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: 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: 3202821110009 Reason for Inspection Property Transfer

Local regulatory authority info: Washington County

Property address: 7800 Military Rd Woodbury, Mn. 55129

Owner/representative: Lynne Mueller Owner's phone: 612-961-2618

Brief system description: 2 septic tanks and 1 pump tank to STA. System was installed with a permit from Washington County.

System status

System status on date (mm/dd/yyyy): 9/23/2022

☒ **Compliant – Certificate of compliance***

*(**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.**

☐ **Noncompliant – Notice of noncompliance**

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.

Reason(s) for noncompliance (check all applicable)

☐ Impact on public health (Compliance component #1) – *Imminent threat to public health and safety*
☐ Tank integrity (Compliance component #2) – *Failing to protect groundwater*
☐ Other Compliance Conditions (Compliance component #3) – *Imminent threat to public health and safety*
☐ Other Compliance Conditions (Compliance component #3) – *Failing to protect groundwater*
☐ System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) – *Failing to protect groundwater*
☐ Soil separation (Compliance component #5) – *Failing to protect groundwater*
☐ Operating permit/monitoring plan requirements (Compliance component #4) – *Noncompliant - local ordinance applies*

Comments or recommendations

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

***By typing my name below**, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.*

Business name: David R Brown Certification number: 9370

Inspector signature: DRB License number: 3649

(This document has been electronically signed) Phone: 651-788-3296

Necessary or locally required supporting documentation (must be attached)

☒ Soil observation logs ☒ System/As-Built ☐ Locally required forms ☒ Tank Integrity Assessment ☐ Operating Permit

☐ Other information (list):

Property Address: 7800 Military Rd Woodbury, Mn. 55129
Business Name: David R Brown Date: 9/23/2022

1. Impact on public health – Compliance component #1 of 5

Compliance criteria:

System discharges sewage to the ground surface	☐ Yes* ☒ No
System discharges sewage to drain tile or surface waters.	☐ Yes* ☒ No
System causes sewage backup into dwelling or establishment.	☐ Yes* ☒ No

Any "yes" answer above indicates the system is an imminent threat to public health and safety.

Describe verification methods and results:

Attached supporting documentation:

☐ Other:

☐ Not applicable

2. Tank integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes* ☒ No
Sewage tank(s) leak below their designed operating depth?	☐ Yes* ☒ No
If yes, which sewage tank(s) leaks:	

Any "yes" answer above indicates the system is failing to protect groundwater.

Describe verification methods and results:

Attached supporting documentation:

☐ Empty tank(s) viewed by inspector

Name of maintenance business:

License number of maintenance business:

Date of maintenance:

☒ Existing tank integrity assessment (Attach)

Date of maintenance (mm/dd/yyyy): 9/29/2022 (must be within three years)

(See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))

☐ Tank is Noncompliant (pumping not necessary – explain below)

☐ Other:

Property Address: 7800 Military Rd Woodbury, Mn. 55129
Business Name: David R Brown Date: 9/23/2022

3. Other compliance conditions – Compliance component #3 of 5

3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured?
☐ Yes* ☒ No ☐ Unknown

3b. Other issues *(electrical hazards, etc.)* to immediately and adversely impact public health or safety? ☐ Yes* ☒ No ☐ Unknown

Yes to 3a or 3b - System is an imminent threat to public health and safety.

3c. System is non-protective of ground water for other conditions as determined by inspector? ☐ Yes* ☒ No

3d. System not abandoned in accordance with Minn. R. 7080.2500? ☐ Yes* ☒ No

****Yes to 3c or 3d - System is failing to protect groundwater.***

Describe verification methods and results:

Attached supporting documentation: ☐ Not applicable ☐ _____

4. Operating permit and nitrogen BMP* – Compliance component #4 of 5 ☒ Not applicable

Is the system operated under an Operating Permit? ☐ Yes ☒ No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP specified in the system design? ☐ Yes ☒ No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria:

a. Have the operating permit requirements been met? ☐ Yes ☐ No

b. Is the required nitrogen BMP in place and properly functioning? ☐ Yes ☐ No

Any "no" answer indicates noncompliance.

