



Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

Instructions:

Control Agency (MPCA) website at

Instructions for filling out this form are located on the Minnesota Pollution

Property information

Local tracking number:

Parcel ID# or Sec/Twp/Range: 2102920220007 Reason for Inspection Transfer of deed

Local regulatory authority info: WASHINGTON COUNTY

Property address: 2945 OAKGREEN AVE N, TOWN OF WEST LAKELAND

Owner/representative: MARLENE J MCSHANE Owner's phone: 612-269-1193

Brief system description: Replacement system (2001). Two precast septic tanks gravity fed to drain field.

System status

System status on date (mm/dd/yyyy): 9/18/2024

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.

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

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: SS Septic Solutions, LLC.

Certification number: 9917

Inspector signature: Shelley Schlomka

License number: 4137

(This document has been electronically signed)

Phone: 651-343-9117

Necessary or locally required supporting documentation

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

Property Address: 2945 OAKGREEN AVE N, TOWN OF WEST LAKELAND

Business Name: SS Septic Solutions, LLC.

Date: 9/18/2024

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

Describe verification methods and results:

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: Meyers
 - License number of maintenance business: _____
 - Date of maintenance: 10/18/2024
- Existing tank integrity assessment (Attach)
 - Date of maintenance (mm/dd/yyyy): _____ (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: _____

Describe verification methods and results:

Tanks water tight at time of inspection.

Property Address: 2945 OAKGREEN AVE N, TOWN OF WEST LAKELAND

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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

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

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

Describe verification methods and results:

Attached supporting documentation: Operating permit (Attach)

5. Soil separation – Compliance component #5 of 5

Date of installation 7/24/2001 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	36"
B. Periodically saturated soil/bedrock	78"
C. System separation	42"
D. Required compliance separation*	36"

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

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.

JOB KEVIN & KELLY PETERSON
 2945 OAKGREEN AVE.
 WILKESBORO, NC

BORING LOG

DATE 7-10-01

BOREHOLE DIAMETER 4"-3 1/2" HAND AUGER

DEPTH FEET	HOLE #1	HOLE #2	HOLE #3	HOLE #4	HOLE #5	SOIL CLASSIFICATION
1	TOP SOIL YELLOWISH BROWN SANDY LOAM	TOP SOIL YELLOWISH BROWN SANDY LOAM	TOP SOIL YELLOWISH BROWN SANDY LOAM	TOP SOIL YELLOWISH BROWN SANDY LOAM	TOP SOIL YELLOWISH BROWN SANDY LOAM	YELLOWISH BROWN LOAM 5/8 10YR
2						BROWN LOAM 7.5YR 4/4
3						
4						
5	BROWN CLAY - OBSTRUCTION STOP	OBSTRUCTION STOP	BROWN, SANDY LOAM	BROWN, SANDY LOAM	BROWN, SANDY LOAM	
6	OKAY 5'	OKAY 4'				
7						
8			OKAY 6'6"	OKAY 6'6"	OKAY 6'6"	
9						
10						

EKLIN SOIL TESTING AND INSPECTIONS, INC.

1986 Ridgewood Avenue
White Bear Lake, MN 55110
1-6. 429-1090

Owner's Name	KEVIN KELLY PETERSON
Job Site Address	2945 OAKGREEN AVE
City or Township	WEST LAKELAND TOWNSHIP
Use of Building	HOME - 4 BEDS

Design Flow Rate	600 GPM PER DAY	Perc Rate	13.16 MPI	Land Slope	12	Percent
Two Required Tank Sizes	1000 Gallons	1000 Gallons	Lift Station Tank Size		Gallons	
Type of System (standard, at grade or bed) STANDARD						
System Size:	1000	-Square Feet	334	-Lineal Feet	36"	-Trench Width
Depth of rock below pipe	12"	Depth of Rock Above Pipe	2"			
MINimum Depth of Trench From Existing Grade	36	Inches	MAXimum Depth of Trench From Existing Grade	42	Inches	
Recommended Number of Trenches	5	Recommended Length of Trenches	70 FT			
Trench Spacing Measured Center to Center				7	Feet	
Any Other Special Conditions IN ORDER TO GET GRAVITY FLOW THE DRAIN FIELD CAN BE INSTALLED DOWN SLOPE MORE INSTALLER WILL HAVE TO OBEY THIS						

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JUL 16 2001

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This system has been designed by a Pollution Control Agency (PCA) Certified Professional.

