

520 Lafayette Road North St. Paul, MN 55155-4194

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

	For local tracking purposes:
Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply.	For local tracking purposes:
Submit completed form to Local Unit of Government (LUG) and system owner	
within 15 days	
System Status	
System status on date (mm/dd/yyyy):11/5/2020	
	pliant – Notice of Noncompliance e Requirements on page 3.)
Reason(s) for noncompliance (check all applicable) Impact on Public Health (Compliance Component #1) – Imminent threat to Other Compliance Conditions (Compliance Component #3) – Imminent the	reat to public health and safety
☐ Tank Integrity (Compliance Component #2) – Failing to protect groundward ☐ Other Compliance Conditions (Compliance Component #3) – Failing to produce the component #3 – Failing to produce the component #4 – Failing to p	otect groundwater
 ☐ Soil Separation (Compliance Component #4) – Failing to protect groundw ☐ Operating permit/monitoring plan requirements (Compliance Component) 	
Property Information Parcel ID# or Sec/Twp/Rar	
0 0 10 000 000 111 2060	for inspection: owner request
Property owner: PIP=2/9-000-045500 Owner's or	priorie
Owner's representative: Wruck Represe	ntative phone: 320-761-0413
Local regulatory authority: Wright County Regulatory	ory authority phone: 763-682-7336
Brief system description:1500/2 septic tank with 1000gal lift going to mound.	
Comments or recommendations:	
This system will be compliant as soon as electric is hooked up to property and alarm a passing and good, system currently has a outhouse on first tank.	and pump are working properly. Drainfield is
	,
Certification	
I hereby certify that all the necessary information has been gathered to determine the determination of future system performance has been nor can be made due to unknown possible abuse of the system, inadequate maintenance, or future water usage.	compliance status of this system. No wn conditions during system construction,
Inspector name: Ashley Krause Certifica	tion number: 9575
Business name: ARK Septic LLC Lice	nse number: 3974
Inspector signature:	one number: 763-760-4172
Necessary or Locally Required Attachments	
☑ Soil boring logs☑ System/As-built drawing☐ Forms per☐ Other information (list):	r local ordinance

Prop	perty address: 9882- 70th St NW How	ard Lake MN	Inspector initials/Date: ARK 11/6/2020
			(mm/dd/yyyy)
1	Impact on Public Health —	Compliance compo	nent #1 of 5
	•	sompilarioe compoi	
1	Compliance criteria:		Verification method(s):
	System discharges sewage to the	☐ Yes ⊠ No	Searched for surface outlet ■
	ground surface.		Searched for seeping in yard/backup in home
	System discharges sewage to drain	☐ Yes ⊠ No	☐ Excessive ponding in soil system/D-boxes
	tile or surface waters.		☐ Homeowner testimony (See Comments/Explanation)
	System causes sewage backup into dwelling or establishment.	☐ Yes ☒ No	☐ "Black soil" above soil dispersal system☐ System requires "emergency" pumping
	Any "yes" answer above ind	icates the	Performed dye test
	system is an imminent threa		☐ Unable to verify (See Comments/Explanation)
	health and safety.	•	☐ Other methods not listed (See Comments/Explanation)
8	Comments/Explanation:		Cutof Methods not noted (occ comments Explanation)
	Comments/Explanation.		
2.	Tank Integrity - Compliance	component #2 of 5	j
	Compliance criteria:		Verification method(s):
9			
	System consists of a seepage pit, cesspool, drywell, or leaching pit.	☐ Yes ☐ No	Probed tank(s) bottom
			Examined construction records
	Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.		☐ Examined Tank Integrity Form (Attach)
	Sewage tank(s) leak below their	☐ Yes ☒ No	Observed liquid level below operating depth
	designed operating depth.	☐ 163 ☑ NO	☐ Examined empty (pumped) tanks(s)
	If yes, which sewage tank(s) leaks:		☐ Probed outside tank(s) for "black soil"
2	Any "yes" answer above ind	licates the	☐ Unable to verify (See Comments/Explanation)
	system is failing to protect g		☐ Other methods not listed (See Comments/Explanation)
		Touridivator.	
	Comments/Explanation: report attached		
	report attached		
3.	Other Compliance Conditio	ns – Compliance con	nponent #3 of 5
	a. Maintenance hole covers are dam	aged, cracked, unsecure	ed, or appear to be structurally unsound. ☐ Yes* ☒ No ☐ Unknown
) to immediately and adv	versely impact public health or safety. ☐ Yes* ☐ No ☐ Unknown
		o palono mounti ana oui	
	Explain:		
	o Contain in a contain in	J	
	c. System is non-protective of groun		ons as determined by inspector . Yes* No
	*System is failing to protect gro	unawater.	
	Explain:		

