

# KLOEPPNER SERVICES & DESIGN, LLC

3450 Lexington Ave N, Suite 203, Shoreview, MN 55126  
(763) 843-4114 | [www.ksd-mn.com](http://www.ksd-mn.com) | MPCA Lic # L4043

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7/2/2024

White Oaks HOA  
PID 28.031.21.43.0004

Subject: Septic System Inspection at PID 28.031.21.43.0004

White Oaks HOA,

Please find the attached sub-surface sewage treatment system report for the subject property. I have performed an "MPCA Compliance Inspection" on this system. This 1997 system consists of a house connected to a community collection system and community soil treatment area.

The system is **COMPLIANT** and in good working condition.

In accordance with MPCA rules, I am sending a copy of this complete report to Washington County. Please advise buyer, agents, lender, etc. to contact me should they have any questions regarding this system. Please contact me should you have any questions and thank you for the business.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Kloepfner', is written over a light blue horizontal line.

Jesse Kloepfner  
MPCA Licensed SSTS Inspector  
MPCA Cert.# C8188

CC: Washington County Department of Public Health & Environment

**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: 28.031.21.43.0004 Reason for Inspection Property Transfer

Local regulatory authority info: Washington County

Property address: White Oaks HOA out lot

Owner/representative: White Oaks HOA Owner's phone: \_\_\_\_\_

Brief system description: House is connected to community collection system and community soil treatment area.

### System status

System status on date (mm/dd/yyyy): 7/1/2024

**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

The existing tanks are in good condition. The drainfield shows no signs of failure or stress.

### 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: Kloepfner Services & Design Certification number: C8188

Inspector signature: Jesse Kloepfner  License number: L4043

(This document has been electronically signed) Phone: 763-843-4114

### Necessary or locally required supporting documentation (must be attached)

- Soil observation logs
- System/As-Built
- Locally required forms
- Tank Integrity Assessment
- Operating Permit
- Other information (list): \_\_\_\_\_

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

**Compliance criteria:**

System discharges sewage to the ground surface	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
System discharges sewage to drain tile or surface waters.	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
System causes sewage backup into dwelling or establishment.	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No

**Any "yes" answer above indicates the system is an imminent threat to public health and safety.**

**Describe verification methods and results:**

Visual Inspection of the area. No signs of sewage to the ground surface. The homeowners did not report back-ups in to the house.

**Attached supporting documentation:**

- Other: \_\_\_\_\_  
 Not applicable

## 2. Tank integrity – Compliance component #2 of 5

**Compliance criteria:**

System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
If yes, which sewage tank(s) leaks:	

**Any "yes" answer above indicates the system is failing to protect groundwater.**

**Describe verification methods and results:**

Tanks pumped and visually inspected with camera. No signs of cracks or leaking in any of the tanks.  
 See attached Pumper Records.

**Attached supporting documentation:**

- Empty tank(s) viewed by inspector
- Name of maintenance business: Olson's Sewer
- License number of maintenance business: L216
- Date of maintenance: 4/16/24
- Existing tank integrity assessment (Attach)
- Date of maintenance (mm/dd/yyyy): \_\_\_\_\_ (must be within three years)
- (See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))
- Tank is Noncompliant (pumping not necessary – explain below)
- Other: \_\_\_\_\_

### 3. Other compliance conditions – Compliance component #3 of 5

3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured?

Yes\*  No  Unknown

3b. Other issues (*electrical hazards, etc.*) to immediately and adversely impact public health or safety?  Yes\*  No  Unknown

**\*Yes to 3a or 3b - System is an imminent threat to public health and safety.**

3c. System is non-protective of ground water for other conditions as determined by inspector?

Yes\*  No

3d. System not abandoned in accordance with Minn. R. 7080.2500?

Yes\*  No

**\*Yes to 3c or 3d - System is failing to protect groundwater.**

**Describe verification methods and results:**

Inspected area around tanks. No signs of damage. No alarms are on.

