



**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

Instructions on page 6

Summary Form (Completed form must be submitted to the local unit of government within 15 days.)

Parcel number: _____

System status: ☒ Compliant ☐ Noncompliant
(based on all compliance requirements)

For Local Tracking Purposes:

Property Information

Property owner name(s): Patty Lathrop Property owner phone: 507-665-3483

Property address: 532 south main street, LeSueur, MN. 56058

Property owner address (if different): _____

County: LeSueur Permitting authority: LeSueur County

Date system constructed: 1978 & 2011 Reason for inspection: Property transfer

System Description

Brief system description: New 1500/2 septic tank to 600ft of drainfield

Local permit number: _____ Number of bedrooms: 4 Design flow rate: 600

Is the system:

In Shoreland area? ☐ Yes ☒ No In Wellhead Protection Area? ☐ Yes ☒ No

An U.S. Environmental Protection Agency (EPA) Class V Injection Well? ☐ Yes ☒ No System serving a Minnesota Department of Health (MDH) licensed facility? ☐ Yes ☒ No

Compliance Status (Based on state requirements – additional local requirements may also apply.)

Based on the information gathered and reported on attached forms, the compliance status of this system is (check one):

☒ Certificate of Compliance – valid until (3 years from date of report): 12/13/2014

☐ Notice of Noncompliance - For Noncompliant systems:

The reason for noncompliance is: _____

This noncompliant system is classified as (check one below):

☐ Imminent threat to public health & safety ☐ Failing to protect ground water ☐ Not in compliance with operating permit

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.

Name: Gordon Rodning Certification number: 1835

Business license name and number: Rodning Excavating 1835 or

Name of local unit of government: LeSueur County

Signature: Gordon Rodning Date: 12-14-11

Required Attachments

- ☒ Hydraulic Performance ☒ Tank Integrity ☐ Operating Permit Form (if applicable)
☒ Soil Boring Logs ☒ Soil Separation
☒ System drawing/As-built drawing ☐ Any local requirements that are different from what is required on this form
☐ Other information (list): _____

Upgrade Requirements (derived from 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.

Parcel number: _____

System status: ☒ Compliant ☐ Noncompliant
(as determined by this form)

Hydraulic Performance and Other Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #1 of 4

Date of observation: 12-13-11 Reason for observation: property transfer

This form expires upon next inspection or in three years, whichever occurs first: 12-13-2014

Compliance questions/criteria: (Required)

(Check the appropriate box)

Does the system discharge sewage to the ground surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system discharge sewage to drain tile or surface waters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the system cause sewage backup into dwelling or establishment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do other situations exist that have the potential to immediately and adversely impact or threaten public health or safety (electrical, unsafe covers, etc.)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Does the system pose a threat to ground water for any conditions deemed non-protective as determined by the inspector?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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"Yes" indicates that the system is failing to protect ground water. If "yes", describe the condition noted:

Verification Method*: (Optional)

(Check the appropriate box)

- ☒ Searched for surface outlet
- ☐ Performed hydraulic test
- ☒ Searched for seeping in yard
- ☐ Checked for backup in home
- ☐ Excessive ponding in soil system/D-boxes
- ☒ Homeowner testimony
- ☐ Examined for surging in tank
- ☐ "Black soil" above soil dispersal system
- ☐ System requires "emergency" pumping
- ☐ Performed dye test
- ☐ Other: _____

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.*

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an Inspector. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Patty Lathrop

Property address: 532 south main street, LeSueur, MN. 56058

Property owner's address (if different): _____

County: LeSueur Property owner phone: 507-665-3483

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Gordon Rodning Certification number: 1835

Business license name and number: Rodning Excavating 1835 or

Name of local unit of government: LeSueur County

Signature: Gordon Rodning Date: 12-14-11

Parcel number: _____ System status: ☒ Compliant ☐ Noncompliant
(as determined by this form)

Tank Integrity and Safety Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #2 of 4

Date of observation: 12-13-11 Reason for observation: Property transfer

This form expires on (three years): 12-13-2014

Compliance questions/criteria: (Required)

(Check the appropriate box)

Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit? ☐ Yes ☒ No

Do any sewage tank(s) leak below their designed operating depth? ☐ Yes ☒ No

If yes, identify which sewage tank leaks. _____

Any "yes" answer indicates that the system is failing to protect ground water.

