

Subsurface Sewage Treatment System Management Plan

Property Owner: DAHEEL M. N. NIHOFF
James Nichoff Phone: 612-668-3140 Date: 6/6/2022
Mailing Address: _____ City: _____ Zip: _____
Site Address: 63609 400th place City: Hill City Zip: 55748

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 or maintenance provider.

System Designer: Recommends SSTS check every _____ months.
Local Government: Recommends SSTS check every _____ months.
State Requirement: Requires SSTS 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 or maintenance 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 N/A

Licensed septic service provider or maintenance provider (Check all that apply):

- Check to make sure tank is not leaking
- Check and clean the in-tank effluent filter (if exists)
- 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: Daniel M. Nichoff Date: _____
Designer Signature: D. L. [Signature] # 1174 Date: 6/6/2022

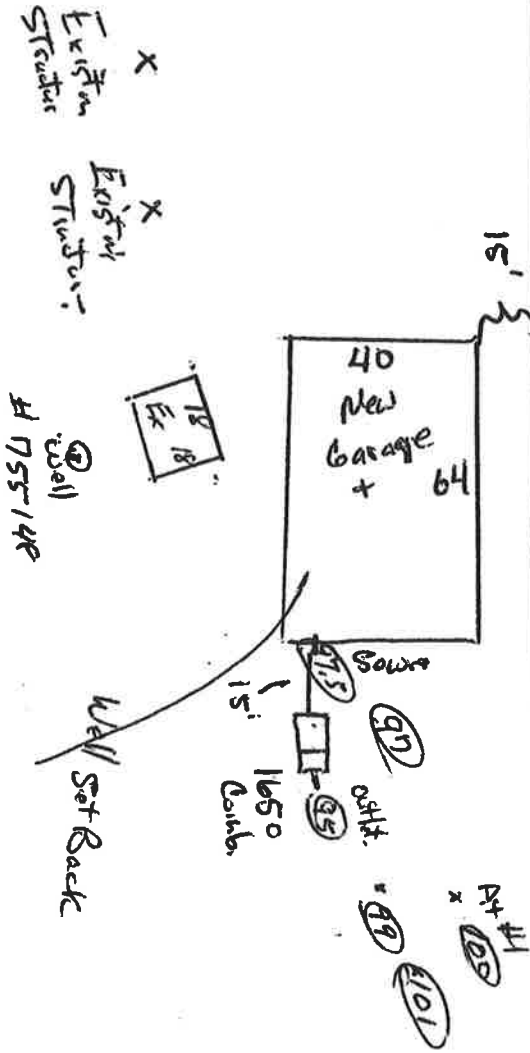
See Reverse Side for Management Log

Maintenance Log

Activity	Date Accomplished
<i>Check frequently:</i>	
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 _____)	
<i>Check annually:</i>	
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: _____	

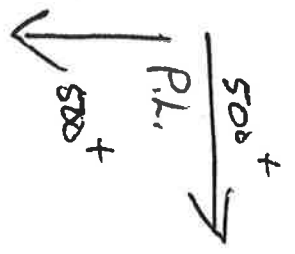
Notes: _____

South Pl. Slab Height 100



1" - 40'

North



54-0-000100
 James Niehoff
 63609 400th place

Pump Height 92
 Dis. Pipe 102

Sols 870 &

Dave Kaye #1174

Preliminary & Field Evaluation Form

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Owner Information			
Date	<u>6/6/2022</u>	Sec / Twp / Rng	<u>1/51n-27w</u>
Parcel ID	<u>54-0-000100</u>	LUG (county, city, township)	<u>aitkin co</u>
Property Owner:	<u>James Niehoff</u>	Owners address (if different)	
Property Address:	<u>63609 400th pl</u>		
City / State / Zip:	<u>hill city minn</u>		


Flow Information and Waste Type / Strength			
Estimated Design flow	<u>300</u>	Anticipated Waste strength	<input type="checkbox"/> Hi Strength <input checked="" type="checkbox"/> Domestic
Comments:		Any Non-Domestic Waste	<input type="checkbox"/> Yes (class V) <input checked="" type="checkbox"/> No
		Sewage ejector/grinder pump	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Water softener	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Garbage Disposal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Daycare / In home business	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


Site Information			
Existing & proposed lot improvements located (see site map)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well casing depth	<u>50+</u>
Easements on lot located (see site map)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drainfield w/in 100' of residential well	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Property lines determined (see site map)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Site w/in 200' of transient noncommunity water supply (TNCWS)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Req'd setbacks determined (see site map)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Site w/in an inner wellhead mgmt zone (CWS/NTNCWS)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities located & identified (gopher state one call)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Buried water supply pipe w/in 50' of system	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Access for system maintenance (shown on site map)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Site located in Shoreland (w/in 1000' of lake, 300' of river)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Soil treatment area protected	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Site map prepared with previous items included	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Construction related issues	<hr/> <hr/>		