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)

## 5. Soil separation – Compliance component #5 of 5

Date of installation 10/30/1997  Unknown  
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging?  Yes  No

**Compliance criteria (select one):**

5a. For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:  Yes  No\*  
 Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

5b. Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:  Yes  No\*  
 Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.\*

5c. "Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules 7080.2350 or 7080.2400 (Intermediate Inspector License required ≤ 2,500 gallons per day; Advanced Inspector License required > 2,500 gallons per day)  Yes  No\*  
 Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

**Attached supporting documentation:**

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

**Indicate depths or elevations**

A. Bottom of distribution media	947.3'
B. Periodically saturated soil/bedrock	944.3'
C. System separation	3.0 ft
D. Required compliance separation*	2.6 ft

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

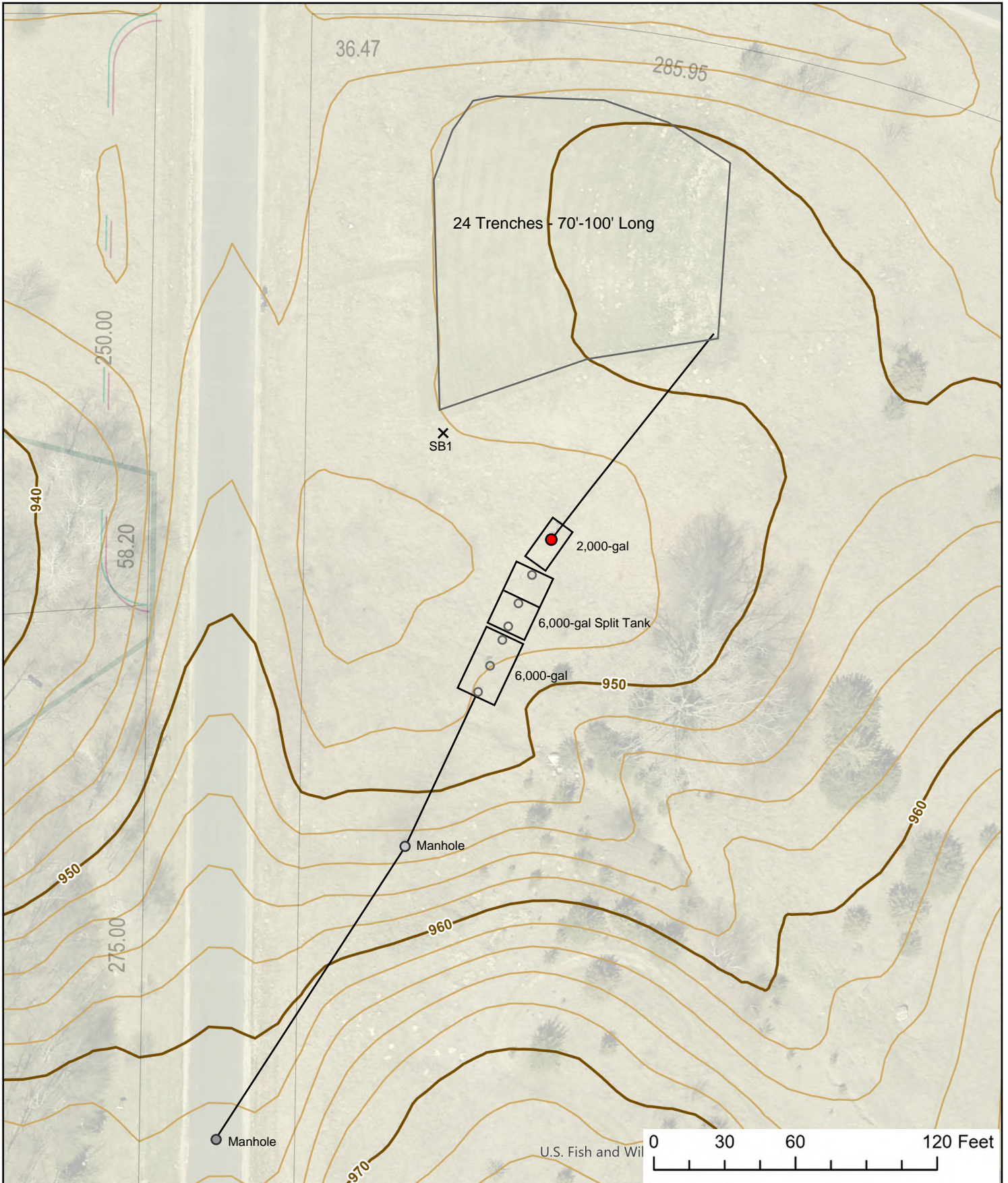
**\*Any "no" answer above indicates the system is failing to protect groundwater.**

**Describe verification methods and results:**

See attached soil boring log and site plan for location of STA and boring.

