

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.

Pucinocs name: All State Sentic Services LLC	
Property address: 14451 Homestead Ave N Hugo, MN 55038 Denertrepresentative: Hung Nguyen	
where presentative: Hung Nguyen Owner's phone: which system description: Two precast septic tanks and one precast pump tank lifting to a mound drainfield. Wystem status Word of or 3 years from report date unless evidence of an amminent threat to public health or safety requiring removal and balement under section 145A.04, subdivision 8 is discovered or shorter time frame exists in Local Ordinance.) Note: Compliance indicates conformance with Minn. R. 7080.1500 sof system status date above and does not guarantee future performance. Reason(s) for noncompliance (check all applicable) mpact on public health (Compliance component #2) - Failing to protect groundwater of the compliance Conditions (Compliance component #3) - Imminent threat to public health and safety (IT) and integrity (Compliance component #3) - Failing to protect groundwater of the Compliance Conditions (Compliance component #3) - Failing to protect groundwater of the Compliance Conditions (Compliance component #3) - Failing to protect groundwater of the Compliance Conditions (Compliance component #3) - Failing to protect groundwater of the Compliance Conditions (Compliance component #3) - Failing to protect groundwater of the Compliance Conditions (Compliance component #3) - Failing to protect groundwater of the Compliance component #3) - Failing to protect groundwater of the Compliance component #3) - Failing to protect groundwater of the groundwater of the protect groundwater of the groundwater of	
ystem status ystem status on date (mm/do 'yyyy): 8/5/2024 □ Compliant – Certificate of compliance* Valid for 3 years from report date unless evidence of an anninent threat to public health or safety required supported in the public health or safety required supported in the public health or safety required section 1454.04, subdivision 8 is discovered or shorter time frame exists in Local Ordinance.) Nonce: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not purarentee future performance. □ Impact on public health (Compliance component #1) – Imminent threat to public health and safety (IT upgraded, replaced, or its use discontinued within solice or within a shorter period if required 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 (IT upgraded, replaced, or its use discontinued within a colice or within a shorter period if required under section 145A.04 subdivision 8. Reason(s) for noncompliance (Compliance component #1) – Imminent threat to public health and safety (IT upgraded, replaced, or its use discontinued within a colice or within a shorter period if required under section 145A.04 subdivision 8. Reason(s) for noncompliance (Compliance component #3) – Imminent threat to public health and safety (IT upgraded, replaced, or its use discontinued within a click in a shorter period if required under section 145A.04 subdivision 8. Imminent threat to public health or the under section 145A.04 subdivision 8. Imminent threat to public health or the under section 145A.04 subdivision 8. Imminent threat to public health and safety (IT upgraded, replaced, or its use discontinued within a click in a click in the under section 145A.04 subdivision 8. Imminent threat to public health or the under section 145A.04 subdivision 8. Imminent threat to public health or the under section 145A.04 subdivision 8. Imminent threat to p	
ystem status on date (mm/do 'yyyy): 8/5/2024	612-999-3599
System status on date (mm/do 'yyyy): 8/5/2024 Systems failing to protect ground water must be used discontinued within the time required by local An imminent threat to public health or safety requiring removal and abalement 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. Reason(s) for noncompliance (check all applicable) Impact on public health (Compliance component #1) — Imminent threat to public health and safety in the notice of within a shorter period if required under section 145A.04 subdivision 8. Reason(s) for concompliance Conditions (Compliance component #1) — Imminent threat to public health and safety in the notice of compliance Compliance component #2) — Failing to protect groundwater of the Compliance Conditions (Compliance component #3) — Imminent threat to public health and safety in the compliance Conditions (Compliance component #3) — Imminent threat to public health and safety in the Compliance Compliance Component #3) — Imminent threat to public health and safety in the Compliance Compliance Component #3) — Failing to protect groundwater in the System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) — Failing to protect groundwater in the Compliance Component #3) — Failing to protect groundwater in the Compliance Component #3 — Failing to protect groundwater in the Compliance Component #3 — Failing to protect groundwater in the Compliance Component #3 — Failing to protect groundwater in the Compliance Component #3 — Failing to protect groundwater in the Compliance Component #4 — Noncompliant - local Component #4 — Noncompliant - l	