Soil Information

		Evidence of site:	
		Cut	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Filled	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Compacted	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Disturbed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Original soils	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Soil logs completed and attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Perk test completed and attached (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Soil loading rate (gpd/ft ²)	<u>0.78</u>	Percolation rate (if applicable)	_____
Depth/elev to SHWT	<u>18.00</u>	Flooding or run-on potential (comments)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Depth to system bottom maximum (or elev minimum)	<u>-18.00</u>	Flood elevation (if applicable)	_____
Depth/elev to standing water (if applicable)	_____	Elevation of ordinary high water level (if applicable)	_____
Depth/elev to bedrock (if applicable)	_____	Floodplain designation and elev - 100 yr/10 yr (if applicable)	_____
Soil Survey information determined (see attachment)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Differences between soil survey and field evaluation (if applicable)	_____ _____		

I hereby certify this evaluation was completed in accordance with MN 7080 and any local req's.


Designer Signature


Company

1174
License #

Soil Observation Log

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Owner Information	
Property Owner / project:	<u>James Niehoff</u> Date <u>6/6/2022</u>
Property Address / PID:	<u>63609 400th pl</u>

Soil Survey Information	
<input type="checkbox"/> refer to attached soil survey	
Parent mat'l's:	<input checked="" type="checkbox"/> Till <input type="checkbox"/> Outwash <input type="checkbox"/> Lacustrine <input type="checkbox"/> Alluvium <input type="checkbox"/> Organic <input type="checkbox"/> Bedrock
landscape position:	<input checked="" type="checkbox"/> Summit <input type="checkbox"/> Shoulder <input type="checkbox"/> Side slope <input type="checkbox"/> Toe slope
soil survey map units:	<u>870C</u> slope <u>10</u> % direction- <u>downhill</u>

Soil Log #1							
Depth (in)	Texture	fragment %	matrix color	redox color	consistence	grade	shape
	<input type="checkbox"/> Boring <input checked="" type="checkbox"/> Pit		Elevation <u>100</u>		Depth to SHWT <u>40</u>		
0-6	Loam	<35	10YR 2/1		Loose	Loose	Granular
7-18	Silt Loam	<35	10YR 4/4		Friable	Weak	Granular
19-28	Silt Loam	<35	7.5YR 4/6		Friable	Weak	Granular
29-40	Med Sand	<35	7.5YR 4/4		Loose	Loose	Granular
41	Clay	<35	10YR 4/4		Firm	Strong	Blocky

Comments:

63609 400th pl

Soil Log #2

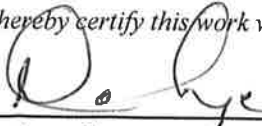
		<input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit	Elevation <u>99</u>		Depth to SHWT <u>22</u>	
Depth (in)	Texture	fragment %	matrix color	redox color	consistence	grade	shape
0-5	Loam	<35	10YR 2/1		Loose	Loose	Granular
6-18	Silt Loam	<35	10YR 4/4		Friable	Weak	Granular
19-24	Clay Loam	<35	7.5YR 4/6		Friable	Weak	Granular
25	Clay	<35	7.5YR 4/6		Firm	loose weak moderate strong	single grain granular blocky prismatic platy massive
		<35 35 - 50 >50			loose friable firm rigid	Moderate	Platy

63609 400th pl

Soil Log #3

		<input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit	Elevation <u>101</u>		Depth to SHWT <u>23</u>	
Depth (in)	Texture	fragment %	matrix color	redox color	consistence	grade	shape
0-5	Loam	<35	10YR 2/1		Loose	Loose	Granular
6-15	Silt Loam	<35	10YR4/4		Friable	Weak	Granular
16-20	Clay Loam	<35	7.5YR 4/6		Friable	Weak	Granular
21	Clay	<35	7.5YR4/4		Firm	Moderate	Platy
		<35 35 - 50 >50			loose friable firm rigid	loose weak moderate strong	single grain granular blocky prismatic platy massive

I hereby certify this work was completed in accordance with MN 7080 and any local req's.


 Designer Signature

Langes Nursery and Landscar
 Company

1174

License #

63609 400th pl

Soil Log #4

		<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	Elevation _____		Depth to SHWT _____	
Depth (in)	Texture	fragment %	matrix color	redox color	consistence	grade	shape

