

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: 3502920340046	Reason for Inspection	Sale of home
Local regulatory authority info: Washington County		
Property address: 16411 Division Street - Lakeland		
Owner/representative: Mike Thron		Owner's phone: 651-261-3180
Brief system description: 1250 septic with in ground drain field		
System status		
System status on date (mm/dd/yyyy): 9/2/2022		
☐ 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.) *Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.		ound water must be upgraded, replaced, or ime required by local ordinance.
	upgraded, replaced, or its us	health and safety (ITPHS) must be se discontinued within ten months of receipt rter period if required by local ordinance or ivision 8.
Reason(s) for noncompliance (check all applicab)(a)	
Impact on public health (Compliance component #1)	18-12	health and safety
☐ Tank integrity (Compliance component #2) – Failing		ricular and salety
Other Compliance Conditions (Compliance compone		public health and safety
☐ Other Compliance Conditions (Compliance compone		
System not abandoned according to Minn. R. 7080.2		
☐ Soil separation (Compliance component #5) - Failing		
Operating permit/monitoring plan requirements (Con	npliance component #4) – No	oncompliant - local ordinance applies
Comments or recommendations		
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 standary to the 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 l	knowledge, and that this information can be
Business name: SS Septic Solutions, LLC	(T	Certification number: 9917
Inspector signature: May She		License number: 4137
(This good ment 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	equired forms Tank Integ	grity Assessment
Other information (list):		