



Septic System Compliance Inspection – Existing System

Date: 10/27/2022

Property Owner: Lyle and Julia Rust

Ordered By: Lyle – 651-592-9262

Address: 16628 Hwy 18 Finlayson MN 55735

Property ID#: 38-0-019300

Inspector: Tim Woodrow

A compliance inspection was performed at the above location. Previous Soil Evaluations were used to determine the level of seasonal saturated soil. The Soil Treatment Area (Drain field) was also inspected to ensure there was no ponding or leaking. The septic 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**
Soils are compliant
- **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

218-927-6175

1037 1st St. NW Aitkin, MN 56431

WWW.GOBLESSEWERSERVICE.COM



DISCLAIMER:

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

We recommend this system to be serviced and evaluated at least every 36 months by a septic professional.

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.

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>.

Property information

Local tracking number: _____

Parcel ID# or Sec/Twp/Range: 38-0-019300 Reason for Inspection Permit

Local regulatory authority info: Aitkin County

Property address: 16628 Hwy 18 Finlayson MN 55735

Owner/representative: Lyle and Julia Rust Owner's phone: 763-221-5048

Brief system description: 1000/500 Septic and Lift to a 10x25 Mound

System status

System status on date (mm/dd/yyyy): 10/27/2022

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.)

Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by 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 applicable)

- Impact on public health (Compliance component #1) – *Imminent threat to public health and safety*
- Tank integrity (Compliance component #2) – *Failing to protect groundwater*
- Other Compliance Conditions (Compliance component #3) – *Imminent threat to public health and safety*
- Other Compliance Conditions (Compliance component #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) – *Failing to protect groundwater*
- Operating permit/monitoring plan requirements (Compliance component #4) – *Noncompliant - local ordinance applies*

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.

By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Business name: Timber Lakes Septic Service Certification number: C7644

Inspector signature: Tim Woodrow License number: L455

(This document has been electronically signed) Phone: 218-927-6175

Necessary or locally required supporting documentation (must be attached)

- Soil observation logs
- System/As-Built
- Locally required forms
- Tank Integrity Assessment
- Operating Permit
- Other information (list): _____

Property Address: 16628 Hwy 18 Finlayson MN 55735

Business Name: Timber Lakes Septic Service

Date: 10/27/2022

1. Impact on public health – Compliance component #1 of 5

Compliance criteria:

System discharges sewage to the ground surface Yes* No

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 the system is an imminent threat to public health and safety.

Describe verification methods and results:

Attached supporting documentation:

Other: _____

Not applicable

2. Tank integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Yes* No

Sewage tank(s) leak below their designed operating depth? Yes* No

If yes, which sewage tank(s) leaks:

Any "yes" answer above indicates the system is failing to protect groundwater.

Describe verification methods and results:

Attached supporting documentation:

Empty tank(s) viewed by inspector

Name of maintenance business: _____

License number of maintenance business: _____

Date of maintenance: _____

Existing tank integrity assessment (Attach)

Date of maintenance 10/27/2022
(mm/dd/yyyy): (must be within three years)

(See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))

Tank is Noncompliant (pumping not necessary – explain below)

Other: _____

3. Other compliance conditions – Compliance component #3 of 5

3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured?

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.

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:

Attached supporting documentation: Not applicable

4. Operating permit and nitrogen BMP* – Compliance component #4 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 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 completed.

Compliance criteria:

a. 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.

Describe verification methods and results:

Attached supporting documentation: Operating permit (Attach)

5. Soil separation – Compliance component #5 of 5

Date of installation 7/1/2010 Unknown
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging? Yes No

Compliance criteria (select one):

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*
 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-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.*

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*
 Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

Attached supporting documentation:

- Soil observation logs completed for the report
- Two previous verifications of required vertical separation
- Not applicable (No soil treatment area)
- _____

Indicate depths or elevations

A. Bottom of distribution media	
B. Periodically saturated soil/bedrock	
C. System separation	
D. Required compliance separation*	

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

**Any "no" answer above indicates the system is failing to protect groundwater.*

Describe verification methods and results:

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.

