



22517 Tagus Avenue * Hutchinson, MN 55350

Compliance Inspection For an existing SSTS

For

10579 110th ST Glencoe

McLeod County

07/25/2025

BY MID MN SEPTIC SERVICES

License #1686

Brandon Cassens

Certification #7546

Installations - Designs - Site Evaluations - Inspections - Pumping- Excavating

Bonded and Insured
MPCA Lic. # 1686
Member MOSTCA

Hutchinson: (320) 234-7222

Aaron Smedley
10579 110th ST
Glencoe, MN 55336

07/25/2025

NOTES & COMMENTS. THE INSPECTION OF THE EXISTING WASTE WATER TREATMENT SYSTEM WAS DONE TO THE STANDARDS OF MINNESOTA CHAPTER 7080 AND THE COUNTY ORDINANCE AND USES THE MPCA INSPECTION FORM. **A CERTIFICATE OF COMPLIANCE IS ISSUED. SEE ATTACHED MPCA FORMS.**

- THIS REPORT WILL BE SENT TO THE LOCAL UNIT OF GOVERNMENT OR OFFICE OF PLANNING & ZONING AS REQUIRED BY STATE CHAPTER 7080 (WITHIN 15 DAYS).
- ALARM AND PUMP WERE TESTED AND WORKING.
- FILTER UNDER MIDDLE CONCRETE COVER THAT NEEDS TO BE CLEANED EVERY 3 MONTHS.
- SYSTEM IS SIZED FOR 3 BEDROOM HOME.
- TANKS PUMPED AND EXAMINED TO BE WATERTIGHT.
- NO INSPECTION PORT FOUND ON MOUND.
- CLEANOUTS ON END OF MOUND.
- SOILS VERIFIED BY 2 OTHERS.

THIS INSPECTION ONLY COVERS ITEMS CHECKED ON THE MPCA FORM OR INCLUDED IN THIS REPORT AT THE TIME OF THIS REPORT. IT DOES NOT IMPLY AS TO THE AMOUNT OF TIME (LIFE) REMAINING FOR ANY OF THE SYSTEMS COMPONENTS OR OTHER CONDITIONS NOT VISIBLE AT THE TIME OF THE INSPECTION. BASED ON WHAT WE WERE ABLE TO OBSERVE AND OUR EXPERIENCE WITH ON-SITE WASTE-WATER TECHNOLOGY, WE SUBMIT THIS INSPECTION REPORT BASED ON THE PRESENT CONDITION OF THE ON-SITE SEWAGE TREATMENT SYSTEM.

MID MN SEPTIC SERVICES HAS NOT BEEN RETAINED TO WARRANT, GUARANTEE, OR CERTIFY THE PROPER FUNCTIONING OF THE SYSTEM FOR ANY PERIOD OF TIME IN THE FUTURE. BECAUSE OF THE NUMEROUS FACTORS (USAGE, SOIL CHARACTERISTICS, PREVIOUS FAILURES, AGE OF THE SYSTEM, ETC.) WHICH MAY AFFECT THE PROPER OPERATION OF A SEPTIC SYSTEM AS WELL AS THE INABILITY OF OUR COMPANY TO SUPERVISE OR MONITOR THE USE OR MAINTENANCE OF THE SYSTEM. THIS REPORT SHALL NOT BE CONSTRUED AS A WARRANTY BY OUR COMPANY THAT THE SYSTEM WILL FUNCTION PROPERLY FOR ANY PARTICULAR BUYER.

**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: 04.016.0600 Reason for Inspection _____ Auction of Property _____
Local regulatory authority info: McLeod County
Property address: 10579 110th ST Glencoe
Owner/representative: Aaron Smedley Owner's phone: 218-308-1303
Brief system description: 1500/2 compartment septic tank, 1000 dose tank, 10x38 rockbed mound with 24" sand spacer.

System statusSystem status on date (mm/dd/yyyy): 7/25/2025☒ **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: Mid MN Septic ServicesCertification number: 7546Inspector signature: Brandon Cassens *BC*License number: 1686

(This document has been electronically signed)

Phone: 320-234-7222**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): _____

Property Address: 10579 110th ST Glencoe

Business Name: Mid MN Septic Services

Date: 7/25/2025

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:

Searched for seeping in yard.

