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

170253000-2022

~~Existing Subsurface~~ ce 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: *170 253 000* Local regulatory authority: _____
Property address: *12488 Shorewood Sch road Detroithabes*
Owner/representative: *Kim Pierce* Owner's phone: _____
Brief system description: *1500 gal aerop tank - chamber drainfield*

System status

System status on date (mm/dd/yyyy): *7-28-2022*

☑ **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 *2602 Eastgate Dr*

Fargo, ND 58103

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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: *Bergstrom Backhoe*
Inspector signature: *Doug Bergstrom*
(This document has been electronically signed)

Certification number: *2779*
License number: *478*
Phone: *218-841-9003*

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	☐ Yes* ☒ No
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 the system is an imminent threat to public health and safety.

Describe verification methods and results:

Usoal

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?	☐ Yes* ☒ No
Sewage tank(s) leak below their designed operating depth?	☐ Yes* ☒ 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 - comere in tank

Attached supporting documentation:

☒ Pumped at time of inspection

Name of maintenance business: Septic Vac

License number of maintenance business: _____

Date of maintenance: 7-28 2022

☐ 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:

Visual

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) ☐ _____

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:* 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 (Advanced Inspector License required)* 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:

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	36″
B. Periodically saturated soil/bedrock	72″+
C. System separation	36″
D. Required compliance separation*	36″

*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.*

MINNESOTA POLLUTION CONTROL AGENCY

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

Sewage tank integrity assessment form

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: Compliance inspection form - Existing system (wq-wwists4-31b). 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:

- ☑ 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 – w"**Imminent Threat to Public Health or Safety."**

Company information

Company name: *Bergstrom Backho*

Business license number: *478*

Designated Certified Individual (DCI) information

Print name: *Darryl Bergstrom*

Certification number: *2779*

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS inspection, maintenance, installation, or service provider Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS.

By typing/signing 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.

Designated Certified Individual's signature: *[signature]*
(This document has been electronically signed.)

Date (mm/dd/yyyy): *7-28-2022*

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home

garage

Drainfile 36"
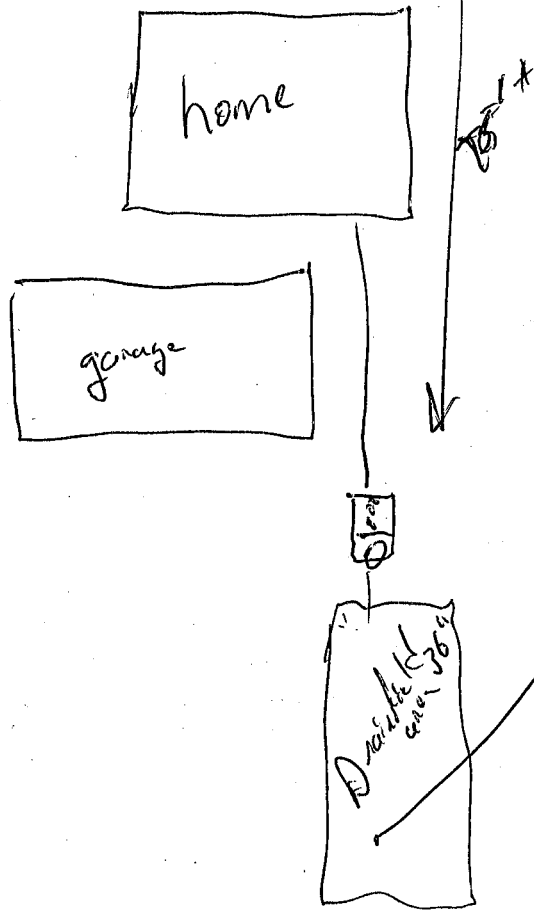
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Inspection does not Guarantee or Imply
Future Hydraulic functioning

Daryl Bejoln