# AITKIN COUNTY CERTIFICATE OF INSTALLATION/NOTICE OF NONCOMPLIANCE

| This certificate of                   | of installation/ <del>not</del>        | tice of noncomplian                        | ce has been issued this  |
|---------------------------------------|--|--|--|
| Aitkin Countr's                       | Subourface Sow                         | , 20 to certil                             | fy compliance\ <del>noncompliance</del> with tem Ordinance.                                      |
| The premises of                       | overed by this co                      | age mealment bys<br>artificate are legally | described as:  |
| The premises co                       | overed by this ec                      | ortificate are legally                     | described as   |
|                                       |  |  |  |
|                                       |  |  |  |
| Section                               | Township                               | Range                                      | Lake   |
| PERMIT NO                             |  | _ Owner Name                               | Lake   |
| Address                               |  |  |  |
| Installer Name _                      |  |  |  |
| Type of System                        | Inspected                              |  |  |
| Parcel Number_                        |  |  |  |
| following: 1) Inspect                 | tion of the instal                     | lation or constructio                      | ee was based on No of the  |
| reierence                             | a permit and ap                        | plication design.                          |  |
| ,                                     | •                                      |  | rdance with Subdivision 9.2 D of ent System Ordinance.   |
| Altkiii Cot                           | arity 3 Oubsurfac                      | e ocwage meanic                            | in Oystem Ordinance.   |
| Aitkin County's S<br>shall serve as a | Subsurface Sewa<br>Notice of Violation | age Treatment Syston:                      | t system is in noncompliance with tem Ordinance, then the following spections or investigations: |
| 2) List of s                          | specific violation                     | s of Ordinance:                            |  |
| 3) Require                            | ements for corre                       | ction or removal of                        | violations:  |
|                                       |  |  |  |
| 4) Time so                            | chedule for com                        | pliance:                                   |  |
| turned over to the                    | ne Aitkin County                       | Attorney's Office for                      | will result in this matter being or further legal action, which may and/or imprisonment.         |
| INSPECTOR SIG                         | SNATURE                                |  |  |

