ZIERKE SOIL TESTING

Emily Maher 10733 69th St N Stillwater, MN 55082

8/20/2024

Dear Emily Maher,

At your request, I have conducted a septic inspection to determine the compliance status of your septic system pursuant to Minnesota Rules Chapter 7080.1500.

The compliance test set out in 7080.1500 has three main inquiries: 1). Is the system functioning hydraulically (disposing of effluent in a manner that prevents it from coming in contact with people)? 2). Are the septic tanks water tight? 3). Does the system have sufficient vertical separation between the bottom of the septic system and restrictive layers (bedrock, standing water, seasonally wet layers, etc) to provide full treatment of effluent?

Based off of these criteria, your septic system is <u>compliant</u>. A certification of compliance is in effect for three years from the date it is issued. To be clear, this should not be construed as a guarantee of future system function – there are too many factors that influence the lifespan of a septic system for an inspector to predict or even guess how long a septic system will last. A copy of this report will be filed with your local unit of government for their records.

Sincerely,

Benjamin Zierke

MPCA Lic 119, Cert 9594

Berignonin Zierke

ADDRESS: 28587 Jeffrey Ave Chisago City, MN 55013

PHONE 651-249-1346

EMAIL benzierke@gmail.com



Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

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

Doc Type: Compliance and Enforcement

Instructions: Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf.

Property information	Local tracking number:
Parcel ID# or Sec/Twp/Range: 3503021120005	Reason for Inspection Sale
Local regulatory authority info: Washington County	
Property address: 10733 69th St N Stillwater, MN 55082	
Owner/representative: Emily Maher	Owner's phone: 651-214-8198
Brief system description: (2) 1000 gallon septic tanks, gravity ro	
System status	
System status on date (mm/dd/yyyy): 8/20/2024	
☐ Compliant – Certificate of compliance*	☐ Noncompliant – Notice of noncompliance
(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and	Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.
abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)	An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt
*Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.	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 applicate	ole)
☐ Impact on public health (Compliance component #1)) – Imminent threat to public health and safety
☐ Tank integrity (Compliance component #2) – Failing	to protect groundwater
☐ Other Compliance Conditions (Compliance components)	ent #3) – Imminent threat to public health and safety
☐ Other Compliance Conditions (Compliance components)	ent #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) – Failin	g to protect groundwater
☐ Operating permit/monitoring plan requirements (Cor	npliance component #4) – Noncompliant - local ordinance applies
Comments or recommendations	
	Recommend clearing out all the small/medium trees that are growing span of the drainfield. Care should be taken not to damage the on by using tracked equipment.
Certification	
	to determine the compliance status of this system. No determination of wn conditions during system construction, possible abuse of the system,
By typing my name below, I certify the above statements to be true used for the purpose of processing this form.	and correct, to the best of my knowledge, and that this information can be
Business name: Zierke Soil Testing	Certification number: 9594
Inspector signature: Bermin Nerker	License number: 119
(This document has been electronically sig	ned) Phone: 651-249-1346
Necessary or locally required supporting do	cumentation (must be attached)
Soil observation logs	equired forms
☑ Other information (list): Permit Information	

