

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: 3502920330065	Reason for Inspection	Sale of property
Local regulatory authority info: Washington County	•	
Property address: 98 QUALITY AVE N, CITY OF LAKELAND		
Owner/representative: Scott Palmer		Owner's phone: 214-934-6260
Brief system description: 1500gallon septic tank to gravity fed d	Irain field	
System status		
System status on date (mm/dd/yyyy): 12/2/2022		
☐ 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.)		ound water must be upgraded, replaced, or time required by local ordinance.
	An imminent threat to public health and safety (ITPHS) must be	
*Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.	upgraded, replaced, or its us	se discontinued within ten months of receipt rter period if required by local ordinance or
Reason(s) for noncompliance (check all applicat	hle)	
Impact on public health (Compliance component #1	(14)	health and safety
☐ Tank integrity (Compliance component #2) – Failing		Trodier and salety
Other Compliance Conditions (Compliance compon		public health and safety
☐ Other Compliance Conditions (Compliance compon		mi i e
System not abandoned according to Minn. R. 7080.		
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 unkno 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.	e and correct, to the best of my	knowledge, and that this information can be
Business name: SS Septic Solutions, LLC	×	Certification number: 9917
Inspector signature:		License number: 4137
This document has been electronically sig	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):	20 20 20 20 20 20 20 20 20 20 20 20 20 2	amoditi 15°) —