Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance Inspection Form

Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply.

Submit completed form to Local Unit of Government (LUG) and system owner within 15 days

For local tracking purposes:

System Status

System status on date (mm/dd/yyyy): 2/20/2020

☐ **Compliant – Certificate of Compliance**
(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)

☒ **Noncompliant – Notice of Noncompliance**
(See Upgrade Requirements on page 3.)

Reason(s) for noncompliance *(check all applicable)*

- ☐ Impact on Public Health *(Compliance Component #1) – Imminent threat to public health and safety*
- ☐ Other Compliance Conditions *(Compliance Component #3) – Imminent threat to public health and safety*
- ☐ Tank Integrity *(Compliance Component #2) – Failing to protect groundwater*
- ☐ Other Compliance Conditions *(Compliance Component #3) – Failing to protect groundwater*
- ☒ Soil Separation *(Compliance Component #4) – Failing to protect groundwater*
- ☐ Operating permit/monitoring plan requirements *(Compliance Component #5) – Noncompliant*

Property Information

Parcel ID# or Sec/Twp/Range: 29-0-008500

Property address: 19147 484th. st..McGregor,Mn.55760

Reason for inspection: transfer of property

Property owner: seller-Donna Biggens Buyer-Chriss Bann

Owner's phone:

or

Owner's representative:

Representative phone:

Local regulatory authority: Aitkin county planning & zonig

Regulatory authority phone: 218-927-7342

Brief system description: 1000 gal. septic tank.that gravity drains into a drain field.

Comments or recommendations:

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

Inspector name: Jarold R. Farley

Certification number: C-4744

Business name: Farley sewer systems

License number: L-1919

Inspector signature: Jarold R. Farley

Phone number: 218-839-4737

Necessary or Locally Required Attachments

☒ Soil boring logs ☒ System/As-built drawing ☐ Forms per local ordinance

☐ Other information (list):

Property address: 19147 484th. st..McGregor,Mn.55760 Inspector initials/Date: JRF 2/20/2019 (mm/dd/yyyy)

1. Impact on Public Health – Compliance component #1 of 5

Compliance criteria:

System discharges sewage to the ground surface.	☐ Yes ☒ No
System discharges sewage to drain tile or surface waters.	☐ Yes ☒ No
System causes sewage backup into dwelling or establishment.	☐ Yes ☒ No

Any "yes" answer above indicates the system is an imminent threat to public health and safety.

Comments/Explanation:

Verification method(s):

- ☒ Searched for surface outlet
- ☒ Searched for seeping in yard/backup in home
- ☐ Excessive ponding in soil system/D-boxes
- ☐ Homeowner testimony *(See Comments/Explanation)*
- ☐ "Black soil" above soil dispersal system
- ☐ System requires "emergency" pumping
- ☐ Performed dye test
- ☐ Unable to verify *(See Comments/Explanation)*
- ☐ Other methods not listed *(See Comments/Explanation)*

2. Tank Integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, or leaching pit. *Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.*	☐ Yes ☒ No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	☐ Yes ☒ No

Any "yes" answer above indicates the system is failing to protect groundwater.

Comments/Explanation:

tank was not pumped and will need to be and inspected if it is be used in the new system.

Verification method(s):

- ☒ Probed tank(s) bottom
- ☐ Examined construction records
- ☐ Examined Tank Integrity Form *(Attach)*
- ☐ Observed liquid level below operating depth
- ☐ Examined empty (pumped) tanks(s)
- ☐ Probed outside tank(s) for "black soil"
- ☐ Unable to verify *(See Comments/Explanation)*
- ☐ Other methods not listed *(See Comments/Explanation)*

3. Other Compliance Conditions – Compliance component #3 of 5

a. Maintenance hole covers are damaged, cracked, unsecured, or appear to be structurally unsound. ☐ Yes* ☒ No ☐ Unknown

b. Other issues *(electrical hazards, etc.)* to immediately and adversely impact public health or safety. ☐ Yes* ☒ No ☐ Unknown
System is an imminent threat to public health and safety.

Explain:

c. System is non-protective of ground water for other conditions as determined by inspector . ☐ Yes* ☒ No
System is failing to protect groundwater.

