

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 <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>.

Parcel ID# or Sec/Twp/Range: 29-1-427600	Local tracking number:
The state of the s	Reason for Inspection Permit
ocal regulatory authority info: Aitkin Co	
roperty address: 50508 202nd PL. McGregor MN 55760	
wner/representative: Robert Lester	Owner's phone: 218-357-2264
trief system description: Gravity Flow from trailer house to 100 18" rock under pipe Installed as 450 ( system status	00 gal. septic tank, gravity flow to 2 trenches, 42' ft long, 3 ft wide with GPD at .83 soil sizing (3 bedroom)
ystem status on date (mm/dd/yyyy): 9/30/2022	
☑ 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 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, o use discontinued within the time required by 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.
Reason(s) for noncompliance (check all applica	ble)
Impact on public health (Compliance component #1	
☐ Tank integrity (Compliance component #2) - Failing	g to protect groundwater
Other Compliance Conditions (Compliance compor	
☐ Other Compliance Conditions (Compliance compor	nent #3) - Failing to protect groundwater
System not abandoned according to Minn. R. 7080	.2500 (Compliance component #3) – Failing to protect groundwater
☐ Soil separation (Compliance component #5) – Failir	na to protect aroundwater
Goerating permit/monitoring plan requirements (Co	mpliance component #4) - Noncompliant - local ordinance applies
Comments or recommendations	impliance component #4) - Noncompliant - local orginance applies
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Control of the state of the sta	sq ft 246 / 3 ft wide trench = 82 lin ft required (84 ft installed.)
450 GPD x .83= 374 sq ft. 374 x .66 ( 18" rock ) =246 s	
450 GPD x .83= 374 sq ft. 374 x .66 ( 18" rock ) =246 s  ertification hereby certify that all the necessary information has been gathered ture system performance has been nor can be made due to unknown.	sq ft 246 / 3 ft wide trench = 82 lin ft required (84 ft installed.)  It to determine the compliance status of this system. No determination of own conditions during system construction, possible abuse of the system,
ertification  ereby certify that all the necessary information has been gathered ture system performance has been nor can be made due to unknown adequate maintenance, or future water usage.  y typing my name below, I certify the above statements to be true.	d to determine the compliance status of this system. No determination of own conditions during system construction, possible abuse of the system,
ertification  ereby certify that all the necessary information has been gathered ture system performance has been nor can be made due to unknown adequate maintenance, or future water usage.  y typing my name below, I certify the above statements to be true and for the purpose of processing this form.	I to determine the compliance status of this system. No determination of own conditions during system construction, possible abuse of the system, e and correct, to the best of my knowledge, and that this information can be
ertification  nereby certify that all the necessary information has been gathered ture system performance has been nor can be made due to unknowledged and performance, or future water usage.  In typing my name below, I certify the above statements to be true sed for the purpose of processing this form.  Usiness name: Brummer Septic LLC.	I to determine the compliance status of this system. No determination of own conditions during system construction, possible abuse of the system, e and correct, to the best of my knowledge, and that this information can be
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ertification  mereby certify that all the necessary information has been gathered ture system performance has been nor can be made due to unknowadequate maintenance, or future water usage.  y typing my name below, I certify the above statements to be true sed for the purpose of processing this form.  usiness name: Brummer Septic LLC.  spector signature:  (This documnity has been electronically signature)	It to determine the compliance status of this system. No determination of own conditions during system construction, possible abuse of the system, e and correct, to the best of my knowledge, and that this information can be Certification number: C- 3589 License number: L-1347 Gned)
Lertification  hereby certify that all the necessary information has been gathered uture system performance has been nor can be made due to unknowned uture maintenance, or future water usage.  By typing my name below, I certify the above statements to be true used for the purpose of processing this form.  Business name: Brummer Septic LLC.  Inspector signature:	It to determine the compliance status of this system. No determination of own conditions during system construction, possible abuse of the system, e and correct, to the best of my knowledge, and that this information can beCertification number: C- 3589License number: L-1347

