



# Preliminary Evaluation Worksheet



v 04.01.2021

## 1. Contact Information

Property Owner/Client:  Date Completed:

Site Address:  Project ID:

Email:  Phone:

Mailing Address:  Alt Phone:

Legal Description:

Parcel ID:  SEC:  TWP:  RNG:

## 2. Flow and General System Information

### A. Client-Provided Information

Project Type:  New Construction  Replacement  Expansion  Repair

Project Use:  Residential  Other Establishment:

Residential use: # Bedrooms:  Dwelling Sq.ft.:  Unfinished Sq. Ft.:

# Adults:  # Children:  # Teenagers:

In-home business (Y/N):  If yes, describe:

Water-using devices: *(check all that apply)*

<input type="checkbox"/> Garbage Disposal/Grinder	<input checked="" type="checkbox"/> Dishwasher	<input type="checkbox"/> Hot Tub*
<input type="checkbox"/> Sewage pump in basement	<input type="checkbox"/> Water Softener*	<input type="checkbox"/> Sump Pump*
<input type="checkbox"/> Large Bathtub >40 gallons	<input type="checkbox"/> Iron Filter*	<input type="checkbox"/> Self-Cleaning Humidifier*
<input checked="" type="checkbox"/> Clothes Washing Machine	<input type="checkbox"/> High Eff. Furnace*	<input type="checkbox"/> Other: <input type="text"/>

\* Clear water source - should not go into system

Additional current or future uses:

Anticipated non-domestic waste:

The above is complete & accurate:   
*Client signature & date*

### B. Designer-determined flow Information

*Attach additional information as necessary.*

Design Flow:  GPD Anticipated Waste Type:

BOD:  mg/L TSS:  mg/L Oil & Grease:  mg/L

## 3. Preliminary Site Information

### A. Water Supply Wells

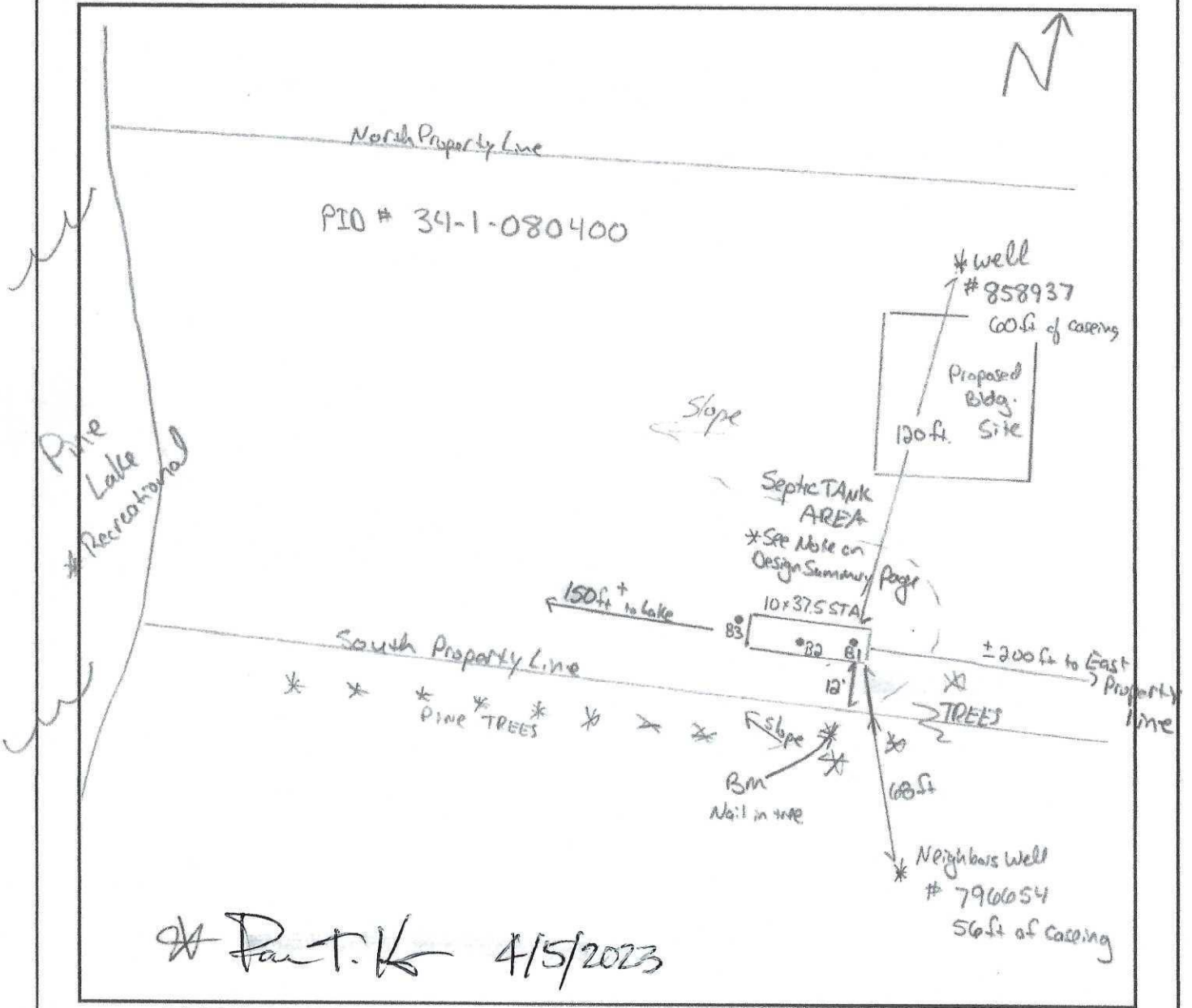
#	Description	Mn. ID#	Well Depth (ft.)	Casing Depth (ft.)	Confining Layer	STA Setback	Source
1	DRILLED WELL(A)	858937	70	60		50	MN WELL INDEX
2	NEIGHBORS WELL(B)	796654	70	56		50	MN WELL INDEX
3							
4							