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:

viewed empty tanks, and examined construction records

Attached supporting documentation:

- ☒ Empty tank(s) viewed by inspector
- Name of maintenance business: Mid MN Septic Services
- License number of maintenance business: 1686
- Date of maintenance: 7/25/2025
- ☐ 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: _____

Property Address: 10579 110th ST Glencoe

Business Name: Mid MN Septic Services

Date: 7/25/2025

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) ☐

Property Address: 10579 110th ST Glencoe

Business Name: Mid MN Septic Services

Date: 7/25/2025

5. Soil separation – Compliance component #5 of 5Date of installation 11/10/2011 ☐ 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:

Drainfield has at least a two-foot vertical
separation distance from periodically
saturated soil or bedrock. ☐ Yes ☐ No*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:

Drainfield has a three-foot vertical
separation distance from periodically
saturated soil or bedrock.* ☒ Yes ☐ No*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)

Drainfield meets the designed vertical
separation distance from periodically
saturated soil or bedrock. ☐ Yes ☐ No****Any "no" answer above indicates the system is
failing to protect groundwater.****Describe verification methods and results:**

See Attached soil verification

Attached supporting documentation:

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

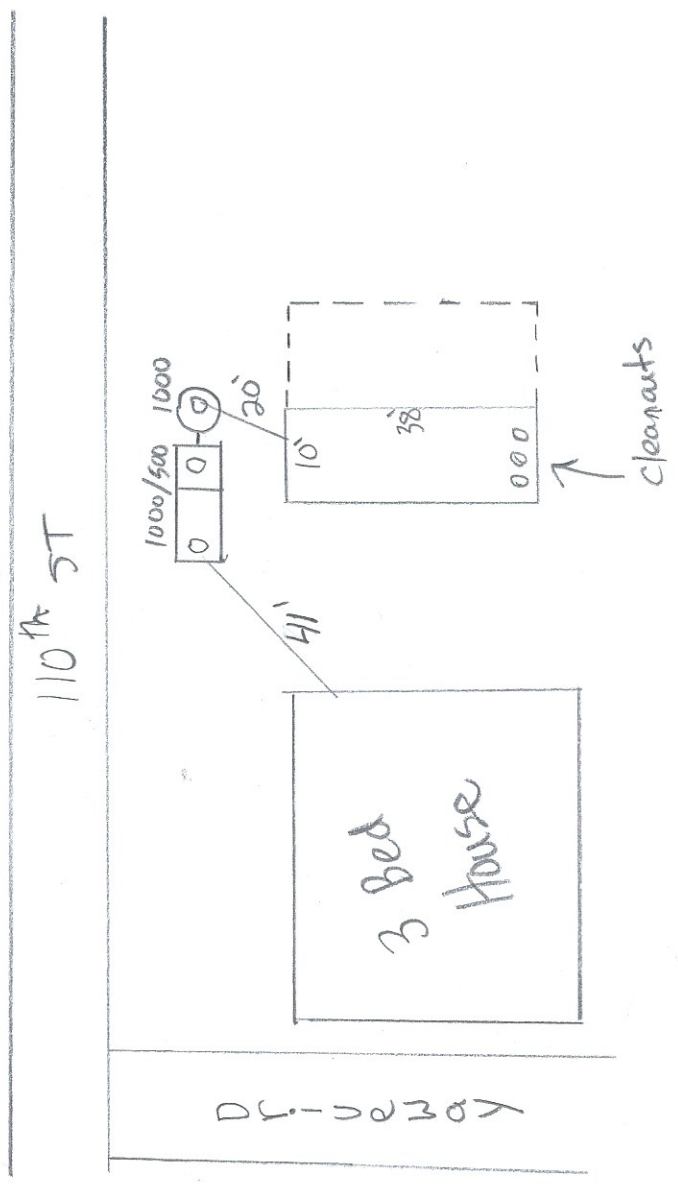
Indicate depths or elevations

A. Bottom of distribution media	+24"
B. Periodically saturated soil/bedrock	-12"
C. System separation	36"
D. Required compliance separation*	31"

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

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.

10579 110th St Glencoe
Not to Scale





SOIL VERIFICATION TO PERIODICALLY SATURATED SOIL - No: 11-90

Name: Robert Eberhard				P.I.D. #: 04 . 016 . 0600			
Contractor: Hjerpe Contracting				Location: 10577 110 th Glencoe			
Location		Elevation:		Location		Elevation:	
Lat 44° 46.097		Long 94° 12.199		Lat 44° 46.108		Long 94° 12.207	
Depth (Inches)	Texture	Color	Structure	Depth (Inches)	Texture	Color	Structure
0-18	CL	10YR 2/1	<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None	0-20	CL	10YR 2/1	<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None
	Gray 10YR 4/2 at 16"		<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None		10YR 4/2 at 16"		<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None
	Redox at 12"		<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None		Redox at 12"		<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None
			<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None				<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None
			<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None				<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None

***Has septic contractor provided site protection for primary and secondary sites: ***

I, Roger Berggren, and Carlisle Karg verified that the restricting (seasonal saturation) layer in the soil to be at 12" inches. The soil treatment area (drainfield) will be designed according to this agreed upon depth.

