



**Minnesota Pollution Control Agency**

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

RECEIVED OCT 23 2014

# Compliance Inspection Form

## Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply.

Submit completed form to Local Unit of Government (LUG) and system owner within 15 days

For local tracking purposes:

### System Status

System status on date (mm/dd/yyyy): 10/20/2014

**Compliant – Certificate of Compliance**  
(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)

**Noncompliant – Notice of Noncompliance**  
(See Upgrade Requirements on page 3.)

#### Reason(s) for noncompliance (check all applicable)

- Impact on Public Health (Compliance Component #1) – Imminent threat to public health and safety
- Other Compliance Conditions (Compliance Component #3) – Imminent threat to public health and safety
- Tank Integrity (Compliance Component #2) – Failing to protect groundwater
- Other Compliance Conditions (Compliance Component #3) – Failing to protect groundwater
- Soil Separation (Compliance Component #4) – Failing to protect groundwater
- Operating permit/monitoring plan requirements (Compliance Component #5) – Noncompliant

### Property Information

Parcel ID# or Sec/Twp/Range: 43.250.0250

Property address: 28217 Gadiant Lane Red Wing, MN. 55066 Reason for inspection: property transfer

Property owner: Donald Mitchell and Therese Pittman Owner's phone: 651-301-5916

Owner's representative: \_\_\_\_\_ Representative phone: \_\_\_\_\_

Local regulatory authority: \_\_\_\_\_ Regulatory authority phone: \_\_\_\_\_

Brief system description: 1 concrete tank and 1 concrete tank with septic and pump chamber and pressurized bed

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.

Inspector name: Larry Kull Certification number: 1065

Business name: MJS of Red Wing License number: 1575

Inspector signature: [Signature] Phone number: 651-388-6473

### Necessary or Locally Required Attachments

- Soil boring logs
- System/As-built drawing
- Forms per local ordinance
- Other information (list): contruction of underground construction and permit

**1. Impact on Public Health – Compliance component #1 of 5**

Compliance criteria:	
System discharges sewage to the ground surface.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System discharges sewage to drain tile or surface waters.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System causes sewage backup into dwelling or establishment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Any "yes" answer above indicates the system is an imminent threat to public health and safety.**

Comments/Explanation:

**Verification method(s):**

- Searched for surface outlet
- Searched for seeping in yard/backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony (See Comments/Explanation)
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

**2. Tank Integrity – Compliance component #2 of 5**

Compliance criteria:	
System consists of a seepage pit, cesspool, drywell, or leaching pit. <i>Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Any "yes" answer above indicates the system is failing to protect groundwater.**

Comments/Explanation:

**Verification method(s):**

- Probed tank(s) bottom
- Examined construction records
- Examined Tank Integrity Form (Attach)
- Observed liquid level below operating depth
- Examined empty (pumped) tanks(s)
- Probed outside tank(s) for "black soil"
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

**3. Other Compliance Conditions – Compliance component #3 of 5**

- a. Maintenance hole covers are damaged, cracked, unsecured, or appear to be structurally unsound.  Yes\*  No  Unknown
- b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety.  Yes\*  No  Unknown  
**\*System is an imminent threat to public health and safety.**

Explain:

- c. System is non-protective of ground water for other conditions as determined by inspector.  Yes\*  No  
**\*System is failing to protect groundwater.**

Explain:

**4. Soil Separation – Compliance component #4 of 5**

Date of installation: 11/8/1999  Unknown  
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging?  Yes  No

**Compliance criteria:**

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.

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.\*

"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)  Yes  No

Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

**Verification method(s):**

Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.

