

## 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:

Control Agency (MPCA) website at

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

Control Agency (WFCA) website at		•
Property information	Local tracking	number:
Parcel ID# or Sec/Twp/Range: 1302921230071	Reason for Inspection	Owners request
Local regulatory authority info: Washington County	-	
Property address: 11011 Stillwater Blvd. N. Lake Elmo		
Owner/representative: Ed Gorman		Owner's phone: 651-485-2882
Brief system description: 3 septic tanks with large in ground dra	in field	
System status		
System status on date (mm/dd/yyyy): 7/22/2022		
☐ 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.)	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.	
*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 applicab	do)	
NAME OF TAXABLE OF TAX		
Impact on public health (Compliance component #1)		health and safety
Tank integrity (Compliance component #2) – Failing		
Other Compliance Conditions (Compliance compone		
Other Compliance Conditions (Compliance components)		
System not abandoned according to Minn. R. 7080.2		nt #3) – Failing to protect groundwater
☐ Soil separation (Compliance component #5) – Failing		
Operating permit/monitoring plan requirements (Con	npliance component #4) – Ne	oncompliant - local ordinance applies
Comments or recommendations		
This system is well maintained and oversized. The system schedule.	m is working great and shou	ld remain on the same maintenance
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 sta on conditions during system co	atus of this system. No determination of nstruction, 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 l	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	ned)	Phone: 651-343-9117
Necessary or locally required supporting do	cumentation	
☐ Soil observation logs ☐ System/As-Built ☐ Locally re ☐ Other information (list):		rity Assessment