Roger Berggren 52
County Employee Signature Lic #
Carlisle Karg 2807
Septic Contractor Signature Lic # 338

10/28/11
Date
10/28/11
Date

Drainfield Location:

Lat:	Lat:	Lat:	Lat:
Long:	Long:	Long:	Long:

Alternative Site:

Lat:	Lat:	Lat:	Lat:
Long:	Long:	Long:	Long:

MID MN SEPTIC SERVICES: INVOICE & SEWAGE TANK MAINTENANCE FORM.

22517 TAGUS AVE. HUTCHINSON, MN 55350. 320-234-7222.

DATE: 7/25/25 REASON C.I.

NAME: Aaron Smedley-Belling

FIELD ADDRESS: 10579 110 ST Glenwood

INVOICE TO OTHER ADDRESS: _____

EMAIL ADDRESS _____

PHONE # _____

PAYMENT METHOD: CK# _____ CASH _____

CREDIT CARD# _____ EXP: ____/____ SECURITY # _____

TANK PUMPING FEES: _____

CLEANED EFFLUENT FILTER YES-NO-NONE

LONG PULL >60FT. HOSE FT _____ X \$ _____ = _____ +

CHECK PUMP & ALARM SWITCHES: YES-NO

TRUCK MILEAGE: - ____ X \$ _____ PER MILE = _____

OTHER ITEMS: _____/_____

_____/_____

_____/_____

_____/_____

TOTAL DUE: _____/_____

SEPTIC TANKS AND CONDITION.

ACCESS: MAINTENANCE COVER YES

OTHER: _____

RISERS LEAK: YES NO

BAFFLES: OKAY YES CAN NOT SEE

LIDS COND: OKAY YES CRACKED

LIDS-SECURED YES COMMENTS: _____

GALLONS FROM TANKS.

#1 SEPTIC TANK 1500

#2 SEPTIC TANK 1500

#3 SEPTIC TANK 1000

DOSE TANK 1000

PRETREATMENT 1000

TOTAL-GALLONS 7600

PH _____ TIME _____ TEMP _____

PH _____ TIME _____ TEMP _____

DISPOSAL SITE _____

COMMENTS: _____

EVIDENCE OF THE FOLLOWING: LEAK BELOW OPERATING DEPTH-----LEAK ABOVE OP DEPTH-----PUMPED THRU MAINTENANCE HOLE

TANK #1. YES NO *UNKNOWN YES NO *UNKNOWN YES NO *UNKNOWN=TANK TOO DEEP

TANK #2 YES NO *UNKNOWN YES NO *UNKNOWN YES NO TO PROPERLY DETERMINE.

TANK #3 YES NO *UNKNOWN YES NO *UNKNOWN YES NO

PUMP TANK YES NO *UNKNOWN YES NO *UNKNOWN YES NO

PRETREATMENT TANK YES NO *UNKNOWN YES NO *UNKNOWN YES NO

COMMENTS: Backflushed

IF OWNER DOES NOT WANT THE TANK PUMPED THROUGH THE ACCESS LID OR IT IS TOO DEEP OR DOESN EXIST. THEY MUST SIGN BELOW.

OWNER ON (DATE) ____/____/____ HAS GIVEN MID MN SEPTIC SERVICES VERBAL APPROVAL TO PUMP TANKS THRU THE EXISTING 4-6 INCH PIPE

OWNER UNDERSTANDS THAT NOT PUMPING THRU THE ACCESS DOES NOT MEET STATE REQUIREMENTS OF CHAPTER 7080.2450 & 7082.0600.

***A LATE FEE OF 18% PER ANNUM SHALL BE CHARGED TO CUSTOMER IF INVOICE IS NOT PAID WITH IN 30 DAYS.

***I THE OWNER OR AGENT AGREE TO THE ABOVE CHARGES AND FEES.

***OWNER/AGENT SIGNATURE _____ DATE _____

I PERSONALLY CONDUCTED THE WORK DESCRIBED ABOVE ON BEHAVE OF MID MN SEPTIC SERVICES LIC#1686, IN COMPLIANCE WITH MN RULES CHAPTER

7080-7083

X AS A NONCERTIFIED INDIVIDUAL WITH PROPER TRAINING. EMPLOYEE SIGNATURE Dale Heindel

DATE 7/25/25

AS A DCI INDIVIDUAL Brandon Cassens DATE 7/25/25