

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: 1202721230006 Reason for Inspection Property Transfer
Local regulatory authority info: Washington County
Property address: 7470 Lamar Ave S Cottage Grove, Mn
Owner/representative: Andrew Ryan Owner's phone: 651-399-0639
Brief system description: 2 septic tanks and 1 lift tank to mound.

System status

System status on date (mm/dd/yyyy): 5/2/2024

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 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: Meyers
 - License number of maintenance business: 915
 - Date of maintenance: 5/2/2024
- 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)

Property Address: 7470 Lamar Ave S Cottage Grove, Mn

Business Name: David R Brown

Date: 5/2/2024

5. Soil separation – Compliance component #5 of 5

Date of installation 7/19/2010 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	-12"
B. Periodically saturated soil/bedrock	24"
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:

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:	\$280.00
Permit Fee:	\$464.00
Total Fee:	\$744.00
Previous Payments	\$744.00
Balance Due	\$0.00

Scanned 7-12-10

Community: Cottage Grove
 Permit Number: 2200-10-7
 Owner: Rick Hagen
 7470 Lamar AVE
 Cottage Grove MN 55016-
 Applicant: Rick Hagen

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 #128, Washington County Development Code, Chapter Four, Individual Sewage Treatment System Regulations. This permit may be revoked at any time upon violation of any of the provisions of said ordinance.

Project Address: 7470 Lamar AVE
 Geo Code: 12-027-21-23-0006
 Designer: Barry Jonathan Brown

Type of System: Mound		Pressure Distribution	
Design Criteria		Mound Sizing	
Percolation Rate:	19	Rock Bed Width:	10 Feet
Depth To Restriction:	24	Rock Bed Length:	30 Feet
Land Slope:	5.00%	Absorption Width:	20 Feet
Flow Rate:	300	Depth of Clean Sand:	12 Inches
Number of Bedrooms:	2	Downslope Dike Width:	18 Feet
		Upslope Dike:	10 Feet
		Length of Dike:	51 Feet
Tank Sizes		Pressure Distribution	
Tank 1: 1000	Tank 2: 500	Tank 3: 0	Lift Station: 0
		Gallons Per Minute:	22.2
		Lateral Diameter:	1.25 Inches

Authorized Work/Special Conditions

1. Building sewer can be no closer than 20 feet from well and must be pressure tested Schedule 40 within 50 feet.
2. Clean outs required to be installed at the end of each lateral. Cleanouts must be accessible from grade through an access point.
3. Domestic strength waste only. Industrial waste and hazardous wastes cannot enter the septic system.
4. Effluent Filter with Alarm Required
5. Establish a vegetative cover over the soil treatment area within 30 days of the installation. Protect the soil treatment area from erosion until the vegetative cover is established.
6. Install individual sewage treatment system as per approved design in area tested and shown on the site plan.
7. Install mound with 12 inch sand base at upslope edge of rock bed.
8. Rock only. No chambers. No gravelless.

Permit Issue Date: 7 12 2010
 Permit Expiration Date: July 12, 2011


 Christopher W. LeClair, REHS
 Senior Environmental Specialist

2010



SEPTIC PERMIT APPLICATION

Washington County Department of Public Health & Environment
14949-62nd St N, P.O. Box 6, Stillwater MN 55082-0006
651.430.6688 FAX: 651.430.6730

2010

PERMIT NUMBER

2200 107

PROPERTY & APPLICANT INFORMATION

PROPERTY ADDRESS: 17470 LAMAR AVE COTTAGE GROVE GEocode: 1302721230000

USE OF BUILDING: SINGLE FAMILY HOME NON-SINGLE FAMILY APPLICATION TYPE: NEW REPLACEMENT

APPLICANT

NAME(S) RECK HAGEN ADDRESS CITY same as above ZIP PHONE NUMBER(S)

OWNER (IF DIFFERENT FROM APPLICANT)

NAME(S) ADDRESS CITY ZIP PHONE NUMBER(S)

