

Parcel number: _____

System status: Compliant Noncompliant
(as determined by this form)

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: 7/31/2019 Reason for observation: Routine Pumping

This form expires on (three years): 7/30/2022

Compliance questions/criteria: (Required)
(Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do any sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If yes, identify which sewage tank leaks. _____

Any "yes" answer indicates that the system is failing to protect ground water.

* Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.

Verification Method:** (Optional)
(Check the appropriate box)

- Probed tank bottom
- Observed low liquid level
- Examined construction records
- Examined empty (pumped) tank
- Probed outside tank for "black soil"
- Pressure/vacuum check
- Other: _____

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Safety Check

- 1. Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound? Yes* No
- 2. Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)? Yes No*
- 3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended. Yes No
- 4. Was any other safety/health issue present? Yes* No

Explain: _____

*System is an imminent threat to public health and safety.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Gerald Fignar

Property address: 19855 Jeffrey Cir N

Property owner's address (if different): _____

County: Washington Phone: _____

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Larry Schlomka Certification number: C4253

Business license name and number: Schlomka Services LLC 2989 or

Name of local unit of government: _____

Signature: [Signature] Date: 3/13/2021