

# *Ed Eklin Septic System Design*

2303 County Road F East • White Bear Lake, MN 55110  
651-485-2300  
zeklins@gmail.com

September 22, 2024

Paul Yokanovich  
4872 Pinecroft Ave. N  
Stillwater, MN 55082

Dear Paul:

At your request, a sewage treatment system compliance inspection was performed at the property located at 4872 Pinecroft Ave. N, Stillwater, MN. (Baytown Township), for your existing subsurface sewage treatment system.

I was hired by you to design a new sewage treatment system because it failed an inspection performed by another party due to soil separation. I had performed two soil borings, one on each end of the drain field and found no signs of a seasonal water table.

The inspecting party and I met onsite to review the soils together. We disagreed on the soil conditions and status of the drain field.

If you have any questions or concerns, please feel free to call me. I would be glad to help.

Sincerely,



Ed Eklin

# 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: 1002920220021 Reason for Inspection Home sale

Local regulatory authority info: Washington County

Property address: 4872 Pinecroft Ave. N, Stillwater, MN 55082

Owner/representative: Paul Yokanovich Owner's phone: 651-204-3416

Brief system description: Two septic tanks, a pump tank and drainfield trenches

### System status

System status on date (mm/dd/yyyy): 9/22/2024

**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

### 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: Ed Eklin septic system design Certification number: 3268

Inspector signature: Ed Eklin License number: 3321

*(This document has been electronically signed)* Phone: 651-485-2300

### 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:**

### 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:**

### Attached supporting documentation:

- Empty tank(s) viewed by inspector
- Name of maintenance business: Pinky's
- License number of maintenance business: 4251
- Date of maintenance: 10/12/2024
- Existing tank integrity assessment (Attach)
- Date of maintenance (mm/dd/yyyy): 10/12/24  
(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 2004  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	30"
B. Periodically saturated soil/bedrock	>66"
C. System separation	36"
D. Required compliance separation*	66"

\*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.



# Soil Observation Log

Project ID: \_\_\_\_\_

v 04.02.2024

Client: \_\_\_\_\_ Location / Address: \_\_\_\_\_

Soil parent material(s): (Check all that apply)  Outwash  Lacustrine  Loess  Till  Alluvium  Bedrock  Organic Matter  Disturbed/Fill

Landscape Position: Back/Side Slope Slope %: \_\_\_\_\_ Slope shape: \_\_\_\_\_ Flooding/Run-On potential: No

Vegetation: Forest Soil survey map units: \_\_\_\_\_ Surface Elevation-Relative to benchmark: \_\_\_\_\_

Date/Time of Day/Weather Conditions: 8/21/2024 9:20 AM sunny Limiting Layer Elevation: \_\_\_\_\_

Observation #/Location: BH1 Observation Type: Auger

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	I----- Structure-----I		
							Shape	Grade	Consistence
0-12	Fine Sandy Loam		10YR 3/1				Blocky	Moderate	Friable
			10YR 3/2						
12-24	Fine Sandy Loam		10YR 4/4				Blocky	Moderate	Friable
24-48	Silt Loam		10YR 5/4				Blocky	Moderate	Firm
			10YR 4/4						
48-66	Coarse Sand	20	7.5YR 5/3				Single grain	Structureless	Loose

Comments: Okay 5' 6"

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

Ed Eklin \_\_\_\_\_ 3321 \_\_\_\_\_ 9/22/2024  
 (Designer/Inspector) (Signature) (License #) (Date)

**Optional Verification:** I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.

\_\_\_\_\_  
 (LGU/Designer/Inspector) (Signature) (Cert #) (Date)



# Soil Observation Log

Project ID: \_\_\_\_\_

v 04.02.2024

Client: \_\_\_\_\_ Location / Address: \_\_\_\_\_

Soil parent material(s): (Check all that apply)  Outwash  Lacustrine  Loess  Till  Alluvium  Bedrock  Organic Matter  Disturbed/Fill

Landscape Position: Back/Side Slope Slope %: \_\_\_\_\_ Slope shape: \_\_\_\_\_ Flooding/Run-On potential: No