SYSTEM TYPE

- TYPE I SYSTEM (Trenches, Pressure Bed, Mound, At-Grade) TYPE II SYSTEM (Floodplain, Holding Tanks, Privy) TYPE III SYSTEM
- TYPE IV SYSTEM (System using Registered Products) TYPE V SYSTEM MSTs (>5,000 GPD) LOT SPLIT
- DRAINFIELD PRESSURE BED MOUND AT-GRADE TANK REPLACEMENT SUBDIVISION REVIEW

FEE SCHEDULE - 2010

APPLICATION FEE/SOIL REVIEW* \$280 APPLICATION FEE: 280
*This fee does not apply to: Reissuance of Expired Permits, Tank Replacement Permits, Lot Split or Subdivision Approval, or System Abandonment Permits

<input type="checkbox"/> PERMIT FEE - DRAINFIELD OR PRESSURE BED	\$290	<p>RECEIVED</p> <p>JUL 07 2010</p> <p>Public Health</p> <p>(P)</p>	PERMIT FEE: 464
<input type="checkbox"/> PERMIT FEE - MOUND OR AT-GRADE	\$464		
<input type="checkbox"/> PERMIT FEE - NON SINGLE FAMILY			
<input type="checkbox"/> 1-500 GALLONS PER DAY	\$700		
<input type="checkbox"/> 501-1000 GALLONS PER DAY	\$845		
<input type="checkbox"/> 1001-5000 GALLONS PER DAY	\$1,060		
<input type="checkbox"/> 5001-999 GALLONS PER DAY	\$1,250		
<input type="checkbox"/> 10,000 GALLONS PER DAY OR GREATER	MPCA PERMIT REQUIRED		
<input type="checkbox"/> PERMIT FEE - TANK REPLACEMENT	\$113		
<input type="checkbox"/> PERMIT FEE - SYSTEM ABANDONMENT	\$113		
<input type="checkbox"/> PERMIT FEE - REISSUANCE OF EXPIRED PERMIT	\$134		

Make Checks Payable to WASHINGTON COUNTY TOTAL PERMIT FEE = APPLICATION FEE + PERMIT FEE: 744.00

SUBDIVISION REVIEW \$195 + \$85 PER LOT SUBDIVISION REVIEW BASE FEE: _____
 LOT SPLIT APPROVAL \$195 + \$85 PER LOT +
LOTS: _____ X \$85 PER LOT _____

Make Checks Payable to WASHINGTON COUNTY TOTAL SUBDIVISION REVIEW OR LOT SPLIT APPROVAL FEE: _____

The following exhibits are required as part of the application and shall be attached hereto: Percolation Test Reports; Soil Boring Logs; Site Plan drawn to scale showing location of buildings, lot lines, percolation test holes, soil boring holes, proposed location of system and location of well(s); one (1) copy of the System Design; and one (1) copy of the Final Building Plan. The house and drainfield areas must be staked. Inaccurate or incomplete information will result in delays in processing.

AGREEMENT: The undersigned hereby makes Application for Permit to Install or Extend the Sewage Treatment System herein specified, agreeing that all work shall be done in strict accordance with ordinances and regulations of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches, and Design submitted herewith, and which are reviewed by Washington County, together with any requirements and/or restrictions made necessary by conditions peculiar to a particular location, shall become part of the permit. Applicant further agrees to provide access, at reasonable times, to Washington County for the purpose of performing inspections required and that no part of the system shall be covered until it has been inspected and accepted. APPLICATION IS FOR AN INSTALLATION AT A SPECIFIC LOCATION; ANY DEVIATION FROM THE APPROVED LOCATION WILL VOID THE PERMIT. It shall be the responsibility of the applicant for the permit to notify the Office of the Washington County Department of Public Health & Environment that the installation is ready for inspection.

PERMITS WILL NOT BE ISSUED ONCE FROZEN GROUND CONDITIONS EXIST due to the inability to conduct soil reviews unless arrangements are made BY THE APPLICANT to provide a backhoe, geo-probe, or any other device that can penetrate the frozen soil to allow Washington County to conduct a soil review. In accordance with Minnesota Statute 15.99, Subdivision 2, Washington County has up to SIXTY (60) DAYS to review and approve or deny the permit application.