Describe verification methods and results:

Attached supporting documentation: ☐ Operating permit (Attach) ☐

Property Address: 7800 Military Rd Woodbury, Mn. 55129

Business Name: David R Brown Date: 9/23/2022

5. Soil separation – Compliance component #5 of 5

Date of installation 2009 *(mm/dd/yyyy)* ☐ Unknown

Shoreland/Wellhead protection/Food beverage lodging? ☒ Yes ☐ No

Compliance criteria (select one):

5a. *For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:* Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No*
5b. *Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:* Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	☒ Yes ☐ No*
5c. *"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules 7080. 2350 or 7080.2400 (Intermediate Inspector License required ≤ 2,500 gallons per day; Advanced Inspector License required > 2,500 gallons per day)* Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No*

Any "no" answer above indicates the system is failing to protect groundwater.

Attached supporting documentation:

- ☐ Soil observation logs completed for the report
- ☒ Two previous verifications of required vertical separation
- ☐ Not applicable (No soil treatment area)
- ☐ _____

Indicate depths or elevations

A. Bottom of distribution media	18"
B. Periodically saturated soil/bedrock	54"
C. System separation	36"
D. Required compliance separation*	36"

*May be reduced up to 15 percent if allowed by Local Ordinance.

Describe verification methods and results:

Upgrade requirements: *(Minn. Stat. § 115.55) 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. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.*

Washington County

Department of Public Health and Environment
14949 62nd Street North PO Box 6
Stillwater MN 55082-0006
Office: 651-430-6655 TTY: 651-430-6246 Fax: 651-430-6730

Review Fee:	$273.00
Permit Fee:	$283.00
Total Fee:	**$556.00**
Previous Payments	**$556.00**
Balance Due	**$0.00**

Community: Woodbury
Permit Number: 2500-09-3
Owner: Jim Nagorski
7800 Military RD
Woodbury, MN 55125-
Applicant: Rumpca Enterprises Inc.

PERMISSION IS HEREBY GRANTED

To execute the work specified in this permit on the following identified property upon express condition that said persons and their agents, and employees shall conform in all respects to the provisions of Ordinance #128, Washington County Development Code, Chapter Four, Individual Sewage Treatment System Regulations. This permit may be revoked at any time upon violation of any of the provisions of said ordinance.

Project Address: 7800 Military RD
Geo Code: 32-028-21-11-0009
Designer: Barry Jonathan Brown

Type of System: Standard Pressure Bed

Design Criteria		Bed Sizing		
Percolation Rate:	26	Square Feet:	900	
Depth To Restriction:	54	Rock Bed Width:	25	Feet
Land Slope:	1.00%	Rock Bed Length:	43	Feet
Flow Rate:	450	Depth of Rock:	12	Inches
Number of Bedrooms:	0	Bed Depth Maximum:	18	Inches
		Bed Depth Minimum:	12	Inches

Tank Sizes

Tank 1: 1000 Tank 2: 1000 Tank 3: 0 Lift Station: 1000

Pressure Distribution		
Number Of Laterals:	7	
Perforation Spacing:	3	Feet
Perforation Diameter:	1/4	Inch
Head Size:	1.0	Inch
Total Head:	14	
Connection:	End	
Length of Laterals:	41	Feet
Perforations / Lateral:	14	
Total Perforations:	98	
Gallons Per Minute:	72.52	
Lateral Diameter:	1.5	Inches

