	HVENUE South Parcel ID:  State: MN Zip code: 55043
Optional section: Sewage Tank Compliance	Certification
Inis form does not represent a complete system inspection	
Maintenance Business who personally conducts the necessary parties the system.	igned by a Designated Certified Individual (DCI) of a licensed SST procedures to assess the compliance status of each sewage tank
evinen this section of the form is signed by a qualified certified pro- Existing System Compliance Inspection Report: Compliance inspection on the MPCA website at https://www.nca.state.com/pieces/	ofessional, it becomes necessary supporting documentation to an pection form - Existing system (wq-wwists4-31b). This form con be
The information and certified statement on this form is required	when existing septic tank compliance status is determined by an tion report. It represents a third party assessment of SSTS
Certificate of sewage tank compliance	
Allirm all three statements:	Notice of sewage tank non-compliance
The SSTS does not contain a seepage pit, cesspool, drywell, leaching pit, or other pit.  It does not contain a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth.  It does not represent an imminent safety threat by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.	Select all that apply:  The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit — "Failure to Protect Groundwater."  It has a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth — "Failure to Protect Groundwater."  It presents a threat to public safety by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition — "Imminent Threato Public Health or Safety."
mpany information	
mpany name: PINKYS Secret Service	Designated Certified Individual (DCI) information  Print name:NenCurvey
iness license number: 1673	Certification number: ( 2 C \ L\
ersonally conducted the work described above as a Designated siness. I personally conducted the necessary procedures to assessing at the conducted the necessary procedures to assessing at the conducted the necessary procedures to assess the necessary procedures the necessary procedures to assess the necessary procedures to assess the necessary procedures the	
signated Certified ividual's signature:	consige tank in this \$\$1\$:
	Date (mm/dd/yyyy):