## SUBSURFACE SEWAGE TREATMENT SYSTEM INSPECTION FORM AITKIN COUNTY, MINNESOTA

|   | 1/25/2073 F 2023-000589   |
|---|---|
| Township Williams Date of Inspection          | 1/25/2023 F 2023-00389<br>n 07/18/2023 I App. Number 47954  |
| Owner <u>Clarise Bassett</u>                  | Parcel Number <u>36-0-017702</u>  |
| Project Address 17658 St. Hwy 18              | Installer Hohlen Biz UC 14  |
| City Finlayson Zip Code 55                    |   |
| New Repair                                    | DIST. or DROP BOX & TYPE  |
| SETBACKS:                                     | TRENCHES, BEDS, OR GRAVELLESS LEACHFIELD:   |
| Buildings to tank(s) 18 to shed               | Trench/Bed depth  |
| Buildings to drainfield <u>22' to shed</u>    | Trench/Bed length   |
| Well(s) 50' or 100' Dw: 198' to 16            | Trench/Bed bottom width   |
| Lake/Creek/Wetland                            | Trench spacing  |
|   | Drainfield rock below pipe  |
| SEPTIC TANKS: New Existing                    | Size of gravelless pipe   |
| Number of tanks installed 1 Comstone 1500comb | •   |
| Liquid capacity and type 1000 G par t combo   | Absorption area: square feet  |
| Type of baffle Plastic                        | lineal feet   |
| Inspection pipes                              | MOUNDS:   |
| Manholes size 24"                             | Percent slope 8 1/16  |
| Manhole to grade Yes V No No                  | Upslope sand width $9'$   |
|   | Downslope sand width 27'  |
| PUMPS: New Existing                           | Sideslope sand width 12'  |
| Tank capacity and type 590 G part combo       | Drainfield rock below pipe/   |
| Pump manufacturer & model # Liberty 283       | Depth of sand below rock 24"  |
| Horsepower & GPM 1/2 HP 27GPM                 | Perforation size & spacing 0.25 "/36"5p.  |
| Feet of head 16'                              | Pipe size & spacing $\frac{Z''/36''5\rho}{}$  |
| Gallons per cycle _//2_ GPC                   | Dimensions of rock bed 10' x 38'  |
| Size of discharge line                        | Dimensions of sand base $\underline{46' \times 62'}$  |
| Type & location of alarm <u>Elec-sn tank</u>  | Final cover 12" cover over 16 4"TS  |
| Water meter                                   | soil description  |
| DDAMING OF SYSTEM, (include soils)            | A 0-4" 7.54R3/Z SL 57570cf<br>E 4-14" 7.54R4/3 SL 57570cf<br>E/B14-21" 7.54R5/3 LS 5-1570cf<br>7.54R4/4<br>B 21"+ 7.54R4/4 SL |
| DRAWING OF SYSTEM: (include soils)  ∅ ៚       | E 4-14"7, 5424/3 SL 575-10-CT   |
| V seeks A                                     | 7.54R414  |
| 198' to tank                                  | B 21"+ 7.5 YR 414 CT  |
|   | D 21"+ 7.54R414<br>w/mottles 7.54R5/6<br>Mottling @ 21"   |
| House 3BR                                     | ,   |
| 32  |   |
| Sheet &.                                      |   |
| red sted 18 1500c                             | •   |
| sted 18:15:00c                                |   |
| Taz   |   |
| hed hoprochio                                 | installation A  |
| B'  |   |
|   |   |
|   | f .   |
|   |   |
| Hwy 18  | . 0 1   |
| Inspector's Comments: 113' 4" Two pipes       | coming from house 17  |
| 32' 2" pipe from tank to mand                 | Can's face Clean sond   |
| 4" pipe pressure tested                       |   |
| Inspector's Signature                         | Installer's Signature Keith Hohler  |
| Rev:1/13 White – County Yello                 | ow – Applicant Pink - Installer   |



#### TANK INSTALLATION INSTRUCTIONS

#### SITE CONDITION

The site must be accessible to large, heavy trucks. The site shall be free of items like trees, stumps, overhead wires, etc. that could interfere with delivery, and installation of the tank. The site conditions must allow trucks to within 3 to 6 feet of placement while ensuring safe site conditions.

#### EXCAVATION

Excavation shall be approximately 12" minimum larger than the tank size to allow for adequate back fill. This may vary with soil conditions. Excavation must allow the truck within 3 to 6 feet for placement of tank. Excavation shall have a level bottom so the weight bears on the outside walls of the tank.

#### BEDDING

Proper use of the bedding materials is important to ensure service life of tank structure. Bedding must be capable of bearing the weight of the tank. Bedding material shall have the ability of 100% to pass thru a ¼" screen. Bedding thickness shall be 4" minimum compacted (thickness may vary with existing soil conditions).

#### WATER TABLE

When tanks are being placed where water levels can potentially be higher than the elevation of the tank cover, an alternate location should be considered.

#### BACKFILL MATERIAL

Sidewalls of tanks require clean dry backfill materials that have the ability of 100% to be able to pass through a 2" screen and a minimum of 12" on all sides from the bottom to top of tank. Backfill material shall be placed in a manner that avoids impact loads on sidewalls of the tank. No compaction shall be permitted on the sidewalls of the tank.

#### COVER MATERIAL

Cover material shall be clean and dry soil that has the ability of 100% to be able to pass through a 4" screen. Cover material shall be mounded over tank and around risers in a manner that promotes runoff away from the center of the tank and riser rings.

#### MAINTENANCE HOLE COVER

Cover for maintenance holes must:

- (1) be secured by being locked, being bolted or screwed having a weight of at least 95 pounds, or other methods approved by the local unit of government. Covers shall also be leak resistant; and be designed so the cover cannot be slid or flipped, which could allow unauthorized access to the tank;
- (2) have a written and graphic label warning of the hazardous conditions inside the tank;
- (3) be capable of withstanding a load that the cover is anticipated to receive; and
- (4) be made of a material suitable for outdoor use and resistant to ultraviolet degradation.