Property address: 9882-70th St NW Howard L	ake MIN	Inspector initials/Date: _	
			(mm/dd/yyyy)
4. Soil Separation - Compliance co	mponent #4 of 5		
Date of installation: 6/10/2002 (mm/dd/yyyy)	Unknown	Verification method(s):	
Shoreland/Wellhead protection/Food beverage lodging? Compliance criteria:	☐ Yes ☐ No	Soil observation does not expire. Pro observations by two independent pa unless site conditions have been alto requirements differ.	rties are sufficient,
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	 ☐ Conducted soil observation(s) (A. ☐ Two previous verifications (Attack ☐ Not applicable (Holding tank(s), no ☐ Unable to verify (See Comments/E ☐ Other (See Comments/Explanation) 	n boring logs) drainfield)
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	Comments/Explanation: There is two previous verifications a	lso
"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080. 2350 or 7080.2400 (Advanced Inspector License required) Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No	A. Bottom of distribution media B. Periodically saturated soil/bedrock C. System separation	99.05 94.95 4.1'
Any "no" answer above indicates the failing to protect groundwater.	he system is	D. Required compliance separation**May be reduced up to 15 percent if Ordinance.	3' allowed by Local
Operating Permit and Nitrogen	BMP* – Complian	ce component #5 of 5 🔀 🛚	lot applicable
Is the system operated under an Operating Is the system required to employ a Nitroger BMP = Best Management Practice(s) s If the answer to both questions is "n	n BMP? ☐ Yes		
a. Operating Permit number: Have the Operating Permit requireme b. Is the required nitrogen BMP in place Any "no" answer indicates None	and properly functionin	☐ Yes ☐ No g? ☐ Yes ☐ No	

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.

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763-760-4172

	Soil Boring #1 Elevation:	
Depth	Texture	Matrix (color)
0-12"	loam	14/2012
12-24"	Clay	10423/3
24+	mother	9
Mottled soil a	it 24"	

Depth	Texture	Matrix (color)
		w
		
×		
Mottled soil a	ıt	

Soil Boring #2

	Soil Boring #3 Elevation:	3
Depth	Texture	Matrix (color)
Mottled soil a	t	

,	Soil Boring #4 Elevation:	1
Depth	Texture	Matrix (color)
Mottled soil	at	

219-000-047700

	DATE	TIME *
CALLED-IN	7/1/N/m	
	0/10/00	
COMPLETED		
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	SCHEDULED COMPLETED	LAINT INE LAINT INE PROPERTY BOT ROLL MARCH 194.4



Sewage tank maintenance reporting form

Subsurface Sewage

Treatment Systems (SSTS) Program

Purpose: Management and maintenance of Subsurface Sewage Treatment Systems (SSTS) are important to ensure resource protection and long-term and cost-effective sewage treatment. Completion of this form complies with the sewage tank maintenance requirements under Minn. R. 7080.2450 and 7082.0600. 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 and may only certify sewage tank compliance status when entirely completed and signed on page 3 by a qualified professional.

Instructions: A copy of this information must be submitted to the system owner within 30 days of the maintenance date and be maintained by the licensed SSTS maintainer business for a period of five (5) years from the maintenance date. Maintenance reporting to the local unit of government **may** be required by local ordinance. Check with your local SSTS program for maintenance reporting protocol.

Secure maintenance hole covers

All maintenance hole covers must be returned to service in a sound and durable condition and be capable of withstanding the anticipated load.

Covers must be re-secured in accordance with Minn. R. 7080.2450, subp. 3, Items C or D:

- a) Covers installed under local ordinances adopted after February 4, 2008 must be locked, bolted or screwed or must be 95 pounds in weight. They must be made of material suitable for outdoor use, resistant to ultraviolet degradation and leaks, and not susceptible to being slid or flipped. They must have a label warning of hazardous conditions inside the tank. All screw openings must be refastened.
- b) Covers installed under local ordinances adopted before February 4, 2008 must either be buried with at least 12 inches of soil cover or be secured according to the local ordinance in effect before February 4, 2008.
- c) Covers must meet item 'a' above when raised to the ground surface or less than 12 inches from the ground surface.

