

# Compliance inspection report form

## Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

**Instructions:** Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached supporting documentation – additional local requirements may also apply. Further information can be found here:  
<https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf>.

**Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance.**

### Property information

Local tracking number:

Parcel ID# or Sec/Twp/Range: 06-028-0300

Local regulatory authority: Greebush Township

Property address: 2811 145<sup>th</sup> Ave Princeton, MN 55371

Owner/representative: Amanda Nelson- Auction Support Associate

Owner's phone:

Brief system description: 1500 2C septic 1000 gal pumptank leading to a 10'x50' mound system with a lift

### System status

System status on date (mm/dd/yyyy): 6/9/2021

☒ **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**

*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.*

*Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.*

#### 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

*no power, unable to test pump or alarm*

### 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: Absolute Septic Inc

Inspector signature:

*(This document has been electronically signed)*

Certification number: C6637

License number: L2633

Phone: 612-805-5438

### Necessary or locally required supporting documentation (must be attached)

- ☒ Soil observation logs
- ☒ 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:

visual assessment with camera and light

### Attached supporting documentation:

- ☒ Pumped at time of inspection

Name of maintenance business: Absolute Septic

License number of maintenance business: L2633

Date of maintenance: 6/9/2021

- ☐ 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: \_\_\_\_\_



### 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 \_\_\_\_\_ ☒ 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  
(Advanced Inspector License required) ☐ Yes ☐ No\*

Drainfield meets the designed vertical  
separation distance from periodically  
saturated soil or bedrock.

**\*Any "no" answer above indicates the system is  
failing to protect groundwater.**

Describe verification methods and results:

### Attached supporting documentation:

☒ Soil observation logs completed for the report (Attach)

☐ Two previous verifications of required vertical  
separation (Attach)

☐ Not applicable (No soil treatment area)

☐

### Indicate depths or elevations

A. Bottom of distribution media	102.15
B. Periodically saturated soil/bedrock	99.25
C. System separation	2.9'
D. Required compliance separation*	2.55' w/15%

\*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.



Client/ Address: 2811 145 <sup>th</sup> Ave Princeton, MN 55371		Legal Description/ GPS: D6-028-0300							
Soil parent material(s): (Check all that apply) <input type="checkbox"/> Outwash <input type="checkbox"/> Lacustrine <input type="checkbox"/> Loess <input checked="" type="checkbox"/> Till <input type="checkbox"/> Alluvium <input type="checkbox"/> Bedrock <input type="checkbox"/> Organic Matter									
Landscape Position: (check one) <input type="checkbox"/> Summit <input type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Back/Side Slope <input type="checkbox"/> Foot Slope <input type="checkbox"/> Toe Slope Slope shape									
Vegetation: Grass	Soil survey map units	Slope%	Elevation: 100.2 / 99.25						
Weather Conditions/Time of Day: 2 pm Sunny		Date: 6/9/2021							
Observation #/Location:		Observation Type: Pit							
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Grade	Consistence
0-11	Sandy loam	35	10YR 3/2				Blocky	Weak	Friable
11-13	Sandy loam	35	10YR 3/2	7.5YR 5/6	Concentric		Blocky	Weak	Friable
Comments									
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.									
Dennis Earl								2633	6/9/2021
(Designer/Inspector)								(License #)	(Date)