Explain:

Property address: 19147 484th. st..McGregor,Mn.55760 Inspector initials/Date: JRF 11/20/2020 (mm/dd/yyyy)

4. Soil Separation – Compliance component #4 of 5

Date of installation: 5/25/1974 (mm/dd/yyyy) ☐ Unknown

Shoreland/Wellhead protection/Food beverage lodging? ☒ Yes ☐ No

Compliance criteria:

For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment: Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No
Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment: Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	☐ Yes ☒ No
"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080. 2350 or 7080.2400 (Advanced Inspector License required) Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No

Any "no" answer above indicates the system is failing to protect groundwater.

Verification method(s):

Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.

☒ Conducted soil observation(s) *(Attach boring logs)*
☐ Two previous verifications (*Attach boring logs)*
☐ Not applicable *(Holding tank(s), no drainfield)*
☐ Unable to verify *(See Comments/Explanation)*
☐ Other *(See Comments/Explanation)*

Comments/Explanation:

Indicate depths or elevations

A. Bottom of distribution media	98
B. Periodically saturated soil/bedrock	97
C. System separation	12"
D. Required compliance separation*	36"

*May be reduced up to 15 percent if allowed by Local Ordinance.

5. Operating Permit and Nitrogen BMP* – Compliance component #5 of 5 ☒ Not applicable

Is the system operated under an Operating Permit? ☐ Yes ☐ No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP? ☐ Yes ☐ No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria

a. Operating Permit number: _____ Have the Operating Permit requirements been met?	☐ Yes ☐ No
b. Is the required nitrogen BMP in place and properly functioning?	☐ Yes ☐ No

Any "no" answer indicates Noncompliance.

Upgrade Requirements *(Minn. Stat. § 115.55) An imminent threat to public health and safety (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 is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by 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 provision 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.*

University of Minnesota Site Evaluation Form 5/16/2005

ONSITE SEWAGE TREATMENT PROGRAM

Property Owner(s) Donna Biggins Phone Number _____

Address 19147 484th. St.,McGregor,Mn.55760 2 bedroom pressure bed design.

P.I.D. 29-1-146300 Section __ Township _____ N Range _____

Date 2/20/2020 Time 9:00 AM Weather conditions sunny and clear

Location Information *(check all that apply)*
__ shoreland x dwelling x replacement system
__ holding tank __ other establishment __ new home construction

Homeowner Information

No. of bedrooms *(if applicable)* 2 bedrooms (includes possible additions)
No. of residents in home 2 adults __ children
Estimated flow 300 gpd
Well casing depth shallow feet

Water using devices *(check)* — Discharge location if checked

__ Garbage disposal	__ Water softener	_____
__ Dishwasher	__ Sump pump	_____
__ Large bathtub	__ High eff. furnace	_____
__ Laundry/large tub on 2nd floor	__ Jucuzzi/hottub	_____

Water use concerns *(check)*
__ Toilet/faucet leaks __ Max load laundry/day __ Long term prescription medications
__ Home business __ Lint screen __ Antibact. soap __ Frequent parties or out of town guests

Soil Data

Soil texture classification: sandy loam
Unnatural soil *(check)* __ Yes x No
Type of observation *(check)* __ Probe __ Pit __ Boring
Parent material *(check)* x Till __ Outwash __ Loess __ Bedrock __ Alluvium
Vegetation type *(check)* __ Wet x Dry __ Unknown
Slope form *(check)* __ Summit x Shoulder __ Back __ Foot __ Toe
Drainage *(check)* x Good __ Fair __ Poor __ Ponding __ Flooding
Located in floodplain *(check)* __ Yes __ No

Site Summary Data

Standing water: n/a inches
Bedrock: n/a inches
Saturated soil: _____ inches
Maximum depth of system: 12 inches
Max elevation at system bottom: 99 feet
Soil sizing factor (SSF): 1.27 gpd/ft^2
Linear loading rate (LLR): 0.79 gpd/ft
Was a perc test done ? __ Yes _____ mpi
x No

Soil Survey Data	Soil #1	Soil #2
Map unit sym & name		
Landscape position		
Flooding		
Slope		
Watertable depth		
Bedrock depth		
Possible system depth		
Texture at depth		
Permeability (P)		
Perc(MPI) = 60 / P		
NRCS onsite suitability		