**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.

# White Oaks Heights - PID 28.031.21.43.0004



**STATUS OF SUB-SURFACE TREATMENT SYSTEM**  
 Sewage Tanks - **COMPLIANT**  
 Drainfield Trenches - **COMPLIANT**

Bottom of distribution media = 947.3'  
 SB1 - 947.8'  
 Limiting Layer - 944.3'  
 Required Separation = 2.6 ft  
 Observed Separation = 3.0 ft

-ALL SEPTIC LOCATIONS AND MEASUREMENTS ARE ONLY ESTIMATES

 KSD LEGEND: W = Well SB = Soil Boring SP = Soil Pit = Benchmark	 NORTH	Kloeppner Services & Designs, LLC Lic # 4043
		Approved by: Jesse Kloeppner  Date - 7/02/24



# Soil Observation Log

Project ID:

v 03.15.2023

Client: White Oaks HOA Location / Address: 13150 Hadley Cir, Hugo, MN 55110

Soil parent material(s): (Check all that apply)  Outwash  Lacustrine  Loess  Till  Alluvium  Bedrock  Organic Matter  Disturbed/Fill

Landscape Position: Shoulder Slope %: 5.0 Slope shape: Convex, Linear Flooding/Run-On potential: No

Vegetation: Grass Soil survey map units: 158B; Zimmerman fine sand Surface Elevation-Relative to benchmark: 947.8

Date/Time of Day/Weather Conditions: 7/1/2024 1:05PM Sunny Limiting Layer Elevation: 944.3

Observation #/Location: SB1 South of West Trench Observation Type: Auger

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	I----- Structure-----I		
							Shape	Grade	Consistence
0-10	Fine Sand	0%	10YR 3/3	None	None	None	Single grain	Structureless	Loose
10-22	Fine Sand	0%	10YR 4/3	None	None	None	Single grain	Structureless	Loose
22-37	Fine Sand	5%	10YR 5/4	None	None	None	Single grain	Structureless	Loose
37-42	Loamy Coarse Sand	30%	7.5YR 4/4	None	None	None	Single grain	Structureless	Loose

Comments: No Limit Observed

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

Jesse Kloepfner *Jesse Kloepfner* L4043 7/1/2024  
 (Designer/Inspector) (Signature) (License #) (Date)

**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 periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.

\_\_\_\_\_  
 (LGU/Designer/Inspector) (Signature) (Cert #) (Date)

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
 GOVERNMENT CENTER  
 14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006  
 Office: 651-430-6655 TDD: 651-430-6246 FAX: 651-430-6730

**SSTS MAINTENANCE REPORT**

Date of Maintenance 4-16-24 Reason for Maintenance: V1484a 34749

Property Address: 13140 Hadley Circle Property Owner's Name: White Oaks HTS Home

Municipality: White Bear Lake State \_\_\_\_\_ Zip Code \_\_\_\_\_ GEO Code/Property I.D.# \_\_\_\_\_

<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured. Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no provide measurements)	Liquid Level of Tank _____ in. Sludge Level _____ in. Scum Level _____ in. Total (Sludge + Scum) _____ / Liquid Level _____ = % Sludge & Scum _____
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1. Access used to remove septage:  Maintenance Hole  Other (Go to #3 below) \* Tank must be pumped if this value is greater than 25%.

2. If maintenance hole was used, were all covers securely replaced?  Yes  No please explain

Explanation: \_\_\_\_\_

3. If 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, \_\_\_\_\_ (owner's name), refuse to allow the removal of solids and liquids through the maintenance hole. I understand that removal of solids and liquids through other access points is not considered maintenance.

4. Is the tank designed as a leaky tank? example: seepage pit, cesspool, drywell, leaching pit

Tank #1  Yes  No Verification Method Used: \_\_\_\_\_  
 Tank #2  Yes  No Verification Method Used: \_\_\_\_\_

5. Is there evidence of tank leakage from a septic, holding, pretreatment or pump tank below the operating depth or evidence of damaged, cracked, or structurally unsound maintenance hole covers?

Tank	Leaking Out	Leaking In	Cover Damage
Septic/Holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Septic/Holding Tank #2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pretreatment Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. How many gallons of septage were removed?

Tank #1 6000 Tank #2 300 Pretreatment Tank 2675 Pump Tank \_\_\_\_\_

7. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

8. Certification: I hereby certify as a State of Minnesota certified SSTS Maintainer that I personally conducted the work and made the observations, or directly supervised others in the performance of this job.

