



## Compliance inspection report form **Existing Subsurface Sewage Treatment System (SSTS)**

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

Doc Type: Compliance and Enforcement

Instructions: Inspection results based on Minnesota Pollution Condocumentation – additional local requirements may also apply. Fur <a href="https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf">https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf</a> .	ther information can be found here:
Inspector must submit completed form to Local Governmental determination of compliance or noncompliance.	12.0118.000
Property information /20.//8.000	Local tracking number:
Parcel ID# or Sec/Twp/Range: 12:06,18000 Loca	l regulatory authority: BECKERCO. ESO.
Property address: 37/29 REd Top Ruge	7 Sole Owner's phone:
Owner/representative: TAROS/AV + JARMILA Brief system description: 1-1000 941 + HANK + 14	1500 GAI TANK, APONOX 440 FF
	March 1
System status	dr and-16 4
System status on date (mm/dd/yyyy):	
☑ Compliant – Certificate of compliance*	☐ Noncompliant - Notice of noncompliance
(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	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.
in Local Ordinance.) *Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.	Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.
☐ Soil separation (Compliance component #5) — Failing t☐ Operating permit/monitoring plan requirements (Complicomments or recommendations	Imminent threat to public health and safety protect groundwater #3) – Imminent threat to public health and safety #3) – Failing to protect groundwater 00 (Compliance component #3) – Failing to protect groundwater
Certification	
I hereby certify that all the necessary information has been gathered	d 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: (This document has been electronically signed) Inspector signature:

651-296-6300

Certification number: License number: Phone:

Necessary or locally required supporting documentation (must be attached)

✓ Soil observation logs ✓ Locally required forms Tank Integrity Assessment Operating Permit Other information (list):

Available in alternative formats

Compliance	criteria:	· · · · · · · · · · · · · · · · · · ·	Attached supporting documentation:
System discha ground surface	ges sewage to the	☐ Yes* ☑ No	☐ Other: ☐ Not applicable
System discha	ges sewage to drain vaters.	☐ Yes* ☑ No	
System causes dwelling or esta	sewage backup into ablishment.	☐ Yes* ☑ No	
	wer above indicates at to public health ar		
Describe veri	ication methods and	results:	
ank integrit	y – Compliance	component #2	of 5
Compliance	criteria:	<u> </u>	Attached supporting documentation:
	ts of a seepage pit, vell, leaching pit,	☐ Yes* ☑ No	☐ Pumped at time of inspection  Name of maintenance business:
	s) leak below their ating depth?	☐ Yes* 🗹 No	License number of maintenance business: 4334
			☑ Existing tank integrity assessment (Attach)
If yes, which s	ewage tank(s) leaks:		Date of maintenance /2-23-21 (must be within three years)
Any "yes" a	nswer above indic protect groundwat		(See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))
10 149 00	g.		☐ Tank is Noncompliant (pumping not necessary – explain below)☐ Other:
	ification methods and	d results:	

Dro	operty Address: 37129 RED Top Rd. Pondsford Me	56575
	usiness Name: Girtz Excalating Date	12-19-23
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? $\Box$ $\forall$	es* ☑ 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?	es* ☑ No
	3d. System not abandoned in accordance with Minn. R. 7080.2500?	es* MINO
	*Yes to 3c or 3d - System is failing to protect groundwater.	
	Describe verification methods and results:	
	Attached supporting documentation:   Not applicable	
_	DADY Complement #4 of F	A sala sala sala sala sala sala sala sal
4.	Operating permit and nitrogen BMP* – Compliance component #4 of 5	☑ Not applicable
	is the system operated under an Operating Permit?	, 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?	
	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: 37) Business Name: 6, not	129 REJ 2 EXCAUSE	Top R	d	PONds-FOR	J ////N Date: 16	) ?=19=23
. Soil separation – Co	mpliance compo	nent #5 of	5			
Date of installation		Inknown				
Shoreland/Wellnead protect beverage lodging?	etion/Food	es □ No		d supporting docum		
Compliance criteria (sele	T in			observation logs com previous verifications		
5a. For systems built prior to not located in Shoreland of Protection Area or not ser beverage or lodging estat	or Wellhead Ving a food	es 🗌 No*	☐ Not a	pplicable (No soil trea	atment area)	
Drainfield has at least a tw separation distance from p saturated soil or bedrock.	vo-foot vertical periodically				•	
5b. Non-performance systems April 1, 1996, or later or fo	r non-	es 🗌 No*		depths or elevati		
performance systems loca or Wellhead Protection Arc food, beverage, or lodging	eas or serving a	<del>-</del>		m of distribution med dically saturated soil/		1811
Drainfield has a three-foot separation distance from p	vertical	-		em separation		47"
saturated soil or bedrock.*	enoucany	<del></del>		ired compliance sepa reduced up to 15 pe		by Local
5c. "Experimental", "Other", or systems built under pre-20 Type IV or V systems built Rules 7080. 2350 or 7080. (Intermediate Inspector Lic 2,500 gallons per day; Adv License required > 2,500 g	08 Rules; under 2008 2400 ense required ≤ enced Inspector	s □ No*				
Drainfield meets the design separation distance from po- saturated soil or bedrock.	eriodically					
*Any "no" answer above i failing to protect groundw	indicates the system vater.	is				
Describe verification method	is 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, 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 (\$STS) Program

Doc Type: Compliance and Enforcement

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: <a href="https://www.pca.state.mn.us/water/inspections">https://www.pca.state.mn.us/water/inspections</a>.

