Property address: 12840 20th St.	No. Parcel ID:
city: Stillwater	State: 1/1 \(\sum \) Zip code: \(\sum \) \(\sum \) Zip code: \(\sum \) \(\sum \)
Optional section: Sewage Tank Compliance Certification	
This form does not represent a complete system inspection report and only certifies sewage tank compliance status.	
Instructions: This section of the form may be completed and signed by a Designated Certified Individual (DCI) of a licensed SSTS Maintenance Business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system.	
When this section of the form is signed by a qualified certified pr Existing System Compliance Inspection Report: <u>Compliance insection</u> found on the MPCA website at https://www.pca.state.mn.us/water	ofessional, it becomes necessary supporting documentation to an oection form - Existing system (wq-wwists4-31b). This form can be er/ssts-and-msts-technical-and-compliance-criteria.
individual other than the 5515 inspector that submits the inspec	00, 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: 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 Threat to Public Health or Safety."
Company information	Designated Certified Individual (DCI) information
Company name: PINKYS Sawer Serv	Ne Print name: MICK St. Cloure
Business license number: 1673	Certification number: C9755
I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS Maintenance Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS:	
Designated Certified Individual's signature: The St. Chair	Date (mm/dd/yyyy): 12/14/120