



Septic Program

MONITORING FORM - SEPTIC

Landowner Information:

Name:		
Mailing Address:		
City:	State:	Zip:
Telephone Number:		

Property Information:

Parcel Number:	Operating Permit Number:	
Property Address:		
City:	State:	Zip:

If required to contract maintenance of septic system with licensed service provider, landowner has secured the services of:

Service Provider's Business Name:	
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Device used for flow measurement: (Check One) WATER METER EVENT COUNTER

Date:
Reading:

1. Flow Measurement Device
 - New counter installed Yes No
2. Tank access
 - Maintenance access Yes No
 - Access located at grade Yes No
 - Lids securely fastened Yes No
3. Alarm(s)
 - Audio alarm present and operational Yes No N/A
 - Visual alarm present and operational Yes No N/A
4. Effluent Screen
 - Was screen cleaned Yes No N/A
5. Conditions at the drainfield site
 - Evaluate presence of odor within 10 ft of perimeter of system: (Check all that apply)
 - None Mild Strong Chemical Sour
 - Source of odor, if present: _____
 - Excessive vegetative growth Yes No
 - Vegetation maintained Yes No
 - Traffic on onsite wastewater system Yes No
 - Any ponding or seepage Yes No
 - Inspection pipes present and intact Yes No

Other information requirement by the Monitoring or Management Plan or Operating Permit (Attach supporting documents):

I, the undersigned, have ascertained to the best of my ability, that the above results are true and complete. I understand that monitoring results must be reported to Le Sueur County according to my monitoring or management plan and operating permit. Failure to report monitoring records will result in a non-complying septic system.

Business Name:	License Number:
Certified Individual:	Certification Number:
Signature:	

**** REMEMBER TO SUBMIT MONITORING RECORDS TO LE SUEUR COUNTY BY NOVEMBER 15TH ****