Home Owner: JEFF HALLERMANN

Billing Address: 32556 Hwy 200
HILL CITY MN

Directions: _____

Home Phone: 1-320-237-6960

Cell Phone: _____

Work Phone: _____

Date of Pumping: _____

Next Recommended Pump Date: _____

Legal Dis. Or Pin # 49-0-026804

Septic Installer Name, Phone #, Date of Installation:
LANGE

# of Bedrooms: _____

Type of Septic System (Circle One)

Pressure Bed Trench (Mound)

Other: _____

Septic Tank Location Reference to Non-moveable Object:

Type of Septic Tank *(Circle One)*

Block (Precast) Plastic Steel Fiberglass

Septic Tank Volume: 1860 + 1000

Is the Septic Tank Watertight and in Good Structural Condition?

(Yes) No

Tank Baffle: good

Depth to Riser: surface

Effluent Filter: (Yes) No

Cleaned: (Yes) No

Test Pump and Alarm (Good) Needs Repair

Time Dosing or (On Demand)

Pipe Settling or Movement: _____

Comments: GET EMAIL ADD.
HALLERMANNJeff@GMAIL.Com

Drivers name: Shawn & Chip

Homeowner's Signature _____

RONALD MYERS

DOING BUSINESS AS

EXTRACTOR

32731 Woodland Park Road
Grand Rapids MN, 55744
Phone # 218-327-9273 or 218-259-9273

Treatment Location: WWTP Site (1) 2 3 4 5

Was the Septic Tank Pumped Through the Maintenance hole (7080.0175)? (Yes) No

If no maintenance hole exists on a sewage tank, the owner or the owner's agent shall install maintenance holes in sewage tanks in accordance with part 7080.0130, subpart 2, item M, subitem (1), to allow for maintenance to take place through the maintenance hole. If the owner or owner's agent refuses to allow the removal through a maintenance hole, the licensed pumper must obtain a signed statement from the owner or owner's agent that the owner or agent was informed of correct removal procedures and the reason for refusal.

Reason *(Circle One)*:

No maintenance hole

Home owner refused access to manhole

No manhole

Ground was frozen, emergency pumping

Other: _____

Pumping		250 00
Materials		
Line Cleaning		
Thawing		
Mileage		42 00
Disposal Fee _____Holding tank _____Septage		
Other INSPECTION		400 00
TOTAL		692 00

MINNESOTA POLLUTION CONTROL AGENCY

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: 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

Local tracking number:

Parcel ID# or Sec/Twp/Range: 49-0-026804 Local regulatory authority: Aitkin County

Property address: 32556 Hwy 200 Hill City MN

Owner/representative: Jeff Hallerman Owner's phone: 320-237-6960

Brief system description: precast tank and mound

System status

System status on date (mm/dd/yyyy): 4/12/2023

☒ **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: Ron-ex

Inspector signature: Ron Hallerman

(This document has been electronically signed)

Certification number: 3046

License number: 697

Phone: 327-9273

Necessary or locally required supporting documentation (must be attached)

☐ Soil observation logs ☐ Locally required forms ☐ Tank Integrity Assessment ☐ Operating Permit

☐ Other information (list):

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:

☒ Pumped at time of inspection

Name of maintenance business: ron-ex

License number of maintenance business: 697

Date of maintenance: 4/11/2023

☒ Existing tank integrity assessment (Attach)

Date of maintenance (mm/dd/yyyy): 4/11/2023 (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:

float rods were installed

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 4/28/2008 *(mm/dd/yyyy)* ☐ Unknown

Shoreland/Wellhead protection/Food beverage lodging? ☒ Yes ☐ No

Attached supporting documentation:

☐ Soil observation logs completed for the report (Attach)

☒ Two previous verifications of required vertical separation *(Attach)*

☐ 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:* Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No*
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:* Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	☒ Yes ☐ No*
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 (Advanced Inspector License required)* Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No*

Indicate depths or elevations

A. Bottom of distribution media	
B. Periodically saturated soil/bedrock	
C. System separation	36+
D. Required compliance separation*	36

*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.*

MINNESOTA POLLUTION CONTROL AGENCY
520 Lafayette Road North
St. Paul, MN 55155-4194

Sewage tank integrity assessment form

Subsurface Sewage Treatment Systems (SSTS) Program

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. 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 Item (B) subitem (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 Items B, C, and D; 7083.0730 Item C.

☒ **Certificate of sewage tank compliance**

Affirm all three statements:

- ☒ The SSTS does not contain a seepage pit, cesspool, drywell, leaching pit, or other pit.
- ☒ It does not contain a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth.
- ☒ It does not represent an imminent safety threat by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.