Vegetation: Forest Soil survey map units: \_\_\_\_\_ Surface Elevation-Relative to benchmark: \_\_\_\_\_

Date/Time of Day/Weather Conditions: 8/21/2024 9:40 AM sunny Limiting Layer Elevation: \_\_\_\_\_

Observation #/Location: BH2 Observation Type: Auger

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	I----- Structure-----I		
							Shape	Grade	Consistence
0-12	Silt Loam		10YR 3/1				Blocky	Moderate	Firm
12-43	Silt Loam		10YR 4/4				Blocky	Moderate	Firm

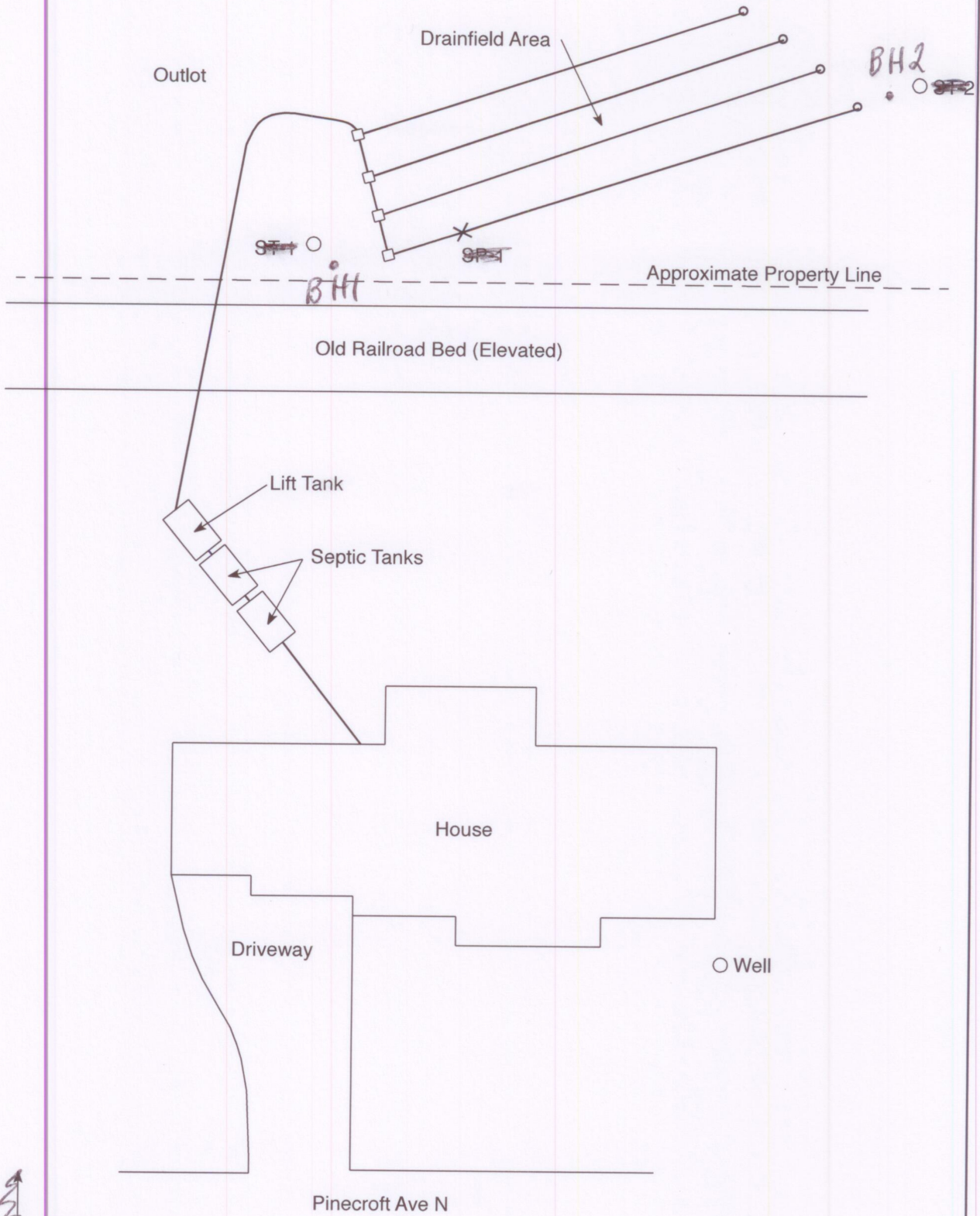
Comments: Okay 43"--obstruction

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

Ed Eklin \_\_\_\_\_ 3321 \_\_\_\_\_ 9/22/2024  
 (Designer/Inspector) (Signature) (License #) (Date)

**Optional Verification:** I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.

\_\_\_\_\_  
 (LGU/Designer/Inspector) (Signature) (Cert #) (Date)



**NO SCALE**

**4872 Pinecroft Ave N, Baytown Twp, MN 55082**





**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:	\$205.00
Permit Fee:	\$215.00
<b>Total Fee:</b>	<b>\$420.00</b>
Previous Payment	\$420.00
Balance Due	\$0.00

**Community:** Baytown Township  
**Permit Number:** 0002-04-20  
**Owner:** Paul Yokanovich  
 1781 CNTY RD B  
 Roseville MN 55113-  
**Applicant:** Paul Yokanovich

*Scanned 8/11/08  
 BM*

0002-04-20

**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 #128, Washington County Development Code, Chapter Four, Individual Sewage Treatment System Regulations. This permit may be revoked at any time upon violation of any of the provisions of said ordinance.

**Project Address:** 4872 Pinecroft AVE N  
**Geo Code:** 10-029-20-22-0021  
**Designer:** Eklln Soil Testing & Inspections, Inc.

Type of System: Standard Drainfield		Pressure Distribution	
		N / A	
Design Criteria	Drainfield Sizing		
Percolation Rate: 34	Square Feet:	1200	
Depth To Restriction: 66	Lineal:	400	Feet
