

## 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: 20.028.20.21.0005  Local regulatory authority info: (Deshinston Bun	Reason for Inspection Page 17 Transfer
Property address: 13377 - Hindson RD	After Mx. 55001
Owner representative Chiis Hinnen Kamp	Owner's phone: 6/2-860-5129
Brief system description: Septic TANKS W/Shallow	Trench Distribution
	W
System status	
System status on date (mm/dd/yyyy): 5-17-202 Y	
☐ 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	Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.
a shorter time frame exists in Local Ordinance.)	An imminent threat to public health and safety (ITPHS) must be
*Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.	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 applicab	ole)
☐ 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 components)	ent #3) – Imminent threat to public health and safety
	ent #3) – Failing to protect groundwater
System not abandoned according to Minn. R. 7080.2	2500 (Compliance component #3) - Failing to protect groundwater
☐ Soil separation (Compliance component #5) — Failing	g to protect groundwater
☐ Operating permit/monitoring plan requirements (Com	ppliance component #4) – Noncompliant - local ordinance applies
Comments or recommendations	.,
CRA	22943 RECEIVED 22944 JUN 24 2024
OK# 0	22949 JUN 2 4 2024
Certification	PUBLIC HEALTH
nadequate maintenance, or future water usage.	o determine the compliance status of this system. No determination of in 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: Awder Byt 6.	Certification number: 925
nspector signature:	License number: 3/7
(This document has been electronically signe	Phone: 25 1-163-7734
lecessary or locally required supporting doc	umentation (must be attached)
Soil observation logs System/As-Built Locally red	
Other information (list):	ured forms XI Tank Integrity Assessment

		Date: 5-/7-2
npact on public health —	Compliance com	ponent #1 of 5
Compliance criteria:		Attached supporting documentation:
System discharges sewage to the ground surface	☐ Yes* 🋣 No	☐ Other: ☐ Not applicable
System discharges sewage to drain tile or surface waters.	☐ Yes* 💆 No	
System causes sewage backup into dwelling or establishment.	Yes* ÆNo	
Any "yes" answer above indicate imminent threat to public health a	s the system is an and safety.	
Describe verification methods an	d results:	_
<b>nk integrity</b> – Compliance	component #2	of 5
<b>nk integrity</b> – Compliance Compliance criteria:	component #2	
Compliance criteria: System consists of a seepage pit.	component #2	Attached supporting documentation:
Compliance criteria:		Attached supporting documentation:  Empty tank(s) viewed by inspector
Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?  Sewage tank(s) leak below their		Attached supporting documentation:  Empty tank(s) viewed by inspector  Name of maintenance business:
Compliance criteria:  System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes* 💆 No	Attached supporting documentation:  Empty tank(s) viewed by inspector
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 documentation:  Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business: 425/  Date of maintenance:  Existing tank integrity assessment (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?  f yes, which sewage tank(s) leaks:	☐ Yes* M No	Attached supporting documentation:  Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business: 425/  Date of maintenance:
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* ☑ No ☐ Yes* ☑ No	Attached supporting documentation:  Empty tank(s) viewed by inspector  Name of maintenance business:  License number of maintenance business: 425 /  Date of maintenance:  Existing tank integrity assessment (Attach)  Date of maintenance

Property Address: 13377- Hudson Pd. Afton	MK-	
Business Name: Sauber PHH 6.		Date: 5-17-2024
3. Other compliance conditions – Compliance componen	t #3 of 5	
3a. Maintenance hole covers appear to be structurally unsound (damaged, cr	acked, etc.), or unsec	cured?
☐ Yes* ☐ Unknown		
3b. Other issues (electrical hazards, etc.) to immediately and adversely impact p	oublic health or safety	? ☐ Yes* ☐ No ☐ Unknown
*Yes to 3a or 3b - System is an imminent threat to public health and		
<ul><li>3c. System is non-protective of ground water for other conditions as determin</li><li>3d. System not abandoned in accordance with Minn. R. 7080.2500?</li></ul>	ed by inspector?	☐ Yes* 📆 No
*Yes to 3c or 3d - System is failing to protect groundwater.		☐ Yes*   PNo
Describe verification methods and results:		
Attack at a transfer of the state of the sta		
Attached supporting documentation:   Not applicable		
4. Operating permit and nitrogen BMP* – Compliance cor	nnonont #4 of	F 57
	inpolient #4 of	5 X 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 BMP = Best Management Practice(s) specified in the system design	i? ☐ Yes ☐ No If '	'yes", B below is required
If the answer to both questions is "no", this section does not need	45 65	
Compliance criteria:	to be completed.	
a Have the energial and the second		
b. Is the required nitrogen BMP in place and properly functioning?		
Any "no" answer indicates noncompliance.	□ NO	
Describe verification methods and results:		
and recursion		
Attached supporting documentation:   Operating permit (Attach)	l	
	•00 025-200000000000000000000000000000000	

Property Address: 1337,7- Hudson	RO. Afte	N MW.	
Business Name: San ber Porth Co.		Date:	5-17-2024
5. Soil separation – Compliance co	mponent #5	of 5	
Date of installation /994 (mm/dd/yyyy)	Unknown		
Shoreland/Wellhead protection/Food beverage lodging?	☐ Yes 🏹 No	Attached supporting documentation	
Compliance criteria (select one):		Soil observation logs completed for	
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*	<ul><li>☐ Two previous verifications of require</li><li>☐ Not applicable (No soil treatment are</li><li>☐</li></ul>	
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-	☐ Yes ☐ No*	Indicate depths or elevations	
performance systems located in Shoreland or Wellhead Protection Areas or serving a		A. Bottom of distribution media	36
food, beverage, or lodging establishment:		B. Periodically saturated soil/bedrock	>70"5
Drainfield has a three-foot vertical separation distance from periodically		C. System separation	724"
saturated soil or bedrock.*		D. Required compliance separation*	24"
		*May be reduced up to 15 percent if all 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) Drainfield meets the designed vertical	☐ Yes ☐ No*		
separation distance from periodically saturated soil or bedrock.		·	
*Any "no" answer above indicates the sy	stem is		

ig 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 falling 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 falling 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.