Maintainer's Name: Olson's Sewer Service, Inc. Maintainer's Address: 17638 Lyons Street NE, Forest Lake, MN

Maintainer's License #: 216 Maintainer's Phone #: 651-464-2082

Maintainer's Signature: [Signature] Date: 4-16-24



# Kloepfner Services & Design

## Subsurface Sewage Treatment System Owner/Property Information

This information will be used for the purpose of conducting an MPCA Compliance Inspection.

Date of Inspection: 7/1/24	Time: 1:30PM
Property Address: PID 28.031.21.43.0004	Zip: 55110
Property Owner: White Oaks HOA	Phone:

<u>Tank(s)</u>	<u>Tank(s)Material</u>	<u>Soil Treatment System</u>	<u>Other</u>
<input checked="" type="checkbox"/> Septic 1 & 2	<input type="checkbox"/> Fiberglass	<input checked="" type="checkbox"/> Rock trench	<input type="checkbox"/> Alternative system
<input type="checkbox"/> Aerobic	<input type="checkbox"/> Plastic	<input type="checkbox"/> Gravelless trench	<input type="checkbox"/> Cesspool system
<input checked="" type="checkbox"/> Lift	<input type="checkbox"/> Metal	<input type="checkbox"/> Chamber trench	<input type="checkbox"/> Experimental system
<input type="checkbox"/> Holding	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Seepage bed	<input type="checkbox"/> Other system _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Block	<input type="checkbox"/> Mound	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> At-grade	

Are the tank maintenance covers accessible?  Yes  No \*If no, proper maintenance must be performed through the maintenance holes. Maintenance hole covers should be made accessible to the ground surface to facilitate access and proper maintenance of the system.

Year house built: 1997      Year septic installed: 1997      Tank size (gals.): 6000, 6000, 2000

Year property was acquired by current owner:      Number of residents in home? ~ 19

Number of bedrooms? N / A      Are all floors drained by gravity? N/A

Garbage disposal? N/A      Whirlpool bath? N/A

More than one system (laundry, etc.)? N/A

Does this property have any footing drain tiles connected to the septic system? N/A

Are any buildings on this property such as garages or out-buildings connected to this system? N/A

Are there any additional systems on this property serving other buildings? N/A

Location of septic system on lot? Tanks – East ; Drainfield – NE @ community site

Location of water well on lot? n/a      Is the well a deep well? Yes

Have you ever experienced any problems with the system such as: tree roots, sewage back-ups, surfacing of sewage onto the ground, septic tank overflowing, etc. or have any repairs been made to the system?

Yes     No If yes, explain:

When was the system last pumped? 4/26/24      Name of pumper: Olson's Sewer

How often pumped in previous years? 2-year intervals      Is system on a monitoring plan? No

Have you received notices from any government agency concerning this system? No

Is your property located in a shoreland management area? No

Do you have any additional information that should be given to the new owner?

I hereby certify that the above information is correct to the best of my knowledge. I also understand that if the system is considered "non-compliant/failing" per MPCA rules, that the inspector must by law submit a copy of this report to the local government unit within 15 days of the date of inspection completion. I also agree that unless otherwise noted in this report, that I/we are ultimately responsible for payment of all fees for all work performed relative to this inspection by Kloepfner Services & Designs.

Owner/Occupant: \_\_\_\_\_

Date: \_\_\_\_\_

# SITE RESEARCH

## DISCLOSURE STATEMENT: SUBSURFACE SEWAGE TREATMENT SYSTEM

This form approved by the Minnesota Association of REALTORS®, which disclaims any liability arising out of use or misuse of this form.  
© 2021 Minnesota Association of REALTORS®