Compliance criteria:		Attached supporting documentation	ո։
System discharges sewage to the	☐ Yes* ⊠ No	☐ Other:	
ground surface		Not applicable Not	
System discharges sewage to drain tile or surface waters.	☐ Yes* ⊠ No	_	
System causes sewage backup into dwelling or establishment.	☐ Yes* ⊠ No	_	
Any "yes" answer above indicates imminent threat to public health ar		_	
Describe verification methods and	results:		
None of the above observed.			
nk integrity Compliance	component #	of E	
nk integrity – Compliance	component #		n:
Compliance criteria:	· 	Attached supporting documentation	1:
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,	component #	Attached supporting documentation Empty tank(s) viewed by inspector	
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	· 	Attached supporting documentation	Olsons
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,	Yes* ⊠ No	Attached supporting documentation Empty tank(s) viewed by inspector Name of maintenance business:	Olsons
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	Yes* ⊠ No	_ Attached supporting documentation _ Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance busine	Olsons ss: 216 8/20/2024
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 documentation Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance busine Date of maintenance:	Olsons ss: <u>216</u> <u>8/20/2024</u> ch)
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 indicates.	Yes* ⊠ No Yes* ⊠ No	Attached supporting documentation Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance busine Date of maintenance: Existing tank integrity assessment (Attate of maintenance (mm/dd/yyyy): (See form instructions to ensure assess)	Olsons ss: 216 8/20/2024 ch) in three years
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	roperty Address: 10733 69 th St N Stillwater, MN 55082	
В	usiness Name: Zierke Soil Testing	Date: 8/20/2024
3.	Other compliance conditions – Compliance component #3 of 5	
	3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unse	ecured?
	☐ Yes* ☑ No ☐ Unknown	
	3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safet	y? ☐ 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:	
	Attached supporting documentation: Not applicable	
4.	Operating permit and nitrogen BMP* – Compliance component #4 o	f 5 🛭 Not applicable
4.		
4.	Is the system operated under an Operating Permit?	If "yes", A below is required
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4.	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 "yes", A below is required If "yes", B below is required
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https://www.pca.state.mn.us wq-wwists4-31b • 4/28/2021 800-657-3864

siness Name: Zierke	Soil Testing		Date:	8/20/2024
Soil separation	– Compliance cor	mponent #5 o	of 5	
Date of installation	6/17/1997 (mm/dd/yyyy)	Unknown		
Shoreland/Wellhead	protection/Food	⊠ Yes □ No	Attached supporting documentation:	
beverage lodging?			igtimes Soil observation logs completed for the	ne report
Compliance criteria	a (select one):		☐ Two previous verifications of required	l vertical separatio
	rior to April 1, 1996, and	☐ Yes ☐ No*	☐ Not applicable (No soil treatment are	a)
not located in Shor Protection Area or beverage or lodging	not serving a food,			
Drainfield has at lesseparation distance saturated soil or be				
5b. Non-performance s		⊠ Yes □ No*	Indicate depths or elevations	
April 1, 1996, or lat	ter or for non- ms located in Shoreland		A. Bottom of distribution media	95.7'
or Wellhead Protec	ction Areas or serving a		B. Periodically saturated soil/bedrock	92.7'
Drainfield has a thr	lodging establishment:		C. System separation	3.0'
separation distance	e from periodically		D. Required compliance separation*	3.0'
saturated soil or be	edrock.*		*May be reduced up to 15 percent if all Ordinance.	owed by Local
systems built unde Type IV or V syster Rules 7080. 2350 ((Intermediate Inspe 2,500 gallons per d	ms built under 2008	☐ Yes ☐ No*		
•	e designed vertical e from periodically			

See attached boring log and elevations.

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.

800-657-3864



Logs of Soil Borings

8/15/2024

Location of Project: 10733 69th St N Stillwater, MN 55082

Borings Made by Ben Zierke Date:

Hand bucket auger used for borings; USDA - SCS Soil Classification used.

Depth, in Inches	Boring Number 1	Depth, in Inches	Boring Number 2
0-8"	10YR 3/2 loam	0	
8-16"	7.5YR 4/4 loam		
16-64"	10YR 4/4 silt loam		
64-88"	7.5YR 4/4 loamy sand, 10% rock		
End of boring at Standing water tab Present at Standing water not p Mottled Soil: Observed at Mottled soil not pres Comments:	feet of depth Hours after boring feet of depth feet of depth	End of boring at Standing water tal Present at Standing water not Mottled Soil: Observed at Mottled soil not pre Comments:	feet of depth Hours after boring present in hole feet of depth
Depth, in Inches	Boring Number 3	Depth, in Inches	Boring Number 4
0		0	
End of boring at Standing water tab Present at Standing water not p Mottled Soil: Observed at Mottled soil not pres Comments:	feet of depth Hours after boring feet of depth feet of depth	End of boring at Standing water tal Present at Standing water not Mottled Soil: Observed at Mottled soil not pre Comments:	feet of depth Hours after boring present in hole feet of depth



WASHINGTON COUNTY, MINNESOTA

Department of Health, Environment, and Land Management 612/430-6708

GRAHT CITY

PERMIT NUMBER

8797056

SEWAGE PERMIT

Owner :

DAVID

STRASBURG

10733 69TH ST II

STILLWATER

HH 55082

Applicant : ADRIENNE

JOHNSON-EDINA REALTY

612

ocanned 8/25/08

DRAINFIELD REPLACEMENT PERMIT

SEPTIC APPLICATION/SOIL REVIEW

220.00

Total Fees :

Total Paid :

220,00

70.00

150.00

Total Due :

.00

PERMISSION IS HEREBY GRANTED

To execute the work specified in this permit on the following described property upon express condition that said persons and their agents, employees and workmen shall conform in all respects to the provisions of the Building Code, and/or Ordinances.

