

Parcel number: \_\_\_\_\_

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

### Tank Integrity and Safety Compliance

#### Compliance Issue #2 of 4

Date of observation: 4/20/2021 Reason for observation: Routine Pumping

This form expires on (three years): 4/19/2024

#### 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

- Are any maintenance hole covers damaged, cracked, or appeared to be structurally unsound?  Yes\*  No
- Were all maintenance hole covers replaced in a secured manner (e.g., all screws replaced)?  Yes  No\*
- Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.  Yes  No
- 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): FirstStar Stillwater Bank

Property address: 177 St Croix Trail S

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: 4/22/2021