Soil Boring Data

Boring 1 Elevation: Location:

Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence
0-4"	top soil	10 yr 3/2	s.g.	loose
4-46"	sandy loam	10 yr 4/4	s.g.	loose

Boring 2 Elevation: Location:

Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence
0-4"	top soil	10 yr 3/2	s.g.	loose
4-46"	sandy loam	10 yr 4/4	s.g.	loose

Site Evaluation Map

See Enclosed Map

List any construction issues: _____

_____

Mapping Checklist

Map scale: _____ ___ indicate north ___ show slope _____% direction _____

Locate

___ lot dimensions/property lines
___ dwellings and other improvements
___ existing and/or proposed system(s)
___ replacement area
___ unsuitable area(s)
___ public water supply wells
___ pumping access
___ inner wellhead zone

Easements

___ phone
___ electric
gas

Elevations

___ borings
___ benchmark
___ perc tests
___ horiz&vert reference pts

Setbacks

___ building
___ all water wells within 100ft
___ pressure pipe
___ water suction pipe
___ streams, lakes, rivers
___ floodway and fringe

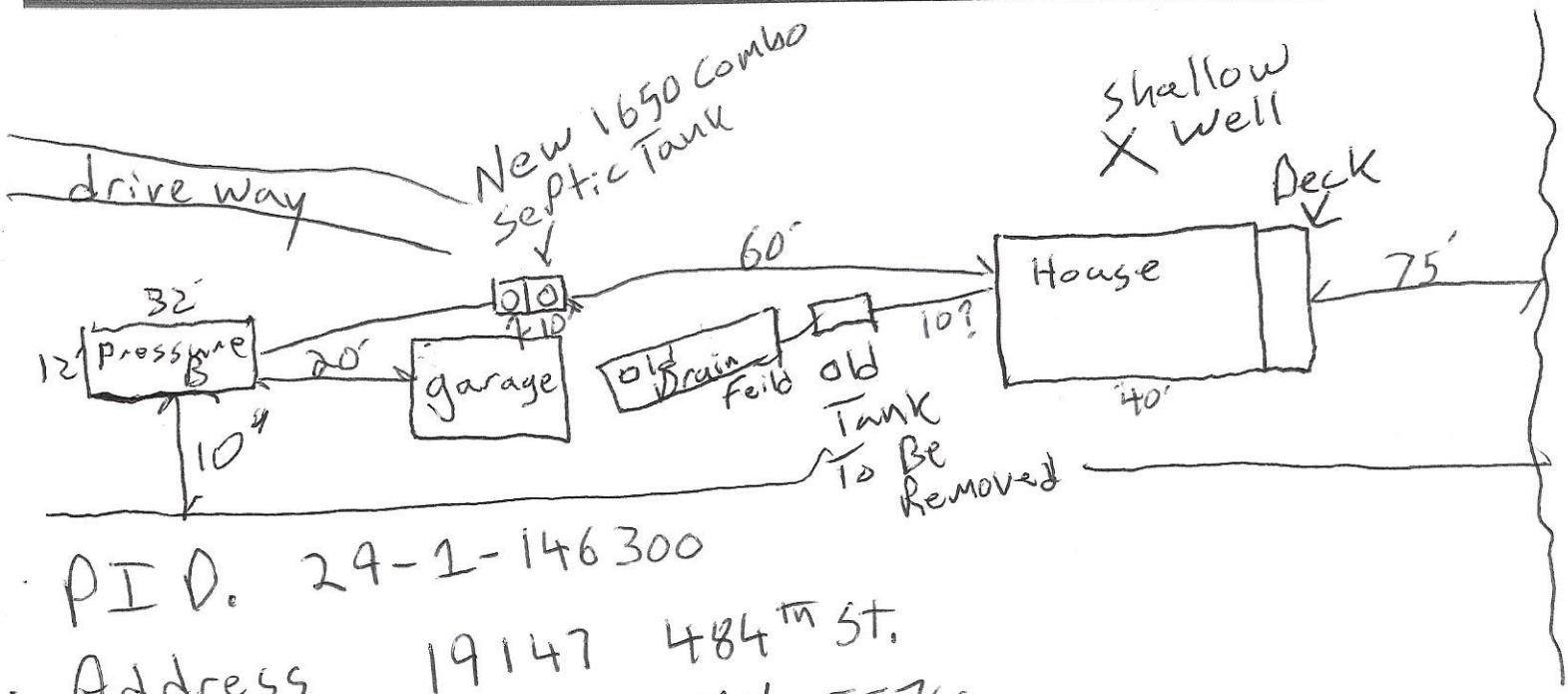
I hereby certify this work has been completed in accordance with all applicable ordinances, rules and laws.