System discharges sewage to the ground surface ☐ Yes* ☒ No ☐ Ot	ched supporting documentation:
System discharges sewage to the ground surface  System discharges sewage to drain tile or surface waters.  System causes sewage backup into Yes* No dwelling or establishment.  Any "yes" answer above indicates the system is an imminent threat to public health and safety.	ther:
System discharges sewage to the ground surface  No  System discharges sewage to drain tile or surface waters.  System causes sewage backup into dwelling or establishment.  Any "yes" answer above indicates the system is an imminent threat to public health and safety.	ther:
System discharges sewage to drain tile or surface waters.  System causes sewage backup into dwelling or establishment.  Any "yes" answer above indicates the system is an imminent threat to public health and safety.	or applicable
dwelling or establishment.  See Any "yes" answer above indicates the system is an imminent threat to public health and safety.	
imminent threat to public health and safety.	
Describe verification methods and results:	
X Checked Drainfield / Mound Area For surfacingX_ Checked Drainfield / Mound Area for Seepage	
나는 그는 그는 집에 나는 있어요? 그는 일이 하는 사람이 하고 있어요? 그리고 있다고 그렇게 그렇게 그렇게 되었다면 모든 그는 그를 모든 그래요? 그리고 그리고 있다고 그리고 있다.	
X Checked For Ponding in Existing Inspection Pipes	
System disch	
ing or stude	
System	
A. Alver	
<b>T-1</b> :	
Tank integrity – Compliance component #2 of 5	
Compliance criteria: Attac	hed supporting documentation:
System consists of a seepage pit, ☐ Yes* ☒ No ☐ Fm	npty tank(s) viewed by inspector
cesspool, drywell, leaching pit,	
Canada III III III III III III III III III	me of maintenance business:
designed operating depth?	ense number of maintenance business:
	te of maintenance:
Series S	sting tank integrity assessment (Attach)
	te of maintenance 9/30/2022 (must be within three years)
Any "yes" answer above indicates the system (Se is failing to protect groundwater. Min	ee form instructions to ensure assessment complies wit nn. R. 7082.0700 subp. 4 B (1))
이 그들은 그들은 그들은 그는 그는 그는 그들이 그릇이 그렇게 하는데 하면 하면 이 사람이 되었다. 그들은 이 가장 아니는 이 사람들이 아니는 것이 없다면 그렇게 하는데 없다.	nk is Noncompliant (pumping not necessary – explain below
	ner:
Oth	
Describe verification methods and results:  Tank was inspected through manhole	

THE PROPERTY OF THE PROPERTY O

Property Address: 50508 202nd PL. McGregor MN 55760	
Business Name: Brummer Septic LLC.	Date: 9/30/2022
3 Other	
<ol><li>Other compliance conditions – Compliance component #3 of</li></ol>	
3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.	c.), or unsecured?
Yes* No Unknown	
3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health are safety. *Yes to 3a or 3b - System is an imminent threat to public health and safety.	th or safety? ☐ Yes* ☒ No ☐ Unknown
3c. System is non-protective of ground water for other conditions as determined by insp	noctor?
3d. System not abandoned in accordance with Minn. R. 7080.2500?	Dector? Yes* No
Rusiness Yes to 3c or 3d - System is failing to protect groundwater.	
Describe verification methods and results:	
3d. System no	
75; 60; Addiss=	Hinii da un Leili in le
Attached supporting documentation:   Not applicable	
<ol> <li>Operating permit and nitrogen BMP* — Compliance compone</li> </ol>	nt #4 of 5 🛛 Not applicable
Is the system operated under an Operating Permit?	s 🗆 No If 'yes", A below is required
Is the system required to employ a Nitrogen BMP specified in the system design?	s □ 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 c	ompleted.
Compliance criteria:	
a. Have the operating permit requirements been met?	
b. As the required nitrogen BMP in place and properly functioning?   Yes  No	
Any "no" answer indicates noncompliance.	
Describe verification methods and results:	
estipumine se	
a. Haverer	
b. As the	
Attached supporting documentation:   Operating permit (Attach)	

Business Name: Brummer Septic LLC.		Date:	9/30/2022
Soil separation – Complia	nce component #	5 of 5	
Date of installation 1996 (mm/dd/yyyy)	Unknown		
Shoreland/Wellhead protection/Fo beverage lodging?	od 🛮 Yes 🗀 I		
		⊠ Soil observation logs completed for t	the report
Compliance criteria (select one		Two previous verifications of require	d vertical separatio
5a. For systems built prior to April 1, not located in Shoreland or Wellh	1996, and ☐ Yes ☐ N	o* ☐ Not applicable (No soil treatment are	ea)
Protection Area or not serving a fa beverage or lodging establishmer	ood.	included soils verification 2013	
Drainfield has at least a two-foot of separation distance from periodic saturated soil or bedrock.	vertical	This is the 2nd soils verification on the	nis system.
5b. Non-performance systems built April 1, 1996, or later or for non-	⊠ Yes □ N	o* Indicate depths or elevations	
performance systems located in S	Shoreland	A. Bottom of distribution media	Elv.= 92.2'
or Wellhead Protection Areas or s food, beverage, or lodging establi	serving a	B. Periodically saturated soil/bedrock	Elv.= 88.6'
Drainfield has a three-foot vertica		C. System separation	36"
separation distance from periodic saturated soil or bedrock *	ally	D. Required compliance separation*	36"
saturated soil or bedrock.*		*May be reduced up to 15 percent if all Ordinance.	lowed by Local
5c. "Experimental", "Other", or "Perfor systems built under pre-2008 Rule Type W or V systems built under Rules 7080. 2350 or 7080.2400 (Intermediate Inspector License re 2,500 gallons per day; Advanced License required > 2,500 gallons	es; 2008 equired ≤ Inspector	•	
Drainfield meets the designed ver separation distance from periodica saturated soil or bedrock.	tical ally		
*Any "no" answer above indica failing to protect groundwater.	tes the system is		
Describe verification methods and	results:		
Conducted soil boring #1 near lowes			

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.

