



DISCLOSURE STATEMENT: SUBSURFACE SEWAGE TREATMENT SYSTEM

This form approved by the Minnesota Association of REALTORS®, which disclaims any liability arising out of use or misuse of this form. © 2019 Minnesota Association of REALTORS®, Edina, MN

- 1. Date 6/11/2020
- 2. Page 1 of 11 pages:
- 3. THE REQUIRED MAP IS ATTACHED AND MADE A
- 4. PART OF THIS DISCLOSURE

5. Property located at 22976 Greenland Lane,
 6. City of Elysian, County of LeSueur,
 7. State of Minnesota, Zip Code 56028, legally described as follows or on attached sheet:

8. _____ ("Property").
 9. This disclosure is not a warranty of any kind by Seller(s) or any licensee(s) representing or assisting any party(ies) in
 10. this transaction, and is not a substitute for any inspections or warranties the party(ies) may wish to obtain.

11. **BUYER(S) AND SELLER(S) MAY WISH TO OBTAIN PROFESSIONAL ADVICE AND/OR INSPECTIONS OF THE**
 12. **SUBSURFACE SEWAGE TREATMENT SYSTEM AND TO PROVIDE FOR APPROPRIATE PROVISIONS IN A**
 13. **CONTRACT BETWEEN BUYER(S) AND SELLER(S) WITH RESPECT TO ANY ADVICE/INSPECTION/DEFECTS.**

14. **SELLER'S INFORMATION:** The following Seller disclosure satisfies MN Statutes Chapter 115.55. Seller discloses
 15. the following information with the knowledge that even though this is not a warranty, prospective Buyers may rely on
 16. this information in deciding whether and on what terms to purchase the Property. The Seller(s) authorizes any
 17. licensee(s) representing or assisting any party(ies) in this transaction to provide a copy of this statement to any person
 18. or entity in connection with any actual or anticipated sale of the Property.

19. Unless Buyer and Seller agree to the contrary in writing before the closing of the sale, a Seller who fails to disclose
 20. the existence or known status of a subsurface sewage treatment system at the time of sale, and who knew or had
 21. reason to know of the existence or known status of the system, is liable to Buyer for costs relating to bringing the
 22. system into compliance with subsurface sewage treatment system rules and for reasonable attorney fees for collection
 23. of costs from Seller. An action under this subdivision must be commenced within two years after the date on which
 24. Buyer closed the purchase of the real property where the system is located.

25. Legal requirements exist relating to various aspects of location and status of subsurface sewage treatment systems.
 26. Buyer is advised to contact the local unit(s) of government, state agency, or qualified professional which regulates
 27. subsurface sewage treatment systems for further information about these issues.

28. The following are representations made by Seller(s) to the extent of Seller(s) actual knowledge. This information is a
 29. disclosure and is not intended to be part of any contract between Buyer and Seller.

30. **SUBSURFACE SEWAGE TREATMENT SYSTEM DISCLOSURE:** *(Check the appropriate boxes.)*

31. Seller certifies that the following subsurface sewage treatment system is on or serving the above-described Property.

32. TYPE: *(Check appropriate box(es) and indicate location on attached Location Map.)*

33. Septic Tank: with drain field with mound system seepage tank with open end

34. Is this system a straight-pipe system? Yes No Unknown

35. Sealed System (holding tank)

36. Other (Describe.): _____

37. Is the subsurface sewage treatment system(s) currently in use? Yes No

38. Is the above-described Property served by a subsurface sewage treatment system

39. located entirely within the Property boundary lines, including setback requirements? Yes No

40. If "No," please explain: _____

41. _____

42. Comments: _____

43. _____

DISCLOSURE STATEMENT: SUBSURFACE SEWAGE TREATMENT SYSTEM

45. Property located at 22976 Greenland Lane, Elysian, MN

46. Is the subsurface sewage treatment system(s) a shared system? [] Yes [X] No

47. If "Yes,"

48. (1) How many properties or residences does the subsurface sewage treatment system serve?

