FILED W/ WASH Cty 8/6/19

## Minnesota Pollution Control Agency

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

## **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.		For local tracking purposes:	
Submit completed form to Local Unit of Government (LUG) within 15 days	and system owner		
System Status			
System status on date (mm/dd/yyyy): 5/20/2019			
Compliant – Certificate of Compliance (Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)		t – Notice of Noncompliance uirements on page 3.)	
Reason(s) for noncompliance (check all applicab	le)		
☐ Impact on Public Health (Compliance Component #☐ Other Compliance Conditions (Compliance Component #2) — Failing ☐ Other Compliance Conditions (Compliance Component #2) — Failing ☐ Soil Separation (Compliance Component #4) — Failing ☐ Operating permit/monitoring plan requirements (Comp	1) – Imminent threat to publi ent #3) – Imminent threat to g to protect groundwater ent #3) – Failing to protect ing to protect groundwater	public health and safety	
Property Information Parce	LID# or Coo/Tum/Dones	00 000 00 44 0004	
Property address: 1449 Indian Trail South Afton, MN	I ID# or Sec/Twp/Range:		
		n for inspection: Sale of home 's phone: 651-336-0016	
or	Owner a priorit	2. 031-030-0010	
Owner's representative:	Representative	Representative phone:	
Local regulatory authority: Regulato		hority phone:	
Brief system description:			
Comments or recommendations: Install water tight tank.			
install water tight tank.			
Certification			
I hereby certify that all the necessary information has been gathe determination of future system performance has been nor can be possible abuse of the system, inadequate maintenance, or future	made due to unknown con	iance status of this system. No ditions during system construction,	
Inspector name: Shelley Schlomka	ANY 534	mber: C9917 / C545	
Business name: SS Septic Solutions LLC		imber: 1106	
Inspector signature:	Phone nu	mber: 651-343-9117	
Necessary or Locally Required Attachments			
☐ Soil boring logs ☐ System/As-built drawing	Forms per local	ordinance	
Other information (list):			