#### INLET & OUTLET

Pipe not to exceed 1" past interior wall of tank where a baffle is used.

#### BURIAL DEPTH

Tanks to be installed to depths according to each model's maximum bury recommendations.

#### LIABILITY

The septic tank installer shall be responsible for installing and securing risers and covers for all maintenance openings after the completed delivery of the septic tank or tanks to the jobsite. The tank installer shall be solely liable and responsible for the proper installation and securement of the maintenance hole covers after the completed delivery of the septic tank or tanks to the job site.

| Gallon Capacity 1015 - 518  Date of Delivery 7-13-23  Tank Type SEPTIC - Pump  Customer Name HOHLEN |     |
|---|-----|
| Tank Type SEPTIC - Pump Customer Name HOHLEN  |     |
|   | , . |
| Date of Manufacturing 3 16-23  Customer Name Hohles Customer Signature Ketth Lohe                   | len |



## Minnesota Department of Health Well Management Section P.O. Box 64975, St. Paul, Minnesota 55164-0975

651/201-4600 or 800/383-9808

## **Certification of Buried Sewer Construction and Testing**

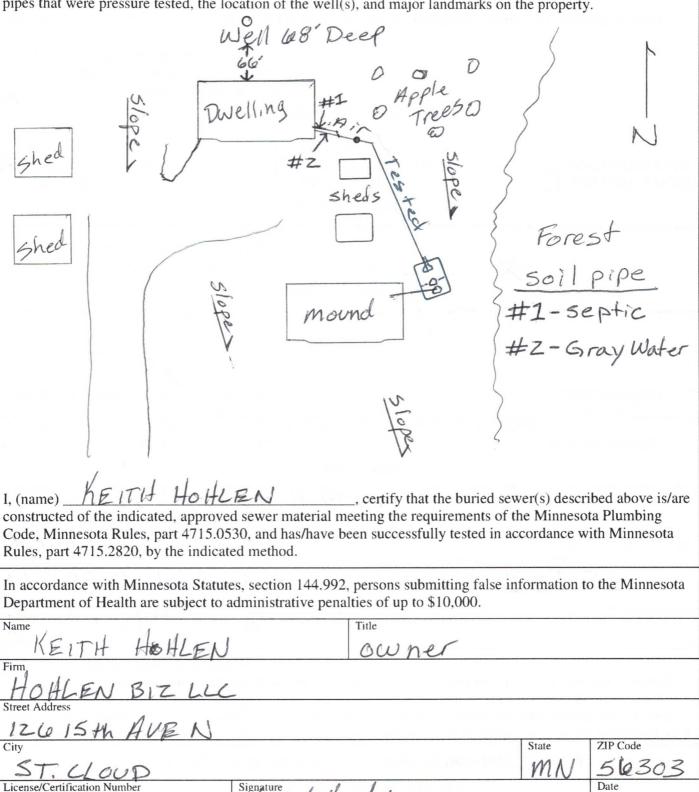
This form must be completed and submitted to the Minnesota Department of Health (MDH) for installation of a buried sewer located 20 to 50 feet from a water-supply well, or the installation of a water-supply well located 20 to 50 feet from a buried sewer. NOTE: A 50-foot minimum separation must be maintained between a water-supply well and a buried collector or municipal sewer, an unapproved sewer, or a buried sewer serving a facility handling infectious or nathological waste