- Conducted soil observation(s) (Attach boring logs)
- Two previous verifications (Attach boring logs)
- Not applicable (Holding tank(s), no drainfield)
- Unable to verify (See Comments/Explanation)
- Other (See Comments/Explanation)

**Comments/Explanation:**

**Indicate depths or elevations**

A. Bottom of distribution media	34"
B. Periodically saturated soil/bedrock	74"
C. System separation	40"
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.**

**5. Operating Permit and Nitrogen BMP\* – Compliance component #5 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?  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. Operating Permit number: \_\_\_\_\_  Yes  No  
Have the Operating Permit requirements been met?
- b. Is the required nitrogen BMP in place and properly functioning?  Yes  No

**Any "no" answer indicates Noncompliance.**

**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.

10/20/14

Mitchell

#1  
 74"  
 10YR 4/3 8"  
 loam

---

10YR 4/4  
 silt loam 8"

---

10YR 5/4  
 silt loam 25"

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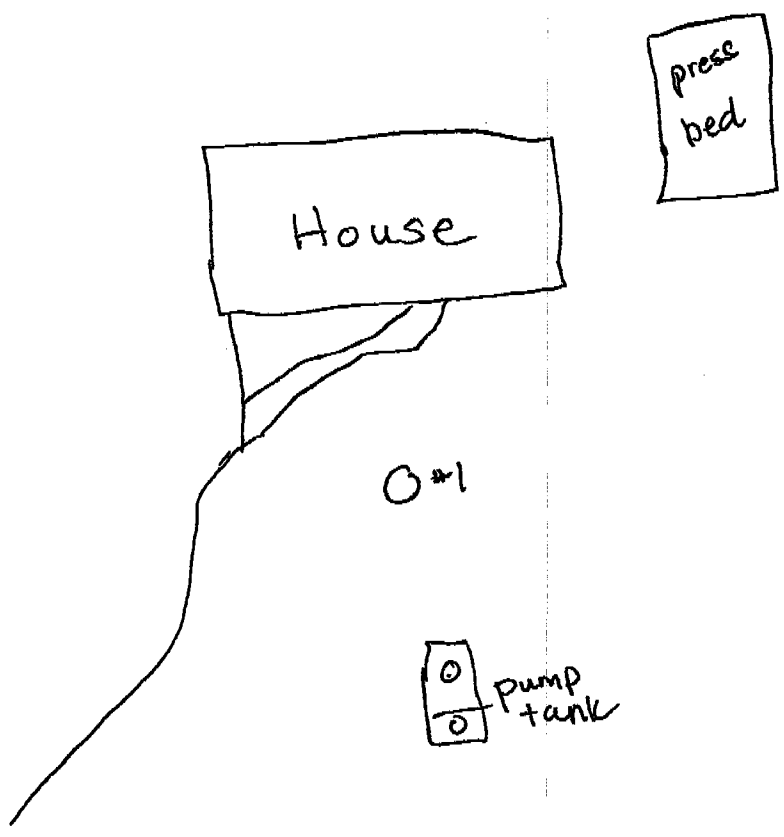
10YR 3/3  
 silt loam 21"

---

10YR 3/4  
 silt loam 12"

---

74"



