

Subsurface Sewage Treatment System Management Plan

Property Owner: Heidi Sammon Phone: 651-442-7897 Date: 10/30/2023
Mailing Address: 6707 Wildrye Cir. S. City: Cottage Grove MN 55016 Zip: _____
Site Address: 40309 502nd Ln. City: Palisade Mn 56469 Zip: _____

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 12 months.
Local Government: check every 12 months.
State Requirement: check every 36 months.

My System needs to be checked every 12 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.*

Owner ----> *Alarms* – Alarm signals when there is a problem. Contact a service provider any time an alarm signals.

Owner ----> *Event counter or water meter* – Record your water use.

-recommend meter readings be conducted (circle one: DAILY WEEKLY **MONTHLY**)

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 treatment system."

Property Owner Signature:  Date: 12/15/23

Designer Signature:  Date: 10/30/2023

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: Aitkin Co Operating Permit Required Follow Aitkin Co. Operating permit requirements.

Check alarm at least once a year. Pump Tanks at least once every 3 years.

Mow Mound Area at least once a year to keep brush and trees from growing

No Traffic on mound area, No Snowmobiles, No ATV's, No Parking.

Mitigation/corrective action plan: _____
