

ZIERKE SOIL TESTING

Kevin Warner
17340 Henna Ave N
Hugo, MN 55038

9/11/2024

Dear Kevin Warner,

At your request, I have conducted a septic inspection to determine the compliance status of your holding tank 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: 0303121320005 Reason for Inspection Sale
Local regulatory authority info: Washington County
Property address: 17340 Henna Ave N Hugo, MN 55038
Owner/representative: Kevin Warner Owner's phone: 612-889-6090
Brief system description: 1000 gallon holding tank with alarm

System status

System status on date (mm/dd/yyyy): 9/11/2024

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

Tank approximately 20% full at site visit 9/11/2024. Tested alarm function - OK.

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

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): 7/15/2024
(must be within three years)

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

(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: _____

Describe verification methods and results:

See attached tank integrity form.

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 12/8/2015 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	
B. Periodically saturated soil/bedrock	
C. System separation	
D. Required compliance separation*	

*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:

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: 97.0
Bottom of rock: 97.8
B1 Separation: 0.8
Benchmark: 99.8
(top of well)

Holding Tank

Drainfield

Block Tank

Probe

B1



Service Order

Service Order #: 129401

Olson's Sewer Service, Inc. 17638 Lyons Street N.E. Forest Lake, MN 55025 651-464-2082

Date: 7/15/2024 **Preferred Time:** 7:00 AM **Road Restrictions (Tons)** **IMPORTANT NOTE**

Addr: 17340 Henna Avenue North (Garage/Studio)

Name: Gale Fitzsimmons **C1:** (612) 237-3666
City: Hugo, MN 55038 **C2:** (865) 414-5280 Diane (sister)
Cty: Washington
Twp:

Driving Dir Tank is located on the SE side of the home.

Tank Type	Pre-cast						
Treatment Type		PreT	T1	T1C	T2	T3	LS
Treatment Area		Sizes:	1000				
Dist to Tank 1	50 Ft	Depth to MH 1:	Grade	I			
Dist to Lift Tank		Depth to MH 2:	Grade	O			
		Riser Feet:	2				
		LS Outlet to Bottom:					

Water Meter		Power Disconnect at Lift					
Effluent Filter		Looped		PreT	T1	T1C	T2
Two Techs		# Bedrooms		Covers Secure:	Y		
City Sewer	N	Pump Breaker		Infiltration ↑ OL:	N		
Install Date	12/8/2015			Infiltration ↓ OL:	N		
Installer	Mitch Perry			Scum Depth:	0		
As Built	yes			Sludge Depth:	2		
Cleanout				Inlet Baffle Intact:	Y		
Lift Pump				Outlet Baffle Intact:			
				Pump Function:			
				Alarm Function:			
				Filter Alarm Function:			

Baseline Equal Dist Hgt	
1	4
2	5
3	6

Service Type	Last Service Date	Mobilize Time	At Site Time	Complete Time	Disposal Time	Leave Disposal Time
1 Holding tank	3/13/2024	7:00 AM	7:25 AM	7:50 AM		

Time Dosing	<input type="checkbox"/>	Iron Filter	<input type="checkbox"/>	S&E Quality	<input type="checkbox"/>	Eq Dist Hgt 1	<input type="checkbox"/>				
Lint Filter	<input type="checkbox"/>	Sump Pump	<input type="checkbox"/>	PH Reading	<input type="checkbox"/>	2	<input type="checkbox"/>	Readings	Previous	Functioning	
Switch Tree	<input type="checkbox"/>	Ejector Pump	<input type="checkbox"/>	Non Dom Wastes	<input type="checkbox"/>	3	<input type="checkbox"/>	Event/Cycle Ctr			
Event Counter	<input type="checkbox"/>	Mgmt Plan	<input type="checkbox"/>	TA Visual Insp	<input type="checkbox"/>	4	<input type="checkbox"/>	Elapsed Time			
Garbage Disp.	<input type="checkbox"/>	Monitoring	<input type="checkbox"/>			5	<input type="checkbox"/>	Time Dosing			
Water Softener	<input type="checkbox"/>	Irrigation	<input type="checkbox"/>			6	<input type="checkbox"/>	Water Meter			

Dump Site	Gal Pumped	CSR	LW <input type="checkbox"/>	Garden Hose	<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	Reminder	
Metro	1320	CBYD/Date				Lift Station Last Service		Vehicle	09
Total:	1320					Service Person		Inv #	103753
		Sewage Type Disposed	<input type="checkbox"/> Holding <input checked="" type="checkbox"/> Septage <input type="checkbox"/> Tank <input type="checkbox"/> Commercial			Amt Billed	375.00	Payment Type	CC at office
						Follow Up			

Service Order Comments: Must pump ASAP in AM; alarm off overnight Saturday into Sunday AM; will reserve water as possible; Gale is very ill with cancer.

