

AITKIN COUNTY
CERTIFICATE OF INSTALLATION/~~NOTICE OF NONCOMPLIANCE~~

This certificate of installation/~~notice of noncompliance~~ has been issued this _____ day of _____, 20____ to certify compliance/~~noncompliance~~ with Aitkin County's Subsurface Sewage Treatment System Ordinance.

The premises covered by this certificate are legally described as: _____

Section _____ Township _____ Range _____ Lake _____
PERMIT NO. _____ Owner Name _____
Address _____
Installer Name _____
Type of System Inspected _____
Parcel Number _____

The certificate of installation/~~notice of noncompliance~~ was based on No ___ of the following:

- 1) Inspection of the installation or construction as in accordance with the above referenced permit and application design.

- 2) Review of as-built plans submitted in accordance with Subdivision 9.2 D of Aitkin County's Subsurface Sewage Treatment System Ordinance.

If the above permitted subsurface sewage treatment system is in noncompliance with Aitkin County's Subsurface Sewage Treatment System Ordinance, then the following shall serve as a Notice of Violation:

- 1) Statement of the findings of fact through inspections or investigations:

- 2) List of specific violations of Ordinance: _____

- 3) Requirements for correction or removal of violations: _____

- 4) Time schedule for compliance: _____

Failure to correct or remove the above violation(s) will result in this matter being turned over to the Aitkin County Attorney's Office for further legal action, which may result in revocation of licenses or registrations, fines and/or imprisonment.

INSPECTOR SIGNATURE _____

**SUBSURFACE SEWAGE TREATMENT SYSTEM INSPECTION FORM
AITKIN COUNTY, MINNESOTA**

Township Nealthwood Date of Inspection 5/12/2020 Initial App. Number 2020-5519
5/13/20 final App. Number 44894

Owner Joel + Killeen Schilling Parcel Number 36-0-033302

Project Address 38039 SH18 Installer Septic Check

City Aitkin Zip Code 56431 T1 3BR Mound

New Repair

DIST. or DROP BOX & TYPE _____

SETBACKS:

Buildings to tank(s) 11' to garage
 Buildings to drainfield 30' to rock bed
 Well(s) 50' or 100' SW @ 100' +
 Lake/Creek/Wetland Mille Lacs @ 200' +

TRENCHES, BEDS, OR GRAVELLESS LEACHFIELD:

Trench/Bed depth _____
 Trench/Bed length _____
 Trench/Bed bottom width _____
 Trench spacing _____
 Drainfield rock below pipe _____
 Size of gravelless pipe _____
 Depth of backfill _____
 Absorption area: square feet _____
 lineal feet _____

SEPTIC TANKS:

New Existing

Number of tanks installed 1 Brown & Wilbert
 Liquid capacity and type 1000 part combo tank
 Type of baffle Plastic

MOUNDS:

Percent slope 0%
 Upslope sand width 10'
 Downslope sand width 10'
 Sideslope sand width 10'
 Drainfield rock below pipe 12"
 Depth of sand below rock 24"
 Perforation size & spacing 0.25"/36" sp.
 Pipe size & spacing 1.5"/3' sp.
 Dimensions of rock bed 10' x 38'
 Dimensions of sand base 30' x 58'
 Final cover 12" cover over r/b/6" TS

Inspection pipes _____

Manholes size 24"

Manhole to grade Yes No

PUMPS:

New Existing

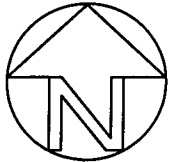
Tank capacity and type 500 part combo
 Pump manufacturer & model # Gould PE41
 Horsepower & GPM 0.4 HP 29 GPM
 Feet of head 17.6'
 Gallons per cycle 80 GPC
 Size of discharge line 1.5"
 Type & location of alarm Elec. on tank
 Water meter _____

DRAWING OF SYSTEM: (include soils)

