ZIERKE SOIL TESTING

Wayne Kolden 22845 Perkins Ave N Scandia, MN 55073

2/23/2024

Dear Wayne Kolden,

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 <u>compliant</u>. 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

Benjamin Zierke

MPCA Lic 119, Cert 9594

ADDRESS: 28587 Jeffrey Ave Chisago City, MN 55013

PHONE 651-249-1346

EMAIL benzierke@gmail.com



Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

520 Lafayette Road North St. Paul, MN 55155-4194

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: 1203220210007	Reason for Inspection Sale
Local regulatory authority info: Washington County	
Property address: 22845 Perkins Ave N Scandia, MN 55073	
Owner/representative: Wayne Kolden	Owner's phone: 605-660-4382
Brief system description: (2) 1000 gallon septic tanks, gravity ro	ck trench drainfield
System status	
System status on date (mm/dd/yyyy): 2/23/2024	
☐ 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	Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.
abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.) *Note: Compliance indicates conformance with Minn.	An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this policy or within a charter period if required by lead ordinance or
R. 7080.1500 as of system status date above and does not guarantee future performance.	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 applicate	•
☐ Impact on public health (Compliance component #1	
☐ Tank integrity (Compliance component #2) – Failing	-
	ent #3) – Imminent threat to public health and safety
☐ Other Compliance Conditions (Compliance components)	,
☐ System not abandoned according to Minn. R. 7080.	2500 (Compliance component #3) – <i>Failing to protect groundwater</i>
☐ Soil separation (Compliance component #5) – Failin	g to protect groundwater
☐ Operating permit/monitoring plan requirements (Cor	mpliance component #4) – Noncompliant - local ordinance applies
Comments or recommendations	
Root infiltration is occuring above the operating level on be monitoring root growth at future maintanance visits.	both tanks - tank one is slightly worse. Recommend clearing roots and
0 .:(: .:	
Certification	
	to determine the compliance status of this system. No determination of wn conditions during system construction, possible abuse of the system,
,	and correct, to the best of my knowledge, and that this information can be
Business name: Zierke Soil Testing	Certification number: 9594
Inspector signature: Benjamin Zierke	License number: 119
(This document has been electronically sign	ned) Phone: 651-249-1346
Necessary or locally required supporting do	cumentation (must be attached)
Soil observation logs	equired forms
☑ Other information (list): Previous soil observations	

Compliance criteria:			Attached supporting document	tation:
System discharges sewage to the ground surface	☐ Yes* ☑ N	lo	☐ Other: ☐ Not applicable	
System discharges sewage to drain tile or surface waters.	☐ Yes* I	lo		
System causes sewage backup into dwelling or establishment.	☐ Yes*	lo		
Any "yes" answer above indicates imminent threat to public health ar		an		
Describe verification methods and	l results:			
None of the above observed.				
nnk integrity – Compliance	compone	nt #2 of		
Compliance criteria:			Attached supporting document	
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,	compone		Attached supporting document ⊠ Empty tank(s) viewed by inspecto	r
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes* ☑ N	lo	Attached supporting document ⊠ Empty tank(s) viewed by inspecto Name of maintenance business:	r <u>Smilies</u>
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,		lo	Attached supporting document Empty tank(s) viewed by inspecto Name of maintenance business: License number of maintenance business	Smilies ousiness: 2428
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes* ☑ N	lo	Attached supporting document Empty tank(s) viewed by inspecto Name of maintenance business: License number of maintenance business busi	Smilies ousiness: 2428 2/23/2024
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes* ☑ N	lo	Attached supporting document Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business business: Date of maintenance: Existing tank integrity assessment	Smilies ousiness: 2428 2/23/2024
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes* ☑ N	lo	Attached supporting document Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business business: Date of maintenance: Existing tank integrity assessment but of maintenance	Smilies ousiness: 2428 2/23/2024
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth?	☐ Yes* ☑ N☐ Yes* ☐ Yes*	lo lo	Attached supporting document Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business business: Date of maintenance: Existing tank integrity assessment but of maintenance	Smilies Pusiness: 2428 2/23/2024 It (Attach) We within three years Assessment complie
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth? If yes, which sewage tank(s) leaks: Any "yes" answer above indicates.	☐ Yes* ☑ N☐ Yes* ☐ Yes*	lo lo	Attached supporting document Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business: Date of maintenance: Existing tank integrity assessment Date of maintenance (mm/dd/yyyy): (See form instructions to ensure as	Smilies Dusiness: 2428 2/23/2024 t (Attach) e within three years assessment complies
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth? If yes, which sewage tank(s) leaks: Any "yes" answer above indicates.	☐ Yes* ☑ N☐ Yes* ☐ Yes*	lo lo	Attached supporting document Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business: Date of maintenance: Existing tank integrity assessment Date of maintenance (mm/dd/yyyy): (See form instructions to ensure a Minn. R. 7082.0700 subp. 4 B (1))	Smilies Dusiness: 2428 2/23/2024 t (Attach) e within three years assessment complies