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 batement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.) Note: Compliance indicates conformance with Minn. 2, 7080.1500 as of system status date above and does not guarantee future performance. Reason(s) for noncompliance (check all applicable) Impact on public health (Compliance component #1) – Imminent threat to public health and safety (IT upgraded, replaced, or its use discontinued within a third threat to public health and safety (IT upgraded, replaced, or its use discontinued within of this notice or within a shorter period if required under section 145A.04 subdivision 8. Impact on public health (Compliance component #1) – Imminent threat to public health and safety (IT upgraded, replaced, or its use discontinued within of this notice or within a shorter period if required under section 145A.04 subdivision 8. Impact on public health (Compliance component #1) – Imminent threat to public health and safety (IT upgraded, replaced, or its use discontinued within of this notice or within a shorter period if required under section 145A.04 subdivision 8. Impact on public health (Compliance component #1) – Imminent threat to public health and safety (IT upgraded, replaced, or its use discontinued within of this notice or within a shorter period if required under section 145A.04 subdivision 8. Impact on public health (Compliance component #1) – Imminent threat to public health and safety (IT upgraded, replaced, or its use discontinued within of this notice or within a shorter period if required public health and safety (IT upgraded, replaced, or its use discontinued within of this notice or within a shorter period if required under section 145A.04 subdivision 8. Impact on public health (Compliance component #1) – Failing to protect groundwater It upgraded, replaced, or its use discontinued within the time required b	
Walid for 3 years from report date unless evidence of an miniment threat to public health or safety requiring removal and batement under section 145A.04, subdivision 8 is discovered or 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 puramete future performance. Reason(s) for noncompliance (check all applicable) □ Impact on public health (Compliance component #1) – Imminent threat to public health and safety (IT upgraded, replaced, or its use discontinued within different performance. Reason(s) for noncompliance (check all applicable) □ Impact on public health (Compliance component #1) – Imminent threat to public health and safety (Other Compliance Conditions (Compliance component #3) – Imminent threat to public health and safety (Other Compliance Conditions (Compliance component #3) – Imminent threat to public health and safety (Signe sparation (Compliance component #5) – Failing to protect groundwater (Compliance component #4) – Noncompliant - Iocal Comments or recommendations Reviewed design, permit, inspection, soil and pumping records on file at Washington County Certification I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. Supplied to the purpose of processing this form. Business name: All State Septic Services LLC (Certification (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built (Locally required forms (Tark Integrity Assessment Machine)	ice
is sorber time frame exists in Local Ordinance,) Note: Compliance indicates conformance with Minn. 7. 7080.1500 as of system status date above and does not purantee future performance. Reason(s) for noncompliance (check all applicable) Impact on public health (Compliance component #1) - Imminent threat to public health and safety and interest compliance Conditions (Compliance component #1) - Imminent threat to public health and safety other Compliance Conditions (Compliance component #3) - Imminent threat to public health and safety other Compliance Conditions (Compliance component #3) - Failing to protect groundwater 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 protect groundw	ıpgraded, replaced, or I ordinance.
Thote: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance. Reason(s) for noncompliance (check all applicable)	n ten months of receipt
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. 7080.2300 (Compliance component #3) - Failing to possible sparation (Compliance component #5) - Failing to protect groundwater Operating permit/monitoring plan requirements (Compliance component #4) - Noncompliant - local Comments or recommendations	by local ordinance or
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 so 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 Comments or recommendations	
Tank integrity (Compliance component #2) − Failing to protect groundwater Other Compliance Conditions (Compliance component #3) − Imminent threat to public health and set on the Compliance Conditions (Compliance component #3) − Failing to protect groundwater System not abandoned according to Minn. R. 7080.2300 (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 Comments or recommendations Reviewed design, permit, inspection, soil and pumping records on file at Washington County Certification I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. Inspection, system performance has binen nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trocien (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built □ Locally required forms □ Tank Integrity Assessment	
Other Compliance Conditions (Compliance component #3) – Imminent threat to public health and state of the public health and state of the purpose of processing this form. Other Compliance Conditions (Compliance component #3) – Failing to protect groundwater of Soil separation (Compliance component #5) – Failing to protect groundwater of Operating permit/monitoring plan requirements (Compliance component #4) – Noncompliant - local Comments or recommendations Reviewed design, permit, inspection, soil and pumping records on file at Washington County Certification Thereby certify that all the necessary information has been gathered to determine the compliance status of this system. future system performance has bien nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC Certification (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built Call Locally required forms Tank Integrity Assessment	
