

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: 08-028-14-15 Reason for Inspection Property transfer
 Local regulatory authority info: Steele county
 Property address: 1621 28th St SW
 Owner/representative: Joseph & Gladys Tupy Trust Owner's phone: _____
 Brief system description: _____

System status

System status on date (mm/dd/yyyy): 11/3/2023

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

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

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

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: Don Loken Drainage Certification number: C3888
 Inspector signature: Jordan Wagner License number: L-450
 (This document has been electronically signed) Phone: _____

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: 1621 28th St SW

Business Name: Don Loken Drainage

Date: 11/3/2023

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:

walked around system no discharge to surface
does not drain to tile line

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:

- Empty tank(s) viewed by inspector

Name of maintenance business: Don Loken Drainage

License number of maintenance business: L-450

Date of maintenance: 11-03-2023

- 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: _____

Property Address: 1621 28th St SW

Business Name: Don Loken Drainage

Date: 11/3/2023

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:

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 10/20/1993 Unknown
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging? Yes No

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.*

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.

Attached supporting documentation:

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

Indicate depths or elevations

A. Bottom of distribution media	29"
B. Periodically saturated soil/bedrock	70+"
C. System separation	41+"
D. Required compliance separation*	24"

*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.

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 \(wg-wwists4-31b\)](#). 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: Don Loken Drainage

Business license number: L-450

Designated Certified Individual (DCI) information

Print name: jordan wagner

Certification number: c3888

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: Jordan Wagner
(This document has been electronically signed.)

Date (mm/dd/yyyy): 11/3/2023



Soil Observation Log

Project ID: _____

v 03.15.2023

Client: Joseph & Gladys Tupy Trust Location / Address: 1621 28th St SW

Soil parent material(s): (Check all that apply) Outwash Lacustrine Loess Till Alluvium Bedrock Organic Matter Disturbed/Fill

Landscape Position: _____ Slope %: _____ Slope shape: _____ Flooding/Run-On potential: _____

Vegetation: _____ Soil survey map units: _____ Surface Elevation-Relative to benchmark: _____

Date/Time of Day/Weather Conditions: 11/3/2023 12 sunny Limiting Layer Elevation: _____

Observation #/Location: _____ Observation Type: Auger

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	----- Structure-----		
							Shape	Grade	Consistence
0-32"	Loamy Fine Sand	0-7%	10YR 2/1				Blocky	Moderate	Friable
32-48"	Loamy Fine Sand	0-7%	10YR 3/2				Blocky	Moderate	Loose
48-52"	Loamy Fine Sand	0-7%					Blocky	Moderate	Loose
52-70+"	Coarse Sand	5-10%					Single grain	Moderate	Loose

