MINNESOTA POLLUTION CONTROL AGENCY

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

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: 3502920230022 Reason for Inspection Property Transfer

Local regulatory authority info: Washington County

Property address: 16141 6th St. N Lakeland, Mn.

Owner/representative: John Whitcomb Owner's phone: 651-208-3139

Brief system description: 2 Septic tanks and 1 Pump tank to pressure bed

System status

System status on date (mm/dd/yyyy): 6/1/2024

☒ **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: 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):

Property Address: 16141 6th St. N Lakeland, Mn.

Business Name: David R Brown Date: 6/1/2024

1. Impact on public health – Compliance component #1 of 5

Compliance criteria:	
System discharges sewage to the ground surface	☐ Yes* ☒ No
System discharges sewage to drain tile or surface waters.	☐ Yes* ☒ No
System causes sewage backup into dwelling or establishment.	☐ Yes* ☒ 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?	☐ Yes* ☒ No
Sewage tank(s) leak below their designed operating depth?	☐ Yes* ☒ 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:

License number of maintenance business:

Date of maintenance:

☒ Existing tank integrity assessment (Attach)

Date of maintenance (mm/dd/yyyy): 10/26/22 (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:

Property Address: 16141 6th St. N Lakeland, Mn.
Business Name: David R Brown Date: 6/1/2024

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: 16141 6th St. N Lakeland, Mn.

Business Name: David R Brown Date: 6/1/2024

5. Soil separation – Compliance component #5 of 5

Date of installation 12/21/15 *(mm/dd/yyyy)* ☐ Unknown

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:* Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	☒ Yes ☐ No*
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:* Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	☒ Yes ☐ No*
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)* Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No*

Any "no" answer above indicates the system is failing to protect groundwater.

Describe verification methods and results:

Attached supporting documentation:

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

Indicate depths or elevations

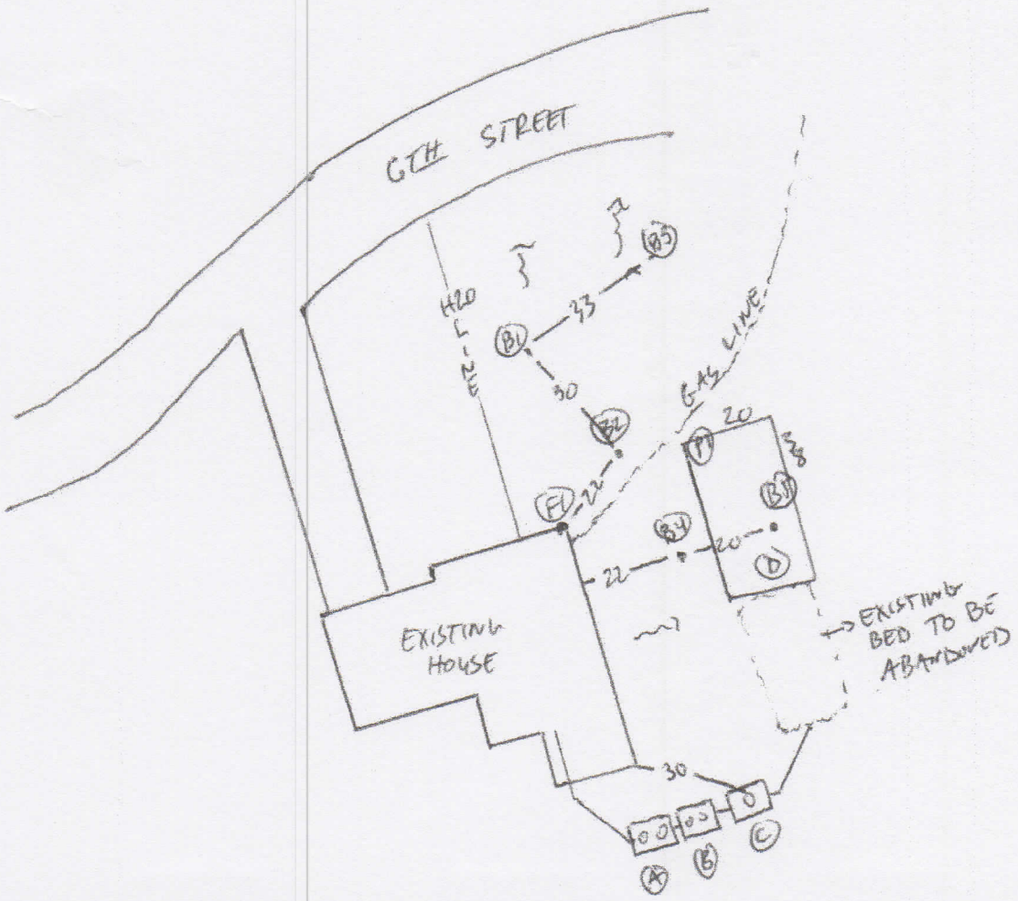
A. Bottom of distribution media	30"
B. Periodically saturated soil/bedrock	72"
C. System separation	42"
D. Required compliance separation*	36"