Other Compliance Conditions (Compliance component #3) − Failing to protect groundwater System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) − Failing to p Soil separation (Compliance component #5) − Failing to protect groundwater Operating permit/monitoring plan requirements (Compliance component #4) − Noncompliant - local Comments or recommendations Reviewed design, permit, inspection, soil and pumping records on file at Washington County Certification I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. future system performance has been nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC	afety
System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) − Failing to p Soil separation (Compliance component #5) − Failing to protect groundwater Soil separation (Compliance component #5) − Failing to protect groundwater Operating permit/monitoring plan requirements (Compliance component #4) − Noncompliant - local Comments or recommendations Reviewed design, permit, inspection, soil and pumping records on file at Washington County Certification I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. future system performance has b-sen nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trooien (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built Locally required forms Tank Integrity Assessment	
□ Soil separation (Compliance component #5) − Failing to protect groundwater □ Operating permit/monitoring plan requirements (Compliance component #4) − Noncompliant - local Comments or recommendations Reviewed design, permit, inspection, soil and pumping records on file at Washington County Nereby certify that all the necessary information has been gathered to determine the compliance status of this system. In turn system performance has been nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trocien	protect groundwater
Comments or recommendations Reviewed design, permit, inspection, soil and pumping records on file at Washington County Certification I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. future system performance has biven nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC Certification (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built Locally required forms Tank Integrity Assessment	
Certification I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. future system performance has b-ren nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trooien (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built Locally required forms Tank Integrity Assessment	l ordinance applies
Certification I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. future system performance has binen nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC	
Certification I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. future system performance has been nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trooien (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built Locally required forms Tank Integrity Assessment	
I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. future system performance has been nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trooien (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built Locally required forms Tank Integrity Assessment	
I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. future system performance has been nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trooien (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built Locally required forms Tank Integrity Assessment	
I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. future system performance has been nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trooien (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built Locally required forms Tank Integrity Assessment	
I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. future system performance has been nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trooien (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built Locally required forms Tank Integrity Assessment	
I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. future system performance has been nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trooien (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built Locally required forms Tank Integrity Assessment	
I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. future system performance has bone nor can be made due to unknown conditions during system construction, possible 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 used for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trooien (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built Locally required forms Tank Integrity Assessment	
By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and trial used for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Troolen (This document has been electronically signed) Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built Locally required forms Tank Integrity Assessment	
Business name: All State Septic Services LLC Inspector signature:	nt this information can b
Inspector signature:	n number: 323
Necessary or locally required supporting documentation (must be attached) Soil observation logs System/As-Built □ Locally required forms □ Tank Integrity Assessment Comparison of the comp	e number: <u>1568</u>
Necessary or locally required supporting documentation (must be attached) ☑ Soil observation logs ☑ System/As-Built ☐ Locally required forms ☐ Tank Integrity Assessment	Phone: 612-594-449
Soil observation logs System/As-Built □ Locally required forms □ Tank Integrity Assessment □ Tank Integrity Assessment	
Soil observation logs System/As-Built □ Locally required forms □ Tank Integrity Assessment □ Tank Integrity Assessment	[] 0
	Operating Perm
Caroling information (12-7)	

