

Compliance inspection report form

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

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: 2402722430004 Loc	al regulatory authority: Washington County
Property address: 9767 Grey Cloud Island Drive South	
Owner/representative: Pete McEathron	Owner's phone: 716-490-4573
Brief system description: 3 tanks - in ground going to separate fie	lds
System status	
System status on date (mm/dd/yyyy): 5/24/2021	
☐ Compliant – Certificate of compliance*	⋈ Noncompliant – Notice of noncompliance
(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 and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months or receipt of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.
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 water must be upgraded, replaced, or use discontinued within the time required by local ordinance.
Soil separation (Compliance component #5) – Failing	protect groundwater at #3) – Imminent threat to public health and safety at #3) – Failing to protect groundwater and (Compliance component #3) – Failing to protect groundwater
Certification	
abuse of the system, inadequate maintenance, or future water usage	nade due to unknown conditions during system construction, possible ge.
By typing my name below, I certify the above statements to be tre can be used for the purpose of processing this form.	ue and correct, to the best of my knowledge, and that this information
Business name: SS Septic Solutions, LLC	Certification number: C9917
Inspector signature:	License number: L4137
(This document has been electronically signed)	Phone: 651-343-9117
Necessary or locally required supporting doc	umentation (must be attached)
☐ Soil observation logs ☐ Locally required forms ☐ Other information (list):	☐ Tank Integrity Assessment ☐ Operating Permit