

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/wg-wwists4-31a.pdf.

Property information	Local tracking number:
Parcel ID# or Sec/Twp/Range: //. 028.20.39.003	Reason for Inspection Ploperty Transfer
roperty address: 1870 - Quarry five.	St lakelandry 22
Owner epresentative: Chris Hinnen Kank	Owner's phone: $2/2 - 860 - 5/2$
Brief system description: Septic Thanks W/ Dain's	Owner's phone: 272-020-372
mer system description: Separa PANERS W/ Lyain or	ew //enches
ystem status	
System status on date (mm/dd/yyyy): <u>5ー23-マー</u> とタ	
Compliant – Certificate of compliance*	☐ Noncompliant – Notice of noncompliance
Valid for 3 years from report date unless evidence of an mminent threat to public health or safety requiring removal and batement 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.
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 puarantee 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 applical	hle)
☐ Impact on public health (Compliance component #1	•
☐ Tank integrity (Compliance component #2) – Failing	
☐ Other Compliance Conditions (Compliance compon	
☐ Other Compliance Conditions (Compliance compon	
12	.2500 (Compliance component #3) – Failing to protect groundwater
Soil separation (Compliance component #5) – Failir	
	mpliance component #4) – Noncompliant - local ordinance applies
Comments or recommendations	
Comments of recommendations	OLA 22943 RECEIVED JUN 2 4 2024
	CK# 2294 JUN 24 2024
Certification	PUBLIC HEALTH
	to determine the compliance status of this system. No determination of wn conditions during system construction, possible abuse of the system,
sed for the purpose of processing this form.	e and correct, to the best of my knowledge, and that this information can be
susiness name: Sausee Of H Co.	Certification number: 925 License number: 317
	License number: 3/7
nspector signature:	
(This document has been electronically sig	nned) Phone: 57-963-74
	ned) Phone: 57-925-74
(This document has been electronically sig	ned) Phone: 57-925-74

npact on public health — Compliance criteria:		Attached supporting do	cumentation:
System discharges sewage to the ground surface	☐ Yes* 🌠 No	☐ Other:	
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 imminent threat to public health ar			
Describe verification methods and	l results:		
i nk integrity – Compliance	component #2	of 5	
nk integrity – Compliance Compliance criteria:	component #2	of 5 Attached supporting doc	cumentation:
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,	component #2		nspector
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes* 🌠 No	Attached supporting dod Empty tank(s) viewed by i	nspector siness: PinkysSec
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,		Attached supporting dod Empty tank(s) viewed by in Name of maintenance bus License number of maintenance	nspector siness: Finky55er enance business: 4251
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 dod Empty tank(s) viewed by i	enance business: $\frac{4250}{6-4-2629}$
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 dod Empty tank(s) viewed by i Name of maintenance bus License number of maintenance: Date of maintenance: Existing tank integrity ass Date of maintenance	Inspector siness: $\frac{4250}{6-4-2629}$ enance business: $\frac{4251}{6-4-2629}$ essment (Attach) $6-4-2029$
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 dod Empty tank(s) viewed by i Name of maintenance bus License number of maintenance: Date of maintenance: Existing tank integrity ass Date of maintenance	enance business: 4251 6-4-2624 essment (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?	☐ Yes* ☑ No ☐ Yes* ☑ No ☐ Yes* ☑ No	Attached supporting dod Empty tank(s) viewed by in Name of maintenance buse License number of maintenance: Date of maintenance: Existing tank integrity assonate of maintenance (mm/dd/yyyy):	enance business: \(\frac{1}{4} \) \(\frac{1}{5} \) \(\frac{1}{4} \) \(\frac{1}{5} \) \(\frac{1}{6} \) \(\frac{1}{6
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth? If yes, which sewage tank(s) leaks: Any "yes" answer above indic	☐ Yes* ☑ No ☐ Yes* ☑ No ☐ Yes* ☑ No	Attached supporting dod Tempty tank(s) viewed by in Name of maintenance bus License number of maintenance: Date of maintenance: Existing tank integrity ass Date of maintenance (mm/dd/yyyy): (See form instructions to emain the complex of th	enspector siness: $\frac{425}{425}$ enance business: $\frac{425}{425}$ essment (Attach) $\frac{64}{425}$ (must be within three years) ensure assessment complies with

P B	roperty Address: 18 10 - Quarry AUE, Ss. La Kelane MW. Jusiness Name: Sander PHH Cs.	Date: 5-23-2024
		,
3.	Other compliance conditions – Compliance component #3 of 5	
	 3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecting the second of the	
	*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:	
	Attacked comparting decompartations Not conficely	
	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	
	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?	
	b. Is the required nitrogen BMP in place and properly functioning? ☐ Yes ☐ No	
	Any "no" answer indicates noncompliance.	
	Describe verification methods and results:	
	ų.	

