

Bridgewater Township

500 Railway Street, P.O. Box 246, Dundas, MN 55019
Phone: 507-645-1656 Email: bridgewaterpermits@gmail.com

COMPLIANCE INSPECTION *For Existing Septic Systems*

Required attachments: ☐ Compliance Inspection ☐ Site drawing ☐ MPCA Inspection form ☐ Pumping Certificate

• This Certificate is invalid without required attachments

Inspection Date _____

REASON FOR INSPECTION

- ☐ Building Permit
☐ Property Transfer
☐ Variance
☐ Other _____

Property Owner _____

Site Address _____

Parcel Number _____ Time _____ am / pm Temperature: _____ °F

WEATHER CONDITIONS:

- ☐ Clear ☐ Rain
☐ Cloudy ☐ Snow

GROUND CONDITIONS:

- ☐ Dry ☐ Wet
☐ Damp ☐ Frozen / Snow-covered

GROUND COVER:

- ☐ Grass ☐ Wooded
☐ Brush ☐ Other _____

System in Shoreland Area? ☐ Yes ☐ No

****Must verify with Rice County Planning & Zoning**

Water Body Name _____ Setback _____ ft

All Wells within 100ft of system

Well Type: _____ Distance to tank _____ ft
Well Type: _____ Distance to tank _____ ft

Distance to Soil Treatment Area _____ ft
Distance to Soil Treatment Area _____ ft

TANK(S):

- ☐ Septic Tank _____ gallons
☐ two compartments
☐ Pump Tank _____ gallons
☐ Holding Tank _____ gallons

SYSTEM TYPE:

- ☐ Standard
☐ Alternative _____
☐ Cluster
☐ Pre-Treatment Device _____

SOIL TREATMENT:

- ☐ Rock Trench
☐ Gravelless Trench
☐ At-Grade
☐ Mound
☐ Seepage Bed
☐ Chamber
☐ Other _____

Size of Soil Treatment Area

- ☐ lineal feet
☐ sq. ft.
☐ reduction applicable

☐ Artificial Drainage (separate form required)

☐ Performance System Operating Permit # _____
*monitoring records required

SOILS: Depth of soil treatment area _____ in

Depth of sand/mound _____ in
* If applicable

Depth to the restricting layer _____ ft / in
☐ standing water ☐ soil redox ☐ bedrock

Separation Distance = _____ in.

STATUS OF SYSTEM:

In conclusion of the compliance inspection conducted above, the status of the septic system is:

_____, In accordance with Minnesota Rules,
Chapter 7080 criteria for *existing* individual sewage treatment systems, therefore,

This document is a _____

Comments: _____

☐ An Imminent Health Threat

EXISTING SEWAGE TREATMENT SYSTEM COMPLIANCE INSPECTION:

DURING THIS INSPECTION ON ____/____/____, WAS EVIDENCE OF ANY OF THE FOLLOWING OBSERVED?

- *Surface discharge of sewage effluent to ground or water body? ☐ Yes ☐ No
*Moist, wet, spongy, or overloaded soil treatment area? ☐ Yes ☐ No
*Evidence of a seepage pit, drywell, cesspool? ☐ Yes ☐ No
Backup of sewage reported by owner or authorized agent? ☐ Yes ☐ No
Less than THREE feet of vertical separation between the soil treatment system bottom and seasonally saturated soil(redox) or bedrock? ☐ Yes ☐ No ☐ Before 1996
In non-shoreland areas, two feet of separation= "In Compliance" for systems constructed before 1996

- *Soil treatment system is located IN permanent water table? ☐ Yes ☐ No
Any part of the system that does not meet required well setback? ☐ Yes ☐ No
Septic/pump tank that is not watertight? (per Pumping Certificate) ☐ Yes ☐ No
Drainback from soil treatment system? (Per Pumping Certificate) ☐ Yes ☐ No

**IPHT=Imminent Public Health Threat*

If "YES" was answered to any of the above, please explain below:

For BUILDING PERMIT application only:

☐ Not Applicable

Does the existing septic system meet minimum setbacks to ALL surrounding wells? ☐ YES ☐ NO

EXISTING:	PROPOSED:
Number of Bedrooms: _____	Number of Bedrooms: _____
Type Home: I II III IV	Type Home: I II III IV
Flow: _____ gpd	Flow: _____ gpd
Soil Treatment Area: _____ sq ft	Soil Treatment Area: _____ sq ft
Garbage Disposal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Garbage Disposal: <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Soil Sizing Factor _____	<input type="checkbox"/> Proposed

The existing system ☐ IS / ☐ IS NOT sized properly for the proposed addition.

Comments / corrective action: _____

For systems with ARTIFICIAL DRAINAGE (Curtain drain):

☐ Not Applicable

Is the dedicated surface outlet flowing? ☐ Yes ☐ No Fecal Coliform Bacteria sample collected? ☐ Yes ☐ No

If yes, attach laboratory analysis

Piezometers installed? ☐ Yes ☐ No

If yes, indicate location(s) on site plan

Has Monitoring been performed ☐ Yes ☐ No

Results Acceptable ☐ Yes ☐ No ☐ Pending

CERTIFICATION:

I hereby certify with my signature as a State of Minnesota licensed Designer 1 Professional 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 over the life of the system, abuse of the system, and/or inadequate maintenance, all of which will adversely affect the life of the system.

Compliance Inspection Evaluator _____ Certification Number _____
(Please Print)

Signature _____ Phone Number _____ Date _____

CERTIFICATE MUST BE SUBMITTED TO TOWNSHIP ENVIRONMENTAL SERVICES WITHIN 30 DAYS OF INSPECTION DATE. Send to:

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