Nelson  
**COMMUNITY HEALTH SERVICE OF  
GOODHUE AND WABASHA COUNTIES**

419 Bush St.  
Red Wing, 55066  
612-385-6464

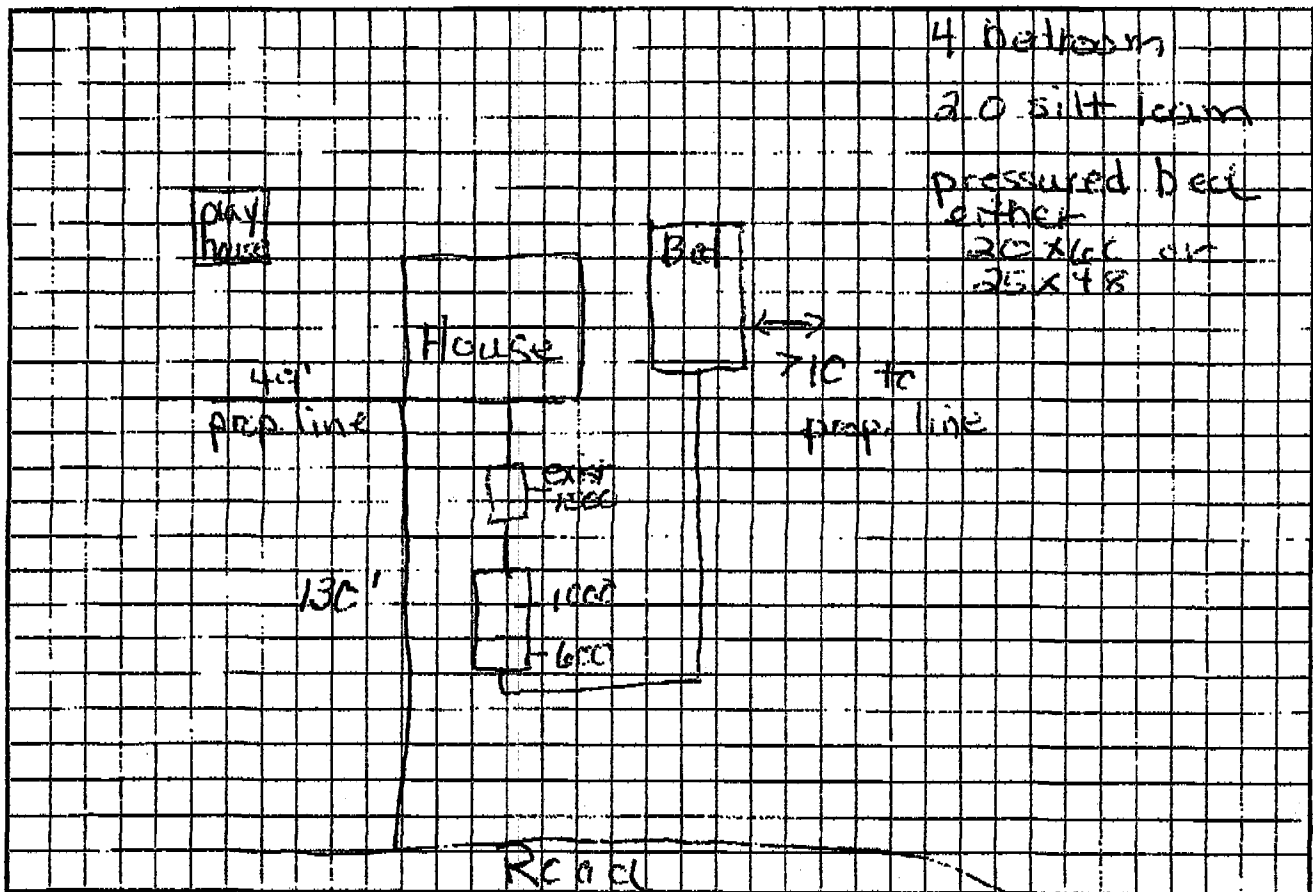
**CERTIFICATION OF UNDERGROUND CONSTRUCTION**

LARRY'S EXCAVATING certifies that all portions of the water supply, water distribution, sewage collection, and sewage treatment systems have been constructed in accordance with the provisions of the standards of the Minnesota Pollution Control Agency Rules, Chapter 7080 and Regulations of Public Health Service of Goodhue and Wabasha Counties.

