



B&T Services
Bob Bartel
PO Box 62
Brainerd MN 56401

Office: 218-831-6430
Fax: 218-829-6742

Date: 6-28-16

Time: _____

To: Laurie Sandelands

Fax #: (888) 233 6030

From: Bob Bartel, B & T Services

From Fax #: (218) 829-6742

Phone#: (218) 831-6430

Message: A Oliveira Sewer and water
Bill

Thank you
Bob

Regards,

Bob Bartel

Transmitting a total of 7 pages including this page. If you do not receive all pages, please contact me immediately.



Minnesota Pollution Control Agency

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

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Instructions: Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms—additional local requirements may also apply.
Submit completed form to Local Unit of Government (LUG) and system owner within 15 days

For local tracking purposes:

System Status

System status on date (mm/dd/yyyy): 6-22-16

Compliant – Certificate of Compliance
(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)

Noncompliant – Notice of Noncompliance
(See Upgrade Requirements on page 3)

Reason(s) for noncompliance (check all applicable)

- Impact on Public Health (Compliance Component #1) – Imminent threat to public health and safety
- Other Compliance Conditions (Compliance Component #2) – Imminent threat to public health and safety
- Tank Integrity (Compliance Component #3) – Failing to protect groundwater
- Other Compliance Conditions (Compliance Component #3) – Failing to protect groundwater
- Soil Separation (Compliance Component #4) – Failing to protect groundwater
- Operating permit/monitoring plan requirements (Compliance Component #5) – Noncompliant

Property Information

Property address: 30152 Oak Ave Parcel ID# or Section/Range: 24-0-040304
 Property owner: Armand Alvarez Reason for inspection: Selling
 or
 Owner's representative: _____ Owner's phone: _____
 Local regulatory authority: A.T.K.O. Representative phone: _____
 Brief system description: 1650 Tack gravity to 10x32 Roll Bed 12" Rocks Regulatory authority phone: _____
 Comments or recommendations: _____

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.

Inspector name: Bob Burt Certification number: 3181
 Business name: B.T. License number: 2082
 Inspector signature: Bob Burt Phone number: 218-831-6430

Necessary or Locally Required Attachments

- Soil boring logs
- System/As-built drawing
- Other information (list): _____
- Forms per local ordinance

24-0-040304

Property address: 30157 Oak Ave Pittkin

Inspector initials/Date: RR-

1. Impact on Public Health – Compliance component #1 of 5

Compliance criteria:

System discharge sewage to the ground surface.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System discharge sewage to drain tile or surface waters.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System cause 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.

Comments/Explanation:

Verification method(s):

- Searched for surface outlet
- Searched for seeping in yard/backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony (See Comments/Explanation)
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

2. Tank Integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, or leaching pit. <i>Seepage pits meeting 7030.2550 may be compliant if allowed by local ordinance.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Any "yes" answer above indicates the system is Failing to Protect Groundwater.

Comments/Explanation:

Verification method(s):

- Probed tank(s) bottom
- Examined construction records
- Examined Tank Integrity Form (Attach)
- Observed liquid level below operating depth
- Examined empty (pumped) tanks(s)
- Probed outside tank(s) for "black soil"
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

3. Other Compliance Conditions – Compliance component #3 of 5

- a. Maintenance hole covers are damaged, cracked, unsecured, or appear to be structurally unsound. Yes* No Unknown
- b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety. Yes* No Unknown
**System is an imminent threat to public health and safety*

Explain:

- c. System is non-protective of ground water for other conditions as determined by inspector Yes* No
**System is failing to protect groundwater*

Explain:

24-0-040304

Property address: 30152 Oak Ave Aitkin

Inspector initials/Date: BB

4. Soil Separation - Compliance component #4 of 5

Date of Installation: Unknown
Shoreland/Wellhead protection/Food Beverage Lodging? Yes No

Compliance criteria:
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.

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.*

"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.

Verification method(s):

Soil observation does not expire. Previous soil observations by two independent parties are sufficient unless site conditions have been altered or local requirements differ.

- Conducted soil observation(s) (Attach boring logs)
 Two previous verifications (Attach boring logs)
 Not applicable (Holding tank(s), no drainfield)
 Unable to verify (See Comments/Explanation)
 Other (See Comments/Explanation)

Comments/Explanation:

Indicate depths of elevations

Table with 2 columns: Elevation type (A-D) and depth (19", 58", 3", 3')

*May be reduced up to 15 percent if allowed by Local Ordinance.

5. Operating Permit and Nitrogen BMP* - Compliance component #5 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? 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. Operating Permit number: _____ 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.

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.

