Tank Integrity and Safety Compliance  Compliance Issue #2 of 4  Date of observation: 6/17/2019 Reason for observation: 6/16/2022  Compliance questions/criteria: (Required) (Check the appropriate box)  Does the appropriate box) (Check the appropriate box)  Does the appropriate box) (Check the appropriate box) (Check the appropriate box)  Does the appropriate box) (Check the appropriate box) (Check the appropriate box)  Does the appropriate box) (Check the appropriate box) (Check the appropriate box)  Does the appropriate box) (Check the appropriate box) (Check the appropriate box)  Does the appropriate box) (Check the appropriate box) (Check the appropriate box)  Does the appropriate box) (Check the appropriate box) (Check the appropriate box)  Does the appropria	Parcel number:	***************************************	_ System status:  _ Complian	t Noncompliant	
Compliance Issue #2 of 4 Date of observation: 6/17/2019 Roason for observation: 6/16/2022  Compliance questions/criteria: (Required) (Check the appropriate box) (Check appropriate box) (Check the appropriate appropriate box) (Check appropriate appropriate box) (Check appropriate appropriate appropriate appropriate box) (Check appropriate box) (Check the appropriate approp			(as determined by this form)		
Date of observation: 6/17/2019 Reason for observation: Routine Pumping  This form expires on (three years): 6/16/2022  Compliance questions/criteria: (Required)	Tank Integrity and Safety Co	mpliance			
This form expires on (three years):    Compliance questions/criteria: (Required)	Compliance Issue #2 of 4				
This form expires on (three years):    Compliance questions/criteria: (Required) (Check the appropriate box)	Date of observation: 6/17/2019	9 Reason for observa	Routine Pu	mping	
Check the appropriate box    Does the system consist of a seepage pit*,	This form expires on (three years):				
Check the appropriate box    Does the system consist of a seepage pit*,	Compliance questions/criteria: (Requ	uired)	Verification Method***	Optional)	
Does the system consist of a seepage pirt, seesspool, drywell, or leaching pir?  Do any sewage tank(s) leak below their designed operating depth?  If yes, identify which sewage tank leaks.  Any "yes" answer indicates that the system is falling to protect ground water.  * Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.  **No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.  **Safety Check*  1. Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound?  2. Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)?  3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.	(Check the appropriate box)	VENNAMES NO POOR SECOND SAME DE LA PROPERTIE D	3 183		
Examined construction records   Examined empty (pumped) tank tank leaks.   Probed outside tank for 'black soil'   Probed outside tank for 'black soil'   Pressure/vacuum check   Other:   Pressure/vacuum	Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	☐ Yes ☒ No	Probed tank bottom	6004 <b>*</b> 0	
If yes, identify which sewage tank leaks.  Any "yes" answer indicates that the system is falling to protect ground water.  * Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.  * Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.  ** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.  Safety Check  1. Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound?  2. Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)?  3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.	Do any sewage tank(s) leak below their designed operating depth?	Yes X No			
tank leaks.    Probed outside tank for "black soil"   Pressure/vacuum check   Pressure/vacuum check   Other:    Seepage pils meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.    Seepage pils meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.    No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.    Safety Check		Examined empty (pumped) tank			
* Seepage pits meeting 7080.2550 may be compliant if ellowed in ordinance by local permitting authority.  * No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.  Safety Check  1. Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound?   Yes'   No 2. Where all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)?   Yes   No 3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.   Yes   No 4. Was any other safety/health issue present?   Yes'   No 5. Explain:  *System is an imminent threat to public health and safety.  Certification  This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.  Property owner name(s):   Shawn Ginther  Property owner name(s):   Shawn Ginther  Property owner's address (if different):   County:   Washington   Phone:    **Name		ENGLISH AND DE TOTAL CONTRACTOR			
**No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.  Safety Check  1. Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound?			☐ Pressure/vacuum check		
**No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.  Safety Check  1. Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound?	* Coopers nits masting 7000 0550	Other:			
Safety Check  1. Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound?  2. Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)?  3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.  4. Was any other safety/health issue present?  Explain:  "System is an imminent threat to public health and safety.  Certification  This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed from must be submitted to the local unit of government within 15 days.  Property owner name(s):  Shawn Ginther  Property owner name(s):  Shawn Ginther  Property owner's address (if different):  County:  Washington  Phone:  Chereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.  Name  Larry Schlomka  Certification number:  Schlomka Services LLC ? 2989  or  Name of local unit of government:	in ordinance by local permitting authority.	compliant if allowed			
1. Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound? 2. Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)? 3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.  4. Was any other safety/health issue present?  Explain:  "System is an imminent threat to public health and safety.  Certification  This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.  Property owner name(s):  Shawn Ginther  Property owner's address (if different):  County:  Washington  Phone:  Certification number:  Cat253  Business license name and number:  Schlomka Services LLC ?  2989  or  Name of local unit of government:	4		sequential order, nor does	it indicate which comi	ustive, in binations
2. Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)?  3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.	Safety Check	ŕ			
2. Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)?  3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.	Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound?			☐ Yes*	X No
3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.					