Owner: SCOTT NELSON Permit # 99-158 Parcel# 43-250-0250

**DRAW IN ALL PARTS OF SEPTIC SYSTEM & WELL LOCATIONS**

\*\*\*Be sure to include photographs of the system.\*\*\*



11-8-99

Date

Rick Kille

Signature

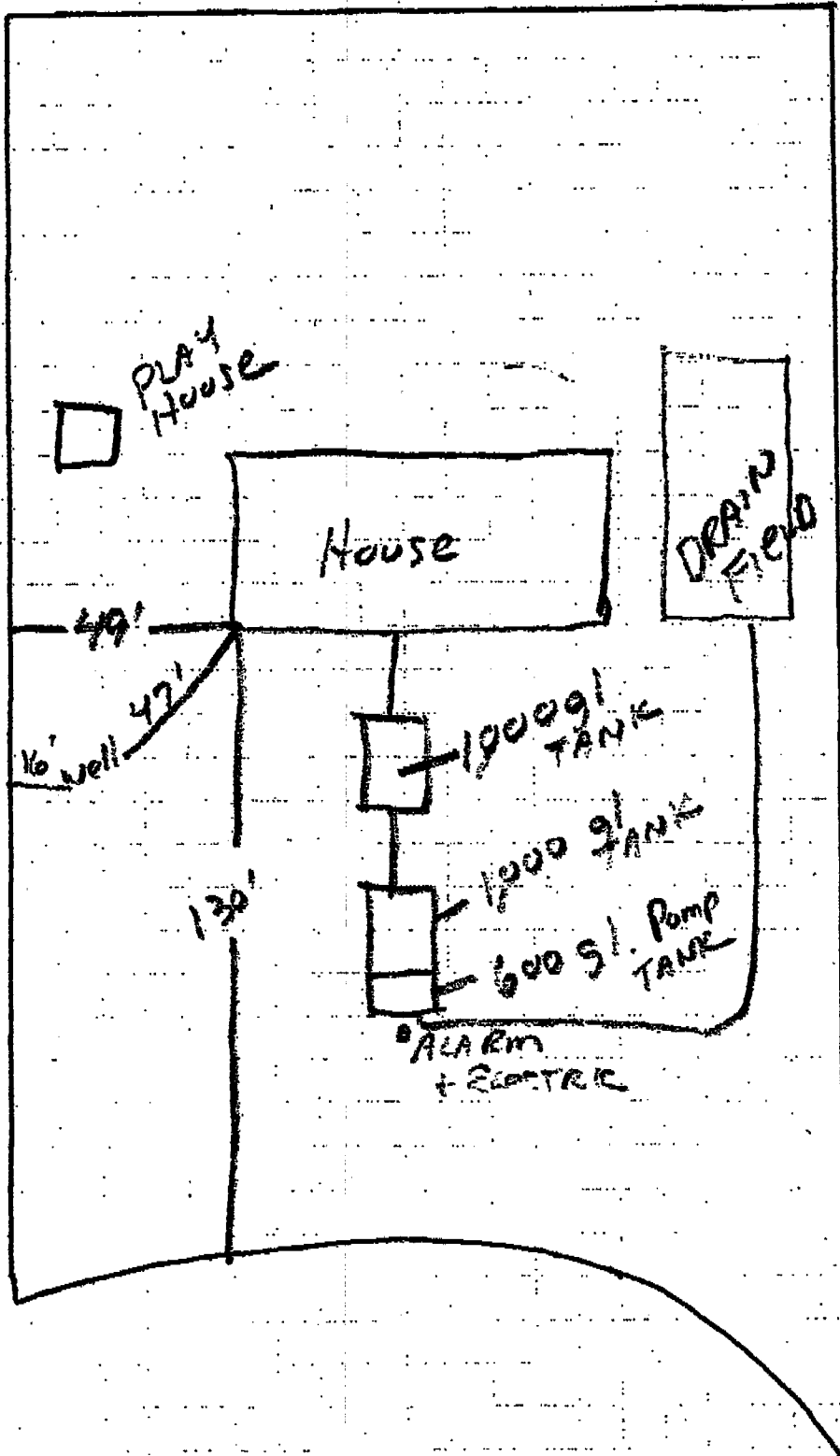
Original - Office Copy

Yellow - Homeowner Copy

Pink - Contractor Copy

SCOTT & JACKIE NELSON  
28217 GADIENT LN.  
APP# 43.250.0250

SEPTIC MAP  
(INSTALLED 11-8-99)





# INDIVIDUAL SEWAGE TREATMENT SYSTEM RECEIVED

## Goodhue County Public Health Service

419 Bush Street - Red Wing, MN 55066

(612) 385-6130

### LOCATION:

Owner's Name: Scott Nelson Phone: 385-8157

Mailing Address: 28217 Gradient City Rd Zip 55066

Sitlocation: \_\_\_\_\_

PARCELS: 73.250.0250 T: 113N R: 14W S: 26

### Construction Proposed:

New Construction  Replacement System  Repair

House  Other/Variance \_\_\_\_\_ \*Number of Bedrooms 4

\*7080.0020 Subp. 7. Bedroom - if unfinished basement, must add 1 bedroom

Indicate Type (MPCA Rule 7080.0170)  Type I  Type II  Type III

Washing Machine  Garbage Disposal\*  Whirlpool Tub

Water Softener  Dishwasher  Self Cleaning Humidifier

\*If garbage disposal is installed a two compartment septic tank or two septic tanks must be used

### Tank And Treatment System:

The capacity of each septic tank is 1000 and \_\_\_\_\_ Lift Tank

### Type of Treatment System Used (check the system & the type):

Trench  Mound

Gravelless Pipe  Bed

Alternative

Chambered  At-Grade

Experimental

Total square footage to be installed: 1200 If mound design, attach worksheets.

