## 2017 SSTS Annual Report



# Annual Report for: Grant County in Grant County

Please carefully read all instructions provided throughout the questionnaire:

If your jurisdiction does not administer a program to regulate septic systems, please send an email back to the MPCA indicating that your community does not have an active septic system program to Cody Robinson at

If your jurisdiction does administer a program to regulate septic systems, please submit the questionnaire no later than February 1, 2018.

## Minn. R. 7082.0040 Subp. 5 Reporting requirements for all local programs.

Local units of government that administer SSTS programs must provide an annual report to the commissioner. The report must be submitted to the commissioner no later than February 1 for the previous calendar year.

If you are having trouble navigating the survey, or you do not understand a question, please save your progress and contact Cody Robinson by phone at 651-757-2535 or email at

Please do your best to provide accurate information in the data fields. Without accurate data, there is no way to quantify the great efforts and progress Local Government Units are making throughout the state year after year!

Please ensure the following information can be used to contact the SSTS administrator within your department. The MPCA uses this survey to maintain an annually updated contact list of all local SSTS program administrators statewide.

#### Definitions:

SSTS Program Contact - an individual who can be contacted at Grant County for items such as: ordinance administration, permit issuance/review, the receipt and coordination of this survey, and all other local SSTS related questions.

SSTS Inspector - an individual authorized to conduct inspections on behalf of Grant County. If you have mulitple inspectors, only provide the contact information for one of them.

Department Head - an individual in a supervisory position who oversees the activities of the SSTS program.

### Official Contact Information:

SSTS Program Contact	Greg Lillemon
Department	Land Management
Phone (555-555-555)	218-685-8225
Email	greg.lillemon@co.grant.mn.us
Street Address	10 lst St NW
City	Elbow Lake
State	MN
Zıp	565531
Fax	218-685-6714

	SSTS Inspector (This	is your primary inspe	ctor contact information. You will list all authorized inspectors later in the						
	survey.)								
	Name		** * *** · · · · · · · · · · · · · · ·						
	Email								
	Department Head (if a	applicable)							
	Name	To be described	144						
	Email								
	Please enter t	the contact information	on for each SSTS Program within your county boundaries.						
	Are there other SSTS programs operating within your county boundaries?								
	O Yes	programs operating w	num your county boundaries?						
Please	answer the following o	ordinance specific qu	uestions:						
	Does your jurisdiction	use Alternative Local	Standards (ALS) in your ordinance for existing systems?						
	O Yes		DABLING SYSTEMS						
	No								
	vertical separation in a	use ALS in your ordinal	ance for New or Replacement SSTS that specifies using a minimum of 2' of						
	○ Yes ⑤ No								
	Does your jurisdiction u  Yes No	use ALS for New or Re	eplacement systems using 2006 rules?						
	Does your jurisdiction to O Yes No	rack the maintenance	(pumping) of SSTS?						
		equire compliance ins	pections for property transfers?						
	Yes  No								
		pprove SSTS designs	BEFORE issuance of a construction permit?						
	Yes  No								
	U. NO								
	At what point during the Prior to issuing permit During construction After construction We do not verify soils	review process do yo	ou most often perform infield soil verifications?						
Number	of Construction Permit	s Issued for Reside	SSTS by System Type:						
-	Type I - Trench/Rocki		1						
	Type I - Trench/EZ Flow		0						
	Type I - Trench/Chambers		10						
٦	Type I - Seepage or Pressure	e Beds.	4						
7	Type I - Mound		5						
T	ype I - At Grade		0						
	ype II - Privies, Holding Tan	ks, & Floodplain Areas	4						
	ype III systems:		0						
	ype IV systems - Registered	Treatment Products.	0						
	ype V systems.		0						
	al Operating Permits Is	ssued for							
	ype II Holding Tanks	aducu IVI.							
	ype IV Systems		0						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		V						

