

MINNESOTA POLLUTION CONTROL AGENCY

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:

Instructions for filling out this form are located on the Minnesota Pollution

Control Agency (MPCA) website at	3	·
Property information	Local tracking	number:
Parcel ID# or Sec/Twp/Range: 2102920330005 Local regulatory authority info: Washington County Property address: 2159 Oakgreen Ave N. Owner/representative: Erik Coleman Brief system description: One septic tank gravity fed to STA	Reason for Inspection	Sale of home Owner's phone: 651-285-9696
System status		
System status on date (mm/dd/yyyy): 5/24/2022		
☐ Compliant – Certificate of compliance*	☐ Noncompliant - Noti	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	Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance. 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.	
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.		
☐ Impact on public health (Compliance component #1) ☐ Tank integrity (Compliance component #2) – Failing ☐ Other Compliance Conditions (Compliance component ☐ Other Compliance Conditions (Compliance component ☐ System not abandoned according to Minn. R. 7080.2 ☐ Soil separation (Compliance component #5) – Failing ☐ Operating permit/monitoring plan requirements (Components or recommendations	to protect groundwater ent #3) – Imminent threat to ent #3) – Failing to protect g 2500 (Compliance compone g to protect groundwater	public health and safety roundwater ant #3) – Failing to protect groundwater
Certification		
I hereby certify that all the necessary information has been gathered to future system performance has been nor can be made due to unknown 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.	n conditions during system co	onstruction, possible abuse of the system,
Business name: SS Septic Solutions, LLC	*	Certification number: 9917
Inspector signature: Miller Abl.		License number: 4137
This document has been electronically sign	ed)	Phone: 651-343-9117
Necessary or locally required supporting do	cumentation	
☐ Soil observation logs ☐ System/As-Built ☐ Locally re☐ Other information (list):	quired forms ☐ Tank Inteç	grity Assessment