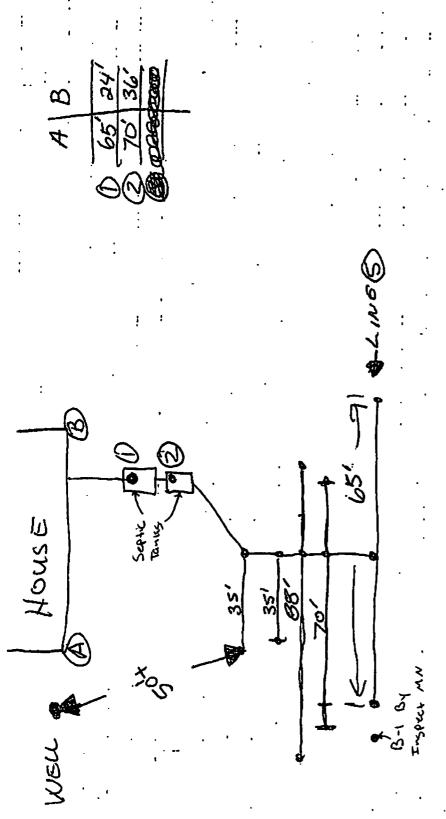
Р	Property Address: _22845 Perkins Ave N Scandia, MN 55073	
В	Business Name: Zierke Soil Testing	Date: 2/23/2024
3.	Other compliance conditions – Compliance component #3 of 5	
	3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unse	ecured?
	3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safet	v?□Yes* ⊠No□IInknown
	*Yes to 3a or 3b - System is an imminent threat to public health and safety.	y: 103 140 Olikilowii
	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 composition decompositations D Net conficeles	
	Attached supporting documentation: Not applicable	
_		(5.5)
4.	Operating permit and nitrogen BMP* – Compliance component #4 o	of 5 ⊠ Not applicable
4.	Operating permit and nitrogen BMP* – Compliance component #4 o	of 5 ⊠ Not applicable If "yes", A below is required
<u>4.</u>	Operating permit and nitrogen BMP* – Compliance component #4 o	If "yes", A below is required
<u>4.</u>	Operating permit and nitrogen BMP* – Compliance component #4 o	If "yes", A below is required
<u>4.</u>	Operating permit and nitrogen BMP* – Compliance component #4 or Is the system operated under an Operating Permit?	If "yes", A below is required If "yes", B below is required
4.	Operating permit and nitrogen BMP* – Compliance component #4 or Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? 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.	If "yes", A below is required If "yes", B below is required
4.	Operating permit and nitrogen BMP* — Compliance component #4 or Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? When the system design is the answer to both questions is "no", this section does not need to be completed Compliance criteria:	If "yes", A below is required If "yes", B below is required
4.	Operating permit and nitrogen BMP* – Compliance component #4 or Is the system operated under an Operating Permit? Yes No Is the system required to employ a Nitrogen BMP specified in the system design? Yes No 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	If "yes", A below is required If "yes", B below is required
4.	Operating permit and nitrogen BMP* – Compliance component #4 or Is the system operated under an Operating Permit? Yes No Is the system required to employ a Nitrogen BMP specified in the system design? Yes No 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	If "yes", A below is required If "yes", B below is required
<u>4.</u>	Operating permit and nitrogen BMP* — Compliance component #4 or Is the system operated under an Operating Permit?	If "yes", A below is required If "yes", B below is required
4.	Operating permit and nitrogen BMP* – Compliance component #4 or Is the system operated under an Operating Permit? Yes No Is the system required to employ a Nitrogen BMP specified in the system design? Yes No 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	If "yes", A below is required If "yes", B below is required
4.	Operating permit and nitrogen BMP* — Compliance component #4 or Is the system operated under an Operating Permit?	If "yes", A below is required If "yes", B below is required
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4.	Operating permit and nitrogen BMP* — Compliance component #4 or Is the system operated under an Operating Permit?	If "yes", A below is required If "yes", B below is required
4.	Operating permit and nitrogen BMP* — Compliance component #4 or Is the system operated under an Operating Permit?	If "yes", A below is required If "yes", B below is required
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4.	Operating permit and nitrogen BMP* — Compliance component #4 or Is the system operated under an Operating Permit?	If "yes", A below is required If "yes", B below is required