Land Slope: 15.00%	Depth Of Rock Below:	12	Inches
Flow Rate: 600	Maximum Trench Depth:	30	Inches
Number of Bedrooms: 4	Number Of Trenches:	5	
<input type="checkbox"/> Gravelless	Length Of Trenches:	80	Feet
<input type="checkbox"/> Chambered	Spacing Of Trenches:	7	Feet
<b>Tank Sizes</b>			
Tank 1: 1000	Tank 2: 1000	Tank 3: 0	Lift Station: 1000

**Authorized Work/Special Conditions**

1. Install individual sewage treatment system as per approved design in area tested and shown on the site plan.
2. Maximum trench depth 30 inches into natural soil.
3. Minimize number of trees cut down to install system.
4. Minimum 50 feet from septic tank/drainfield to well.
5. Rock only. No chambers. No gravelless.
6. Rope off and protect tested area from all vehicle traffic.
7. System cannot be installed if frozen at trench depth.
8. 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.)

Permit Issue Date: 10/27/2004  
 Permit Expiration Date: 10/27/2005

Christopher W. LeClair, REHS  
 Senior Environmental Specialist

## Individual Sewage Treatment System Inspection Form

<b>Project Address:</b> 4872 Pinecroft AVE N <b>Community:</b> Baytown Township <b>Owner:</b> Paul Yokanovich <b>Applicant:</b> Paul Yokanovich	<b>Application ID:</b> 0002-04-20 <b>Geo Code:</b> 10-029-20-22-0021 <b>Type of System:</b> Standard Drainfield <b>Designer:</b> Eklin Soil Testing & Inspections, Inc.
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<b>Type of Installation:</b> <input checked="" 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 checked="" type="checkbox"/> Final	<b>Inspector:</b> <input type="checkbox"/> Pete Ganzel <input checked="" type="checkbox"/> Chris LeClair <input type="checkbox"/> Other  <b>Inspection Dates:</b> 18 Nov 2004
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**Number of Bedrooms:** 4  
**Installer:** Tom Powers

