

520 Lafayette Road North St. Paul, MN 55155-4194

## **Compliance Inspection Form**

**Existing Subsurface Sewage Treatment Systems (SSTS)** 

Doc Type: Compliance and Enforcement

<b>Inspection results</b> based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply.	For local tracking purposes:
Submit completed form to Local Unit of Government (LUG) and system owner within 15 days	
System Status	
System status on date (mm/dd/yyyy): 12/8/2020	
<ul> <li>✓ Compliant – Certificate of Compliance         (Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)</li> <li>✓ Noncompliant – Notice of Noncompliance         (See Upgrade Requirements on page 3.)</li> </ul>	
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	
<ul> <li>☐ Other Compliance Conditions (Compliance Component #3) – Failing to protect groundwater</li> <li>☐ Soil Separation (Compliance Component #4) – Failing to protect groundwater</li> </ul>	
☐ Operating permit/monitoring plan requirements (Compliance Component #5) – Noncompliant	
Property Information Parcel ID# or Sec/Twp/Range: 190290420014	
Property address: 2327 Morgan Ave N Reaso	n for inspection: Sale of home
Property owner: Jill Strobel Owner	's phone: 651-230-0298
Or Oursele researchetise	and the state of
	sentative phone:
Brief system description: Large in ground system - pump to drainfield	atory authority phone:
Comments or recommendations:	
Certification	200 D R 50000 E D
I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.	
Inspector name: Shelley Schlomka Certific	cation number: C9917
Business name: SS Septic Solutions Lie	cense number: L4137
Inspector signature:	Phone number: 651-343-9117
Necessary or Locally Required Attachments	
<ul> <li>☑ Soil boring logs</li> <li>☑ System/As-built drawing</li> <li>☑ Other information (list):</li> <li>Tank integrity form from maintainer</li> </ul>	ei iocai ordinarice
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