

# Tank Integrity and Safety Compliance



**System Status:**  Compliant  Noncompliant  
(as determined by this form)

**Date of observation:** 11/30/2021 **Reason for observation:** Compliance  
**This form expires on (three years):** 11/30/2024  
**Number of tanks:** 2

**Compliance Questions/Criteria (required):**  
(Check the appropriate box)

Does the system consist of a seepage pit\*, cesspool, drywell, or leaching pit?  Yes  No

Do any sewage tank(s) leak below their designed operating depth?  Yes  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.

**Notes:** 2nd tank is missing the inlet baffle

manhole cover is sound, but difficult to remove/install

**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

- 1. Are maintenance hole covers damaged, cracked, or appear to be structurally unsound?  Yes\*  No
- 2. Were maintenance hole covers replaced in a secured manner (e.g., screws replaced)?  Yes  No\*
- 3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended.  Yes  No
- 4. Are other safety/health issues 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): Melissa White

Property address: 295 Quant Ave N. Lakeland, MN 55043

Property owner's address (if different): \_\_\_\_\_

County: Washington Property owner phone: \_\_\_\_\_

I hereby certify that I personally made the observations, interpretations, and conclusions report on this form and that they are correct.

Name: Keith Valento Certification number: 16457

Business license name and number: Smilie's Sewer Service 2428 or

Name of local unit of government: Washington County

Signature: \_\_\_\_\_ Date: 11/30/2021