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

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

Trenches, Bed or Gravelless Drainfield	Setbacks																														
<input checked="" type="checkbox"/> Drop Box <input type="checkbox"/> Distribution Box <input checked="" 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"	<b>Building(s) to tanks:</b> 710 <b>Building(s) to drainfield:</b> 720 <b>Surface Water:</b> N/A <b>Property Lines:</b> <sup>OUTLOT</sup> N/A <b>Wells:</b> <input type="checkbox"/> 50' <input type="checkbox"/> 100'																														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Trench Depth (in)</td> <td style="width:20%;">T1 20-30</td> <td style="width:20%;">Trench Length (ft)</td> <td style="width:20%;">T1 100</td> <td style="width:20%;">Trench Width</td> <td style="width:20%;">Rock Below Pipe</td> </tr> <tr> <td></td> <td>T2 20-30</td> <td></td> <td>T2 100</td> <td><input type="checkbox"/> 24"</td> <td><input type="checkbox"/> 6"</td> </tr> <tr> <td></td> <td>T3 20-30</td> <td></td> <td>T3 100</td> <td><input checked="" type="checkbox"/> 36"</td> <td><input checked="" type="checkbox"/> 12"</td> </tr> <tr> <td></td> <td>T4 20-30</td> <td></td> <td>T4 100</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 20-30	Trench Length (ft)	T1 100	Trench Width	Rock Below Pipe		T2 20-30		T2 100	<input type="checkbox"/> 24"	<input type="checkbox"/> 6"		T3 20-30		T3 100	<input checked="" type="checkbox"/> 36"	<input checked="" type="checkbox"/> 12"		T4 20-30		T4 100	<input type="checkbox"/> Other _____	<input type="checkbox"/> 18"		T5 _____		T5 _____		<input type="checkbox"/> 24"	
Trench Depth (in)	T1 20-30	Trench Length (ft)	T1 100	Trench Width	Rock Below Pipe																										
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	T3 20-30		T3 100	<input checked="" type="checkbox"/> 36"	<input checked="" type="checkbox"/> 12"																										
	T4 20-30		T4 100	<input type="checkbox"/> Other _____	<input type="checkbox"/> 18"																										
	T5 _____		T5 _____		<input type="checkbox"/> 24"																										

Pressure Test	
Time _____	Time _____
PSI _____	PSI _____

**Pressure Bed Dimensions:** Length \_\_\_\_\_ Width \_\_\_\_\_ Absorption Area 1200Ft<sup>2</sup>

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

Inspector \_\_\_\_\_



# 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

RECEIVED  
OCT 19 2004  
PUBLIC HEALTH  
Paid \$ 420

Make checks payable to WASHINGTON COUNTY

- \$215 - Drainfield System Permit
- \$350 - Mound System Permit
- \$350 - Alternative/Experimental System
- \$ 85 - Additional Review Fee (1 hour minimum)

- \$205 - Individual Lot
- \$140 - Subdivision Soil Site Review - Base fee Plus \$65/lot
- \$105 - Renewal of an Expired Permit

Receipt # 319

0002-0420

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

LOT 1 BLOCK 2 PINECROFT BAYTOWN TWP.

SEC 10  
TW 29N  
RA. 20W

Applicant: PAUL YOKANOVICH Address: 1781 CO. RD. B. City: ROSEVILLE State: MN Zip: 55113 Phone: \_\_\_\_\_

Owner (if different from applicant): \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

New Home  Existing Home  New Business  Existing Business  Number Of Bedrooms: \_\_\_\_\_ Gallons Per Day: \_\_\_\_\_

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

New Home  Drainfield System  Mound System  Alternative/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.