☐ **Notice of sewage tank non-compliance**

Select all that apply:

- ☐ The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit – **"Failure to Protect Groundwater."**
- ☐ It has a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth – **"Failure to Protect Groundwater."**
- ☐ It presents a threat to public safety by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition – w**"Imminent Threat to Public Health or Safety."**

Company information

Company name: Ron-ex

Business license number: 697

Designated Certified Individual (DCI) information

Print name: Ron Myers

Certification number: C3046

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: Ron Myers *(This document has been electronically signed.)* Date (mm/dd/yyyy): 4/12/23

Project Address E S Acc 6 + 5 E 100 N of Hwy 208 Installer Dave Lange

City _____ Zip Code _____ New ✓ Repair _____

SETBACKS:

Buildings to tank(s) 20

Buildings to drainfield 50

Well(s) 50' or 100' NA

Lake/Creek/Wetland NA

SEPTIC TANKS:

Liquid capacity 1860

Manufacturer & type Jac - pre - cast

Type of baffle plastic

Inspection pipes 1 - 4" 1 - 6"

Manholes access 2

No. & height of risers 2 - 12"

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 1%

Upslope dike width 12"

Downslope dike width 14"

Sideslope dike width 14"

Drainfield rock below pipe 9"

Depth of sand below rock 18"

Perforation size & spacing 1/4 - 30"

Pipe size & spacing 1 1/2 - 30" - 3 Clean outs

Dimensions of rock bed 10 X 38

Dimensions of sand base 38 X 62

Final cover 16" in Center 12" on Rock Edge

PUMPS:

Tank capacity 1000

Tank manufacturer & type Jac pre-cast

No. & height of risers 1 - 1 1/2'

Pump manufacturer & model # Gould m2p5T

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 Elec

Type & location of alarm out Door Elec

Cycle counter (commercial) _____

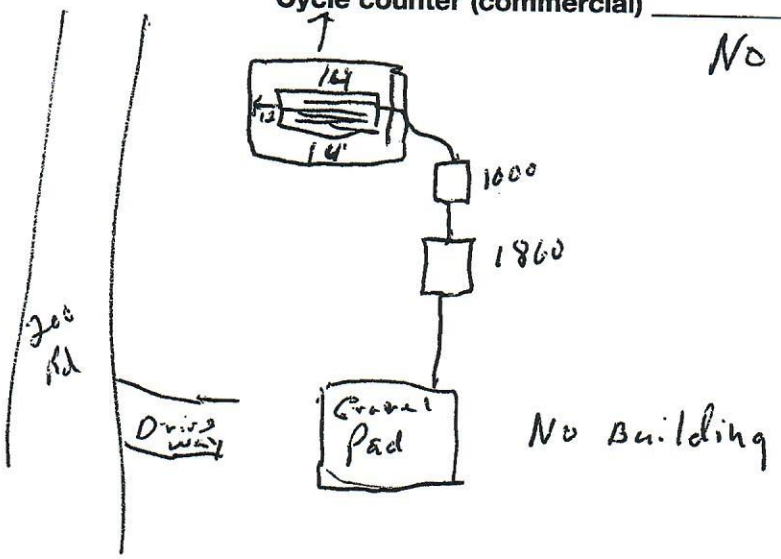
No well

DRAWING OF SYSTEM
(Include Soils)