Reporting information

Date of maintenance (mr	n/dd/ 11-4-2020	Reason for mainten	nance: Scllins	A le there c. cienco or
Property address: 99	382 70th/ St	- 3W	Parcel ID:	219000043302
city: Howard	Lake	State :	Zip code	55349
Property owner's name:	Greg Chock	o. Ak	817	Ford Landandar?
Property-owner's address	if different: 1305	Maski Roa	d	i projekti. Boli i se
city: Buffaro	,	State : Mr	Zip cod	•: <i>55</i> 313
Phone number: 612-	327-8972	Email address:	s, smooth to the	no so tre manaci. A
	e accumulation of scum a	nd sludge? (es) No	(tank(s) pumped witho	ut measuring)
Tank (check if present)	" Scum	Sludge	Operating depth	Percent full
Septic/holding tank #1	3"	6'		X
Septic/holding tank #2	Floating	1"051555		segal bedroom
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wq-wwists4-38 • 10/12/1				Page 1

Pretreatment tank							
							ماراه
Pump tank	nk I has	a Por	able toile	t on it	Cut ou	t was	abit
Access used to remove 2. septage:	-	ance hole	Other (Unless a	inspect holding tank,	go to #4 below)		
3. If the maintenance hole was	s used, were all	covers sec	ured in place?	Yes No	If no, please ex	plain below:	F : -1 4
Tank 1 Portable							
Rest of 1:ds Co	oncrete					The second	A SAME B
4. If the owner refuses to allow maintenance hole, have the					e pumped throu	gh the	8. 8985
L- d	en en e	funa ta allaw	the removal of t	ha aalida aas	المستنام المستنالة	lha maalintanaa	- 18 %
(Defet aurorio nama)	, rei	luse to allow	the removal of t	ne solids and	l liquids through t		
(Print owner's name)						314500	
hole. I understand that remo solids removal and does not							od of
Owner's signature:			Date	(mm/dd/yyyy)):		i jā kaipa
Property address:					Parcel ID:	314-100	()
City:	The state of the s		Ctoto		Zip code:	4.	
Oity.			State:		zip code.	Pro Ch.	
5. Is the tank designed as a le			ge pit, cesspool,	drywell, leacl	hing pit)		
Tank #1: Yes No	Verification me		ge pit, cesspool,	drywell, leacl			i i i i i i i i i i i i i i i i i i i
Strate and the state of the sta		ethod used:	ge pit, cesspool,	drywell, leaci		zini acii	Report
Tank #1: Yes No	Verification me	ethod used:	ge pit, cesspool,	drywell, leaci		21 n k 3611	
Tank #1: Yes No	Verification me	ethod used:	ge pit, cesspool,	drywell, leaci		. ปรกลกเม.	Detcore
Tank #1: Yes No	Verification me	ethod used: ethod used: ow the	ge pit, cesspool, Tank leaks abor designed opera	ve the		hole cover is	ured, or
Tank #1: Yes No Tank #2: Yes No 6. Is there evidence of the following	Verification me Verification me lowing? Tank leaks belo	ethod used: ethod used: ow the	Tank leaks abo	ve the	Maintenance damaged, cra	hole cover is	ured, or
Tank #1: Yes No Tank #2: Yes No 6. Is there evidence of the following Tank (check if present)	Verification me Verification me lowing? Tank leaks belodesigned oper	ethod used: ethod used: ow the	Tank leaks abordesigned opera	ve the	Maintenance damaged, cra	hole cover is acked, unsec	ured, or
Tank #1: Yes No Tank #2: Yes No 6. Is there evidence of the foll Tank (check If present) Septic/holding Tank #1	Verification me Verification me lowing? Tank leaks beliedesigned opera	ethod used: ethod used: ow the	Tank leaks abordesigned opera Yes	ve the	Maintenance damaged, cra	hole cover is acked, unsect e structurally Yes No	ured, or unsound
Tank #1: Yes No Tank #2: Yes No 6. Is there evidence of the foll Tank (check If present) Septic/holding Tank #1 Septic/holding Tank #2	Verification medication medicatio	ethod used: ethod used: ow the ating depth	Tank leaks abordesigned opera Yes	ve the ting depth	Maintenance damaged, cra	hole cover is acked, unsect structurally Yes No	ured, or unsound
Tank #1: Yes No Tank #2: Yes No 6. Is there evidence of the foll Tank (check if present) Septic/holding Tank #1 Septic/holding Tank #2 Pretreatment Tank	Verification medication medicatio	ethod used: ethod used: ow the ating depth	Tank leaks abordesigned opera Yes Yes Yes	ve the ting depth	Maintenance damaged, cra	hole cover is acked, unsected structurally Yes No Yes No	ured, or unsound
Tank #1: Yes No Tank #2: Yes No S. Is there evidence of the following Tank (check if present) Septic/holding Tank #1 Septic/holding Tank #2 Pretreatment Tank Pump Tank	Verification medication medicatio	ethod used: ethod used: ow the ating depth	Tank leaks abordesigned opera Yes Yes Yes	ve the ting depth	Maintenance damaged, cra	hole cover is acked, unsected structurally Yes No Yes No	ured, or unsound
Tank #1: Yes No Tank #2: Yes No S. Is there evidence of the following Tank (check if present) Septic/holding Tank #1 Septic/holding Tank #2 Pretreatment Tank Pump Tank	Verification medication medicatio	ethod used: ethod used: ow the ating depth No No No	Tank leaks abordesigned opera Yes Yes Yes	ve the ting depth	Maintenance damaged, cra	hole cover is acked, unsected structurally Yes No Yes No	ured, or unsound
Tank #1: Yes No Tank #2: Yes No 6. Is there evidence of the foll Tank (check if present) Septic/holding Tank #1 Septic/holding Tank #2 Pretreatment Tank Pump Tank Describe detail for any "Yes"	Verification me Verification me Verification me Iowing? Tank leaks belonged operation Yes Yes Yes Yes Yes Yes	ethod used: ethod used: ow the ating depth No No No	Tank leaks abordesigned opera Yes Yes Yes	ve the ting depth	Maintenance damaged, cra	hole cover is acked, unsect a structurally Yes No Yes No Yes No	ured, or unsound
Tank #1: Yes No Tank #2: Yes No Is there evidence of the folion Tank (check if present) Septic/holding Tank #1 Septic/holding Tank #2 Pretreatment Tank Pump Tank Describe detail for any "Yes" How many gallons of septant	Verification medication medicatio	ethod used: ethod used: ethod used: ow the ating depth No No No	Tank leaks abordesigned opera Yes Yes Yes Yes Yes	ve the ting depth No No	Maintenance damaged, cra appears to be	hole cover is acked, unsect a structurally Yes No Yes No Yes No	ured, or unsound
Tank #1: Yes No Tank #2: Yes No Is there evidence of the foll Tank (check if present) Septic/holding Tank #1 Septic/holding Tank #2 Pretreatment Tank Pump Tank Describe detail for any "Yes" I How many gallons of septations Tank	Verification me Verification me Verification me Iowing? Tank leaks beledesigned opera Yes Yes Yes Yes Yes Area Yes Wastewater	ethod used: ethod used: ethod used: ow the ating depth No No No	Tank leaks abordesigned opera Yes Yes Yes Yes Yes Aretreatment Tan acility Land app	ve the ting depth No No	Maintenance damaged, cra appears to be	hole cover is acked, unsect a structurally Yes No Yes No Yes No	ured, or unsound