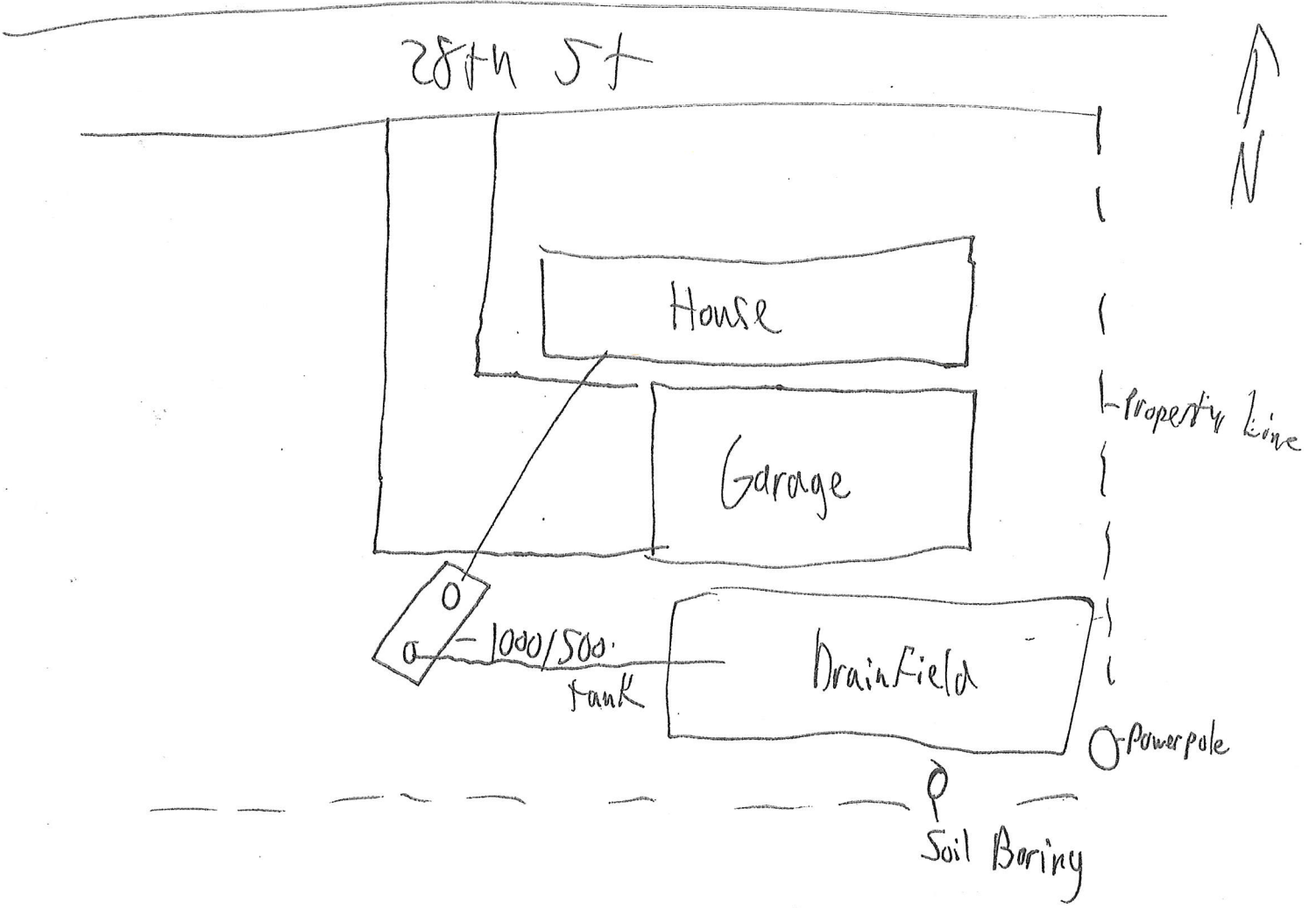
Comments: _____

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

Jordan wagner Jordan Wagner 11/3/2023
 (Designer/Inspector) (Signature) (License #) (Date)

Optional Verification: I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.

 (LGU/Designer/Inspector) (Signature) C3888 (Date)



Not to Scale

LOKEN

Excavation & Drainage Inc.

Reporting Information

Date of maintenance: 11-3-23 Reason for maintenance: Compliance inspection
 Property address: 1621 28th St SW City: Owatonna State: MN Zip: _____
 Property owner's name: Joseph + Gladys Tupy Trust
 Property owner's address if different: _____
 City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

1. Access used to remove septage: Maintenance hole Other (Go to #3 below)
2. If maintenance hole was used, were all covers securely replaced? Yes No please explain
 Explanation: _____
3. If owner refuses to allow a Subsurface Sewage Treatment System (SSTS) to be pumped through the maintenance hole, have them complete and sign the following statement:
 I, _____ (Owner's name), refuse to allow the removal of the solids and liquids through the maintenance hole. I understand that removal of solids and liquids through other access points is not considered maintenance.
 Owner's signature: _____ Date: _____

4. Is the tank designed as a leaky tank? (Example: seepage pit, cesspool, drywell, leaching pit) Date: _____
 Tank #1: Yes No Verification method used? Visual
 Tank #2: Yes No Verification method used? _____

5. Is there evidence of tank leakage from a septic, holding, pretreatment or pump tank below the operating depth or evidence of damaged, cracked or structurally unsound maintenance hole covers?

Tank	Leaking out	Leaking in	Cover damage
Septic/holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Septic/holding Tank #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

6. How many gallons of septage were removed?
 Tank #1: 1000 Tank #2: _____ Pretreatment Tank: _____ Pump Tank: 250

7. Is there any sensory (smell and/or sight) evidence of non-domestic wastes?
 Yes No Please explain: X
 Disposal site: Wastewater treatment plant Land application Other (please explain below)
 Explanation: Owatonna

List any troubleshooting, minor repairs conducted, tank safety* concerns or other concerns:
None

8. Certification: I hereby certify as a State of Minnesota-certified SSTS Maintainer that I personally conducted the work and made the observations, or directly supervised others in the performance of this job.
 Maintainer's name and address: Loken Excavation & Drainage
 Maintainer's license #: L450/G4425 Maintainer's phone: 507-457-2873
 Maintainer's signature: Jordan Wayne Date: 11-3-23