

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

Parcel ID# or Sec/Twp/Range: 27.031.20.43.0008	Reason for Inspection	proporty cale
ocal regulatory authority info: Washington County	reason for inspection	property sale
Property address: 13290 Otchipwe Ave N May Twp, MN 5508	82	
Owner/representative: Gretchen Davidson	) L	Owner's phone: 651 353 0734
rief system description: Two precast septic tanks and a preca	ist numn tank lifting to a rock	Owner's phone: 651-253-0721
ystem status  ystem status on date (mm/dd/yyyy): 8/20/2024		
☐ Compliant – Certificate of compliance*	□ Noncompliant Noti	
Valid for 3 years from repor' date unless evidence of an minent threat to public health or safety requiring removal and	Noncompliant – Noti  Systems failing to protect grouse discontinued within the t	ce or noncompliance ound water must be upgraded, replaced, o ime required by local ordinance.
batement under section 145A.04, subdivision 8 is discovered or shorter time frame exists in Local Ordinance.)		health and safety (ITPHS) must be
Note: Compliance indicates conformance with Minn.  R. 7080.1500 as of system status date above and does not in the status date.  Buarantee future performance.	upgraded, replaced, or its us	e discontinued within ten months of receip ter period if required by local o <mark>rdinance or</mark>
Reason(s) for nonco.npliance (check all applica	ble)	
Impact on public health (Compliance component #1		health and safety
☐ Tank integrity (Compliance component #2) – Failing	g to protect groundwater	
☐ Other Compliance Conditions (Compliance compor		public health and safety
☐ Other Compliance Conditions (Compliance compor	nent #3) – Failing to protect g	roundwater
System not abandoned according to Minn. R. 7080	2500 (Compliance compone	nt #3\ Eailing to protect groundwater
	Loop (Compilation compone	nt #5) – Failing to protect groundwater
Soil separation (Compliance component #5) - Faili	ng to protect groundwater	nt #3) – Falling to protect groundwater
☐ Soil separation (Compliance component #5) – Failin☐ Operating permit/monitoring plan requirements (Co	ng to protect groundwater	
Soil separation (Compliance component #5) – Failii	ng to protect groundwater	
<ul><li>☐ Soil separation (Compliance component #5) – Failin</li><li>☐ Operating permit/monitoring plan requirements (Co</li></ul>	ng to protect groundwater mpliance component #4) – N	oncompliant - local ordinance applies
☐ Soil separation (Compliance component #5) – Failin ☐ Operating permit/monitoring plan requirements (Co Comments or recon, mendations Checked with Washington County and found there are n	ng to protect groundwater mpliance component #4) – N	oncompliant - local ordinance applies
Soil separation (Compliance component #5) – Failin Operating permit/monitoring plan requirements (Co Comments or recommendations  Checked with Washington County and found there are not considered the component of the component	ng to protect groundwater mpliance component #4) – No permit, design, soil or inspect to determine the compliance s.	ection records for this address.
Soil separation (Compliance component #5) – Failing Operating permit/monitoring plan requirements (Comments or recommendations)  Checked with Washington County and found there are not checked with Washington County and found there are not checked with Washington County and found there are not checked with Washington County and found there are not checked with Washington County and found there are not checked with Washington County and found there are not checked with Washington County and found there are not checked with Washington County and found there are not checked with Washington County and found there are not checked with Washington County and found there are not checked with Washington County and found there are not checked with Washington County and found there are not checked with Washington County and found there are no checked with the checked	ng to protect groundwater mpliance component #4) – No permit, design, soil or inspect to determine the compliance sown conditions during system controls.	ection records for this address.  tatus of this system. No determination of onstruction, possible abuse of the system,
Soil separation (Compliance component #5) – Failing Departing permit/monitoring plan requirements (Comments or recommendations)  Checked with Washington County and found there are not be decided with Washington County and found there are not be decided with the necessary information has been gathered at the system performance has been nor can be made due to unknown adequate maintenance, or future water usage.  By typing my name below, I certify the above statements to be true sed for the purpose of processing this form.	ng to protect groundwater mpliance component #4) – No permit, design, soil or inspect to determine the compliance sown conditions during system controls.	ection records for this address.  tatus of this system. No determination of onstruction, possible abuse of the system,
Soil separation (Compliance component #5) – Failing Operating permit/monitoring plan requirements (Comments or recommendations)  Checked with Washington County and found there are not thereby certify that all the necessary information has been gathered at the system performance has been nor can be made due to unknown adequate maintenance, or future water usage.  The typing my name below, I certify the above statements to be true sed for the purpose of processing this form.  Susiness name: All State Septic Services LLC inspector signature: Tom Trocien	ng to protect groundwater mpliance component #4) – No permit, design, soil or inspect to determine the compliance sown conditions during system component with the design conditions during system component with the design component with the design conditions during system component with the design conditions and contract, to the design conditions are supported by the design conditions and contract with the design conditions are supported by the de	ection records for this address.  Status of this system. No determination of onstruction, possible abuse of the system, knowledge, and that this information can be