4. Was any other safety/health issue present?  Explain:  *System is an imminent threat to public health and safety.  Certification  This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.  Property owner name(s):  Shawn Ginther  Property address:  11601 122nd St S, Hastings  Property owner's address (if different):  County:  Washington  Phone:  Chiereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.  Name:  Larry Schlomka  Certification number:  C4253  Business license name and number:  Schlomka Services LLC ? 2989  or  Name of local unit of government:				nded. Yes	
Explain:  "System is an imminent threat to public health and safety.  Certification  This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.  Property owner name(s):  Shawn Ginther  Property address:  11601 122nd St S, Hastings  Property owner's address (if different):  County:  Washington  Phone:  Phone:  Certification number:  Cat253  Business license name and number:  Schlomka Services LLC ? 2989  or  Name of local unit of government:					-
Certification  This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.  Property owner name(s):  Shawn Ginther  Property address:  11601 122nd St S, Hastings  Property owner's address (if different):  County:  Washington  Phone:  Chereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.  Name  Larry. Schlomka  Certification number:  Cayso  Schlomka Services LLC  2989  or  Name of local unit of government:	Explain:		×		
This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.  Property owner name(s):  Shawn Ginther  Property address:  11601 122nd St S, Hastings  Property owner's address (if different):  County:  Washington  Phone:  Chereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.  Name  Larry Schlomka  Certification number:  C4253  Susiness license name and number:  Schlomka Services LLC ? 2989  or	*System is an imminent threat to pub	olic health and safety.			
Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.  Property owner name(s):  Shawn Ginther  Property address:  11601 122nd St S, Hastings  Property owner's address (if different):  County:  Washington  Phone:  Phone:  Correct.  Name  Larry Schlomka  Certification number:  Cat253  Susiness license name and number:  Schlomka Services LLC ? 2989  or  Name of local unit of government:	Certification				
Property owner's address (if different):  County: Washington Phone:  County: Washington Phone:  County: Larry Schlomka Certification number: C4253  Business license name and number: Schlomka Services LLC ? 2989 or  Name of local unit of government:	Inspection Form for Existing Subsurface	Sewage Treatment Syste	ms. Observations, interpretation	is and conclusions	must he
Property owner's address (if different):  County: Washington Phone:  County: Washington Phone:  County: Larry Schlomka Certification number: C4253  Business license name and number: Schlomka Services LLC ? 2989 or  Name of local unit of government:	Property owner name(s):	Shawn Gin	ther		
Property owner's address (if different):  County: Washington Phone:  County: Washington Phone:  County: Larry Schlomka Certification number: C4253  Business license name and number: Schlomka Services LLC ? 2989 or  Name of local unit of government:	Property address:	11601 122nd St S.	Hastings	· · · · · · · · · · · · · · · · · · ·	American Control of the Control of t
Certification number:  Carry Schlomka  Carry Schlomka  Certification number:  Carry Schlomka  Certification number:  Carry Schlomka  Certification number:  Carry Schlomka  Carry Schlomka  Certification number:  Carry Schlomka  Carr	Property owner's address (if different):			The state of the s	
Certification number:  Carry Schlomka  Carry Schlomka  Certification number:  Carry Schlomka  Certification number:  Carry Schlomka  Certification number:  Carry Schlomka  Carry Schlomka  Certification number:  Carry Schlomka  Carr	County: Washin	ngton	Phone:		
Business license name and number: Schlomka Services LLC ? 2989 or Name of local unit of government:					
Business license name and number: Schlomka Services LLC ? 2989 or Name of local unit of government:	Name Larry Schlomka	a	Certification number	C4253	
Name of local unit of government:	·				Or
	The second secon	7			
	Signature: 9-MSAT		Date:	5/16/2019	

wq-wwists4-31 4/1/08

Compliance Inspection Form for Existing SSTS