Site Comments:

Price Quoted: dng-should be frequency rate

Post 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.

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: Gale Fitzsimmons
Property address: 17340 Hennepin Ave N
Local Regulatory Authority:
Parcel ID:

System status

System status on date (mm/dd/yyyy): 7/15/24

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

Compliance criteria:

Table with 2 columns: Compliance criteria and Yes/No checkboxes. Row 1: The SSTS has a seepage pit... [] Yes* [X] No. Row 2: The SSTS has a sewage tank that leaks... [] Yes* [X] No. Row 3: The SSTS presents a threat to public safety... [] Yes* [X] 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: Mark Stadler
Certification number: C1937

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): 7/15/24
(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) _____



Department of Public Health and Environment
 14949 82nd Street North PO Box 6
 Stillwater MN 55082-0006
 Office: 651-430-6655 TTY: 651-430-8246 Fax: 651-430-6730

Permit Fee:	\$120.00
Total Fee:	\$120.00
Previous Payment	\$120.00
Balance Due	\$0.00

Community: Hugo
 Permit Number: 0700-15-30
 Owner: Gale Fitzsimmons
 17340 Henna AVE N
 Hugo MN 55038-
 Applicant: Perry 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: 17340 Henna AVE N
 Geo Code: 03-031-21-32-0005
 Designer: Perry and Sons Excavating, Inc.
 Type of System: Holding Tanks For Garage / Studio

Tank Sizes	
1:	1000
2:	0
3:	0
Lift Station:	0

Authorized Work/Special Conditions

- 1000 gallon holding tank with high level alarm.
- Building sewer can be no closer than 20 feet from well and must be pressure tested Schedule 40 within 50 feet.
- Tank Minimum 50 to well.

Permit Issue Date: 12/7/2015
 Permit Expiration Date: 12/6/2016

P. Ganzel
 Pete Ganzel
 Senior Environmental Specialist



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

2016

PERMIT NUMBER
0700.1530

PROPERTY & APPLICANT INFORMATION

PROPERTY ADDRESS: **17340 Henna** GEOCODE: **0303121320005**

USE OF BUILDING: SINGLE FAMILY HOME NON-SINGLE FAMILY APPLICATION TYPE: NEW REPLACEMENT

APPLICANT
NAME(S) **Perry Exclamation** ADDRESS **9752 292nd St** PHONE NUMBER(S) **6512576278**
CITY **Chisago City** ZIP **55013**
OWNER (IF DIFFERENT FROM APPLICANT)

NAME(S) **Gale Fitz Simmes** ADDRESS **17340 Henna** PHONE NUMBER(S)
CITY **Hugo** ZIP **55038**

SYSTEM TYPE

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

FEE SCHEDULE - 2015

INSTALLATION PERMITS

- SOIL/SITE REVIEW APPLICATION FEE* \$290 APPLICATION FEE: _____
*This fee does not apply to: Reissuance of Expired Permits, Tank Replacement, Lot Split or Subdivision Approval, or System Abandonment Permits
 - PERMIT FEE - PRIVY OR HOLDING TANK **GARAGE/STUDIO** \$120
 - PERMIT FEE - DRAINFIELD OR PRESSURE BED **Holding Tank** \$305
 - PERMIT FEE - MOUND OR AT-GRADE \$485
 - PERMIT FEE-NON SINGLE FAMILY
 - 1-500 GALLONS PER DAY \$730
 - 501-1000 GALLONS PER DAY \$875
 - 1001-5000 GALLONS PER DAY \$1,100
 - 5001-999 GALLONS PER DAY \$1,300
 - 10,000 GALLONS PER DAY OR GREATER MPCA PERMIT REQUIRED
 - PERMIT FEE - HOLDING TANK REPLACEMENT (NO SOIL TEST/SITE REVIEW) \$120
 - PERMIT FEE - SYSTEM REPAIR \$120
 - PERMIT FEE - SYSTEM ABANDONMENT \$120
 - 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: **120**

SUBDIVISION PERMITS

- SUBDIVISION SOIL/SITE REVIEW-APPLICATION FEE \$205 + \$85 PER LOT SUBDIVISION REVIEW BASE FEE: _____
 - 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.