Soil separation (Compliance component #5) – Failing Departing permit/monitoring plan requirements (Comments or recommendations)  Checked with Washington County and found there are not thereby certify that all the necessary information has been gathered atture system performance has been nor can be made due to unknown adequate maintenance, or future water usage.  By typing my name below, I certify the above statements to be true sed for the purpose of processing this form.  Soll State Septic Services LLC	ng to protect groundwater mpliance component #4) – No permit, design, soil or inspect to determine the compliance sown conditions during system component with the design conditions during system component with the design component with the design conditions during system component with the design conditions and contract, to the design conditions are supported by the design conditions and contract with the design conditions are supported by the de	ection records for this address.  Pattus of this system. No determination of construction, possible abuse of the system, knowledge, and that this information can be constructed.  Certification number: 323  License number: 1568
Soil separation (Compliance component #5) – Failing Operating permit/monitoring plan requirements (Cocomments or recommendations)  Checked with Washington County and found there are not be decided with Washington County and found there are not be decided with the necessary information has been gathered at the system performance has been nor can be made due to unknown adequate maintenance, or future water usage.  By typing my name below, I certify the above statements to be true sed for the purpose of processing this form.  Susiness name: All State Septic Services LLC inspector signature: Tom Trocien (This document has been electronically signature).	ng to protect groundwater mpliance component #4) – No permit, design, soil or inspect to determine the compliance sown conditions during system component and correct, to the best of my gned)	ection records for this address.  Hatus of this system. No determination of construction, possible abuse of the system, knowledge, and that this information can be Certification number: 323 License number: 1568 Phone: 612-594-4496
Soil separation (Compliance component #5) – Failing Operating permit/monitoring plan requirements (Cocomments or recon, mendations)  Checked with Washington County and found there are not continued by the certification of the component of the county and found there are not continued by the certification of the county of the certification of the certificatio	ng to protect groundwater mpliance component #4) – No permit, design, soil or inspect to determine the compliance sown conditions during system component and correct, to the best of my gned)	ection records for this address.  Interest of this system. No determination of construction, possible abuse of the system, knowledge, and that this information can be constructed.  Certification number: 323  License number: 1568  Phone: 612-594-4496
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ile or surface waters.	Yes 🛛 N	☐ Other:	supporting d		
System discharges sewage to drain tile or surface waters. System causes sewage backup into	☐ Yes		olicable		
System causes sewage hackun into					
dwelling or establishment.	Yes 🛮 N				
Any "yes" answer above indicates : involuent (fireat to public health an					
Describe verification methods and	results:				
None of the above observed					
<b>nk integrity</b> – Compliance	compone	#2 of 5			
Compliance criteria:		Attached	supporting d	documentati	on:
	☐ Yes	M Empty (	tank(s) viewed b	ov inenactor	
System consists of a seepage pit, cesspool, drywell, leaching pit,		<b>Z</b> Linpty t	tank(s) viewed t	у парескої	
or other pit?		Name o	of maintenance l	business:	Pinky's
	☐ Yes	Liconor	e number of mai	ntananca husi	nees: 1613
Sewage tank(s) leak below their designed operating depth?	Lifes Man	License	; number of mar	menance busi	
designed operating deptits		Date of	f maintenance:		8/20/202
		☐ Existing	g tank integrity a	assessment (A	.ttach)
		-	-	(	,
			f maintenance	/may at he as	ithin thron you
If yes, which sewage tank(s) leaks:		(mm/dd/	уууу).	(must be w	ithin three year
Any "yes" answer above indica	ates the ees	: (See fo	orm instructions i	to ensure asse	essment compl
is failing to protect grounds value			R. 7082.0700 su		,
in and a service and the service described and the service described and services are services and services are services are services and services are services are services and services are services are services are services and services are services are services and services a	w		Noncompliant (		ineccani – nyploj
			лопсопрнан (	(ратънд поспе	cossary - explai
		Other:			
Describe verification methods and	d reculte:				
Describe verification methods and					
The tanks were at normal operating I	level, then we	oumped through the	manholes. Low	ered a light &	camera into th
empty tanks - bottoms, walls, covers	, baffles, riser	manhole covers ok			
ellipty talks - bottoms, walls, covers					
• •	was ilistaneu t	ne second sepacital	TIK Off 0-20-2-4.		
A riser and manhole cover to grade v					
• •					
• •					
• •					
• •					
• •					
• •					

