

Septic System Compliance Inspection – Existing System

Date: 4/27/2022

Property Owner: Allan Palmer Ordered By: Allan 763 442 9952

Address: 31859 443rd Lane, Palisade, MN 56469

Property ID#: 08-0-013508 Inspector: Tim Woodrow

A compliance inspection was performed at the above location. The Holding Tank was pumped and inspected. This onsite system was found to be **Compliant.**

Impact On Public Health:

System is Compliant

Tank Integrity:

Tank(s) are compliant

Other Compliance Conditions:

None

Soil Separation

NA

Operating Permit and Nitrogen BMP

NA

I have included a copy of the compliance documents for your record. I have also sent a copy to Aitkin County for their records. If you have any questions, please do not hesitate to give us a call.

Thanks!

Tim Woodrow

Owner

218-927-6175



DISCLAIMER:

The septic system inspection conducted for this property meets MPCA requirements for existing systems.

This inspection does not guarantee future performance.

Any additions to the home or increased use of the home may require an increase in system capacity.



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

Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

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.

roperty information	Local tracking number:		
arcel ID# or Sec/Twp/Range: 08-0-013508	Reason for Inspection	Transfer	
ocal regulatory authority info: Aitkin County			
roperty address: 31859 443rd Lane, Palisade, MN 56469		700 440 0050	
owner/representative: Allan Palmer		Owner's phone: 763 442 9952	
rief system description: 2 x 750 gal holding tanks			
Her system description.			
System status			
System status on date (mm/dd/yyyy): 4/27/2022			
☐ Compliant – Certificate of compliance*	☐ Noncompliant – Not		
(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.)	An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receip of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.		
Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.			
Passon(s) for noncompliance (check all applica	ble)		
☐ Impact on public health (Compliance component #1	1) – Imminent threat to publi	c health and safety	
Tank integrity (Compliance component #2) - Failing	g to protect groundwater		
☐ Other Compliance Conditions (Compliance compor	nent #3) – Imminent threat t	o public health and safety	
Compliance Conditions (Compliance compo	nent #3) – Failing to protect	groundwater	
Compliance Conditions (Compliance compo	nent #3) – Failing to protect	groundwater	
☐ Other Compliance Conditions (Compliance compor ☐ System not abandoned according to Minn. R. 7080	nent #3) – Failing to protect 0.2500 (Compliance compor ing to protect groundwater	groundwater nent #3) – Failing to protect groundwater	
☐ Other Compliance Conditions (Compliance compor ☐ System not abandoned according to Minn. R. 7080	nent #3) – Failing to protect 0.2500 (Compliance compor ing to protect groundwater	groundwater nent #3) – Failing to protect groundwater	
 ☐ Other Compliance Conditions (Compliance comport ☐ System not abandoned according to Minn. R. 7080 ☐ Soil separation (Compliance component #5) – Faili ☐ Operating permit/monitoring plan requirements (Compliance component #5) 	nent #3) – Failing to protect 0.2500 (Compliance compor ing to protect groundwater	groundwater nent #3) – Failing to protect groundwater	
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□ Other Compliance Conditions (Compliance componed □ System not abandoned according to Minn. R. 7080 □ Soil separation (Compliance component #5) − Faili □ Operating permit/monitoring plan requirements (Comments or recommendations Comments or recommendations 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 trusted for the purpose of processing this form. Business name: Timber Lakes Septic Service Inspector signature: Tim Woodrow (This document has been electronically septically se	nent #3) — Failing to protect 0.2500 (Compliance comporing to protect groundwater ompliance component #4) — and to determine the compliance nown conditions during system and correct, to the best of resigned) Hocumentation (musting signed)	e status of this system. No determination of a construction, possible abuse of the system, my knowledge, and that this information can b Certification number: C7644 License number: L455 Phone: 218-927-617	
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ess Name: Timber Lakes Septic Service	е		Date: <u>4/27/2022</u>
npact on public health – Co	ompliance comp	oonent #1 of 5	
Compliance criteria:		Attached supporting d	ocumentation:
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 an			
Describe verification methods and	results:		
•			
	component #2	of 5	
ank integrity – Compliance	component #2	of 5 Attached supporting d	locumentation:
Compliance criteria: System consists of a seepage pit,	component #2		
ank integrity — Compliance Compliance criteria:		Attached supporting d	by inspector
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their		Attached supporting d ☐ Empty tank(s) viewed b	business:
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes* ☑ No	Attached supporting d ☐ Empty tank(s) viewed b Name of maintenance	business:
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 of Empty tank(s) viewed to Name of maintenance License number of maintenance	by inspector business: ntenance business:
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 of Empty tank(s) viewed by Name of maintenance License number of maintenance:	by inspector business: ntenance business:
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 ☐ Yes* ☒ No	Attached supporting of Empty tank(s) viewed by Name of maintenance License number of maintenance: Date of maintenance: Date of maintenance (mm/dd/yyyy):	business: Intenance busine
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:	☐ Yes* ☒ No ☐ Yes* ☒ No ☐ Yes* ☒ No	Attached supporting of Empty tank(s) viewed by Name of maintenance License number of maintenance: Existing tank integrity at Date of maintenance (mm/dd/yyyy): (See form instructions Minn. R. 7082.0700 su	business: Intenance busine

