	Parcel	Account	count Asmt year Tax year	Tax year	Type
SIS .	35-1-082900	34909	2022	2023	RE
5	Primary owner 112489 NELSON, CARL & PATRICIA	ARL & PATRICIA	Hold tax statement	Escrow	Notes YES
	Taxpayer		FALCO	Undeliverable tax address	Lease type
	112489 NELSON, CARL & PATRICIA	ARL & PATRICIA	1 F.O.	z	
	Ref. parcel 00235011082900	Dept	Commissioner dist 5	Emergency#	Surveyed
	Lake #/Name		TIF district	MH court number	IQN
	1913600 WAUKENABO - BAC	3O - BAC			100.00%
O -	Physical address 35694 498th St PALISADE 56469		TIF knock down date	User defined	Billing P
-			Unique Taxing Area		
	UTA-Township/City		IBU .		Unit
	55 WAUKENABO IWP	1		99	
	School district 1 ISD 0001 - Aitkin	kin	State UTA code 36 1 00	90	
	Description		Property Description		
	LOT 2 BLK 2 & UND	LOT 2 BLK 2 & UND 1/43 INT IN LOT 19 BLK 1	Acres	Lot Block Plat - Description	
			00.	11 WAUKENAE	WAUKENABO ADDITION
			Sect/Twp/Range	/Range	

1,1



Compliance inspection report form

520 Lafayette Road North St. Paul, MN 55155-4194 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:
1104 as Cootting/Dang 35-1-087 9NA 14-49-2	6 Reason for Inspection Permit
ocal regulatory authority info: Ait Kin County Plan	nning & Loning
Property address 35694-498 Strest	Pallisade, Mn. 36469
Owner/representative: Carl & Patricia Nelso	Owner's phone: 320-260-2384 Tha 1600 gellon Sather Tan K
Brief system description: 3 bedroom mound wi	tha 1600 pellon Sather lank
blief system description.	
System status	
System status on date (mm/dd/yyyy): Augus +18,2023	
Compliant - Certificate of compliance*	Noncompliant – Notice of noncompliance
(Valid for 3 years from report date unless evidence of an	Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.
imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or	An imminant throat to public health and safety (ITPHS) must be
a shorter time frame exists in Local Ordinance.)	ungraded, replaced, or its use discontinued within tell months of receipt
*Note: Compliance indicates conformance with Minn.	of this notice or within a shorter period it required by local ordinance of
R. 7080.1500 as of system status date above and does not	under section 145A.04 subdivision 8.
guarantee future performance. Reason(s) for noncompliance (check all applications)	ble)
☐ Impact on public health (Compliance component #1) – Imminent threat to public health and safety
Impact on public reality (Compilance component #2) – Failing	a to protect groundwater
 ☐ Tank integrity (Compliance component #2) – Failing ☐ Other Compliance Conditions (Compliance component #2) 	pent #3) – Imminent threat to public health and safety
Other Compliance Conditions (Compliance compor	cont #3) - Failing to protect groundwater
Other Compliance Conditions (Compliance compor	2500 (Compliance component #3) – Failing to protect groundwater
System not abandoned according to Willin. K. 7000	ing to protect groundwater
Soil separation (Compliance component #5) – Faili	
Operating permit/monitoring plan requirements (Co	ompliance component #4) - Noncompliant - local ordinance applies
Comments or recommendations Every Thing	lookedgood and owner said everything
workstine	
	×
Certification	The state Ale determination of
I hereby certify that all the necessary information has been gathere future system performance has been nor can be made due to unkninadequate maintenance, or future water usage.	d to determine the compliance status of this system. No determination of nown conditions during system construction, possible abuse of the system,
inadecuate maintenance of luture water usage:	up and correct, to the best of my knowledge, and that this information can be
madequate mamerianes, s. I and the above statements to be tri	
By typing my name below, I certify the above statements to be troused for the purpose of processing this form.	
By typing my name below, I certify the above statements to be troused for the purpose of processing this form.	Certification number: < 3365
By typing my name below, I certify the above statements to be truesed for the purpose of processing this form. Business name: Tom O'Neil Inspector signature: Tom O'Neil	Certification number: <3365 License number: <376,927,4776
By typing my name below, I certify the above statements to be truesed for the purpose of processing this form. Business name: Tom O'Neil Inspector signature: (This document has been electronically statements)	Certification number: <3365 License number: <23365 Phone 37 97 676
By typing my name below, I certify the above statements to be truused for the purpose of processing this form. Business name: Tom O'Nei Inspector signature: Tom O'Nei (This document has been electronically statements)	Certification number: <3365 License number: <2732 Signed) Phone 28-27-676 Accumentation (must be attached)
By typing my name below, I certify the above statements to be truesed for the purpose of processing this form. Business name: Tom O'Nei Inspector signature: Tom O'Nei (This document has been electronically statements)	Certification number: <3365 License number: <2732 Signed) Phone 28-27-676 Accumentation (must be attached)
By typing my name below, I certify the above statements to be truesed for the purpose of processing this form. Business name: Tom O'Nei Inspector signature: Tom O'Nei (This document has been electronically statements)	Certification number: <3365 License number くるパ3 え Signed) Phone が 発アージアの
By typing my name below, I certify the above statements to be truesed for the purpose of processing this form. Business name: Tom O'Neil Inspector signature: Tom O'Neil (This document has been electronically statements)	Certification number: <3365 License number: <3365 Phone 38 97 6076