_____ (signature) 2/20/2020 (date)

L-1919 (license #) 218-39-4737 (phone number)

Jarold FARLEY SEWER SYSTEMS

SEWER DESIGN & INSTALLATION
JAROLD R. FARLEY
P.O. Box 472
McGregor, MN 55760
Bus. Lic. No. L1919
Reg. No. 4744
218-839-4737 cell



- PID. 24-1-146300
- Address 19147 484th St.
  McGregor, MN. 55760

Elavations -

Outlet of house = 98.0
Inlet of house = 97.0
Top of pump = 94.0
Pipe @ disp. Feild = 99.0

University of Minnesota Trench and Bed Worksheet

All boxed rectangles must be entered, the rest will be calculated.

ONSITE SEWAGE TREATMENT PROGRAM

1. Flow

A. Estimated Flow [300] gpd *(Fig. A-1)*

A-1 Estimated Sewage Flows in GPD				
Number of Bedrooms	Class I	II	III	IV
2	300	225	180	60% of the values in the Class I, II or II columns
3	450	300	218	
4	600	375	256	
5	750	450	294	
6	900	525	332	
7	1050	600	370	
8	1200	675	408	

Pump Tank Minimum Sizing
500 gallons or 100% of Average Design Flow (A-1) or dual alternating pump system

2. Minimum Septic Tank Capacity

B. Septic tank capacity *(Fig C-1)* [1000] gallons Number of tanks/compartments [ ]

C. Effluent filter (yes/no) [yes]

C-1 Minimum Septic Tank Capacity in Gallons			
Number of Bedrooms	Minimum Capacity	Capacity with GD*	Capacity with GD and pump in basement **
2 or less	750	1125	1500
3 or 4	1000	1500	2000
5 or 6	1500	2250	3000
7, 8 or 9	2000	3000	4000

* GD = garbage disposal, Must have multiple tanks or compartments

** Must have multiple tanks, compartments or effluent screen

3. Pump Tank Specifications

D. Pump tank needed (yes/no) [yes] Minimum size if needed [500] gallons

4. SOILS *(Site evaluation data)*

E. Depth to restricting layer = [4] ft

F. Maximum depth of system Item E - 3 ft = 4 - 3 = 1 ft

G. Texture [sandy loam] Percolation Rate *if available* [ ] mpi

H. SSF [1.27] ft^2/gpd (see figure D-15)

I. % Slope [0] %

D-15 Soil Characteristics & SSF		
Perc Rate mpi	Soil Texture	Soil Sizing Factors ft^2/gpd
< 0.1 *	Coarse sand	0.83
0.1- 5	Medium sand Loamy sand	0.83
0.1- 5**	Fine sand	1.67
6 - 15	Sandy loam	1.27
16 - 30	Loam	1.67
31 - 45	Silt loam, silt	2.00
46 - 60	Clay loam, sandy clay loam or silty clay loam	2.20
61 - 120***	Clay, sandy or silty clay	4.20
>120****		

* No trench >25% of total system

** Soil with >50% fine sand particles

*** A mound must be used

**** An other or performance system

5. System Type

x	Pressure Bed *(<6% slope)*
	Gravity Bed (<6% slope)
	Trenches

Distribution Media Type

x	Rock
	Chamber
	Gravelless
	Other: ____

Method of Distribution

x	Pressure
	Drop Boxes
	Dist. Box *(<3% slope)*
	Other: ____

6. TRENCH OR BED BOTTOM AREA

J. For trenches with 6 inches of wide wall beneath the pipe or 10" diameter gravelless pipe:
A x H = 300 gpd x 1.27 ft/gpd = NA ft^2