ROF



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

## Sewage tank integrity assessment form

#### 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 (wq-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 Robert Lester		
Property address: 50508 202 <sup>nd</sup> Place McGregor MN 55760		
Local Regulatory Authority: Aitkin County		29-1-427600
System status		
System status on date (mm/dd/yyyy): 9/30/2022		
□ Certificate of sewage tank compliance	☐ Notice of sewage tan	k non-compliance
Discontraction Comp	liance criteria:	
The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - "Failure to Protect Groundwater."		☐ Yes* ⊠ No
The SSTS has a sewage tank that leaks below the designed operating depth - "Failure to Protect Groundwater."		☐ Yes* ⊠ No
The SSTS presents a threat to public safety by reason of struor weak) maintenance hole cover(s) or lids or any other unsa Public Health or Safety."	icturally unsound (damaged, cracked, fe condition - "Imminent Threat to	☐ Yes* ⊠ No
Any "yes" answer above inc	licates sewage tank non-compliance	•
mpany information Designated Certified Individual (DCI) informat		al (DCI) information
	5.4.1	
Company name: Timber Lakes Septic Service Inc	Print name: Dan Swanson	
	Certification number: C6023	
Company name: Timber Lakes Septic Service Inc Business license number: L455  I personally conducted the work described above as a Designation of Service provider Business. I personally of each sewage tank in this SSTS.	Certification number: C6023	ensed SSTS inspection, s to assess the complianc
Business license number: L455 Lipersonally conducted the work described above as a Designation of the provider Business. Lipersonal period of the provider Business. Lipersonal period of the provider Business. Lipersonal period of the provider Business.	Certification number: C6023 nated Certified Individual of a Minnesota-lice sonally conducted the necessary procedure ements to be true and correct, to the best of	s to assess the complianc
Business license number: L455 I personally conducted the work described above as a Designal maintenance, installation, or service provider Business. I personal service of each sewage tank in this SSTS.  By typing/signing my name below, I certify the above state.	Certification number: C6023 nated Certified Individual of a Minnesota-lice sonally conducted the necessary procedure ements to be true and correct, to the best of its form.	s to assess the complianc

#### { Inspection Drawing }

Property Owner:

Robert Lester

Date:

9/30/2022

Designer's Initials:

JB

Parcel ID. Number:

29-1-427600

Address:

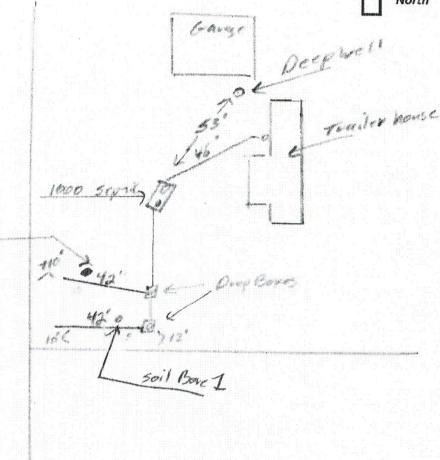
50508 202nd Pl. McGregor MN 55760

Aitkin Co.

One Inch = 40ft."

Drainfield As/built was confirmed and used for parts of this inspection





Elv. Of ground at Septic Tank = 99.8' Inlet Septic Tank Elv. = 97.8' Outlet Septic Tank Elv. = 97.5'

Emil Boxe 2

Estimated Lake Elv.= 56'

Grade at Clean-out near Trailer house Elv.= 97.3'
Lowest Trench Center of Treck Grade Elv.= 94.5'
Elv. Of bottom of rock bed Lowest Trench Elv. = 92.2"

4'' of Cover + 24" rock = 2.3 ft.

Bench Mark Elv. =100 ' Top of Deep Well Cap Ground at well Elv. = 98.6'

Top of Ground Soil Boring Elv. = 94.8'

Elv. = 88.6

SB-1 Lowest Trench SB-2 Highest trench

SB - 2

Depth (in.) Texture Color 0-5 Top Soil 10YR3/2 5 - 19 Med Sand 10YR4/4 Med Sand 19 - 28 10YR5/4 28 - 43 Med Sand 7.5YR4/4 Med Sand 43 - 74 10YR5/4 74 - 80 Med Sand 10YR6/4

7.5YR5/6

Mottles

Depth (in.)	Texture	Color
0 - 9	Top Soil	10YR3/2
9 - 17	Med Sand	10YR4/3
17 - 36	Med Sand	10YR5/4
36 - 40	Med Sand	7.5YR4/4
40 - 76	Med Sand	10YR5/4
 76	Mottles	7.5YR5/6
78 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Elv.= 90.4'

Top of Ground

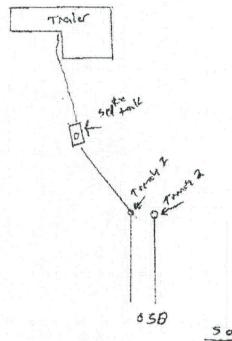
Councial websits.

