

# ZIERKE SOIL TESTING

Scott Steele  
9870 219<sup>th</sup> St N  
Forest Lake, MN 55025

9/5/2024

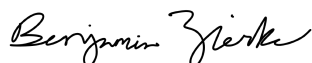
Dear Scott Steele,

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: 1303221120007 Reason for Inspection Sale

Local regulatory authority info: Washington County

Property address: 9870 219<sup>th</sup> St N Forest Lake, MN 55025

Owner/representative: Scott Steele Owner's phone: 763-297-1610

Brief system description: 1250 gallon septic tank, 1000 gallon septic tank with filter, 1000 gallon lift tank, mound dispersal system

### System status

System status on date (mm/dd/yyyy): 9/5/2024

**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 abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)*

*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.*

**\*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*
- 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

During site visit 8/28/2024, power was disconnected at the lift station and the tanks were overfull. We connected a generator to the lift plug and the pump functioned fine. I instructed Scott on how to dose the system without overloading the mound, and Olson's Sewer was able to pump and certify the tanks the following day with no issues. System function was normal once power was restored.

### 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): Permit information

## 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

**Attached supporting documentation:**

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

**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.

## 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:	

**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): 8/29/2024  
(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: \_\_\_\_\_

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

**Describe verification methods and results:**

Tanks pumped and certified by Olson's Sewer 8/29/2024. See attached.

### 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 10/18/2014  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	101.9'
B. Periodically saturated soil/bedrock	98.8'
C. System separation	3.1'
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: 98.8  
Bottom of rock: 101.9  
B1 Separation: 3.1  
Benchmark: 102.2  
(cover on lift tank)