This permit may be revoked at any time upon the violation of any of the provisions of said code and ordinances.

Project Address :

10733 69TH ST N

STILLWATER

55082

Flow Capacity

600 Gal/Day

Soil Conditions: Depth to Restriction

72 Inches

11 Min/Inch

Soil Treatment Area Type:

In Fill N In Ground Y Bed N Drain Field Y

Authorized Work / Special Conditions

- Install individual sewage treatment system as per approved design in area tested and shown on site plan.
- THIS SYSTEM MUST BE INSTALLED BY A CERTIFIED/LICENSED SEWAGE TREATMENT SYSTEM INSTALLER HOLDING A CURRENT LICENSE WITH THE MINNESOTA POLLUTION CONTROL AGENCY. (A list of installers is available at your request.)
- Rope off and protect tested area from all vehicle traffic.
- Maximum trench depth 36 inches into natural soil.

** Permit Expiration Date :

Sewage Treatment : 5/14/98

A CERTIFICATE OF OCCUPANCY MUST BE REQUESTED AND ISSUED PRIOR TO USE OR OCCUPANCY OF WORK PERMITTED BY A BUILDING PERHIT.

** This permit shall expire and be null and void if the work authorized by the Building Permit is not commenced within 60 days of the date of issuance or if work is abandoned or suspended for a period of 120 days. Term of the Building Permit is 12 months from date of issue. Term of sewage treatment permit is 6 months from date of issue.

Penalty for violation of any of the provisions of building code: Fine not to exceed five hundred dollars (\$500.00) or imprisionment for not more than ninety (90) days, or both.

Permit Issue Date 5/14/97 Code Enforcement Officer Oll South

INSPECTION RECORD

BUILDING	DATE	INSP.	COMMENTS
Foundation			
Foundation Wall			
Plumbing (Groundwork)			
Heating (Groundwork)			
Rough Plumbing			
Rough Gas Piping			
Rough Heating and Ventilation	-		
Framing			
Insulation			
Fireplace			
Chimney			
Wallboard or Lath and Plaster			
Final Electrical			
Final Plumbing			
Final Gas Piping			
Final Heating and Ventilation			
Final Building			2 lines out folorese COMMENTS & Lines
SEWAGE TREATMENT SYSTEM	6-17- DATE	9> INSP	COMMENTS & Lines
Installation	471-97	as	Tank Size: スペタンコ Treatment Area: ノロロンカ
As Built		`	Installer: Mike Paterson
DRIVEWAY	DATE	INSP.	COMMENTS
Access			
Installation			

NOTES:



Owner's Name

Job Site Address

STANDARD SYSTEM DESIGN INDIVIDUAL SEWAGE TREATMENT SYSTEM

RECEIVED

MAY 0 9 1997

WASHINGTON COUNTY HEALTH, ENVIRONMENT & LAND MANAGEMENT 14900 N. 61ST STREET, P.O. BOX 3803, STILLWATER, MN 55082-3803

HELM

612/430-6708 OR 612/430-6656

STRAS BURG

FAX 612/430-6730

City or Township CITY OF GRANT	
Use of Building Hone - 4- BEDROOMS	
Design Flow Rate PER DAY Perc Rate 6- // MPI	Land Slope GROUND 16-2 / Percent
Two Required Tank Sizes / 000 Gallons / 000 Gallons	Lift Station Tank Size Gallons
Type of System (standard, at grade or bed) STANDARD	
	neal Feet 3 6 " -Trench Width
Depth of rock below pipe /2 //	Depth of Rock Above Pipe 2 "
MINimum Depth of Trench From Existing Grade · 2 4 Inches	MAXimum Depth of Trench From Existing Grade 36 Inches
Recommended Number of Trenches 5	Recommended Length of Trenches 65-70
Trench Spacing Measured Center to Center	7, Feet
Any Other Special Conditions BECAUSE OF SLOPE TRENCHES WHEN THE WONK IS CON CONSIDER WOOD FIBER BLANKET TO	APLETOD- YOU MAY WANT TO

IF PRESSURE DISTRIBUTION IS USED, COMPLETE THE PRESSURE DISTRIBUTION WORK SHEET ATTACHED.

