

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

Instr	

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

Control Agency (MPCA) website at	ū	
Property information	Local tracking	ı number:
Parcel ID# or Sec/Twp/Range: 0602721330009	Reason for Inspection	Sale of home
Local regulatory authority info: Washington County		
Property address: 6751 Geneva Ave. S. Cottage Grove	The second secon	
Owner/representative: Jim Price		Owner's phone: 651-208-4680
Brief system description:		
System status		
System status on date (mm/dd/yyyy): 7/22/2022		
☐ 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	Systems failing to protect gruse discontinued within the	ound water must be upgraded, replaced, or time required by local ordinance.
abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)	An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receip of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.	
*Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.		
Reason(s) for noncompliance (check all applicate	ole)	
☐ Impact on public health (Compliance component #1)		health and safety
☐ Tank integrity (Compliance component #2) – Failing		,
☐ Other Compliance Conditions (Compliance components)		public health and safety
☐ Other Compliance Conditions (Compliance components)		
System not abandoned according to Minn. R. 7080.2		
☐ Soil separation (Compliance component #5) – Failin		
Operating permit/monitoring plan requirements (Con		loncompliant - local ordinance applies
Comments or recommendations	(86) (85) f .	The state of the s
Certification		
I hereby certify that all the necessary information has been gathered a future system performance has been nor can be made due to unknow inadequate maintenance, or future water usage.	to determine the compliance si vn conditions during system co	tatus of this system. No determination of onstruction, possible abuse of the system,
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 SepticSolutions, LLC.).	Certification number: 9917
Inspector signature:		License number: 4137
(This document has been electronically sign		Phone: 651-343-9117
Necessary or locally required supporting do		
☐ Soil observation logs ☐ System/As-Built ☐ Locally re☐ Other information (list):	equired forms	grity Assessment