● B1



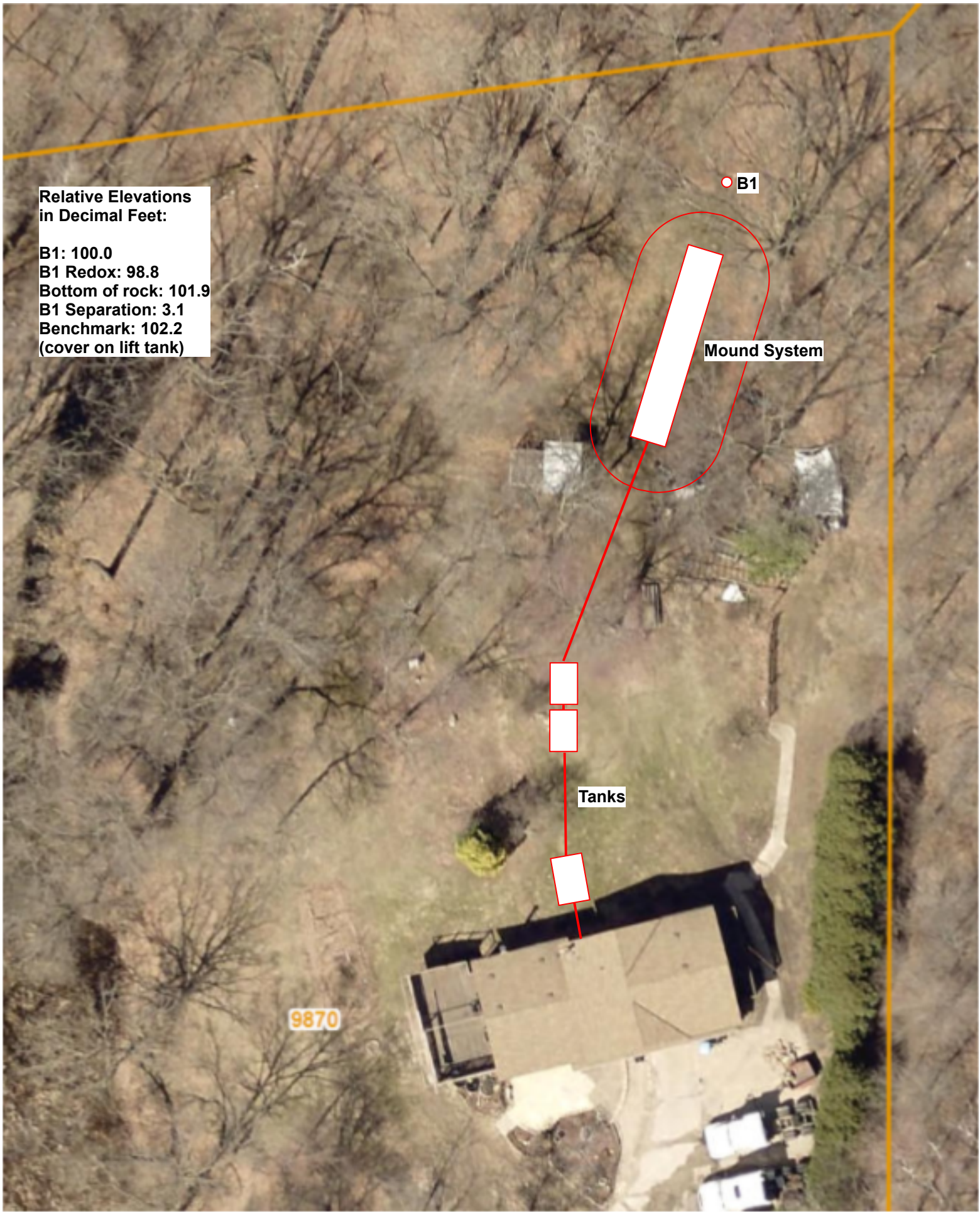
**Mound System**



**Tanks**



9870



## Logs of Soil Borings

Location of Project: 9870 219th St N Forest Lake, MN 55025

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-----	-----
0-6"	10YR 3/2 sandy loam		
6-14"	10YR 4/3 sandy loam		
14-19"	10YR 4/4 clay loam, 7.5YR 5/8 and 10YR 4/1 redox		

End of boring at 1.6 feet

**Standing water table:**

Present at \_\_\_\_\_ feet of depth \_\_\_\_\_ Hours after boring

Standing water not present in hole

**Mottled Soil:**

Observed at 1.2 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:

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:



Sewage tank integrity assessment form

Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

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.

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.

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).

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.

Owner information

Owner/Representative: Scott Steel
Property address: 9870 219th St N
Local Regulatory Authority: Parcel ID:

System status

System status on date (mm/dd/yyyy): 8/29/2024

[X] Certificate of sewage tank compliance [ ] Notice of sewage tank non-compliance

Compliance criteria:

Table with 2 columns: Compliance criteria and Yes/No options. Row 1: The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - "Failure to Protect Groundwater." Row 2: The SSTS has a sewage tank that leaks below the designed operating depth - "Failure to Protect Groundwater." Row 3: 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."

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

Company information

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

Designated Certified Individual (DCI) information

Print name: Joel Hyden
Certification number: 6291

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS inspection, maintenance, installation, or service provider Business.

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): 08/29/2024



### 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)



Department of Public Health and Environment  
 14949 62nd Street North PO Box 6  
 Stillwater MN 55082-0006  
 Office: 651-430-6655 TTY: 651-430-6246 Fax: 651-430-6730

Review Fee:	\$290.00
Permit Fee:	\$485.00
<b>Total Fee:</b>	<b>\$775.00</b>
Previous Payment	\$775.00
<b>Balance Due</b>	<b>\$0.00</b>

Community: Forest Lake City  
 Permit Number: 0600-14-10  
 Owner: Eldora Runnigen  
 9870 219th ST N  
 Forest Lake MN 55025-  
 Applicant: Ronnie Bowman Excavating

**PERMISSION IS HEREBY GRANTED**

To execute the work specified in this permit on the following identified property upon express condition that said persons and their agents, and employees shall conform in all respects to the provisions of Ordinance #179, Washington County Development Code, Chapter Four, Subsurface Sewage Treatment System Regulations. This permit may be revoked at any time upon violation of any of the provisions of said ordinance.

