



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

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: 120060002	Reason for Inspection	Building Permit
Local regulatory authority info: Becker Co.		
Property address: 38015 Lloyd Larson Ln S Ponsford, MN 565	575	
Owner/representative: Alan Hefner		Owner's phone:
Brief system description: 1500 gal + 1000 gal poly septic tanks	w/ 38 high cap-Q4 chambers	3
·		
System status		
System status on date (mm/dd/yyyy): 11/4/2021		
☐ Compliant – Certificate of compliance*	Noncompliant - Notice	ce of noncompliance
(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and		ound water must be upgraded, replaced, or ime required by local ordinance.
abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)	upgraded, replaced, or its us	health and safety (ITPHS) must be se discontinued within ten months of receipt
*Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.	of this notice or within a short under section 145A.04 subdi	ter period if required by local ordinance or ivision 8.
Reason(s) for noncompliance (check all applical	ble)	
 ☐ Impact on public health (Compliance component #1 ☐ Tank integrity (Compliance component #2) – Failing ☐ Other Compliance Conditions (Compliance component #2) 	to protect groundwater	
☐ Other Compliance Conditions (Compliance compon		
System not abandoned according to Minn. R. 7080.	- · · · · · · · · · · · · · · · · · · ·	
☐ Soil separation (Compliance component #5) – Failir ☐ Operating permit/monitoring plan requirements (Co	ng to protect groundwater	the state of the s
Comments or recommendations	,	have had
System performance was acceptable at time of inspection	on	NOV - 5 2021 ZONING
Contification		FOMING
Certification		
I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unknown inadequate maintenance, or future water usage.	to determine the compliance sown conditions during system co	tatus of this system. No determination of onstruction, possible abuse of the system,
By typing my name below, I certify the above statements to be true used for the purpose of processing this form.	e and correct, to the best of my	knowledge, and that this information can be
Business name: Don Umthun		Certification number: 4549
Inspector signature:		License number: 1867
(This document has been electronically sig	gned)	Phone: 218-252-6411
Necessary or locally required supporting do	ocumentation (must l	be attached)
☐ Soil observation logs ☐ System/As-Built ☐ Locally ☐ Other information (list):	required forms 🔲 Tank Inte	egrity Assessment

npact on public health – Co	ompliance comp	onent #1 of 5	
Compliance criteria:		Attached supporting documentation:	
System discharges sewage to the ground surface	☐ Yes* ☒ No	☐ Other: ☐ Not applicable	
System discharges sewage to drain tile or surface waters.	☐ Yes* ☒ No		
System causes sewage backup into dwelling or establishment.	☐ Yes* ☒ No		
Any "yes" answer above indicates imminent threat to public health ar	the system is an and safety.		
Describe verification methods and	results:		
ank integrity — Compliance	component #2	of 5	
	component #2	of 5 Attached supporting documentation:	
Compliance criteria: System consists of a seepage pit,	component #2		
Compliance criteria:	T	Attached supporting documentation:	Thelens
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	T	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business	534
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes* ☑ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business Date of maintenance:	10-28
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes* ☑ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business Date of maintenance: Existing tank integrity assessment (Attach	10-28
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes* ☑ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business Date of maintenance:	53 L 10-28
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth?	☐ Yes* ☒ No ☐ Yes* ☒ No ☐ Yes* ☒ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business Date of maintenance: Existing tank integrity assessment (Attach	53 L 10-28 1) three years
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth? If yes, which sewage tank(s) leaks: Any "yes" answer above indicates.	☐ Yes* ☒ No ☐ Yes* ☒ No ☐ Yes* ☒ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business Date of maintenance: Existing tank integrity assessment (Attach Date of maintenance (mm/dd/yyyy): (See form instructions to ensure assessment)	10-28 three years

P	roperty Address: 38015 Lloyd Larson Ln S Ponsford, MN 56575	
В	usiness Name: <u>Don Umthun</u>	Date: 11/4/2021
3.	Other compliance conditions – Compliance component #3 of 5	
	3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or un	secured?
	☐ Yes* ☒ No ☐ Unknown	
	3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or saf	ety? ☐ 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 operated under an operating roman. Is the system required to employ a Nitrogen BMP specified in the system design? Yes No	
	BMP = Best Management Practice(s) specified in the system design	, ,
		ad
	If the answer to both questions is "no", this section does not need to be complete	eu.
	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)	