ess Name: <u>Tom</u> O'Nei) upact on public health — C	Compliance com	ponent #1 of 5
Compliance criteria:	·	Attached supporting documentation:
System discharges sewage to the ground surface	Yes* No	☐ Other:
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 indicate imminent threat to public health a	nd safety.	thing looked good and the owner
nk integrity – Compliance	e component #2	
Compliance criteria:		Attached supporting documentation:
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,	e component #2 □ Yes* X No	Attached supporting documentation: Empty tank(s) viewed by inspector
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes* 🕱 No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: Timber Lok
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,		Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: Timber Lock License number of maintenance business: 4455
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes* 🕱 No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: Timber Lock License number of maintenance business: 4455
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes* 🕱 No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: Timber Lock License number of maintenance business: 455 Date of maintenance: Existing tank integrity assessment (Attach) Date of maintenance
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth?	☐ Yes* X No ☐ Yes* X No ☐ Yes* X No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: Timber Lock License number of maintenance business: 455 Date of maintenance: August 18, 20 Existing tank integrity assessment (Attach) Date of maintenance (mm/dd/yyyy): (must be within three years)
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth? If yes, which sewage tank(s) leaks: Any "yes" answer above indicates.	☐ Yes* X No ☐ Yes* X No ☐ Yes* X No	Attached supporting documentation: Empty tank(s) viewed by inspector Name of maintenance business: Timber Lock License number of maintenance business: 455 Date of maintenance: August 18, 20 Existing tank integrity assessment (Attach) Date of maintenance (mm/dd/yyyy): (must be within three years) (See form instructions to ensure assessment complied

P	roperty Address: 35694-498 Street Palisade, Mn, 56469 Date August 18, 2023
D	distriess Name. 70m () () Sil
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: ٤ Very thing /oo Kew ♡ K
١.	Attached supporting documentation: Not applicable Operating permit and nitrogen BMP* — Compliance component #4 of 5 Not applicable
	Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? BMP = Best Management Practice(s) specified in the system design If "yes", A below is required to make 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? b. Is the required nitrogen BMP in place and properly functioning? Any "no" answer indicates noncompliance. Describe verification methods and results:
	Attached supporting documentation: Operating permit (Attach)

Property Address: 35694-498 Stree Business Name: Tom O'Neil	et tali	sade, Mn. 36469 Date Aug	ust 18,2023
5. Soil separation – Compliance con	nponent #5 o	f 5	
Date of installation 11-03 – 2005 (mm/dd/yyyy)	Unknown		(4
Shoreland/Wellhead protection/Food beverage lodging? Compliance criteria (select one):	X Yes □ No	Attached supporting documentation: Scil observation logs completed for the Two previous verifications of required	
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*	Not applicable (No soil treatment area **Soil verifi Slaytons, Kellermans, +-	
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	Yes □ No*	Indicate depths or elevations A. Bottom of distribution media	24"
or Wellhead Protection Areas or serving a		B. Periodically saturated soil/bedrock	16"
food, beverage, or lodging establishment:		C. System separation	approx 40
Drainfield has a three-foot vertical separation distance from periodically	Ť.	D. Required compliance separation*	3/"
saturated soil or bedrock.*	1	*May be reduced up to 15 percent if all Ordinance.	owed by Local
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			

P

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, 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.