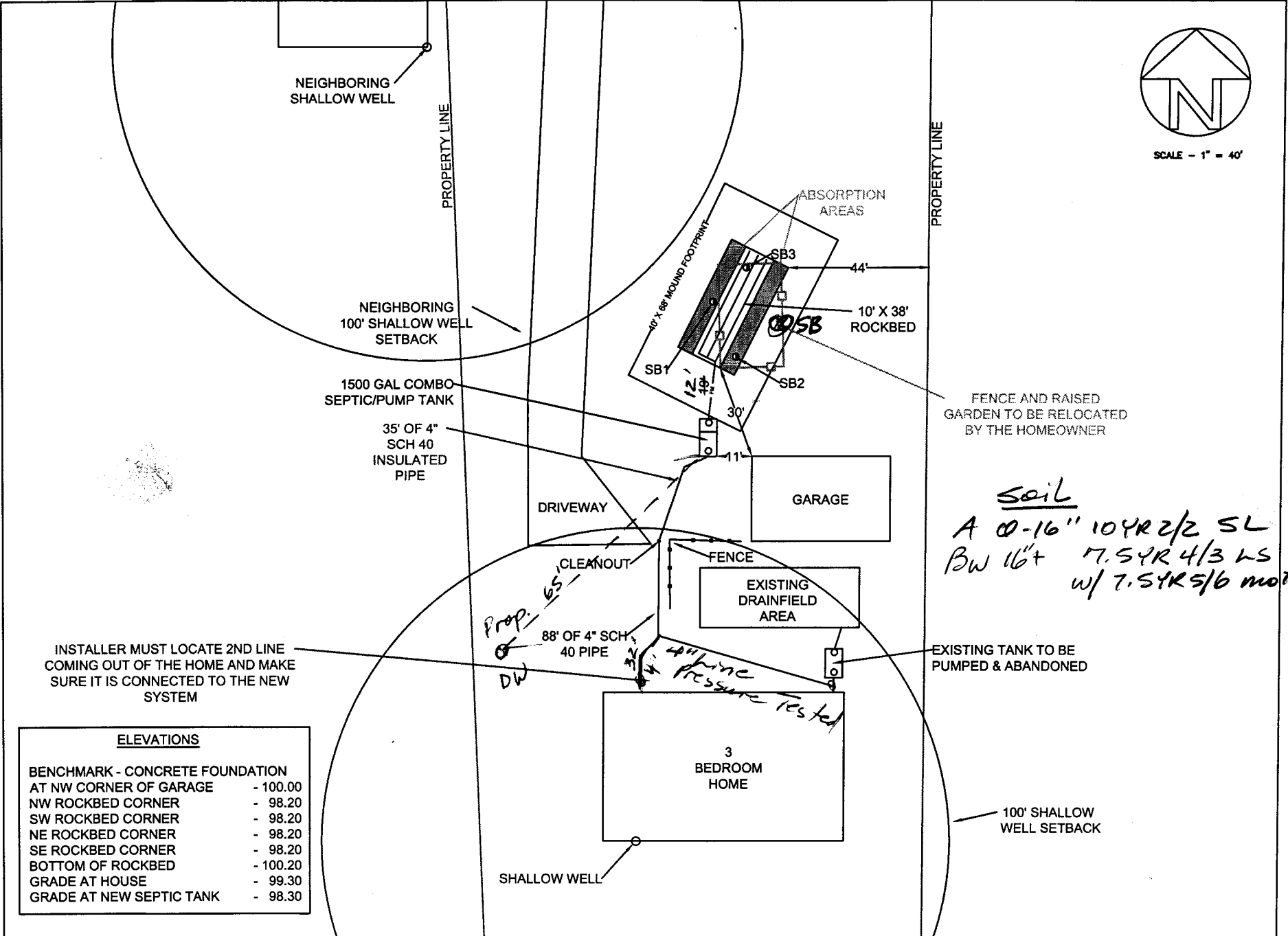
see attached site plan

Inspector's Comments: 12.5' L" 3" 4" Y's 2 outlets from house
39' to y 75' to east outlet 69' to west outlet.