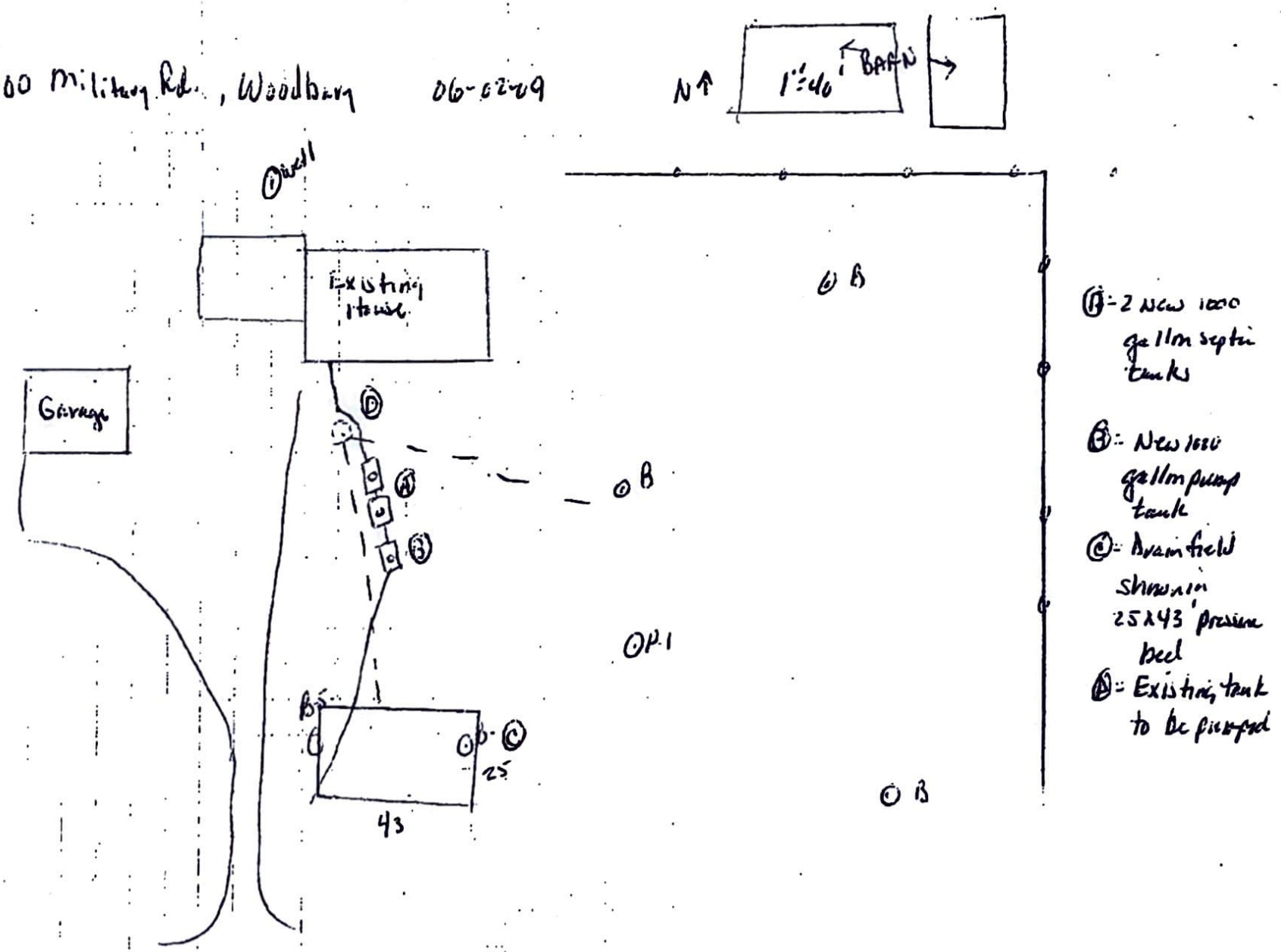
Authorized Work/Special Conditions

1. Building sewer can be no closer than 20 feet from well and must be pressure tested Schedule 40 within 50 feet.
2. Domestic strength waste only. Industrial waste and hazardous wastes cannot enter the septic system.
3. Erosion Control and Site Restoration Required
4. Install individual sewage treatment system as per approved design in area tested and shown on the site plan.
5. Installer must verify head and elevation so the proper pump size is used.
6. Maximum trench depth 18 inches into natural soil.
7. Rock only. No chambers. No gravelless.
8. This system must be installed by a certified/licensed sewage treatment system installer holding a current license with the Minnesota Pollution Control Agency. (A list of installers is available at your request.)

Permit Issue Date: 6/30/2009
Permit Expiration Date: 6/30/2010

Christopher W. LeClair, REHS
Senior Environmental Specialist

7800 Military Rd., Woodbury 06-02-09



Washington County

STANDARD SYSTEM DESIGN
INDIVIDUAL SEWAGE TREATMENT SYSTEM

PUBLIC HEALTH & ENVIRONMENT
14949 62nd Street North, PO Box 6, Stillwater MN 55082-0006
651/430-6688 OR 651-430-6655 FAX 651/430-6730

Owner's Name	Jim Nagurski — Geo Code 3202821110009
Job Site Address	7800 Military Road
City or Township	Woodbury
Use of Building	single family home - existing
Number of Bedrooms	3

Design Flow Rate	450	Perc Rate	26.5
Landslope	0-1	Percent	
Two Required Tanks Sizes	1000 Gallons	1000 Gallons	
Lift Station Tank Size	1000 Gallons		
Type of System (standard, at grade, or rockless pipe add 20%)	chambered or pressure bed		
System Size	900 -Square Feet	300 -Lineal Feet	36" -Trench Width
Depth of rock below pipe	~~12~~	Depth of rock above pipe	
MINimum Depth of Trench From Existing Grade	12" Inches	MAXimum Depth of Trench From Existing Grade	18" Inches
Recommended Number of Trenches	5	Recommended Length of Trenches	60'
Trench Spacing Measured Center to Center	6-7' Feet		

Any Other Special Conditions: suggest pressure bed 1,080 sq. feet - 25' x 43', laterals at 30", 70", 110", 150", 190", 230", and 270"

IF PRESSURE DISTRIBUTION IS USED, COMPLETE THE PRESSURE DISTRIBUTION SHEET ATTACHED.