This design must be accompanied by a site plan that clearly shows the location of the area tested and approved by the following:

- 1. Use an appropriate scale and indicate direction by use of a north arrow.
- Show ALL property boundaries, rights-of-way, easements, wetlands. If necessary, an enlarged detail of the house site may also be required.
- 3. Show location of house, garage, driveway and all other improvements existing or proposed.
- 4. Show location and layout of sewage treatment system.
- 5. Show location of water supply (well and/or community supply line).
- Dimension all setbacks and separation distances.

This system has been designed by a Pollution Control Agency (PCA) Certified Professi	ional. 57.875 # 410
Designer Name DALE EKLIN W. & LANG	PCA Certification # 695
Address 1986 RIDGE WOOD AUB. MAI 55110	Phone # 429- 1090
Signature Oxloco	Date <u>5-7-97</u>

AY 0 9 1997 HELM

 $oldsymbol{arphi}_{oldsymbol{\mathsf{R}}}$ REVIEW/SEPTIC PERMIT APPLICATION

Washington County Health, Environment & Land Management 14900 61st Street N., P.O. Box 3803 Stillwater, MN 55082-3803

612/430-6708 or 612/430-6656

FAX 612/430-6730

FEE +01532013

Receipt # <u>17297</u>

Make checks payable to WASHINGTON COUNTY TREASURER

\$150 - Application Fee	(site	review)	
-------------------------	-------	---------	--

\$25 - Additional Review Fee (1 hour minimum)

\$100 base fee, plus \$50 per lot - Subdivision Fee

\$150 - New Drainfield System Permit Fee \$250 - New Mound System Permit Fee \$70 - Replacement Drainfield System Permit Fee

\$170 - Replacement Mound System Permit Fee

Sumber (especially if this is for a NEW SUBDIVISION OR MINOR SUBDIVISION) 83/35-345

Legal Description and Parcel Identification	Number (especially if this is to STREST	for a NEW SUBDIVIS: こハアソ のF	ION OR MINOR SUB <i>6RAN</i> ア	DIVISION)	8303	5.3450
E12-SE14-NW14 35/301=			000	D: 35.0	030-2	4-12-000
Applicant	Address	Ci	ity	State	Zip	Phone
DAUID STRASBURG		TH STREST	STILLUSTER	rw	5508	2
Owner (if different from applicant)	Address	Ci	ty	State	Zip 430-	Phone 1886
New Home Existing Home X N	lew Business Existing E	usiness	Number Of Bedro	oms: 4		er Day: 600
Check the following fixture(s) which are or	vill be installed: Garbage Disp	osal l	Recreational Bathing Fa	cility: (jacu	ızzi, hot tub,	etc.)
New Drainfield System New Mound Approval Only If this site has been app		rainfield System 💥 al letter Additiona	Replacement Mound Soil Test Data for Pre	-		enewal
The following exhibits are required as part of showing location of buildings, lot lines, percone (1) copy of the Final Building Plan. The processing.	olation test holes, soil boring ho	les, proposed location o	f system and well; one	(1) copy of	the System I	Design; and
AGREEMENT: The undersigned hereby moved shall be done in strict accordance with and Design submitted herewith, and which at made necessary by conditions peculiar to a p to the Building Official or his agent for the p and accepted. APPLICATION IS FOR AN WILL VOID THE PERMIT. It shall be the ready for inspection.	ordinances and regulations of the reviewed by the Washington of articular location, shall become urpose of performing inspection INSTALLATION AT A SPE	e County of Washington County Building Officia a part of the permit. A s required and that no p CIFIC LOCATION; A	n, Minnesota. Applican l or his agent, together pplicant further agrees to part of the system shall NY DEVIATION FRO	of agrees that with any rector provide act be covered to the cover	t the Site Pla quirement an eccess, at reas until it has b PPROVED	an, Sketches d/or restriction onable times, een inspected LOCATION
In connection with your request for a soil a hours for the purpose of determining the state of Applicant (Q	uitability of the location, which	ereby giving us permi n may include minor e	scavation or soil borin	gs.	during nor	mal business
<u> </u>				Date		
and a fit of the fit o	E AREA BELOW IS	of the Count				
SITE EVALUATION: BY INSP	ECTOR A	dan	DATE 5	~/3	77	
Setbacks:		Required	[circle appropriate iten	n(s)]		Actual
Well (including adjacent pro	. • •	50' 75'	100' 150'		ı	
Wetland, Pond, Lake, Stream	, River, or Bluffline 🖊 🎢	20' 40'	75' 100' 150) '	1	
CONCLUSIONS: Site Suitable:	Site Unsuitable:	Additional Tests Requ	ired:\	erify Use:_		Bedrooms
NOTES: Lot Size 330×66	Year Built_	1964				
EXISTING HOM	E 36"dz	rth pa	ndy soil	2 07	ren	
field side si	cope grav	•.	. Ø			
erico de la companya					* 1	
				t ·	. Who .	
					1000	