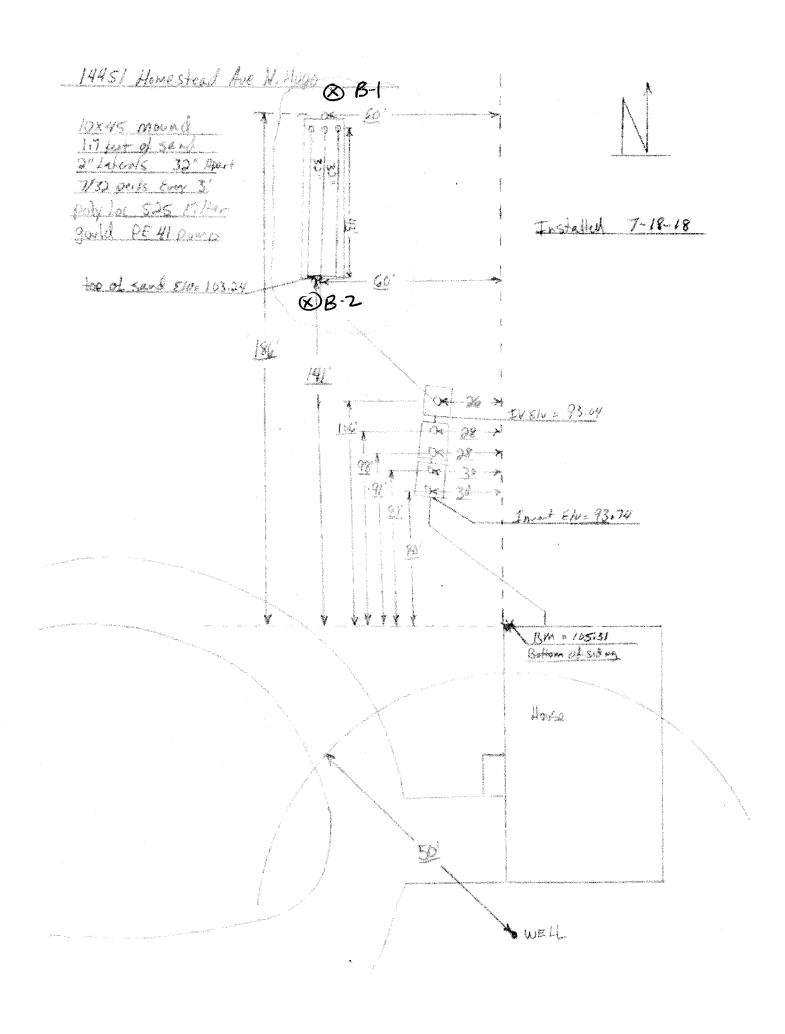
Compliance criteria:			Attached supporting documentation	n;
System discharges sewage to the ground surface	☐ Yes	⊠ No	Other: Not applicable	
System discharges sewage to drain tile or surface waters.	☐ Yes	⊠ No		
System causes sewage backup into dwelling or establishment.	☐ Yes	⊠ No		
Any "yes" answer above indicate. Imminent threat to public health a				
Describe verification methods and None of the above observed	d results:			
ank integrity – Compliance	e comp	onent #2		ın:
Compliance criteria:	e comp		of 5 Attached supporting documentatio ☑ Empty tank(s) viewed by inspector	n:
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,			Attached supporting documentation	n: Olson's
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their		⊠ No	Attached supporting documentatio	Olson's
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	Yes	⊠ No	Attached supporting documentatio ☑ Empty tank(s) viewed by inspector Name of maintenance business:	Olson's
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 documentatio ☐ Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance busin Date of maintenance: ☐ Existing tank integrity assessment (Att	Olson's ess: 216 8/5/2024
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	Attached supporting documentatio Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance busin Date of maintenance: Existing tank integrity assessment (Att	Olson's ess: 216 8/5/2024 (ach)
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 ind.	☐ Yes☐ Yes☐ Yes☐ Cates th	⊠ No	Attached supporting documentation Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance busines businesses busines	Olson's ess: 216 8/5/2024 each) hin three years)
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☐ Cates th	⊠ No	Attached supporting documentation Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance busines busines of maintenance: Existing tank integrity assessment (Attached) Date of maintenance (mm/dd/yyyy): (must be with	Olson's ess: 216 8/5/2024 each) hin three years) essment complies
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 ind.	☐ Yes☐ Yes☐ Yes☐ Cates th	⊠ No	Attached supporting documentation ☐ Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance busines of maintenance: ☐ Existing tank integrity assessment (Attached) Date of maintenance (mm/dd/yyyy): (must be with the form instructions to ensure assessment) (See form instructions to ensure assessment) Minn. R. 7082.0700 subp. 4 B (1))	Olson's ess: 216 8/5/2024 each) hin three years) essment complies