Property Address: 13290 Otchipwe Ave N May Twp, MN 55082	Doto: 9/20/2024
Business Name: All State Septic Services LLC	Date: 8/20/2024
Other compliance conditions – Compliance component #3 of 5	
3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or uns	secured?
☐ Yes ☐ No ☐ Unknown	
3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safe	ety? ∐ Yes ⊠ No ∐ Unknow
"Yes to 3a or 3b - System is an imminute the set to public health at a sistety.	☐ Yes     No
<ul><li>3c. System is non-protective of ground water for other conditions as determined by inspector?</li><li>3d. System not abandoned in accordance with Minn. R. 7080.2500?</li></ul>	☐ Yes ☑ No
"Yes to 3c or 3d - System is falling in motion groundwater	Land 1 GG Band 1 VG
Describe verification methods and results:	
Attached supporting documentation:   Not applicable	200
DRAD* Consultance commonent #4	of E. Matamalian blo
. Operating permit and nitrogen BMP* – Compliance component #4	01.3 Minor abblicable
is the system operated under an Operating Permit?	If "yes", A below is require
Is the system required to employ a Nitrogen BMP specified in the system design?   Yes No	If "yes", B below is require
BMP = Best Management Practice(s) specified in the system design	
If the answer to both questions is "no", this section does not need to be complete	ed.
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:	
Attached supporting documentation:   Operating permit (Attach)	
Attaclied authoriting accommended. — — — — — — — — — — — — — — — — — — —	
ttps://www.pca.state.mn.us • 651-296-6300 • 800-657-3864 • Use your preferred relay service	<ul> <li>Available in alternative form</li> </ul>

Date of installation	1999 (mm/dd/yyyy)	_ Unkr	nown		
Shoreland/Wellhead beverage lodging? Compliance criteri		☐ Yes	⊠ No	Attached supporting documentation:  ☑ Soil observation logs completed for th  ☐ Two previous verifications of required	•
5a.For systems built p not located in Sho Protection Area or beverage or lodgir	orior to April 1, 1996, and reland or Wellhead not serving a food. ng establishment:	☐ Yes	□ No	☐ Not applicable (No soil treatment area	•
	east a two-foot vertical be from periodically edrock.				
or Wellhead Prote food, beverage, or Drainfield has a th	eter or for non- ems located in Shoreland ction Areas or serving a r lodging establishment: aree-foot vertical te from periodically	⊠ Yes	□ No ¹	Indicate depths or elevations  A. Bottom of distribution media  B. Periodically saturated soil/bedrock  C. System separation  D. Required compliance separation*  *May be reduced up to 15 percent if allowed or separation.	2.9 6.3 3.4 3.0 bwed by Local
systems built unde Type IV or V syste Rules 7080. 2350 (Intermediate Insp 2.500 gallons per License required 2	Other", or "Performance" er pre-2008 Rules; ems built under 2008 or 7080.2400 pector License required ≤ day; Advanced Inspector > 2,500 gallons per day) he designed vertical	Yes	□No		
	ce from periodically				

