

Property address: 17824 Fox Hill Ave N
City: Hugo State: MN

Parcel ID: _____
Zip code: 55038

Optional section: Sewage Tank Compliance Certification (Tank integrity assessment)

This form does not represent a complete system inspection report and only certifies sewage tank compliance status. i.e., this form, completed, may serve as a tank integrity assessment.

Instructions: This section of the form may be completed and signed by a Designated Certified Individual (DCI) of a licensed SSTS Maintenance Business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system.

When this section of the form is signed by a qualified certified professional, it becomes *necessary supporting documentation* to an Existing System Compliance Inspection Report: Compliance inspection form - Existing system (wq-wwists4-31b). This form can be found on the MPCA website at <https://www.pca.state.mn.us/water/service-and-maintenance>.

The information and certified statement on this form is **required** when existing septic tank compliance status is determined by an individual other than the SSTS Inspector that submits an inspection report. This form represents a third party assessment of SSTS component compliance and is allowable under Minn. R. 7082.0700, subp. 4 Item (B) subitem (1). This form is valid for a period of three years beyond the signature date on this form unless a new evaluation is requested by the owner or owner's agent or is required according to local regulations. Additional Administrative Rule references for this activity can be found at Minn. R. 7082.0700, subp. 4 Items B, C, and D; 7083.0730 Item C.

<p><input checked="" type="checkbox"/> Certificate of sewage tank compliance</p> <p>Affirm all three statements:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> The SSTS does not contain a seepage pit, cesspool, drywell, leaching pit, or other pit.<input checked="" type="checkbox"/> It does not contain a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth.<input checked="" type="checkbox"/> It does not represent an imminent safety threat by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.	<p><input type="checkbox"/> Notice of sewage tank non-compliance</p> <p>Select all that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit – "Failure to Protect Groundwater."<input type="checkbox"/> It has a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth – "Failure to Protect Groundwater."<input type="checkbox"/> It presents a threat to public safety by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition – "Imminent Threat to Public Health or Safety."
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Company information
Company name: Olson Sewer
Business license number: _____

Designated Certified Individual (DCI) information
Print name: Justin Per
Certification number: _____

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS Maintenance Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Designated Certified Individual's signature: [Signature] Date (mm/dd/yyyy): 05-03-2021