I hereby certify the above to be true and correct. I hereby give the Washington County Department of Public Health & Environment permission to enter upon my property during normal business hours for the purpose of determining the suitability of the location, design, and construction, which may include minor excavations or soil borings by the Department.

Signature of Applicant (Owner or Contractor)

Date

7/7/2010

Individual Sewage Treatment System Inspection Form

Project Address: 7470 Lamar AVE Community: Cottage Grove Owner: Rick Hagen Applicant: Rick Hagen	Application ID: 2200-10-7 Geo Code: 12-027-21-23-0006 Type of System: Mound Designer: Barry Jonathan Brown
---	---

Type of Installation: <input type="checkbox"/> New <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Other	Type of Inspection: <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	Inspector: <input type="checkbox"/> Pete Ganzel <input checked="" type="checkbox"/> Chris LeClair <input type="checkbox"/> Other
Number of Bedrooms: _____		Inspection Dates: 16 JUL 2010 17 JUL 2010

Installer: DIGGER EXCAVATING

Site Review	Mounds / At-Grade
Date: _____ <input type="checkbox"/> Soil Boring <input type="checkbox"/> Soil Pit Depth of Pit/Boring: _____ Comments: _____	<input type="checkbox"/> Mound <input type="checkbox"/> At-Grade Absorption Area _____ Percent Slope _____ Sand Below Bed <u>12"</u> Upslope Width <u>8</u> Rock Below Pipe <u>9"</u> Downslope Width <u>18</u> Perf Size/Spacing <u>14"/3'</u> Sideslope Width <u>8</u> Pipe Size/Spacing <u>1 1/2"/3'</u> Pressure Bed Dimensions: Length <u>30</u> Width <u>10</u>
Conclusions: <input type="checkbox"/> Site Suitable <input type="checkbox"/> Site Unsuitable <input type="checkbox"/> Additional Tests Required	

Sewage / Holding Tanks	Pump Information
Tank 1 <u>1500</u> <input type="checkbox"/> New <input type="checkbox"/> Existing Tank 2 <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 _____ Horsepower/GPM _____ Size of Discharge _____ Gallons Per Cycle _____ Line: _____ Gallons Per Minute _____ Type/Location or Alarm _____

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 <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 tanks _____ Building(s) to drainfield _____ Surface Water _____ Property Lines _____ Wells <input type="checkbox"/> 50' <input type="checkbox"/> 100'																														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Trench Depth (in)</td> <td style="width:20%;">T1 _____</td> <td style="width:20%;">Trench Length (ft)</td> <td style="width:20%;">T1 _____</td> <td style="width:20%;">Trench Width</td> <td style="width:20%;">Rock Below Pipe</td> </tr> <tr> <td></td> <td>T2 _____</td> <td></td> <td>T2 _____</td> <td><input type="checkbox"/> 24"</td> <td><input type="checkbox"/> 6"</td> </tr> <tr> <td></td> <td>T3 _____</td> <td></td> <td>T3 _____</td> <td><input type="checkbox"/> 36"</td> <td><input type="checkbox"/> 12"</td> </tr> <tr> <td></td> <td>T4 _____</td> <td></td> <td>T4 _____</td> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> 18"</td> </tr> <tr> <td></td> <td>T5 _____</td> <td></td> <td>T5 _____</td> <td>Trench Spacing _____</td> <td><input type="checkbox"/> 24"</td> </tr> </table>	Trench Depth (in)	T1 _____	Trench Length (ft)	T1 _____	Trench Width	Rock Below Pipe		T2 _____		T2 _____	<input type="checkbox"/> 24"	<input type="checkbox"/> 6"		T3 _____		T3 _____	<input type="checkbox"/> 36"	<input type="checkbox"/> 12"		T4 _____		T4 _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 18"		T5 _____		T5 _____	Trench Spacing _____	<input type="checkbox"/> 24"	<div style="background-color: #333; color: white; text-align: center; padding: 2px;">Pressure Test</div> Time _____ Time _____ PSI _____ PSI _____
Trench Depth (in)	T1 _____	Trench Length (ft)	T1 _____	Trench Width	Rock Below Pipe																										
	T2 _____		T2 _____	<input type="checkbox"/> 24"	<input type="checkbox"/> 6"																										
	T3 _____		T3 _____	<input type="checkbox"/> 36"	<input type="checkbox"/> 12"																										
	T4 _____		T4 _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 18"																										
	T5 _____		T5 _____	Trench Spacing _____	<input type="checkbox"/> 24"																										
Pressure Bed Dimensions: Length _____ Width _____ Absorption Area _____																															