Designer Name DALE EKLIN	PCA Certification # 695
Address 1986 RIDGEWOOD AVE WHITE BEAR LAKE MN 55110	Phone # 429-1090
Signature <i>[Signature]</i>	Date 7-13-2001

#1
SOILS



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

PERMIT NUMBER WEST LAKELAND TOWNSHIP
 001701019 SEWAGE PERMIT

Owner : KEVIN/KELLY PETERSON
 2945 OAKGREEN AVE N
 STILLWATER MN 55082
 Applicant : KEVIN/KELLY PETERSON 430-6688

DRAINFIELD REPLACEMENT PERMIT	80.00
SEPTIC APPLICATION/SOIL REVIEW	175.00
Total Fees :	255.00
Total Paid :	255.00
Total Due :	.00

PERMISSION IS HEREBY GRANTED

To execute the work specified in this permit on the following described property upon express condition that said persons and their agents, employees and workmen shall conform in all respects to the provisions of the Building Code, and/or Ordinances.
 This permit may be revoked at any time upon the violation of any of the provisions of said code and ordinances.

Project Address : 2945 OAKGREEN AVE N STILLWATER MN 55082
 Legal Description: LOT 004 BLOCK 001 ROCKY RIDGE PARK Gen : 21-029-20-22-0007
 Flow Capacity 600 Gal/Day Tank Volume 21000
 Soil Conditions: Depth to Restriction 72 inches Perc Rate 14 Min/Inch
 Soil Treatment Type:
 Bottom Area 1000 Rock Depth 12

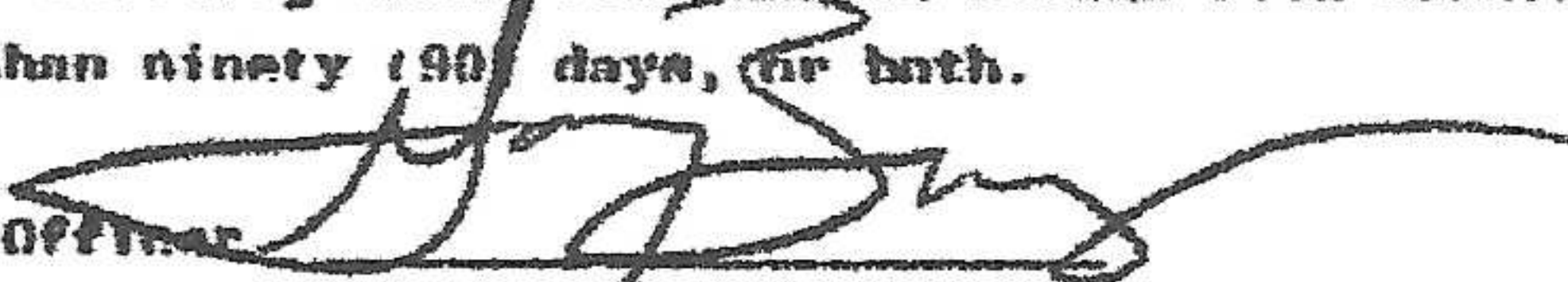
Authorized Work / Special Conditions

** Permit Expiration Date : Sewage Treatment :

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

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

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

Permit Issue Date 2001-07-20 Code Enforcement Officer 

0017-01019

FILE

#2 ↑



Kelly
- 439-6851

Washington County Public Health & Environment

14949 62nd Street N, PO Box 3803
Stillwater, MN 55082-3803
651/430-6688 FAX 651/430-6730

