

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 <a href="https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf">https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf</a>.

| Paraol ID# or Soc/Two/Range: 34 030 24 24 0012   | Local tracking number:  |
|--|---|
| Parcel ID# or Sec/Twp/Range: 34.030.21.31.0012   | Reason for Inspection property sale   |
| ocal regulatory authority info: Washington County  |   |
| roperty address: 6365 Jasrnine Ave N Grant, MN 55082   |   |
| wner/representative: Sue Ebertz  | Owner's phone: 651-770-9624   |
| rief system description: A precast septic tank and a gravity roo   | ck trench drainfield.   |
|  |   |
| ystem status   |   |
| ystem status on date (mm/dd/yyyy): 6/5/2024  |   |
| ☐ 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.  |
| batement under section 145A.04, subdivision 8 is discovered or shorter time frame exists in Local Ordinance.)  | An imminent threat to public health and safety (ITPHS) must be  |
| Note: Compliance indicates conformance with Minn.  | upgraded, replaced, or its use discontinued within ten months of receipt  |
| R. 7080.1500 as of system status date above and does not<br>juarantee 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 application   | ble)  |
| ☐ Impact on public health (Compliance component #1   | 1) – Imminent threat to public health and safety  |
| ☐ Tank integrity (Compliance component #2) - Failing   |   |
| Other Compliance Conditions (Compliance compor   | nent #3) – Imminent threat to public health and safety  |
| Other Compliance Conditions (Compliance compor   |   |
|  | 0.2500 (Compliance component #3) – Failing to protect groundwater   |
| Soil separation (Compliance component #5) – Faili.   |   |
| Operating permit/monitoring plan requirements (Co  | ompliance component #4) – Noncompliant - local ordinance applies  |
| Comments or recommendations  | •   |
|  |   |
| Reviewed design permit inspection, soil and pumping r  | records on file at Washington County  |
| Reviewed design, permit, inspection, soil and pumping r  | records on file at Washington County  |
| Reviewed design, permit, inspection, soil and pumping I  | records on file at Washington County  |
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| Reviewed design, permit, inspection, soil and pumping i  | records on file at Washington County  |
|  | records on file at Washington County  |
| <b>Certification</b> I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unkn  | records on file at Washington County  and to determine the compliance status of this system. No determination of nown conditions during system construction, possible abuse of the system,  |
| Certification  Thereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unknown inadequate maintenance, or future water usage.  By typing my name below, I certify the above statements to be true.  | rd to determine the compliance status of this system. No determination of   |
| Certification  hereby certify that all the necessary information has been gathered inture system performance has been nor can be made due to unknown nadequate maintenance, or future water usage.  By typing my name below, I certify the above statements to be truited for the purpose of processing this form.   | nd to determine the compliance status of this system. No determination of apwn conditions during system construction, possible abuse of the system, the and correct, to the best of my knowledge, and that this information can be a Certification number: 323  |
| Certification  hereby certify that all the necessary information has been gathered turing the system performance has been nor can be made due to unknown adequate maintenance, or future water usage.  By typing my name below, I certify the above statements to be truited for the purpose of processing this form.  Business name: All State Septic Services LLC  | nd to determine the compliance status of this system. No determination of apwn conditions during system construction, possible abuse of the system, the and correct, to the best of my knowledge, and that this information can be  |
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| Certification  I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unknown inadequate maintenance, or future water usage.  By typing my name below, I certify the above statements to be true used for the purpose of processing this form.  Business name: All State Septic Services LLC Inspector signature: Tom Trooien (This document has been electronically services).   | od to determine the compliance status of this system. No determination of nown conditions during system construction, possible abuse of the system, use and correct, to the best of my knowledge, and that this information can b  Certification number: 323  License number: 1568  Signed)   |