Comments: 3 LATERALS, CLEAN-OUTS INSTALLED

Inspector _____



Pressure Distribution Summary

No. of Perforated Laterals	<input type="text" value="3"/>	Perforation Spacing	<input type="text" value="3"/> ft	Perforation Diameter	<input type="text" value="1/4"/> in
Lateral Diameter	<input type="text" value="1.50"/> in	Supply Pipe Diameter	<input type="text" value="2"/> in		
Flow Rate	<input type="text" value="23"/> GPM	Total Head	<input type="text" value="17.9"/> ft		

4. ORGANIC LOADING (if pretreatment is being used)

Organic Loading to Pre-Treatment Unit = Design Flow X Estimated BOD in mg/L in the effluent X 8.35 ÷ 1,000,000

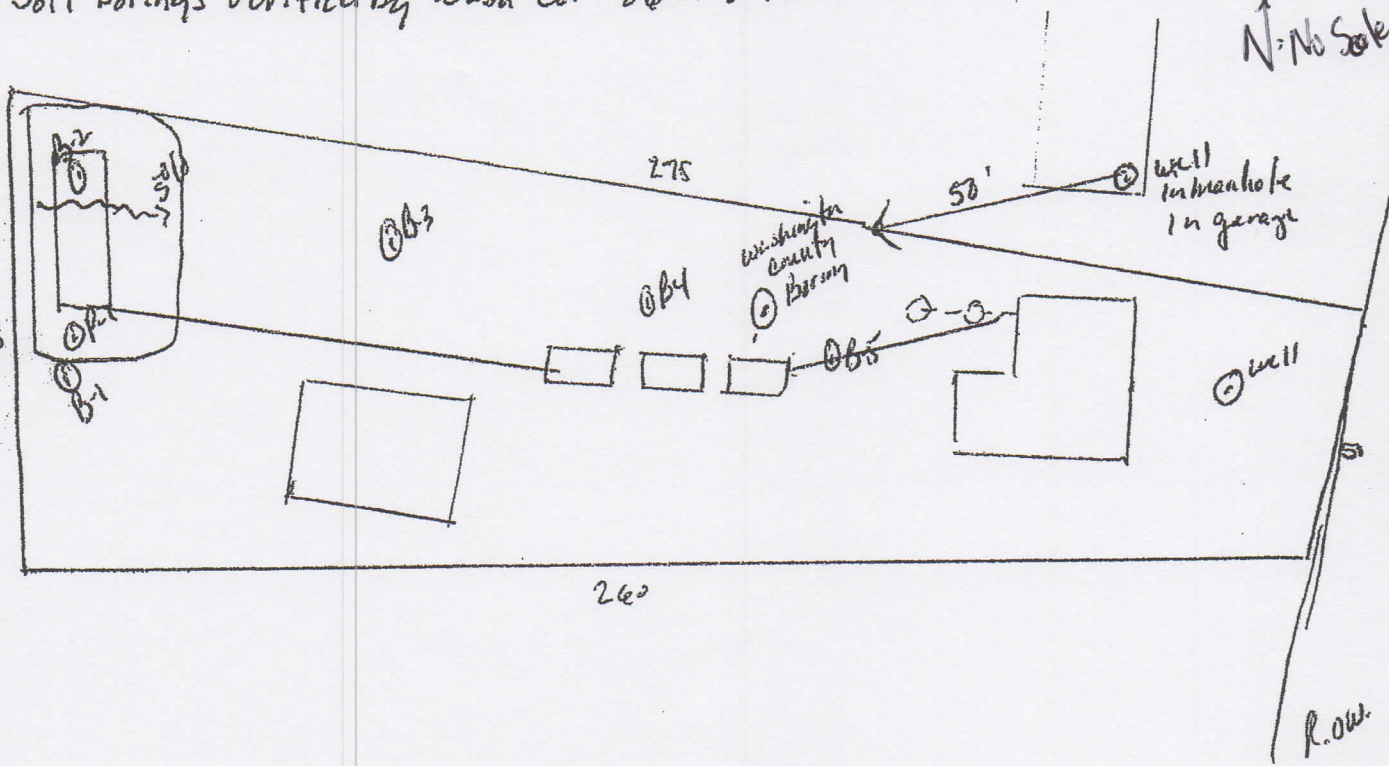
gpd X mg/L X 8.35 ÷ 1,000,000 = lbs BOD/day