K. For trenches with 12 inches of sidewall:
A x H x 0.8= 300 gpd x 1.27 ft/gpd x 0.8 = NA ft^2

L. For trenches with 18 inches of sidewall:
A x H x 0.66= 300 gpd x 1.27 ft/gpd x 0.66 = NA ft^2

M. For trenches with 24 inches of sidewall:
A x H x 0.6= 300 gpd x 1.27 ft/gpd x 0.6 = NA ft^2

N. For gravity beds with 6 or 12 inches of rock below the pipe;
1.5 x A x H = 1.5 x 300 gpd x 1.27 ft/gpd = NA ft^2

O. For pressure beds with 6 or 12 inches of rock below the pipe;
A x H = 300 gpd x 1.27 ft/gpd = 381.0 ft^2

7. Trench and Bed Dimensions

P. Select required square feet of bottom area required based on depth of rock/gravelless pipe or height of chamber slats
381.0 ft^2
(must use 6" of rock square footage for beds)

Q Select width of trench or bed 12.0 ft
(use 3' for gravelless pipe, width of chamber or width of excavation for rock in trenches & beds can not be wider the 25')

R. For trenches or pressure beds the lineal feet required = required square footage / width of bottom of trench or bed
381.0 ft^2 / 12.0 ft = 31.8 lineal feet

S. For gravity beds the lineal feet required = required square footage / width of bed
381.0 ft^2 / 12.0 ft = ____ lineal feet

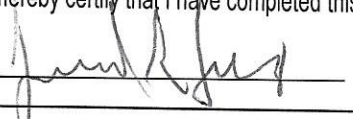
8. Rock Sizing and Volume

T. Depth of media below pipe 0.5 ft
Cubic feet of rock needed = Rock depth below distribution pipe plus 0.5 foot times bottom area:
(Rock depth + 0.5 foot) x Area (J, K, L, M)
(0.5 ft + 0.5 ft) x 381.0 ft^2 = 381.0 ft^3
Volume in cubic yards = volume in cubic feet divided by 27
381.0 / 27= 14.1 yd^3
Weight of rock in tons = cubic yards times 1.4
14.1 x 1.4= 19.8 tons
Add in 10% extra for constructability = 1.1 X 19.8 = 21.7 tons

9. Layout

Select an appropriate scale; one inch = 40 ft
Show pertinent property boundaries, rights-of-way, easements.
Show location of house, garage, driveway, and all other improvements, existing or proposed.
Show location and layout of sewage treatment system, well and dimensions of all elevations

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.



(signature) I-1919 (license #) 2/20/2020 (date)

Local Unit of Government Approval

____ (signature) ____ (registration #) ____ (date)

University of Minnesota Pressure Distribution System Design - 10/25/04

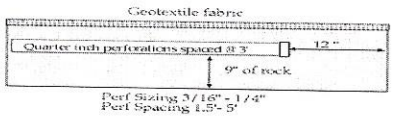
All boxed rectangles must be entered, the rest will be calculated.

ONSITE SEWAGE TREATMENT PROGRAM

1. Select number of perforated laterals: [3]

2. Select perforation spacing = [3] ft

3. Since perforations should not be placed closer that 1 foot to the edge of the rock layer (see diagram), subtract 2 feet from the rock layer length
   [32] - 2 ft = 30 ft



4. Determine the number of spaces between perforations.
   Divide the length (3) by perforation spacing (2) and round down to nearest whole number.
   Perforation spacing = 30 ft / 3 ft = 10

5. Select perforation size [.25] inch

6. Number of perforations is equal to one plus the number of perforation spaces (4).
   ** Check figure E-4 to assure the number of perforations per lateral guarantees < 10% discharge variation.*
   10 spaces + 1 = 11 perforations/lateral

E-4 Maximum Number of 1/4 inch perforations per lateral to guarantee <10% discharge variation

Perforation Spacing ft	Pipe Diameter 1 inch	1.25 inch	1.5 inch	2.0 inch
2.5	8	14	18	28
3.0	8	13	17	26
3.3	7	12	16	25
4.0	7	11	15	23
5.0	6	10	14	22