usiness Name: Don Umthun		Date: <u>1</u>	1/4/2021
Soil separation – Compliance con	nponent #5 o	f 5	
Date of installation 9/10/2012 (mm/dd/yyyy)	Unknown		
Shoreland/Wellhead protection/Food beverage lodging? Compliance criteria (select one):	⊠ Yes □ No	Attached supporting documentation: ☐ Soil observation logs completed for the ☐ Two previous verifications of required to ☐ Two previous verifications of the ☐ Two previous	
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	☐ Yes ☐ No*	☐ Not applicable (No soil treatment area) ☐ Previous soils documentation approve)
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: Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	⊠ Yes □ No*	Indicate depths or elevations A. Bottom of distribution media B. Periodically saturated soil/bedrock C. System separation D. Required compliance separation* *May be reduced up to 15 percent if allow Ordinance.	32" 84" 52" 36" wed by Local
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*		

Describe verification methods and results:

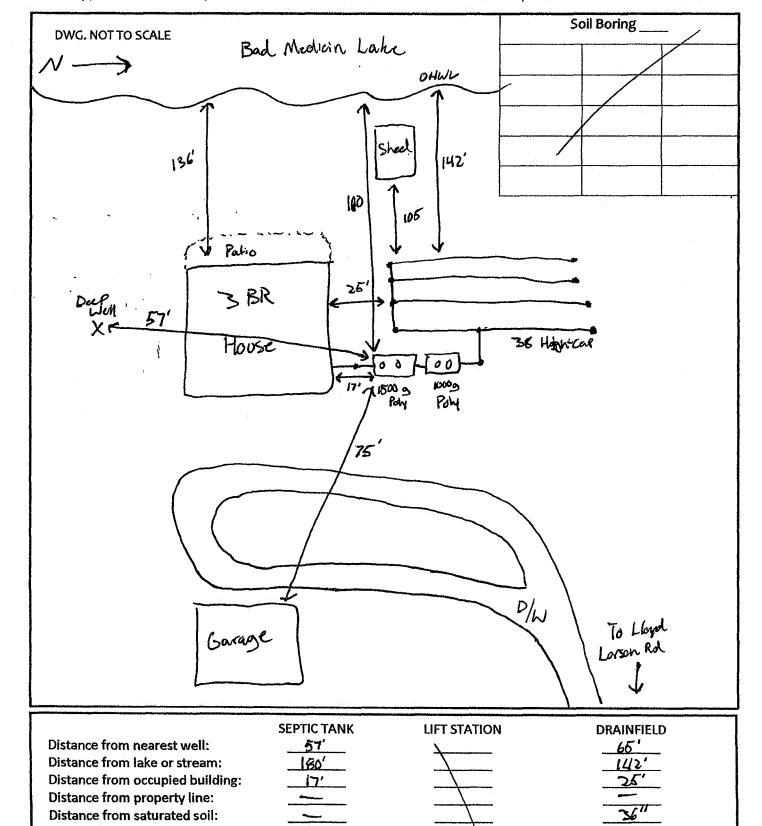
Upgrade requirements: (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, 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.

SITE PLAN DOCUMENT WITH SOIL OBSERVATION

Plan Must Include:

- North Arrow (or Benchmark Feature)
- Existing and Proposed Buildings
- Well(s) Within 100' of the System
- Tank Access Rot
- Slope and Direction

 Tank Access Route
 - Lot Dimensions
- Soil Boring Log
- Soil Boring Location
 - All SSTS Components
- Lakes or Wetlands
- Horizontal Setbacks
- Disturbed Areas