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

Upgrade requirements: *(Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.*

16141 6TH STREET N. LAKELAND, MN 55043

NT
1"=40'



(A) (B) = EXISTING SEPTIC TANKS
(C) = EXISTING PUMP TANK
(D) = NEW 20' x 38' PRESSURE BED
(B1) (B5) = SOIL BORING HOLES
(P1) = PERC HOLE

ELEVATIONS

(P1) = 100' BENCHMARK NE HOUSE CORNER
(B1) = 98'
(B2) = 99.5'
(B3) = 98.5'
(B4) = 100'
(B5) = 100'

MINNESOTA POLLUTION CONTROL AGENCY
520 Lafayette Road North
St. Paul, MN 55155-4194

Sewage tank maintenance reporting form

Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

Purpose: Management and maintenance of Subsurface Sewage Treatment Systems (SSTS) are important to ensure resource protection and long-term and cost-effective sewage treatment. Completion of this form complies with the sewage tank maintenance requirements under Minn. R. 7080.2450 and 7082.0600. 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 on page 3 by a qualified professional.**

Instructions: A copy of this information must be submitted to the system owner within 30 days of the maintenance date and be maintained by the licensed SSTS maintainer business for a period of five (5) years from the maintenance date. Maintenance reporting to the local unit of government *may* be required by local ordinance. Check with your local SSTS program for maintenance reporting protocol. **Page 3 is optional and not required to be completed on routine maintenance events.**

Secure maintenance hole covers

All maintenance hole covers must be returned to service in a sound and durable condition and be capable of withstanding the anticipated load.

Covers must be re-secured in accordance with Minn. R. 7080.2450, subp. 3, Items C or D:

a) Covers installed under local ordinances adopted after February 4, 2008 must be locked, bolted or screwed or must be 95 pounds in weight. They must be made of material suitable for outdoor use, resistant to ultraviolet degradation and leaks, and not susceptible to being slid or flipped. They must have a label warning of hazardous conditions inside the tank. All screw openings must be refastened.
b) Covers installed under local ordinances adopted before February 4, 2008 must either be buried with at least 12 inches of soil cover or be secured according to the local ordinance in effect before February 4, 2008.
c) Covers must meet item 'a' above when raised to the ground surface or less than 12 inches from the ground surface.

Reporting information

Date of maintenance (mm/dd/yyyy): 10-26-22 **Reason for maintenance:** Routine

Property address: 16141 6th St N Parcel ID:

City: Lakeland State: Zip code:

Property owner's name: John Whitcomb

Property-owner's address (*if different*):

City: State: Zip code:

Phone number: Email address:

1. **Did you measure the accumulation of scum and sludge?** ☐ Yes ☑ No (tank(s) pumped without measuring)

Tank (check if present)	Scum	Sludge	Operating depth	Percent full
☐ Septic/holding tank #1				
☐ Septic/holding tank #2				
☐ Pretreatment tank				
☐ Pump tank				

2. **Access used to remove septage:** ☑ Maintenance hole ☐ Other (Unless a holding tank, go to #4 below)
3. **If the maintenance hole was used, were all covers secured in place?** ☑ Yes ☐ No If no, *please explain below:*

4. **If the owner refuses to allow a Subsurface Sewage Treatment System (SSTS) to be pumped through the maintenance hole, have them complete and sign the following statement.**

I, _____ , refuse to allow the removal of the solids and liquids through the maintenance
(Print owner's name)
hole. I understand that removal of solids and liquids through other access points is not considered a compliant method of solids removal and does not fulfill the solids removal requirements of Minn. R. 7080.2450 and 7082.0600.

