



**Waseca County Public Health Services**  
**1000 W Elm Ave**  
**Waseca, MN 56093**  
**(507)835-0685**

**Homeowner Testimony of a Failing Septic System**

I declare that the septic system on my property does not meet the standards for compliance. In lieu of a physical onsite inspection, the system will be replaced within 10 months as this will be considered an Imminent Threat to Public Health and Safety. However, I understand that a licensed septic inspector may submit a compliance inspection that has the potential to overrule my testimony, and, therefore, will change the status of the system and associated timeframe.

PROPERTY ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_