Subsurface Sewage Treatment System Management Plan

Property Owr	ner:_Stephen Schoenborn	Phone 6	12-597-3615	Date: 2/7/2024				
Mailing Address: 5704 Nelmark Ave. NE		City: St Michael MN		Zip: 55376				
		City: Aitkin MN 56431						
Site Address:	Site Address: 32998 310th Pl.			Zip:				
performance o	ent plan will identify the operation and main of your septic system. Some of these activitien The med by a licensed septic service provider.			_				
Local Government: check every 12 m		nonths.	onths. every 12 months					
State Requirement	nent: check every <u>36</u> n ts are based on MN Rules Chapter 7080.2450, Subp. 2	nonths.						
	ts are based on MN Rules Chapter 7080.2450, Subp. 2 Dwner Management Tasks	: & 3)						
	Leaks – Check (look, listen) for leaks in toil	ets and drip	ping faucets. Repair leak	s promptly.				
Surfacing sewage – Regularly check for wet or spongy soil around your soil treatment area.								
	Effluent filter – Inspect and clean twice a y	ear or more.						
Owner>	Alarms – Alarm signals when there is a pro	blem. Conta	ict a service provider any	y time an alarm signals.				
Owner>	Owner> Event counter or water meter – Record your water use.							
	-recommend meter readings be co	onducted (<i>cii</i>	rcle one: <u>DAILY</u> <u>WE</u>	<u>MONTHLY</u>)				
Profes	sional Management Tasks							
	Check to make sure tank is not lea	king						
	☐ Check and clean the in-tank efflue	nt filter						
	Check the sludge/scum layer level:	s in all seption	tanks					
	Recommend if tank should be pun	nped						
	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 fun	iction						
	\Box , Check dissolved oxygen and efflue	nt temperat	ure in tank					
Provide homeowner with list of results and any action to be taken								
	\square Flush and clean laterals if cleanout	ts exist						
Management Pl	is my responsibility to properly operate and mai an. If requirements in the Management Plan are ctive actions. If I have a new system, I agree to a	not met, I wi	Il promptly notify the perm	nitting authority and take				
Property Owne	er Signature:		Date: _	ate:				
	ture: Oell Brummer			2/7/2024				

Maintenance Log

Activity	Date Accomplished							
Check frequently:								
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)								
Check annually:								
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: Check alarm at least once a year. Pump Tanks at least once every 3 years. Aitkin Co Operating Permit Required Follow Aitkin Co. Operating permit requirements. 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	s, No Parkino	g						
Mitigation/corrective action plan:								