https://www.pca.state.mn.us wq-wwists4-31b • 4/28/2021

usiness Name: <u>Zierke So</u>	il Testing				Date: <u>2</u>	2/23/2024
Soil separation –	Compliance cor	npone	nt #5 o	f 5		
	9/4/1998 nm/dd/yyyy)	_ 🗌 Unkr	nown			
Shoreland/Wellhead pr beverage lodging?	otection/Food	☐ Yes	⊠ No	Attached supporting		
				☐ Soil observation log	•	•
Compliance criteria (☐ Two previous verific	·	
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*	☐ Not applicable (No	soil treatment area	a)
Drainfield has at leas separation distance fi saturated soil or bedr	t a two-foot vertical rom periodically					
5b. Non-performance sys			☐ No*	Indicate depths or	elevations	
April 1, 1996, or later performance systems	or for non- s located in Shoreland	1		A. Bottom of distribut	ion media	24"
or Wellhead Protection	on Areas or serving a			B. Periodically satura	ted soil/bedrock	80"+
food, beverage, or loo				C. System separation	1	56"+
Drainfield has a three separation distance fi				D. Required compliar	nce separation*	36"
saturated soil or bedr	ock.*			*May be reduced up to Ordinance.	to 15 percent if all	owed by Local
	re-2008 Rules; s built under 2008 7080.2400 for License required ≤ v; Advanced Inspector	☐ Yes	□ No*			
Drainfield meets the of separation distance find saturated soil or bedroom	rom periodically					

Verified trench depth - previous soil observations used to satisfy soil requirements.

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.



Log Of Soil Borings

Loca	ation of Project:	22845 Perkins Avenue	N, Scandia,	MN 55073		
Borings Made By: Inspect Minnesota				Date:	4/20/10	
Auger Used: Hand/Bucket			Class	Classification System: USDA		
	Boring Number:	1		Boring Number:		
Surface	Same ground	surface as inspection	Surface			
Elevation of	of cap at west of	end of last drainfield	Elevation	of		
Boring		trench	Boring			
Depth In	Soils E	ncountered	Depth In	Soils Er	countered	
Inches			Inches			
0-18 18-34 34-42 42-54 54-70 70-80	7.5YR 3/4 L 7.5YR 4 7.5YR 7.5YR 4/4 9	oamy Fine Sand Loamy Fine Sand Loamy Fine Sand Loam Loam Sandy Silt Loam Loamy Fine Sand				
00"		O. Mallia I Calle		D . II T . E . I O(D	O. Mallia I Galla	
		oring Or Mottled Soils			oring Or Mottled Soils	
		g Relative To System			Relative To System	
	Depth To Bottom (Of System		Depth To Bottom C	of System	
≥58" (Of Separation			Of Separation		
	End Of Boring At:	80"		End Of Boring At:		
	d Soil Present At:	None	Mottle	ed Soil Present At:		
Standing \	Water Present At:	None	Standing	Water Present At:		