| racinty handing infect  | ious or            | patholog           | icai wasic.                   |                                 |                 |   |             |     |
|---|--------------------|--------------------|-------------------------------|---------------------------------|-----------------|---|-------------|-----|
| Owner of Property Where Sev   |                    | •                  |                               | 1                               |                 |   |             |     |
| Doug + CI   | ari                | se                 | Basse                         | 211                             |                 |   |             |     |
| Street Address, City, ZIP for l   | Property V         | Vhere Sewer        | is Located                    | - 1                             | \ ~             |   | _           |     |
| 17658 ST  | ATE                | AW                 | Y 18 F                        | inlayson                        | , MN S          | 573                                       | 5           |     |
| County Name AITKIN  |                    | To                 | wnship No.                    | Range No.                       | Section No.     | Fraction 1/4                              | 1/4         | 1/4 |
| Date of Testing (mm/dd/yyyy   |                    |                    | nt to Witness Tes             |                                 |                 |   |             |     |
| 07/14/2023  | 5 /                | (左/7               | H HO                          | ALEN                            |                 |   |             |     |
| , ,   |                    |                    | Well                          | Information                     |                 |   |             |     |
| Provide Minnesota We  | ell and l          | Boring No          | umber(s)                      |                                 |                 | or, if una                                | available,  |     |
| provide the following   |                    |                    |                               | ated within 50 fee              | t of the buried | sewer.                                    |             |     |
| Well No./Description  | Well<br>Depth      | Well<br>Diameter   | Year of<br>Construction       | Well Contractor<br>Company Name |                 | Well Address<br>(if different from above) |             |     |
| wen No./Description   | -                  | Diameter           | Construction                  | Company 1                       | vanic           | (ii diricion                              | mon doorey  |     |
|   | 68                 |                    |                               |                                 |                 |   |             |     |
|   |                    |                    |                               |                                 |                 |   |             |     |
|   |                    |                    |                               |                                 |                 | T   |             |     |
|   |                    |                    |                               | ce Information                  |                 | 1   |             |     |
| Was a variance issued<br>If yes, please provide                             | by the<br>the vari | MDH for ance track | this sewer or<br>king number: | r well installation TN          | ? ∐Yes Æ<br>——· | No  |             |     |
|   |                    |                    |                               |                                 |                 |   |             |     |
|   |                    |                    | Sew                           | er Materials                    |                 |   |             |     |
| $\square$ ABS (ASTM D2661) $\square$ ABS (ASTM D2751) $\square$ ABS (ASTM F |                    |                    |                               |                                 |                 |   |             |     |
| PVC (ASTM D2665) PVC (ASTM D3034) PVC (ASTM F78                             |                    |                    |                               |                                 | 789)            |   |             |     |
| ☐ PVC (ASTM F891) ☐ Cast Iron   |                    |                    |                               |                                 |                 |   |             |     |
|   |                    |                    | Test Me                       | thods (check one                | e)              |   |             |     |
| Air Test (5 psi con   | nstant p           | ressure fo         |                               | 17.                             |                 |   |             |     |
| Manometer Test (1-inch water column).                                       |                    |                    |                               |                                 |                 |   |             |     |
| Hydrostatic Test (  | for plas           | tic pipe o         | nly).                         |                                 |                 |   | · ·         |     |
| The portion of the bur  | iad asse           | an arrata          | tostad is des                 | arihad as fallows               | (nlease specify | reach seame                               | nt of sewer |     |
| pipe which was tested   |                    | er system          | l lested is des               | scribed as follows              | (please specify | v cach segme                              | in or sewer |     |
| Dwelling  | L                  | 500                | tr to                         | a K                             |                 |   |             |     |
| - DW Elline   | ) 10               | Sep                | 100                           | (/\)                            |                 |   |             |     |
|   |                    |                    |                               |                                 |                 |   |             |     |

Please draw a diagram of the sewer system on back and note the locations of any wells and the portions of the sewer system that were pressure tested.

### **Buried Sewer Testing Diagram**

Please draw a site diagram of the sewer system and all buried sewer pipes, including those buried beneath buildings (serving floor drain[s], bathroom[s], laundry room, etc.). Please note the portions of the buried sewer pipes that were pressure tested, the location of the well(s), and major landmarks on the property.



### Minnesota Pollution Control Agency

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

## SSTS Abandonment Reporting Form

Subsurface Sewage Treatment Systems (SSTS) Program)

#### Instructions

This form is offered to meet the abandonment requirements of Minn. R. 7080.2500 and Disclosure Requirements of Minn. Stat. § 115.55, subd. 6. Future water supply well placement can also be affected by an abandoned SSTS.

