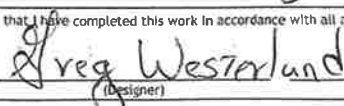
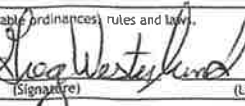


13-4 ■ SECTION 13: Forms and Reference

UNIVERSITY
OF MINNESOTA

OSTP Field Evaluation Form



1. Contact Information			
Property Owner/Client	Adam Swartz PO Truber		Client Phone Number:
Address	16401 300 th Pl Tsk MN		56342
Date	8/29/22	Weather Conditions	Sunny
2. Utility and Structure Information			
Utility Locations Identified	<input type="checkbox"/> Gopher State One Call #	<input type="checkbox"/> Any Private Utilities	
Property Lines	<input checked="" type="checkbox"/> Determined and Approved By Client <input type="checkbox"/> Determined But Not Approved <input type="checkbox"/> Approximate <input type="checkbox"/> Property Lines Surveyed		Client's Approval (Initial)
Locate and Verify (see Site Evaluation map)			
	<input type="checkbox"/> Existing Buildings	<input checked="" type="checkbox"/> Improvements	<input type="checkbox"/> Easements <input type="checkbox"/> Setbacks
3. Site Information			
Percent Slope	6	Slope Direction	West
Landscape Position		Slope Shape	Convey
Vegetation type(s)	Hayfield		
Evidence of cut, fill, compacted or disturbed areas	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Locate Areas on Site Evaluation Map		
Discuss the flooding or run-on potential of site	Holding Tank Only		
Identify benchmarks and elevations (Site Evaluation Map)			
Proposed soil treatment area adequately protected	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4. General Soils Information			
Original soils	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Type of observation	<input type="checkbox"/> Soil Probe	<input checked="" type="checkbox"/> Soil Boring	<input type="checkbox"/> Soil Pit*
*Soil pit required if determining loading rate without perc test			
Number of soil observations	2		
Soil observations were conducted in the proposed system location	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
A soil observation was made within the most limiting area of the proposed system	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Soil boring log forms completed and attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Percolation tests performed, forms completed and attached	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Phase I Reporting Information			
Depth to standing water	inches	Anticipated construction issues	
Flood elevation	feet		
Depth to bedrock	inches		
Depth to periodically saturated soil	inches		
Maximum depth of system	inches		
Elevation at system bottom	feet	Differences between soil survey and field evaluation	
Percolation rate	min/inch		
Loading rate	gpd/ft ²		
Contour loading rate	gpd/ft		
Site evaluation issues / comments			
Due to life style of customer, NO electric, a mound will not work. Holding tank only			
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and law.			
 (Designer)		 (Signature)	
		663 8/29/22 (License #) (Date)	

Onsite Sewage Treatment Program Soil Boring Log



Client/Address: Adam Swartzentruber Legal Description/GPS: 16401 300th Pl Date: 8/26/21
 Soil Parent Material(s): Till (circle all that apply) Outwash Lacustrine Alluvium Loess Organic Matter Bedrock
 Landscape Position: Summit Shoulder Back/Side Slope Foot Slope Toe Slope Slope Shape: Convex
 Vegetation: Hay Field Soil Survey Map Unit(s): Mora Ronneby - Stony Slope (%): 6%
 Weather conditions/Time of Day: Mora Ronneby - Stony Elevation: 676

Depth (in)	Texture	Coarse Frag %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Saturated Soil		Structure	Structure	Consistence
						Indicator(s) (see back)	Shape			
3	10YR 3/1	235			Concentrations Depletions Gleyed		Granular blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
12	10RR 4/4	735			Concentrations Depletions Gleyed		Granular blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	
13	10YR 4/4	750%			Concentrations Depletions Gleyed		Granular blocky Prismatic Single Grain Massive	Weak Moderate Strong Loose	Loose Friable Firm Extremely Firm Rigid	

Comments: _____
 Certified Statement: I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.
 (Signature) Greg Westerland (Signature) Greg Westerland (License #) 1663 (Date) 8/29/21

HOLDING TANK PUMPING SERVICE AGREEMENT

Property Address 10401 300th Pl Isle MN 56342

THIS AGREEMENT, entered into by and between Aitkin County Registered Septic Tank Pumper, Gobles Sewer, hereinafter referred to as "Contractor", and Adam Swartzentruber hereinafter referred to as "Homeowner"

WHEREAS Homeowner desires and is required to retain individual sewage treatment system holding tank service to protect the environment and to obtain a certificate of compliance from Aitkin County; and

WHEREAS, the Contractor desires to provide sewage treatment system pumping services to Homeowner as necessary and in accordance with the terms and conditions outlined herein.

NOW, THEREFORE, in consideration of the mutual promises contained herein, Parties do hereby agree as follows:

1. **TERM.** The term of this Agreement shall be from _____ to final installation of an Aitkin County approved sewage treatment system or connection to a Municipal Sewage Treatment System; unless earlier terminated as provided herein. The parties understand and agree that this Agreement is intended to arrange for the provision of pumping services so that Homeowner may occupy the home pursuant to a certificate of compliance to be issued by the Aitkin County Environmental Services Department upon execution of this Agreement. Homeowner further agrees that at the earliest possible date, Homeowner shall have a permanent sewage treatment system installed in accordance with the Aitkin County Individual Sewage Treatment System and Wastewater Ordinance No. 1 and as approved by the Aitkin County Environmental Services Department or connect to a Municipal Sewage Treatment System. Upon approval by the County of Aitkin of the individual sewage treatment system or connection to a municipal sewer, or approval by Aitkin County Environmental Services of an amended or different contract, this Agreement shall terminate.