Inspector's Signature Bryan Hargrave Installer's Signature _____



SCALE - 1" = 40'



soil
 A 0-16" 10YR2/2 SL
 Bw 16" 7.5YR 4/3 LS
 w/ 7.5YR5/6 mottles

INSTALLER MUST LOCATE 2ND LINE
 COMING OUT OF THE HOME AND MAKE
 SURE IT IS CONNECTED TO THE NEW
 SYSTEM

| ELEVATIONS | |
|---------------------------------|----------|
| BENCHMARK - CONCRETE FOUNDATION | |
| AT NW CORNER OF GARAGE | - 100.00 |
| NW ROCKBED CORNER | - 98.20 |
| SW ROCKBED CORNER | - 98.20 |
| NE ROCKBED CORNER | - 98.20 |
| SE ROCKBED CORNER | - 98.20 |
| BOTTOM OF ROCKBED | - 100.20 |
| GRADE AT HOUSE | - 99.30 |
| GRADE AT NEW SEPTIC TANK | - 98.30 |

Well Management Section
625 North Robert Street
P.O. Box 64975
St. Paul, Minnesota 55164-0975
651-201-4600 or 800-383-9808
health.wells@state.mn.us
www.health.state.mn.us/wells



Buried Sewer Construction and Testing Certification

This form is to be completed and submitted to the Minnesota Department of Health (MDH) for installation of a buried sewer located 20 to 50 feet from a water-supply well, or the installation of a water-supply well located 20 to 50 feet from a buried sewer. A sewer is a pipe or conduit carrying sewage or into which sewage may back up, including floor drains and traps. A sewer between 20 and 50 feet from a water-supply well must be constructed of cast-iron or plastic pipe meeting the material standards and testing requirements of the Minnesota Plumbing Code.

Note: A 50-foot minimum separation must be maintained between a water-supply well and a buried collector or municipal sewer, an unapproved sewer, or a buried sewer serving a facility handling infectious or pathological waste.

Property Owner and Address Where Sewer is Located

Property Owner Name Joel Schilling
Street Address 38039 Hwy 18 City Aitkin State MN ZIP 56431

Well Location

County Aitkin Township Name _____ Property I.D. No. _____
Township No. _____ Range No. _____ Section No. _____ Qtr _____ Qtr _____ Qtr _____ (Qtrs-List Smallest to Largest)
Lot No. _____ Block No. _____ Addition Name _____

Well Location Address

Street Address 38039 Hwy 18 City Aitkin State MN ZIP 56431

Well Information

New Proposed 43' from new sewer line, well not installed yet

Well information for well(s) within 50 feet of buried sewer. MN Unique Well No. _____

If Minnesota Unique Well Number is unavailable, provide as much of the following information as possible. For additional wells located less than 50 feet from the buried sewer, please use additional form(s).

Well Description _____

Well Depth _____ Well Diameter _____ Year of Construction _____

Well Contractor/Company Name _____

Sewer Materials

Sewer Material 4" sch 40 Pipe Standard ASTM 1785, ASTM 2665

Sewer Material _____ Pipe Standard _____

Building sewer and underground drain pipe materials and standards meeting the 2015 Minnesota Plumbing Code that are acceptable for the reduced 20-foot water-supply well isolation distance:

- **ABS (Schedule 40):** ASTM D1527, ASTM D2661, ASTM D2680 (building sewer only), ASTM F628
- **Cast Iron:** ASTM A74, ASTM A888, CISPI 301
- **Co-Extruded ABS (Schedule 40):** ASTM F1488
- **Co-Extruded PVC (Schedule 40):** ASTM F891, ASTM F1488
- **Polyethylene:** ASTM F714 (building sewer only)
- **PVC (Schedule 40):** ASTM D1785, ASTM D2665, ASTM F794 (building sewer only)
- **PVC:** ASTM D3034 (gravity building sewer only, if approved by the local administrative authority)

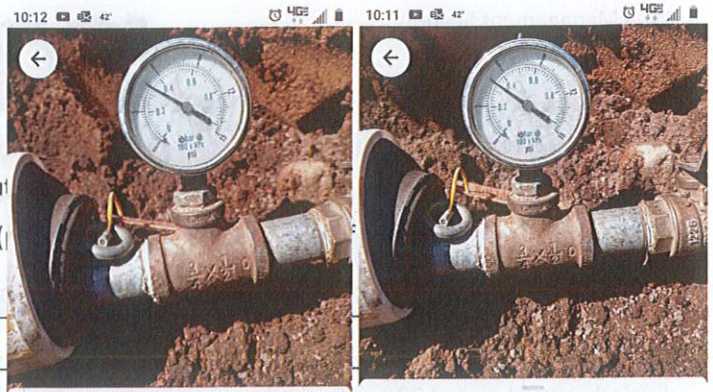
Test Methods

(Check one)