Property Address: 14451 Homestead Ave N Hugo, MN 55038 Susiness Name: All State Septic Services LLC	Date: 8/5/2024
Other compliance conditions – Compliance component #3 of 5	
3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unse	cured?
☐ Yes No ☐ Unknown	
3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety	y? ☐ Yes° 🛛 No 🗌 Unknow
'Yes to 3e or 3b - System is an imminent threat to public health and safety.	
3c. System is non-protective of ground water for other conditions as determined by inspector?	☐ Yes ☑ No
3d. System not abandoned in accordance with Minn. R. 7080.2500?	☐ Yes′ 🏻 No
*Yes to 3c or 3d System is failing to protect groundwater.	
Describe verification methods and results:	
Attached supporting documentation: Not applicable	
Attached supporting documentation: ☑ Not applicable ☐	
. Operating permit and nitrogen BMP* – Compliance component #4 o	
. Operating permit and nitrogen BMP* – Compliance component #4 o	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?	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? Is the system required to employ a Nitrogen BMP specified in the system design? Yes No	of 5 Not applicable If "yes", A below is require If "yes", B below is require
Operating permit and nitrogen BMP* — Compliance component #4 or 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 the answer to both questions is "no", this section does not need to be completed.	of 5 Not applicable If "yes", A below is require If "yes", B below is require
Operating permit and nitrogen BMP* — Compliance component #4 or 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 the answer to both questions is "no", this section does not need to be completed Compliance criteria:	of 5 Not applicable If "yes", A below is require If "yes", B below is require
Operating permit and nitrogen BMP* — Compliance component #4 or 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 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?	of 5 Not applicable If "yes", A below is require If "yes", B below is require
Operating permit and nitrogen BMP* — Compliance component #4 or Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? When the answer to both questions is "no", this section does not need to be completed to the operating permit requirements been met? A lave the operating permit requirements been met? Description: Operating permit and nitrogen BMP in place and properly functioning? Yes No	of 5 Not applicable If "yes", A below is require If "yes", B below is require
Operating permit and nitrogen BMP* — Compliance component #4 or 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 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.	of 5 Not applicable If "yes", A below is require If "yes", B below is require
Operating permit and nitrogen BMP* — Compliance component #4 or Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? When the answer to both questions is "no", this section does not need to be completed to the operating permit requirements been met? A lave the operating permit requirements been met? Description: Operating permit and nitrogen BMP in place and properly functioning? Yes No	of 5 Not applicable If "yes", A below is require If "yes", B below is require
Operating permit and nitrogen BMP* — Compliance component #4 or Is the system operated under an Operating Permit? Yes No 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 completed Compliance criteria: a. Have the operating permit requirements been met? Yes No No Significant Yes No No Any "no" answer indicates noncompliance.	of 5 Not applicable If "yes", A below is require If "yes", B below is require
Operating permit and nitrogen BMP* — Compliance component #4 or 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 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.	If "yes", A below is require
Operating permit and nitrogen BMP* — Compliance component #4 or 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 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.	If "yes", A below is require
Operating permit and nitrogen BMP* — Compliance component #4 or 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 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.	of 5 Not applicable If "yes", A below is require If "yes", B below is require
Operating permit and nitrogen BMP* — Compliance component #4 or 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 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.	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 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 completed Compliance criteria: a. Have the operating permit requirements been met? Yes No No Significant No No No Any "no" answer indicates noncompliance.	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 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 completed Compliance criteria: a. Have the operating permit requirements been met? Yes No No Significant Yes No No Any "no" answer indicates noncompliance.	of 5 Not applicable If "yes", A below is require If "yes", B below is require
Operating permit and nitrogen BMP* — Compliance component #4 or 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 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.	of 5 Not applicable If "yes", A below is require If "yes", B below is require
Is the system operated under an Operating Permit? Sthe system required to employ a Nitrogen BMP specified in the system design? Yes No	of 5 Not applicable If "yes", A below is require If "yes", B below is require