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.

Owner's signature: _____ Date (mm/dd/yyyy): _____

Property address: _____ Parcel ID: _____

City: _____ State: _____ Zip code: _____

5. Is the tank designed as a leaky tank? *(Example: seepage pit, cesspool, drywell, leaching pit)*

Tank #1: ☐ Yes ☒ No Verification method used: VISUAL

Tank #2: ☐ Yes ☒ No Verification method used: VISUAL

6. Is there evidence of the following?

Tank (check if present)	Tank leaks below the designed operating depth	Tank leaks above the designed operating depth	Maintenance hole cover is damaged, cracked, unsecured, or appears to be structurally unsound
☐ Septic/holding Tank #1	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
☐ Septic/holding Tank #2	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
☐ Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☐ Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Describe detail for any "Yes"			

7. How many gallons of septage were removed?

Tank #1: 1000 Tank #2: 1000 Pretreatment Tank: _____ Pump Tank: _____

8. Where was the septage taken? ☐ Wastewater treatment facility ☒ Land application ☐ Other

Explanation (Facility name/Site #): 11-2

9. Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system?

☐ Yes ☒ No If yes, identify tank and explain:

☐ Evidence of non-domestic waste ☐ Baffle(s) condition ☐ Effluent screen condition

☐ Maintenance hole and extensions condition ☐ Other conditions (e.g. structural integrity of tank or lid, electrical hazard, etc.)

Explanation: _____

10. List any troubleshooting and minor repairs completed or declined by owner:

☐ Troubleshooting and repairs conducted:	☐ Repairs declined by owner:

Additional comments or suggestions for owner's consideration:

Pumping record

I personally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance with Minnesota Rules Chapters 7080 – 7083:

☐ As a noncertified individual who has received proper training, daily work review, and periodic observation, or

☐ As a designated certified individual of the business listed below.

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.

Company information

Company name: MEYER SEWER SERVICE

Business license number: L915

Email: meyersewer@hotmail.com

Employee's signature: Chris Wagner

Employee information

Print name: CHRIS WAGNER

Certification number: (if applicable): C9761

Phone number: 651-459-0162

Date (mm/dd/yyyy): _____

Property address: 16141 6th St N Parcel ID:
City: Lakeland State: MN Zip code: 55043

Optional section: Sewage Tank Compliance Certification (Tank integrity assessment)

This form does not represent a complete system inspection report and only certifies sewage tank compliance status. i.e., this form, completed, may serve as a tank integrity assessment.

Instructions: This section of the form may be completed and signed by a Designated Certified Individual (DCI) of a licensed SSTS Maintenance Business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system.

When this section of the 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). This form can be found on the MPCA website at https://www.pca.state.mn.us/water/service-and-maintenance.

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 Item (B) subitem (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 Items B, C, and D; 7083.0730 Item C.

Pages 1 and 2 are not required to accompany this form when the optional third page is completed and used to certify sewage tank compliance status.

System status

System status on date (mm/dd/yyyy): 10/26/2022

☒ **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.**"	☐ Yes* ☒ No
The SSTS has a sewage tank that leaks below the designed operating depth - "**Failure to Protect Groundwater.**"	☐ Yes* ☒ 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.**"	☐ Yes* ☒ No

Any "yes" answer above indicates sewage tank non-compliance.

