MINNESOTA POLLUTION CONTROL AGENCY

520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

Instructions: Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf.

Property information

Local tracking number:

Parcel ID# or Sec/Twp/Range: 59-0-006401 Reason for Inspection Transfer of property

Local regulatory authority info: Aitkin county planning and zoning

Property address: 230 S. Maddy st.,McGregor,Mn.55760

Owner/representative: Curtis and Lisa Raveill Owner's phone:

Brief system description: Two open bottom round Block tanks

System status

System status on date (mm/dd/yyyy): 11/28/2021

☐ **Compliant – Certificate of compliance***

*(**Valid for 3 years from report date** unless evidence of an imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)*

***Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.**

☒ **Noncompliant – Notice of noncompliance**

Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.

An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.

Reason(s) for noncompliance (check all applicable)

- ☐ Impact on public health (Compliance component #1) – *Imminent threat to public health and safety*
- ☒ Tank integrity (Compliance component #2) – *Failing to protect groundwater*
- ☐ Other Compliance Conditions (Compliance component #3) – *Imminent threat to public health and safety*
- ☐ Other Compliance Conditions (Compliance component #3) – *Failing to protect groundwater*
- ☐ System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) – *Failing to protect groundwater*
- ☐ Soil separation (Compliance component #5) – *Failing to protect groundwater*
- ☐ Operating permit/monitoring plan requirements (Compliance component #4) – *Noncompliant - local ordinance applies*

Comments or recommendations

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

***By typing my name below**, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.*

Business name: Farley sewer systems Certification number: C-4744

Inspector signature: License number: L-1919

(This document has been electronically signed) Phone: 218-839-4737

Necessary or locally required supporting documentation (must be attached)

☒ Soil observation logs ☒ System/As-Built ☐ Locally required forms ☐ Tank Integrity Assessment ☐ Operating Permit

☐ Other information (list):

Property Address: 230 S. Maddy st.,McGregor,Mn.55760

Business Name: Farley sewer systems Date: 11/28/2021

1. Impact on public health – Compliance component #1 of 5

Compliance criteria:	
System discharges sewage to the ground surface	☐ Yes* ☒ No
System discharges sewage to drain tile or surface waters.	☐ Yes* ☒ No
System causes sewage backup into dwelling or establishment.	☐ Yes* ☒ No

Any "yes" answer above indicates the system is an imminent threat to public health and safety.

Describe verification methods and results:

Attached supporting documentation:

☐ Other:

☐ Not applicable

2. Tank integrity – Compliance component #2 of 5

Compliance criteria:	
System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☒ Yes* ☐ No
Sewage tank(s) leak below their designed operating depth?	☒ Yes* ☐ No
If yes, which sewage tank(s) leaks:	

Any "yes" answer above indicates the system is failing to protect groundwater.

Describe verification methods and results:

Attached supporting documentation:

☐ Empty tank(s) viewed by inspector

Name of maintenance business:

License number of maintenance business:

Date of maintenance:

☐ Existing tank integrity assessment (Attach)

Date of maintenance (mm/dd/yyyy): (must be within three years)

(See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))

☒ Tank is Noncompliant (pumping not necessary – explain below)

☐ Other:

3. Other compliance conditions – Compliance component #3 of 5

3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured?
☐ Yes* ☒ No ☐ Unknown

3b. Other issues *(electrical hazards, etc.)* to immediately and adversely impact public health or safety? ☐ Yes* ☒ No ☐ Unknown

Yes to 3a or 3b - System is an imminent threat to public health and safety.

3c. System is non-protective of ground water for other conditions as determined by inspector? ☐ Yes* ☒ No

3d. System not abandoned in accordance with Minn. R. 7080.2500? ☐ Yes* ☒ No

Yes to 3c or 3d - System is failing to protect groundwater.

Describe verification methods and results:

Attached supporting documentation: ☐ Not applicable ☐ _____

4. Operating permit and nitrogen BMP* – Compliance component #4 of 5 ☒ Not applicable

Is the system operated under an Operating Permit? ☐ Yes ☐ No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP specified in the system design? ☐ Yes ☐ No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria:

a. Have the operating permit requirements been met? ☐ Yes ☐ No

b. Is the required nitrogen BMP in place and properly functioning? ☐ Yes ☐ No

Any "no" answer indicates noncompliance.