E-5 Maximum Number of 3/16 inch perforations per lateral to guarantee <10% discharge variation

Perforation Spacing feet	Pipe Diameter 1 inch	1.25 inch	1.5 inch	2.0 inch
2.5	12	19	25	39
3	11	18	24	37
3.3	10	17	23	36
4	10	16	21	33
5	9	15	20	31

7. A. Total number of perforations = perforations per lateral (5) times number of laterals (1).
   11 perfs/ lat x 3 laterals = 33 perforations

   B. Calculate the square footage per perforation.
   Recommended value is 6-10 sqft/perf. Does not apply to at-grades.
   1. Rock bed area = rock width (ft) x rock length (ft)
   [12] ft x 32 ft = 384 ft^2
   2. Square foot per perforation=Rock Bed Area/number of perfs(6)
   384.0 ft^2 / 33 perfs = 11.6 ft^2/ perf

8. Determine required flow rate by multiplying the total number of perforations(6A) by flow per perforations (see figure E-6)
   33 perfs x [0.74] gpm / perfs = 24.4 gpm

E-6 Perforation Discharge in GPM

Head (feet)	Perforations diameter (inches) 3/16	7/32	1/4
1[a]	0.42	0.56	0.74
2[b]	0.59	0.80	1.04
5	0.94	1.26	1.65

a. Use 1.0 foot for single-family homes.
b. Use 2.0 feet for anything else

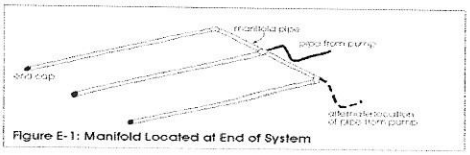
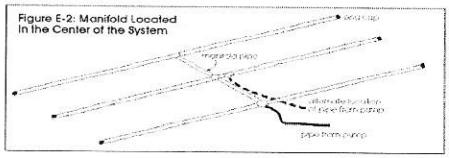


Figure E-1: Manifold Located at End of System

9. Determine Minimum Pipe Size

A. **Manifold on End.** If laterals are connected to header pipe as shown in Figure E-1, to select minimum required lateral diameter; enter figure E-4 or E-5 with perforation spacing and number of perforations per lateral. Select minimum diameter for perforated laterals = [1.5] inches

B. **Center Manifold.** If perforated lateral system is attached to manifold pipe near the center, like Figure E-2, perforated lateral length (3) and number of perforations per lateral (5) will be approximately one half of that in step A. Using these values, select minimum diameter for perforated lateral = [n/a] inches



I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

[signature] (signature) L-1919 (license #) 2/20/2020 (date)

University of Minnesota Pump Selection Procedure - 10/25/04

All boxed rectangles must be entered, the rest will be calculated.

ONSITE SEWAGE TREATMENT PROGRAM

1. **Determine pump capacity:**

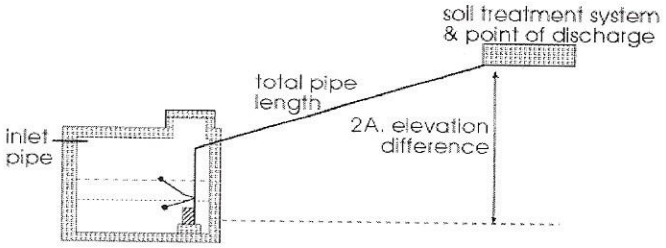
A. Gravity Distribution

1. Minimum required discharge is 10 gpm
2. Maximum suggested discharge is 45 gpm

For other establishments at least 10% greater than the water supply rate, but no faster than the rate at which effluent will flow out of the distribution device.

