



# COMPLIANCE INSPECTION *for Existing Septic Systems*

Required attachments:

- Compliance Inspection  Site drawing  MPCA Inspection forms  Pumping Certificate

• *This Certificate is invalid without required attachments*

Inspection Date \_\_\_\_\_  
 (\*Report must be submitted to LUG and owner within 15 days of completion)

### REASON FOR INSPECTION

- Building Permit
- Property Transfer
- Variance/CUP
- Other \_\_\_\_\_

Property Owner \_\_\_\_\_

Site Address \_\_\_\_\_

Parcel Number \_\_\_\_\_ Time \_\_\_\_\_ am / pm Temperature: \_\_\_\_\_ °F

#### WEATHER CONDITIONS:

- Clear  Rain
- Cloudy  Snow

#### GROUND CONDITIONS:

- Dry  Wet
- Damp  Frozen / Snow-covered

#### GROUND COVER:

- Grass  Wooded
- Brush  Other \_\_\_\_\_

**System in Shoreland Area**  Yes  No Wellhead Protection Area  Yes  No Food Bev/Lodging

\*Responsible to verify  Class V Injection Well  operated by a Management Plan

Water Body Name \_\_\_\_\_ Setback \_\_\_\_\_ ft

**All Wells within 100ft of system** \*any STS not meeting an applicable well setback is considered Non Compliant

Well Type: \_\_\_\_\_ Distance to tank \_\_\_\_\_ ft Distance to Soil Treatment Area \_\_\_\_\_ ft  
 Well Type: \_\_\_\_\_ Distance to tank \_\_\_\_\_ ft Distance to Soil Treatment Area \_\_\_\_\_ ft

#### TANK(S): screen/filter

- Septic Tank \_\_\_\_\_ gallons
- two compartments

- Pump Tank \_\_\_\_\_ gallons
- Holding Tank \_\_\_\_\_ gallons

#### SYSTEM TYPE:

- Standard  Performance  Artificial Drainage (monitoring form required)
- Alternative  Holding Tank  Operating Permit (non-transferable)  Management Plan
- Other type \_\_\_\_\_
- Pre-Treatment Device \_\_\_\_\_  Performance System Operating Permit # \_\_\_\_\_

*\*monitoring records required*

Depth to the restricting layer \_\_\_\_\_ ft / in

**SOILS: Depth of soil treatment area** \_\_\_\_\_ in

- SB performed
- prior soils documentation used

**Separation Distance = \_\_\_\_\_ in.**

**15% reduction in vertical separation employed** applicable to systems constructed after March 31, 1996, or in an SWF area (shoreland-wellhead protection-food/beverage/lodging)

### STATUS OF SYSTEM:

In conclusion of the compliance inspection conducted above, the status of the septic system is:

\_\_\_\_\_, In accordance with Minnesota Rules, Chapter 7080.0700 criteria for **existing** individual sewage treatment systems, therefore,

An Imminent Health Threat

This document is a \_\_\_\_\_

Comments: \_\_\_\_\_

# EXISTING SEWAGE TREATMENT SYSTEM COMPLIANCE INSPECTION:

**DURING THIS INSPECTION ON \_\_\_\_/\_\_\_\_/\_\_\_\_, WAS EVIDENCE OF ANY OF THE FOLLOWING OBSERVED?**

- \*Surface discharge of sewage effluent to ground or water body?  Yes  No
  - \*Moist, wet, spongy, or overloaded soil treatment area?  Yes  No
  - \*Evidence of a seepage pit, drywell, cesspool?  Yes  No
  - Backup of sewage reported by owner or authorized agent?  Yes  No
  - Less than THREE feet of vertical separation between the soil treatment system bottom and seasonally saturated soil(redox) or bedrock?  Yes  No  Before 1996
- In non-shoreland areas, two feet of separation= "In Compliance" for systems constructed before 1996*

- \*Soil treatment system is located IN permanent water table?  Yes  No
- Any part of the system that does not meet required well setback?  Yes  No
- Septic/pump tank that is not watertight? (per Pumping Certificate)  Yes  No
- Drainback from soil treatment system? (Per Pumping Certificate)  Yes  No

*\*IPHT=Imminent Public Health Threat*

If "YES" was answered to any of the above, please explain below:

\_\_\_\_\_

\_\_\_\_\_

**For BUILDING PERMIT application only:**  Not Applicable

Does the existing septic system meet minimum setbacks to ALL surrounding wells?  YES  NO

<p><i>EXISTING:</i></p> <p>Number of Bedrooms: _____</p> <p>Type Home:    I            II            III            IV</p> <p>Flow: _____ gpd</p> <p>Soil Treatment Area: _____ sq ft</p> <p>Garbage Disposal:    <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Estimated Soil Sizing Factor _____</p>	<p><i>PROPOSED:</i></p> <p>Number of Bedrooms: _____</p> <p>Type Home:    I            II            III            IV</p> <p>Flow: _____ gpd</p> <p>Soil Treatment Area: _____ sq ft</p> <p>Garbage Disposal:    <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;"><input type="checkbox"/> Proposed</p>
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The existing system  IS /  IS NOT sized properly for the proposed addition.

Comments / corrective action: \_\_\_\_\_

**For systems with ARTIFICIAL DRAINAGE (Curtain drain):**  Not Applicable

Is the dedicated surface outlet flowing?  Yes  No    Fecal Coliform Bacteria sample collected?  Yes  No

If yes, attach laboratory analysis

Piezometers installed?  Yes  No    If yes, indicate location(s) on site plan

Has Monitoring been performed  Yes  No    Results Acceptable  Yes  No  Pending

## CERTIFICATION:

I hereby certify with my signature as a State of Minnesota licensed Designer 1 Professional that my observations recorded on this form are accurate as of the date of inspection. No determination of future hydraulic performance can be made due to unknown conditions, future water usage over the life of the system, abuse of the system, and/or inadequate maintenance, all of which will adversely affect the life of the system.

Compliance Inspection Evaluator \_\_\_\_\_ Certification Number \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATE MUST BE SUBMITTED TO RICE COUNTY ENVIRONMENTAL HEALTH SERVICES WITHIN 30 DAYS OF INSPECTION DATE. Send to: Rice County Environmental Health – 320 Third St. NW Faribault, MN 55021-6145**