This Design must be accompanied by a site plan that clearly shows the location of the area tested and approve by the following.

1. Use an appropriate scale and indicate direction by use of a north arrow.
2. Show ALL property boundaries, rights-of-way, easements, wetlands. If necessary, an enlarged detail of the house site may Also be required.
3. Show location of house, garage, driveway and all other improvements existing or proposed.
4. Show location and layout of sewage treatment system.
5. Show location of water supply (well and/or community supply line).
6. Dimension all setbacks and separation distances.

This system has been designed by a Pollution Control Agency (PCA) Certified Professional.

Designer Name: Barry Brown — PCA Certification #: 1772
Address: 3041 Woodland Dr. Woodbury 55125 — Phone #: 651-735-7321
Signature: Barry J Brown — Date: 05/30/2009

651-735-7321

PERCOLATION REPORT

WISE RESOURCE MANAGEMENT DOESN'T COST...IT PAYS 06-06-09

JIM NAGORSKI

651-459-4978

SOIL TESTING AND DESIGN FOR SEPTIC SYSTEMS

LOCATION: 7800 MILITARY ROAD, WOODBURY

USE OF BUILDING: 3 BEDROOM SINGLE FAMILY HOME

The existing system consists of a soft floor tank and deep drain field laterals. Soil testing was initially done in the area east of the house with mottled soil encountered throughout. Two soil cores were taken in the south lawn at a higher elevation and it was determined that a pressure bed could be installed at a depth of one foot. Two new 1000 gallon septic tanks should be installed along with a 1000 gallon pump tank. Two 110 volt electric circuits will have to be supplied for the pump and alarm on the tank. The existing tank should be pumped, collapsed, and filled with soil.

The absorption width is designed to be at least 10 feet from the lot line and at least 20 feet from house or any occupied structure. The well is located on the northwest corner of the house at least 50 feet from any part of this system.

All wastewater treatments sites are to be cordoned off prior to the start of any construction activity on the property. No construction traffic or grading is permitted in the drain field site. All proposed wastewater treatments sites are to be protected with a visual barrier to prevent construction traffic from encroaching into the tested area and possibly causing irreversible soil damage with respect to on-site wastewater treatment and absorption. A septic system permit will not be issued until the tested area is surrounded with silt or snow fence.

This design was prepared in accordance to Washington County Ordinance #128 and should be presented for inspection as soon as possible. All stakes should be left in place until the system is installed.

BARRY BROWN
CERTIFICATION # 4213

LOG OF SOIL BORINGS

Job: 7800 Military Road, Woodbury

Date: 05-22-09

Depth in Feet	B1	B2	B3	B4
1	Medium brown silt loam topsoil	Medium brown silt loam topsoil 13	Silt loam topsoil 4	Silt loam topsoil 6
			dark brown silt 14	Compacted sandy clay loam 10yr 4/3 15
2	16 Medium brown silt loam	Red brown sandy clay loam 5yr 4/3	Red brown sandy clay loam	medium brown to dark brown mix
3	10yr 4/3	Wet + rust discoloration @ 44"	Redox after 30" 5yr 4/3	Silt loam & silty clay loam 10yr 4/3 30
				Red brown sandy clay loam 5yr 4/3 43
4	38 Red brown loamy fine sand		44	Heavy redox @ 40" ↓
5	5yr 4/3 60	50 Red brown sandy loam 5yr 4/3		
6	Restrictions after 56"	Scattered redox Wet at 60" 72		
7				

U of MN Onsite Sewage Treatment Program Soil Boring Log

CHRIS LECLAIR

Client/ Address:	Legal Description/GPS:	Date:
7800 MILITARY RD	44° 52' 21.750" 92° 56' 51911"	29 JUN 2009 9:55

Soil Parent Material(s): (circle all that apply) **Till** Outwash Lacustrine Alluvium Loess Organic Matter Bedrock