Rock under pipe: 12 inches. Lateral feet of 3' wide trenches: 320

SITE INFORMATION: visual done Date of Site Evaluation: 11-2-99

Slope % 10 Vegetation Type: Grass Landscape Position: \_\_\_\_\_

Depth of Restricting Layer: \_\_\_\_\_ Maximum Depth of Soil Penetration: \_\_\_\_\_

Disturbed or Compacted?  Yes  No Access for Tank Maintenance Provided:  Yes  No

Flood Plain?  Yes  No Shoreland?  Yes  No

\* Attach Site Drawings with Setbacks and Soil Boring Logs

### Soil Type:

Coarse Sand  Fine Sand 1.67  Loam 1.67  Clay Loam 2.20

Sand 0.83  Sandy Loam 1.27  Silt Loam 2.00  Clay

Well Information: Cased 180'

New Well: \_\_\_\_\_ Existing Well: X Distance to Drainfield: 750'

### Notice and Signature:

This information will be used to determine conformity to adopted construction requirements and to facilitate storage and retrieval of records. Failure to provide all requested information may result in the denial of a permit. All information submitted as part of this application is deemed public information and is available to anyone upon request.

Installer's Name: Larry's Excavating MPCA# 443 Phone #: 385-6473

Address: PO Box 46 City: Red Wing Zip: 55066

Designer's Name: MIS of RW MPCA# 1575 Date: 11-5-99

GOODHUE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

### FOR OFFICE USE ONLY

ISTS Permit # 99-158

Approved by: \_\_\_\_\_

Date: 11-8-99

Receipt # 27528 Amount \$ 275

Comments: will be doing test hole soon

No soils info if soils are

2.0 ft mats vertical

separation

### Water Usage Per Day

Number of Bedrooms	I	II
2	300	225
3	450	300
4	600	375
5	750	450
6	900	525

White - Office Copy

Yellow - Homeowner Copy

Pink - Contractor Copy

White - Zoning Copy



RECEIVED

NOV 9 1999

GOODHUE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

VARIANCE REQUEST FORM GOODHUE COUNTY PUBLIC HEALTH SERVICE

1. Applicant's Name <u>Scott Nelson</u>	
2. Applicant's Mailing Address (st., city, zip) <u>28217 Gradient Lane</u>	
3. Applicant's Daytime Telephone Number	
4. Township/Range/Section <u>13N-14W-26</u>	5. Parcel Number <u>43.250.0250</u>

Variance Request:

Need to be closer than 20' to side house with pressurized bed. The side of house we will be next to has no basement under pit.

Applicant's Signature:

[Signature]

Date: 11/8/99

Neighbor's Signature

NA

Date: \_\_\_\_\_

MUST NOT BE CLOSER THAN 10' [Signature]

ORDER GRANTING OR DENYING VARIANCE

The aforementioned variance request made by the person whose name appears on this request form is hereby  approved  denied by the Environmental Health Department on this 8 day of November 1999.

Signed

[Signature]