Size of All T Be installed 2500 gal Se	eptic Tank /- 15 ft Station /- 16	-00 -00	Type of Drainfield to be used Chamber		Type of Alarm Size of Lift Pu Size of Lift Li	imp	£55
gai n	ft Station 1-76 olding Tank ther Tanks	- w	H10 Drainfield 12'/Ro Gravelless Experimen No Drainfi	Rock ock Depth			
Type of Drai	nfield to be insta h		of Drainfield sq ft to b		TANI	SETBACK K	DRAINFIE
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	ire Bed ge Bed		sq ft		perty Line +10		+1601
Moun			sq ft	Distance to OH	W + 75	<u>, , </u>	+ 751
				Distance to Pre	sure Line _ Au	14	n/4
Perc Rate		Soil Sizi	ng Factor 2.2	*IfSSF	other than .83, as	ttach Perc T	est Data
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0-24'	Sier Lean	6/4	Broaka	0-24"	Siet Leven	6/4	BLOCK)
24" 481	SILT LOAM SILT LOAM CLAY tom	7/4	BLOCKY	241-484	3129 COAM.	6/4	a lack,
		l vm /	BLATTY			7/4	PLATTY
48"72"	CLAY toam	7/4	[36,277]	48 22 1	CLAY LEAVY		
72 % 84' 5. DE	SIGNER'S CEI	S/4	NONE TATEMENT	72'- 84'	Spray Latri Rockey	5/6	Novier
5. DE I, OAM (Print Na applicable re System Ordi	SIGNER'S CEI O E HAC ame of Designer) equirements (inc name).	Sfy RTIFIED ST	POYE I'ATEMENT certify that I ha		Saray Latri Rockey ing design work i	in accordance	ce with all
5. DE I, Ann (Print Na applicable re System Ordinal Signature of Sign	SIGNER'S CEI O E HAC ame of Designer) equirements (inc name).	STIFIED ST	POYE I'ATEMENT certify that I ha	72 '- 84" ave completed the preced ota Chapter 7080 and the	Spray Latra Rockey ing design work i Becker County Date	in accordance Individual	ce with all Sewage Treat
5. DE I, Ann (Print Na applicable re System Ordi Signature of ********** Application A Amount Paid	SIGNER'S CEI E HAC The of Designer incomments (incomments). Designer ***********************************	STIFIED ST	ratement certify that I had not limited to Minneson *******FOR OFF) Receipt Number	72 '- 84" ave completed the preced ota Chapter 7080 and the	Spray Latra Rockey ing design work i Becker County Date	in accordance Individual	ce with all Sewage Trea
5. DE I, And (Print Na applicable re System Ordi Signature of ********* Application A Amount Paid ************ () Certific () Certific	SIGNER'S CER SIGNER'S CER The provided incompanies of Designer Supproved by: Supproved by:	STIFIED S' ALLE B. luding, but i	POYES I'ATEMENT certify that I had not limited to Minneson ********FOR OFF) Receipt Number	ave completed the precede ota Chapter 7080 and the ota Chapter 7080 and	Spray Latra Rockey ing design work i Becker County Date	in accordance Individual	ce with all Sewage Trea

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Andread to the same of the sam	iber Trench Trench	570 sq ft		sq ft sq ft		Type of o	chamber <u>Q</u> 4 Rock	High C	cp_
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Mour		sq fl		sq ft					
		sq fl	***		•		Yes		:
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At-gr	ade native /	sq fi	:***	ach Workshe	ate	Size of L	ift Pump ift Line		
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			TANK	DRAIN	_				
Distance to			68						
Distance to	Building Property Line		18	10					
	OHWof Lake	•	180	160					•
	Pressure Line		68+	7.5					
Distance to	Wetland/Protecte	d Water	_35_	35					
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4-24	Mucky Sand	L Brown	10 /R 4	4	4-24	f	Nuky Sand	L Brown	
24-36	Nock Sand	Drown	104/n 51	3	24-2	ر ·	Auky Sard	Brown	
36-84	Really Sens	LDrown	104/n G	/3	76-8	4.	Novil Sand Keppyroom	LBrown	108/K 6/3
Depth	Texture	Color	Structure		Depth		Texture	Color	Structure
0-4	Topsoil	N A	10 8/h 3	<u>ر</u> ا					
4-24				7027192		·····			
7-89	Rakysand	L Brown	1						
24-34	Rock Sand	Brown	10 4/4 3	73			 		
36-84	Raky Sand	L Brown	104/n	1/3			•		

5. REQU	IRED DOCUM	EN15				• .			
U of M	IN worksheets at	e required for	mounds, pres	sure beds, se	epage be	eds, at-gra	des or Type I	V or Type V	systems. Are th
	d worksheets atta					. •	7.		-
					•				. •
.6. DESIG	NER'S CERTIF	ED STATEM	ENT	•					
i Leor	rand G.T	helen Sr	certify the	at I have com	pleted th	e precedi	ng design work	in accordanc	e with all
(Print N	lame of Designer	}	-		•				
applicable System Orc		luding, but no	t limited to M	innesota Cha	pter 708	0 and the	•		Sewage Treatme
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Leo	nam Th							<u>0 - 13-/</u>	<u>o</u>
Signature c	ot loesigner	•				•	Date)	



Sewage tank integrity assessment form

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

Subsurface Sewage Treatment Systems (SSTS) Program

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. 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: <u>Compliance inspection form - Existing system (wq-wwists4-31b)</u>. 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 Item (B) subitem (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 Items B, C, and D; 7083.0730 Item C.

