

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

Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

Instructions: Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached supporting documentation – additional local requirements may also apply. Further information can be found here: https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf.

Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance.

Property information	Local tracking number:	
Parcel ID# or Sec/Twp/Range: 2502822210002 Loc	cal regulatory authority: Washington	
Property address: 1005 Bailey Road		
Owner/representative: Kathleen Libby	Owner's ph	ione: 651-248-9170
Brief system description: In ground system with drain field		
System status		
System status on date (mm/dd/yyyy): 4/26/2021		
☐ Compliant Certificate of compliance*	Noncompliant - Notice of noncom	pliance
(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists	An imminent threat to public health a upgraded, replaced, or its use discor receipt of this notice or within a short local ordinance or under section 145	ntinued within ten months of ter period if required by
in Local Ordinance.) *Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.	Systems failing to protect ground wa replaced, or use discontinued within ordinance.	
Reason(s) for noncompliance (check all applicabl Impact on public health (Compliance component #1)	Note: Lat Francis designation of the State State State	fetv
☐ Impact on public results (Sompliance component #1) — Failing t	THE STATE OF THE S	icty
☐ Other Compliance Conditions (Compliance compone		and safety
☐ Other Compliance Conditions (Compliance compone	-	
System not abandoned according to Minn. R. 7080.2		g to protect groundwater
Soil separation (Compliance component #5) - Failing		
Operating permit/monitoring plan requirements (Com	pliance component #4) - Noncompliant -	local ordinance applies
Comments or recommendations		
Certification		
I hereby certify that all the necessary information has been gather determination of future system performance has been nor can be abuse of the system, inadequate maintenance, or future water use	made due to unknown conditions during s	
By typing my name below, I certify the above statements to be to can be used for the purpose of processing this form.	rue and correct, to the best of my knowled	ge, and that this information
Business name: SS Septic Solutions. LLC	Certification number: C9917	
Inspector signature: License number: L4137 Phone: 651-343-9		7
		343-9117
Necessary or locally required supporting doc	cumentation (must be attached)	
☐ Soil observation logs ☐ Locally required forms	☐ Tank Integrity Assessment	Operating Permit
Other information (list):		