| Certification  Thereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unknown and the manage of the purpose of processing the statements to be the purpose of processing this form.  Business name: All State Septic Services LLC Inspector signature: Tom Trooien (This document has been electronically signatures)  Necessary or locally required supporting definitions.   | nd to determine the compliance status of this system. No determination of nown conditions during system construction, possible abuse of the system, the and correct, to the best of my knowledge, and that this information can be a Certification number: 323    Certification number: 1568   Signed   Certification (must be attached)                          |
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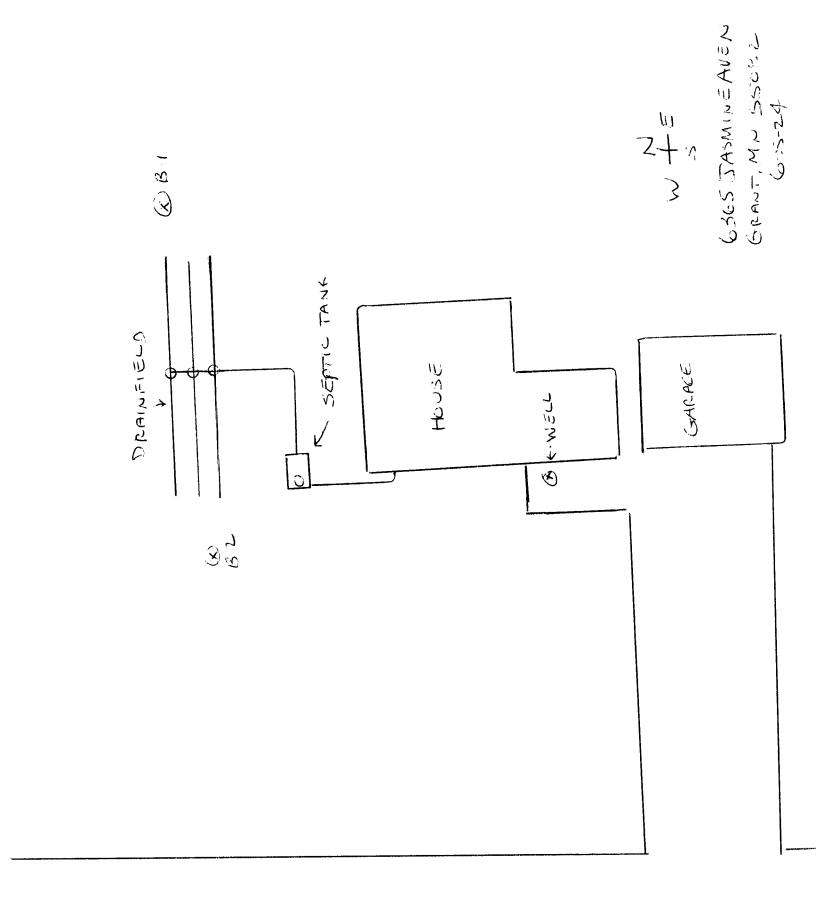
| System discharges sewage to the ground surface  System discharges sewage to drain title or surface waters.  System causes sewage backup into dwelling or establishment.  Specific verification methods and results:  None of the above observed   Attached supporting documentation:  System consists of a seepage pit, esspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their designed operating depth?  Sewage tank(s) leak below their designed operating depth?  If yes, which sewage tank(s) leaks:  An "yes" and several part of the system o | Compliance criteria:  |  |  | Attached supporting documentati   | ion:   |
|--|---|--|--|---|--|
| System causes sewage backup into dwelling or establishment.  Any and a dwer above inflation the system is an animal through the purpose of the above observed.  Describe verification methods and results:  None of the above observed.  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:  Attached supporting documentation:  Empty tank(s) viewed by inspector  Name of maintenance business: Smilling tank integrity assessment (Attach)  Date of maintenance:  Existing tank integrity assessment compliance of maintenance (must be within three types).  (See form instructions to ensure assessment compliance of maintenance (must be within three types).  (See form instructions to ensure assessment compliance of maintenance (must be within three types).  (See form instructions to ensure assessment compliance of maintenance (must be within three types).  (See form instructions to ensure assessment compliance of maintenance).  (See form instructions to ensure assessment compliance).  | System discharges sewage to the   | ☐ Yes <sup>*</sup>                       | ⊠ No                                   | Other:  |  |
| ## Attached supporting documentation:    System consists of a seepage pit. cesspol, drywell, leaching pit. or other pit?   Yes  No   |   | □Yes                                     | <b>⊠</b> No                            | <u> Постаррноавие</u>   |  |
| Describe verification methods and results:  None of the above observed    Compliance component #2 of 5   |   | ☐ Yes                                    | ⊠ No                                   |   |  |
| Attached supporting documentation:  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:  Attached supporting documentation:  Empty tank(s) viewed by inspector  Name of maintenance business: Smilling pit, or other pit?  Date of maintenance business: 2428  Date of maintenance in the sessment (Attach)  Date of maintenance in the sessment (Attach)  Date of maintenance in the sessment (Attach)  Existing tank integrity assessment (Attach)  Date of maintenance in the sessment (Attach)  Date of maintenance in the sessment (Attach)  Tank is Noncompliant (pumping not necessary – existing tank is Noncompl |   |  | vin (s. an                             |   |  |
| Compliance criteria:       Attached supporting documentation:         System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?       □ Yes ☒ No       ☒ Empty tank(s) viewed by inspector         Sewage tank(s) leak below their designed operating depth?       □ Yes ☒ No       ☐ License number of maintenance business: 2428         Date of maintenance:       6/5/2         □ Existing tank integrity assessment (Attach)         Date of maintenance (mm/dd/yyyy):       (must be within three your few and pates, the system factors as a property few and pates, the system factors as a property few and pates. The system factors are property few and pa  |   | results.                                 |  |   |  |
| Compliance criteria:       Attached supporting documentation:         System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?       Yes       No       Empty tank(s) viewed by inspector         Sewage tank(s) leak below their designed operating depth?       Yes       No       License number of maintenance business: 2428         Date of maintenance:       6/5/2         Existing tank integrity assessment (Attach)         Date of maintenance (mm/dd/yyyy):       (must be within three years)         An or year ans and remaintance of maintenance (mm/dd/yyyy):       (See form instructions to ensure assessment coloring. Playance         (See form instructions to ensure assessment coloring. Playance       (See form instructions to ensure assessment coloring. Playance         Tank is Noncompliant (pumping not necessary – ex  |   |  |  |   |  |
