Employee's signature:	Date (mm/dd/yyyy):
Property address:	
City:	State: Parcel ID:
	State: Zip code:
Optional section: Sewage Tank Compliance C	ertification
This form does not represent a complete system inspection	n report and only cortified course (
""VE GOLDIES. THIS SECTION OF THE POOR IS SOME THE	signed by a Designated Certified Individual (DCI) of a licensed SS procedures to assess the compliance status of each sewage tank
When this section of the form is signed by a qualified continue.	rofessional, it becomes necessary supporting documentation to a
individual other than the SSTS Inspector that guitage the	when existing septic tank compliance status is determined by an ction report. It represents a third party assessment of SSTS 700, subp. 4 Item (B) subitem (1). This form is valid for a period of
Certificate of sewage tank compliance	Notice of sewage tank non-compliance
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,
arywon, readming pit, or other bit	ieaching pit, or other pit.
It does not contain a sewage tank that was designed to be watertight, but subsequently leaks below the	It has a sewage tank that was designed to be
designed operating depth.	watertight, but subsequently leaks below the design operating 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
maintenance hole cover(s) or other unsafe condition.	unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.
ompany information	· · · · · · · · · · · · · · · · · · ·
	Designated Certified Individual (DCI) information
rons siver service.	Print name: Marc Meyer
usiness license number:	Certification number:
personally conducted the work described above as a Designated	d Certified Individual of a Minnesota-licensed SSTS Maintenance
Business. I personally conducted the necessary procedures to as	sess the compliance status of each sewage tank in this SSTS:
Designated Certified and individual's signature:	Date (mm/dd/yyyy): 10 20 20
XALL STATE OF THE	hom the top of the septic sy wally seen at the times of
*All inspections are done for	non the to a c
and based on solbations	on the top of the Septic Si
Cashiel Mynor Is VIS	ually seen at the to
(09/15/2019) We do NOT	enter III Time of se
service date	nom the top of the Septic sy wally seen at the time of se enter the tank for any reason
	man man
	10/20/20
	1 -1-0

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