24-0-040304

Armand Olivarez

30152 Oak Ave

Ritkin Minnesota

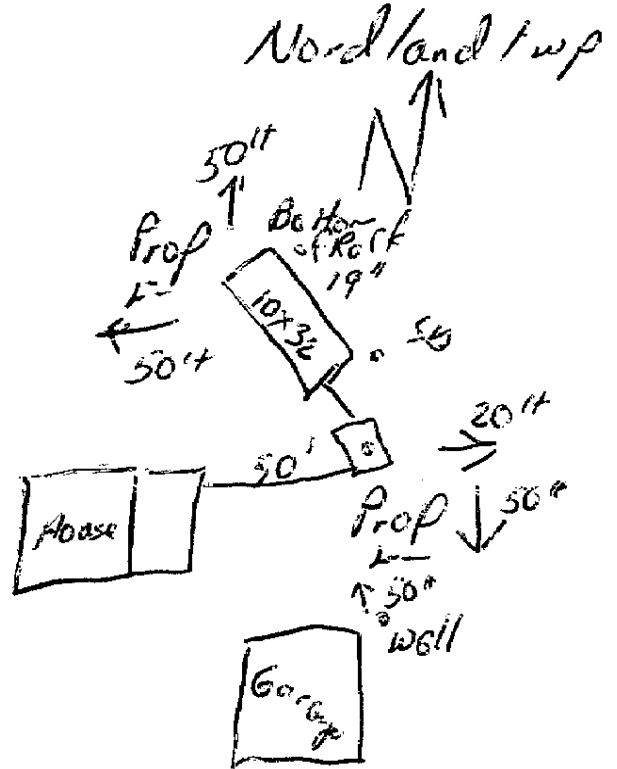
56431

E 200' of 1/2 480' of

NW SE

20 46 26

Nordland Twp



SB

4" Top soil 10x3 1/3

Soil 10x6 1/4

SB

30152 Oak Ave

Bob Bault

C3181

B.T 2088

Bob Bault

6-22-16

4-4

CENTRAL WATER TESTING LABORATORY

18511 STATE HWY. 371 • BRAINERD, MN 56401 • (218) 828-2118

MINNESOTA DEPARTMENT OF HEALTH LAB# 027-035-273

CWTL guarantees the accuracy of the analysis done on the sample submitted for testing. It is not possible for CWTL to guarantee that a test result obtained on a particular sample will be the same on any other sample unless all conditions affecting the sample are the same, including sampling by CWTL. As mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients, and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved pending our written approval.

Sample Description: Armand Olivaraz
30152 Oak Ave
Aitkin MN 56431

Report Date: 06/22/2016
Lab Number: 16-1918
Date/Time Sampled 6/21/2016 11:20 AM
Date/Time Received: 6/21/2016 4:20 PM
Temperature at Receipt: 11.1 C

Well Unique #:

Sampled By: Bob Bartel

FINAL REPORT

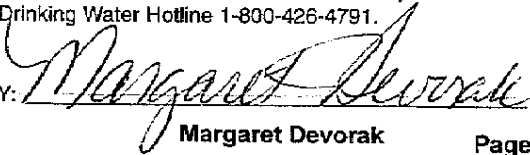
Analyte	Results	MCL	Method	Analyzed Time	Analyst	Notes
Total Coliform Bacteria	ABSENT	ABSENT	COLISURE Presence/Absence	4:20 PM 6/22/16	MJD	
Nitrate Nitrogen	< 1.0 mg/L	10.0 mg/L	SM 4500-NO3-D-97	17:11 6/21/16	MJD	

Reference to the Note Column:

1. The sample submitted for Total Coliform Bacteria testing was received and analyzed after the 30 hour holding time.
2. The sample submitted for Nitrate Nitrogen testing was received and analyzed after the 48 hour holding time.
3. Client notified that the sample was received in a non-approved container as specified in MN Rule 4740.2087 Subpart 3.B.
4. The sample submitted exceeds the acceptable temperature range as specified in MN Rule 4740.2087 Subpart 2.A.

MCL is defined as the Maximum Contaminant Level allowed by the Safe Drinking Water Act. For further information, contact your state or local health department or call the EPA Safe Drinking Water Hotline 1-800-426-4791.

APPROVED BY:



Margaret Devorak

TITLE:

Laboratory Manager

Page: 1 of 1



PO Box 62
Brainerd, Mn 56401
218-831-6430 phone
218-829-6742 fax



Purchase
Order

VENDOR Armand Stivaros
ADDRESS 30152 Oak Ave
CITY Aitkin STATE Minnesota ZIP 56430
PHONE _____

JOB COST	EQUIP. COST
ACCT. NO.	ACCT. NO.
JOB NO.	EQUIPMENT
VENDOR CODE	AREA

SHIP TO	<u>24-0-040304</u>			DATE	<u>6-22-16</u>	
SHIP VIA	TERMS:			DATE REQ.		
QTY	QUANTITY		UNIT	PART NO./DESCRIPTION	UNIT PRICE	TOTAL
	ORDERED	RECEIVED				
1						
2						
3						
4						
5						
6				<u>chye</u>		
7						
8				<u>sewer compliance</u>		
9				<u>water</u>		
10						<u>315.60</u>
11						
12				<u>Plk Lou</u>		
13						
14						
15						

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, AND CORRESPONDENCE

RECEIVED BY _____ DATE _____ ORDERED BY _____

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