Project Address: 9870 219th ST N  
 Geo Code: 13-032-21-12-0007  
 Designer: Zierke Soil Testing

Type of System: Mound		Pressure Distribution	
		Number Of Laterals:	3
<b>Design Criteria</b>	<b>Mound Sizing</b>	Perforation Spacing:	3 Feet
Percolation Rate: 8	Rock Bed Width: 10 Feet	Perforation Diameter:	1/4 Inch
Depth To Restriction: 16	Rock Bed Length: 45 Feet	Head Size:	1.0 Inch
Land Slope: 8.00%	Absorption Width: 15 Feet	Total Head:	16.545
Flow Rate: 450	Depth of Clean Sand: 20 inches	Connection:	End
Number of Bedrooms: 3	Downslope Dike Width: 26 Feet	Length of Laterals:	43 Feet
	Upslope Dike: 11 Feet	Perforations / Lateral:	15
	Length of Dike: 67 Feet	Total Perforations:	45
<b>Tank Sizes</b>		Gallons Per Minute:	33.3
Tank 1: 1000	Tank 2: 1000	Tank 3: 0	Lift Station: 1000
		Lateral Diameter:	1.5 Inches

**Authorized Work/Special Conditions**

1. Effluent Filter with Alarm Required
2. Pressure laterals must have cleanouts to grade.

Permit Issue Date: 8/12/2014  
 Permit Expiration Date: 8/12/2015

Pete Ganzel  
 Senior Environmental Specialist

## Individual Sewage Treatment System Inspection Form

<b>Project Address:</b> 9870 219th ST N <b>Community:</b> Forest Lake City <b>Owner:</b> Eldora Runningen <b>Applicant:</b> Ronnie Bowman Excavating	<b>Application ID:</b> 0600-14-10 <b>Geo Code:</b> 13-032-21-12-0007 <b>Type of System:</b> Mound <b>Designer:</b> Zierke Soil Testing
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<b>Type of Installation:</b> <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Other	<b>Type of Inspection:</b> <input type="checkbox"/> Site Review <input type="checkbox"/> Tank <input type="checkbox"/> Rough-Up <input type="checkbox"/> Treatment Area <input type="checkbox"/> Final	<b>Inspector:</b> <input checked="" type="checkbox"/> Pete Ganzel <input type="checkbox"/> Chris LeClair <input type="checkbox"/> Other  <b>Inspection Dates:</b> 10/13/14 Rough up 10/15/14 Rock Bed + tanks
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**Number of Bedrooms:** \_\_\_\_\_  
**Installer:** Ronnie Bowman

Site Review	Mounds / At-Grade
<b>Date:</b> _____ <input type="checkbox"/> Soil Boring <input type="checkbox"/> Soil Pit <b>Depth of Pit/Boring:</b> _____ <b>Comments:</b> _____ 8	<input type="checkbox"/> Mound <input type="checkbox"/> At-Grade    Absorption Area _____ Percent Slope _____ Sand Below Bed <u>20"</u> Upslope Width _____ Rock Below Pipe <u>9</u> Downslope Width _____ Perf Size/Spacing <u>1/4" / 3'</u> Sideslope Width _____ Pipe Size/Spacing <u>1.5" / 3'</u> Pressure Bed Dimensions: Length <u>45</u> Width <u>10</u>
<b>Conclusions:</b> <input type="checkbox"/> Site Suitable <input type="checkbox"/> Site Unsuitable <input type="checkbox"/> Additional Tests Required	

Sewage / Holding Tanks	Pump Information
Tank 1 _____ <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing Tank 2 <u>1000</u> <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing <i>Bronze finish tank Polylok</i> <b>Baffle Type:</b> <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> San-T <input checked="" type="checkbox"/> Concrete	<b>Lift Station Capacity:</b> <u>1000</u> <b>Feet of Head:</b> _____ <b>Horsepower/GPM:</b> _____ <b>Size of Discharge Line:</b> _____ <b>Gallons Per Cycle:</b> _____ <b>Type/Location or Alarm:</b> _____ <b>Gallons Per Minute:</b> _____

