

# Compliance inspection report form

## Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

**Instructions:** Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached supporting documentation – additional local requirements may also apply. Further information can be found here: <https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf>.

Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance.

### Property information

Parcel ID# or Sec/Twp/Range: 32-1-089100 Local tracking number: \_\_\_\_\_  
Local regulatory authority: Aitkin county P&Z  
Property address: 21645 532<sup>th</sup>. In., McGregor, Mn. 55760  
Owner/representative: Jennifer Marik Owner's phone: \_\_\_\_\_  
Brief system description: Two 1500 gallon holding tanks

### System status

System status on date (mm/dd/yyyy): 5/27/2021

**Compliant – Certificate of compliance\***

*(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.**

**Noncompliant – Notice of noncompliance**

*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.*

*Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.*

#### 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

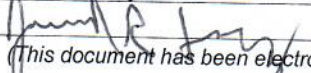
### Certification

*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: Farley Sewer Systems

Certification number: C-4744

Inspector signature:   
*(This document has been electronically signed)*

License number: L-1919

Phone: 218-839-4737

### Necessary or locally required supporting documentation (must be attached)

- Soil observation logs
- Locally required forms
- Tank Integrity Assessment
- Operating Permit
- Other information (list):

soil borig info is included on the map page.

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

### Compliance criteria:

|   |  |
|---|--|
| System discharges sewage to the ground surface              | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No |
| System discharges sewage to drain tile or surface waters.   | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No |
| System causes 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.*

**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? | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No |
| Sewage tank(s) leak below their designed operating depth?                        | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> 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:

- Pumped at time of inspection
- Name of maintenance business: Kangas Ent.
- License number of maintenance business: L-2526
- Date of maintenance: 5/27/2021
- Existing tank integrity assessment (Attach)
- Date of maintenance (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

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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

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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)  \_\_\_\_\_

# FARLEY SEWER SYSTEMS

SEWER DESIGN & INSTALLATION

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