- Air Test (5 psi constant pressure for 15 minutes)
- Manometer Test (1-inch water column)
- Hydrostatic Test (10-foot hydrostatic head for 15 minutes)

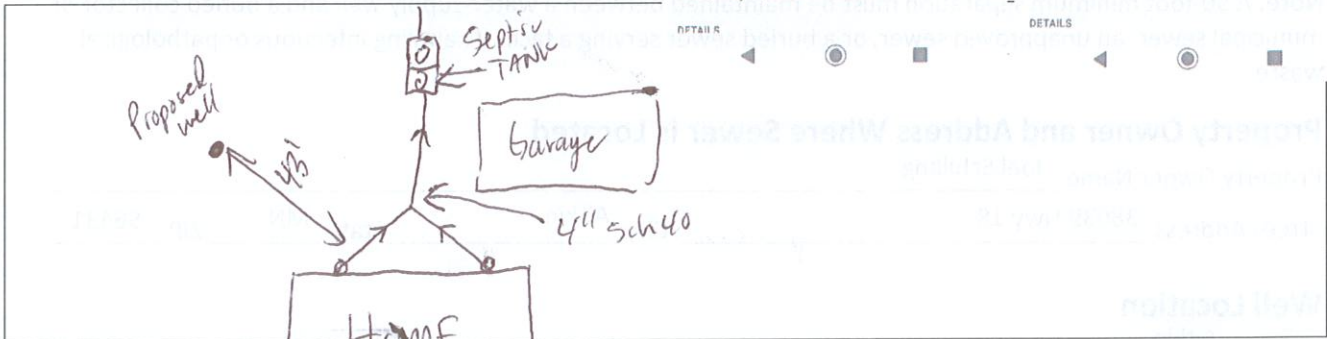
Describe the portion of the buried sewer system tested (if applicable). Use additional sheet if necessary.

New gravity sewer line from House to Septic tank



Buried Sewer Diagram

Please draw a diagram of the sewer system and all buried sewer lines (serving floor drains[s], bathroom[s], laundry room, etc.) that were tested, the location of the well(s), and major landmarks.



Certification

The undersigned certifies that the buried sewer(s) described above is/are constructed of the indicated, approved sewer material meeting the material standards and testing requirements of the 2015 Minnesota Plumbing Code. In accordance with Minnesota Statutes, section 144.992, persons submitting false material statements, representations, or certifications to MDH, or omitting material information are subject to administration penalties of up to \$10,000.

Note: Witness information is not required for a tester who is a Minnesota licensed plumber or certified pipelayer. Testing by all other testers must be witnessed by a state or local building official or MDH inspector.

Tester Name

Test Name Kyle Wade Tester Title Foreman

Company Name Septic Check License No. 2624

Street Address 6074 Keystone Rd City Milaca State MN ZIP 56353

Tester Signature [Signature] Date 5/12/2020

Witness Name

(Is not required for a tester who is a Minnesota licensed plumber or certified pipelayer.)

Witness Name _____ Witness Title _____

Company Name _____ License No. _____

Street Address _____ City _____ State _____ ZIP _____

Witness Signature _____ Date _____

Information provided on this form is classified as public information under Minnesota Statutes, chapter 13.

To obtain this information in a different format call 651-201-4600.



2020/05/12



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SEPTIC CHECK
NEW YORK STATE LICENSED SEPTIC CONTRACTORS
SEPTIC CHECK
516-883-2047 SEPTICCHECK.COM

2020/05/12



SEPTIC SERVICE LASTING VALUE. FORMERLY
SEPTIC CHECK
202-983-3447 SEPTICCHECK.COM

2020/05/12



2020/05/12



EXPERT SERVICE. LASTING VALUE. CLEAN WATER
SEPTIC CHECK
320-983-2447 SEPTICCHECK.COM

2020/05/12



2020/05/18



2020/05/18



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