



Rice County COMPLIANCE INSPECTION for Existing SSTS

Environmental Health Services

database

Soil Boring Logs Drawing MPCA Inspection forms Pumping Certificate ← (Required information)

Inspection Date: _____
(*Report to be submitted to LUG & Owner within 15 days of completion)

Property Owner _____
or owner's representative
Site Address _____

Purpose of Inspection

- Building Permit
- Property Transfer
- Variance/CUP
- Other _____

Parcel I.D.# _____ Weather Conditions: _____ Ground Conditions: _____ Time ____:____

Are all the plumbing fixtures connected to the SSTS Clear Rain Dry Wet _____ am pm
 Yes No (must explain) Cloudy Snow Damp Frozen-Snow

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

Describe any 'Other Compliance Conditions' in MPCA component #3 of 5 that impacted the System Status:

comments: _____

TANK(S):

screen/filter alarm
 Septic Tank _____ gallons
 Pump Tank _____ gallons
 Holding Tank _____ gallons
Other _____

SOIL TREATMENT:

Media Type
 Rock
 Gravelless
 EZ-flow
 Chamber

STS TYPE:

Trench pressurized sts
 At Grade
 Mound
 Seepage Bed
 Artificial Drainage/Curtain Drain-*Annual monitoring required

SIZE of STS _____ sq.ft.

SYSTEM TYPE:

I Standard
 II Alternative Holding Tank
 III Other
 IV*Pre-Treatment Device _____
*Requires Intermediate/Advanced Inspector

Operating Permit # _____ (non-transferable)
 Not in Adherence = Non-Compliant in Adherence
(Must explain) _____

SOILS: Depth to the restricting layer _____ ft / in
Depth of soil treatment area _____ ft/in

Separation Distance = _____ in.

SB performed prior soils documentation used 15% reduction in vertical separation employed
Applicable to a SSTS constructed after March 31, 1996, or a SSTS located in an SWF area:
(Shoreland -wellhead protection/food/beverage/lodging)

In accordance with Minnesota Rules Chapter 7080.1500 or 7081.0080 if >5000gpd

STATUS OF SEPTIC SYSTEM

Compliant **Non-Compliant** Imminent Threat to Public Health or Safety

Certificate of Compliance Notice of Non-Compliance See attachments for other reason of Non Compliance

CERTIFICATION:

I hereby certify with my signature as a State of Minnesota Certified Inspector 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 of the system, abuse of the system, and/or inadequate maintenance, all of which will adversely affect the life of the system.

Licensed Inspector _____ Certification # _____
Printed Name Signature

Business license # _____ Phone # _____ email: _____