

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: 16-1-098200 20-44-25 Reason for Inspection _____
 Local regulatory authority info: Aitkin County Planning & Zoning
 Property address: 32628-185th Street Isle, Mn. 56342
 Owner/representative: Joshua & Brianne Douglas Owner's phone: 952-412-8088
 Brief system description: 2 Bedroom Mound System with a 24" Sand base and a 1200 gallon septic tank and a 500 gallon pump tank

System status

System status on date (mm/dd/yyyy): May 12, 2023

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 Pump and clean tanks every 2 or 3 years max.

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: Tom O'Neil - O'Neil Sewer & Exc.

Certification number: 3365

Inspector signature: Tom O'Neil

License number: 2132

(This document has been electronically signed)

Phone: 218-927-6070

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: 32628-185th Street Isle, Mn 56342
Business Name: Tom O'Neil

Date: May 12, 2023

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.

Attached supporting documentation:

Other: _____

Not applicable

Describe verification methods and results:
Home Owner said everything works Fine

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.

Attached supporting documentation:

Empty tank(s) viewed by inspector

Name of maintenance business: Timber Lakes

License number of maintenance business: L455

Date of maintenance: May 4, 2023

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: _____

Describe verification methods and results:
Tank was pumped and inspected by Timber Lakes and everything was good

Property Address: 32628 - 185th Street Isle, Mn. 56342
Business Name: Tom O'Neil

Date: May 12, 2023

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:

Everything looked OK

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:

Not a Type 3 system

Attached supporting documentation: Operating permit (Attach)

Property Address: 32628-185th Street Isle, Mn. 56342
 Business Name: Tom O'Neil

Date: May 12, 2023

5. Soil separation – Compliance component #5 of 5

Date of installation 12-4-1998 Unknown
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging? Yes No

Attached supporting documentation:

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

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.*

Indicate depths or elevations

A. Bottom of distribution media	<u>24" Sand base</u>
B. Periodically saturated soil/bedrock	<u>15" min</u>
C. System separation	<u>39"</u>
D. Required compliance separation*	<u>31"</u>

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

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.

Soils from Westerlund, Bartel, & O'Neil

***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.

10:00 - 11:00
12-4-98

INDIVIDUAL SEWAGE TREATMENT SYSTEM INSPECTION FORM

AITKIN COUNTY, MINNESOTA

Township LAKESTIDE Date of Inspection 12-4-98 Permit Number 25077
 Owner EDWARD HANKE Parcel Number 16-1-098200
 Project Address LOT 5 Block 3 WILDHURST Installer WESTERLUND
 City WALKON, MN Zip Code 56386 New Repair

SETBACKS:

Buildings to tank(s) 12'
 Buildings to drainfield 30'
 Well(s) 50' or 100' DEEP SU' BOTH
 Lake/Creek/Wetland N/A

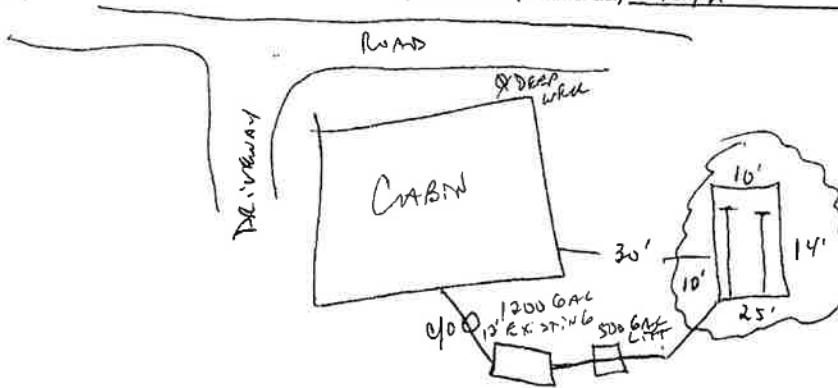
SEPTIC TANKS:

Liquid capacity 1200 GAL EXISTING
 Manufacturer & type SAKE PRE OPEN
 Type of baffle CONCRETE
 Inspection pipes
 Manholes access YES
 No. & height of risers 1 - 6"

MOUNDS:

Percent slope 4%
 Upslope dike width 10'
 Downslope dike width 14'
 Sideslope dike width 10'
 Drainfield rock below pipe 9"
 Depth of sand below rock 24"
 Perforation size & spacing 1/4" 30"
 Pipe size & spacing 1 1/2" 5' CTC
 Dimensions of rock bed 10' X 25'
 Dimensions of sand base 37' X 45'
 Final cover 12-9-98 - TOPSIDE ON

DRAWING OF SYSTEM



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 _____

PUMPS:

Tank capacity 500 GAL LIFT - NEW
 Tank manufacturer & type SAKE PRE CAST
 No. & height of risers 1 - 12" SAKER BN98
 Pump manufacturer & model# ~~SAKE PRE CAST~~ 877-770
 Horsepower & GPM _____
 Feet of head 12.09
 Cycles per day _____
 Gallons per cycle _____
 Size of discharge line 2"
 Type of electrical hookup WATER TIGHT
 Type & location of alarm LEVEL ARM
 Cycle counter (commercial) N/A

Inspector's Comments _____

Corrective Action Required _____

Inspector's Signature Michael Keller

Installer's Signature David Westerlund

Soils From Greg Westerlund's 1998 design

SOILS CHARTS FOR BOTH PROPOSED AND ALTERNATE SITES

1 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
7"	Sandy Clay	10YR 3/1
23"	Clay loam	10YR 5/4
36"	Clay	10YR 6/4

2 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
7"	Sandy clay	10YR 3/1
22"	Clay loam	10YR 5/4
36"	Clay	10YR 6/4

1 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
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2 (ALTERNATE) SOILS DATA

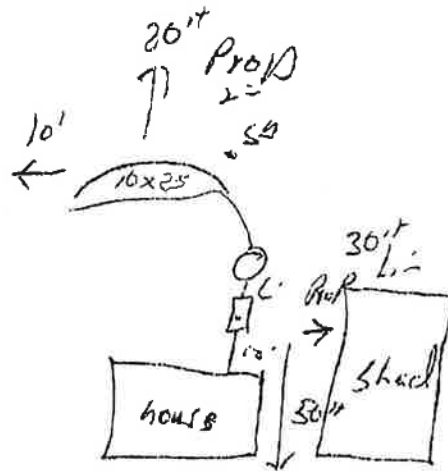
DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
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ADDITIONAL SOIL BORINGS MAY BE REQUIRED

18-1-098200
 Joshua Hanks
 32628 185th Str.
 Isle Minnesota
 56342
 Lot 5 B163
 Wildhurst
 20 44 25

Lakeside Twp
 ↑
 N

SB
 4" Top soil
 | Sandy
 15" 20"
 10% 1/4
 L mottles
 10% 1/2



Bob Bartel
 B.T 2088
 Bob Bartel 12-20-16
 4-4

CS181

O'Neil boring

SOILS CHARTS FOR BOTH PROPOSED AND ALTERNATE SITES

1 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
0-6	Sandy Clay loam	10Yr 7/2
6-16	Sandy Clay loam	10Yr 4/4
16-18	Sandy Clay	7.5Yr 4/4
Slight mottles at 18"		

2 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
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1 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
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2 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
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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 Josh and Bri Douglas
Property address: 32628 185th Street
Local Regulatory Authority: Aitkin County Parcel ID: 16-1-098200

System status

System status on date (mm/dd/yyyy): 5/4/2023

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): 5/4/2023
(This document has been electronically signed.)