https://www.pca.state.mn.us

wq-wwists4-31b • 4/28/2021

Property Address: 31859 443rd Lane, Palisade, MN 56469	D 1 - 4/07/0000
Business Name: Timber Lakes Septic Service	Date: 4/27/2022
3. Other compliance conditions – Compliance component #3 of 5	
3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsec	cured?
 ☐ 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.	
Yes to 3a or 3b - System is an imminent timeat to pushe whether an arrangement of the system is non-protective of ground water for other conditions as determined by inspector?	☐ Yes ☒ No
3c. System is non-protective of ground water for other conditions as 2500?	☐ Yes* ⊠ No
3d. System not abandoned in accordance with Minn. R. 7080.2500?	
*Yes to 3c or 3d - System is failing to protect groundwater.	
Describe verification methods and results:	
Attached supporting documentation: Not applicable	
Attached supporting documentation in the first	
	CE STAN CONTRACTOR
	of 5 🛭 Not applicable
4. Operating permit and nitrogen BMP* – Compliance component #4 c	of 5 ⊠ Not applicable If "yes", A below is required
4. Operating permit and nitrogen BMP* – Compliance component #4 o	If "yes", A below is required
4. Operating permit and nitrogen BMP* – Compliance component #4 or Is the system operated under an Operating Permit?	If "yes", A below is required
4. Operating permit and nitrogen BMP* — Compliance component #4 of the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? BMP = Best Management Practice(s) specified in the system design	If "yes", A below is required If "yes", B below is required
4. Operating permit and nitrogen BMP* — Compliance component #4 of the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? 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.	If "yes", A below is required If "yes", B below is required
4. Operating permit and nitrogen BMP* — Compliance component #4 of Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? 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 Compliance criteria:	If "yes", A below is required If "yes", B below is required
4. Operating permit and nitrogen BMP* — Compliance component #4 of the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? 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?	If "yes", A below is required If "yes", B below is required
4. Operating permit and nitrogen BMP* — Compliance component #4 of the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? 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	If "yes", A below is required If "yes", B below is required
4. Operating permit and nitrogen BMP* — Compliance component #4 of the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design?	If "yes", A below is required If "yes", B below is required
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4. Operating permit and nitrogen BMP* — Compliance component #4 of the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design?	If "yes", A below is required If "yes", B below is required
4. Operating permit and nitrogen BMP* — Compliance component #4 of the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design?	If "yes", A below is required If "yes", B below is required
4. Operating permit and nitrogen BMP* — Compliance component #4 of the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design?	If "yes", A below is required If "yes", B below is required
4. Operating permit and nitrogen BMP* — Compliance component #4 of the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design?	If "yes", A below is required If "yes", B below is required
4. Operating permit and nitrogen BMP* — Compliance component #4 of the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design?	If "yes", A below is required If "yes", B below is required
4. Operating permit and nitrogen BMP* — Compliance component #4 of the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design?	If "yes", A below is required If "yes", B below is required
4. Operating permit and nitrogen BMP* — Compliance component #4 of the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design?	If "yes", A below is required If "yes", B below is required

