



Clean Water Revolving Fund Project Priority List

Part 1: Unsewered Area Needs Documentation

Project Information

Project name: _____ MPCA Engineer: _____
Contact name: _____ Contact phone number: _____
Form completed by: _____ MN SSTS license number: _____
Date: _____

Instructions

This worksheet is designed to document wastewater “needs” for project applicants requesting Clean Water Revolving Fund financial assistance for wastewater collection and treatment facilities improvements in unsewered areas of Minnesota. It is part of a process to encourage project applicants to evaluate all wastewater collection and treatment alternatives that are prudent and feasible. This form should be submitted with the applicant’s request for placement on the Project Priority List per Minn. R. 7077.0115, subp. 3.

In general, the Minnesota Pollution Control Agency (MPCA) defines wastewater treatment need in unsewered areas as the inability of subsurface sewage treatment systems (SSTS) to meet the compliance criteria in Minn. R. 7080.1500 or the required setbacks from water-supply infrastructure, buildings, property lines, and the high-water level of nearby public waters.

This needs documentation must be completed by a Certified Inspector (Minn. R. 7083.0750). Preliminary site investigations in accordance with Minn. R. 7080.1710, are not required in order to complete planning evaluation to determine needs. Compliance inspections in accordance with Minn. R. 7082.0700, subp. 2 is an acceptable method, but not required. In addition to this form, applicants must provide a to-scale map that shows the project service area and identifies each SSTS site location.

Again, a physical site investigation may not be necessary at SSTS locations. However, reasonable documentation of each system’s condition must be provided.

A. System condition per Minn. R. chs. 7080 and 7082:

1. Imminent threat to public health or safety (Minn. R. 7080.1500, subp. 4A).
2. Failure to protect ground water — 2.a. Cesspools, seepage pits and/or systems lacking three (3) feet of vertical separation from seasonal high ground water or bedrock (Minn. R. 7080.1500, subp. 4B) — 2.b. Type V systems defined in Minn. R. 7080.2400 that fail consistently (Minn. R. 7082.0600, subp. 2).
3. Properties that cannot conform to setback requirements from water-supply wells or piping, buildings, property lines, or high water level of public waters.
4. SSTS system is in conformance.

B. Methods of determining project need include:

1. A visual site inspection to document obvious threats to public health and safety, such as residential connections to a drain tile, overflow pipes, cesspools, or other unacceptable discharge locations.
2. A review of existing soil survey data to reasonably conclude if appropriate wastewater treatment technologies are being used on site. For example, seasonal high ground-water conditions may dictate the need for “mound” systems. If there are no mounds, the systems would be considered failing.
3. A site investigation including enough soil borings to create a soils map of the area. Complete an evaluation of the soil conditions to determine compatibility with existing wastewater treatment systems. If the soils map indicates a need for an above-ground system and none current exists, treatment systems are considered failing.
4. A review of local government records of the systems. If none exist, the system is unlikely to be in compliance. Existing records should be verified for accuracy.
5. A review of plat maps and other records to determine if any code setbacks, such as distance between SSTS and potable water wells or surface water, can not be met based on lot size. Systems on lots with inadequate size for setbacks should be considered noncompliant.
6. Compliance inspection as per Minn. R. 7082.0700, subp. 2.

Part 1: Unsewered Area Needs Documentation (print as many of this page as needed for the number of your sites)**Complete the following table on an SSTS system-by-system basis:**

Site location (address, plat number unique numbering system or owner name)	Existing system condition (see Section A on page 1)	Documentation of need and method of determination for locations (see Section B on page 1)	Is one or more of the non-conforming SSTS discharging within 500 feet of an impaired water or ORVW?	(Res = Residential) (Non-Res = others)	
				Res	Non-Res
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
16.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
17.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
18.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
19.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
20.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
21.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
22.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
23.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
24.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
25.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
26.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
27.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
28.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
29.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
30.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
31.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
32.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
33.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
34.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
35.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
36.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
37.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
38.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
39.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
40.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
System Condition Tally:	Conforming =	Total Yes:			
ITPHS =	Failure to protect GW =	Setback issues =	Total:		