Describe verification methods and results:

Attached supporting documentation: ☐ Operating permit (Attach) ☐

University of Minnesota Site Evaluation Form 5/16/2005

Onsite Sewage Treatment Program

Property Owner(s) Curtis And Lisa Raveill Phone Number _____

Address 230 S. Maddy St. McGregor,Mn.55760 Design for a 4 bedroom pressure bed system.

P.I.D. 59-0-006401 Section __ Township _____ N Range _____

Date 11/4/2021 Time 10:00 AM Weather conditions sunny and clear

Location Information *(check all that apply)*

__ new system __ connecting to a compliant system x replacement system

__ outhouse tank __ other establishment __ new home construction

Homeowner Information

No. of bedrooms *(if applicable)* 4 bedrooms (includes possible additions)

No. of residents in home 2 adults __ children

Estimated flow 600 gpd

Well casing depth No Well feet

Water using devices *(check)*

			Discharge location if checked
__ Garbage disposal	__ Water softener		
__ Dishwasher	__ Sump pump		
__ Large bathtub	__ High eff. furnace		
__ Laundry/large tub on 2nd floor	__ Jucuzzi/hottub		

Water use concerns *(check)*

__ Toilet/faucet leaks	__ Max load laundry/day		__ Long term prescription medications	
__ Home business	__ Lint screen	__ Antibact. soap	__ Frequent parties or out of town guests	

Soil Data

Soil texture classification: sandy loam

Unnatural soil *(check)*	__ Yes	x No			
Type of observation *(check)*	__ Probe	x Pit	x Boring		
Parent material *(check)*	x Till	__ Outwash	__ Loess	__ Bedrock	__ Alluvium
Vegetation type *(check)*	__ Wet	x Dry	__ Unknown		
Slope form *(check)*	x Summit	__ Shoulder	x Back	__ Foot	__ Toe
Drainage *(check)*	x Good	__ Fair	__ Poor	__ Ponding	__ Flooding
Located in floodplain *(check)*	__ Yes	x No			

Site Summary Data

Standing water: n/a inches

Bedrock: n/a inches

Saturated soil: _____ inches

Maximum depth of system: _____ inches

Max elevation at system bottom: _____ feet

Soil sizing factor (SSF): _____ gpd/ft^2

Linear loading rate (LLR): _____ gpd/ft

Was a perc test done ? __ Yes _____ mpi

x No

Soil Survey Data	Soil #1	Soil #2
Map unit sym & name		
Landscape position		
Flooding		
Slope		
Watertable depth		
Bedrock depth		
Possible system depth		
Texture at depth		
Permeability (P)		
Perc(MPI) = 60 / P		
NRCS onsite suitability		

Soil Boring Data

Boring 1 Elevation: Location:

Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence
0-9"	Top soil	10 yr 3/3	s.g.	loose
9-31"	sandy loam	7.5 yr 4/6	s.g.	loose
31-46"	sandy loam	10 yr 5/4	s.g.	loose
	mottles @ 46"			

Boring 2 Elevation: Location:

Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence
0-8"	top soil	10 yr 3/2	s.g.	loose
8-33"	sandy loam	7.5 yr 4/6	s.g.	loose
33-48"	sandy loam	10 yr 4/6	s.g.	loose
	mottles @ 48"			

Elevations

Bench Mark = 100.0

Outlet of House = 98.0

Inlet of New 1820 Combo tank = 96.2

Outlet of Combo tank = 95.8

Inlet of New Pump tank = 95.6

Top of Pump = 92.3

Pipe @ disp. fld. = 99.3

List any construction issues: _____

_____

Mapping Checklist

Map scale: _____ __ indicate north __ show slope _____ % direction _____

Locate

- __ lot dimensions/property lines
- __ dwellings and other improvements
- __ existing and/or proposed system(s)
- __ replacement area
- __ unsuitable area(s)
- __ public water supply wells
- __ pumping access
- __ inner wellhead zone

