

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: 2703021220001 Loc	cal regulatory authority: Washington County
Property address: 7837 Jamaca Ave N	
Owner/representative: Allison Nagel	Owner's phone: 612-615-1680
Brief system description: Two 1000 gallon septic tanks and one 1	1000 pump tank going to 10 x 45 mound
System status	
System status on date (mm/dd/yyyy): 6/8/2021	
	☐ 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 in Local Ordinance.) *Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.	An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.
	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	o protect groundwater nt #3) – Imminent threat to public health and safety nt #3) – Failing to protect groundwater 500 (Compliance component #3) – Failing to protect groundwater
abuse of the system, inadequate maintenance, or future water use	made due to unknown conditions during system construction, possible age.
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 knowledge, and that this information
Business name: SS Septic Solutions, LLC	Certification number: C9917
Inspector signature: (This document has been electronically signed)	License number: 41367
	Phone: 651-343-9117
Necessary or locally required supporting documentation (must be attached)	
☐ Soil observation logs ☐ Locally required forms ☐ Other information (list):	☐ Tank Integrity Assessment ☐ Operating Permit