

ZIERKE SOIL TESTING

Jody Hahn
13175 Goodview Ave N
White Bear Lake, MN 55110

9/3/2024

Dear Jody Hahn,

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 compliant. 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

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)

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: 2803121330014 Reason for Inspection Sale

Local regulatory authority info: Washington County

Property address: 13175 Goodview Ave N White Bear Lake, MN 55110

Owner/representative: Jody Hahn Owner's phone: 651-206-9406

Brief system description: (2) 1000 gallon septic tanks, 1000 gallon lift tank, rock trench drop box drainfield

System status

System status on date (mm/dd/yyyy): 9/3/2024

Compliant – Certificate of compliance*

(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)

***Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.**

Noncompliant – Notice of noncompliance

Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.

An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.

Reason(s) for noncompliance (check all applicable)

- Impact on public health (Compliance component #1) – *Imminent threat to public health and safety*
- Tank integrity (Compliance component #2) – *Failing to protect groundwater*
- Other Compliance Conditions (Compliance component #3) – *Imminent threat to public health and safety*
- Other Compliance Conditions (Compliance component #3) – *Failing to protect groundwater*
- System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) – *Failing to protect groundwater*
- Soil separation (Compliance component #5) – *Failing to protect groundwater*
- Operating permit/monitoring plan requirements (Compliance component #4) – *Noncompliant - local ordinance applies*

Comments or recommendations

Jody reported no issues with the system. Drainfield functioning normally during site visit 8/28/2024.

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Business name: Zierke Soil Testing Certification number: 9594

Inspector signature: *Benjamin Zierke* License number: 119

(This document has been electronically signed)

Phone: 651-249-1346

Necessary or locally required supporting documentation (must be attached)

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

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

Compliance criteria:

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

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

Describe verification methods and results:

None of the above observed.

Attached supporting documentation:

- Other: _____
- Not applicable

2. Tank integrity – Compliance component #2 of 5

Compliance criteria:

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

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

Describe verification methods and results:

See attached tank integrity form from Olson's Sewer Service.

Attached supporting documentation:

- Empty tank(s) viewed by inspector
- Name of maintenance business: _____
- License number of maintenance business: _____
- Date of maintenance: _____
- Existing tank integrity assessment (Attach)
- Date of maintenance (mm/dd/yyyy): 8/23/2024
(must be within three years)
- (See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))
- Tank is Noncompliant (pumping not necessary – explain below)
- Other: _____

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

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

Yes* No Unknown

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

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

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

Yes* No

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

Yes* No

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

Describe verification methods and results:

Attached supporting documentation: Not applicable

4. Operating permit and nitrogen BMP* – Compliance component #4 of 5 Not applicable

Is the system operated under an Operating Permit?

Yes No **If “yes”, A below is required**

Is the system required to employ a Nitrogen BMP specified in the system design? Yes No

If “yes”, B below is required

BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is “no”, this section does not need to be completed.

Compliance criteria:

a. Have the operating permit requirements been met?

Yes No

b. Is the required nitrogen BMP in place and properly functioning?

Yes No

Any “no” answer indicates noncompliance.

Describe verification methods and results:

Attached supporting documentation: Operating permit (Attach)

5. Soil separation – Compliance component #5 of 5

Date of installation 11/12/2003 Unknown
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging? Yes No

Compliance criteria (select one):

5a. For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment: Yes No*

Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

5b. Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment: Yes No*

Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*

5c. "Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules 7080.2350 or 7080.2400 (Intermediate Inspector License required ≤ 2,500 gallons per day; Advanced Inspector License required > 2,500 gallons per day) Yes No*

Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

Attached supporting documentation:

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

Indicate depths or elevations

| | |
|--|-------|
| A. Bottom of distribution media | 98.0' |
| B. Periodically saturated soil/bedrock | 94.5' |
| C. System separation | 3.5' |
| D. Required compliance separation* | 3.0' |