roperty Address:/870 - Quarry ausiness Name:		Date:	
Soil separation – Compliance cor	mponent #5 o	f 5	
Date of installation /99/ (mm/dd/yyyy)	Unknown		
Shoreland/Wellhead protection/Food	☐ Yes ☐ No	Attached supporting documentation:	
beverage lodging?		Soil observation logs completed for th	e report
Compliance criteria (select one):	γ	☐ Two previous verifications of required	vertical separation
5a. For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:	Yes □ No*	☐ Not applicable (No soil treatment area☐	n)
Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.			
5b.Non-performance systems built	☐Yes ☐ No*	Indicate depths or elevations	
April 1, 1996, or later or for non- performance systems located in Shoreland		A. Bottom of distribution media	3-3/4
or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:		B. Periodically saturated soil/bedrock	>5/12
Drainfield has a three-foot vertical		C. System separation	>21
separation distance from periodically		D. Required compliance separation*	2'
saturated soil or bedrock.*		*May be reduced up to 15 percent if allo 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.			

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.



Soil Observation Log

Program	ú	Project ID:	v 03.15.2023
Client: Chis Hinney	Locat	Location / Address: 1870— &	Querry AU. So. Late Landon
Soil parent material(s): (Check all that apply)	XOutwash Lacustrine Loess Till	Alluvium Bedrock Organic Matter	Disturbed/Fill
Landscape Position: $D/ain 5$	Slope %: Slope shape:	1.2.	Flooding/Run-On potential:
Vegetation: LAWK	Soil survey map units: 858	Surface Elev	Surface Elevation-Relative to benchmark:
Date/Time of Day/Weather Conditions:	5-23-2024 AX	Ment	Limiting Layer Elevation:
Observation #/Location:	West of Danifiel OTEnches	Observation Type: 5	Soil Ausu
Depth (in) Texture Frag. % Matrix Color(s)	Color(s) Mottle Color(s) Redox Kind(s)	Indicator(s) Shape	Grade Consistence
2401 0/ Borne 8-0	3/3	Canular	
8-30 " 20 longe	5/4	Sask	١, ١,
30-66 sand 25 104C		.,	دا ار،
No Resor.	No cold	2Q.	
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		a	
Comments:	į		
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.	in accordance with all applicable ordinances		5-23-2024
(Designer/Inspector) (Designer/Inspector) (Designer/Inspector) (Designer/Inspector) (Designer/Inspector) (License #) (License #) (Detional 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 periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.	(Signature) oil observation was verified according to Minn. Roposed soil treatment and dispersal site.	(License #) 1. 7082.0500 subp. 3 A. The signa	(Date) ature below represents an infield verification of
(LGU/Designer/Inspector)	(Signature)	(Cert #)	(Date)



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

Sewage tank integrity assessment form

Subsurface Sewage Treatment Systems (SSTS) Program

Purpose: This form may be used to certify the compliance status of the sewage tank components of the SSTS. This form is not a Doc Type: Compliance and Enforcement complete SSTS inspection report, only a tank integrity assessment, and may only certify sewage tank compliance status when entirely completed and signed by a qualified professional. SSTS compliance inspection report forms can be found at: https://www.pca.state.mn.us/water/inspections.

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

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 (wq-wwists4-31b). This form can be found on

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(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 agentor is required according to local regulations. Additional Administrative Rule references for this activity can be found at Minn. R. 7082.0700, subp. 4(B),(C),

Local Regulatory Authority: (Cox occess me	J eeci D	
System status	Parcel	D:
System status on date (mm/dd/yyyy): 6-4-24		
the Certificate of sewage tank compliance	☐ Notice of sewage 1	ank non-compliant
The SSTS has a seepage pit cessored	ance criteria:	non-compliance
The SSTS has a seepage pit, cesspool, drywell, leaching pit, The SSTS has a seepage pit, cesspool, drywell, leaching pit,	or other pit - "Fallure to Protect	i
Groundwater."	Derating don't the tri	☐ Yes* ☑ Ño
The SSTS presents a threat to public safety by reason of struc or weak) maintenance hole cover(s) or lids or any other unsafe	turally unsound (desired to Protect	☐ Yes* ☐ No
	minimient intest to	☐ Yes* ☐ No
Any "yes" answer above indic	ates sewage tank non-complianc	
ompany information		
ompany name: Pinley's server service	Designated Certified Individu	ial /DCI\ i.e.
The state of the s		
personally conducted the work described above as a Designal naintenance, installation, or service provider Business. I persona tatus of each sewage tank in this SSTS.	Certification number	· · · · · · · · · · · · · · · · · · ·
naintenance, installation, or service provider Business. I personal tatus of each sewage tank in this SSTS. Y typing/signing my name below, I certify the phone of the	ted Certified Individual of a Minnesota.	dicensed core :
y tuning facts sewage tank in this SSTS.	ally conducted the necessary procedure	es to assess the compliance
y typing/signing my name below, I certify the above statement is information can be used for the purpose of processing this follows:	nts to be true and correct, to the best of	musta and compitance
	orm.	my knowledge, and that
(This document has be	en electronically signed.)	dd/yyyy): 6-4-24
	- C.nodny Signau.)	

