



Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Instructions on page *

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): _____ Property owner phone: _____
 Property address: _____
 Property owner address (if different): _____
 County: _____ Permitting authority: _____
 Date system constructed: _____ Reason for inspection: _____

System Description

Brief system description: _____
 Local permit number: _____ Number of bedrooms: _____ Design flow rate: _____

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)*: _____
 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: _____ Certification number: _____
 Business license name and number: _____ **or**
 Name of local unit of government: _____
 Signature: _____ Date: _____

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: _____ Reason for observation: _____

This form expires upon next inspection or in three years, whichever occurs first: _____

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

| | |
|--|--|
| Does the system discharge sewage to the ground surface? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the system discharge sewage to drain tile or surface waters? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the system cause sewage backup into dwelling or establishment? | <input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No |

"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): _____
 Property address: _____
 Property owner's address (if different): _____
 County: _____ Property owner phone: _____

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

Name: _____ Certification number: _____
 Business license name and number: _____ **or** _____
 Name of local unit of government: _____
 Signature: _____ Date: _____

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: _____ Reason for observation: _____

This form expires on (three years): _____

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

| | |
|--|--|
| Does the system consist of a seepage pit*, cesspool, drywell, or leaching pit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do any sewage tank(s) leak below their designed operating depth? | <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

** 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

1. Are maintenance hole covers damaged, cracked, or appeared to be structurally unsound? Yes* No
2. Were maintenance hole covers replaced in a secured manner (e.g., screws replaced)? Yes No*
3. Was secondary access restraint present (safety pan, second cover, or safety netting) – highly recommended. Yes No
4. 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): _____

Property address: _____

Property owner's address (if different): _____

County: _____ Property owner phone: _____

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

Name: _____ Certification number: _____

Business license name and number: _____ **or**

Name of local unit of government: _____

Signature: _____ Date: _____

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: _____ Reason for observation: _____

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): _____

Property address: _____

Property owner's address (if different): _____

County: _____ Property owner phone: _____

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

Name: _____ Certification number: _____

Business license name and number: _____ or

Name of local unit of government: _____

Signature: _____ Date: _____

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

Operating Permit Compliance and Nitrogen BMP Compliance – *Compliance Inspection Form for Existing SSTS*

Compliance Issue #4 of 4

Applicability:

Is the system operated under an Operating Permit? Yes No **If “yes”, then complete item A, below**

Is the system required to employ a nitrogen BMP? Yes No **If “yes”, then complete item B, below**

If the answer to both questions is “no”, then this form does not need to be completed.

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

A. For systems with operating permits:

Has all the required monitoring and maintenance taken place and does the monitoring indicate compliance with the permit thresholds?

Yes No

B. For a system that has a required nitrogen reducing BMP and does not have an operating permit:

Is the nitrogen BMP in-place and appears to be properly operating? Yes No

Any “no” answers indicates noncompliance

Date of observation: _____ Reason for observation: _____

Operating permit number: _____

This form expires upon next inspection or in three years, whichever occurs first: _____

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 advanced inspector, service provider, or maintainer (maintainer for holding tanks only). Completed form must be submitted to the local unit of government within 15 days.

Property owner name(s): _____

Property address: _____

Property owner’s address (if different): _____

County: _____ Property owner phone: _____

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

Name: _____ Certification number: _____

Business license name and number: _____ **or**

Name of local unit of government: _____

Signature: _____ Date: _____

Instructions – Compliance Inspection Form for Existing SSTS

The Minnesota Pollution Control Agency's (MPCA) compliance inspection form must be completed for **all** compliance inspections of existing Subsurface Sewage Treatment Systems (SSTS) (Minn. Stat. § 115.55 subdivision 5a (i)). A compliance inspection is an inspection for the purpose of issuing a certificate of compliance or notice of noncompliance (Minn. R. ch. 7080.1100, subpart 18). Additional local forms may also be required in local ordinance; if this is the case, attach the appropriate local form(s) as well.

The inspection form is divided into five separate pages, each dealing with a separate compliance issue. The pages include: *Summary Form, Hydraulic Performance and Other Compliance Form, Tank Integrity and Safety Form, Soil Separation and Other Compliance Form, and Operating Permit and Nitrogen BMP Compliance Form*. The following table indicates which sheets need to be completed for which type of systems:

| System Classification | Summary Form | Hydraulic Performance and Other Compliance Form | Tank Integrity and Safety Form | Soil Separation and Other Compliance Form | Operating Permit and Nitrogen BMP Compliance Form |
|--|--------------|---|--------------------------------|---|---|
| Type I and old Standard Systems | X | X | X | X | |
| Type II and old "Alternative" Systems | X | X | X | X | |
| Type III and old "Other" Systems | X | X | X | X | |
| Type IV | X | X | X | X | X |
| Type V and old "Performance" Systems | X | X | X | X | X |
| ISTS or MSTs with nitrogen BMP | X | X | X | X | X |
| MSTs with advanced nitrogen reduction | X | X | X | X | X |

ISTS = Individual Sewage Treatment Systems
MSTs = Mid-Sized Subsurface Sewage Treatment Systems

The purpose of multiple forms is to accommodate the different times the system may be assessed and the various individuals that may do the assessment. The goal of these forms is to document a continual state of compliance for the system.

The final determination of compliance is determined on the Summary Sheet. This compliance status is based on the supporting compliance forms. Each supporting form has an expiration date (except the Soil Separation form), and, if not expired, will be used to support the Summary Sheet.

