

Tank Integrity and Safety Compliance



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

Date of observation: 8/11/22 Reason for observation: Compliance
This form expires on (three years): 8/11/25
Number of tanks: 1

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: _____

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

- Are maintenance hole covers damaged, cracked, or appear to be structurally unsound? Yes* No
- Were maintenance hole covers replaced in a secured manner (e.g., screws replaced)? Yes No*
- Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended. Yes No
- 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): Lee Hilton

Property address: 9191 Justen Trail N, Stillwater MN 55082

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: 6457

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

Name of local unit of government: _____

Signature: [Signature] Date: 8/11/2022