

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: Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf.

Property information	Local tracking number:	
Parcel ID# or Sec/Twp/Range: 3102920220004	Reason for Inspection	Sale of property
Local regulatory authority info: Washington County		
Property address: 910 Mark Ave. N West Lakeland		
Owner/representative: David Winegar		Owner's phone: 651-337-9070
Brief system description: Two 1000 gallon septic tanks with in g	ground drain field	
System status		
System status on date (mm/dd/yyyy): 9/1/2022	THE PROPERTY OF THE PARTY OF TH	
	☐ Noncompliant - Notice	ce of noncompliance
(Valid for 3 years from report date unless evidence of an	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	
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.) *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) – Imminent threat to public	health and safety
☐ Tank integrity (Compliance component #2) – Failing		•
Other Compliance Conditions (Compliance components)		public health and safety
Other Compliance Conditions (Compliance components)	ent #3) – Failing to protect gi	roundwater
System not abandoned according to Minn. R. 7080.		nt #3) – Failing to protect groundwater
Soil separation (Compliance component #5) – Failing		
☐ Operating permit/monitoring plan requirements (Cor	mpliance component #4) – N	oncompliant - local ordinance applies
Comments or recommendations		
Certification		
I hereby certify that all the necessary information has been gathered future system performance has been nor can be made due to unknown.	to determine the compliance st wn conditions during system co	tatus of this system. No determination of onstruction, possible abuse of the system.
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.	and correct, to the best of my	knowledge, and that this information can be
Business name: SS Septic Solutions, LLC.	· · · · · · · · · · · · · · · · · · ·	Certification number: 9917
nspector signature:		License number: 4137
(finis plocument has been electronically sign	ned)	Phone: 651-343-9117
Necessary or locally required supporting do	cumentation (must b	e attached)
☐ Soil observation logs ☐ System/As-Built ☐ Locally re		,
Other information (list):	odanog journa 🔲 i guik intef	Girly Assessment Doperating Fermit
_ outer information (ilst).		