



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: 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: 191537000 | Reason for Inspection Sale |
| ocal regulatory authority info: Becker County | |
| Property address: 14259 W Lake Sallie Dr. Detroit Lakes, MN | |
| Owner/representative: Greg Cooper | Owner's phone: |
| Brief system description: 1000 gal. tank to trench drainfield. | 375 eq.ft |
| Cuetam etatus | |
| System status | |
| System status on date (mm/dd/yyyy): 7/11/2023 | Malana muliant Nation of noncompliance |
| ☐ 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 | Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance. |
| 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. | 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. |
| Reason(s) for noncompliance (check all applica | ble) |
| ☐ Impact on public health (Compliance component # | 1) – Imminent threat to public health and safety |
| ☐ Tank integrity (Compliance component #2) — Failing | |
| ☐ Other Compliance Conditions (Compliance compo | |
| Other Compliance Conditions (Compliance compo | nent #3) – Failing to protect groundwater |
| | 2500 (Compliance component #3) - Failing to protect groundwater |
| ☐ Soil separation (Complianes component #5) – Faili | ing to protect groundwater |
| ☐ Operating permit/monitoring plan requirements (Co | ompliance component #4) - Noncompliant - local ordinance applies |
| Comments or recommendations | |
| Tank sidewall is crumbling and Baffles are missing on b | oth outlet and Inlet side. |
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| Cortification | |
| I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unkningly indicate maintenance, or future water usage. | d to determine the compliance status of this system. No determination of own conditions during system construction, possible abuse of the system, |
| I hereby certify that all the necessary information has been gathere future system performance has been nor can be made due to unkninadequate maintenance, or future water usage. By typing my name below, I certify the above statements to be true. | own conditions during system construction, possible abuse of the system, |
| I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unkninadequate maintenance, or future water usage. By typing my name below, I certify the above statements to be truused for the purpose of processing this form. | d to determine the compliance status of this system. No determination of own conditions during system construction, possible abuse of the system, see and correct, to the best of my knowledge, and that this information can be Certification number: 7526 |
| I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unkninadequate maintenance, or future water usage. By typing my name below, I certify the above statements to be truused for the purpose of processing this form. Business name: Stoll Inspections Inc. | own conditions during system construction, possible abuse of the system, ue and correct, to the best of my knowledge, and that this information can be |
| I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unkningle maintenance, or future water usage. | own conditions during system construction, possible abuse of the system, ie and correct, to the best of my knowledge, and that this information can be Certification number: 7526 License number: 2982 |
| I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unkninadequate maintenance, or future water usage. By typing my name below, I certify the above statements to be truused for the purpose of processing this form. Business name: Stoll Inspections Inc. Inspector signature: (This document has been electronically statements) | own conditions during system construction, possible abuse of the system, ie and correct, to the best of my knowledge, and that this information can be Certification number: 7526 License number: 2982 igned) Phone: 218-839-1848 |
| future system performance has been nor can be made due to unkninadequate maintenance, or future water usage. By typing my name below, I certify the above statements to be truused for the purpose of processing this form. Business name: Stoll Inspections Inc. Inspector signature: (This document has been electronically supporting decrease of the purpose of processing this form.) | own conditions during system construction, possible abuse of the system, le and correct, to the best of my knowledge, and that this information can be Certification number: 7526 License number: 2982 igned) Phone: 218-839-1849 ocumentation (must be attached) |
| I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unkninadequate maintenance, or future water usage. By typing my name below, I certify the above statements to be truused for the purpose of processing this form. Business name: Stoll Inspections Inc. Inspector signature: (This document has been electronically signature of the purpose of processing this form.) | own conditions during system construction, possible abuse of the system, le and correct, to the best of my knowledge, and that this information can be Certification number: 7526 License number: 2982 igned) Phone: 218-839-1849 ocumentation (must be attached) |

| | | Date: 7/11/20 | 23 |
|---|--|---|-------------------------------------|
| mpact 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 a | | | |
| Describe verification methods and | d results: | | |
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| ank integrity – Compliance | e component #2 | of 5 | |
| ank integrity – Compliance Compliance criteria: | e component #2 | of 5 Attached supporting documentation: | |
| Compliance criteria: System consists of a seepage pit, | e component #2 | | |
| Compliance criteria: | | Attached supporting documentation: ⊠ Empty tank(s) viewed by inspector | engers Sept |
| Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their | | Attached supporting documentation: ⊠ Empty tank(s) viewed by inspector | |
| 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: L2 | |
| 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: L2 | 911 |
| 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: L2 Date of maintenance: 7/1 | 911 10/2023 |
| 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 Only one there | Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: License number of maintenance business: L2 Date of maintenance: Existing tank integrity assessment (Attach) Date of maintenance | 911 10/2023 e 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 Only one there | Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: Ste License number of maintenance business: L2 Date of maintenance: 7/1 Existing tank integrity assessment (Attach) Date of maintenance (mm//dd/yyyy): (must be within thre | 10/2023 e years) complies wit |