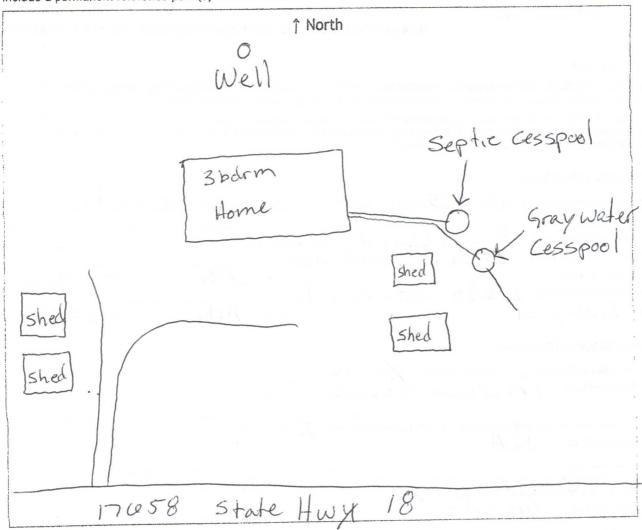
The use of this form is not mandatory; however the information on this form must be submitted to the local government unit (LGU) within 90 days after the abandonment. This form may be completed by a certified SSTS practitioner or by an individual who has direct knowledge of how the system was abandoned.

| Property Information  |
|---|
| Date of abandonment: 7-12-2023 Reason for abandonment: Replacement System.  |
| Property owner name(s): Doug + Clarise Bassett  |
| Property owner's address: 2138 330-HAVE   |
| City: Move  |
| Site address (if different): 17658 State Hwy 18   |
| City: Finlayson State: MN Zip: 55735  |
| Compliance Information  |
| 1. All solids and liquids removed from all tanks? Yes  No   |
| Disposal Site: American Septic  |
| 2. All electrical devices and devices containing mercury removed? ✓ Yes ☐ No Disposal Site: ✓ A   |
| 3. All underground sewage tanks crushed and filled with soil or rock material?   Yes □ No or  Removed and disposed off site? □ Yes ☒ No  Disposal Site: ○↑ 5 1+€  |
| Dispusai Site. On Site  |
| 4. Contaminated materials* removed and disposed off site? Pyes No Disposal Site: Pumper = 1E5. On 5ite.   |
| 5. All underground cavities** crushed and filled with soil or rock material? Yes No or:  Removed and disposed offsite? Yes No  Disposal Site:   |
| 6. Future discharge to system permanently denied?   |
| Method(s) used: No more Pipe.   |
| *Contaminated materials = Distribution media, soil or sand within three feet of the system bottom, distribution pipes, geotextile fabric. I rosin paper / straw, tanks, contaminated soil around leaking tanks, any soil that received sewage from a surface failure (7080.2500 subp. 3).  **Underground cavities = Cesspools, leaching pits, drywells, seepage pits, vault privies, pit privies, pump chambers (7080.2500 subp. 1). Does not include chamber media, drop boxes, or distribution boxes. |
| www.pca.state.mn.us • 651-296-6300 • 800-657-3864 • TTY 651-282-5332 or 800-657-3864 • Available in alternative formats   |

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#### Map

Include location of building sewer, septic tank(s), soil dispersal system, cesspools, seepage pits, and other pits. Also include a permanent reference point(s) and dimensions.



#### Certification

| I hereby certify the system was abandoned in accordance with Minn. R. 7080.2500 and any local requirements. |   |
|---|---|
| Name (please print): Hohlen Biz LLC Title: owner  |   |
| Address: 1210 15th Ave N State: MN Zip: 5630  | 3 |
| City: ST, C1009   |   |
| Phone: 320 - 200 - 8999 License # if applicable):   |   |
| Date: 7-14-2023 Signature: Keth Hohlen  |   |