**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 local ordinance that is more strict. 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

v 04.02.2024

Project ID:

Ctient:		Gr	Gretchen Davidson	dson			<u>5</u>	Location / Address:		13290 Ott. lipwe Ave R May Torp, MN 55082	lay 1 mp., MN 55082
Soil parent m	Soil parent material(s): (Check all that apply)	k all that i	(Á)dds	Outwash		Lacustrine	Loess TIII	TIII [ ] Alluvium [] E	Bedrock   Organ	Organic Matter Disturbed/Fill	HEA/FIII
Landscape Position:	sition:	The state of the s			Slope %:		Slope shape:			Flooding/Run-On potential:	Jn potential:
Vegetation:		Lawn		Soil su	Soil survey map units:	umts:			) surface E	surface Elevation-Relative to Derchinark:	ben bridrk:
Date/Time of	Date/Time of Day/Weather Conditions:	anditions:	-				and a substitution of the			Limiting Layer Elevation:	r Elevation:
Observation	Observation #/Location:	B-1		and a second	mak procured order of the procure of			Observa	Observation Type:		
		Rock		(			( - )   - ( )	( 4 ) A & 4 C P P C		I Structure	[
Depth (in)	Texture	Frag. %	Matrix Color(s)	otor(s)	Mottle	Mottle Color(s)	Kedox Kind(s)	Indicator(s)	Shape	Grade	Consistence
8-0	Medium Loamy Sand	3 A A A A A A A A A A A A A A A A A A A	10YR 3.72	U				, , , , , , , , , , , , , , , , , , ,			
8-28	Medium Sandy	<35%	10YR 3/4	//4							
28-38	Medium Sandy Loam	<35%	10YR 4	4/4				And the second s			
0, 60	A Cana	735%	10YR 4	4/3							
38-60	Medium Sand	%55%									
40-76	Medium Sand	% <b>5</b> 6>	10YR 4	4/6					····		
0.7-00	Medical Salic										
									-		
										***************************************	
Comments:											
l hereby cert	hereby certify that I have completed this work in accordance with all	ompleted	this work in	accordar	nce with a		applicable ordinances, rules and laws	les and laws.			
	Tom Trooien				Tc	Tom Troolen		į	1568		
(De	(Designer/Inspector)				)	(Signature)			(License #)		(Date)
Optional Veri	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.	y certify tha edrock at th	at this soil o	bservatior soil treatr	was verifuent and c	ied accordi Jispersal sil	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.	2.0500 subp. 3 A.		elow represents an in	The signature below represents an infield verification of the
S			-								

(Date)

(Cert #)

(Signature)