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

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

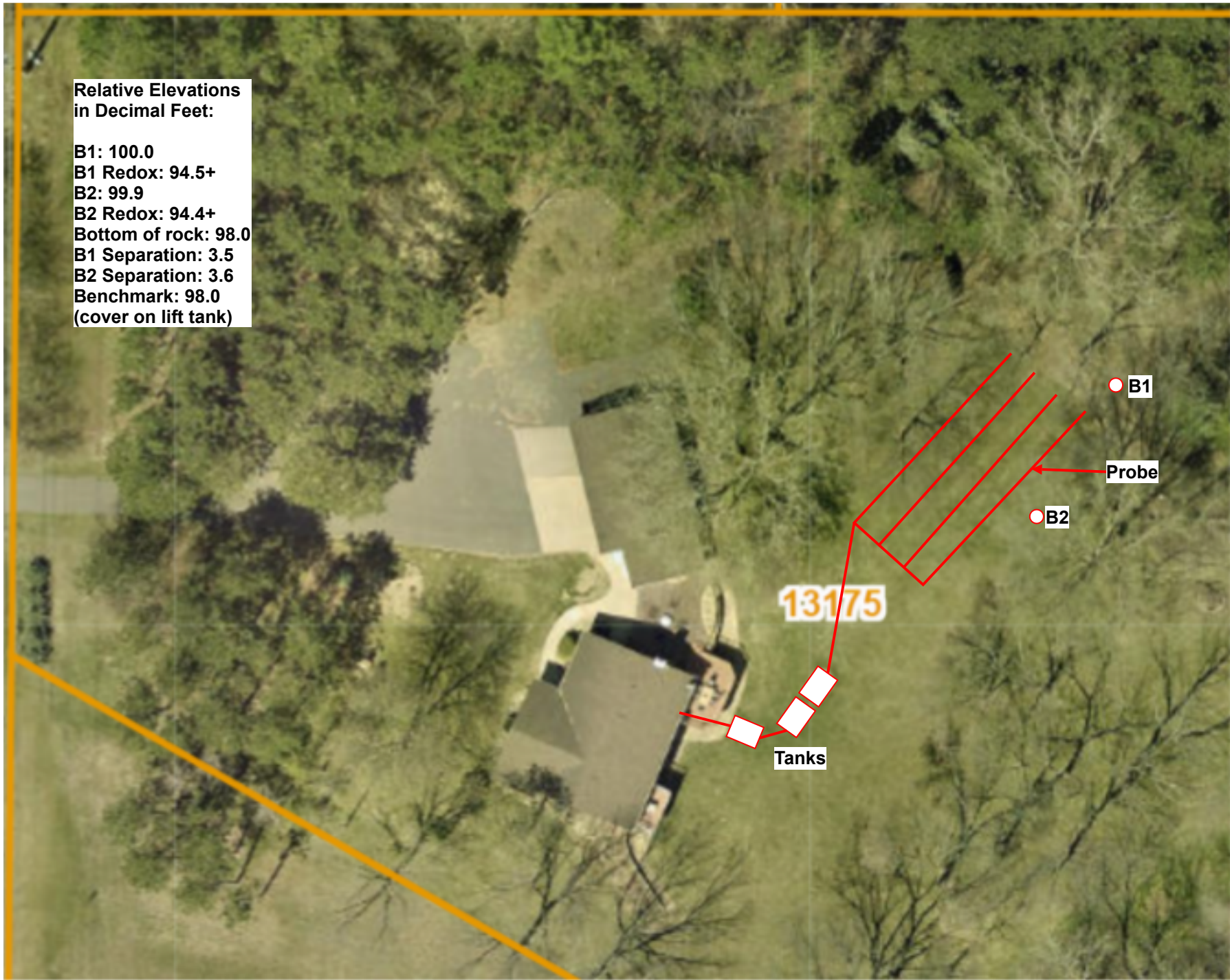
Describe verification methods and results:

See attached 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.