1870 Querry Aus. LK St Craix Brack Divenay North 1 Scale 1/4"=5" House Quarry Au 63' 50' well setback

AS-BUILT REPORT INDIVIDUAL SEWAGE TREATMENT SYSTEM

RECEIVED

Washington County Health, Environment & Land Management 14900 61ST ST N, PO BOX 3803, STILLWATER, MN 65082-3803 612/430-6708 or 612/430-6656 FAX 612/430-6730

Park Transport Control of Control			HELM	
Legal Description or Complete Street Ad	100 miles		City or Township	5504
1870 Qua	Mail Address	LF-St. C	rain Bea	ch pris
Roxanne "	Mail Address Thodo Mail Address	City	Sta	ite Zip
Installer	Mail Address Ex Canceling	372 Tower	Rd Hudso	
Septic Tank Information Tank Manufacturer:	Concrete	Liquid Capacity:	2)1000	Gal
	PUMP CHAM	BER (if installed)		
Tank Manufacturer:	Liquid Capacity:	Horsepower of Pump:	Type of Warr	ning Device:
Pump Discharge in Gallons Per Minute: Head	at Feet of	Number of Gallons Pumped	Per Cycle:	
DRAINFIEL	D TRENCH	J .	BED OR MOUND	
Width: 36"	Length of Each Trench:	Rock Bed Length:	Width:	Area:
Depth of Trench Bottom from Finished G		Bed Depth from Grade:		2
Method of Distribution: ☐Pressure ☐ Distribution B	_	MOUND: Upslope Sand Base Depth:	Downslope	Sand Base Depth: .
Depth of Rock Under Distribution Pipe:	()	Depth of Rock Under Pipe:		
Square Footage of Tested Area Used:		PRESSU	RE DISTRIBUTION SY	STEM:
Trench Bottom Square Footage Required:	Area As Built:	Lateral Inside Diameter:	Length:	Perforation Size.
380	380	Spacing:	Number:	Perforation Spacing:
, all distances applicable to the	n the site plan, include location of: hamber, line from house to tank treatme sewage treatment system (distance from distance between well and sewage trea	structure to tank, tank to treatm	nent system, distance between	en distribution lines.
				ASBUILT FRM:DC 5/93

WASHINGTON COUNTY SEPTIC PERMIT NUMBER 33 94079

AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

IF YOU NEED ASSISTANCE DUE TO DISABILITY OR LANGUAGE BARRIER, PLEASE CALL 430-6708 (TDD 439-3220).

Washington County

Property Records and Taxpayer Services 14949 62nd Street North Washington County Department of Stillwater, MN 55082

Washington County Parcel Information	y Parcel Informati	01
Parcel Number	Status	Last Update
11.028.20.34.0036	Active	5/23/2024 9:11:36 AM
Current Owner: HINNENKAMP CHRISTOPHER L 13536 33RD ST S AFTON , MN 55001		Property Address: 1870 QUARRY AVE S LAKELAND MN 55043
Taxing District 4002 LK ST CR BCH-834-VBWS	834-VBWS	
Property Description not be u	Property Description (For tax purposes only and should not be used on legal documents)	only and should ents)
LOTS 184 THRU 190 LAKE ST CROIX BEACH SEC 1	LAKE ST CROIX BEA	CH SEC 1

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	2016	2017	2018	2019	2020	2021	2022	2023	Tax Year 2024	
	\$1,240.00 \$1,240.00 \$0.00 \$0.00	\$1,384.00 \$1,384.00	\$1,466.00 \$1,466.00	\$1,664.00 \$1,664.00	\$1,782.00 \$1,782.00	\$1,880.00 \$1,880.00	\$1,980.00 \$1,980.00	\$1,970.00 \$2,009.79 \$0.00 \$0.00	Net Tax \$2,246.00	
	1,240.00			1,664.00	1,782.00	1,880.00	1,980.00	2,009.79	\$0.00	100000
	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00	\$0.00	Penalty/Fees Interest \$22.46 \$0.00	
1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
מאר כאר רל	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	enalty/Fees Interest Amount Due \$22.46 \$0.00 \$2,268.46	

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REFUND INFORMATION WITH STATE REVENUE DEPARTMENT OF

IS YOUR PROPERTY ABSTRACT OR TORRENS?

charged for online property

TAX PAYMENT OPTIONS STATEMENT

2020 TAX STATEMENT 2021 TAX STATEMENT 2023 TAX STATEMENT 2022 TAX STATEMENT

> Property Tax by Credit eCheck Card or

Pay Your

Cart: \$0.00

Payment Fees Online Fees are Convenience

INFORMATION GIS MAP AND

eCheck fee is tax payments.

\$0.75 per transaction. Be sure to use the deposit slip. Pay multiple the payment 9 digit bank transaction with parcels in one savings or number from a internal bank account, not the checking from your routing number

paid. Discover, Credit Card fee is 2.35% of accepted. MasterCard, Visa are Express and American amount

VALUATION

NOTICE

2019 TAX STATEMENT

2018 TAX STATEMENT

Fees are paid directly to a payment