* Seepage pits meeting 7080.2550 may be compliant if allowed in ordinance by local permitting authority.

Verification Method** (Optional)

(Check the appropriate box)

☐ Probed tank bottom

☐ Observed low liquid level

☒ Examined construction records

☐ Examined empty (pumped) tank

☐ Probed outside tank for "black soil"

☐ Pressure/vacuum check

☐ Other: installed new 1500/2 septic tank

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Safety Check

- Are maintenance hole covers damaged, cracked, or appeared to be structurally unsound? ☐ Yes* ☒ No
- Were maintenance hole covers replaced in a secured manner (e.g., screws replaced)? ☒ Yes ☐ No*
- Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended. ☐ Yes ☒ No
- Are other safety/health issue present? ☐ Yes* ☒ No

Explain: _____

*System is an imminent threat to public health and safety.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems. Observations, interpretations, and conclusions must be completed by an inspector, maintainer, or service provider. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Patty Lathrop

Property address: 532 south main street, LeSueur, MN. 56058

Property owner's address (if different): _____

County: LeSueur Property owner phone: 507-665-3483

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Gordon Rodning Certification number: 1835

Business license name and number: Rodning Excavating 1835 or

Name of local unit of government: LeSueur County

Signature: Gordon Rodning Date: 12-14-11

Parcel number: _____

System status: ☒ Compliant ☐ Noncompliant
(as determined by this form)

Soil Separation Compliance and Other Compliance – Compliance Inspection Form for Existing SSTS

Compliance Issue #3 of 4

Date of observation: 12-13-11

Reason for observation: Property transfer

This information on this form does not expire.

Compliance questions/criteria: (Required) (Check the appropriate box)

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:

Does the system have at least a two-foot vertical separation distance from periodically saturated soil or bedrock?

☒ Yes ☐ No

For 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:

Does the system have a three-foot vertical separation distance from periodically saturated soil or bedrock?*

☐ Yes ☐ No

For reduced separation distance systems (i.e., "performance" systems under old 7080.0179 or Type IV or V system under new 7080.2350 or 7080.2400):

Does the system meet the designed vertical separation distance from periodically saturated soil or bedrock?*

☐ Yes ☐ No

Any "no" answer indicates that the system is failing to protect ground water.

Verification Method**: (Optional)

(Check the appropriate box)

☒ Conducted soil observation(s) (attach boring logs)

☐ Two previous verifications (attach boring logs)

☐ Other: _____

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

* May be reduced by up to 15 percent if allowed in local ordinance.

** No standard protocol exists. This list is not exhaustive, in sequential order, nor does it indicate which combinations are necessary to make this determination.

Certification

This form is to be completed and attached to the Summary Form of the Minnesota Pollution Control Agency's (MPCA) **Compliance Inspection Form for Existing Subsurface Sewage Treatment Systems**. Observations, interpretations, and conclusions must be completed by an inspector or designer. Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): Patty Lathrop

Property address: 532 south main street, LeSueur, MN. 56058

Property owner's address (if different): _____

County: LeSueur

Property owner phone: 507-665-3483

I hereby certify that I personally made the observations, interpretations, and conclusions reported on this form and that they are correct.

Name: Gordon Rodning

Certification number: 1835

Business license name and number: Rodning Excavating 1835

or

Name of local unit of government: LeSueur County

Signature: _____

Date: 12-14-11

Letthrop

Boring # 1		
Depth in Inches	USDA Soil Texture	Munsell Color
0-20"	Sandy loam	10YR 3/2
20-45"	Sand	10YR 3/6
45-66"	Sand	10YR 4/4
No redox found		Y 1
		Y 1

Boring # 2		
Depth in Inches	USDA Soil Texture	Munsell Color
0-22"	Sandy loam	10YR 3/2
22-48"	Sand	10YR 3/4
48-66"	Sand	10YR 4/6
No redox found		Y 1
		Y 1