Paid \$ 255.00

Receipt # 40547

Make checks payable to WASHINGTON COUNTY

- \$180 - New Home Drainfield
- \$20 - Replace Existing System with a Drainfield System
- \$300 - New Home Mound
- \$200 - Replace Existing System with a Mound System
- \$300 - Alternative/Experimental System
- \$175 - Individual Lot
- \$125 - Subdivision Soil/Site Review - Base fee Plus \$50/lot
- \$25 - Additional Review Fee (1 hour minimum)
- \$25 - Renewal of Previous Permit Fee

0817-01019

Legal Description and Parcel Identification Number (especially if this is for a NEW SUBDIVISION OR MINOR SUBDIVISION) **SEC 28 T4 29N RA 20W**

2945 OAKGREEN AVE WEST LAKELAND TWP

Applicant **KEVIN - KELLY PETERSEN** Address **2945 OAKGREEN AVE** City **STILLWATER MN** State **MN** Zip **55082** Phone **55082**

Owner (if different from applicant) Address **439-6851** City **439-6851** State **439-6851** Zip **439-6851** Phone **439-6851**

New Home Existing Home New Business Existing Business Number Of Bedrooms: **4** Gallons Per Day: **600**

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

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

Existing Home Replacement System Drainfield System Mound System

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.

Kelly Petersen Signature of Applicant (Owner or Contractor) **7-16-01** Date

THE AREA BELOW IS FOR COUNTY USE ONLY

SITE EVALUATION: BY INSPECTOR *[Signature]* DATE **7/16/01**

SETBACKS:	REQUIRED	CIRCLE	APPROPRIATE	ITEM(S)	ACTUAL
Well (including adjacent property)	50'	75'	100'	150'	
Wetland, Pond, Lake, Stream, River, or Bluffline	20'	40'	75'	100'	150'