PAUL YOKANOVICH

BY [Signature]

Signature of Applicant (Owner or Contractor)

10-12-2004

Date

### THE AREA BELOW IS FOR COUNTY USE ONLY

SITE EVALUATION BY INSPECTOR CWL DATE 26 OCT 2004

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 \_\_\_\_\_

BORNG BY P1 TO 30"  
OBSTR. (ROCK) @ 20"

10 029 2022 0021

4872 PINECROFT AVE N.



## 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:	Standard Drainfield
Permit Number:	0002-04-20
Property ID Number:	10-029-20-22-0021
Property Address:	4872 Pinecroft AVE N
Community:	Baytown Township
Date of Installation:	November 18, 2004

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 "Christopher W. LeClair", written over a horizontal line.

Christopher W. LeClair, REHS  
Senior Environmental Specialist



# AS-BUILT REPORT INDIVIDUAL SEWAGE TREATMENT SYSTEM

**CATERED**

Washington County Public Health & Environment  
1949 - 62<sup>ND</sup> ST N, PO BOX 6, STILLWATER, MN 55082  
651/430-6688 OR 651/430-6655 FAX 651/430-6730

RECEIVED  
NOV 22 2004

Legal Description or Complete Street Address		City of Township	
Owner Name <b>Yokanovich</b>	Mail Address <b>4812 Pinecroft Ave. No.</b>	City <b>Braytown Twp., Stillwater</b>	State <b>MN</b>
Installer <b>Outdoor Design Tom Powers</b>	Mail Address <b>P.O. Box 547</b>	City <b>Hugo</b>	State <b>MN</b>
Zip <b>55082</b>	Zip <b>55038</b>	Liquid Capacity <b>2 x 1000 gallons each</b>	
Septic Tank Information Tank Manufacturer: <b>Plastic Companies</b>			

Tank Manufacturer: <b>Plastic Cos.</b>	Liquid Capacity: <b>1000 gallons</b>	PUMP CHAMBER (if installed)	
Pump Discharge in Gallons Per Minute: <b>28 GPM @ 25' head</b>	at Feet of	Horsepower of Pump: <b>1/10 HP</b>	Type of Warning Device: <b>Rhombus</b>
		STARite EC440120T	Number of Gallons Per Cycle: <b>130</b>

<b>DRAINFIELD TRENCH</b>		<b>BED OR MOUND</b>	
Width: <b>36"</b>	Length of Each Trench: <b>4 x 100'</b>	Rock Bed Length:	Width: <b>N/A</b>
Depth of Trench Bottom from Finished Grade: <b>20" - 30"</b>	Method of Distribution: <input type="checkbox"/> Pressure <input type="checkbox"/> Distribution Box <input checked="" type="checkbox"/> Drop Box	Bed Depth from Grade:	Area:
Depth of Rock Under Distribution Pipe: <b>12"</b>	Square Footage of Tested Area Used: <b>2800 sq. ft.</b>	MOUND: Upslope Sand Base Depth:	Downslope Sand Base Depth:
Trench Bottom Square Footage Required: <b>1200 sq. ft.</b>	Area As Built: <b>1200 sq. ft.</b>	Depth of Rock Under Pipe:	
		<b>PRESSURE DISTRIBUTION SYSTEM:</b>	
		Lateral Inside Diameter:	Length:
		Spacing:	Perforation Size:
		Number:	Perforation Spacing:

Complete site plan on 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 sale 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: Tom Powers MPCA License #: 13698/464 Dated: 11/18/04

WASHINGTON COUNTY SEPTIC PERMIT NUMBER 0002-04-20

N ↑

• = 4" capped inspection risers:

16" 4" schedule 40 PVC pressure line.