Bottom Of	Distribution	Medium At:	22	Inch	nes



WASHINGTON COUNTY, MINNESOTA

Department of Health, Environment, and Land Management 612/430-6708

PERMIT NUMBER

NEW SCANDIA TOWNSHIP

080820166 SEHAGE PRIMIT

DRAINFIRED REPLACEMENT PERMIT 70.00 SEPTIC APPLICATION/SOIL REVIEW 150.00 Total Fees : 220.00

Total Paid : .00

Yotal Due : 220.00

Owner :

TERRY/KARYLON ROBUK

22846 PERKINS AVE N

AUGMANS.

####

Applicant : TERRY/KARTION BORCK

612-433-2785

PERMISSION IS HERRBY GRANTED

To execute the work specified in this permit on the following described property upon express condition that said persons and their agents, employees and workmen shall conform in all respects to the provisions of the Building Code, and/or Ordinannes.

This permit may be revoked at any time upon the violation of any of the provisions of said code and ordinances.

Project Address :

22846 PREKING AVE N

SCANDIA

65073

Legal Description:LOT 004 BLACK 001

Soil Conditions: Depth to Bestriction

PRAIRIE HOLLOW

Gao : 12-032-20-21-0007

Flow Capacity

600 Gal/Day Tank Volume

2000

76 Inches

Pero Rate

16 Hin/Inch

Soil Treatment Type:

Bottom Aren

1000 Rook Depth

12

Authorized Work / Special Conditions

- Install individual semage treatment system as per approved design in oren tested and shown on site plan.
- THIS SYSTEM INIST BE INSTALLED BY A CERTIFIED/LICENSED SEVAGE THRATHENT SYSTEM INSTALLER HOLDING A CHERENT LICENSE WITH THE RITHERSOTA POLLUTION CONTROL AGENCY. (A list of installers is available at your request.)
- Maximum trench depth 40 inches into natural soil.
- install 220 lineal ft. drainfield twench with 24" of rock.

🚧 Permit Expiration Date :

Sewage Treatment : 1999-07-10

A CERTIFICATE OF OCCUPANCY HUST BE REQUESTED AND ISSUED PRIOR TO USE OR OCCUPANCY OF WORK PERHITTED

🗪 This permit shall expire and be cull and void if the work authorized by the Building Permit is not commenced within 60 days of the date of issuance or if work is absodoned or suspended for a period of 120 days. Term of the Building Permit is 12 months from date of issue. Term of sewage treatment permit is 12 months from date of issue.

femilty for violation of any of the provisions of building code: Fine not to exceed five bundred dollars (\$500.00) or imprisionment for not more than ninety (90) days, or both.

Permit Tesue Date 1998-07-10 Code Enforcement Officer Office

INSPECTION RECORD

" L. 12" COMMENTS BUILDING DATE INSP. Foundation..... Foundation Wall..... Plumbing (Groundwork)..... Heating (Groundwork)..... Rough Plumbing Rough Heating and Ventilation Framing Fireplace Chimney Wallboard or Lath and Plaster Final Plumbing..... Final Heating and Ventilation..... an COMMENTS **SEWAGE TREATMENT SYSTEM** DATE INSP. Tank Size: 2/000 Treatment Area: Installer: As Built COMMENTS **DRIVEWAY** DATE INSP.

NOTES:

Access.....