Trenches, Bed or Gravelless Drainfield	Setbacks																														
<input checked="" type="checkbox"/> Drop Box <input type="checkbox"/> Distribution Box <input type="checkbox"/> Gravity <input type="checkbox"/> Pump Trench <input type="checkbox"/> Pressure Bed <input type="checkbox"/> Serial <input type="checkbox"/> Parallel <input type="checkbox"/> Chambers <input type="checkbox"/> Gravelless <input type="checkbox"/> 8" <input type="checkbox"/> 10" <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Trench Depth (in)</td> <td style="width:20%;">T1 _____</td> <td style="width:20%;">Trench Length (ft)</td> <td style="width:20%;">T1 _____</td> <td style="width:20%;">Trench Width</td> <td style="width:20%;">Rock Below Pipe</td> </tr> <tr> <td></td> <td>T2 _____</td> <td></td> <td>T2 _____</td> <td><input type="checkbox"/> 24"</td> <td><input type="checkbox"/> 6"</td> </tr> <tr> <td></td> <td>T3 _____</td> <td></td> <td>T3 _____</td> <td><input type="checkbox"/> 36"</td> <td><input type="checkbox"/> 12"</td> </tr> <tr> <td></td> <td>T4 _____</td> <td></td> <td>T4 _____</td> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> 18"</td> </tr> <tr> <td></td> <td>T5 _____</td> <td></td> <td>T5 _____</td> <td></td> <td><input type="checkbox"/> 24"</td> </tr> </table>	Trench Depth (in)	T1 _____	Trench Length (ft)	T1 _____	Trench Width	Rock Below Pipe		T2 _____		T2 _____	<input type="checkbox"/> 24"	<input type="checkbox"/> 6"		T3 _____		T3 _____	<input type="checkbox"/> 36"	<input type="checkbox"/> 12"		T4 _____		T4 _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 18"		T5 _____		T5 _____		<input type="checkbox"/> 24"	<b>Building(s) to tanks:</b> _____ <b>Building(s) to drainfield:</b> _____ <b>Surface Water:</b> _____ <b>Property Lines:</b> _____ <b>Wells:</b> <input type="checkbox"/> 50' <input type="checkbox"/> 100' <b>Pressure Test</b> <b>Time:</b> _____ <b>Time:</b> _____ <b>PSI:</b> _____ <b>PSI:</b> _____
Trench Depth (in)	T1 _____	Trench Length (ft)	T1 _____	Trench Width	Rock Below Pipe																										
	T2 _____		T2 _____	<input type="checkbox"/> 24"	<input type="checkbox"/> 6"																										
	T3 _____		T3 _____	<input type="checkbox"/> 36"	<input type="checkbox"/> 12"																										
	T4 _____		T4 _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 18"																										
	T5 _____		T5 _____		<input type="checkbox"/> 24"																										
<b>Pressure Bed Dimensions:</b> Length _____ Width _____ Absorption Area _____																															

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspector \_\_\_\_\_

## SEPTIC PERMIT APPLICATION

Washington County Department of Public Health & Environment  
 14949-62nd St N, P.O. Box 6, Stillwater MN 55082-0006  
 651.430.6655 FAX: 651.430.6730

2014

PERMIT NUMBER  
0600-14-10

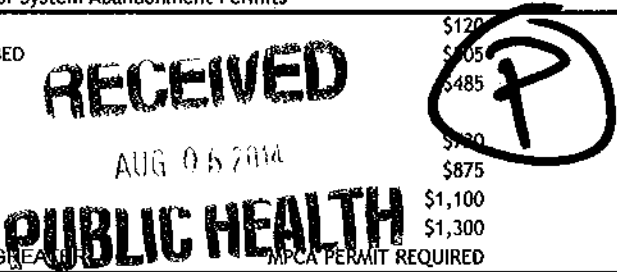
### PROPERTY & APPLICANT INFORMATION

PROPERTY ADDRESS: <u>9870-219<sup>th</sup> St. N. Forest Lake</u>		GEOCODE: <u>13.032.21.12.0007</u>
USE OF BUILDING: <input checked="" type="checkbox"/> SINGLE FAMILY HOME <input type="checkbox"/> NON-SINGLE FAMILY	APPLICATION TYPE: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REPLACEMENT	
APPLICANT		
NAME(S) <u>Ronnie Bowman</u>	ADDRESS <u>P.O. Box 382</u> CITY <u>Stacy Minn.</u> ZIP <u>55079</u>	PHONE NUMBER(S) <u>cell 6512399660</u> <u>6514625193</u>
OWNER (IF DIFFERENT FROM APPLICANT)		
NAME(S) <u>Eldora Runinger</u>	ADDRESS <u>9870-219<sup>th</sup> St. N.</u> CITY <u>Forest Lake Mn.</u> ZIP <u>55025</u>	PHONE NUMBER(S) _____