1. Summary Form

Purpose and Intent

This is the form that is completed once all the supporting information is gathered and the supporting forms are completed. This form acts as the official "Notice of Noncompliance" or "Certificate of Compliance". The supporting forms must be attached to the summary form.

Line by Line Instructions (for non self-evident queries)

System Status (top line) - The "Compliant" or "Noncompliant" Section is based on all the required forms for that system.

Property Owner Section - The "Date System Construction" query must be determined from records or owner testimony. If neither of these two sources are available, then a reasonable estimate should be made. The method used to determine the date (records, estimate, testimony, etc... could be provided near the date blank).

System Description Section - The "Local Permit Number", "Number of Bedrooms" and "EPA Class V Injection Well" queries are optional. An U.S. Environmental Protection Agency (EPA) Class V injection well is any system which serves more than one dwelling, or receives non-domestic waste, or a system which serves an Other Establishment which serves more than 20 persons per day.

The "Design Flow Rate" must be determined or estimated to determine if an advanced inspector is required to conduct the compliance inspection for that system.

Wellhead Protection Areas can be found at: <http://mdh-agua.health.state.mn.us/swa/pdwmain.cfm>.

Compliance Status Section - The compliance status required to be recorded on this form is based on state rule and state statute requirements. The compliance status is based on the supporting compliance forms. If local compliance requirements differ, that can be noted on a separate document, but the state form still needs to be completed based on state criteria.

Certification Section - The final determination of compliance must be done by an inspector (or advanced inspector for a Type IV, Type V, or system with a design flow of greater than 2,500 gallons per day).

Required Attachments Section - The number of supporting compliance forms must be noted to ensure that the supporting information is complete.

If you are filling the form out on your computer, click the "Print Preview" button at this point – this will trigger the automatic filling of system identification and Inspector information on subsequent pages.

2. Hydraulic Performance and Other Compliance Form (Compliance Issue #1)

Purpose and Intent

This form denotes compliance for surfacing of sewage or if an inspector is determining that the system is failing to protect ground water **other than** a leaking sewage tank (septic, pump, cesspool, seepage pit, etc...)

Line by Line Instructions (for non self-evident queries)

System Status (top line) - The "Compliant" or "Noncompliant" Section is based only on the criteria evaluated on this form, not based on criteria on other forms.

Compliance Questions/Criteria Section - The question in the lowest left-hand box which states: "Does the system pose a threat to ground water for any condition deemed to be non-protective as determined by the inspector?" is meant to allow the inspector to make a determination outside of the obvious non-protective systems (separation distance, leaky sewage tanks, etc...). These systems could include such things as a system covered by an impermeable surface.

3. Tank Integrity and Safety Compliance Form (Compliance Issue #2)

Purpose and Intent

This form denotes compliance for watertight tanks. Water tightness only refers to water tightness below the tank's designed operating depth. Non-water tightness above the designed operating depth (i.e., water leaking into the tank) may be harmful for system operation, but is likely not a direct threat to environmental protection.

Line by Line Instructions (for non self-evident queries)

System Status (top line) - The "Compliant" or "Noncompliant" Section is based only on the criteria evaluated on this form, not based on criteria on other forms.

4. Soil Separation Compliance and Other Compliance Form (Compliance Issue #3)

Purpose and Intent

This form denotes compliance for the required vertical separation distance to the periodically saturated soil or bedrock.

Line by Line Instructions (for non self-evident queries)

System Status (top line) - The "Compliant" or "Noncompliant" Section is based only on the criteria evaluated on this form, not based on criteria on other forms.

Compliance Questions/Criteria Section - The 15 percent reduction in separation distance is further explained by the following table:

| System Type | Example | Required Separation Distance | Required Separation Distance with 15% Reduction |
|---|---|------------------------------|---|
| 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 | Septic tank with trench system, built in 1980 not near a lake or stream | 24 inches | 24 inches (15% rule does not apply) |
| 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 | Septic tank with a trench system, built in 1980 within a Minnesota Department of Natural Resources (DNR) Shoreland Area, Or Septic tank with trench system, built in 2001, not in a DNR Shoreland Area | 36 inches | 31 inches |
| 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) | Septic tank with advanced treatment to a trench system | 12, 24 or 36 inches | 10, 21, or 31 inches |

Verification Method Section - The vertical separation distance must be determined. This determination can be made by the following:

- A. A new soil boring (which does not need to be verified by another for an existing system compliance inspection).
- B. Previous borings by two independent certified individuals (one can be the original borings by the designer).
- C. For more complex or difficult site conditions, please refer to MPCA's fact sheet on determining vertical separation distance for existing systems.

The soil boring(s) must be attached to this form.

5. Operating Permit Compliance and Nitrogen BMP Compliance Form (Compliance Issue #4)

Purpose and Intent

This form denotes compliance for proper system operation as determined by compliance with the system's operating permit, or for systems which employ a best management practice for nitrogen, whether that practice is currently in-place and properly operating. These two conditions will only apply to a few systems which are required to have these measures, which began between the years 2008 and 2011.

Line by Line Instructions (for non self-evident queries)

System Status (top line) - The "Compliant" or "Noncompliant" Section is based only on the criteria evaluated on this form, not based on criteria on other forms.

Compliance Questions/Criteria Section - The assessment of the nitrogen best management practice (BMP) can be a simple visual evaluation if the BMP is still present and whether it appears to be properly functioning at the time of inspection.