Landscape Position: (circle one) **Summit** Shoulder Back/Side Slope Foot Slope Toe Slope

Vegetation: LAWN **Soil Survey Map Unit(s):** 2B. OSTRANDER SILT LOAM **Slope (%):** 0-1%

Weather conditions/Time of Day: PARTLY CLOUDY - MORNING **Slope Shape:** LL SIMPLE

Depth (in)	Texture	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Saturated Soil Indicator(s) (see back)	Structure: Shape	Structure: Grade	Consistence
0-7"	SILTY CLAY LOAM	10YR 3/2		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
7"-30"	SILTY CLAY LOAM	10YR 4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
30-48"	LOAMY SAND	7.5YR 4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
48-52"	SAND	10YR 4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
52"-72"	LOAMY SAND	7.5YR 4/4		Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid
				Concentrations Depletions Gleyed		Granular Platy Blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid

Comments:

MINNESOTA POLLUTION CONTROL AGENCY
520 Lafayette Road North
St. Paul, MN 55155-4194

Sewage tank maintenance reporting form

Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

Purpose: Management and maintenance of Subsurface Sewage Treatment Systems (SSTS) are important to ensure resource protection and long-term and cost-effective sewage treatment. Completion of this form complies with the sewage tank maintenance requirements under Minn. R. 7080.2450 and 7082.0600. This form *may* be used to certify the compliance status of the sewage tank components of the SSTS. **This form is not a complete SSTS inspection report, only a tank integrity assessment, and may only certify sewage tank compliance status when entirely completed and signed on page 3 by a qualified professional.**

Instructions: A copy of this information must be submitted to the system owner within 30 days of the maintenance date and be maintained by the licensed SSTS maintainer business for a period of five (5) years from the maintenance date. Maintenance reporting to the local unit of government *may* be required by local ordinance. Check with your local SSTS program for maintenance reporting protocol. **Page 3 is optional and not required to be completed on routine maintenance events.**

Secure maintenance hole covers

All maintenance hole covers must be returned to service in a sound and durable condition and be capable of withstanding the anticipated load.

Covers must be re-secured in accordance with Minn. R. 7080.2450, subp. 3, Items C or D:

a) Covers installed under local ordinances adopted after February 4, 2008 must be locked, bolted or screwed or must be 95 pounds in weight. They must be made of material suitable for outdoor use, resistant to ultraviolet degradation and leaks, and not susceptible to being slid or flipped. They must have a label warning of hazardous conditions inside the tank. All screw openings must be refastened.
b) Covers installed under local ordinances adopted before February 4, 2008 must either be buried with at least 12 inches of soil cover or be secured according to the local ordinance in effect before February 4, 2008.
c) Covers must meet item 'a' above when raised to the ground surface or less than 12 inches from the ground surface.

Reporting information

Date of maintenance (mm/dd/yyyy): 09/29/2022 **Reason for maintenance:** For Compliance
Property address: 7800 Military Road Parcel ID:
City: Woodbury State: MN Zip code: 55129
Property owner's name: James Nagorski
Property-owner's address (*if different*):
City: State: Zip code:
Phone number: Email address:

1. **Did you measure the accumulation of scum and sludge?** ☐ Yes ☒ No (tank(s) pumped without measuring)

Tank (check if present)	Scum	Sludge	Operating depth	Percent full
☐ Septic/holding tank #1				
☐ Septic/holding tank #2				
☐ Pretreatment tank				
☐ Pump tank				

2. **Access used to remove septage:** ☒ Maintenance hole ☐ Other (Unless a holding tank, go to #4 below)
3. **If the maintenance hole was used, were all covers secured in place?** ☒ Yes ☐ No If no, *please explain below:*
4. **If the owner refuses to allow a Subsurface Sewage Treatment System (SSTS) to be pumped through the maintenance hole, have them complete and sign the following statement.**

I, _____ , refuse to allow the removal of the solids and liquids through the maintenance hole. I understand that removal of solids and liquids through other access points is not considered a compliant method of solids removal and does not fulfill the solids removal requirements of Minn. R. 7080.2450 and 7082.0600.
(Print owner's name)

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Owner's signature: _____ Date (mm/dd/yyyy): _____

Property address: 7800 Military Road Parcel ID:

City: Woodbury State: MN Zip code: 55129

5. **Is the tank designed as a leaky tank?** *(Example: seepage pit, cesspool, drywell, leaching pit)*