| Cesspool, drywell, leaching pit, or other pit? Name of maintenance business: Smilling or other pit?   Sewage tank(s) leak below their designed operating depth? Yes ☒ No   License number of maintenance business: 2428   Date of maintenance: 6/5/2   Existing tank integrity assessment (Attach)   Date of maintenance (mm/dd/yyyy): (must be within three years)   Are "yes" ans and remaindates the system factor of the complex factors for the system of the system of the complex factors for the system of the syste   | <b>nk integrity</b> – Compliance  | compo                                    | onent #2 (                             | of 5  |  |
| Sewage tank(s) leak below their designed operating depth?    Date of maintenance   Existing tank integrity assessment (Attach)   |   | compo                                    | onent #2 (                             |   | ion:   |
| Existing tank integrity assessment (Attach)  Date of maintenance (mm/dd/yyyy): (must be within three y  Are "yes" ans applicates the system factorizate mount by and the system  (See form instructions to ensure assessment condition. R. 7082.0700 subp. 4 B (1))  Tank is Noncompliant (pumping not necessary – ex  | Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit,  |  |  | Attached supporting documentat  ☑ Empty tank(s) viewed by inspector   | ion:<br>Smilie's   |
| Date of maintenance (mm/dd/yyyy): (must be within three y  | Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their   | ☐ Yes                                    | ⊠ No                                   | Attached supporting documentat  ☑ Empty tank(s) viewed by inspector  Name of maintenance business:  | Smilie's<br>siness: 2428   |
| (See form instructions to ensure assessment configuration of the configu | Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their   | ☐ Yes                                    | ⊠ No                                   | Attached supporting documentate  Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business  Date of maintenance:   | Smilie's<br>siness: 2428<br>6/5/2024   |
| Minn. R. 7082.0700 subp. 4 B (1))  Tank is Noncompliant (pumping not necessary – ex  | Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their   | ☐ Yes                                    | ⊠ No                                   | Attached supporting documentat  ☐ Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance businese of maintenance:  ☐ Existing tank integrity assessment (A)  Date of maintenance   | Smilie's  2428  6/5/2024  Attach)  |
|  | 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:  | ☐ Yes                                    | ⊠ No                                   | Attached supporting documentat  ☐ Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business:  Date of maintenance:  ☐ Existing tank integrity assessment (ADD Date of maintenance (mm/dd/yyyy):  ☐ Maintenance (must be very maintenance)  | Smilie's  2428 6/5/2024  Attach)  within three years)  |
| L I Other  | 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:  | ☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes | ⊠ No                                   | Attached supporting documentat  ☐ Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business:  Date of maintenance:  ☐ Existing tank integrity assessment (ADD Date of maintenance (mm/dd/yyyy):  (See form instructions to ensure assessment, R. 7082.0700 subp. 4 B (1))  | Smilie's  siness: 2428 6/5/2024  Attach)  within three years) sessment complies                      |
| Describe verification methods and results:   | 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:  | ☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes | ⊠ No                                   | Attached supporting documentat  ☐ Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business:  Date of maintenance:  ☐ Existing tank integrity assessment (A Date of maintenance (mm/dd/yyyy):  (See form instructions to ensure assiming Minn. R. 7082.0700 subp. 4 B (1))  ☐ Tank is Noncompliant (pumping not maintenance) | Smilie's  siness: 2428 6/5/2024  Attach)  within three years) sessment complies                      |
| The tank was at normal operating level, then was pumped through the manhole. Lowered a light & camera into the tank - bottom, walls, cover, baffles & riser ok.  | 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:  40 **Yes*** ans ** | ☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes | ⊠ No  ⊠ No                             | Attached supporting documentat  ☐ Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business:  Date of maintenance:  ☐ Existing tank integrity assessment (ADD Date of maintenance (mm/dd/yyyy):  (See form instructions to ensure assessment, R. 7082.0700 subp. 4 B (1))  | Smilie's  siness: 2428 6/5/2024  Attach)  within three years) sessment complies                      |