*Any "no" answer above indicates the system is

failing to protect groundwater.

Describe verification methods and results:



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

Sewage tank integrity assessment form

Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

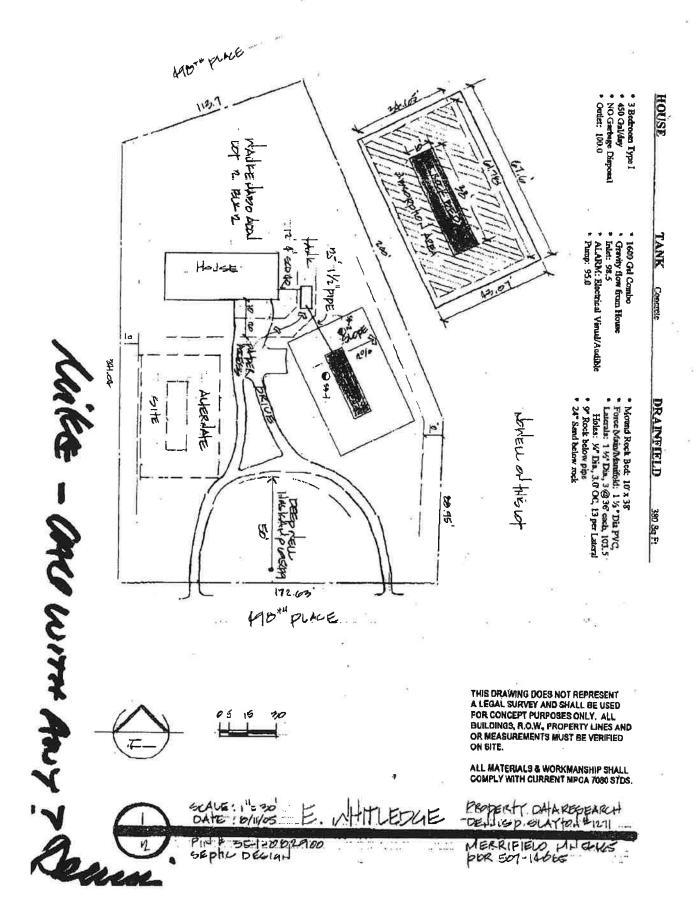
Purpose: This form *may* be used to certify the compliance status of the sewage tank components of the SSTS. This form is not a complete SSTS inspection report, only a tank integrity assessment, and may only certify sewage tank compliance status when entirely completed and signed by a qualified professional. 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 Pat Nelson		
Property address: 35694 498th Palisade MN 56469		
Local Regulatory Authority: Aitkin County	Parcel ID: 3	35-1-082900
System status		
System status on date (mm/dd/yyyy): 8/18/2023		
□ Certificate of sewage tank compliance	☐ Notice of sewage tan	k non-compliance
Complia	ance criteria:	
The SSTS has a seepage pit, cesspool, drywell, leaching pit, o Groundwater. "	r other pit - "Failure to Protect	☐ Yes* ⊠ No
The SSTS has a sewage tank that leaks below the designed of Groundwater."	perating depth - "Failure to Protect	☐ Yes* ☒ No
The SSTS presents a threat to public safety by reason of structor weak) maintenance hole cover(s) or lids or any other unsafe Public Health or Safety."		☐ Yes* ⊠ No
Any "yes" answer above indi	cates sewage tank non-compliance	>.
Company information	Designated Certified Individu	al (DCI) information
Company name: Timber Lakes Septic Service Inc	Print name: Dan Swanson	
Business license number: L455	Certification number: C6023	
I personally conducted the work described above as a Designa maintenance, installation, or service provider Business. I perso status of each sewage tank in this SSTS.		
By typing/signing my name below, I certify the above staten this information can be used for the purpose of processing this		f my knowledge, and that
Designated Certified Individual's signature: Dan Swanson	Date (mm.	/dd/yyyy): 8/18/2023
	been electronically signed.)	