49. _____

50. (2) Is there a maintenance agreement for the shared subsurface sewage treatment system? [] Yes [] No

51. If "Yes," what is the annual maintenance fee? \$ _____

52. NOTE: If any water use appliance, bedroom, or bathroom has been added to the Property, the system may
53. no longer comply with applicable sewage treatment system laws and rules.

54. Seller or transferor shall disclose to Buyer or transferee what Seller or transferor has knowledge of relative to the
55. compliance status of the subsurface sewage treatment system. _____

56. _____

57. _____

58. Any previous inspection report in Seller's possession must be attached to this Disclosure Statement.

59. When was the subsurface sewage treatment system installed? 2006?

60. Installer Name/Phone James Brothers Construction

61. Where is tank located? East of garage (map attached)

62. What is tank size? 1000 gal.

63. When was tank last pumped? July 2017

64. How often is tank pumped? Every three years

65. Where is the drain field located? See East of driveway (map attached)

66. What is the drain field size? See attached

67. Describe work performed to the subsurface sewage treatment system since you have owned the Property.

68. Tank pumped and county inspected

69. _____

70. Date work performed/by whom: James Brothers Construction

71. _____

72. Approximate number of:

73. people using the subsurface sewage treatment system 2

74. showers/baths taken per week 4

75. wash loads per week 2

76. NOTE: Changes in the number of people using the subsurface sewage treatment system or volume of water
77. used may affect the subsurface sewage treatment system performance.

78. Distance between well and subsurface sewage treatment system? Unknown

79. Have you received any notices from any government agencies relating to the subsurface sewage treatment system?

80. (If "Yes," see attached notice.) [] Yes [X] No

81. Are there any known defects in the subsurface sewage treatment system? [] Yes [X] No

82. If "Yes," please explain: _____

83. _____

84. _____

**DISCLOSURE STATEMENT: SUBSURFACE
SEWAGE TREATMENT SYSTEM**

85. Page 3

86. Property located at 22976 Greenland Lane, Elysian, MN

87. **SELLER'S STATEMENT:** *(To be signed at time of listing.)*

88. Seller(s) hereby states the facts as stated above are true and accurate and authorizes any licensee(s) representing or
89. assisting any party(ies) in this transaction to provide a copy of this Disclosure Statement to any person or entity in
90. connection with any actual or anticipated sale of the Property. A seller may provide this Disclosure Statement to a real
91. estate licensee representing or assisting a prospective buyer. The Disclosure Statement provided to the real estate
92. licensee representing or assisting a prospective buyer is considered to have been provided to the prospective buyer.
93. If this Disclosure Statement is provided to the real estate licensee representing or assisting the prospective buyer, the
94. real estate licensee must provide a copy to the prospective buyer.

95. **Seller is obligated to continue to notify Buyer in writing of any facts that differ from the facts disclosed here**
96. **(new or changed) of which Seller is aware that could adversely and significantly affect the Buyer's use or**
97. **enjoyment of the Property or any intended use of the Property that occur up to the time of closing.** To disclose
98. new or changed facts, please use the *Amendment to Disclosure Statement* form.

99. John D. Hoelke 6/11/20 Agnes Hoelke 6/11/20
(Seller) (Date) (Seller) (Date)

100. **BUYER'S ACKNOWLEDGEMENT:** *(To be signed at time of purchase agreement.)*

101. I/We, the Buyer(s) of the Property, acknowledge receipt of this *Disclosure Statement: Subsurface Sewage Treatment*
102. *System and Location Map* and agree that no representations regarding facts have been made other than those made
103. above.

104. _____
(Buyer) (Date) (Buyer) (Date)

105. **LISTING BROKER AND LICENSEES MAKE NO REPRESENTATIONS HERE AND ARE**
106. **NOT RESPONSIBLE FOR ANY CONDITIONS EXISTING ON THE PROPERTY.**



Minnesota Pollution Control Agency

520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply.

