2011 purple code

Holding tank Design

www.SepticResource.com (vers 19.2)

	Property Owner:	Michael & Peg	gy Anderson	Date: 10/1	17/2022				
	Site Address:	50976 202nd.	. Pl.McGregor,Mn.	PID: 29-1	-506400				
	Comments:			33					
	instructions:	= site specific	input = adjust if	desired	= self-calcula	ated (DO NOT ADJUST)			
1)	3 bedroom Type II Residential System								
2)	450 GPD design flow								
	No Lift station to holding tank (lift basket < 100 gal treat as sewer line, > 100 gal treat as tank)								
3)		Two 15	00 gal. 1500 Gal	lon Holding tanl	k (minimum)	at 34.00 gpi			
4)	33 inches from bottom of tank to "Hi Level" float (75% full when alarm activates)								
5)	gallons reserve capacity (after High Level Alarm is activated)								
	I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.								
	Jerry Farley	Wymle	Farley Sewer Systems	L-19	19	10/17/2022			
	Designer Signature	/// 0	Company	Lice	nse#	Date			

INSPECTOR CHECK LIST - Holding Tank

509	976 202nd. Pl.McGregor,Mn.						
	WELL setbacks:	20'-50' to sewer line req's MD	H pressure test form (5 psi	i for 15 min)			
	PROPERTY LINES setback: Road setback: LAKE / BLUFF setback: Building setbacks: WATER LINE under pressure	50' to everything 10' to everything platted: 10' prop line. Mete 20' for bluff. Lakes: GD 10' for everything. 10' to tank & sewer line. (els	, RD, NE Prote				
	Sewer line & tank connection (no hard 90's, long sweep 90 or 2- 45's, slope minimum 1" in 8' = 1%) (no depth req's, clean out every 100', Sch 40 pipe) No Lift station to Holding tank (lift basket < 100 gallons treat as sewer line, >100 gal treat as tank)						
	Holding tank and risers (water tight risers, insulated, proper depth, existing verified by pumping) mfg 1500 gallons						
	Riser within 12" of grade, 6"+ access pipe to grade.						
	High Level Alarm (set at 75	% capacity) (electrical or me	chanical)	33 inches from bottom of tank			
	Water tight testing form						
	Re-use existing tank certifical Abandon existing system if remonitoring plan and type	ecessary					

Tank bottom

FARLEY SEWER SYSTEMS

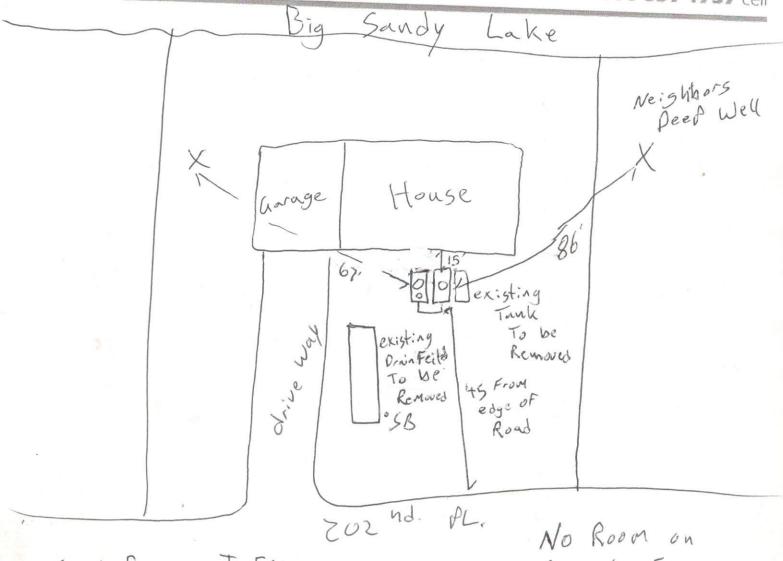
SEWER DESIGN & INSTALLATION

JAROLD R. FARLEY

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218-839-4737 cell



Soil Boring Info:

0-6 Top 50:1 10 y R 3/2 6-32 Sand gravel-Clay 10 y R 4/4 Redox Features@32 No Room on Property For a treatment area.

Subsurface Sewage Treatment System Management Plan Mailing Address: Site Address: 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. My System needs to be checked Local Government: check every months. State Requirement: check every____ every 36 months. 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. Alorms - 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: <u>DAILY</u> 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 treatmen system." -**Property Owner Signature:** Designer Signature:

See Reverse Side for Management Log

Maintenance Log

Activity	Date Accomplished									
Check frequently:										
Leaks: check for plumbing leaks			T	T						
Soil treatment area check for surfacing				1				-		
Lint filter: check, clean if needed		\top	7/							
Effluent screen: if owner-maintained										
Water usage rate (monitor frequency										
Check annually:		***************************************		-	Random em ancian	L			1	
Caps: inspect, replace if needed		T		T		-				
Sludge & Scum/Pump									0	
Inlet & Outlet baffles										
Drainfield effluent leaks										
Pump, alarm, wiring					7.					
Flush & clean laterals if cleanouts exists										
Other:										
Other:										
Notes:										
Mitigation/corrective action plan:										
			p+P							

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