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 information

Owner/Representative Lyle and Julia Rust

Property address: 16628 HWY 18 Finlayson MN 55735

Local Regulatory Authority: Aitkin County

Parcel ID: 38-0-019300

System status

System status on date (mm/dd/yyyy): 10/27/2022

Certificate of sewage tank compliance

Notice of sewage tank non-compliance

Compliance criteria:

The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - " Failure to Protect Groundwater. "	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
The SSTS has a sewage tank that leaks below the designed operating depth - " Failure to Protect Groundwater. "	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
The SSTS presents a threat to public safety by reason of structurally unsound (damaged, cracked, or weak) maintenance hole cover(s) or lids or any other unsafe condition - " Imminent Threat to Public Health or Safety. "	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No

Any "yes" answer above indicates sewage tank non-compliance.

Company information

Company name: Timber Lakes Septic Service Inc

Business license number: L455

Designated Certified Individual (DCI) information

Print name: Dan Swanson

Certification number: C6023

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS inspection, maintenance, installation, or service provider Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Designated Certified Individual's signature: Dan Swanson

Date (mm/dd/yyyy): 10/27/2022

(This document has been electronically signed.)

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

Township Williams Date of Inspection 7/1/10 Permit Number 37570

Owner I & J Rust Parcel Number 38-0-019300 House

Project Address NE of SW Installer 38-0-019000 Septic
FIM Kinney

City _____ Zip Code _____ New Repair _____

SETBACKS:

Buildings to tank(s) ~~NA~~ No House
Buildings to drainfield _____
Well(s) 50' or 100' NA
Lake/Creek/Wetland _____

SEPTIC TANKS:

Liquid capacity 1500 Combo
Manufacturer & type CamStone - pre-cast
Type of baffle plastic w/ filter
Inspection pipes 1-6"
Manholes access 2
No. & height of risers 1 1/2'

DIST. or DROP BOX & TYPE _____

TRENCHES, BEDS, OR GRAVELLESS LEACHFIELD:

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

MOUNDS:

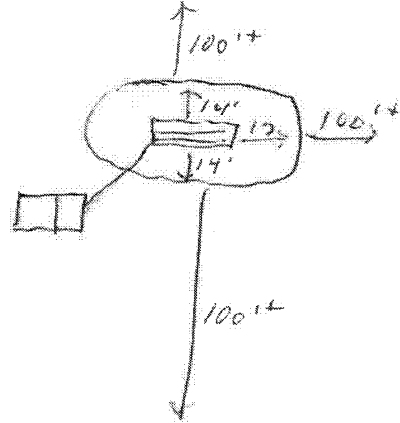
Percent slope 0
Upslope dike width 12'
Downslope dike width 14'
Sideslope dike width 14'
Drainfield rock below pipe 9'
Depth of sand below rock 1 1/2'
Perforation size & spacing 1/4" - 3"
Pipe size & spacing 1 1/2" - 3 laterals
Dimensions of rock bed 20 x 25
Dimensions of sand base 38 x 49
Final cover 16" in center 12" on Rock Edge

PUMPS:

Tank capacity 500
Tank manufacturer & type Cam
No. & height of risers 1 1/2'
Pump manufacturer & model # Could not recall
Horsepower & GPM 1/2 - 50
Feet of head 14'
Cycles per day 5
Gallons per cycle 100
Size of discharge line 2"
Type of electrical hookup post
Type & location of alarm Electric outdoor
Cycle counter (commercial) _____

DRAWING OF SYSTEM
(Include Soils)

