



**CARVER
COUNTY**

Environmental Services Department
Public Health & Environment Division
Carver County Government Center
600 Fourth Street East
Chaska, Minnesota 55318-2102
Phone: 952-361-1820
Fax: 952-361-1828

SSTS Certificate of Compliance

SSTS Permit #:	SP20210074
SSTS #:	SS006357
Site Address:	14785 County Road 122
PID:	060130700
Type of Work:	Replacement
COC Expiry Date:	10/20/2026

Property Owner:	GARY HITZ	Phone:	
Designer:	CHIPS SEPTIC SERVICE LLC	Phone:	952-200-3176
License #:	2064	Expiration:	8/25/2022
Installer:	Matter Excavating, LLC	Phone:	612-644-4587
License #:	302	Expiration:	4/16/2022

System Information and Specifications

SSTS Type	Type I	System Subtype		Treatment Type:	Mound
Bedrooms	3	Septic Tank Capacity	2,000	Soil Treatment Area	400
GPD	450	Lift Tank Capacity	1,000	Depth of Media	6
Residential	Yes	Lake Setback		Max Depth of System	
Other Establishment	No	Class V	No	Daycare	No
Garbage Disposal	No	Lift in the Basement	No	Effluent Screen	No

Comments: System is sized for 3 bedrooms. No garbage disposal or lift in the basement without additional tank capacity. Tank depth limited to the depth certification of the tanks. Design requires an event counter and lateral cleanouts. Keep the upslope side of the mound rock bed on contour. Air test any new building sewer line. As built required.

This document serves as a Certificate of Compliance (COC) for this recently installed/repaired subsurface sewage treatment system (SSTS).

The issuance of this COC does not certify that the work of the SSTS Installer is free from defects in the construction of the SSTS and it does not guarantee future hydraulic performance of the SSTS to treat sewage. Unknown site conditions during construction, materials used, water usage, wastewater strength, abuse of the SSTS, and the amount of maintenance will affect the performance and longevity of the SSTS. The owner should periodically refer to the Septic System Owners Guide for the proper use, maintenance and record keeping for this SSTS.

Signature of Issuing County Official:

Date: 10/20/21

Certificate of Compliance Valid Until:

10/20/2026

Drinking Water Laboratory Test Report

Report #:

26-00729

Report Issue Date:

1/27/2026

CLIENT INFORMATION	
CLIENT/CLIENT ADDRESS: Gary Hitz	OWNER/OWNER ADDRESS:
WELL ADDRESS: 14785 County Road 122, Watertown, MN 55388	WELL #:

SAMPLE INFORMATION	
DATE/TIME COLLECTION OF SAMPLE: 1/21/2026 at 16:30	DATE/TIME OF SAMPLE RECEIPT: 1/22/2026 at 12:20
SAMPLE RECEIVED ON ICE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TEMP. OF SAMPLE UPON RECEIPT: 4 °C
SAMPLE COLLECTION POINT: Pressure tank (lead sample collected from kitchen tap)	COLLECTED BY: <input type="checkbox"/> TCWC/FE <input checked="" type="checkbox"/> CLIENT <input type="checkbox"/> OTHER

SAMPLE RESULTS	
LABORATORY SAMPLE ID: 26-00729	CLIENT ID:

ANALYTE	PASS/FAIL*	RESULT	MCL	ANALYSIS DATE	ANALYSIS TIME	METHOD
Total Coliform Bacteria	PASS ✓	ABSENT	<1 cfu/100mL	1/22/2026	13:30	SM 9223 B (Colisure - Presence/Absence)-2016 (23rd Ed)
Nitrate as N	PASS ✓	<1.00 mg/L	10 mg/L	1/22/2026	14:09	EPA 353.2 Rev. 2.0
Arsenic	PASS ✓	3.93 µg/L	10 µg/L	1/26/2026	11:05	SM3113 B-93
Lead	PASS ✓	<2.00 µg/L	15 µg/L	1/26/2026	10:35	SM3113 B-93

* The analyte(s) reported, for the above listed sample(s) pass if the result is below the MCL (maximum contaminant level) and fail if the result is above the MCL. The MCL is set by the U.S. EPA and followed by the Minnesota Department of Health for safe drinking water.

NOTES

APPROVED BY:



Frances Turner - Laboratory Director

Minnesota Laboratory ID # 027-053-119

The result(s) listed in this report apply only to the above listed samples. All routine quality assurance procedures were followed unless otherwise noted. The analytical report must be reported in its entirety. All methods are certified by the Minnesota Department of Health unless otherwise noted.