2. **FREQUENCY OF PUMPING.** Homeowner agrees that he/she shall not allow the holding tank to overflow or discharge in any manner. Contractor and Homeowner agree that the holding tank shall be pumped in accordance with the following:

- Tank size (gallons) _____ (number of household occupants multiplied by 75 gallons per day) = frequency of pumping; or
- Within 24 hours of indication by tank alarm of lack of capacity (applicable only if system has a functional alarm);
- Whichever is greater

Contractor agrees to provide pumping services according to the regular pumping schedule or as needed to prevent discharge. Homeowner shall compensate Contractor as agreed by the parties for pumping services rendered.

3. **INSPECTION.** Holding tanks will be inspected by a licensed pumper at the time of servicing for leaks below the operating depth and whether tank tops, riser joints, and connections leak through visual evidence of major defects.

4. **REPORTING.** Grievances of Homeowner or Contractor shall be reported to the Aitkin County Environmental Services Department by Homeowner or Contractor. Homeowner and Contractor understand that failure to have holding tank pumped as herein specified or the discharge of any contents from the holding tank, regardless of fault, may result in the suspension, cancellation or revocation of the certificate of compliance and the homeowner may be required to vacate the premises.

[Signature]
Contractor

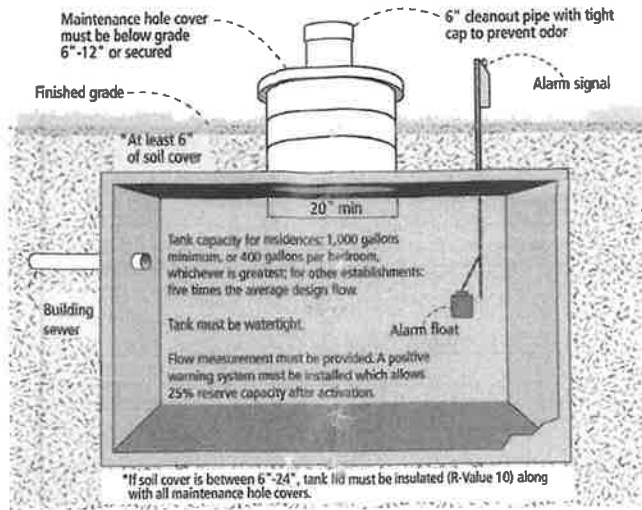
Adam Swartzentruber (Hw)
Homeowner

Date 9-29-22

Date 9/28/22



Your Holding Tank



Dwelling Type	Well Construction
Number of bedrooms: <u>4</u> System capacity/ design flow (gpd): <u>450</u> Anticipated average daily flow (gpd): <u><450</u> Comments _____ In-home business? ___ What type? _____ Number of occupants <u>5</u>	Well depth (ft): <u>No Well at this time</u> <input type="checkbox"/> Cased well Casing depth: _____ <input type="checkbox"/> Other (specify): _____ Distance from septic (ft): _____ Is the well on the design drawing? <input checked="" type="radio"/> Y <input type="radio"/> N

Holding Tank	
<input type="radio"/> One tank: Tank volume: _____ gallons <input checked="" type="radio"/> Two tanks: Tank volume: <u>2,500</u> gallons <input type="checkbox"/> Tank is constructed of _____	<input type="checkbox"/> Flow measurement device: <u>Mechanical Float</u> <input type="checkbox"/> Location: <u>Septic tank cover</u> <input type="checkbox"/> Alarm <input checked="" type="checkbox"/> visual _____ audible <input type="checkbox"/> Reserve %: <u>75</u>
<input type="checkbox"/> Service contract held by: <u>Timber Lakes Septic Service</u> <input type="checkbox"/> Service contract is attached to this management plan	



Professional Management Tasks

These are the operation and maintenance activities that a pumper/maintainer performs to help ensure long-term performance of your system. Professionals should refer to the O/M Manual for detailed checklists for tanks, pumps, alarms and other components. Call 800-322-8642 for more details.

- Written record provided to homeowner after each visit.

Plumbing/Source of Wastewater

- Review the Water Use Appliance Chart on Page 5 with homeowner. Discuss any changes in water use and the impact those changes may have on the frequency of maintenance.
- Review and document water usage rates with homeowner.

Holding Tanks

- Maintenance hole lid.* A riser is recommended if the lid is not accessible from the ground surface. Insulate the riser cover for frost protection.
- Liquid level.* Check to make sure the tank is not leaking.
- Inspection pipes.* Replace damaged caps.
- Alarm.* Verify that the alarm works and that there is at least 25% reserve capacity.
- End of year seasonal property pumping.* Remind homeowner of most frequent causes of tank and building sewer freeze-ups. Ensure that there are no "micro-sources" of water such as a high efficiency furnace or other dripping devices. Determine a logical winter water use plan that will not result in need for emergency visit(s).

All other components – inspect as listed here:



Water Meter Reading and Tank Evacuation Schedule			
Date	Water Meter Reading (in gallons)	Tank Contents Removed?	Total Gallons Removed

Notes:

Mitigation/corrective action plan:

"As the owner of this SSTS, 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 this Management Plan are not met, I will promptly notify the permitting authority and take necessary corrective actions."

Property Owner Signature:

Date

Management Plan Prepared By: **Greg Westerlund**

Certification # **827**

Permitting Authority:

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