Submit completed form to Local Unit of Government (LUG) and system owner within 15 days

For local tracking purposes:

System Status

System status on date (mm/dd/yyyy): 7/7/2017

Compliant – Certificate of Compliance
(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)

Noncompliant – Notice of Noncompliance
(See Upgrade Requirements on page 3.)

Reason(s) for noncompliance (check all applicable)

- Impact on Public Health (Compliance Component #1) – Imminent threat to public health and safety
- Other Compliance Conditions (Compliance Component #3) – Imminent threat to public health and safety
- Tank Integrity (Compliance Component #2) – Failing to protect groundwater
- Other Compliance Conditions (Compliance Component #3) – Failing to protect groundwater
- Soil Separation (Compliance Component #4) – Failing to protect groundwater
- Operating permit/monitoring plan requirements (Compliance Component #5) – Noncompliant

Property Information

Parcel ID# or Sec/Twp/Range: 04.570.0050

Property address: 22976 GREENLAND LN, Elysian MN 56028 Reason for inspection: FRST

Property owner: HOEHNE, JOHN P & AGNES M Owner's phone: _____

or
Owner's representative: _____ Representative phone: _____

Local regulatory authority: Le Sueur County Regulatory authority phone: 507-357-8538

Brief system description: 1000 gal septic tank to a mix of SB2 lines and rock trench (see attached system drawing)

Comments or recommendations:

120 feet of rock trench added in 2007. Original system of 220 feet of SB2 gravelless trench. Install date of original system unknown.

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.

Inspector name: Matthew Summers Certification number: 8931

Business name: Wenck Associates, Inc. License number: 1282

Inspector signature: Phone number: 651-395-5206

Necessary or Locally Required Attachments

- Soil boring logs
- System/As-built drawing
- Forms per local ordinance
- Other information (list): Tank maintenance forms

1. Impact on Public Health – Compliance component #1 of 5

Compliance criteria:

System discharges sewage to the ground surface.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System discharges sewage to drain tile or surface waters.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System causes sewage backup into dwelling or establishment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Comments/Explanation:

Verification method(s):

- Searched for surface outlet
- Searched for seeping in yard/backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony (See Comments/Explanation)
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

2. Tank Integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, or leaching pit. <i>Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Comments/Explanation:

Compliance status based on conditions observed by pumping the tank and inspecting the interior with a camera.

Verification method(s):

- Probed tank(s) bottom
- Examined construction records
- Examined Tank Integrity Form (Attach)
- Observed liquid level below operating depth
- Examined empty (pumped) tanks(s)
- Probed outside tank(s) for "black soil"
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

3. Other Compliance Conditions – Compliance component #3 of 5

- a. Maintenance hole covers are damaged, cracked, unsecured, or appear to be structurally unsound. Yes* No Unknown
- b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety. Yes* No Unknown
***System is an imminent threat to public health and safety.**

Explain:

- c. System is non-protective of ground water for other conditions as determined by inspector. Yes* No
***System is failing to protect groundwater.**

Explain:

4. Soil Separation – Compliance component #4 of 5

Date of installation: _____ Unknown
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging? Yes No

Compliance criteria:

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: Yes No
Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

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: Yes No
Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*

"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080.2350 or 7080.2400 (Advanced Inspector License required) Yes No
Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

Verification method(s):

Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.

- Conducted soil observation(s) (Attach boring logs)
- Two previous verifications (Attach boring logs)
- Not applicable (Holding tank(s), no drainfield)
- Unable to verify (See Comments/Explanation)
- Other (See Comments/Explanation)

Comments/Explanation:

See map for soil boring log.

Indicate depths or elevations

A. Bottom of distribution media	30"
B. Periodically saturated soil/bedrock	>66"
C. System separation	>36"
D. Required compliance separation*	31"

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

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

5. Operating Permit and Nitrogen BMP* – Compliance component #5 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? 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. Operating Permit number: _____
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.