1. Date June 15th, 2024
2. Page 1 of 3 pages:
3. THE REQUIRED MAP IS ATTACHED AND MADE A
4. PART OF THIS DISCLOSURE
  
5. Property located at 13150 Hadley Circle N,
6. City of Hugo, County of Washington-MN,
7. State of Minnesota, Zip Code 55110, legally described as follows or on attached sheet:
8. SUBDIVISIONNAME WHITE OAK HEIGHTS LOT 1 BLOCK 1 SUBDIVISIONCD 93850 LT 1 BLK 1 WHITE OAK HEIGHTS (CI ("Property").
9. This disclosure is not a warranty of any kind by Seller(s) or any licensee(s) representing or assisting any party(ies) in
10. this transaction, and is not a substitute for any inspections or warranties the party(ies) may wish to obtain.
11. **BUYER(S) AND SELLER(S) MAY WISH TO OBTAIN PROFESSIONAL ADVICE AND/OR INSPECTIONS OF THE**
12. **SUBSURFACE SEWAGE TREATMENT SYSTEM AND TO PROVIDE FOR APPROPRIATE PROVISIONS IN A**
13. **CONTRACT BETWEEN BUYER(S) AND SELLER(S) WITH RESPECT TO ANY ADVICE/INSPECTION/**
14. **DEFECTS.**
15. **SELLER'S INFORMATION:** The following Seller disclosure satisfies MN Statutes Chapter 115.55. Seller discloses
16. the following information with the knowledge that even though this is not a warranty, prospective Buyers may rely on
17. this information in deciding whether and on what terms to purchase the Property. The Seller(s) authorizes any
18. licensee(s) representing or assisting any party(ies) in this transaction to provide a copy of this statement to any person
19. or entity in connection with any actual or anticipated sale of the Property.
20. Unless Buyer and Seller agree to the contrary in writing before the closing of the sale, a Seller who fails to disclose
21. the existence or known status of a subsurface sewage treatment system at the time of sale, and who knew or had
22. reason to know of the existence or known status of the system, is liable to Buyer for costs relating to bringing the
23. system into compliance with subsurface sewage treatment system rules and for reasonable attorney fees for collection
24. of costs from Seller. An action under this subdivision must be commenced within two years after the date on which
25. Buyer closed the purchase of the real property where the system is located.
26. Legal requirements exist relating to various aspects of location and status of subsurface sewage treatment systems.
27. Buyer is advised to contact the local unit(s) of government, state agency, or qualified professional which regulates
28. subsurface sewage treatment systems for further information about these issues.
29. The following are representations made by Seller(s) to the extent of Seller(s) actual knowledge. This information is a
30. disclosure and is not intended to be part of any contract between Buyer and Seller.
31. **SUBSURFACE SEWAGE TREATMENT SYSTEM DISCLOSURE: (Check the appropriate boxes.)**
32. Seller certifies that the following subsurface sewage treatment system is on or serving the above-described Property.
33. TYPE: (Check appropriate box(es) and indicate location on attached Disclosure Statement: Location Map.)
34.  Septic Tank:  with drain field  with mound system  seepage tank  with open end
35. Is this system a straight-pipe system?  Yes  No  Unknown
36.  Sealed System (holding tank)
37.  Other (Describe.): \_\_\_\_\_
38. Is the subsurface sewage treatment system(s) currently in use?  Yes  No
39. Is the above-described Property served by a subsurface sewage treatment system
40. located entirely within the Property boundary lines, including setback requirements?  Yes  No
41. If "No," please explain: \_\_\_\_\_
42. \_\_\_\_\_
43. Comments: \_\_\_\_\_
44. \_\_\_\_\_

DISCLOSURE STATEMENT: SUBSURFACE SEWAGE TREATMENT SYSTEM

45. Page 2

46. Property located at 13150 Hadley Circle N Hugo MN 55110

47. Is the subsurface sewage treatment system(s) a shared system? [X] Yes [ ] No

48. If "Yes,"

49. (1) How many properties or residences does the subsurface sewage treatment system serve?

50. 6

51. (2) Is there a maintenance agreement for the shared subsurface sewage treatment system? [X] Yes [ ] No

52. If "Yes," what is the annual maintenance fee? \$ 2300 every 2 years shared by 6 Homes

53. NOTE: If any water use appliance, bedroom, or bathroom has been added to the Property, the system may no longer comply with applicable sewage treatment system laws and rules.

55. Seller or transferor shall disclose to Buyer or transferee what Seller or transferor has knowledge of relative to the compliance status of the subsurface sewage treatment system.