### SYSTEM TYPE

<input checked="" type="checkbox"/> TYPE I SYSTEM (Trenches, Pressure Bed, Mound, At-Grade)	<input type="checkbox"/> TYPE II SYSTEM (Floodplain, Holding Tanks, Privy)	<input type="checkbox"/> TYPE III SYSTEM
<input type="checkbox"/> TYPE IV SYSTEM (System using Registered Products)	<input type="checkbox"/> TYPE V SYSTEM	<input type="checkbox"/> MSTS (>5,000 GPD)
<input type="checkbox"/> DRAINFIELD	<input type="checkbox"/> PRESSURE BED	<input checked="" type="checkbox"/> MOUND
<input type="checkbox"/> AT-GRADE	<input type="checkbox"/> TANK REPLACEMENT	<input type="checkbox"/> SUBDIVISION REVIEW

### FEE SCHEDULE - 2014

<input checked="" type="checkbox"/> SOIL/SITE REVIEW APPLICATION FEE*	\$290	APPLICATION FEE: <u>290.-</u>
*This fee does not apply to: Reissuance of Expired Permits, Tank Replacement, Lot Split or Subdivision Approval, or System Abandonment Permits		
<input type="checkbox"/> PERMIT FEE - PRIVY OR HOLDING TANK	\$120	
<input type="checkbox"/> PERMIT FEE - DRAINFIELD OR PRESSURE BED	\$485	
<input checked="" type="checkbox"/> PERMIT FEE - MOUND OR AT-GRADE	\$485	
<input type="checkbox"/> PERMIT FEE - NON SINGLE FAMILY		
<input type="checkbox"/> 1-500 GALLONS PER DAY	\$720	
<input type="checkbox"/> 501-1000 GALLONS PER DAY	\$875	
<input type="checkbox"/> 1001-5000 GALLONS PER DAY	\$1,100	
<input type="checkbox"/> 5001-999 GALLONS PER DAY	\$1,300	
<input type="checkbox"/> 10,000 GALLONS PER DAY OR GREATER	\$1,500	
<input type="checkbox"/> PERMIT FEE - HOLDING TANK REPLACEMENT (NO SOIL TEST/SITE REVIEW)	\$120	
<input type="checkbox"/> PERMIT FEE - SYSTEM REPAIR	\$120	
<input type="checkbox"/> PERMIT FEE - SYSTEM ABANDONMENT	\$120	
<input type="checkbox"/> PERMIT FEE - REISSUANCE OF EXPIRED PERMIT	50% of permit fee (does not include initial soil/site review fee)	
Make Checks Payable to WASHINGTON COUNTY	TOTAL PERMIT FEE = APPLICATION FEE + PERMIT FEE:	<u>775.-</u>

SUBDIVISION PERMITS		
<input type="checkbox"/> SUBDIVISION SOIL/SITE REVIEW-APPLICATION FEE	\$205 + \$85 PER LOT	SUBDIVISION REVIEW BASE FEE: _____
<input type="checkbox"/> LOT SPLIT APPROVAL	\$205 + \$85 PER LOT	+ _____
	LOTS: _____ X \$85 PER LOT	_____
Make Checks Payable to WASHINGTON COUNTY	TOTAL SUBDIVISION REVIEW OR LOT SPLIT APPROVAL FEE:	_____

The following exhibits are required as part of the 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 location of well(s); one (1) copy of the System Design; and one (1) copy of the Final Building Plan. The house and 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 the Sewage Treatment System herein specified, agreeing that all 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 requirements and/or restrictions made necessary by conditions peculiar to a particular location, shall become 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 Department of Public Health & Environment that the installation is ready for inspection.

PERMITS WILL NOT BE ISSUED ONCE FROZEN GROUND CONDITIONS EXIST due to the inability to conduct soil reviews unless arrangements are made BY THE APPLICANT to provide a backhoe, geo-probe, or any other device that can penetrate the frozen soil to allow Washington County to conduct a soil review. In accordance with Minnesota Statute 15.99, Subdivision 2, Washington County has up to SIXTY (60) DAYS to review and approve or deny the permit application.