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

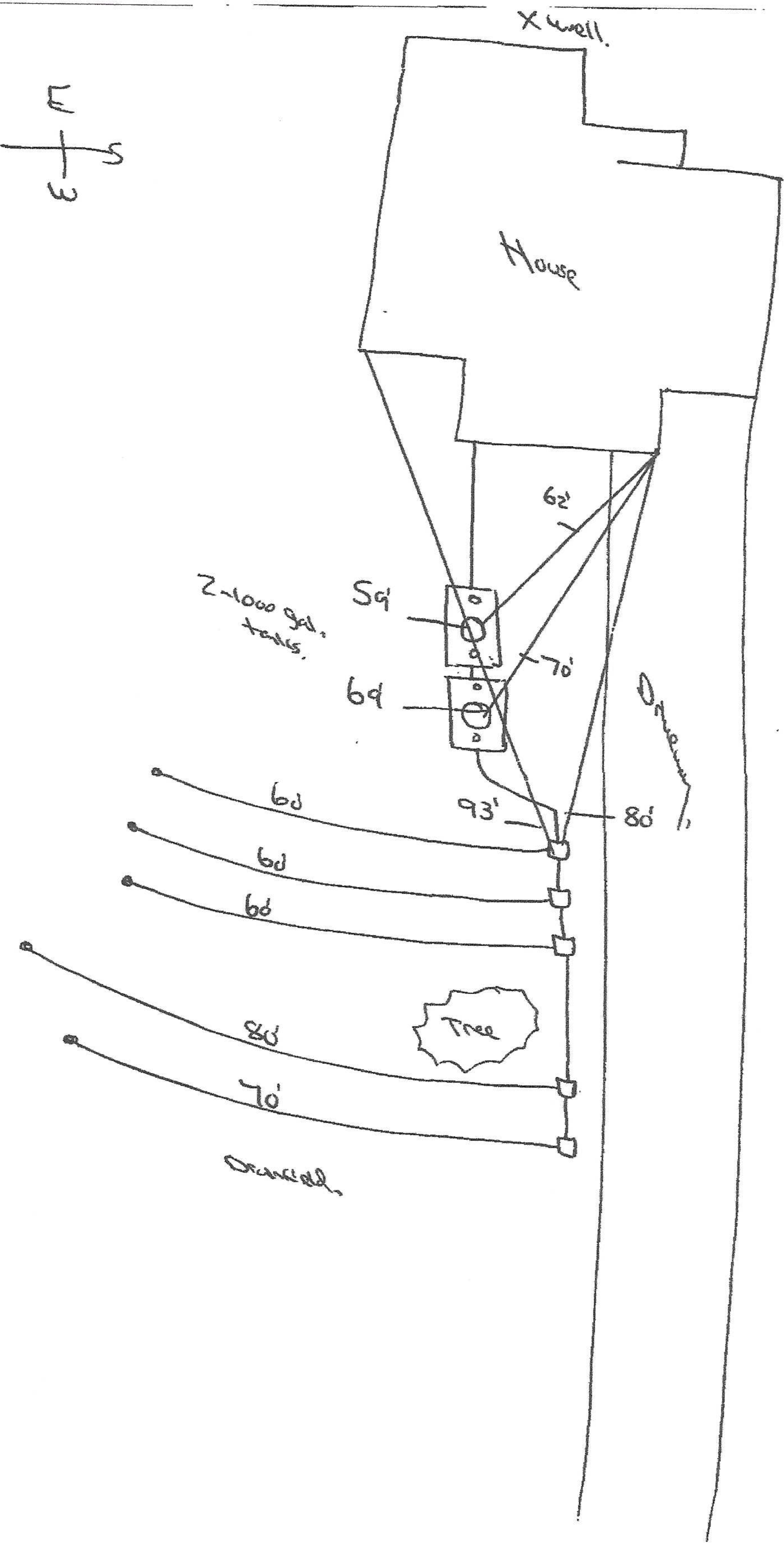
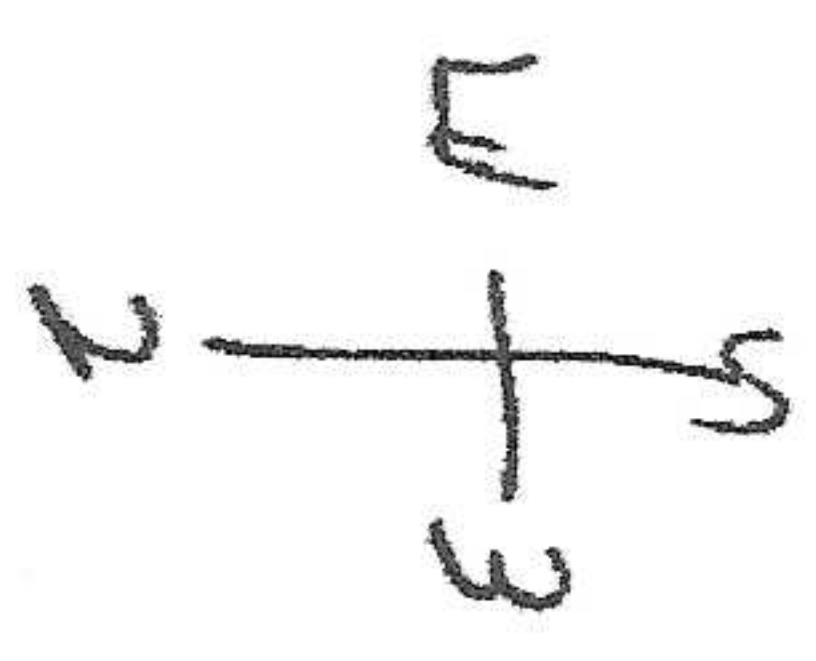
NOTES: Lot Size _____ Year Built _____