Property Address: 14451 Homestead Ave N Homestead Susiness Name: All State Septic Services LLC		Date: 8	/5/2024
Soil separation – Compliance co	omponent #5 o	f 5	
Date of installation 7/24/2018 (mm/dd/yyyy)	Unknown		
Shoreland/Wellhead protection/Food beverage lodging?	☐ Yes No	Attached supporting documentation:	o roport
Compliance criteria (select one):		☑ Soil observation logs completed for th☐ Two previous verifications of required	•
5a. For systems built prior to April 1, 1996, an not located in Shoreland or Wellhead Protection Area or not cerving a food, beverage or lodging establishment:	nd ☐ Yes ☐ No®	☐ Not applicable (No soil treatment area☐	-
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 Shorelan		A. Bottom of distribution media	101.7
or Wellhead Protection Areas or serving a food, beverage, or lodging establishment.		B. Periodically saturated soil/bedrock	98.5
Drainfield has a three-foot vertical		C. System separation	3.2
separation distance from periodically		D. Required compliance separation*	3.0
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 Inspect License required > 2.500 gallons per day	≤ or		
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, 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.



	202	
		A
	- 22	
	- 31	

Soil Observation Log

v 04.02.2024

Project ID:

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 (Date) 8/5/24 14451 Homestead Ave N Hugo, MN 55038 Flooding/Run-On potential: |----- Structure------Surface Elevation-Relative to benchmark: Limiting Layer Elevation: Disturbed/Fill Grade Organic Matter (Cert #) Shape 1568 Observation Type: Bedrock Location / Address: Indicator(s) hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws. 25 \$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 Troolen (Signature) (Signature) Mottle Color(s) _____ Lacustrine Soil survey map units: 7.5YR 7/8 10YR 5/2 Slope %: Outwash Matrix Color(s) 10YR 2/2 10YR 3/4 10YR 4/6 7.5YR 4/6 Hung Nguyen Soil parent material(s): (Check all that apply) Date/Time of Day/Weather Conditions: Rock Frag. % <35% <35% Comments: Redox at 21" elev 98.5 <35% <35% (LGU/Designer/Inspector) (Designer/Inspector) Observation #/Location: Sandy Clay Silty Clay Loam Tom Trooien Silty Clay Silt Loam Texture Loam Loam Landscape Position: Vegetation: Depth (in) 10-15 21-30 15-21 0-10

AL BA MARCH CHESTARM CHESTARM		100			
	4 44 7 474	* * * * * * * * * * * * * * * * * * * *	1082	118 287 4.9 (d.)	4,276,00

Soil Observation Log

v 04.02.2024

Project ID:

Client:	2		Hung Nguyen	yen		Locat	Location / Address:	441	14451 Homestead Ave N Hugo, MN 55038	Hugo, MN 55038
Soil parent ma	Soil parent material(s): (Check all that apply)	sk all that	apply)	Outwash	vash 🔲 Lacustrine	Loess Trill] Alluvium 🔲 Bedrock		Organic Matter Disturbed/Fill	d/Fill
Landscape Position:	ition:				Slope %:	Slope shape:			Flooding/Run-On potential:	n potential:
Vegetation:				Soil su	Soil survey map units:			Surface El	Surface Elevation-Relative to benchmark:	enchmark:
Date/Time of I	Date/Time of Day/Weather Conditions:	onditions:							Limiting Layer Elevation:	Elevation:
Observation	Observation #/Location:	-B	B-2				Observation Type:	ın Type:		Auger
		8 Sck			- ((=) H=: M; H = - M	()		I Structure	
Depth (in)	Texture	Frag. %	Matrix	Matrix Color(s)	Mottle Color(s)	Kedox Kind(s)	Indicator(s)	Shape	Grade	Consistence
	1 11:5	/0 3 C/	10YR 2/2	2/2						
0-19	SHT LOAM	%CC>								
,	Silty Clay	7350/	10YR 3/4	3/4						
91-6	Loam	%/CC.								
	Silty Clay	i L	10YR	4/6						
16-23	Loam	<35%								
	Silty Clay	i c	7.5YR	4/6	10YR 6/8	Concentrations	\$2			
23-32	Loam	×35%			10YR 5/1	Depletions	\$2			
Comments:	Redox at 23" elev 98.3	lev 98.3								
I hereby certi	fy that I have	sompleted	this work	in accorda	ince with all applica	I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.	es and laws.			
	Tom Tradien				Tom Troolen	<u>ς</u>		1568	•	8/5/24
(Des	(Designer/Inspector)	r)	1		(Signature)	(6)	-	(License #)		(Date)
Optional Verif	fication: I herek Iturated soil or k	oy certify th bedrock at t	at this soil the propose	observatio d soil treat	Optional Verification: I hereby certify that this soil observation was verified according penodically saturated soil or bedrock at the proposed soil treatment and dispersal site	Optional Verification: I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.		he signature be	slow represents an infi	The signature below represents an infield verification of the
1/11/21/	Perjapar / Pener	.+or)	1		(Signature)	(6)	1	(Cert #)		(Date)
(L001)	(Lou/Designer/Hispertor)	, IOI ,						, , , , , , , , , , , , , , , , , , , ,		



CERTIFICATE OF COMPLIANCE

SITE/OWNER INFORMATION

Site Address: 14451 Homestead Ave N, City Of Hugo

Property Owner: Nguyen Hung V

Mailing Address: 14451 Homestead Ave N

SSTS CONTRACTOR INFORMATION

Installation Business: Capra's Utilities Inc

Certified Individual on Job: Nick

MPCA License #: L1510

Date of Installation: 07/24/2018

Property ID#: 2203121420012

Mail City/State/ZIP: Hugo Mn 55038

INSPECTION INFORMATION

MPCA Registration No. C904 County Permit No. 2018-0856

Date of Final: 07/24/2018

County Inspector: Tyler Dale

System Components: Mound See as-built for detailed system component information

Well Setbacks: 50 Feet Well Status: Well installed at time of inspection

COUNTY VERIFICATION OF SOIL CONDITIONS

County Inspector Who Verified Soil Conditions: Joe Sanders See soil observation logs Tank Replacement Only: No

Depth of Restriction 16 Inches Depth System Installed Below Grade -20 Inches

Vertical Separation Provided at the Time of Installation 36.00 Inches SWF: No Class V Injection Well: No

CERTIFIED STATEMENT

This certifies that the subsurface sewage treatment system installed at the aforementioned address was inspected during installation and found to be in compliance with requirements of the Washington County Development Code, Chapter Four, Subsurface Sewage Treatment System Regulations (Washington County Ordinance #206), and Minnesota Rules, Chapter 7080-7083. This Certificate of Compliance is valid for five (5) years from the date of installation unless Washington County finds evidence of an imminent threat to public health and safety. Supporting documentation with detailed information on the system can be found on the attached as-built.

Tyler Dale County Inspector	C904 MPCA Reg. #	07/24/2018 Date
-----------------------------	---------------------	---------------------------