Easements

- __ phone
- __ electric
- __ gas

Elevations

- __ borings
- __ benchmark
- __ perc tests
- __ horiz&vert reference pts

Setbacks

- __ building
- __ all water wells within 100ft
- __ pressure pipe
- __ water suction pipe
- __ streams, lakes, rivers
- __ floodway and fringe

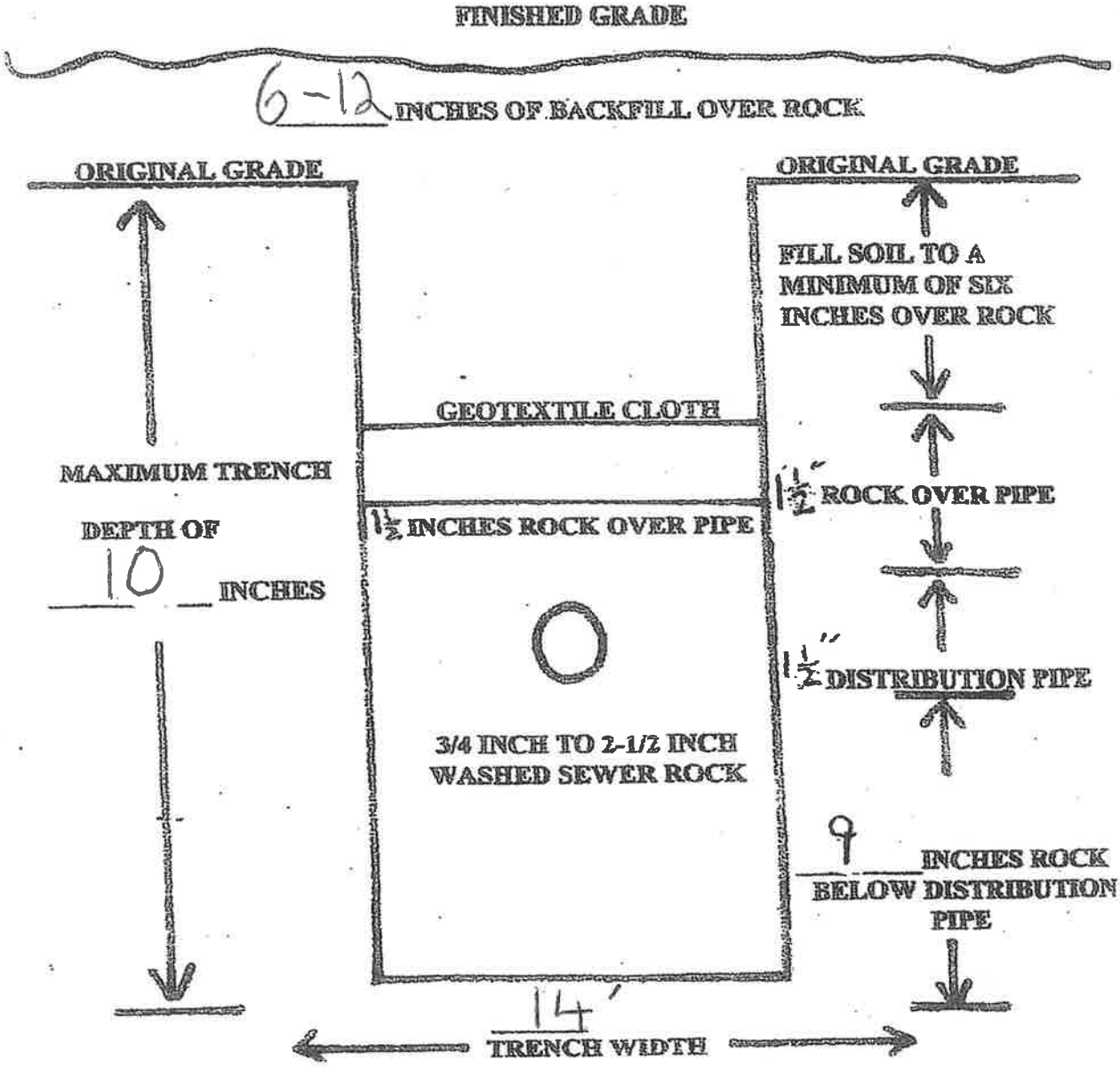
I hereby certify this work has been completed in accordance with all applicable ordinances, rules and laws.