21.629. 20. 22. 0007

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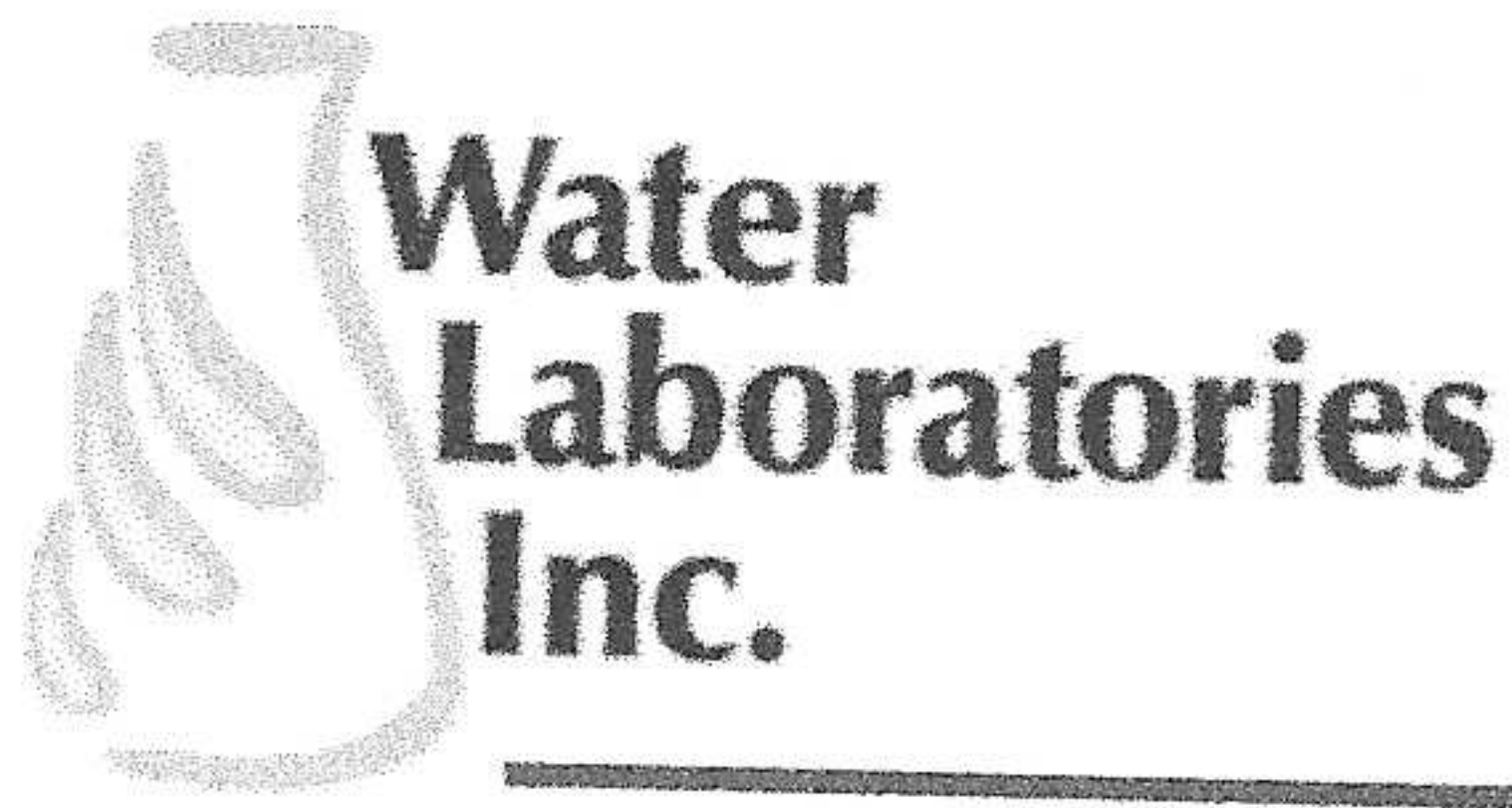
An Equal Employment Opportunity/Affirmative Action Employer
If You Need Assistance Due to Disability or Language Barrier, Please Call 651/430-6635 (TDD 439-3220)

2nd County Signature for SOILS.



SS Septic Solutions, LLC additional terms and information.