B. Pressure Distribution - see pressure design worksheet

Selected Pump Capacity: [24.4] **gpm**



2. **Determine Total Dynamic Head (TDH)**

A. Elevation difference between pump and point of discharge.
[5] feet

B. Special head requirement? *(See Figure - Special Head Requirements)*
[5] feet

Special Head Requirements	
Gravity Distribution	0ft
Pressure Distribution	5ft

C. Friction loss in supply pipe

1. Select pipe diameter [2] in
2. Enter Figure E-9 with gpm (1A or B) and pipe diameter (C1)
Read friction loss in feet per 100 feet from Figure E-9
Friction loss= [1.11] ft/ 100 ft of pipe

E-9 Friction Loss in Plastic Pipe per 100 ft			
Flow Rate (gpm)	nominal pipe diameter 1.5"	2.0"	3"
20	2.47	0.73	0.11
25	3.73	1.11	0.16
30	5.23	1.55	0.23
35	6.96	2.06	0.3
40	8.91	2.64	0.39
45	11.07	3.28	0.48
50	13.46	3.99	0.58
55		4.76	0.7
60		5.6	0.82
65		6.48	0.95
70		7.44	1.09

3. Determine total pipe length from pump discharge to soil system discharge point.
Estimate by adding 25 percent to pipe length for friction loss in fittings.
Pipe length times 1.25 = equivalent pipe length
[60] ft x 1.25 = [75] feet

4. Calculate total friction loss by multiplying friction loss (C2) by the equivalent pipe length (C3) and divide by 100.
Friction Loss = [1.11] ft/100ft X [75] ft / 100 = [0.8] feet

D. Total head requirement is the sum of elevation difference (A), special head requirements (B), and total friction loss (C4).
[5] ft + [5] ft + [0.8] ft