⊠ Certificate of sewage tank compliance	☐ Notice of sewage tank non-compliance
Affirm all three statements:	Select all that apply:
 ☑ 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. 	 ☐ 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 — w"Imminent Threat to Public Health or Safety."
Company information	Designated Certified Individual (DCI) information
Company name: Don Umthun	Print name:
Business license number: 1867	Certification number: 4549
I personally conducted the work described above as a Designated maintenance, installation, or service provider Business. I persona status of each sewage tank in this SSTS.	d Certified Individual of a Minnesota-licensed SSTS inspection, lly conducted the necessary procedures to assess the compliance
By typing/signing my name below, I certify the above statementhis information can be used for the purpose of processing this for	ts to be true and correct, to the best of my knowledge, and that m.
Designated Certified Individual's signature: (This document has been electronically signed)	Date (mm/dd/yyyy): 10/27/2021

38015 larson UNS





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Brief system description: 1500 gal + 1000 gal poly septic tanks	w/ 38 high cap-Q4 chambers
System status	
System status on date (mm/dd/yyyy):11/4/2021	
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☐ Impact on public health (Compliance component #1	
☐ Tank integrity (Compliance component #2) – Failing	to protect groundwater
☐ Other Compliance Conditions (Compliance compon	ent #3) – Imminent threat to public health and safety
☐ Other Compliance Conditions (Compliance component	ent #3) – Failing to protect groundwater
	.2500 (Compliance component #3) - Failing to protect groundwater
☐ Soil separation (Compliance component #5) – Failir	
	mpliance component #4) — Noncompliant - local ordinance applies
Comments or recommendations	l No.
System performance was acceptable at time of inspection	NOV - 5 2021 ZONING
	100
	700
	ZONING
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 unkno inadequate maintenance, or future water usage.	own conditions during system construction, possible abuse of the system,
By typing my name below, I certify the above statements to be tru used for the purpose of processing this form.	e and correct, to the best of my knowledge, and that this information can be
Business name: Don Umthun	Certification number: 4549
Inspector signature:	License number: 1867
(This document has been electronically si	
Necessary or locally required supporting de	······································
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If yes, which sewage tank(s) leaks: Any "yes" answer above indicates the system is failing to protect groundwater. Date of maintenance (mm/dd/yyyy): (must be within three years (See form instructions to ensure assessment complied Minn. R. 7082.0700 subp. 4 B (1)) Tank is Noncompliant (pumping not necessary – explain	Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,		Attached supporting documentation: Empty tank(s) viewed by inspector
If yes, which sewage tank(s) leaks: Any "yes" answer above indicates the system is failing to protect groundwater. (mm/dd/yyyy): (must be within three years (See form instructions to ensure assessment complied Minn. R. 7082.0700 subp. 4 B (1)) Tank is Noncompliant (pumping not necessary – explain	Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes* ⊠ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business:
is failing to protect groundwater. Minn. R. 7082.0700 subp. 4 B (1)) Tank is Noncompliant (pumping not necessary – explain	Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes* ⊠ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business: Date of maintenance: Thelens 53 10-28
	Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth?	☐ Yes* ⊠ No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business: Date of maintenance: Existing tank integrity assessment (Attach) Date of maintenance
U Other:	Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth? If yes, which sewage tank(s) leaks: Any "yes" answer above indicates.	☐ Yes* ☒ No ☐ Yes* ☒ No ☐ tes the system	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business: Date of maintenance: Existing tank integrity assessment (Attach) Date of maintenance (mm/dd/yyyy): (See form instructions to ensure assessment complied)
	Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth? If yes, which sewage tank(s) leaks: Any "yes" answer above indicates.	☐ Yes* ☒ No ☐ Yes* ☒ No ☐ tes the system	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: Thelens

Ρ	roperty Address: _38015 Lloyd Larson Ln S Ponsford, MN 56575	
В	usiness Name: Don Umthun	Date: 11/4/2021
3.	Other compliance conditions – Compliance component #3 of 5	
	3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unse ☐ Yes* ☒ No ☐ Unknown	cured?
	3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety	/2 ☐ Yes* ☐ No ☐ Unknown
		7: [] 103
	Yes to 3a or 3b - System is an imminent threat to public health and safety.	DV MN-
	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:	
	Attack of a supportion decomposite in D. Not applicable.	
	Attached supporting documentation: Not applicable	
4.	Operating permit and nitrogen BMP* – Compliance component #4 o	f 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	d.
	Compliance criteria:	
	a. Have the operating permit requirements been met?	
	b. Is the required nitrogen BMP in place and properly functioning? \(\square\) Yes \(\square\) No	
	Any "no" answer indicates noncompliance.	
	Describe verification methods and results:	