40 AC's
6" Topsoil
6" Sandy loam
20 Sandy loam
20
No Well



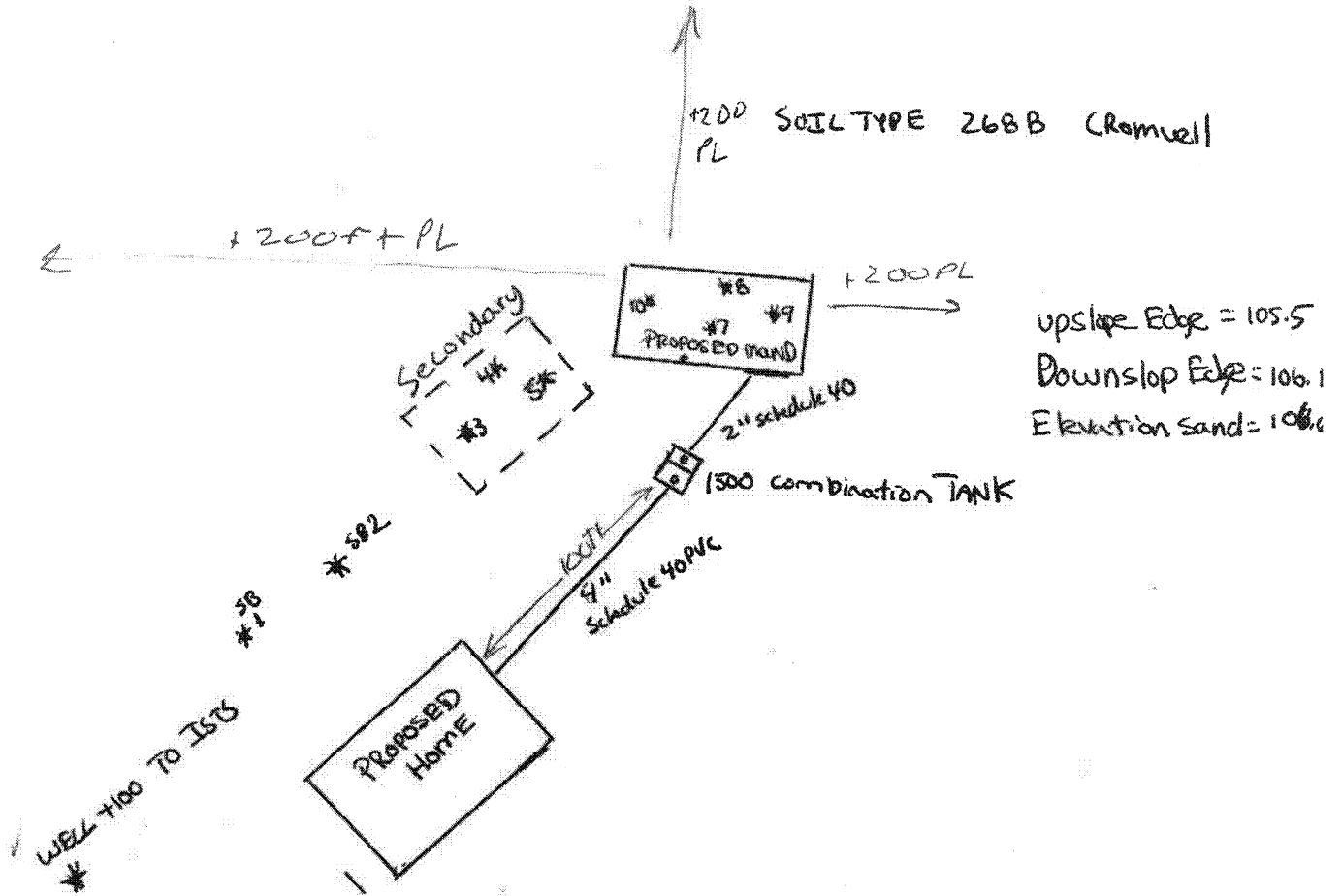
Inspector's Comments _____

Corrective Action Required _____

Inspector's Signature [Signature] Installer's Signature _____

White-County Yellow-Applicant Pink-Installer

Lyle & Julia Rust
16628 MN Hwy 18
Finlayson, MN 55735



* Benchmark = Corner of Apron Slab
EL. 100.00

Not Using
SOIL BORING LOG #1

of soil observation: Exposed Pit: _____ Percolation test: _____ Other (_____)

Verification: I certify that the soils information contained in this design represents my actual findings at the permit site and are representative of the soils present in the proposed soil treatment area.