SOIL REVIEW/SEPTIC PERMIT APPLICATION

RECEIVED Washington County Health, Environment & Land Management

14900 61st Street N., P.O. Box 3803

Stillwater, MN 55082-3803

FEE	 	

JUL 07 1998 HELM

612/430-6708 or 612/430-6656 FAX 612/430-6730

Receipt #

Make checks payable to WASHINGTON COUNTY TREA	our minimum) \$100 base fee, plus \$50 per lot - Subdivision Fee
\$150 - New Drainfield System Permit Fee \$70 - Replacement Drainfield System \$250 - New Mound System Permit Fee \$170 - Replacement Mound System	1 ~ ~ 1/) /26/63(//)
Legal Description and Parcel Identification Number (especially if this is for a N	SEW SUBDIVISION OR MINOR SUBDIVISION)
Lot 4 Block 1 Prairie Hollow C	700:12.032-20-21-0007
Applicant Applicant Kanilon - Terry Boeck Owner (if different from applicant) Address Address Address	City Scandia MN State Zip Phone Pring Aw N 55073
Owner (if different from applicant) Address as about	City State Zip Phone 6124333785
New Home Existing Home \(\mathcal{Y} \) New Business Existing Busines	S Number Of Bedrooms: Gallons Per Day:
Check the following fixture(s) which are or will be installed: Garbage Disposal	Recreational Bathing Facility: (jacuzzi, hot tub, etc.)
Approval Only If this site has been approved, attach copy of approval lette	<u> </u>
The following exhibits are required as part of this application and shall be attached showing location of buildings, lot lines, percolation test holes, soil boring holes, pr one (1) copy of the Final Building Plan. The house and the drainfield areas must be processing.	oposed location of system and well; one (1) copy of the System Design; and
AGREMENT: The undersigned hereby makes Application for Permit to Install work shall be done in strict accordance with ordinances and regulations of the Cou and Design submitted herewith, and which are reviewed by the Washington County made necessary by conditions peculiar to a particular location, shall become a part to the Building Official or his agent for the purpose of performing inspections requand accepted. APPLICATION IS FOR AN INSTALLATION AT A SPECIFIC WILL VOID THE PERMIT. It shall be the responsibility of the applicant for the ready for inspection.	inty of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches y Building Official or his agent, together with any requirement and/or restriction of the permit. Applicant further agrees to provide access, at reasonable times, aired and that no part of the system shall be covered until it has been inspected LOCATION; ANY DEVIATION FROM THE APPROVED LOCATION be permit to notify the Office of the Building Official that the installation is
In connection with your request for a soil review/septic permit, you are hereby hours for the purpose of determining the suitability of the location, which may	giving us permission to enter upon your property during normal business include minor excavation or soil borings.
Kanilow () Boesk	7/7/98
Kori (or) Boeck Signature of Applicant (Owner or Builder)	Date
THE AREA BELOW IS FO	OR COUNTY USE ONLY
SITE EVALUATION: BY INSPECTOR OF SOUR	DATE 7-7-98
Setbacks: Well (including adjacent property)	Required [circle appropriate item(s)] 50' 75' 100' 150' Actual
Wetland, Pond, Lake, Stream, River, or Bluffline	20' 40' 75' 100' 150'
CONCLUSIONS: Site Suitable: Site Unsuitable: Add	ditional Tests Required: Verify Use. Bedroor
NOTES: Lot Size Year Built	
EXISTING HOUSE F	ine send gravity ystem
	50

•	λ			
Property Ow	mer: Temy Bueck		Permit No:	
Legal Descri	ption: Lot & Block 1 Prani-	e Hollo	<u>w_Date: 4-18-98-</u>	
Test hole or	Borings made by: Hand bid o	let occur	# 642	
	d: Backhoe Hand Auger			
Depth, in feet	Boring number	Depth, in feet	Boring number 2 Record soil texture Non The Read and Color from Connection Munsell Color Book pages	
	Ground Surface		Ground Surface	
1-2"-	108R4/3 Coamy sand	17	10 YR 4/3 Saudy loc	
2	10 YR 1/5	2	loamy sand	
3	Fiaz Sand	10 ''-	75 YR 44	
4		4	Clay my saud	
5		5	10 Y 18 4/5- Slightly loamy Finz Sand	
6, <i>3</i> '		6	Finz Sand	
7		7		
End of borir	ng at <u>6, 25</u> feet.	End of borir	ng at <u>6.25</u> feet.	
Mottled soil	<u>.</u>	Mottled soil:		
Observed at	feet of depth.	Observed at feet of depth.		
Not present	in boring hole	Not present in boring hole		
Standing wa	ater table:	Standing water table:		
Present at _	feet of depth,	Present at _	feet of depth,	
hou	rs after boring.		rs after boring.	
Not present	in boring hole	Not present	in boring hole	
Observation	s and comments:	Observation	s and comments:	