| The tank has roots entering & the manhole cover has minor damage.  | 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:  40  | Yes Yes Ates. 164                        | No  No  No  No  No  No  No  No  No  No | Attached supporting documentat  ☐ Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business:  Date of maintenance:  ☐ Existing tank integrity assessment (A Date of maintenance (mm/dd/yyyy):  (See form instructions to ensure assiming Minn. R. 7082.0700 subp. 4 B (1))  ☐ Tank is Noncompliant (pumping not not other:   | Smilie's  siness: 2428 6/5/2024  Attach)  within three years) sessment complies ecessary – explain b |

| roperty Address: _6365 Jasmine Ave N Grant, MN 55082 usiness Name: _All State Septic Services LLC  | Date: 6/5/2024   |
|--|--|
| Other compliance conditions – Compliance component #3 of 5   |  |
| 3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unse  | ecured?  |
| ☐ Yes ☑ No ☐ Unknown   |  |
| 3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safet   | y? ☐ Yes ⊠ No ☐ Unknow                                     |
| Thus to Bainr 36 - Syak north Gold Color of the constitution 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   |
| Tos in 3c on the Equation of willing to product groups because   |  |
| Describe verification methods and results:   |  |
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|  |  |
|  |  |
| Attached supporting documentation: ☑ Not applicable ☐  |  |
|  | (F. 57)  |
|  | of 5 ⊠ Not applicable                                      |
| Operating permit and nitrogen BMP* – Compliance component #4 c   | of 5 ⊠ Not applicable  If "yes", A below is require        |
| Operating permit and nitrogen BMP* – Compliance component #4 or Is the system operated under an Operating Permit? □ Yes □ No   | If "yes", A below is requir                                |
| Operating permit and nitrogen BMP* – Compliance component #4 c   | If "yes", A below is requir                                |
| Operating permit and nitrogen BMP* – Compliance component #4 of the system operated under an Operating Permit?  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 "yes", A below is require                               |
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| Operating permit and nitrogen BMP* – Compliance component #4 of the system operated under an Operating Permit?  Is the system operated under an Operating Permit?  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 complete.  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 mod and met indicates nacromp. Tables.  | If "yes", A below is require                               |
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| Operating permit and nitrogen BMP* — Compliance component #4 of the system operated under an Operating Permit?  Is the system operated under an Operating Permit?  Is the system required to employ a Nitrogen BMP specified in the system design?   Where the system design is the system design in the system design.  If the answer to both questions is "no", this section does not need to be complete.   Compliance criteria:  a. Have the operating permit requirements been met?  Design in the system design in the system design in the system design.  And the system design in the system design in the system design in the system design.   Yes in No.  Design in the system design in the system design in the system design.   The system design in the system design in the system design in the system design.   Yes in No.  Design in the system design in the system design.   Yes in No.  Design in the system design in the system design.   Yes in No.  And the system design.   Yes in No. | If "yes", A below is requir<br>If "yes", B below is requir |

| Soil separation – Compliance cor   | mponent  | #5 of       | 5  |                 |
|--|--|-------------|--|-----------------|
| Date of installation 9/5/1986 (mm/dd/yyyy)   | _ Unknowr  | n           |  |                 |
| Shoreland/Wellhead protection/Food   | ☐ Yes 🏻  | <b>]</b> No | Attached supporting documentation:                     |                 |
| beverage lodging?  |  |             | Soil observation logs completed for the                | e report        |
| Compliance criteria (select one):  | - <del></del>  |             | ☐ Two previous verifications of required               | vertical separa |
| 5a. For systems built prior to April 1, 1996, and  | ☐ Yes 🏻  | No          | ☐ Not applicable (No soil treatment area               | a)              |
| not located in Shoreland or Wellhead<br>Protection Area or not serving a food.<br>beverage or lodging establishment:   |  |             |  |                 |
| Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.   | and the state of t |             |  |                 |
| 5b. Non-performance systems built  | ☐ Yes ☐  | ] No        | Indicate depths or elevations                          |                 |
| April 1, 1996, or later or for non-<br>performance systems located in Shoreland  |  |             | A. Bottom of distribution media                        | 4.2             |