Tank #1: ☐ Yes ☒ No Verification method used: Visual

Tank #2: ☐ Yes ☒ No Verification method used: Visual

6. **Is there evidence of the following?**

Tank (check if present)	Tank leaks below the designed operating depth	Tank leaks above the designed operating depth	Maintenance hole cover is damaged, cracked, unsecured, or appears to be structurally unsound
☒ Septic/holding Tank #1	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
☒ Septic/holding Tank #2	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
☐ Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☒ Pump Tank	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Describe detail for any "Yes"			

7. **How many gallons of septage were removed?**

Tank #1: 1000 Tank #2: 1000 Pretreatment Tank: Pump Tank: 600

8. **Where was the septage taken?** ☒ Wastewater treatment facility ☐ Land application ☐ Other

Explanation (Facility name/Site #): MCES

9. **Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system?**

☐ Yes ☒ No If yes, identify tank and explain:

☐ Evidence of non-domestic waste ☐ Baffle(s) condition ☐ Effluent screen condition

☐ Maintenance hole and extensions condition ☐ Other conditions (e.g. structural integrity of tank or lid, electrical hazard, etc.)

Explanation:

10. **List any troubleshooting and minor repairs completed or declined by owner:**

☐ Troubleshooting and repairs conducted:	☐ Repairs declined by owner:

Additional comments or suggestions for owner's consideration:

Pumping record

I personally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance with Minnesota Rules Chapters 7080 – 7083:

☒ As a noncertified individual who has received proper training, daily work review, and periodic observation, or

☐ As a designated certified individual of the business listed below.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Company Information

Company name: **Schlomka Services LLC**

Business license number: **2989**

Email: **Office@schlomkaservices.com**

Employee's signature: Michael Castillo

Employee Information

Print name: Michael Castillo

Certification number: (if applicable):

Phone number: **651.459.3718**

Date (mm/dd/yyyy): 09/29/2022

Property address: 7800 Military Road Parcel ID:

City: Woodburyr State: MN Zip code: 55129

Optional section: Sewage Tank Compliance Certification (Tank integrity assessment)

This form does not represent a complete system inspection report and only certifies sewage tank compliance status. i.e., this form, completed, may serve as a tank integrity assessment.

Instructions: This section of the form may be completed and signed by a Designated Certified Individual (DCI) of a licensed SSTS Maintenance Business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system.

When this section of the form is signed by a qualified certified professional, it becomes *necessary supporting documentation* to an Existing System Compliance Inspection Report: Compliance inspection form - Existing system (wq-wwists4-31b). This form can be found on the MPCA website at https://www.pca.state.mn.us/water/service-and-maintenance.

The information and certified statement on this form is **required** when existing septic tank compliance status is determined by an individual other than the SSTS Inspector that submits an inspection report. This form represents a third party assessment of SSTS component compliance and is allowable under Minn. R. 7082.0700, subp. 4 Item (B) subitem (1). This form is valid for a period of three years beyond the signature date on this form unless a new evaluation is requested by the owner or owner's agent or is required according to local regulations. Additional Administrative Rule references for this activity can be found at Minn. R. 7082.0700, subp. 4 Items B, C, and D; 7083.0730 Item C.

Pages 1 and 2 are not required to accompany this form when the optional third page is completed and used to certify sewage tank compliance status.

System status

System status on date (mm/dd/yyyy): 09/29/2022

☒ **Certificate of sewage tank compliance** ☐ **Notice of sewage tank non-compliance**

Compliance criteria:

The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - **"Failure to Protect Groundwater."**	☐ Yes* ☒ No
The SSTS has a sewage tank that leaks below the designed operating depth - **"Failure to Protect Groundwater."**	☐ Yes* ☒ No
The SSTS presents a threat to public safety by reason of structurally unsound (damaged, cracked, or weak) maintenance hole cover(s) or lids or any other unsafe condition - **"Imminent Threat to Public Health or Safety."**	☐ Yes* ☒ No

Any "yes" answer above indicates sewage tank non-compliance.

Company information

Company name: **Schlomka Services**

Business license number: **2989**

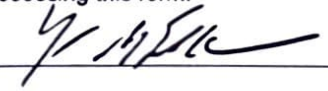
Designated Certified Individual (DCI) information

Print name: **Larry Schlomka**

Certification number: **C4253**

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS Maintenance Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS.

***By typing/signing my name below,** I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.*

Designated Certified Individual's signature:  Date (mm/dd/yyyy): 10/03/2022