*	ner: TRANY BORCK		Permit No:	
Legal Descrip	ition: Lot 4, Block 1 Pranie	Hollow	Date: <u>4-18-98</u>	
Test hole or f	Borings made by: Haav Fin	a dsto	om # 642	
	i: Backhoe Hand Auger_ <			
Depth, in feet	Boring number 3 Record soil texture South east and Color from Connent of Munsell Color Book puo posed anea	Depth, in feet	Boring number 4 Record soil texture South was and Color from Counting Munsell Color Book Munsell Color Book And Color Southern	
0	Ground Surface		Ground Surface	
1	10 Y R 4/2 Loan	1	10 YR 4/3 loamy sand	
2	10 Y 17 4/4	2	10 Y 18 9/4	
3	Sandy loam	3	Slightly loamy	
4	-	4	Sand	
5		5		
6	10 YR 4/4	6 3 '		
7	sandy clay	7		
End of bori	ng at <u>6.25</u> feet.	End of bori	ng at 6.25 feet.	
Mottled soi		Mottled soi	<u>il:</u>	
Observed a	it feet of depth.	Observed a	at feet of depth.	
Not presen	t in boring hole	Not present in boring hole		
Standing w	vater table:	Standing w	vater table:	
Present at	feet of depth,	Present at	feet of depth,	
hou	urs after boring.	ho	urs after boring.	
Not presen	t in boring hole	Not presen	it in boring hole	
Observation	ns and comments:	Observatio	ns and comments:	



AS-BUILT REPORT INDIVIDUAL SEWAGE TREATMENT SYSTEM



Washington County Health, Environment & Land Management 14900 61ST ST N, PO BOX 3803, STILLWATER, MN 55082-3803 612/430-6708 or 612/430-6656 FAX 612/430-6730

Legal Description or Complete Street Address City or Township					
		Soldies Out	•	•	
TERRY ROECK	A J 895 P Mail Address	City	DC MND	IA D	
The state of the s		Oily		34	ite Zip
	SAME	· · · · · · · · · · · · · · · · · · ·			
installer	Mail Address	City		Sta	-
Bayer Truck	WO 17751 63	ed que N M	Aple 6	rove. p	n. 55311
Septic Tank Information	111	Lieuid Canadau		4	
Saix Maildactures, EU	Wg 17751 63 11's MANURacto	winey	d-	100	OGAL
	PUMP CHAMBE	R (if installed)	 		
Tank Manufacturer:	Liquid Capacity:	Horsepower of Pump:		Type of Wa	ming Device:
		i i i i i i i i i i i i i i i i i i i		1,700 01 112	ming bottoe.
Pump Discharge in Gallons Per Minute: Head	at Feet of	Number of Gallons Pumped	Per Cycle:	l	
DRAINFIELD	TRENCH	BED OR MOUND			
1	Length of Each Trench: 35'35' 88'70' 65'	Rock Bed Length:	Width:		Area:
Depth of Trench Bottom from Finished Grade	: LINEB	Bed Depth from Grade:			
Method of Distribution:	Box 🔀 Drop Box	MOUND: Upslope Sand Base Depth: Downslope Sand Base Depth:			
Depth of Rock Under Distribution Pipe:	B 24"	Depth of Rock Under Pipe:			
Square Footage of Tested Area Used: /OOO		PRESSURE DISTRIBUTION SYSTEM:			STEM:
Trench Bottom Square Footage Required:	Area As Built	Lateral Inside Diameter:	Length:		Perforation Size:
1000		Spacing:	Number:		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 scale of the plan.					
I hereby certify that the system at the Treatment System Ordinance requirer		talled according to the W	ashington Co	ounty Individ	lual Sewage
Signed: Robert Bo	iver	MPCA License #:	99	Dated	10-22-98

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WASHINGTON COUNTY SEPTIC PERMIT NUMBER 00 1098080