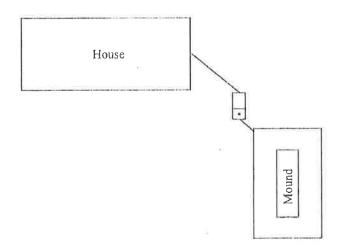


SOIL BOR DEPTH	ING LOG #1 TEXTURE	COLOR	SOIL BOR	ING LOG #2 TEXTURE	COLOR
0.4"7	UPSUIL				
44- 20		_			
<i>Ja</i>	1042 S	,			
	2/				
		: 2			
					is

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

Date: 7/27/2014

Site Drawing



Aaron Kellerman Soil Borings

BR#I	Boring is 24" lower in elevation than top of mound	
0-2"	Top Soil	
	2	
	W. N. 160	
2-27"	Washed Sand	
27-33"	Original Top Soil	
	.]	

Comments: This system is in compliance on 7/27/2014

NO WARRANTIES

What needs to be done in order to bring the system into compliance:

INDIVIDUAL SEWAGE TREATMENT SYSTEM INSPECTION FORM

	TY, MINNESOTA
	rspection <u>U/03/05</u> Permit Number <u>33400</u>
nor Ed Whiteledge	Parcel Number 3 5-1-0829 06
110 replicate AAD 10 T	DIK 2 Installer North Dary
eject Address Jund 1/43 Fut. In 107 19.	13/4
Zip Code	New Repair
	DIST. or DROP BOX & TYPE
TBACKS:	TRENCHES, BEDS, OR GRAVELLESS LEACHFIELD:
Idings to tank(s) 15	Trench depth
Idings to drainfield 30	Trench length
al(s) 30 01 100	Trench bottom width
	Trench spacing
pric TANKS: Uld capacity	Drainfield rock below pipe
nufacturer & type Satha	Size of gravelless pipe
pe of baffle plastiv	Depth of backfill
spection pipes 2-4"	Absorption area: square feet
anholes access	lineal feet
o. & height of risers	THE LANGE.
ounds:	PUMPS: Tank capacity600
rcent slope	Tank manufacturer & typeS-HL-~
ownslope dike width	No. & height of risers 3
r e e	Pump manufacturer & mode# Zoller 98
minfield rock helow pine 9	Horsepower & GPM /9 -50
enth of sand below rock 34"	Feet of head
erforation size & spacing 14-3	Cycles per day 5
pe size & spacing 1/5 - 3 /allier 1/5	Gallons per cycle / C 3 Size of discharge line ?
23 / 1	Type of electrical hookup 2 × 51.
Dimensions of sand base 28 Kb 2 inal cover 16 m Canter 12 m Rock Edge	Type & location of alarm E/ec.
DRAWING OF SYSTEM	Cycle counter (commercial)
Inspector's Comments Band	6" TOT, 50.1 10 50.1 10 50.1 10 50.1 10 50.1 10 50.1 10 50.1 10 50.1
Corrective Action Required	
Inspector's Signature As Julia White-County Yell	Installer's Signature R 17 2459 Iow-Applicant Pink-Installer

AITKIN COUNTY CERTIFICATE OF COMPLIANCE/NOTICE OF NONCOMPLIANCE

This certificate of compliance/notice of noncompliance has been issued this
day ofto certify compliance\noncompliance with
Aitkin County's Individual Sewage Treatment System and Wastewater Ordinance No.
The premises covered by this certificate are legally described as:
Wankenabo Ada lota DK 2 Lund 143 IntinIoT 19 BIKI
Section 14 Township 49 Range 26 Lake NA
PERMIT NO. 33400 Owner Name Edward whit Ledge
Address 1485 albemanle ST. ST. Paul mn 55117
Installer Name North burg Exch
Type of System Inspected
The certificate of compliance/notice of noncompliance was based on, No 1 of the
following:
Inspection of the installation or construction as in accordance with the above referenced permit and application design.
2) Review of as-built plans submitted in accordance with Subdivision 4.21 C.
Of Aitkin County's Individual Sewage Treatment System and Wastewater Ordinance No. 1.
If the above permitted individual sewage treatment system is in noncompliance with Aitkin County's Individual Sewage Treatment System and Wastewater Ordinance No.
1, then the following shall serve as a Notice of Violation:
1) Statement of the findings of fact through inspections or
investigations:
2) List of specific violations of Ordinance:
3) Requirements for correction or removal of violations:
4) Time schedule for compliance:
Failure to correct or remove the above violations will result in this matter being
turned over to the Aitkin County Attorney's Office for further legal action which
may result in revocation of licenses or registrations, fine's and/or
imprisonment.
NSPECTOR SIGNATURE for Tulian
//
c:\wp61\terry.dir\certform.doc