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. Only a licensed maintenance business is authorized to pump the tank for assessment. A copy of this information should be submitted to the system owner and be maintained by the licensed SSTS business for a period of two (5) years from the assessment date.						
When this form is signed by a qualified certified professional, it becomes <i>necessary supporting documentation</i> to an Existing System Compliance Inspection form - Existing system (wg-wwists4-31b). This form can be found on the MPCA website at <a href="https://www.pca.state.mn.us/weter/inspections">https://www.pca.state.mn.us/weter/inspections</a> .						
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(B)(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(B),(C), and (D) and; Minn. R. 7083.0730(C).						
Owner information						
Owner/Representative Jarsolan & Jarmila Solc						
Property address: _37129 Red Top Rd, Ponsford, MN	56575					
Local Regulatory Authority:		: 12.0	1.18000			
System status						
System status on date (mm/dd/yyyy):	· · · · · · · · · · · · · · · · · · ·					
✓ Certificate of sewage tank compliance	☐ Notice of sewage to	ank no	n-compliance			
Compliance	criteria:					
The SSTS has a seepage pit, cesspool, drywell, leaching pit, or othe Groundwater."	er pit - "Failure to Protect		□ Yes <sup>a</sup> ☑ No			
The SSTS has a sewage tank that leaks below the designed operation Groundwater."	ng depth - "Failure to Protect		☐ Yes* ☑ No			
The SSTS presents a threat to public safety by reason of structurally or weak) maintenance hole cover(s) or lids or any other unsafe cond Public Health or Safety."	unsound (damaged, cracked, lition - "Imminent Threat to		□ Yes* ☑ No			
Any "yes" answer above indicates	sewage tank non-compliant	20,				
Company information	Designated Certified Individ	isal (D	31) information			
Company name: Thelen's Excavating & Septic Inc.	Print name: Leonard Thele		on mormation			
Business license number: <u>L534</u>	Certification number: C2740					
I personally conducted the work described above as a Designated C maintenance, installation, or service provider Business. I personally status of each sewage tank in this SSTS.	ortified Individual at a 18th and a	icensed res to a	SSTS inspection, ssess the compliance			
By typing/signing my name below, I certify the above statements this information can be used for the purpose of processing this form.	to be true and correct, to the best	of my kr	owledge, and that			
Designated Certified Individual's signature: (This document has been expected)	The least 14 Date (mr electronically signed.)	n/dd/yy)	y): <u>10/23/21</u>			
www.pca.state.mn.us • 651-296-6300 • 800-657-3864 • Use	your preferred relay service •	Availa	ble in alternative formats			

wq-wwists4-91 · 5/10/21

## PROPERTY OWNER'S NAME <u>TAROS lavi Jarmila Solc</u> PARCEL#: 12.01. 18000 COMPLIANCE INSPECTION SKETCH

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*	CALIN	- Leaner	<b>★ **</b> *******************************
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189.99	DEED WE'N	67	
		279.	
	$r = \frac{1}{2}$	gy line	
SOIL BORING LOG#/		Sive W	
Depth (inches) Texture Munsell Color			
0-6" Topsoil 104R312 6"-22" SANDY LOAM 251 6/3		The state of the s	
22"-31" Sandy loam 2:54 6/6 6A	RAJE		
31"-55" YOAMY CAY 2:54 5/4	1804,		
slight REdok @'55"	Andrews Andrews		
	SEPTIC TANK	LIFT TANK	DRAINFIELD
DISTANCE FROM NEAREST WELL DISTANCE FROM LAKE OR STREAM DISTANCE FROM OCCUPIED BUILDING	75 FF 78 FF		60 FT 80 FT 25 FT
DISTANCE FROM OCCOPIED BOILDING DISTANCE FROM PROPERTY LINE DISTANCE FROM BOTTOM TO WATER TABLE	Jo Ft =	· · · · · · · · · · · · · · · · · · ·	15 FH 5 + 38 "

INSPECTOR'S NAME: Ronald Girtz DATE: 12-19-18
INSPECTOR'S SIGNATURE: Ron Clirk MPCA LIC. #: 826