Type V Systems	0				
Number of Construction Permits Issued for Other	Establishmen: SSTS by System Type:				
Type I - Trench/Rock:	0				
Type I - Trench/EZ Flow.	0				
Type I - Trench/Chambers:	0				
Type I - Seepage or Pressure Beds.	0				
Type I - Mound:	0				
Type I - At Grade:	0				
Type II - Privies, Holding Tanks. & Floodplain Areas:					
Type III systems:	0				
Type IV systems - Registered Treatment Products	0				
Type V systems:	0				
Other Establishment Operating Permits Issued for	:				
Type II Holding Tanks:	0				
Type IV Systems:	0				
Type V Systems	C				
Number of Construction Permits Issued for Reside	ential SSTS by Flow Volume:				
New Systems					
1-2,499 gal/day;	0				
2,500-4,999 gel/day:	0				
5,000-10,000 gal/day:	0				
Replacement Systems					
1-2,499 gal/day.	0				
2,500-4,999 gal/day	0				
5,000-10,000 gal/day.	0				
Number of Construction Permits Issued for Other E	Establishment SSTS by Flow Volume:				
New Systems					
1-2,499 gal/day	0				
2,500-4,999 gal/day:	0				
5,000-10,000 gal/day:	C				
Replacement Systems	U				
Tag acomon dystems					
1-2,499 gal/day:	0				
2,500-4,999 gal/day:	0				
5,000-10,000 gal/day	0				
Number of SSTS Repair Permis issued for:					
Residential SSTS:	1				
Other establishment SSTS	0				
Numbers of SSTS in your jurisdiction for the following	g:				
Full-time dwellings with SSTS:	951				
Seasonal dwellings with SSTS.	220				
Other establishments served by SSTS.	0				
Cluster SSTS					
Total number of Cluster SSTS	1				
Total number of structures served by Cluster SSTS.	5				

Please provide answers to the following complian  Note an actinicide the % symbol in your response.	ce questions.
Estimated percentage of all systems in your Failing to protect groundwater (%)	
Imminent threat to public health and safety (%)	16
Compliant SSTS (%)	75
Percentage Total mass en an accessor	100
	100
Number of Existing System compliance ins	pections conducted in your area (Private & LGU):
25	
Total number of noncompliant properties mitigated	by:
Connecting to centralized sewer	0
Abandonment or removal of a dwelling	0
Government buyout	0
required	authorized to conduct work on behalf of Grant County. Each LGU is to have at least one inspector.  for certification numbers if needed.
Inspector #1:	
Full Name Greg Lillemon	
Certification Number	
Example 12345	
Would you like to add another?	
○ Yes ⑤ No	
The MPCA uses this information for the administra were new systems installed in Grant County last yea tanks installed by each licensed installation busines	117 Tank Report  Ition of tank fees for licensed SSTS installers across the state. If there  ar, you must indicate the number of septic system/performance system  ss below. If there were not any systems installed by SSTS installers in  then select "No" at the bottom of this page.
renormance ranks - include tanks from advance	and pump tanks and are counted per tank installed.  ed treatment systems (Type IV) and are counted as one (1) tank per ehold system installed.
o not include permitted systems that weren't yet in the p	stalled. Tanks fees are only required for tanks actually installed during previous calendar year.
To verify license numbers according to You MUST prefix the lice is entitled.	o business names, use the MPCA's Manager 1990.
Note - we are no longer asking for verifica	ation on homeowner installations, just SSTS professionals.
License Number:	
L446	
Number of Septic tanks installed:	
11	
Number of Performance systems:	
0	
STE Seprentine	
at the at mean an above at the	
License Number:	
L3839	

Number of Septic tanks ins	talled:			
10				
Number of Performance sy	stems:			
0				
The Supported to the same				
- 10-11				
License Number:				
L3857				
Number of Septic tanks insta	alled:			
1				
Number of Performance sys	stems:			
0				
3 300 5 70				
License Number:				
LIGHTSE HUMBEL.		_		
Number of October 1				
Number of Septic tanks insta	lled: 			
License Number:				
Number of Septic tanks install	ed:			
Number of Performance syste	ems:			
License Number:				
Number of Septic tanks installe	ed:			
Number of Performance system	ms:			
Do you have any more contract O Yes No	ors to enter?			

Thank you for taking your time to help quantify the great efforts made by SSTS local programs throughout the state of Minnesota.

Please print this survey for your records, then click the submit button below to send your responses to the MPCA.