Signature of Applicant (Owner or Contractor)

Date

An Equal Opportunity/Affirmative Action Employer
If You Need Assistance Due to Disability or Language Barrier, Please Call 651-430-8855 (TTY 651-430-8246)

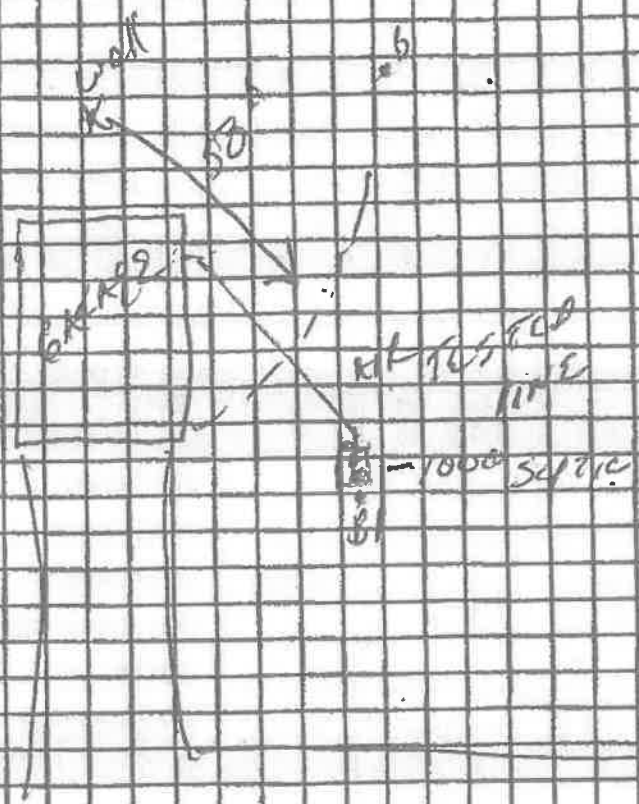


AS-BUILT REPORT
SUBSURFACE SEWAGE TREATMENT SYSTEM
 Washington County Public Health & Environment
 14949 - 62ND ST N, PO BOX 6, STILLWATER, MN 55082-0006
 651/430-6688 OR 651/430-6655 FAX 651/430-6730

0710 15 30

Site Address: 17340 17340 HENNA AVE		Property ID#:	
Property Owner: GAIL FITZSIMMONS		Mall City: HUSD	
Mailing Address: HUSD MN - 17340		Mall State/ZIP: MN	
Installation Business:		MPCA License #	
Certified Individual on Job:		Date of Installation:	
Manufacturer: BROWN WILBERT		Manufacturer:	
Model Number: ST1000		Model Number:	
Liquid Capacity: 1000 gallons		Liquid Capacity: gallons	
Date of Manufacture: 10-29-15		Date of Manufacture:	
Maximum Depth Allowed: 8 ft		Maximum Depth Allowed: ft	
Actual Depth Buried: 24" ft		Actual Depth Buried: ft	
Manufacturer:		Manufacturer:	
Model Number:		Model Number:	
Liquid Capacity: gallons		Liquid Capacity: gallons	
Date of Manufacture:		Date of Manufacture:	
Maximum Depth Allowed: ft		Maximum Depth Allowed: ft	
Actual Depth Buried: ft		Actual Depth Buried: ft	
<input type="checkbox"/> Drop Box <input type="checkbox"/> Distribution <input type="checkbox"/> Pressurized Trenches		Number of Laterals:	
Number of Trenches:		Perforation Diameter: in	
Total Linear Feet of Trenches: ft		Perforation Spacing: ft	
Depth of Trenches from Grade: in		Lateral Spacing: ft	
Total Area Installed: sq. ft.		Clean-Outs Installed at End Laterals:	
Bed Length & Width: X		Manufacturer:	
Depth of Bed from Grade: in		Model Number:	
Bed Length & Width: X		<input type="checkbox"/> Drainfield Rock <input type="checkbox"/> Registered Treatment Media	
Sand Below Bed (Upslope Side): in		Treatment Media:	
Downslope Berm Width: ft			
I hereby certify that the system at the above referenced address was installed according to the Washington County Development Code, Chapter Four, Subsurface Sewage Treatment System Regulations, and Minnesota Rules, Chapter 7080-7083.			
MATEY KELLY Installer		1223 MPCA Lic #	
		 Installer Signature	
		12-8-15 Date	

Address of Installation



I hereby certify that the system drawn above was installed according to the Washington County Development Code, Chapter Four, Subsurface Sewage Treatment System Regulations, and Minnesota Rules, Chapter 7080-7083.

Installer

MPCA Lic #

Installer Signature

Date

SLB OK on Bldg Sewer P. Laurel 12/8/15



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:	Holding Tank
Permit Number:	0700-15-30
Property ID Number:	03-031-21-32-0005
Property Address:	17340 Henna AVE N
Community:	Hugo
Date of Installation:	December 8, 2015

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