56. last inspection and pumping 4/16/24 by Olson's Sewer Service, Inc report attached

59. Any previous inspection report in Seller's possession must be attached to this Disclosure Statement.

60. When was the subsurface sewage treatment system installed? unknown

61. Installer Name/Phone unknown

62. Where is tank located? across street about 600 ft. distance

63. What is tank size? 12,000 gal.

64. When was tank last pumped? 4-16-24 Olson's Sewer Service Inc.

65. How often is tank pumped? every 2 years

66. Where is the drain field located? across street about 600 ft. distance

67. What is the drain field size? 150' x 150'

68. Describe work performed to the subsurface sewage treatment system since you have owned the Property.

69. pump inspected and drained/pumped every 2 years

70. pumps replaced - #1 12/2020 #2 11/2021

71. Date work performed/by whom: control panel replace 8/2013

72. electric supply replaced 9/2014

73. Approximate number of:

74. people using the subsurface sewage treatment system 19

75. showers/baths taken per week

76. wash loads per week

77. NOTE: Changes in the number of people using the subsurface sewage treatment system or volume of water used may affect the subsurface sewage treatment system performance. approx - 600 ft.

79. Distance between well and subsurface sewage treatment system? Across street and down the block

80. Have you received any notices from any government agencies relating to the subsurface sewage treatment system?

81. (If "Yes," see attached notice.) [ ] Yes [X] No

82. Are there any known defects in the subsurface sewage treatment system? [ ] Yes [X] No

83. If "Yes," please explain:

84.

85.

**DISCLOSURE STATEMENT: SUBSURFACE  
SEWAGE TREATMENT SYSTEM**

86. Page 3

87. Property located at 13150 Hadley Circle N Hugo MN 55110

88. **SELLER'S STATEMENT:** *(To be signed at time of listing.)*

89. Seller(s) hereby states the facts as stated above are true and accurate and authorizes any licensee(s) representing or  
90. assisting any party(ies) in this transaction to provide a copy of this Disclosure Statement to any person or entity in  
91. connection with any actual or anticipated sale of the Property. A seller may provide this Disclosure Statement to a  
92. real estate licensee representing or assisting a prospective buyer. The Disclosure Statement provided to the real  
93. estate licensee representing or assisting a prospective buyer is considered to have been provided to the prospective  
94. buyer. If this Disclosure Statement is provided to the real estate licensee representing or assisting the prospective  
95. buyer, the real estate licensee must provide a copy to the prospective buyer.

96. **Seller is obligated to continue to notify Buyer in writing of any facts that differ from the facts disclosed here**  
97. **(new or changed) of which Seller is aware that could adversely and significantly affect the Buyer's use or**  
98. **enjoyment of the Property or any intended use of the Property that occur up to the time of closing.** To disclose  
99. new or changed facts, please use the *Amendment to Disclosure Statement* form.

100. James Anderson 6/15/24 Collen Anderson 6/15/24  
(Seller) (Date) (Seller) (Date)

101. **BUYER'S ACKNOWLEDGEMENT:** *(To be signed at time of purchase agreement.)*

102. I/We, the Buyer(s) of the Property, acknowledge receipt of this *Disclosure Statement: Subsurface Sewage Treatment*  
103. *System and Disclosure Statement: Location Map* and agree that no representations regarding facts have been made  
104. other than those made above.

105. \_\_\_\_\_  
(Buyer) (Date) (Buyer) (Date)

106. **LISTING BROKER AND LICENSEES MAKE NO REPRESENTATIONS HERE AND ARE**  
107. **NOT RESPONSIBLE FOR ANY CONDITIONS EXISTING ON THE PROPERTY.**

MN-DS:SSTS-3 (8/21)

