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11/2001

Water/Wastewater-ISTS4.31



# Compliance Inspection Form for Existing Individual Sewage Treatment Systems

Minnesota Pollution  
Control Agency

Completion of this form fulfills the minimal requirements of Minn. Stat. § 115.55 (1999) and Minnesota R. ch. 7080 (1999). Please refer to local ordinances for other requirements or other required information.

## General:

Date of Inspection: 22 Nov 03 Reason for inspection: \_\_\_\_\_  
 Property Owner(s) Robert & Aneta Olson Telephone ( ) 847-6226  
 Person requesting inspection Zoning Telephone ( ) \_\_\_\_\_  
 Site Address 25376 Brandy Lake Rd City Detroit Lakes Zip Code 56501  
 Fire No./ Parcel No. \_\_\_\_\_ Township Name 139  
 Legal Description Lot 5 Block 1 1st Addition  
 Regulatory Authority \_\_\_\_\_

## System Classification

Systems built prior to April 1, 1996 and not located in Shoreland or Wellhead Protection Area or Serving a Food, Beverage or Lodging Establishment	Systems located in Shoreland or Wellhead Protection Areas or Serving a Food, Beverage or Lodging Establishment, or systems Built after March 31, 1996
<p><b>Is the system an imminent threat to public health or safety?</b> (a yes answer is an ITPHS system)</p> <p>- Discharge of sewage to the ground surface? YES <input checked="" type="radio"/> NO</p> <p>- Discharge of sewage to drain tile or surface waters? YES <input checked="" type="radio"/> NO</p> <p>- Sewage backup into dwelling? YES <input checked="" type="radio"/> NO</p> <p>- Situation with the potential to immediately and adversely impact or threaten public health or safety? YES <input checked="" type="radio"/> NO</p> <p><b>Is the system failing?</b> (a yes answer is a failing system)</p> <p>- Less than TWO feet of vertical separation between system bottom and saturated soil or bedrock? YES <input checked="" type="radio"/> NO</p> <p>- A seepage pit, cesspool, drywell, or leaching pit? YES <input checked="" type="radio"/> NO</p> <p><b>Is the system non-compliant?</b></p> <p>- Is the system regulated under a monitoring plan or operating permit? (if no, go to page 2) YES <input checked="" type="radio"/> NO</p> <p>If yes,</p> <p>- Has the required monitoring taken place? YES NO</p> <p>(If no, the system is non-complying)</p> <p>- The monitoring indicate that the system meets performance expectations? YES NO</p> <p>(If no, the system is non-complying)</p>	<p><b>Is the system an imminent threat to public health or safety?</b> (a yes answer is an ITPHS system)</p> <p>- Discharge of sewage to the ground surface? YES NO</p> <p>- Discharge of sewage to drain tile or surface waters? YES NO</p> <p>- Sewage backup into dwelling? YES NO</p> <p>- Situation with the potential to immediately and adversely impact or threaten public health or safety? YES NO</p> <p><b>Is the system failing?</b> (a yes answer is a failing system)</p> <p>- Less than THREE feet of vertical separation between system bottom and saturated soil or bedrock? YES NO</p> <p>- A seepage pit, cesspool, drywell, or leaching pit? YES NO</p> <p><b>Is the system non-compliant?</b></p> <p>- Is the system regulated under a monitoring plan or operating permit? (if no, go to page 2) YES NO</p> <p>If yes,</p> <p>- Has the required monitoring taken place? YES NO</p> <p>(If no, the system is non-complying)</p> <p>- The monitoring indicate that the system meets performance expectations? YES NO</p> <p>(If no, the system is non-complying)</p>

**System Components** (Please describe the system components):

SEPTIC TANK & GRAVITY DRAINFIELD

**What methods were used to make the determinations for the compliance inspection?** (Note: No standard protocol exists. The following list is not exhaustive, not in sequential order nor indicates which combinations are necessary to make a determination)

**Watertight tank(s)**

- ☒ Probed tank bottom
- ☐ Observed low liquid level
- ☐ Examined const. records
- ☐ Examined empty (pumped) tank
- ☐ Probed outside tank for black soils
- ☐ Pressure/vacuum check
- ☐ Other \_\_\_\_\_

**Hydraulic Functioning**

- ☒ Searched for surface outlet
- ☐ Performed hydraulic test
- ☒ Searched for seeping in yard
- ☐ Checked for back-up in home
- ☐ Excessive ponding in soil system
- ☒ Homeowner testimony
- ☐ Examined for surging in tank
- ☐ "Black soil" above soil system
- ☐ Other \_\_\_\_\_

**Separation Distance**

- ☐ Conducted soil borings
- ☐ Depth to redox \_\_\_\_\_
- ☐ Depth to system bottom \_\_\_\_\_
- ☐ Examined records
- ☐ County Verification Records
- ☒ Other SIGHT LEVEL  
IN GRANULAR SOILS

**STATUS OF THE SYSTEM**

**Based on the compliance criteria above the system status is** (check one) ☒ in compliance (functioning) ☐ failing (to protect groundwater) ☐ an imminent threat to public health or safety (ITPHS), ☐ non-compliant (monitoring issue). ☐ compliant (non of the 3 previous conditions). or ☐ insufficient information to make determination.

**Therefore, this document is a** ☒ Certificate of Compliance ☐ Notice of Noncompliance ☐ Unknown compliance

**SUGGESTED ATTACHMENTS:**

- 1) Site sketch. Suggested items for sketch include: well, well setback to system, dwelling or other buildings, tank(s), soil treatment system, reserved soil treatment area, property lines, surface water and soil boring locations.
- 2) Soil boring logs, showing each horizon. Indicate the texture, color, redoximorphic features depth to bedrock, standing water and whether the material is fill.
- 3) A list of any and all requirements of the local ordinance that are different from the state requirements referred to on this form.
- 4) A homeowner survey, signed by the homeowner as being factual.
- 5) Monitoring data as appropriate.

**CERTIFICATION**

I hereby certify as a state of Minnesota licensed Inspector and/or Designer I or Qualified Employee Inspector and/or Qualified Employee Designer I that I conducted an investigation that accurately determined the compliance status of this system and that my recorded observations are accurate as of this date. No determination of future hydraulic performance has been nor can be made due to unknown conditions during system construction, abuse of the system, inadequate maintenance, or future water usage.

Inspector's name (print) Michael Hought Phone 218 847 7391  
 License and/or Registration Number 770 Address PO BOX 2  
 Employed by Hought, Inc. Address DETROIT LAKES, MN 56502  
 Signature [Signature] Date 02 DEC 03

**Upgrade Requirements** (derived from Minnesota Statutes § 115.55)

An 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 fails to provide sufficient groundwater protection, then the system must be upgraded, replaced, or its use discontinued within the time required by rule or the 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 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.