

COMPLIANCE INSPECTION For Existing Septic Systems

Required attachments: Compliance Inspection Site drawing MPCA Inspection form Pumping Certificate

• This Certificate is invalid without required attachments

Inspection Date _____

REASON FOR INSPECTION

- Building Permit
- Property Transfer
- Variance
- 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

**Must verify with Rice County Planning & Zoning

Water Body Name _____ Setback _____ ft

All Wells within 100ft of system

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):

- Septic Tank _____ gallons
 two compartments
- Pump Tank _____ gallons
- Holding Tank _____ gallons

SOIL TREATMENT:

- Rock Trench
- Gravelless Trench
- At-Grade
- Mound
- Seepage Bed
- Chamber
- Other _____

Size of Soil Treatment Area _____

- lineal feet
- sq. ft.
 reduction applicable

SYSTEM TYPE:

- Standard
- Alternative _____
- Cluster _____
- Pre-Treatment Device _____

Artificial Drainage (separate form required)

Performance System Operating Permit # _____
*monitoring records required

SOILS: Depth of soil treatment area _____ in Depth of sand/mound _____ in

Depth to the restricting layer _____ ft / in

- standing water soil redox bedrock

Separation Distance = _____ in.

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 criteria for *existing* individual sewage treatment systems, therefore,

This document is a _____

Comments: _____

An Imminent Health Threat

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>EXISTING: Number of Bedrooms: _____ Type Home: I II III IV Flow: _____ gpd Soil Treatment Area: _____ sq ft Garbage Disposal: <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Soil Sizing Factor _____</p>	<p>PROPOSED: Number of Bedrooms: _____ Type Home: I II III IV Flow: _____ gpd Soil Treatment Area: _____ sq ft Garbage Disposal: <input type="checkbox"/> Yes <input type="checkbox"/> No <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 TOWNSHIP ENVIRONMENTAL SERVICES WITHIN 30 DAYS OF INSPECTION DATE. Send to: Township Environmental Health – 2428-115th Avenue – Princeton, MN. 55371