Property address:				Parce	el ID:	
City:	2 X C 2 C C C C C C C C C C C C C C C C		state:		ode:	
*						
Optional section: Se	wage Tank Cor	npliance Cer	tification			
This form does not repres	ent a complete syst	tem inspection re	eport and only certi	ifies sewage tank	compliance status	
Instructions: This section Maintenance Business who the system.	of the form may be co personally conducts	ompleted and sign the necessary pro	ned by a Designated ocedures to assess t	Certified Individua he compliance stat	l (DCI) of a licensed tus of each sewage	SSTS tank in
When this section of the form is signed by a qualified certified professional, it be Existing System Compliance Inspection Report: found on the MPCA website at				necessary suppor	ting documentation . This form c	
The information and certified individual other than the SS component compliance and three years beyond the sign required according to local r R. 7082.0700, subp. 4 Items	TS Inspector that sub- is allowable under Mature date on this for egulations. Additiona	omits the inspection linn. R. 7082.0700 m unless a new e al Administrative R	on report. It represen), subp. 4 Item (B) so valuation is requeste	its a third party assubitem (1). This for ed by the owner or	essment of SSTS m is valid for a perio owner's agent or is	53
□ Certificate of sewage	tank compliance		☐ Notice of sev	vage tank non-c	ompliance	
Affirm all three statements:			Select all that apply:			
☐ The SSTS does not contain a seepage pit, cesspool,			☐ The SSTS has a seepage pit, cesspool, drywell,			
drywell, leaching pit, or other pit. ☑ It does not contain a sewage tank that was designed			leaching pit, or other pit. It has a sewage tank that was designed to be			
to be watertight, but subsequently leaks below the			watertight, but subsequently leaks below the designed			
designed operating			operating	g depth.		
It does not represent an imminent safety threat by reason of unsecured, damaged, or weak			It presents a threat to public safety by reason of unsecured, damaged, or weak maintenance hole			
	cover(s) or other unsa			or other unsafe co		ile
Company information		Designated (Certified Individua	ıl (DCI) informati	ion	
Company name:	Meyer Sewer	Print name:		Chris	Wagner	
		= ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
Business license number:	***************************************	_ Certification nu	mber:	<u>C97</u>	61	
I personally conducted the washintenance Business. I per in this SSTS:	ork described above rsonally conducted th	as a Designated e necessary proce	Certified Individual of edures to assess the	f a Minnesota-licens compliance status	sed SSTS of each sewage tan	k
Designated Certified Individual's signature:	Chris	Nagres o	ate (mm/dd/yyyy):	_1	1/28/2020	
		<i>y</i>				
				 €2005a1		020 1 000
ww.pca.state.mn.us	651-296-6300	•	800-657-3864	• Use	your preferred	relay
ervice • Avail	able in alternative for	nats				

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