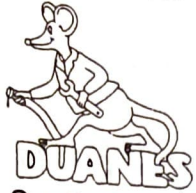


Jim Eicher



Septic Service, LLC
1205 LaBeaux Ave NE
St. Michael, MN 55376

Maintenance Inspection Form

MPCA Lic. # 654

Maintainer ☐ Jim
☐ Duane
☒ Nick

• Phone: 763-497-2764

• Email: duaneseptic@centurylink.net

DATE 7-21-2020

INVOICE

Pumping Fee: \$340.00	Name: Cuthbertson, Jason
Long Pull Fee:	Address: 1290 French Creek drive
Other Repairs:	City/State/Zip: Wayzata
Tank inspection \$25.00	
Total Cost of Service: \$365.00 Thank you	Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit

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
<input checked="" type="checkbox"/> Septic/holding Tank #1 Gallons: 1500	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Septic/holding Tank #2 Gallons: 1500	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Pretreatment Tank Gallons:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Pump Tank Gallons: 1500	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

How Accessed: <input checked="" type="checkbox"/> Maintenance Hole <input type="checkbox"/> Other (see attached)	Scum/Sludge Measured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Maintenance Holes Securely Replaced: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Pumping: maint
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Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system, i.e., cracked tanks, missing baffles, broken covers, etc.? If so, explain in comments below.

Tank #1	Tank #2	Pump Tank	System
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Structural integrity <input type="checkbox"/> Risers leaking <input type="checkbox"/> Baffles <input type="checkbox"/> Non-domestic waste	<input type="checkbox"/> Structural integrity <input type="checkbox"/> Risers leaking <input type="checkbox"/> Baffles <input type="checkbox"/> Non-domestic waste	<input type="checkbox"/> Structural integrity <input type="checkbox"/> Risers leaking <input type="checkbox"/> Baffles <input type="checkbox"/> Electrical issues <input type="checkbox"/> Non-domestic waste <input type="checkbox"/> Effluent Filter/screen Cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Mound <input type="checkbox"/> Elevated drainfield <input type="checkbox"/> Pressure bed <input type="checkbox"/> Trenches <input type="checkbox"/> Ponding/Surfacing <input type="checkbox"/> Other:

Comments:

Disposal: ☐ Land Application: ☐ Wastewater Treatment Plant

Disposal Site:	Lime:	Gallons	Plowed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Time:		Temperature:	pH: > 12 <input type="checkbox"/>
Time:		Temperature:	pH: > 12 <input type="checkbox"/>

THANKS!



Property address: 1290 French Creek Dr.
City: Wayzata State: MN

Parcel ID: _____
Zip code: 55391

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-msis-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.

☒ Certificate of sewage tank compliance

Affirm all three statements:

- ☒ The SSTS does not contain a seepage pit, cesspool, drywell, leaching pit, or other pit.
- ☒ It does not contain a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth.
- ☒ It does not represent an imminent safety threat by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.

☐ Notice of sewage tank non-compliance

Select all that apply:

- ☐ The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit.
- ☐ It has a sewage tank that was designed to be watertight, but subsequently leaks below the designed operating depth.
- ☐ It presents a threat to public safety by reason of unsecured, damaged, or weak maintenance hole cover(s) or other unsafe condition.

Company information

Company name: Duane's Septic Service

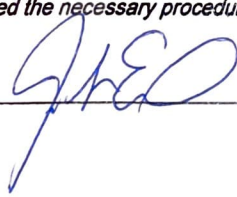
Business license number: 654

Designated Certified Individual (DCI) information

Print name: Jim Eicher

Certification number: C2084

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): 07/21/2020