

Harmon
 Property address: 7544 Sovereign Ave. S.
 Parcel ID: Cottage Grove, Mn 55016
 City: _____ State: _____ Zip code: _____

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. <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. 7092.0700, 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. 7092.0700, subp. 4 items B, C, and D; 7093.0730 Item C.

Certificate of sewage tank compliance	Notice of sewage tank non-compliance
Affirm all three statements: <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.	Select all that apply: <input checked="" type="checkbox"/> The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - "Failure to Protect Groundwater." <input checked="" 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 checked="" 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."

Company Information
 Company name: May's Sewer Service Designated Certified Individual (DCI) Print name: Chris Wagner
 Business license number: 1915 Certification number: 9761

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

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: Chris Wagner Date (mm/dd/yyyy): 5/17/2021

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* Pump is out in the lift station -
 He did not repair, Homeowner
 said he would do it.