# DISCLAIMER

## Kloepfner Services & Designs, Relative to Subsurface Sewage Treatment System (SSTS) Compliance Inspections

1. This inspection/report is being performed for only the seller/owner of the property on which the SSTS is located. In such case that another party is paying for the inspection, the contract is between only said party and Kloepfner Services & Design.; there is no contract between Kloepfner Services & Designs and any other party unless otherwise noted.
2. Kloepfner Services & Design. has not been retained to warranty, guarantee, or certify the proper functioning of the SSTS for any period beyond the date of inspection or into the future. Because of the numerous factors (usage, maintenance, soil characteristics, previous failures, etc.) which may affect the proper operation of an SSTS, as well as the inability of Kloepfner Services & Designs to supervise or monitor the use or maintenance of the SSTS, the report shall not be construed as a warranty by Kloepfner Services & Designs.
3. Kloepfner Services & Designs. is unable to verify the frequency and/or, quality of prior or future maintenance of the SSTS. Maintenance of the tank(s) must be performed through the tank maintenance hole. The removal of solids from any location other than the maintenance hole is not a compliant method of maintenance. It is strongly recommended that maintenance covers be made accessible to the ground surface to facilitate proper maintenance.
4. Minimum Compliance Inspection requirements relative to this inspection and this report include only verification that the SSTS has tank(s) (septic tanks, lift tanks, dosing tanks, stilling tanks, etc.) which are watertight below the designed operating depth, the required separation between the bottom of the subsurface soil distribution medium and seasonally saturated soils, no back-ups of sewage into the dwelling, no discharge of sewage/effluent to the ground surface or surface waters, and no imminent safety hazards. Kloepfner Services & Designs does not inspect plumbing or pumps prior to the first SSTS component as these are plumbing components. The performance of exterior pumps and associated components are not inspected as they are maintenance items. Additionally, no indications relative to compliance with electrical code requirements have been made. It is recommended that any other applicable plumbing, electrical, housing, etc. inspections be performed by a qualified inspection business. Sewage back-up verification is limited to observing the floor drain area and/or the information supplied by the last occupants of the building prior to inspection. Kloepfner Services & Designs cannot guarantee that the information given to them by the last occupants of the building prior to inspection relative to back-ups is accurate.
5. Certification of this SSTS does not warranty future use beyond the date of the inspection. Any SSTS, old or new, can become hydraulically overloaded or discharge sewage/effluent to the ground surface as a result of more people moving into the house than were previously occupying the house, improper maintenance, heavy usage, leaking plumbing fixtures, groundwater infiltration, tree roots, freezing conditions, surface drainage problems, poor initial design, poor construction practices, or unsuitable materials used in constructing the system; the system can also simply stop working because of its age. An SSTS that has been properly designed and installed, properly maintained, and used in the manner for which the system was designed can be expected to provide service for twenty to twenty-five years on average. Some parts of the SSTS such as alarms, switches, pumps, filters, etc. will most likely have to be repaired or replaced over the lifetime of the system.
6. A Compliance Inspection is not meant to be a test or inspection for longevity of the system; a Compliance Inspection is strictly for the purpose of determining if the SSTS is protective of public health and safety, as well as the groundwater at the date and time the inspection was performed. This inspection is not intended to determine if the SSTS was originally designed or installed to past or present MPCA or other Local Government Unit code requirements. This inspection is not intended to determine if the SSTS was designed and/or installed to support the anticipated flow from the building as the use of the building may have changed since the design and construction of the SSTS due to the addition of bedrooms, occupants, etc. In addition, this inspection is not intended to determine the quality of the original SSTS design, the quality of the construction practices used while installing the SSTS, or the quality of the materials used in constructing the SSTS.
7. Kloepfner Services & Designs cannot guarantee the performance of SSTS products/components such as: gravelless pipe, chamber trenches, effluent filters, tanks, sewage pre-treatment components, piping, etc. Products such as gravelless pipe are no longer approved for installation in the State of Minnesota and may have a significantly reduced performance and/or life expectancy.
8. WINTER WORK: By accepting this report, it is understood that inspections conducted during winter months (approximately November 1<sup>st</sup> through April 1<sup>st</sup>) are more difficult to perform because of possible snow cover and/or ground frost. SSTS components such as tanks, maintenance covers, tank inspection pipes, subsurface distribution medium inspection pipes, and soil treatment areas are more difficult or impossible to locate due to snow cover and/or ground frost. In addition, soil borings are more difficult to perform due to snow cover and/or ground frost. Kloepfner Services & Designs will attempt to use the same level of standards when performing work during winter periods as when performing work during non-winter periods. However, the recipient of this report understands that because of the aforementioned considerations, the same level of standards may not be possible.

By accepting this report, the client understands that Kloepfner Services & Designs will not be responsible for any monetary damages exceeding the fee for the services provided.

# Subsurface Sewage Treatment Systems

Non-transferable

# Business License

Kloepfner Services & Designs LLC

License # L4043

License Expires: 4/1/2025

Issued: 4/19/2024

## Specialty Area(s):

Service Provider

Advanced Designer

Advanced Inspector

## Designated Certified Individual(s):

Cert #

Name

Cert Expires:

C8188

Jesse J Kloepfner

11/15/2026

Service Provider, Advanced Designer, Advanced Inspector



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

A handwritten signature in blue ink that reads 'Nick Haig'.

Nick Haig, Supervisor  
Certification and Training Unit