## PID 29-1-298800

## **Subsurface Sewage Treatment System Management Plan**

	<u> </u>		
Property Owner: Nancy Brown		Phone: 218-343-7516	Date: 8/20/2022
Mailing Address: 22626 579th St.		City: Jacobson MN	Zip: 55752
Site Address: 18387 471st Ln.		City: McGregor MN 55760	Zip:
performance of must be perform	nt plan will identify the operation and main your septic system. Some of these activities ned by a licensed septic service provider.	es must be performed by you, th	_
System Designe Local Governme		nonths	needs to be checked
State Requireme		nonths. every 36	months.
	are based on MN Rules Chapter 7080.2450, Subp. 2	? & 3)	
	wner Management Tasks		
Owner>	Leaks – Check (look, listen) for leaks in toil Surfacing sewage – Regularly check for we Effluent filter – Inspect and clean twice a y Alarms – Alarm signals when there is a pro Event counter or water meter – Record yo	et or spongy soil around your soi lear or more. oblem. Contact a service provide ur water use.	I treatment area.
Professi	-recommend meter readings be conal Management Tasks  Check to make sure tank is not lea		<u>WEEKLY</u> <u>MONTHLY</u> )
	☐ Check and clean the in-tank efflue	nt filter	
	Check the sludge/scum layer level Recommend if tank should be pun 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 cleanour	ts exist	
Management Plan	my responsibility to properly operate and main. If requirements in the Management Plan are ive actions. If I have a new system, I agree to a	not met, I will promptly notify the	permitting authority and take
Property Owner	Signature:	Da	ate:
	0.118		8/20/2022

See Reverse Side for Management Log