ONSITE SEWAGE TREATMENT PROGRAM

# Soil Observation Log

Project ID:

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(LGU/Des	(Designer/Inspector)  Optional Verification: I hereby certify that I have completed this work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances, rules a work in accordance with all applicable ordinances.	Comments:		-	yo hedora	28-70	88.38	22	Depth (in)	Observatio	Date/Time	Vegetation:	Landscape Position:	Soil parent	Client:
(LGU/Designer/Inspector)	certify that I have co					なる。	-	Strage .	Texture	Observation #/Location:	Date/Time of Day/Weather Conditions:	LAW	osition: /S/		ノナン
or)	completed the completed the completed the completed the complete the c					10 4	10	7	Frag. %	1.	er Conditio	X	hou ld	(Check all that a	7
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	occordance			$\frac{1}{1}$		14	4	1	-	13.60	5-17-2024	Soil survey	Slor	Outwash	<i>&gt;</i> - <i>(</i>
(Signature)	with all applications of the control		3	7					Mottle Color(s)	3	24	Soil survey map units:	Slope %: 1	Lacustrine	
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	ances, rules	Service Servic	+	24	(0)		-	:			_ '	nape.	1 -	_ ല	
Lincon	and laws.								Indicator(s)	Observation Type:	4	7.	Ailuvium   Bedrock	Location / Address:	rojece ib.
(Cert #)	925 (License#) 3 A. The sign					C) (All A)	Single	Samulai	Shape	on Type:	- Jurrace t		1_	V	
	, rules and laws.  925 (License #)  7082.0500 subp. 3 A. The signature below represents an infield verification of					- 6	Mallingt		- 1	C / A	ourrace Elevation-Relative to benchmark:	Flood	Organic Matter	17 H	
	represents a						1	, Gase	Grade	Limiting Layer Elevation:	lative to b	Flooding/Run-On potential:	☐ Disturbed/Fill	Hudson Road	٧
(Date)	-/7-2°28 (Date) n infield verifica					7(00)7	11126/2	Consistence		levation:	enchmark:	potential:	d/Fill	Roa I	v 03.15.2023
	ification of						'\	rence						APPONTA	



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

# Sewage tank integrity assessment form

**Subsurface Sewage** 

## **Treatment Systems (SSTS) Program**

Doc Type: Compliance and Enforcement

\*urpose: 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 then entirely completed and signed by a qualified professional. SSTS compliance inspection report forms can be found at: <a href="mailto:tips://www.pca.state.mn.us/water/inspections">tips://www.pca.state.mn.us/water/inspections</a>.

istructions: This form may be completed, and signed, by a Designated Certified Individual (DCI) of a licensed SSTS inspection, relaterance, installation, or service provider business who personally conducts the necessary procedures to assess the compliance latus of each sewage tank in the system. Only a licensed maintenance business is authorized to pump the tank for assessment. A opy of this information should be submitted to the system owner and be maintained by the licensed SSTS business for a period of ve (5) years from the assessment date.

When this 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 (wg-wwists4-31b). This form can be found on the MPCA website at https://www.pca.state.mn.us/water/inspections.

he information and certified statement on this form is required when existing septic tank compliance status is determined by an advidual other than the SSTS inspector that submits an inspection report. This form represents a third party assessment of SSTS omponent compliance and is allowable under Minn. R. 7082.0700, subp. 4(B)(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 a local regulations. Additional Administrative Rule references for this activity can be found at Minn. R. 7082.0700, subp. 4(B),(C), and (D) and; Minn. R. 7083.0730(C).

ind (b) and institute ( occorrod(o))	
Owner information	
Owner/Representative Deb Mc Clure Property address: 13377 Huckson Kol So Local Regulatory Authority: A Flora, MM 5000 Parcel ID:	
System status	nggangka deletinya pangan dan inggan di matan da matangka da
System status on date (mm/dd/yyyy): 6-5-24	
[] Certificate of sewage tank compliance	ank non-compliance
Compliance criteria:	
The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - "Fallure to Protect Groundwater."	☐ Yes* ☐/No
The SSTS has a sewage tank that looks below the designed operating depth - "Fallure 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-compliant	ge <b>.</b>
Company information Company name: Divicis Secur Service Print name: Nick Sf. Business license number: 425\ Certification number:	Claim
I personally conducted the work described above as a Designated Certified Individual of a Minnesot maintenance, installation, or service provider Business. I personally conducted the necessary procedustatus of each sewage tank in this SSTS.	a-licensed SSTS inspection, ures to assess the compliance
By typing/signing my name below, I certify the above statements to be true and correct, to the best this information can be used for the purpose of processing this form.	
Designated Certified Individual's signature	m/dd/yyyy): Ole/05/2029
(	
www.pca.state.mn.us • 651-296-6300 • 800-657-3864 • Use your preferred relay service • wq-wwistst-91 • 5/10/21	Available in alternative formats

