

Parcel number: _____

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

Tank Integrity and Safety Compliance

Compliance Issue #2 of 4

Date of observation: 7/6/2021 Reason for observation: Routine Pumping

This form expires on (three years): 7/5/2024

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): Dr Holly Bailey
Property address: 11499 Kingsborough Trail
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: 7/7/2021