Total Head: [10.8] feet

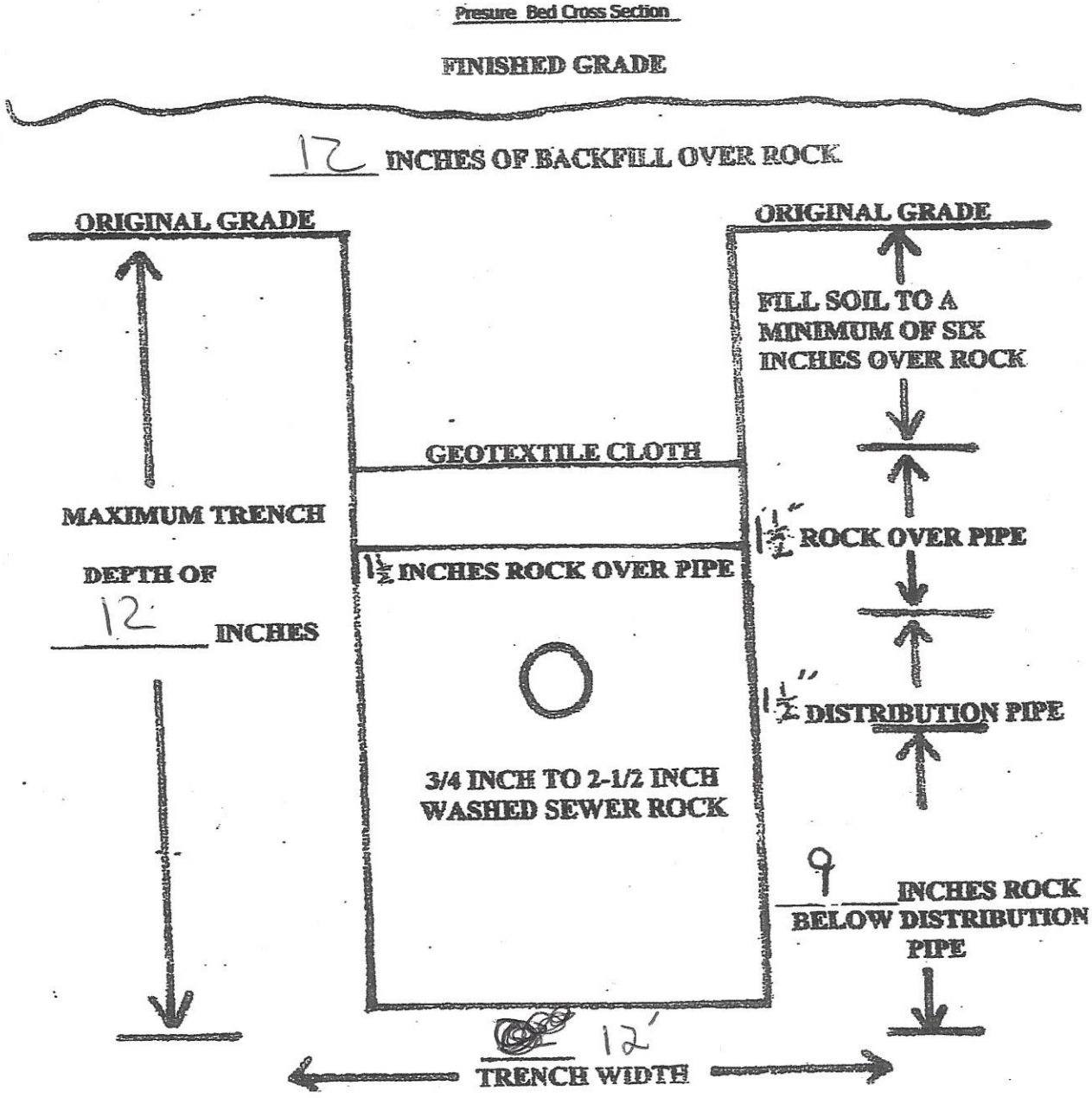
3. **Pump Selection**

1. A pump must be selected to deliver at least 24.4 gpm (1A or B)
with at least 10.8 feet of total head (2D).

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

[signature] (signature) L-1919 (license #) 2/20/2020

Presure Bed Cross Section



Sewage Treatment System Management Plan

Property Owner: Criss Rinta Phone: _____ Date: _____

Mailing Address: 19147 484th ST, City: _____ Zip: _____

Site Address: McGregor, MN. City: _____ Zip: 55760

This management plan will identify the operation and maintenance activities necessary to ensure long-term performance of your septic system. Some of these activities must be performed by you, the homeowner. Other tasks must be performed by a licensed septic service provider.

System Designer: check every _____ months.
Local Government: check every _____ months.
State Requirement: check every 36 months.

(State requirements are based on MN Rules Chapter 7080.2450, Subp. 2 & 3)

My System needs to be checked every 36 months.

Homeowner Management Tasks

Leaks – Check (look, listen) for leaks in toilets and dripping faucets. Repair leaks promptly.

Surfacing sewage – Regularly check for wet or spongy soil around your soil treatment area.

Effluent filter – Inspect and clean twice a year or more.

Alarms – Alarm signals when there is a problem. Contact a service provider any time an alarm signals.

Event counter or water meter – Record your water use.

-recommend meter readings be conducted (*circle one:* DAILY WEEKLY MONTHLY)

Professional Management Tasks

- ☑ Check to make sure tank is not leaking
- ☑ Check and clean the in-tank effluent filter
- ☑ Check the sludge/scum layer levels in all septic tanks
- ☑ Recommend if tank should be pumped
- ☑ Check inlet and outlet baffles
- ☑ Check the drainfield effluent levels in the rock layer
- ☑ Check the pump and alarm system functions
- ☑ Check wiring for corrosion and function
- ☑ Check dissolved oxygen and effluent temperature in tank
- ☑ Provide homeowner with list of results and any action to be taken
- ☑ Flush and clean laterals if cleanouts exist

"I understand it is my responsibility to properly operate and maintain the sewage treatment system on this property, utilizing the Management Plan. If requirements in the Management Plan are not met, I will promptly notify the permitting authority and take necessary corrective actions. If I have a new system, I agree to adequately protect the reserve area for future use as a soil treatment system."

Designer

Property Owner Signature: [signature] Date: 2-26-2020

Designer Signature: [signature] Date: _____

See Reverse Side for Management Log

Maintenance Log

Activity	Date Accomplished									
Check frequently:										
Leaks: check for plumbing leaks										
Soil treatment area check for surfacing										
Lint filter: check, clean if needed										
Effluent screen: if owner-maintained										
Water usage rate (monitor frequency _____)										
Check annually:										
Caps: inspect, replace if needed										
Sludge & Scum/Pump										
Inlet & Outlet baffles										
Drainfield effluent leaks										
Pump, alarm, wiring										
Flush & clean laterals if cleanouts exists										
Other:_____										
Other:_____										

Notes:_____

_____

_____

_____

Mitigation/corrective action plan:_____

_____

_____

_____

_____