Jason Petersen, Environmental Health Director



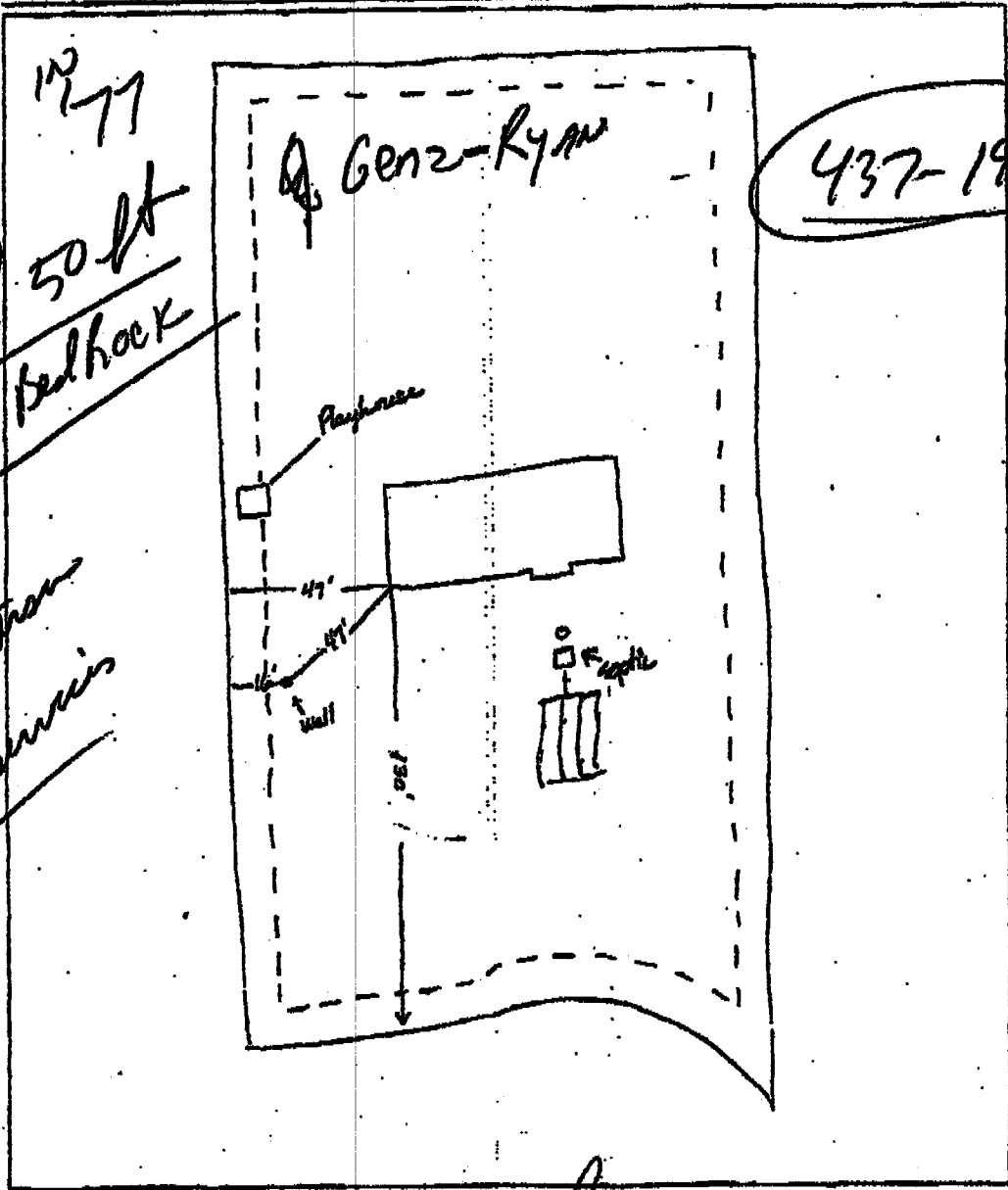
**PRIVATE SEWER SYSTEM AND/OR WELL LOCATION MAP**

This form approved by the Minnesota Association of REALTORS® which disclaims any liability arising out of use or misuse of this form.

1. Page 1 of 1 Pages

- Please use the space below to sketch the real property being sold and the location of each  SEWER SYSTEM  WELL on the property.  
(use a different color)
- Include approximate distances from fixed reference points such as streets, buildings, and landmarks.
- Property located at 20217 Sargent Lane, Red Wing, MN 55068

Drilled 12-77  
 casing over 50 ft  
 into bedrock  
 from  
 Peterson  
 Eng. Service



ATTACH ADDITIONAL SHEETS AS NEEDED

4. Seller and Buyer Initial: Seller: RB Buyer: [Signature]

7. MN-PSW/M (7/84)

ORIGINAL COPY TO LISTING BROKER: COPIES TO SELLER, BUYER, SELLING BROKER





**INDIVIDUAL SEWAGE TREATMENT SYSTEM RECEIVED**  
**Goodhue County Public Health Service**  
 419 Bush Street - Red Wing, MN 55066  
 (612) 385-6130

**LOCATION:**

Owner's Name: Scott Nelson Phone: 355-81087  
 Mailing Address: 28217 Gradient<sup>home</sup> City: RW Zip: 55066  
 Site location:  
 PARCEL#: B3. 250. 0250 T: 113N R: 14W S: 26