SB - 1

74 - 80

Elv.= 96.7'

Bernadette Lester 29-1-427660 50508 202 dlace



5 or 1 bosting o to 4" Topsoil 4" to 60 sand 7.5 YR % 60 to 64" Sma 7.5th 5/4 raded being

Elevation 5 Bottom rock 7mh1=89" Botton rock Tracks 2: 98" Ground roll borney : 70" ended boshy = 134" meets 36" separation

> Mole & Riter 母 1672

Page 40+5

# INDIVIDUAL SEWAGE TREATMENT SYSTEM INSPECTION FORM . AITKIN COUNTY, MINNESOTA

Project Address JaT UD 4 has south to Tame	Parcel Number 29-1-42760
Lortion 2-49-23	Installer Eddy
Zip Code	New X Repair
	DIST. or DROP BOX & TYPE
ETBACKS:	
ulidings to tank(s) 30	TRENCHES, BEDS, OR GRAVELLESS LEACHFIELD:
uildings to drainfield 70 '	Trench length 34'
Vell(s) 50' or (60)	Trench bottom width 3 t
ake/Creek/Wetland Rig Landy	Trench bottom level 465
EPTIC TANKS:	Trench spacing 8
quid capacity 1000	Drainfield rock below pipe 18 11
anufacturer & type Soc. ype of baffle Plastic	Size of gravelless pipe
spection pipes	Depth of backfill 1211
anholes access 34 (1)	Absorption area: square feet 381
o. & height of risers None	lineal feet 94
OUNDS:	NA TAZINA
ercent slope	PUMPs:
pslope dike width	Tank capacity
ownslope dlke width	Tank manufacturer & type
destope dike width	No. & height of risers
rainfield rock below pipe	Pump manufacturer & model#Horsepower & GPM
epth of sand below rock	Feet of head
rforation size & spacing	Cycles per day
pe size & spacing	Gallons per cycle
mensions of rock bed	Size of discharge line
mensions of sand base	ype of electrical hookup
nal cover	Type & location of alarm
RAWING OF SYSTEM	Cycle counter (commercial)
Big Sandy	
well	
The pea.	
/ 18.3	
1 /9-/	그 사는 이번 살을 보면 가는 그 마이 이번 사람들이 되었다. 그는 그를 보는 그를 받는 것이 없는 것이다.
1 2/	
1 27	
8 1000	
1 27	
3 7 1600	
1 27	
42 43 1600	
3 7 1600	
42 43 1600	
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42' 43' a pector's Comments	
42' 43' a pector's Comments	
42' 43' Conments	



## **Detailed Parcel Report**

Parcel Number: 29-1-427600

#### **General Information**

Trailer

middle lot.

Township/City:

SHAMROCK TWP

Taxpayer Name:

LESTER, ROBERT & KIM TRUSTEES

Taxpayer Address:

20139 CANBERRA CT

**FARMINGTON MN 55024** 

**Property Address:** 

50508 202nd PI

Township:

49

Lake Number:

1906200

Range:

23

Lake Name:

**BIG SANDY - BACK LOT** 

Section:

8

Acres:

0.00

**Green Acres:** 

No

School District:

4.00

Plat:

LAKE VIEW CLARK AND REITERS PLAT SANDY LAKE

Brief Legal Description:

**LOT 48** 

#### Tax Information

Class Code 1:

Non-Comm Seasonal Residential Recreational

Class Code 2:

Unclassified

Class Code 3:

Unclassified

Homestead:

Non Homestead

Assessment Year:

2022

<b>Estimated</b>	Land Value:
William Control of the Control of	

**Estimated Total Value:** 

\$25,000.00

Estimated Building Value:

\$38,100.00

Prior Year Total Taxable Value:

\$46,700.00

Current Year Net Tax (Specials Not Included):

\$380.00

**Total Special Assessments:** 

\$0.00

\*\*Current Year Balance Not Including Penalty:

\$190.00

**Delinquent Taxes:** 

Estimated Total

Estimated Milds

No

<sup>\*</sup> For more information on delinquent taxes, please call the Aitkin County Treasurer's

Office at 218-927-7325.

<sup>\*\*</sup> Balance Due on a parcel does not include late payment penalties.