Reperty address: 12641 Cookwin AV-	Parcel ID:
city: 17090	State: AIN Zip code: 55038
Optional section: Sewage Tank Compliance C	Certification (Tank integrity assessment)
his form does not represent a complete system inspection is form, completed, may serve as a tank integrity assessment.	report and only certifies sewage tank compliance status. i.e.,
	gned by a Designated Certified Individual (DCI) of a licensed SST rocedures to assess the compliance status of each sewage tank i
	ofessional, it becomes necessary supporting documentation to an ection form - Existing system (wq-wwists4-31b). This form can be r/service-and-maintenance.
dividual other than the SSTS Inspector that submits an inspection	
Certificate of sewage tank compliance	Notice of sewage tank non-compliance
Affirm all three statements:	Select all that apply:
 ☐ The SSTS does not contain a seepage pit, cesspool, drywell, leaching pit, or other pit. ☐ It does not contain a sewage tank that was designed 	☐ The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit – "Failure to Protect Groundwater."
to be watertight, but subsequently leaks below the designed operating depth. It does not represent an imminent safety threat by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.	☐ It has a sewage tank that was designed to be watertight, but subsequently leaks below the design operating depth – "Failure to Protect Groundwate ☐ 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."
ompany information	Designated Certified Individual (DCI) information
mpany name: Olson's Sewer Service, Inc.	Print name: Jacob Bogy
siness license number: 216	Certification number:
personally conducted the work described above as a Designated	d Certified Individual of a Minnesota-licensed SSTS Maintenance seess the compliance status of each sewage tank in this SSTS.
usiness. I personally conducted the necessary procedures to as	occo in compilarios ciatas el sacil contago tam in uno se l'el
usiness. I personally conducted the necessary procedures to as y typing/signing my name below, I certify the above statemen is information can be used for the purpose of processing this for	nts to be true and correct, to the best of my knowledge, and that