AS-BUILT REPORT INDIVIDUAL SEWAGE TREATMENT SYSTEM

Washington County Health, Environment & Land Management 14900 61ST ST N, PO BOX 3803, STILLWATER, MN 55082-3803 612/430-6708 or 612/430-6656 FAX 612/430-6730

Care Descriptor of Complete Street Address			City or Township	
Cared Strai	Mail Address	ciy 69-th St, N, I	Stillwater M.	
BOELES - E	// Mail Address	Operl C. N.	Steendin 1.	Mn. 55073
See In Menderum	on Precest	Lieuld Concebn	20 1000	
	PUMP CHAMBE	R (if installed)		
pretionesines	Liquid Capacity:	Horsepower of Pump:	Type of Warning) Device:
(Purp Discharge in Gallons Per Minute:	at A Feet of Head	Number of Gallons Pumped Per C	ycle:	
DRAINFIEL	TOCHOL	1		
	A TUENOU.	11	BED OR MOUND	
100 3 KL +	Length of Each Trench:	Rock Bed Length:		Area:
White: September 1 Training Bottom from Finished Grade:		Rock Bed Length: Bed Depth from Grade:		Area:
Departs of Transfer Bottom From Finished Grade:	Length of Each Trench:		Width:	Area: and Base Depth;
Papers of Tradich Bottom From Finished Grade: 24 4 5 56 Method of Distribution:	Length of Each Trench: 3@65 2@ 70	Bed Depth from Grade:	Width:	
Persit of Tracket Bottom from Finished Grade: Author So Author of Distribution: Prosesure Description Pipe:	Length of Each Trench: 3@65 2@ 70	Bed Depth from Grade: MOUND: Upslope Sand Base Depth: Depth of Rock Under Pipe:	Width:	and Base Depth:
Depth of Trackin Bottom from Finished Grade: Activated of Distribution: Progressive	Length of Each Trench: 3@65 2@ 70	Bed Depth from Grade: MOUND: Upslope Sand Base Depth: Depth of Rock Under Pipe:	Width: Downslope Sa	and Base Depth;

Complete site plan on attached sheet. On the site plan, include location of:

structures, eacht: tank, pump chamber, line from house to tank treatment system, distribution lines, distribution or drop boxes, well, and driveway. Show all distances applicable to the sewage treatment system, distance from structure to tank, tank to treatment distance between distribution lines, length of distribution lines, and distance between well and sewage treatment system). Indicate NCRTH on the site plan and the scale of the plan.

sutilled 6/17

ASBUILT.FRM:DC 9/93

WASHINGTON COUNTY SEPTIC PERMIT NUMBER 87 97050

AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
IFIYOU NEED ASSISTANCE DUE TO DISABILITY OR LANGUAGE BARRIER, PLEASE CALL 430-6708 (TDD 439-3220).