**Construction Proposed:**

- New Construction  Replacement System  Repair  
 House  Other/Variance  \*Number of Bedrooms 4  
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 Water Softener  Dishwasher  Self Cleaning Humidifier

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 Address: PO Box 46 City: RW Zip: 55066  
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GOODHUE COUNTY  
ENVIRONMENTAL

**FOR OFFICE USE ONLY**

ISTS Permit # 99-158

Approved by: [Signature]

Date: 11-8-99

Receipt # 27528 Amount \$ 275

Comments: will be doing fast hills AM -  
NO soils info if soils are  
a.c & meets vertical  
separation -

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White - Office Copy

Yellow - Homeowner Copy

Pink - Contractor Copy

White - Zoning Copy

FEB 0 5 1998

R43.250.0250



Minnesota Pollution Control Agency (MPCA)
Inspection Form for Existing Septic Systems



DATE OF INSPECTION: 1/22/98 TIME: P.M. WEATHER CONDITIONS: fair ISTS PERMIT NUMBER:

REASON FOR INSPECTION

- ( ) Bedroom or bathroom addition
( ) Variance
( ) Complaint
( ) Property Transfer
( ) Other

IDENTIFICATION

Property Owner(s) Steve Bloom Telephone ( )
Site Address 28217 Garbent Lane City
Zip Code County Goodhue
Fire No. Township Name
Is system opened up? Y N Full Partial Contractor/Installer name:

SYSTEM

Has tank(s) ever been pumped? (X) Y N Year System Built: 1975
If Yes, how often? For what reason:
Any repair done on system? Y (X) What When By whom
Usage: ( ) other establishment ( ) dwelling ( ) seasonal ( ) other No. Bedrooms No. of occupants
Water using appliances: (X) Clothes washer ( ) Dishwasher ( ) Garbage disposal ( ) Whirlpool bath ( ) Water conditioning unit ( ) Self-cleaning humidifier in furnace
Nearest Surface Water: ft. from which type of surface water: ( ) river ( ) lake ( ) stream ( ) other

(Check appropriate sewer system component and indicate location on site sketch on back of form).

Tank(s): Tank(s) Material: Soil Treatment System: Other:
(X) Septic tank Fiberglass rock trench alternative system (identify type)
Aerobic tank Plastic gravelless trench experimental system (identify type)
Pump tank Metal chamber trench other (identify type)
Holding tank Concrete X escape bed
Other mound
at-grade

Tank(s) Size: 1,000 gal Soil treatment area size(s): sq. ft.

IMPLIANCE INSPECTION\*

Is there or has there ever been any evidence of:
Discharge of sewage to the ground surface? Response YES (NO) Explain See Attached letter
Discharge of sewage to a surface water? YES (NO)
A seepage pit, drywell, cesspool or leaching pit? YES (NO)
Less than three feet of vertical separation between the soil treatment system bottom and saturated soil or bedrock? YES (NO)
Sewage backup into dwelling or other establishment presently occurring? YES (NO)
Situations with the potential to immediately and adversely impact or threaten public health or safety? YES (NO)

\* If YES was answered for any of the above questions, the system is failing according to Minn. R. ch. 7080.0060. If well setbacks are violated, a potential imminent threat to public health or safety may exist!

STATUS OF THE SYSTEM

Based on the compliance inspection conducted above the system status is in Compliance, therefore, this document is a Certificate of Compliance (Choose: Certificate of Compliance OR Notice of Noncompliance)

