Inside Diameter: <b>1 1/2</b>	Length: <b>43</b>	Perforation Size: <b>1/4</b>
		Spacing: <b>36"</b>	Number: <b>3</b>	Perforation Spacing: <b>36</b>

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 sale 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:  MPCA License #: 1273 Dated: 8-10-13

WASHINGTON COUNTY SEPTIC PERMIT NUMBER 0600-13-5





**AS-BUILT REPORT  
INDIVIDUAL SEWAGE TREATMENT SYSTEM**

**Washington County Public Health & Environment**  
 14949 - 62<sup>ND</sup> ST N, PO BOX 6, STILLWATER, MN 55082-0006  
 651/430-6688 OR 651/430-6655 FAX 651/430-6730

Legal Description or Complete Street Address <b>9420 190<sup>TH</sup> ST.</b>		City of Township <b>FOREST LAKE</b>		
Owner Name <b>LAMI BROUSE</b>	Mail Address <b>9420 190<sup>TH</sup> ST.</b>	City <b>FOREST LAKE</b>	State <b>MN</b>	Zip <b>55029</b>
Installer <b>Kelly's Excavating</b>	Mail Address <b>9752 292<sup>ND</sup> ST.</b>	City <b>CHISA GOLIY</b>	State <b>MN</b>	Zip <b>55813</b>
Septic Tank Information Tank Manufacturer: <b>Blown Wilcoet</b>		Liquid Capacity <b>1000 - 1000</b>		

PUMP CHAMBER (if installed)			
Tank Manufacturer: <b>Blown</b>	Liquid Capacity: <b>1000</b>	Horsepower of Pump: <b>1/3</b>	Type of Warning Device: <b>AUDIO</b>
Pump Discharge in Gallons Per Minute: <b>37</b> at <b>18</b> Feet of		Number of Gallons Per Cycle: <b>115</b>	

DRAINFIELD TRENCH		BED OR MOUND		
Width:	Length of Each Trench:	Rock Bed Length: <b>45</b>	Width: <b>10</b>	Area: <b>450</b>
Depth of Trench Bottom from Finished Grade:		Bed Depth from Grade: <b>20"</b>		
Method of Distribution: <input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input type="checkbox"/> Drop Box		MOUND: Upslope Sand Base Depth: <b>20"</b> Downslope Sand Base Depth: <b>28"</b>		
Depth of Rock Under Distribution Pipe:		Depth of Rock Under Pipe: <b>9"</b>		
Square Footage of Tested Area Used:		PRESSURE DISTRIBUTION SYSTEM:		
Trench Bottom Square Footage Required:	Area As Built:	Lateral Inside Diameter: <b>1 1/2</b>	Length: <b>43</b>	Perforation Size: <b>1/4</b>
		Spacing: <b>36"</b>	Number: <b>3</b>	Perforation Spacing: <b>36</b>

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 sale 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:  MPCA License #: 1273 Dated: 8-10-13

WASHINGTON COUNTY SEPTIC PERMIT NUMBER 0600-13-5