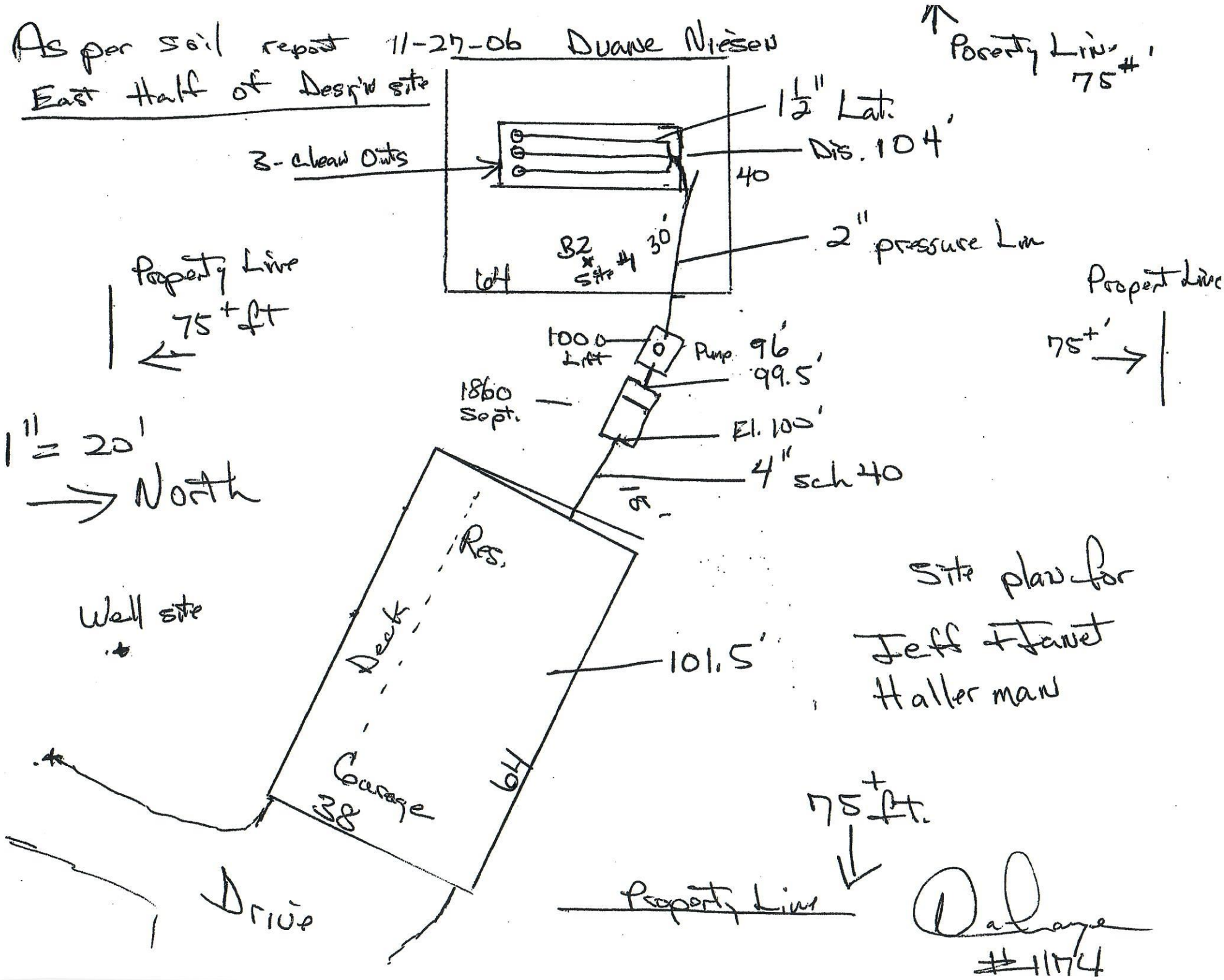
6" Topsoil

6" 7.5 YR 3/3

To 20 Sandy Loam 7.5 YR 4/6



Inspector's Comments _____


As per soil report 11-27-06 Duane Niesen
East Half of Desg'n site
Property Line
75 +'
1½" Lat.
Dis. 104'
3-clean Outs
40
30'
2" pressure Lm
B2
Site #4
64
Property Line
75 +ft
Property Line
75+'
1000 Gal Tank
Pump
96'
99.5'
1860 Sept.
El. 100'
4" sch 40
1" = 20'
North
Res.
Deck
Well site
101.5'
Site plan for
Jeff + Janet
Hallerman
Garage
38
64
75+ ft.
Drive
Property Line
Dalrymple
#11174

Home Services
By Niesen

Duane Niesen
39045 650th Street
Swatara MN, 55785

To: Joe Dummer
CC: Split E5AC of Clifford Ray's Pt of SE NW N of Hwy200 Sec17 Twp52 Rge25
RE: Location of ISTS sites for property split
Address: 35852 663rd Ave Gibbon MN 55335
Parcel #: 49-0-026804

Date: 27 November 2006

I have identified two areas on your property which are suitable for a Standard Individual Sewage Treatment System. The areas are drawn out on the site map and marked out on the property. It is very important that these areas are protected from damage i.e.: compacting, digging, or construction of buildings. If for any reason these markings must be moved or the sites relocated you may contact me and we can arrange to do so.

Soil Boring Logs for Lot B
Site #1
Boring 1
0-6" Top soil 10yr3/3
6-30" Sandy Loam 10yr6/3
Site #2 (Alternate Site)
Boring 2
0-4" Top soil 10yr3/3
5-18" Loamy Sand 10yr6/3

Boring 1A
0-4" Top soil 10yr3/3
5-26" Sandy Loam 10yr6/3

Boring 2A
0-4" Top soil 10yr3/3
5-26" Sandy loam 10yr 6/3

Soil Boring Logs for LotA
Site#1
Boring#1
0-6" Top soil 10yr3/3
6-20" Silty Loam 10yr6/3
Site#2 (Alternate Site)
Boring#2
0-6" Top soil 10yr3/3
6-20" sandy loam 10yr6/3

Boring#1A
0-6" Top soil 10yr3/3
6-20" Sandy Silt loam 10yr6/3

Boring#2A
0-6" Top soil 10yr3/3
6-20" Sandy loam 10yr6/3

The soil identification has been done to the best of my ability and in accordance with state and local government regulations.

Thank you for the opportunity to serve you.

Duane Niesen

For
Jeff + Janet
Hallaman

APPROVED
___ ONSITE INSPECTION
X NO ONSITE INSPECTION

SIGN [signature] DATE 4-24-08

SOIL BORING LOG #1 DEPTH TEXTURE COLOR	SOIL BORING LOG #2 DEPTH TEXTURE COLOR
0-4" Topsoil 4"- 20" Sandy Clay 10YR 3/2 20"- 24" Mottled	

IDENTIFY LOCATIONS OF: (BORINGS, NEIGHBORING STRUCTURES, WELLS, DRAINFIELDS, DRAINAGE PATTERNS, OR OTHER FEATURES THAT MAY IMPACT THE SITE).