Calculate System Organic Loading: lbs. BOD/day ÷ Bottom Area = lbs/day/ft²

lbs/day ÷ ft² = lbs/day/ft²

Comments/Special Design Considerations:

Soil borings verified by Wash Co. 06-23-10



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

Barry Brown

(Designer)

(Signature)

1772

(License #)

06/25/10

(Date)



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

Washington County Public Health & Environment
14949 - 62ND 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 7470 LAMAN AVE SO		City of Township COTTAGE GROVE	
Owner Name RICK HAGEN	Mail Address 7470 LAMAN AVE SO	City COTTAGE GROVE	State MN
Zip 55016	Installer DIAPER EXCAVATING	Mail Address 8495 GARDENWAY AVE SO	City COTTAGE GROVE
State MN	Zip 55016	Liquid Capacity 2-1000	
Septic Tank Information Tank Manufacturer: MINNESOTA PRECAST			

PUMP CHAMBER (if installed)			
Tank Manufacturer: MINNESOTA PRECAST	Liquid Capacity: 1-1000	Horsepower of Pump: .4	Type of Warning Device: light
Pump Discharge in Gallons Per Minute: 23	at Feet of 12	Number of Gallons Per Cycle: 75	

BLANKFIELD TRENCH		BED OR MOUND		
Width	Length of Each Trench	Rock Bed Length:	Width:	Area:
		30	10	300
Depth of Trench Below 1" from Finished Grade		Bed Depth from Grade:		
		1'		
Method of Distribution: <input type="checkbox"/> Pressure <input checked="" type="checkbox"/> Distribution Box <input type="checkbox"/> Drop Box		MOUND: Upslope Sand Base Depth: 8' Downslope Sand Base Depth: 1'		
Depth of Rock Under Distribution Pipe:		Depth of Rock Under Pipe: 12"		
Square Footage of 1% Sided Area Used:		PRESSURE DISTRIBUTION SYSTEM:		
Trench Bottom Square Footage Required:	Area As Built:	Lateral Inside Diameter: 3	Length: 28'	Perforation Size: 1/4
		Spacing: 3'	Number: 9	Perforation Spacing: 3'

Complete site plan if an 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 above referenced address was installed according to the Washington County Individual Sewage Treatment System Ordinance requirements.
Signed: Jan Nelson MPCA License #: 2332 169 Dated: 7/20/10

WASHINGTON COUNTY SEPTIC PERMIT NUMBER 2200-10-7



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 Facsimile Machine: 651-430-6730

Receipt

Number: 1620
Date: 7/8/2010
Check Number: CASH
Received For: **Application #2200107**
Application Type: Mound
Property Address: 7470 Lamar AVE
Community: Cottage Grove
Received From: Rick Hagen

7470 Lamar AVE
Cottage Grove MN 55016

Description

Total Fee:	\$0.00
Amount Received:	\$744.00
Previous Payments:	\$0.00
Balance Due:	(\$744.00)

Issued By:

SJH



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: 2200-10-7
Property ID Number: 12-027-21-23-0006
Property Address: 7470 Lamar AVE
Community: Cottage Grove
Date of Installation: July 19, 2010

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, appearing to read "C. LeClair", written over a horizontal line.

Christopher W. LeClair, REHS
Senior Environmental Specialist