

Subsurface Sewage Treatment System Management Plan

Property Owner: Diane Landstad Phone: _____ Date: 12-1-21
Mailing Address: 38315 Deer St City: Aitkin Zip: 56431
Site Address: _____ City: _____ Zip: _____

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 36 months.
State Requirement: check every 36 months.

My System needs to be checked every 36 months.

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

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."

Property Owner Signature: _____ Date: _____

Designer 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: _____