| or Wellhead Protection Areas or serving a  |  |             | B. Periodically saturated soil/bedrock                 | 2.5             |
| food, beverage, or lodging establishment:  |  |             | C. System separation                                   | 0               |
| Drainfield has a three-foot vertical separation distance from periodically   |  |             | D. Required compliance separation*                     | 2.0             |
| saturated soil or bedrock.*  |  | 100011      | *May be reduced up to 15 percent if allo<br>Ordinance. | owed by Local   |
| 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.  |  |             |  |                 |

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, 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 feed. 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.



## Soil Observation Log

| 7<br>7              |   |                                  | )                         | !                           |                          | 1               | 1   | Project ID:         |   |  | v 04.02.2024   |    |
|---------------------|---|----------------------------------|---------------------------|-----------------------------|--------------------------|-----------------|---|---------------------|---|--|--|----|
| Client:             | O. C.   |                                  | Sue Ebertz                | rtz                         |                          |                 | Loca  | Location / Address: | 9                                       | 6365 Jasmine Ave N Grant, MN 55082       | Grant, MN 55082  |    |
| Soil parent ma      | Soil parent material(s): (Check all that apply)   | sk all that a                    | pp(y)                     | 0                           | Outwash                  | Lacustrine      | Loess Till  | ☐ Alluvium ☐ B€     | Bedrock Organ                           | Organic Matter Distur                    | Disturbed/Fill   |    |
| Landscape Position: | sition:   |                                  |                           |                             | Slope %:                 |                 | Slope shape:  |                     |   | Flooding/Run-On potential:               | On potential:  |    |
| Vegetation:         |   |                                  |                           | Soils                       | Soil survey map units:   | units:          |   |                     | Surface El                              | Surface Elevation-Relative to benchmark: | benchmark:   |    |
| Date/Time of        | Date/Time of Day/Weather Conditions:  | onditions:                       |                           |                             |                          |                 |   |                     |   | Limiting Layer Elevation:                | er Elevation:  |    |
| Observatio          | Observation #/Location:   | B-1                              | <del></del>               |                             |                          |                 |   | Observat            | Observation Type:                       |  | Auger  |    |
|                     |   | Rock                             |                           |                             |                          |                 |   |                     |   | Structure                                | re   |    |
| Depth (in)          | Texture   | Frag. %                          | Matrix                    | Matrix Color(s)             | Mottle                   | Mottle Color(s) | Redox Kind(s)   | Indicator(s)        | Shape                                   | Grade                                    | Consistence  |    |
|                     | 141:0   | .35                              | 10YR                      | 372                         |                          |                 |   |                     |   |  |  |    |
| 71-0                | Silt Loam   | (5)                              |                           |                             |                          |                 |   |                     |   |  |  |    |
|                     |   |                                  | 10YR                      | 4/3                         |                          |                 |   |                     |   |  |  |    |
| 12-38               | Silt Loam   | - C\$>                           |                           |                             |                          |                 |   |                     |   |  |  |    |
|                     | Medium Sandv  | i.                               | 10YR 4/4                  | 4/4                         | 10YR                     | 8/9             | Concentrations  | 52                  |   |  |  |    |
| 38-48               | Loam  | 435                              |                           |                             | 10YR                     | 5/2             | Depletions  | 25                  |   |  |  |    |