I hereby certify the above to be true and correct. I hereby give the Washington County Department of Public Health & 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 excavations or soil borings by the Department.

Ronnie Bowman Signature of Applicant (Owner, Applicant, or Affirmative Action Employer) 8-5-14 Date



## Department of Public Health and Environment

14949 62nd Street North PO Box 6  
Stillwater MN 55082-0006  
Office: 651-430-6655 – TTY: 651-430-6246 – Fax: 651-430-6730

# Individual Sewage Treatment System Certificate of Compliance

Type of System: Mound  
Permit Number: 0600-14-10  
Property ID Number: 13-032-21-12-0007  
Property Address: 9870 219th ST N  
Community: Forest Lake City  
Date of Installation: November 6, 2014

This certifies that the individual 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, Individual Sewage Treatment System Regulations (Washington County Ordinance No. 128). This Certificate of Compliance is valid for five (5) years from the date of issuance 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.

A handwritten signature in black ink, appearing to read "P. Ganzel".

Pete Ganzel  
Senior Environmental Specialist



**AS-BUILT REPORT  
INDIVIDUAL SEWAGE TREATMENT SYSTEM**

**Washington County Public Health & Environment**  
 14949 - 62<sup>ND</sup> ST N, PO BOX 6, STILLWATER, MN 55082-0006  
 651/430-6688 OR 651/430-6655 FAX 651/430-6730

Legal Description or Complete Street Address <b>9870-219<sup>th</sup> St. N.</b>		City of Township <b>Forest Lake</b>		
Owner Name <b>Scott Steele</b>	Mail Address <b>9870-219<sup>th</sup> St. N.</b>	City <b>Forest Lake</b>	State <b>Mn.</b>	Zip <b>55025</b>
Installer <b>Ronnie Bowman</b>	Mail Address <b>P.O. Box 382</b>	City <b>Stacy</b>	State <b>Mn.</b>	Zip <b>55079</b>
Septic Tank Information Tank Manufacturer: <b>#1 Existing #2 Brown-Wilbert</b>		Liquid Capacity <b>#1 1250 gal. #2-1000 gal.</b>		

PUMP CHAMBER (if installed)			
Tank Manufacturer: <b>Brown-Wilbert</b>	Liquid Capacity: <b>1000 gal.</b>	Horsepower of Pump: <b>1/2</b>	Type of Warning Device: <b>Audio + Visual</b>
Pump Discharge in Gallons Per Minute: <b>40</b> at <b>18</b> Feet of		Number of Gallons Per Cycle: <b>125 ±</b>	

DRAINFIELD TRENCH		BED OR MOUND		
Width:	Length of Each Trench:	Rock Bed Length: <b>45'</b>	Width: <b>10'</b>	Area: <b>450</b>
Depth of Trench Bottom from Finished Grade:		Bed Depth from Grade:		
Method of Distribution: <input type="checkbox"/> Pressure <input checked="" type="checkbox"/> Distribution Box <input type="checkbox"/> Drop Box		MOUND: Upslope Sand Base Depth: <b>20"</b> Downslope Sand Base Depth: <b>32"</b>		
Depth of Rock Under Distribution Pipe:		Depth of Rock Under Pipe: <b>9"</b>		
Square Footage of Tested Area Used:		PRESSURE DISTRIBUTION SYSTEM:		
Trench Bottom Square Footage Required:	Area As Built:	Lateral Inside Diameter: <b>1 1/2"</b>	Length: <b>43'</b>	Perforation Size: <b>1/4"</b>
		Spacing: <b>36"</b>	Number: <b>3</b>	Perforation Spacing: <b>36"</b>

Complete site plan on an attached sheet. On the site plan, include location of the following items:  
 Structures, septic 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 system; distance between distribution lines; length of distribution lines; and distance between well and sewage treatment system). Indicate NORTH on the site plan and the scale of the plan.

I hereby certify that the system at the above referenced address was installed according to the Washington County Individual Sewage Treatment System Ordinance requirements.

Signed: **Ronnie Bowman** MPCA License #: **1193** Dated: **10/18/14**

WASHINGTON COUNTY SEPTIC PERMIT NUMBER **0600-14-10**