siness Name: Timber L	_akes Septic Service				Date: 4/27	12022	
Soil separation -	- Compliance com	npone	nt #5 of	5			
Date of installation	4/26/2001 (mm/dd/yyyy)	☐ Unkn					
Shoreland/Wellhead p	,	⊠ Yes	□No	Attached supporting document		enort	
beverage lodging?					Soil observation logs completed for the report Fwo previous verifications of required vertical separati		
Compliance criteria	(select one):					rtical separati	
5a. For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead	☐ Yes ☐ I	☐ No*		eni area)			
Protection Area or r beverage or lodging	not serving a food,						
Drainfield has at lea separation distance saturated soil or be	ast a two-foot vertical from periodically drock	2					
	⊠ Yes □ N	□ No*	Indicate depths or elevation	ıs			
April 1, 1996, or late	April 1, 1996, or later or for non- performance systems located in Shoreland			A. Bottom of distribution media			
or Wellhead Protect	tion Areas or serving a			B. Periodically saturated soil/be	edrock		
	lodging establishment:			C. System separation			
Drainfield has a thr separation distance	ee-foot vertical from periodically		D. Required compliance separa	ation*			
saturated soil or be	edrock.*			*May be reduced up to 15 perc Ordinance.	ent if allow	ed by Local	
systems built unde Type IV or V syste Rules 7080. 2350 (Intermediate Insp 2.500 gallons per d	ms built under 2008		□ No*				
Drainfield meets th	ne designed vertical e from periodically		3				

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.

SKETCH SHEET AND SOIL BORING LOG

INSPECTOR: Tim Woodrow SITE ADDRESS: 31859 443rd Lane, Palisade, MN 56469 PID#: 08-0-013508 DATE: 4/27/2022 Equipment: NA
Elevation of Limiting Layer: NA Weather: Sunny & Clear Vegetation: Mowed Grass

North

1-150 gul - 10-1-1

) Who

MINNESOTA POLLUTION CONTROL AGENCY

Sewage tank integrity assessment form

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

Subsurface Sewage Treatment Systems (SSTS) 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: 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. 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 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 (wg-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(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/Representative Allan Palmer		
Property address: 31859 443rd Lane, Palisade, MN 56469)	00.0.042500
Local Regulatory Authority: Altkin County	Parcel ID:	08-0-013508
System status		1
System status on date (mm/dd/yyyy): 4/27/2022		
□ Certificate of sewage tank compliance	☐ Notice of sewage to	ank non-compliance
Com	pliance criteria:	
The SSTS has a seepage pit, cesspool, drywell, leaching proundwater."	oit, or other pit - "Failure to Protect	☐ Yes* ☒ No
The SSTS has a sewage tank that leaks below the designe Groundwater. "	ed operating depth - "Failure to Protect	☐ Yes* ☒ No
The SSTS presents a threat to public safety by reason of sor weak) maintenance hole cover(s) or lids or any other un Public Health or Safety. "	structurally unsound (damaged, cracked, nsafe condition - " Imminent Threat to	☐ Yes* ⊠ No
		ce
Any "yes" answer above i	indicates sewage tank non-complian	00.
Any "yes" answer above in Company information Company name: Timber Lakes Septic Service Inc	Designated Certified Individual Print name: Dan Swanson	
Company information Company name: Timber Lakes Septic Service Inc Business license number: L455	Print name: Dan Swanson Certification number: C6023	dual (DCI) information
Company information Company name: Timber Lakes Septic Service Inc Business license number: L455 I personally conducted the work described above as a Demaintenance, installation, or service provider Business. I personally of each sewage tank in this SSTS.	Print name: Dan Swanson Certification number: C6023 signated Certified Individual of a Minnesotatorsonally conducted the necessary procedure.	dual (DCI) information -licensed SSTS inspection, ures to assess the compliance
Company information Company name: Timber Lakes Septic Service Inc Business license number: L455 I personally conducted the work described above as a Demaintenance, installation, or service provider Business. I personal provider Business.	Print name: Dan Swanson Certification number: C6023 signated Certified Individual of a Minnesotatorsonally conducted the necessary procedutatements to be true and correct, to the besign this form.	dual (DCI) information -licensed SSTS inspection, ures to assess the compliance