| | operty Address: 14259 W Lake Sallie Dr. Detroit Lakes, MN 56501 | D |
|----|---|-------------------------------|
| В | usiness Name: Stoll Inspections Inc. | Date: 7/11/2023 |
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| 3. | Other compliance conditions – Compliance component #3 of 5 | |
| | 3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unso | ecured? |
| | ☐ Yes' ☒ No ☐ Unknown | |
| | 3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safe | ty? ☐ Yes¹ ⊠ 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: | |
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| | Attached supporting documentation: Not applicable | |
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| 4. | Operating permit and nitrogen BMP* - Compliance component #4 of | of 5 🛛 Not applicable |
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| | | 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 complete | d. |
| | 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: | |
| | Describe vermoador medious and rosulus. | |
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| | Attached supporting documentation: Operating permit (Attach) | |
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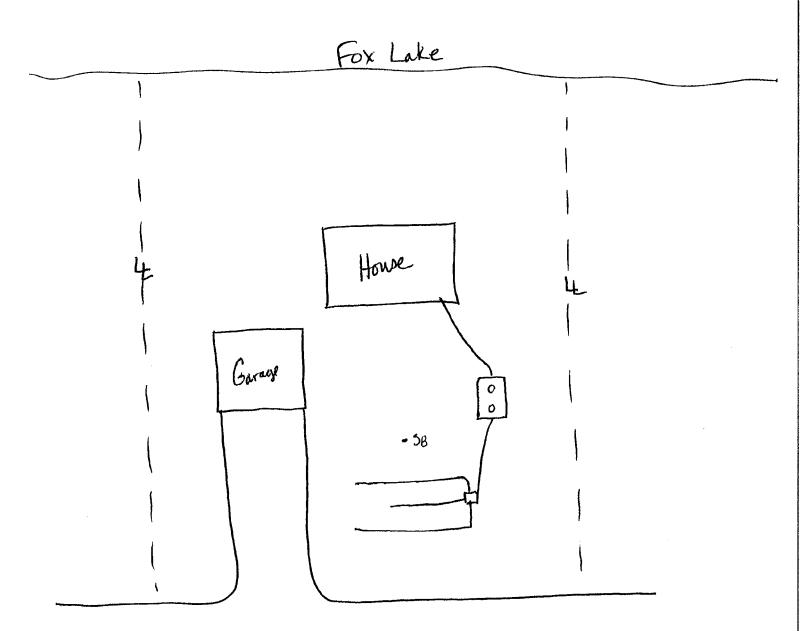
| isiness Name: Stoll Inspections Inc. | | AND | Date: <u>7</u> | 7/11/2023 | |
|--|---------|---|--|------------------|--|
| Soil separation – Compliance cor | npone | nt #5 o | f 5 | | |
| Date of installation 7/6/1990 (mm/dd/yyyy) | Unkr | nown | | | |
| Shoreland/Wellhead protection/Food beverage lodging? | ⊠ Yes | □ No | Attached supporting documentation: Soil observation logs completed for the report | | |
| Compliance criteria (select one): | | | Two previous verifications of required | | |
| 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* | | ☐ Not applicable (No soll treatment area) | | |
| 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- | ⊠ Yes □ | □ No [*] | Indicate depths or elevations | | |
| performance systems located in Shoreland | | | A. Bottom of distribution media | 48" | |
| 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 | >36" | |
| 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) | ☐ Yes | □ No* | 7 10 yr 18 | iam. | |
| Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock. | | | 10yr 4/3 S | L | |
| *Any "no" answer above indicates the system failing to protect groundwater. | | is | 4/4 | sL | |
| Describe verification methods and results: | | | 4/4 | 16" 25 86" | |

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.

| Parcel Number: | 1915 37000 | , |
|-----------------|------------|--------|
| Date & Initial: | 7/11/23 | P2.2 |
| | System D | rawing |

System Drawing

The system drawing which includes and identifies a graphic scale in feet or indicates all setback distances, all septic/holding/lift tanks, drainfields, wells within 100 feet of system (indicate depth of wells), dwelling and non-dwelling structures, lot lines, road right-of-ways, easements, OHWLs, wetlands, and topographic features (i.e. bluffs).



| Additional Comments: | Septiz | îځ | Non-Comptant | |
|----------------------|--------|----|---------------------------------------|--|
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