|                     |   |                                  |                           |                             |                          |                 |   |                     |   |  |  |    |
|                     |   |                                  |                           |                             |                          |                 |   |                     |   |  |  |    |
|                     |   |                                  |                           |                             |                          |                 |   |                     |   |  |  |    |
|                     |   |                                  |                           |                             |                          |                 |   |                     |   |  |  |    |
|                     |   |                                  |                           |                             |                          |                 |   |                     |   |  |  |    |
|                     |   |                                  |                           |                             |                          |                 |   |                     |   |  |  |    |
|                     |   |                                  |                           |                             |                          |                 |   |                     |   |  |  |    |
|                     |   |                                  |                           |                             |                          |                 |   |                     |   |  |  |    |
| Comments:           | Redox at 38"  |                                  |                           |                             |                          |                 |   |                     |   |  |  |    |
| I hereby cert       | hereby certify that I have completed this work in accordance with all   | sompleted t                      | this work                 | in accord                   | ance with                | all applica     | applicable ordinances, rules and laws   | les and laws.       |   |  |  |    |
|                     | Tom Trooien   |                                  |                           |                             |                          | Tom Trooien     | n.  | •                   | 1568                                    |  | 6/5/24   |    |
| (De                 | (Designer/Inspector)  | (r)                              |                           |                             |                          | (Signature)     | i)  | 0500 subn 3 A       | (License #)                             | elow represents an i                     | (License #)  The signature helow represents an infield verification of the | Q. |
| Optional Veri       | Optional Verification: I hereby certify that this soli observation was verified periodically saturated soil or bedrock at the proposed soil treatment and dis | oy certify that<br>bedrock at th | at this soi<br>he propose | i observati<br>ed soil trea | on was ver<br>atment and | dispersal site. | <u>Optional Verification:</u> Thereby certify that this soil observation was verified according to million. Your.cook subplices periodically saturated soil or bedrock at the proposed soil treatment and dispersal site. |                     |   |  |  |    |
|                     |   | 1                                |                           |                             |                          | (Signature      |   | ı                   | ((ert #)                                |  | (Date)   |    |
| (F@n/               | (LGU/Designer/Inspector)  | ctor)                            |                           |                             |                          | (Signature)     | (;  |                     | ( |  | 722521   |    |



## Soil Observation Log

Optional Verification: I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the Consistence 6/5/24 (Date) 6365 Jasmine Ave N Grant, MN 55082 v 04.02.2024 Flooding/Run-On potential: |------| Surface Elevation-Relative to benchmark: Limiting Layer Elevation: Disturbed/Fill Grade Organic Matter (Cert #) 1568 Shape Observation Type: Bedrock Location / Address: Indicator(s) hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws. Project ID: \$2 \$2 Till Alluvium Redox Kind(s) Slope shape: Concentrations Depletions Loess periodically saturated soil or bedrock at the proposed soil treatment and dispersal site. Tom Trooien (Signature) (Signature) Mottle Color(s) Outwash Dacustrine Soil survey map units: 10YR 6/8 10YR 5/1 Slope %: Matrix Color(s) 10YR 4/3 7.5YR 4/4 10YR 2/2 Sue Ebertz Soil parent material(s): (Check all that apply) Date/Time of Day/Weather Conditions: Rock Frag. % <35 <35 <35 (LGU/Designer/Inspector) (Designer/Inspector) Observation #/Location: Tom Trooien Sandy Clay Comments: Redox at 30" Silt Loam Silt Loam Texture Loam Landscape Position: Vegetation: Depth (in) 10-30 30-40 0-10