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Yes (No) If yes, identify tank and explain: Evidence of non-domestic waste Baffle(s) condition Effluent screen condition Maintenance hole and extensions condition Other conditions (e.g. structural integrity of tank or lid, electrical hazard, etc.) Explanation: List any troubleshooting and minor repairs completed or declined by owner: Troubleshooting and repairs conducted: Repairs declined by owner: Additional comments or suggestions for owner's consideration: NO Power to Property Could not test the alarm or the Pump. Cords are also Cut Flectrition needs to Wire and Septic Maintainer needs to inspect that once Power is roughtin. NO House is on property system is not attached to Pumping record anything I personally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance with Minnesota Rules Chapters 7080 - 7083: As a noncertified individual who has received proper training, daily work review, and periodic observation, or As a designated certified individual of the business listed below. Company information **Employee information** Company name: Which Sower and Portable Business license number: 13924 Phone 20-761-0413 Date (mm/dd/yyyy): 11-3-20 Property address: Parcel ID: 096 1029 ST Zip code: 55308 State:

Optional section: Sewage Tank Compliance Certification

This form does not represent a complete system inspection report and only certifies sewage tank compliance status.

Instructions: This section of the form may be completed and signed by a Designated Certified Individual (DCI) of a licensed SSTS Maintenance Business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system.

When this section of the 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). This form can be found on the MPCA website at https://www.pca.siale.mn.us/water/ssis-and-msts-lechnical-and-compliance-criteria.

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 the inspection report. It represents a third party assessment of SSTS component compliance and is allowable under Minn. R. 7082.0700, subp. 4 Item (B) subitem (1). This form is valid for a period of

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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 Items B, C, and D; 7083.0730 Item C.

Certificate of sewage tank compliance

Affirm all three statements:

The SSTS does not contain a seepage pit, cesspool, drywell, leaching pit, or other pit.

It does not contain a sewage tank that was designed to

be watertight, but subsequently leaks below the designed operating depth.

It does not represent an imminent safety threat by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.

Notice of sewage tank non-compliance

Select all that apply:

The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - "Failure to Protect Groundwater."

It has a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth - "Failure to Protect Groundwater."

It presents a threat to public safety by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition - "Imminent Threat to Public Health or Safety."

Company information

Company name:

Much Sower and Portable
Business license number: 13928

Designated Certified Individual (DCI) information

Val Wruck

Certification number:

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS Maintenance Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS:

Designated Certified Individual's signature:

Date (mm/dd/yyyy): 11-3-20

Property Has no Power Tanks looked good after back flush Baffles in Place

Tank I has Portable on it.

Put 6-8" Sewer back in tank for Winter. Tanks are not Leaking

NO Pump or alarm Tested. Will not jest till electrician FixES Wires and hooks up power.

No House.