**Relative Elevations
in Decimal Feet:**

B1: 100.0
B1 Redox: 94.5+
B2: 99.9
B2 Redox: 94.4+
Bottom of rock: 98.0
B1 Separation: 3.5
B2 Separation: 3.6
Benchmark: 98.0
(cover on lift tank)



B1

Probe

B2

13175

Tanks

Logs of Soil Borings

Location of Project: 13175 Goodview Ave N White Bear Lake, MN 55110

Borings Made by Ben Zierke

Date:

8/28/2024

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

| Depth, in Inches | Boring Number 1 | Depth, in Inches | Boring Number 2 |
|------------------|---|------------------|---|
| 0----- | ----- | 0----- | ----- |
| 0-11" | 10YR 3/2 loamy fine sand, 10% rock | 0-9" | Fill |
| 11-27" | 10YR 4/4 and 4/3 loamy sand, layers of 10% rock, 7.5YR 4/6 SL bands | 9-25" | 10YR 3/3 loamy sand, 0% rock |
| 27-47" | 10YR 4/4 fine sand, 5% rock, few 3/3 lamalle layers | 25-47" | 10YR 4/4 loamy sand, 7.5YR 4/6 bands, 5% rock |
| 47-56" | 10YR 5/4 loamy sand, 7.5YR 4/6 bands, 10% rock | 47-60" | 10YR 6/4 loamy sand, 15% rock, few 4/6 bands |
| 56-66" | 10YR 6/4 medium sand, 15% rock | 60-66" | 10YR 5/4 loamy sand, 7.5YR 4/6 bands, 5% rock |

End of boring at 5.5 feet

Standing water table:

Present at _____ feet of depth _____ Hours after boring

Standing water not present in hole

Mottled Soil:

Observed at _____ feet of depth

Mottled soil not present in bore hole

Comments:

End of boring at 5.5 feet

Standing water table:

Present at _____ feet of depth _____ Hours after boring

Standing water not present in hole

Mottled Soil:

Observed at _____ feet of depth

Mottled soil not present in bore hole

Comments:

| Depth, in Inches | Boring Number 3 | Depth, in Inches | Boring Number 4 |
|------------------|-----------------|------------------|-----------------|
| 0----- | ----- | 0----- | ----- |

End of boring at _____ feet

Standing water table:

Present at _____ feet of depth _____ Hours after boring

Standing water not present in hole

Mottled Soil:

Observed at _____ feet of depth

Mottled soil not present in bore hole

Comments:

End of boring at _____ feet

Standing water table:

Present at _____ feet of depth _____ Hours after boring

Standing water not present in hole

Mottled Soil:

Observed at _____ feet of depth

Mottled soil not present in bore hole

Comments:

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

Instructions: This form may be completed, and signed, by a Designated Certified Individual (DCI) of a licensed SSTS inspection, maintenance, installation, or service provider business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system. Only a licensed maintenance business is authorized to pump the tank for assessment. A copy of this information should be submitted to the system owner and be maintained by the licensed SSTS business for a period of five (5) years from the assessment date.

When this form is signed by a qualified certified professional, it becomes *necessary supporting documentation* to an Existing System Compliance Inspection Report: *Compliance inspection form - Existing system (wq-wwists4-31b)*. This form can be found on the MPCA website at <https://www.pca.state.mn.us/water/inspections>.

The information and certified statement on this form is **required** when existing septic tank compliance status is determined by an individual other than the SSTS Inspector that submits an inspection report. This form represents a third party assessment of SSTS component compliance and is allowable under Minn. R. 7082.0700, subp. 4(B)(1). This form is valid for a period of three years beyond the signature date on this form unless a new evaluation is requested by the owner or owner's agent or is required according to local regulations. Additional Administrative Rule references for this activity can be found at Minn. R. 7082.0700, subp. 4(B),(C), and (D) and; Minn. R. 7083.0730(C).