Company information
Company name: Meyer Sewer
Business license number: 915

Designated Certified Individual (DCI) information
Print name: Chris Wagner
Certification number: C9761

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS Maintenance 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: Chris Wagner Date (mm/dd/yyyy): 6-3-24

Log of Soil Borings

Location: 16141 6th St.N. Lakeland, MN 55043
Date: 11/23/2015

Boring Hole Depth in Inches	Texture	Color		Boring Hole Depth in Inches	Texture	Color
B1				**B5**		
0-3	Topsoil	Topsoil		0-35	Medium Sand	10YR3/3
3-35	Medium Sand	10YR3/3		35-54	Medium Sand	10YR3/4
35-52	Medium Sand	10YR3/4		54-72	Medium Coarse Sand	10YR3/4
52-72	Medium Coarse Sand	10YR3/4				
B2				**B6**		
0-3	Topsoil	Topsoil				
3-43	Medium Sand	10YR3/3				
43-58	Medium Sand	10YR3/4				
58-72	Medium Coarse Sand	10YR3/4				
B3				**B7**		
0-3	Topsoil	Topsoil				
3-37	Medium Sand	10YR3/3				
37-53	Medium Sand	10YR3/4				
53-72	Medium Coarse Sand	10YR3/4				
B4				**B8**		
0-37	Medium Sand	10YR3/3				
37-56	Medium Sand	10YR3/4				
56-72	Medium Coarse Sand	10YR3/4				

UNIVERSITY OF MINNESOTA

OSTP Soil Observation Log

Project ID:

v 03.19.15

Client/ Address:	16141 6th Street North, Lakeland	Legal Description/ GPS:	-92.778, 44.9566

Soil parent material(s): (Check all that apply) ☐ Outwash ☐ Lacustrine ☐ Loess ☐ Till ☑ Alluvium ☐ Bedrock ☐ Organic Matter

Landscape Position: (check one) ☐ Summit ☐ Shoulder ☑ Back/Side Slope ☐ Foot Slope ☐ Toe Slope — Slope shape: LL

Vegetation	grass	Soil survey map units	7B-Hubbard loam	Slope%	1.0	Elevation:	750 ft

Weather Conditions/Time of Day:	Cloudy 1:30 PM	Date	12/21/15
Observation #/Location:	8 feet from northern edge of soil treatment area	Observation Type:	Soil Pit

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Structure: Shape	Structure: Grade	Structure: Consistence
0-36"	loamy sand	<5%	10YR 3/2	None			Granular	Structureless	Loose
36-72"	Medium Sand	<35%	10YR 4/3	None			Granular	Structureless	Loose

Comments:

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

Alex Pepin		C9844	12/21/2015
(Designer/Inspector)	(Signature)	(License #)	(Date)

Washington County

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:	$290.00
Permit Fee:	$305.00
Total Fee:	**$595.00**
Previous Payment	**$595.00**
Balance Due	**$0.00**

Community: Lakeland
Permit Number: 1900-15-12
Owner: John Whitcomb
16141 6th ST N
Lakeland MN 55043-

Applicant: Capra Utilties

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: 16141 6th ST N
Geo Code: 35-029-20-23-0022
Designer: Dave Brown

Type of System: Pressure Bed

Pressure Distribution
N / A

Design Criteria		Bed Sizing		
Percolation Rate:	4	Square Feet:	750	
Depth To Restriction:	72	Rock Bed Width:	20	Feet
Land Slope:	1.00%	Rock Bed Length:	38	Feet
Flow Rate:	600	Depth of Rock:	6	Inches
Number of Bedrooms:	4	Bed Depth Maximum:	30	Inches
		Bed Depth Minimum:	30	Inches

Tank Sizes

Tank 1: **1500** Tank 2: **1000** Tank 3: **0** Lift Station: **1000**

Authorized Work/Special Conditions

1. Building sewer can be no closer than 20' to well and must be pressure tested within 50 feet of well.
2. Domestic strength waste only. Industrial waste and hazardous wastes cannot enter the septic system.
3. Effluent Filter with alarm required.
4. 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.
5. Installer must verify head and elevation so the proper pump size is used.
6. Pressurized laterals can be no further apart than 36 inches and require accessible cleanouts at the end of each lateral.
7. Use of tanks registered with the Minnesota Pollution Control Agency required.

Permit Issue Date: 12/21/2015
Permit Expiration Date: 12/20/2016

Christopher W. LeClair, REHS
Senior Environmental Specialist