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.



Soil Boring Date: 7/7/2017
 Completed by: MTS
 Elevation: _____

PROPERTY ADDRESS: 22976 GREENLAND LN

PID(S): 04.570.0050

Horizon	Horizon Notes
End	
Depth	
14	Color: mixed Texture: fill Notes: _____
30	Color: 10YR 4/4 Texture: fine sandy loam Notes: _____
66"	Color: 10YR 4/3 Texture: fine sandy loam Notes: no redox features observed
	Color: _____ Texture: _____ Notes: _____
	Color: _____ Texture: _____ Notes: _____

60 30 0 60
 Feet

- Property to be Inspected for the FRST Project
 - Other Properties
 - Well Setback
 - Septic Tank
 - Pump Tank
 - Holding Tank
 - Soil Boring
 - Other
 - Deep Well
 - Shallow Well
- Note: All points located near center of referenced object

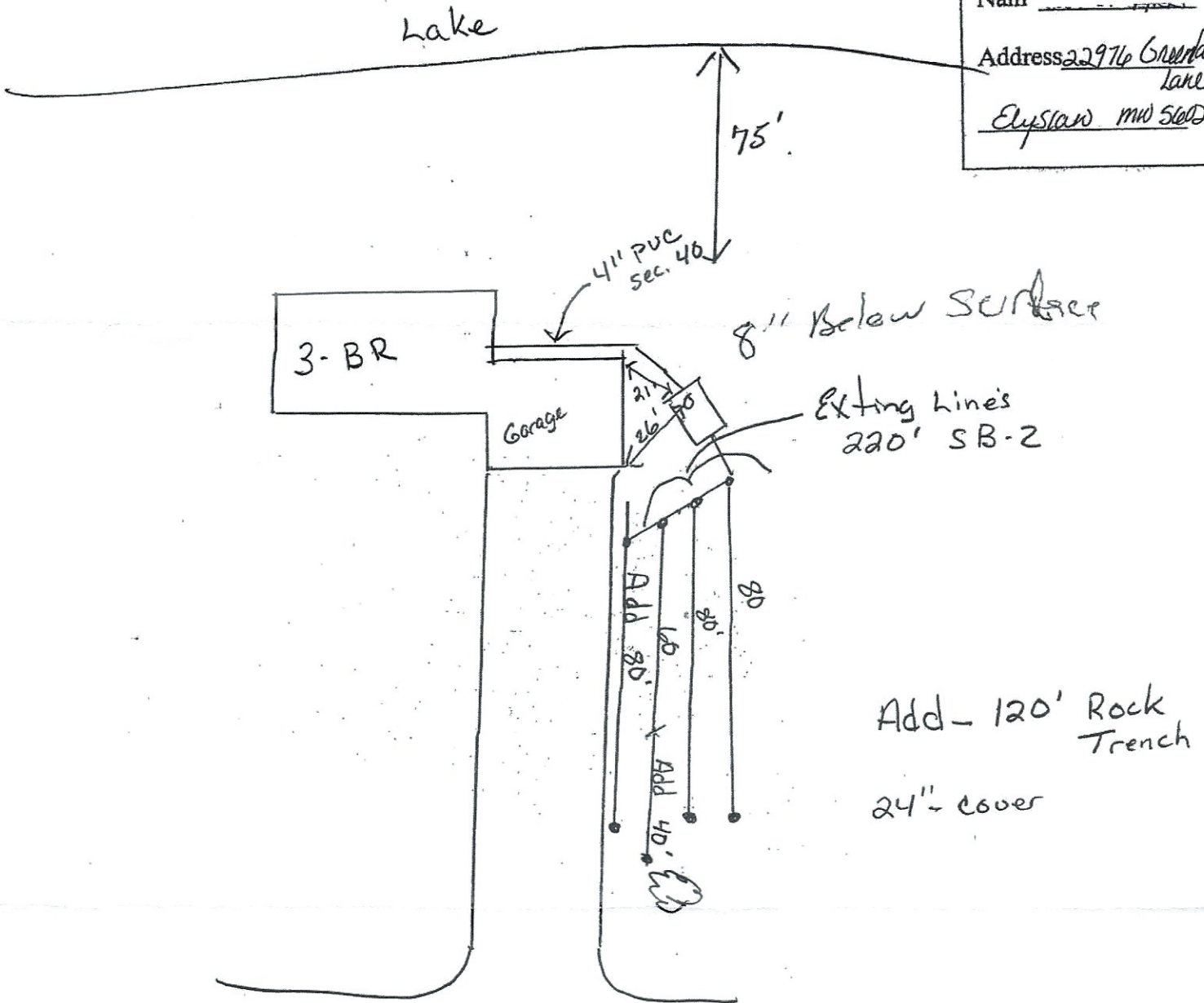
Treatment Area Type: Trench (if applicable) Depth of sand in mound: _____
 Depth to bottom of trench or bed: 30"
 Depth to seasonally saturated soils from soil boring: >66"
 Vertical Separation: >36" (>31" Required for Compliance)
 Tank Compliance: Compliant Noncompliant
 Dispersal/Treatment area compliance status: (Imminent Threat to Public Health or Safety, Failure to Protect Groundwater, Compliant)
 Notes: _____