Owner information

Owner/Representative: Joel Hehr
 Property address: 1375 Goodview Ave
 Local Regulatory Authority: Washington Ave Parcel ID: _____

System status

System status on date (mm/dd/yyyy): _____

Certificate of sewage tank compliance Notice of sewage tank non-compliance

Compliance criteria:

| | |
|---|--|
| The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - "Failure to Protect Groundwater." | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No |
| The SSTS has a sewage tank that leaks below the designed operating depth - "Failure to Protect Groundwater." | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No |
| The SSTS presents a threat to public safety by reason of structurally unsound (damaged, cracked, or weak) maintenance hole cover(s) or lids or any other unsafe condition - "Imminent Threat to Public Health or Safety." | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No |

Any "yes" answer above indicates sewage tank non-compliance.

Company information

Company name: Olson's Sewer Service, Inc.
 Business license number: 216

Designated Certified Individual (DCI) information

Print name: Brian Sweet
 Certification number: 9696

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS inspection, maintenance, installation, or service provider Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Designated Certified Individual's signature: [Signature] Date (mm/dd/yyyy): 8-23-24
(This document has been electronically signed.)

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

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

Yes* No Unknown

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

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

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

Yes* No

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

Yes* No

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

Describe verification methods and results:

Attached supporting documentation: Not applicable

4. Operating permit and nitrogen BMP* – Compliance component #4 of 5 Not applicable

Is the system operated under an Operating Permit?

Yes No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP specified in the system design?

Yes No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria:

a. Have the operating permit requirements been met?

Yes No

b. Is the required nitrogen BMP in place and properly functioning?

Yes No

Any "no" answer indicates noncompliance.

Describe verification methods and results:

Attached supporting documentation: Operating permit (Attach)



WASHINGTON COUNTY, MINNESOTA
 Department of Public Health
 and Environment 651/430-6688

Scanned 8/4/08 om

PERMIT NUMBER

HUGO CITY
 070003029 SEWAGE PERMIT

| | |
|--------------------------------|--------|
| DRAINFIELD REPLACEMENT PERMIT | 205.00 |
| SEPTIC APPLICATION/SOIL REVIEW | 195.00 |
| Total Fees : | 400.00 |
| Total Paid : | 400.00 |
| Total Due : | .00 |

Owner : CHARLES A COLLOVA JR
 4033 PORTLAND AVE
 WHITE BEAR LAKE MN 55110
 App # 40001 : CHARLES A COLLOVA JR 426-5340

Mailed 11/7/03

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 : 13175 GOODVIEW AVE N HUGO MN 55036
 Legal Description: HUGO CHG V/S TO #2 CHG CODE A 4-27-55 Geo : 26-031-21-33-0014
 Flow Capacity 450 Gal/Day Tank Volume 2000
 Soil Conditions: Depth to Restriction 52 Inches Perc Rate 5 Mio/Inch

Soil Treatment Type:
 Bottom Area 760 Back Depth 12

Authorized Work / Special Conditions

- Install individual sewage treatment system as per approved design in area tested and shown on site plan.

** Permit Expiration Date : Sewage Treatment : 2004-11-06

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

** 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 12 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 imprisonment for not more than ninety (90) days, or both.

Permit Issue Date 2003-11-06 Code Enforcement Officer *P. Cozzetta*

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 | | | |

| SEWAGE TREATMENT SYSTEM | DATE | INSP. | COMMENTS |
|-------------------------|----------|----------------|--|
| Installation | 11-12-03 | P. G. C. W. E. | Tank Size: east +1000 Treatment Area: 756 SF |
| As Built | | | Installer: +1000 west Ray Co |

| DRIVEWAY | DATE | INSP. | COMMENTS |
|------------------------|------|-------|----------|
| Access | | | |
| Installation | | | |