Use your preferred relay service •

siness Name: Don Umthun		Date: 1	1/4/2021
Soil separation – Compliance co	mponent #5 o	f 5	
Date of installation 9/10/2012 (mm/dd/yyyy)	Unknown		
Shoreland/Wellhead protection/Food	⊠ Yes □ No	Attached supporting documentation:	
beverage lodging?		☐ Soil observation logs completed for the	ie report
Compliance criteria (select one):			vertical separati
5a.For systems built prior to April 1, 1996, and	d ☐ Yes ☐ No*	☐ Not applicable (No soil treatment area	a)
not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:		Previous soils documentation approve	ed by LGU
Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.			
5b. Non-performance systems built	⊠ Yes □ No*	Indicate depths or elevations	
April 1, 1996, or later or for non- performance systems located in Shoreland		A. Bottom of distribution media	32"
or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:		B. Periodically saturated soil/bedrock	84"
Drainfield has a three-foot vertical		C. System separation	52"
separation distance from periodically		D. Required compliance separation*	36"
saturated soil or bedrock.*		*May be reduced up to 15 percent if allo Ordinance.	owed by Local
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.			

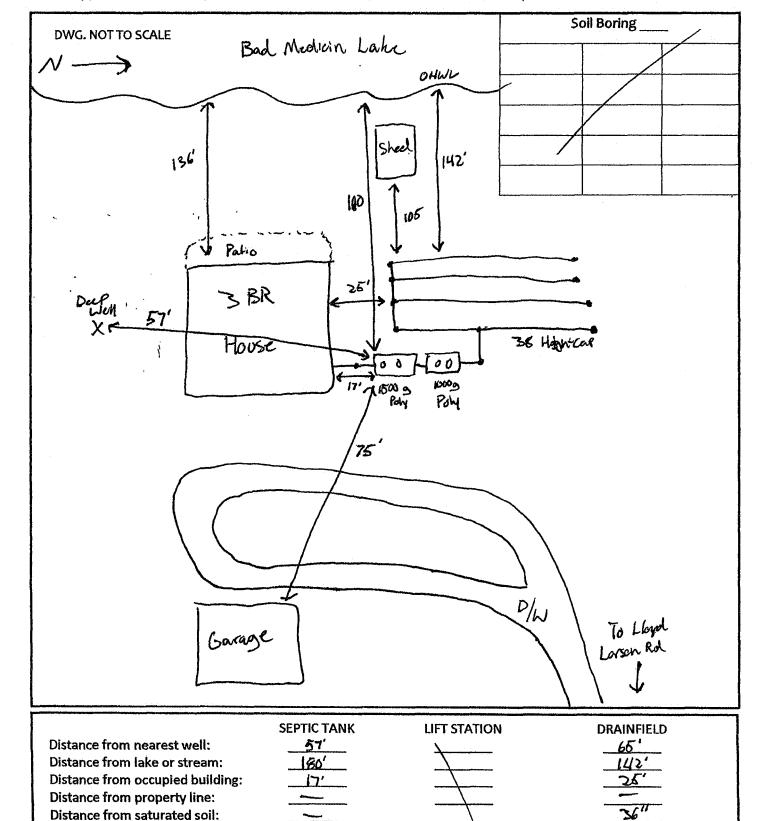
Upgrade requirements: (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, 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, 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.

Describe verification methods and results:

SITE PLAN DOCUMENT WITH SOIL OBSERVATION

Plan Must include:

- North Arrow (or Benchmark Feature)
- Existing and Proposed Buildings
- Well(s) Within 100' of the System
- Slope and Direction
- Tank Access Route
- Lot Dimensions
- Soil Boring Log
- Soil Boring Location
- All SSTS Components
- Lakes or Wetlands
- Horizontal Setbacks
- Disturbed Areas



gai n	eptic Tank /- 15 ft Station /- 16 olding Tank ther Tanks	-60 360	Type of Drainfield to be used Chamber H10 Drainfield R	EQ36	Type of Alarm Size of Lift Pu Size of Lift Li	mp	<u>ess</u>
			Gravelless Experimenta No Drainfie				
Type of Drai	nfield to be insta h		of Drainfield sq ft to be		TANI	SETBACI K	DRAINFIEL
At-gra		*******	sq ft	Distance to We		meec	+20'
	ire Bed		sq ft gq ft	Distance to Bui	perty Line +/0		+160
Seepa Moun	ge Bed d	***************************************	sq ft	Distance to OH			+ 751
IVIOUII	u	· · ·	041.	Distance to Pres			ns/14
Perc Rate		Soil Sizi	ng Factor 2.2		other than .83, at		Test Data
Depth	Texture	Color	Structure	Depth	Texture	Color	Structure
0-241	Sier loam	6/4	BLOOKY	0-24"	Siet Lewin		BLOCKY
24" 481	SILT LOAM	7/4	BLOCKY	243-483	SILT COAM	6/4	Brockl
48"72"	clay team	7/4	PLATTY	V8 22"	CLAY LEAVED	7/4	QLATTY
72 284	BAND WAT	5/4	NOVE"	72'-84"	ROCKY	5/6	NONE
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Type of Drain Chamb Rock T Gravell Mound Pressur Seepag At-grac Alterna Perform Distance to W Distance to Pr Distance to Pr Distance to Pr	er Trench rench less e Bed e Bed le tive / nance ell nilding operty Line HWof Lake	Il Size of Drain 570 sq ft	*** *** *** *** ***		ft ft ft heets	Depth of Alarm? Type of A Size of L	hamber DY Rock Yes Alarm ift Pump ift Line	No	
	etland/Protected	d Water	35		5				
Perc Rate Soil Sizing Factor 1/27 *If SSF other than .83, attach Perc Test Data									
Soil Borings	(three are requir	red)				•			
Depth	Texture	Color	Structure	CARROLL STREET	Depth		Texture	Color	Structure
04	Japsoil	D Dien-	10 1/K	3/2	0-4	<i>'</i>	Topsoil	0 Brown	10 1/K 3/2
4-24	Nocky Sand	L Brown	104R	4/2	4-24	<i>f</i>	Naky Sand	L Brown	104/R4/2
24-34	Kaksand	Drown	104/n	5/3	24-7	<u>. </u>	Maky Send	Brown	104/x 5/3
26-84	Rocky Sent	LDrown	10 Y/A	4/3	76-8	4.	Replayment	LBrown	104/x 6/3
Depth	Texture	Color	Structure		Depth		Texture	Color	Structure
0-4	Topsoil	D Brown	10 8/1	3/					
4-24	Sakysand	L Brown	10 Y/A	41.					·
24-34	NOUR SAND	Drow	10 4/K	5/3					
36-84	Bally Sent	L Brown	104/n	4/3		. •	•		
U of Mi	RED DOCUMN Worksheets ar worksheets atta	re required for			seepage b	eds, at-gra	ides or Type I	V or Type V s	ystems. Are the
		***************************************	 		•				. •
.6. DESIGN	er's certif	IED STATEM	ENT						•
(Print Na applicable ro System Ordi	nance).) cluding, but not			•		Becker Count	y Individual S	ewage Treatment
Signature of	na M 12. Designer	<u>.</u>						<u>0 - 13-12</u>	
Oriniay a ay	···	•							



Sewage tank integrity assessment form

520 Lafayette Road North St. Paul, MN 55155-4194 Subsurface Sewage Treatment Systems (SSTS) Program

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. 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: <u>Compliance inspection form - Existing system (wq-wwists4-31b)</u>. 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 Item (B) subitem (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 Items B, C, and D; 7083.0730 Item C.

☑ Certificate of sewage tank compliance Affirm all three statements:	☐ Notice of sewage tank non-compliance Select all that apply:					
➤ 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.	☐ 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					
Company information	Designated Certified Individual (DCI) information					
Company name: Don Umthun	Print name:					
Business license number: 1867	Certification number: 4549					
I personally conducted the work described above as a Designated maintenance, installation, or service provider Business. I personal status of each sewage tank in this SSTS.	Certified Individual of a Minnesota-licensed SSTS inspection, ly conducted the necessary procedures to assess the compliance					
By typing/signing my name below, I certify the above statement this information can be used for the purpose of processing this for	s to be true and correct, to the best of my knowledge, and that m.					
and members out to dood for the pulpode of processing this for						

38015 Lanson LNS