1. SS Septic Solutions, LLC has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period beyond the inspection date. Due to numerous factors (usage, maintenance, tank pumping, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system. This report shall not be construed as a warranty that the system will properly function for any period.
2. Minimum compliance inspection requirements relative to this inspection and this report include only verification that the septic system has a watertight septic tank(s) and lift tank, the required separation from the bottom of the drain field/mound distribution medium and saturated soils, no backup of sewage into the dwelling and no discharge of sewage onto the ground surface or surface water. SS Septic Solutions, LLC does not inspect basement sewage ejector pumps or exterior lift pumps as they are a maintenance item. Sewage backup verification is limited to the information supplied by the last occupants/owner if available. I cannot guarantee that the information given to me is accurate. Some people may attempt to hide or conceal signs of previous backups.
3. Certification of this system does not warranty any future use beyond the date of inspection. Any system, new or old, can be hydraulically overloaded because of more people moving into the house than were previously occupying it, improper maintenance, heavy usage, tree roots, freezing conditions, or surface drainage problems. The system could simply stop working due to age.
4. **A compliance inspection is not meant to be a test of the longevity of the septic system. The inspection is strictly for the purpose of determining if the septic is polluting the environment at the date and time the inspection is performed.** The inspection is not intended to determine if the system was originally designed or installed to past or present MPCA or local unit of government code requirements.
5. **Winter Work** – Client understands that inspections conducted in winter weather conditions are more difficult to perform due to snow cover and frost. Septic system components like tanks, tank covers, drop boxes and soil treatment areas are more difficult to locate in these conditions. Soil borings and drain field locations are also more difficult to perform due to ground frost. The client needs to understand that due to the weather conditions, the same level of standards may not be possible compared to an inspection during the spring/summer/fall months.
6. If hired to perform the compliance inspection, the client hereby agrees that SS Septic Solutions, LLC will not be responsible for any monetary damages, claims or causes of action including attorney fees arising from the performance of this inspection.
7. Nothing other than gray water (laundry, showers, etc.) human waste and toilet tissue should be disposed of into the septic tanks. **Garbage disposals are not recommended.** Smaller amounts of laundry, soaps, dish soap, cleaning agents, etc. are better for the system. Antibacterial soaps and chlorine agents may kill the bacteria needed to treat effluent properly. Additives are not recommended and may be harmful to your system. Recommend to pump and clean your tanks by a certified pumper every other year if you have 1 tank and every 2-3 years if you have a 2-tank system to ensure proper maintenance. NEVER flush wipes (even if they state they are flushable) or any sanitary products. If they reach the drain field, they could cause it to fail.



333 Main Street NW
P.O. Box 388
Elk River, MN 55330
Phone: 763-441-7509
Fax: 763-441-9176

DRINKING WATER LABORATORY TEST REPORT

Last Name: MCSHANE
First Name: MARLENE
Address: 2945 OAKGREEN AVE
City: WEST LAKELAND
State: MN **Zip Code:**
County:
Legal:

File #: 93587
Date/Time in Lab: 10/18/2024 9:56 AM
Unique Well #:
Drillers #:

Ordered By: SS SEPTIC SOLUTIONS **Sampled From:** Bath Tap
Sampled By: SS SEPTIC SOLUTIONS **Date/Time Sampled:** 10/17/2024 1430
Reason For Test: Coliform + Nitrate **Sample Temp:** 20.3 ° C
Received on Ice: No

<u>ANALYTE & METHOD</u>	<u>DATE & TIME OF ANALYSIS</u>	<u>MAXIMUM CONTAMINATION LEVEL (EPA)</u>	<u>TEST RESULTS</u>
Coliform Bacteria (SM 9223 B)	10/18/2024 1430	Negative	Negative
Nitrate (EPA 353.2 Rev 2.0)	10/18/2024 1343	10.0 ppm	8.80 ppm

This sample **DOES** meet EPA guidelines for safe drinking water for the Analytes tested.

Notes:

The test results are only indicative of the sample tested from the sample point on the date collected. This report must not be reproduced, except in full, without the written approval from Water Laboratories, Inc. Minnesota Certification# 027-141-110, Wisconsin Certification #399044470 (for compliance with NR812)

Water Laboratories, Inc.

By: 

Date: 10/19/2024

Amount Billed:
Date Paid: 10/18/2024
Amount Paid:

Received By EK Entered By EK Edited By TJ