Additional Well Information:

Project ID:

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Property Owner/Client: PAUL & SUSAN KNUTSON



Map scale:   Indicated north  Show slope/contours

Elevations in feet Benchmark:  ft

System Corners:

NW:	<input type="text" value="96.9"/> ft
NE:	<input type="text" value="98.3"/> ft
SW:	<input type="text" value="97.3"/> ft
SE:	<input type="text" value="98.1"/> ft

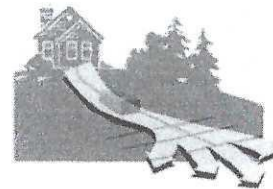
Soil Borings:

#1:	<input type="text" value="97.6"/> ft
#2:	<input type="text" value="97.4"/> ft
#3:	<input type="text" value="97"/> ft

Tank Outlet:	<input type="text" value="See Note in Design Summary Page"/>	<input type="text" value=""/>	ft
Other:	<input type="text" value=""/>	<input type="text" value=""/>	ft
	<input type="text" value=""/>	<input type="text" value=""/>	ft

Date Completed:





**Homeowner Maintenance Log**

Track maintenance activities here for easy reference. See list of management tasks on pages 3 and 4.

Activity	Date accomplished											
<b>Check frequently:</b>												
Leaks: check for plumbing leaks *												
Soil treatment area check for surfacing **												
Lint filter: check, clean if needed *												
Alarms **												
<b>Check annually:</b>												
Water usage rate (max gpd: _____)												
Caps: inspect, replace if needed												
Water use appliances – review use												
Other:												

\*Monthly

\*\* Quarterly

\*\*\* Bi-Annually

Notes:

*"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. 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: *[Signature]*

Date

4/5/2023

Management Plan Prepared By:

E5 HOME SRVC.-SHAWN ECKE

Certification #

1225

Permitting Authority:

AITKIN CO. ENV. SRVC.