Operator's Signature: [Signature] License Number: 1608 Date: 4/29/10

Verification: I certify that I personally visited the permit site and observed the soils at the proposed soil treatment area. I hereby certify that the soils information contained in this report represents a true and accurate reporting of the soils present in the proposed soil treatment area.

Reporting Staff Signature: _____ Registration Number: _____ Date: _____

Depth (in)	Texture	Matrix Color (s)	Mottle Color(s)	Kind(s)	Saturated Soil Indicator (s) (see back)	Structure			Consistence
						Shape	Grade	Consistence	
0-8	Sandy Loam	7.5pr 4/3		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
8-18	Silt	7.5pr 4/4	2.5yr 4/6 7.5yr 6/2	Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
18	sand	2.5yr 4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	

16628 MN Hwy 18
Finlayson MN 55735

Notes:

Not Using
SOIL BORING LOG #72

Soil observation: Exposed Pit: _____ Percolation test _____ Other (_____)

Verification: I certify that the soils information contained in this design represents my actual findings at the permit site and are representative of the soils present in the proposed soil treatment area.

Operator's Signature: [Signature] License Number 1608 Date 4/29/10

Verification: I certify that I personally visited the permit site and observed the soils at the proposed soil treatment area. I hereby certify that the soils information contained in this report represents a true and accurate reporting of the soils present in the proposed soil treatment area.

Reporting Staff Signature _____ Registration Number _____ Date _____

Depth (in)	Texture	Matrix Color (s)	Mottle Color(s)	Kind(s)	Saturated Soil Indicator (s) (see back)	Structure			Consistence
						Shape	Grade	Consistence	
0-8	Loam	7.5yr, 4/3		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
8-20	Silt	7.5yr, 4/4	2.5yr 5/6 7.5yr 6/1	Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	

16628 MN Hwy 18
Finlayson MN 55735

Notes:

Secondary site
SOIL BORING LOG 3

of soil observation: Exposed Pit: _____ Percolation test: _____ Other: _____

certification: I certify that the soils information contained in this design represents my actual findings at the permit site and are representative of the soils present in the proposed soil treatment area.

Operator's Signature: Jim King License Number: 1608 Date: 4/20/10

certification: I certify that I personally visited the permit site and observed the soils at the proposed soil treatment area. I hereby certify that the soils information contained in this report represents a true and accurate reporting of the soils present in the proposed soil treatment area.

Reporting Staff Signature: _____ Registration Number: _____ Date: _____

Depth (in)	Texture	Matrix Color (s)	Mottle Color(s)	Kind(s)	Saturated Soil Indicator (s) (see back)	Structure			Consistence
						Shape	Grade		
0-12	Loamy Fine sand	7.5yr 4/3		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
12-15	Loamy Fine sand	7.5yr 4/4	2.5yr 4/3 7.5yr 5/1	Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
15-32	sand	2.5yr 4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
32	Silt loam	5yr 4/4	2.5yr 4/4 7.5yr 6/2	Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	

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Finlayson MN 55735

notes:

**Secondary Site
SOIL BORING LOG**

of soil observation: Exposed Pit: _____ Percolation test: _____ Other (_____)

certification: I certify that the soils information contained in this design represents my actual findings at the permit site and are representative of the soils present in the proposed soil vent area.

Operator's Signature: [Signature] License Number: 1608 Date: _____

Verification: I certify that I personally visited the permit site and observed the soils at the proposed soil treatment area. I hereby certify that the soils information contained in this report represents a true and accurate reporting of the soils present in the proposed soil treatment area.

