

SP TESTING INC.

Steven B. Schirmers – 951 Katydid Lane NE – St. Michael, MN 55376
Cert. No 627 – State License #394 – Phone 763-497-3566 – Fax 763-497-5011
www.sptesting.wastewater@comcast.net – schirmerswastewater.com

November 8, 2023

**Susan Wilson
325 S. Brown Rd.
Orono, MN**

A Compliance inspection was completed for the existing on-site sewage treatment system located on this property. The system consists of 2-1000 gallon septic tanks, 1 -1000 gallon pump tank & a pressurized mound system with a 10' x 55' rock bed built on 9-25-97' for a 4 bedroom home.

Soil boring #1 found mottled soil (redox features) at 2' into the original soil, & the original soil at elev. 97.4 & the bottom of the rock bed at elev. 98.4 leaving 1' of sand below the rock bed & a 3' separation from the bottom of the rock bed & redox features. Soil boring #2 found mottled soil at 2.1' into the original soil & the original soil at elev. 96.2 & the bottom of the rock bed at elev. 98.5 leaving 2.3' of sand & a 4.4' separation from the bottom of the rock bed & redox features. This system meets the required separation from the bottom of the rock bed & redox features & is classified as in compliance with Minnesota Chapter 7080 rules.

The tanks were pumped by Elmer J. Peterson Co. & were found to be compliant.

Nothing other than gray water (laundry, showers etc.) human waste & toilet tissue should be disposed of into the septic tanks. Garbage disposals are not recommended due to adding more solids & fine solids passing through into the system. Iron filters are also not recommended & should be diverted out of the system. Excessive amounts of soaps, antibacterial soaps, cleaning agents, shower cleaners used every shower & chlorine agents may kill the bacteria you need living in the system. Additives are not recommended. Recommend to pump & clean you tanks through the manhole by a certified pumper every 3 years. Check with your pumper to set up a schedule. This certificate of compliance is no guarantee that this system will continue to function indefinitely.

Steven B. Schirmers

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: _____ Reason for Inspection: PROPERTY TRANSFER
Local regulatory authority info: CITY OF ORONO
Property address: 325 SO. BROWN RD, ORONO
Owner/representative: SUSAN WILSON Owner's phone: 612-862-1561
Brief system description: 2-1000 gal SEPTIC TANKS, 1000 gal PUMP-TANK AND MOUND SYSTEM WITH 10' x 55' ROCK BED.

System status

System status on date (mm/dd/yyyy): 11-1-23

☒ 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: S-P TESTINIS LLC

Inspector signature: [Signature]

(This document has been electronically signed)

Certification number: 622

License number: 394

Phone: 963-497-3566

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): SITE PLAN & COVER LETTER

Property Address: 325 SO. BROWN RD

Business Name: S-P TESTING INC

Date: 11-1-23

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

SEE ATTACHED TANK
INTEGRITY REPORT BY:
PETERSON CO.

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: _____

License number of maintenance business: _____

Date of maintenance: _____

☐ 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: 325 SO. BROWN RD.
Business Name: S-P TESTING INC

Date: 11-1-23

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 *N/A*

***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) ☐

Property Address: 325 SO. BROWN RD
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Date: 11-1-23

5. Soil separation – Compliance component #5 of 5

Date of installation 9-25-97 ☐ 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.

*Any "no" answer above indicates the system is failing to protect groundwater.

Describe verification methods and results:

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	SB#1 98.4 1.0' sand SB#2 98.5 2.3' "
B. Periodically saturated soil/bedrock	SB#1 - 2.0' SB#2 - 2.1'
C. System separation	SB#1 - 3.0' SB#2 - 4.4'
D. Required compliance separation*	3.0'

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

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.

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Susan Wilson
325 S. Brown Rd.
Orono, MN

Soil borings completed with a bucket auger on 10-27-23

SOIL BORING #1 – ELEV. 100.0 - MOTTLED SOIL PRESENT IN THE BORING AT 2' into the original soil.

0	-	8"	Fill soil loam
8"	-	32"	Fill soil medium sand
32"	-	36"	Eroded soil dark brown loam 10YR 4/2
36"	-	40"	Dark brown loam 10YR 3/2
40"	-	50"	Brown loam 10YR 4/3
50"	-	56"	Brown clay loam 10YR 5/3
56"	-	60"	Brown clay loam 10YR 5/3 – distinct mottles 10YR 6/8, 10YR 7/1

SOIL BORING #2 – ELEV. 100.0 - MOTTLED SOIL PRESENT IN THE BORING AT 2.1' into the original soil.

0	-	12"	Fill soil loam
12"	-	46"	Fill soil medium sand
46"	-	60"	Original soil dark brown loam 10YR 4/3
66"	-	72"	Brown clay loam 10YR 5/3
72"	-	78"	Brown clay loam 10YR 5/3 – distinct mottles 10YR 6/8, 10YR 7/1

Tank Report

Date: October 30, 2023

Elmer J. Peterson Co.
5921 Dague Ave.
Delano, MN 55328
Phone 763-972-2420
Fax 763-972-7217
MPCA License# 219

Susan Wilson
325 S. Brown Road
Orono, MN
612-867-1561

Baffles: ON / OFF

Tank Capacity: 3-1000 Gallon Tanks

of Tanks: 3

Type of Tanks: Concrete

Gallons Pumped: 2500

Manholes to Grade: YES / NO

Comments:

On October 30, 2023, Elmer J. Peterson Co. pumped tanks.

Note of Concern: Electrical post is rotten. Roots are starting to grow in between risers on the lift station.

NOTE: This is only a tank report. This is not a compliance inspection for point of sale nor does it replace a compliance inspection.

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 Susan WilsonProperty address: 325 S. Brown Road Orono, MN

Local Regulatory Authority: _____

Parcel ID: _____

System status

System status on date (mm/dd/yyyy): 10/30/2023☒ **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."

☐ Yes* ☒ No

The SSTS has a sewage tank that leaks below the designed operating depth - "Failure to Protect Groundwater."

☐ Yes* ☒ 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."

☐ Yes* ☒ No

Any "yes" answer above indicates sewage tank non-compliance.

Company information

Company name: Elmer J. Peterson CoBusiness license number: 219

Designated Certified Individual (DCI) information

Print name: James L Braegelmann

Certification number: _____

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: James L Braegelmann

(This document has been electronically signed.)

Date (mm/dd/yyyy): 10/30/2023