

## Compliance inspection report form **Existing Subsurface Sewage Treatment System (SSTS)**

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

Doc Type: Compliance and Enforcement

Instructions: Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf.

Property information	Local tracking	number:
Parcel ID# or Sec/Twp/Range: 16.030.21.21.0004	Reason for Inspection	Sale of home
Local regulatory authority info: Washington County		
Property address: 9888 Indigo Trail North - Grant		
Owner/representative: Jeff Otto		Owner's phone: 651-260-3540
Brief system description: Septic tank gravity fed to drain field		
System status		
System status on date (mm/dd/yyyy): 10/21/2021		
☐ Compliant – Certificate of compliance*	☐ Noncompliant - Notice	ce 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.)		ound water must be upgraded, replaced, or ime required by local ordinance.
		health and safety (ITPHS) must be se discontinued within ten months of receipt
*Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.		ter period if required by local ordinance or
Reason(s) for noncompliance (check all applicab	ole)	
☐ Impact on public health (Compliance component #1)	10 <del>5</del> 0.	health and safety
☐ Tank integrity (Compliance component #2) – Failing to protect groundwater		
Other Compliance Conditions (Compliance component #3) - Imminent threat to public health and safety		
☐ Other Compliance Conditions (Compliance component #3) – Failing to protect groundwater		
System not abandoned according to Minn. R. 7080.2	2500 (Compliance compone	nt #3) – Failing to protect groundwater
☐ Soil separation (Compliance component #5) – Failing	The time distribute probabilities introduce continuence.	
Operating permit/monitoring plan requirements (Con	npliance component #4) – N	oncompliant - local ordinance applies
Comments or recommendations		
Certification		
I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unknown in the system performance of the syste		
inadequate maintenance, or future water usage.  By typing my name below, I certify the above statements to be true used for the purpose of processing this form.	and correct, to the best of my	knowledge, and that this information can be
Business name: SS Septic Solutions, LLC	¥	Certification number: C9917
Inspector signature: Miller Shilomiles		License number: 4137
(This document has been electronically sign	ned)	Phone: 651-343-9117
Necessary or locally required supporting do	cumentation (must b	pe attached)
☐ Soil observation logs ☐ System/As-Built ☐ Locally re☐ Other information (list):	equired forms	grity Assessment