Reporting Staff Signature: _____ Registration Number: _____ Date: _____

Depth (in)	Texture	Matrix Color (s)	Mottle Color(s)	Kind(s)	Saturated Soil Indicator (s) (see back)	Structure			Consistence
						Shape	Grade		
0-6	Sandy loam	7.5gr 4/3		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
6-24	loamy sand	7.5gr 4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
24	silt loam	5gr 4/4	2.5gr 4/4 7.5gr 6/2	Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	

16028 MN Hwy 18
Finlayson MN 55735

notes:

Primary site
SOIL BORING LOG # 7

of soil observation: Exposed Pit: _____ Percolation test: _____ Other: _____

certification: I certify that the soils information contained in this design represents my actual findings at the permit site and are representative of the soils present in the proposed soil treatment area.

Operator's Signature: [Signature] License Number: 1608 Date: 4/29/10

Verification: I certify that I personally visited the permit site and observed the soils at the proposed soil treatment area. I hereby certify that the soils information contained in this represents a true and accurate reporting of the soils present in the proposed soil treatment area.

Engineering Staff Signature: _____ Registration Number: _____ Date: _____

Depth (in)	Texture	Matrix Color (s)	Mottle Color(s)	Kind(s)	Saturated Soil Indicator (s) (see back)	Structure			Consistence
						Shape	Grade	Consistence	
0-8	Sandy loam	7.5Y4/3		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
8-24	Loamy sand fine	7.5Y4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
24-32	Loamy fine sand	7.5Y4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
32	silt loam	5Y4/4	7.5Y6/2 2.5Y4/6	Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	

16028 MW Hwy 18
Finlayson MN 55735

nents:

Primary site
SOIL BORING LOG #8

of soil observation: Exposed Pit: _____ Percolation test: _____ Other: _____

Verification: I certify that the soils information contained in this design represents my actual findings at the permit site and are representative of the soils present in the proposed soil treatment area.

Operator's Signature: [Signature] License Number: 6609 Date: _____

Verification: I certify that I personally visited the permit site and observed the soils at the proposed soil treatment area. I hereby certify that the soils information contained in this report represents a true and accurate reporting of the soils present in the proposed soil treatment area.

Engineering Staff Signature: _____ Registration Number: _____ Date: _____

Depth (ft)	Texture	Matrix Color (s)	Mottle Color(s)	Kind(s)	Saturated Soil Indicator (s) (see back)	Structure			Consistence
						Shape	Grade		
0-6	Sandy loam	7.5y4/3		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
6-25	loamy Fine sand	7.5y4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
25-33	sand	2.5y4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
33	silt	5y4/4	2.5y 7.5y4/2	Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	

1628 MN Hwy 18
Finlayson MN 55735

Notes:

Primary Site
SOIL BORING LOG 10

of soil observation: Exposed Pit: _____ Percolation test: _____ Other (_____)

certification: I certify that the soils information contained in this design represents my actual findings at the permit site and are representative of the soils present in the proposed soil treatment area.

Operator's Signature: *[Signature]* License Number: 1668 Date: _____

certification: I certify that I personally visited the permit site and observed the soils at the proposed soil treatment area. I hereby certify that the soils information contained in this report represents a true and accurate reporting of the soils present in the proposed soil treatment area.

Reporting Staff Signature: _____ Registration Number: _____ Date: _____

Depth (in)	Texture	Matrix Color (s)	Mottle Color(s)	Kind(s)	Saturated Soil Indicator (s) (see back)	Structure			Consistence
						Shape	Grade	Consistence	
0-5	Sandy loam	7.5yr4/3		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
5-18	loamy sand	7.5yr4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
18-22	Fine sand	2.5yr4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
22	silt loam	5/4	2.5yr4/6 7.5yr6/2	Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain	Massive Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	

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Notes: