

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		The state of the s
Property information	Local tracking	ı number:
Parcel ID# or Sec/Twp/Range: 1402820210100	Reason for Inspection	Sale of home
Local regulatory authority info: Washington County		
Property address: 16477 21st Street South		
Owner/representative: Mark Vestal		Owner's phone: 651-327-9018
Brief system description: 2-1000 septic tanks with in ground dra	in field (replacement system	
System status System status on date (mm/dd/yyyy):07/28/2022		
☐ 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 a shorter time frame exists in Local Ordinance.)	Systems failing to protect gruse discontinued within the	ound water must be upgraded, replaced, or 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 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 applicab	ile)	
☐ Impact on public health (Compliance component #1)		hoolth and anti-ti-
☐ Tank integrity (Compliance component #2) — Failing	to protect groundwater	neaun and safety
☐ Other Compliance Conditions (Compliance compone		aublic beauth and a fel
☐ Other Compliance Conditions (Compliance compone	ent #3) — irriminent trireat to	public nealth and safety
☐ System not abandoned according to Minn. R. 7080.2☐ Soil separation (Compliance component #5) – Failing	2500 (Compliance compone	nt #3) – Falling to protect groundwater
		In an arm Front I for I Front Front I
 Operating permit/monitoring plan requirements (Con Comments or recommendations 	ipilance component #4) – N	oncompliant - local ordinance applies
Comments of recommendations		
Certification		
I hereby certify that all the necessary information has been gathered t future system performance has been nor can be made due to unknow inadequate maintenance, or future water usage.	o determine the compliance st n conditions during system co	atus 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 Septic Solutions, LLC	\K.	Certification number: 9917
Inspector signature: My Sa		License number: 4137
This to funchi has been electronically sign	ed)	Phone: 651-343-9117
Necessary or locally required supporting do	cumentation	
	quired forms	grity Assessment