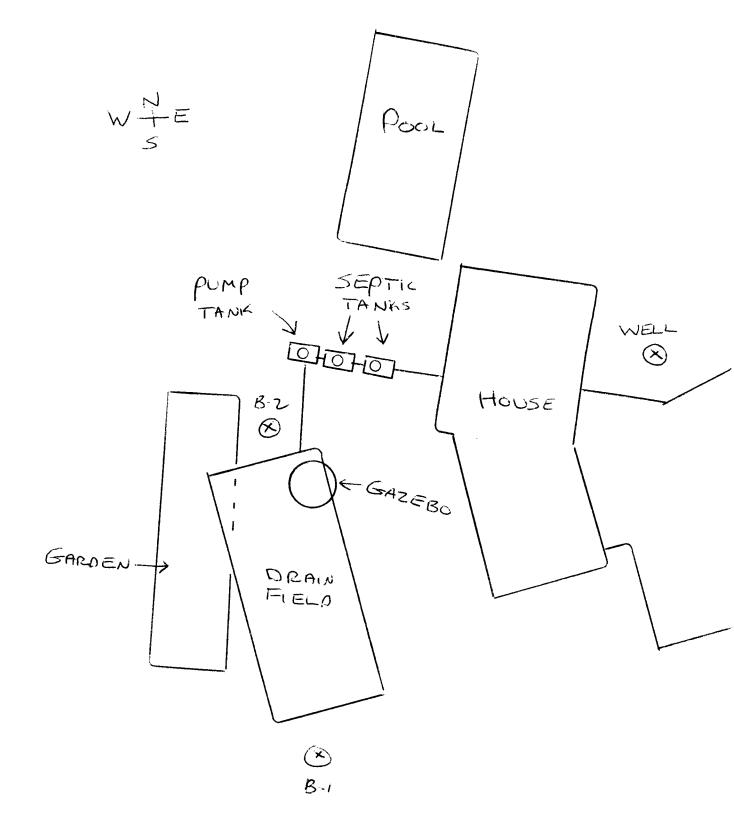
(LGU/Designer/Inspector)

## Soil Observation Log

Freject ID:

v 04.02.2024

	one Total	THE RESIDENCE AND ADDRESS OF THE PERSONS ASSESSED.			CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	Machine Commencer (Control							Γ
Client:		<u>ਤੱ</u>	Cretchen Davidson	vidson			נסכד	Location / Address:	355	13290	13290 OLEHBWE AVE B MAY 1MP, MM SOURE	W I WD. MM COOK	r. Rader
Soil parent ma	Soil parent material(s): (Check all that apply)	k ali that a	(ylddı	Outv	Outwash   Lacustrine	hamme 5	Loess   Till   Alluvium   Bedrock	Alluvium	- 1	Organic Matter	Matter Disturbed/Fill	ed/Fill	7
Landscape Position:	sition:				Slope %:		Slope shape:	and a supplication of the			Flooding/Run-On potential:	n potential:	7
Vegetation:		Lawn		Soil st	Soit survey map units:	S:			75	urface blev	surface Elevation-Relative to benchmark:	senchmark:	
Date/Time of	Date/Time of Day/Weather Conditions:	anditions:									Limiting Layer Elevation:	Elevation:	
Observatic	Observation #/Location:	B-2	2	West gat / de vig-rute/ver egg epyerd'er d'				Obse	Observation Type:	)e:			T
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	olor(s)	Mottle Color(s)		Redox Kind(s)	Indicator(s)		Shape	I Structure Grade	Consistence	
0-12	Medium Loamy Sand	12 To	10YR 377	3.17			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		er inches				
11-23	Medium Sandy Loam	<35%	10YR 3/4	3/4									
23-35	Medium Sandy Loam	<35%	10YR	4/3									T
35-64	Medium Sand	<35%	10YR 4/4	4/4									
64-78	Medium Sand	<35%	10YR	5/4									
Comments:													
I hereby cert	hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.	completed	this work i	n accorda	ance with all ap	oplicable o	ordinances, ru	les and law		O U			
	Tom Trooien				I mol	Tom Iroolen				1308		(Date)	Т
(D€ Optional Veri periodically s.	(Designer/Inspector)  Optional Verification: I hereby certify that this soil observation was verified according periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.	r) sy certify tha sedrock at ti	at this soil he proposed	observatic 1 soil treal	(Sign on was verified a tment and dispe	(Signature) fied according t dispersal site.	gnature)   according to Minn. R. 7082.0500 subp. 3 A. persal site.	.0500 subp.		(Liceibe#) le signature beld	ow represents an inf	(Licelbe #) The signature below represents an infield verification of the	•
/n91)	(LGU/Designer/Inspector)	tor)			(Sign	(Signature)			) )	(Cert #)		(Date)	П



13296 OTCHIPWE AVEN MAY TUP, MN 55082 8/20/24