JAMES BROS. CONSTRUCTION, INC.
DESIGN FOR SEWAGE TREATMENT SYSTEM

PO Box 59 - Elysian, MN 56028
 Phone: 507-267-4789 - Fax: 507-267-4379

John Hoehne

Name _____
 Address 22976 Greenwood Lane
Elysian MN 56028



Add - 120' Rock Trench
 24" - cover

CERTIFICATION STATEMENT/AS-BUILT

I hereby certify as a State of Minnesota Licensed Installer that the individual sewage treatment system diagrammed above was installed in accordance with all applicable requirements of Minnesota Rules Chapter 7080. The diagram of the installation is accurate as of the date at the bottom of this form for the site identified at the top of this form. No determination of future hydraulic performance can be made due to future water usage over the life of the system.

Date _____



Sewage Tank Maintenance Reporting Form

Subsurface Sewage Treatment Systems (SSTS) Program

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 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.

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): 7/5/2017 Reason for maintenance: County required inspection

Property address: 22976 Greenland Lane Parcel ID: 04.570.0050

City: Elysian State: MN Zip code: 56028

Property owner's name: Hoehne, John & Agnes

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
<input checked="" type="checkbox"/> Septic/holding tank #1	1"	4"	normal	
<input type="checkbox"/> Septic/holding tank #2				
<input type="checkbox"/> Pretreatment tank				
<input type="checkbox"/> 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.

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

Property address: 22976 Greenland Lane

Parcel ID: 04.570.0050

City: Elysian

State: MN

Zip code: 56028

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

Tank #1: Yes No Verification method used: by sight

Tank #2: Yes No Verification method used: _____

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
<input checked="" type="checkbox"/> Septic/holding Tank #1	<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"/> Septic/holding Tank #2	<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 type="checkbox"/> Pretreatment Tank	<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 type="checkbox"/> Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe detail for any "Yes"			

7. How many gallons of septage were removed?

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

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

Explanation (Facility name/Site #): Site S-1

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.

Company information

Company name: James Bros. Construction

Business license number: 73

Email: teri.jamesbrosconstruction@frontier.com

Employee's signature: 

Employee information

Print name: Jeremy Weller

Certification number: (if applicable): 855

Phone number: 507 267 4789

Date (mm/dd/yyyy): 7-5-17

Property address: 22976 Greenland Lane

Parcel ID: 04.570.0050

City: Elysian

State: MN

Zip code: 56028

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.

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: James Bros Construction

Business license number: 73

Designated Certified Individual (DCI) information

Print name: Wayne James

Certification number: 855

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):

7-5-17