NOTES:

approved 1st trench
 4-63' TRENCHES @ 18" DEPTH
 11-12-03 tanks



SITE REVIEW and/or SEPTIC PERMIT APPLICATION

Washington County Public Health & Environment

14949 62nd Street N, PO Box 6, Stillwater, MN 55082-0006
651/430-6688 FAX 651/430-6730

Paid \$ 400

Receipt # 45977

Make checks payable to WASHINGTON COUNTY

- \$205 - Drainfield System Permit
- \$330 - Mound System Permit
- \$330 - Alternative/Experimental System
- \$100 - Additional Review Fee (1 hour minimum)
- \$195 - Individual Lot
- \$135 - Subdivision Soil/Site Review - Base fee Plus \$60/lot
- \$100 - Renewal of an Expired Permit

0700-03029

Legal Description and Parcel Identification Number (especially if this is for a NEW SUBDIVISION OR MINOR SUBDIVISION)

Applicant: Charles A. Collova Jr. Address: 13175 Goodview Aven. City: Hugo State: Mn. Zip: 55110 Phone: 65142653
 Owner (if different from applicant) Address City State Zip Phone

New Home Existing Home New Business Existing Business Number Of Bedrooms: 3 Gallons Per Day:

Check the following fixture(s) which are or will be installed: Garbage Disposal Recreational Bathing Facility: (jacuzzi, hot tub, etc)

New Home ⇒ Drainfield System Mound System Alternate/Experimental System Existing Permit Renewal
 Existing Home Replacement System ⇒ Drainfield System Mound System Tank Replacement Only

Site Approval Only If this site has been previously approved, attach copy of approval letter Additional Soil Test Data for Previously Approved Site

The following exhibits are required as part of this application and shall be attached hereto: Percolation Test Reports; Soil Boring Logs; Site Plan drawn to scale showing location of buildings, lot lines, percolation test holes, soil boring holes, proposed location of system and well; one (1) copy of the System Design; and one (1) copy of the Final Building Plan. The house and the drainfield areas must be staked. Inaccurate or incomplete information will result in delays in processing.

AGREEMENT: The undersigned hereby makes Application for Permit to Install or Extend Sewage Treatment System herein specified, agreeing that all such work shall be done in strict accordance with ordinances and regulations of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches and Design submitted herewith, and which are reviewed by Washington County, together with any requirement and/or restriction made necessary by conditions peculiar to a particular location, shall become a part of the permit. Applicant further agrees to provide access, at reasonable times, to Washington County for the purpose of performing inspections required and that no part of the system shall be covered until it has been inspected and accepted. **APPLICATION IS FOR AN INSTALLATION AT A SPECIFIC LOCATION; ANY DEVIATION FROM THE APPROVED LOCATION WILL VOID THE PERMIT.** It shall be the responsibility of the applicant for the permit to notify the Office of the Washington County Dept. of Public Health & Environment that the installation is ready for inspection.

I hereby certify the above to be true and correct. In connection with your request for a soil review/septic permit, I hereby give Washington County Department of Public Health and Environment permission to enter upon my property during normal business hours for the purpose of determining the suitability of the location, design, and construction, which may include minor excavation or soil borings by the Department.

Charles A. Collova Jr.
Signature of Applicant (Owner or Contractor)

10/20/03
Date

THE AREA BELOW IS FOR COUNTY USE ONLY

SITE EVALUATION: BY INSPECTOR _____ DATE _____

SETBACKS:

| | REQUIRED CIRCLE APPROPRIATE ITEM(S) | | | | ACTUAL |
|--|---------------------------------------|-----|------|------|--------|
| | 50' | 75' | 100' | 150' | |
| Well (including adjacent property) | | | | | |
| Wetland, Pond, Lake, Stream, River, or Bluffline | | | | | |

CONCLUSIONS: Site Suitable: Site Unsuitable: Additional Tests Required: Verify Use: _____ Bedrooms

NOTES: Lot Size _____ Year Built _____

2803121330014

Faint mottled up's "
Skull up to 18" change
to 12" Rock 2800 min