No property lines w/in  
100 ft plus

N  
↙

Top of Mound - 104.0

Bottom of DM - 102.15

Top of Pit - 100.2

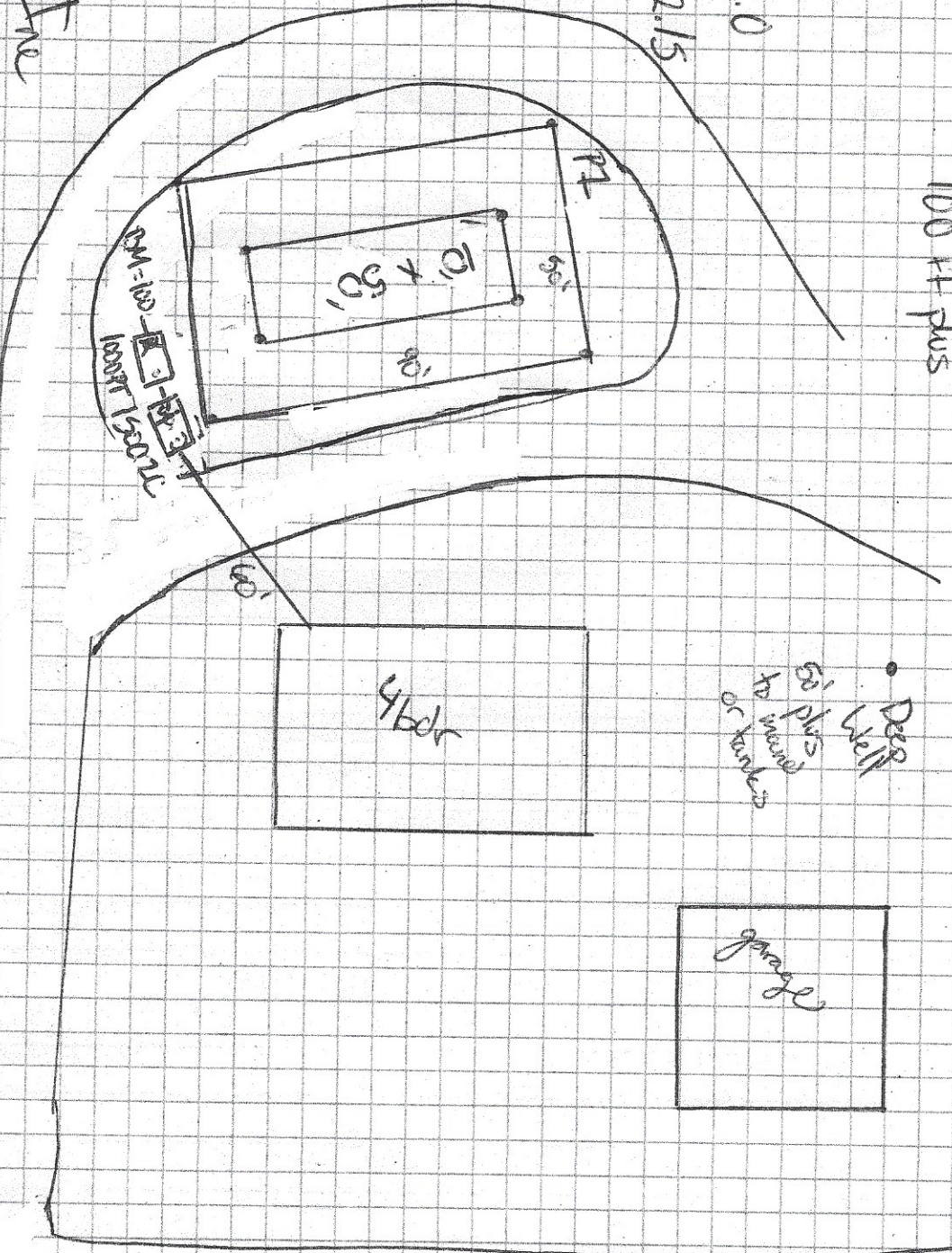
Pedex - 99.25

2.9 ft Separation

Mossble Septic Tank

L2633

\* Not to Scale \*



Hwy 95

2811 145th Ave  
Pinecrest, MN 55371  
PID# 06-0228-0300



# ABSOLUTE SEPTIC

absoluteseptic@yahoo.com

12245 120<sup>th</sup> St. Milaca, MN 56353 phone: 320-983-5280 cell: 612-805-4532 MPCA License 2633

Date of maintenance (mm/dd/yyyy): June 9 2021 Reason for maintenance: Compliance Insp.  
Property address: 2811 145<sup>th</sup> AVE Parcel ID: \_\_\_\_\_  
City: Princeton State: MN Zip code: 55371  
Property owner's name: BANK OWNED (Steffes Group Inc)  
Phone number: 320-693-9371 Email address: \_\_\_\_\_

Is the tank designed as a leaky tank? (Example: seepage pit, cesspool, drywell, leaching pit)

Tank #1: ☐ Yes ☒ No Verification method used: CAMERA (Septic)  
Tank #2: ☐ Yes ☒ No Verification method used: CAMERA (Pump Tank)

Is there evidence of the following?

Tank (check if present)	Tank leaks below the designed operating depth	Tank leaks above the designed operating depth	Maintenance hole cover is damaged, cracked, unsecured, or appears to be structurally unsound
<input checked="" type="checkbox"/> Septic holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Septic holding Tank #2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Pump Tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe detail for any "Yes"			

How many gallons of septage were removed?

Tank #1: 1000 Tank #2: 500 Pretreatment Tank: \_\_\_\_\_ Pump Tank: 1000

Where was the septage taken? ☐ Wastewater treatment facility ☒ Land application ☐ Other

Explanation (Facility name/Site #): \_\_\_\_\_

Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system?

☒ 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: \_\_\_\_\_

Access used to remove septage: ☒ Maintenance hole ☐ Other

If the maintenance hole was used, were all covers secured in place? ☒ Yes ☐ No If no, please explain below:

If the owner refuses to allow a Subsurface Sewage Treatment System (SSTS) to be pumped through the maintenance hole, have them complete and sign the following statement.

I, \_\_\_\_\_, refuse to allow the removal of the solids and liquids through the maintenance hole. I understand that removal of solids and liquids through other access points is not considered a compliant method of solids removal and does not fulfill the solids removal requirements of Minn. R. 7080.2450 and 7082.0600.

Owner's signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

TOTAL AMOUNT COLLECTED \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## THANK YOU

DENNIS EARL