4 x 100' trenches

drop boxes

Outlot A

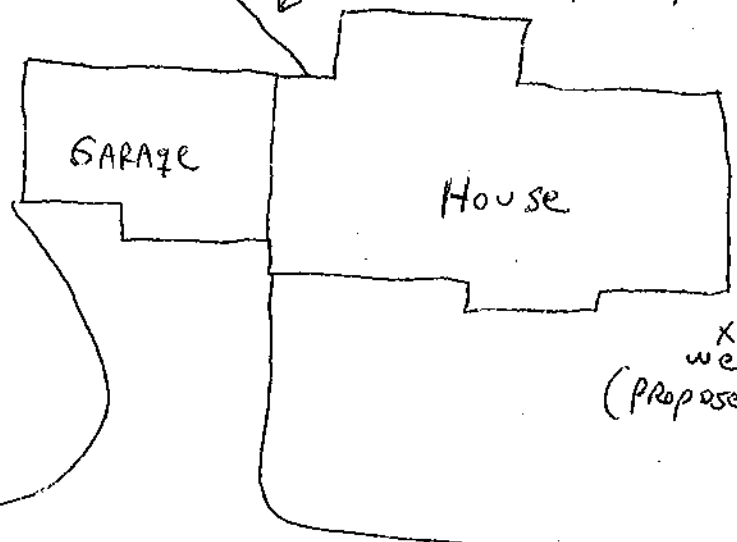
OLD RAILROAD bed, elevated

1 x 1000 gallon lift tank.

2 x 1000 gallon septic tanks.

16" 4" schedule 40 PVC building sewer.

Property Lines  
typical



well (Proposed)

Pinecroft Ave. No.

System installed & inspected on 11/18/04.  
Tamparner  
MPCA #15 1369 & 1464

# 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. 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 (wg-wv1st4-31b). 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: Lindy Yokanovich  
 Property address: 4872 Pinecroft Ave  
 Local Regulatory Authority: Stillwater, MN 55082 Parcel ID: \_\_\_\_\_

### System status

System status on date (mm/dd/yyyy): 10/12/24

- 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

### Company information

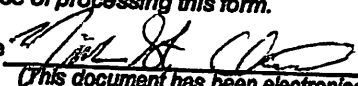
Company name: Pinkus Sewer Service  
 Business license number: 4251

### Designated Certified Individual (DCI) information

Print name: Nick St. Claire  
 Certification number: C9755

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:  Date (mm/dd/yyyy): 10/12/24  
 (This document has been electronically signed.)

# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: N5545237035

Complete in its entirety to constitute a valid maintenance permit. This permit must be completed prior to performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance: 10-2-24 Property ID #: \_\_\_\_\_Property Address: 4872 Pinecroft Ave Stillwater MN 55082  
Street Address City State ZipProperty Owner Name: Lindy YOKANOVICH

## Maintenance Performed

Tanks Pumped:

Emergency

Home Sale

High-level alarm

Routine/Maintenance

Compliance Inspection

Repair

Other:

OR

Sludge and Scum Measured: (must be completed if tanks NOT pumped)

Liquid Level of Tank: \_\_\_\_\_ in Sludge Level: \_\_\_\_\_ in

Scum Level: \_\_\_\_\_ in

Sludge+Scum/ \_\_\_\_\_ Liquid Level \_\_\_\_\_ x100= \_\_\_\_\_ %Sludge & Scum

Tanks must be Pumped if 25% or greater

## Maintenance Information

Access used to remove septage:  Maintenance Hole \_\_\_\_\_ Other (enter authorization code)Were all covers securely replaced?  Yes  No If No, Explain: \_\_\_\_\_

Is the tank designed as a leaky? Ex. Seepage pit, cesspool drywell leaching pit

Tank #1:  Yes  No Verification Method Used: Visual Gallons Removed: 1000

Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

Tank #2:  Yes  No Verification Method Used: Visual Gallons Removed: 1000

Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

Tank #3:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: \_\_\_\_\_

Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

Tank #4:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: \_\_\_\_\_

Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

Pump Tank:  Yes  No Verification Method Used: Visual Gallons Removed: \_\_\_\_\_

Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

Waste Disposal Method:  Treatment plant  Land Apply: Location \_\_\_\_\_Other remarks or Concerns: None

## Maintainer Information

Maintainer Name: Pinky's Sewer Service Inc. Maintainer Signature: [Signature]Maintainer Address: P.O. Box 354 Afton, MN 55001Phone Number: 651-439-4847License Number: L4251

I hereby certify as a State of Minnesota certified SSTS Maintainer that I personally conducted the work and made the observations, or directly supervised others in the performance of this job.

Maintenance activities must be reported to the Department within 90 days.