

Property address: _____
City: _____ State: _____

Parcel ID: _____
Zip code: _____

Optional section: Sewage Tank Compliance Certification

This form does not represent a complete system inspection report and only certifies sewage tank compliance status.

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/ssts-and-msts-technical-and-compliance-criteria>.

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 the inspection report. It 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.

<input type="checkbox"/> Certificate of sewage tank compliance Affirm all three statements: <input type="checkbox"/> The SSTS does not contain a seepage pit, cesspool, drywell, leaching pit, or other pit. <input type="checkbox"/> It does not contain a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth. <input type="checkbox"/> It does not represent an imminent safety threat by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.	<input type="checkbox"/> Notice of sewage tank non-compliance Select all that apply: <input type="checkbox"/> The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit – “Failure to Protect Groundwater.” <input type="checkbox"/> It has a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth – “Failure to Protect Groundwater.” <input type="checkbox"/> It presents a threat to public safety by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition – “Imminent Threat to Public Health or Safety.”
--	---

Company information

Company name: _____

Business license number: _____

Designated Certified Individual (DCI) information

Print name: _____

Certification number: _____

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:

Designated Certified Individual's signature: _____ Date (mm/dd/yyyy): _____