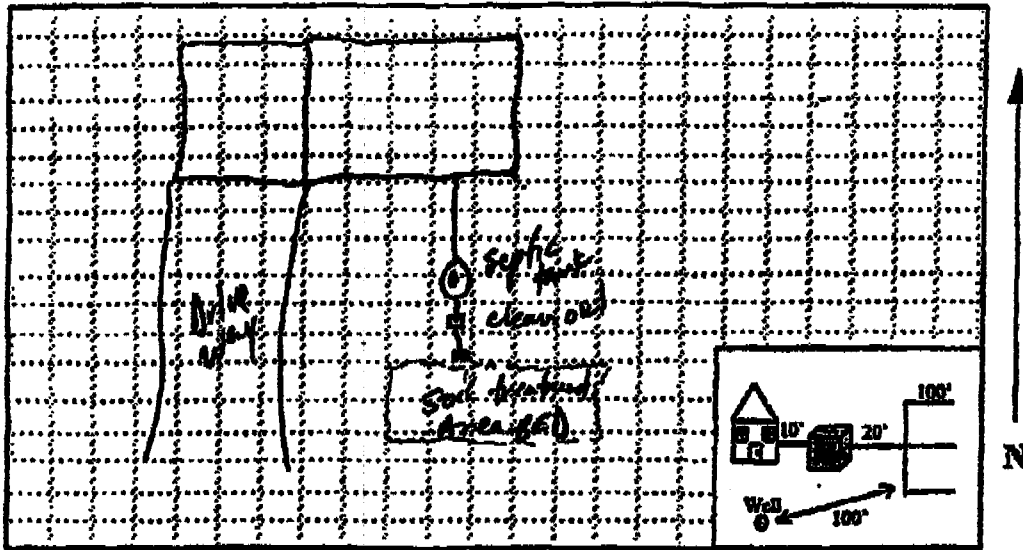
CERTIFICATION

I hereby certify as a state of Minnesota licensed inspector, Designer I or Qualified Employee that my observations recorded on this form are accurate as of the date at the top of this form for the site stated above. No determination of future hydraulic performance can be made due to unknown conditions during system construction, future water usage over the life of the system, abuse of the system, and/or inadequate maintenance all of which will adversely affect the life of the system.

Inspector's name Chris Beaslet (please print) Phone No. 384-820 License and/or Registration Number 2487

Inspector's signature Chris Beaslet Date 2/2/98

**Site Sketch:**



Please indicate the location of: Well, well setback to system, dwelling or other establishment, tank(s), soil treatment system, reserved soil treatment area, curtain drain, property lines, waterways, and buried lines (those NOT installed by the utility). Include sizes and length and approximate distances from fixed reference points such as streets and buildings. Please attach as-built drawings, inspection reports, Certificat(s) of Compliance and Notice(s) of Noncompliance, if available.

**Soil Borings (BR #):** Locate each boring on the map above, indicate on the right of the column the soil texture, structure, color, depth of each different soil type, evidence of mottling, bedrock and standing water. Also indicate if the material is fill.

BR #	BR #	BR #	BR #	BR #	BR #
Soils are generally silty in this area					

RECORD DEPTH OF MOTTLING, SEASONAL HIGH WATER (AS DETERMINED USING THE MUNSSELL COLOR BOOK) OR BEDROCK ON ABOVE LINES

Comments: Please see attached letter.

What needs to be completed to bring the above system into compliance if found not in compliance? \_\_\_\_\_



# BOLTON & MENK, INC.

Consulting Engineers & Surveyors

515 North Riverfront Drive • Mankato, MN 56001-3471  
Phone (507) 625-4171 • FAX (507) 625-4177

FEB 05 1998

February 3, 1998

Tom Brown, Agent  
Lawrence Realty  
620 Main St.  
Red Wing, MN 55066

Dear Mr. Brown:

Please find the enclosed septic system compliance inspection form for the property owned by Mr. & Mrs. Steve Bloom, 28217 Gadiant Lane, Red Wing, MN.

I inspected the system on January 22, 1998. This is the original system that was installed when the home was built, and it consists of a 1000 gallon septic tank, a clean out opening and a drainfield. While observing the system, I noticed that the ground around the distribution box at the beginning of the drainfield was soft and appeared to be showing the early signs of system failure. Also, the inspection pipe going down to the distribution pipe contained evidence that the effluent had backed up into the pipe.

These observations are indicators that the system may be very close to the end of its life. The expected life of any onsite sewage treatment system is 15-20 years under normal circumstances and proper maintenance. This system has been operational for a period of approximately 20 years and has had good maintenance, therefore, it is reasonable to expect that the system may be nearing the end of its life. Mr. Bloom was present at the time of the inspection. We discussed the status of the system.

If you have any questions, please feel free to contact me at 612-388-8120.

Sincerely,

  
Chris Bosshart