

St. Paul, MN 55155-4194

**Compliance Inspection Form Existing Subsurface Sewage Treatment Systems (SSTS)** 

Doc Type: Compliance and Enforcement

| Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply. Submit completed form to Local Unit of Government (LUG) and system ow within 15 days  | For local tracking purposes:   |
|---|--|
|   |  |
| ystem Status  |  |
| System status on date (mm/dd/yyyy): 12/2/2020   |  |
|   | ompliant – Notice of Noncompliance ograde Requirements on page 3.)   |
| Reason(s) for noncompliance (check all applicable)  Impact on Public Health (Compliance Component #1) – Imminent threat to public health and safety  Other Compliance Conditions (Compliance Component #3) – Imminent threat to public health and safety  Tank Integrity (Compliance Component #2) – Failing to protect groundwater  Other Compliance Conditions (Compliance Component #3) – Failing to protect groundwater  Soil Separation (Compliance Component #4) – Failing to protect groundwater  Operating permit/monitoring plan requirements (Compliance Component #5) – Noncompliant |  |
|   |  |
| Property Information Parcel ID# or Sec/Tw   | p/Range: 1802820310027   |
|   | ason for inspection: Sale of home  |
|   | vner's phone: 651-303-2564   |
| or  |  |
| Owner's representative: Re  | presentative phone:  |
| Local regulatory authority: Washington County Re  | gulatory authority phone:  |
|   | nk to 45 x 10 mound  |
|   |  |
| Comments or recommendations:  |  |
| Comments or recommendations:  Certification   |  |
| Comments or recommendations:  Certification I hereby certify that all the necessary information has been gathered to determind determination of future system performance has been nor can be made due to u   | ne the compliance status of this system. No  |
| Comments or recommendations:  Certification I hereby certify that all the necessary information has been gathered to determin determination of future system performance has been nor can be made due to upossible abuse of the system, inadequate maintenance, or future water usage.  | ne the compliance status of this system. No  |
| Certification I hereby certify that all the necessary information has been gathered to determine determination of future system performance has been nor can be made due to upossible abuse of the system, inadequate maintenance, or future water usage.  Inspector name: Shelley Schlomka Ce  | ne the compliance status of this system. No<br>unknown conditions during system construction,  |
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| Certification  I hereby certify that all the necessary information has been gathered to determine determination of future system performance has been nor can be made due to upossible abuse of the system, inadequate maintenance, or future water usage.  Inspector name: Shelley Schlomka Cellusiness name: SS Septic Solutions, LLC  Inspector signature:   | ne the compliance status of this system. No<br>unknown conditions during system construction,<br>ertification number: C9917<br>License number: L4137 |
| Certification I hereby certify that all the necessary information has been gathered to determine determination of future system performance has been nor can be made due to upossible abuse of the system, inadequate maintenance, or future water usage.  Inspector name: Shelley Schlomka Ce Business name: SS Septic Solutions, LLC Inspector signature: Necessary or Locally Required Attachments   | ne the compliance status of this system. No<br>Inknown conditions during system construction,<br>Prtification number: C9917<br>License number: L4137 |