_____ (signature) 12/6/2021 (date)

L-1919 (license #) 218-839-4737 (phone number)

PLD. 57-0-006401

Presure Bed Cross Section



University of Minnesota Trench and Bed Worksheet

All boxed rectangles must be entered, the rest will be calculated.

ONSITE SEWAGE TREATMENT PROGRAM

1. Flow

A. Estimated Flow [600] gpd *(Fig. A-1)*

A-1 Estimated Sewage Flows in GPD				
Number of Bedrooms	Class I	II	III	IV
2	300	225	180	60% of
3	450	300	218	the
4	600	375	256	values
5	750	450	294	in the
6	900	525	332	Class I,
7	1050	600	370	II or II
8	1200	675	408	columns

Pump Tank Minimum Sizing
500 gallons or 100% of Average Design Flow (A-1) or dual alternating pump system

2. Minimum Septic Tank Capacity

B. Septic tank capacity *(Fig C-1)* [1500] gallons Number of tanks/compartments [ ]

C. Effluent filter (yes/no) [yes]

C-1 Minimum Septic Tank Capacity in Gallons			
Number of Bedrooms	Minimum Capacity	Capacity with GD*	Capacity with GD and pump in basement **
2 or less	750	1125	1500
3 or 4	1000	1500	2000
5 or 6	1500	2250	3000
7, 8 or 9	2000	3000	4000

* GD = garbage disposal, Must have multiple tanks or compartments

** Must have multiple tanks, compartments or effluent screen

3. Pump Tank Specifications

D. Pump tank needed (yes/no) [yes] Minimum size if needed [600] gallons

4. SOILS *(Site evaluation data)*

E. Depth to restricting layer = [4] ft

F. Maximum depth of system Item E - 3 ft = 4 - 3 = 1 ft

G. Texture [sandy loam] Percolation Rate [ ] mpi *if available*

H. SSF [1.27] ft^2/gpd (see figure D-15)

I. % Slope [0-1] %

D-15 Soil Characteristics & SSF		
Perc Rate mpi	Soil Texture	Soil Sizing Factors ft^2/gpd
< 0.1 *	Coarse sand	0.83
0.1- 5	Medium sand Loamy sand	0.83
0.1- 5**	Fine sand	1.67
6 - 15	Sandy loam	1.27
16 - 30	Loam	1.67
31 - 45	Silt loam, silt	2.00
46 - 60	Clay loam, sandy clay loam or silty clay loam	2.20
61 - 120***	Clay, sandy or silty clay	4.20
>120****		

* No trench >25% of total system

** Soil with >50% fine sand particles

*** A mound must be used

**** An other or performance system

5. **System Type**

x	Pressure Bed *(<6% slope)*
	Gravity Bed (<6% slope)
	Trenches

Distribution Media Type

x	Rock
	Chamber
	Gravelless
	Other: ____

Method of Distribution

x	Pressure
	Drop Boxes
	Dist. Box *(<3% slope)*
	Other: ____

6. **TRENCH OR BED BOTTOM AREA**

J. For trenches with 6 inches of wide wall beneath the pipe or 10" diameter gravelless pipe:
A x H = 600 gpd x 1.27 ft/gpd = NA ft^2

K. For trenches with 12 inches of sidewall:
A x H x 0.8= 600 gpd x 1.27 ft/gpd x 0.8 = NA ft^2

L. For trenches with 18 inches of sidewall:
A x H x 0.66= 600 gpd x 1.27 ft/gpd x 0.66 = NA ft^2

M. For trenches with 24 inches of sidewall:
A x H x 0.6= 600 gpd x 1.27 ft/gpd x 0.6 = NA ft^2

N. For gravity beds with 6 or 12 inches of rock below the pipe;
1.5 x A x H = 1.5 x 600 gpd x 1.27 ft/gpd = NA ft^2

O. For pressure beds with 6 or 12 inches of rock below the pipe;
A x H = 600 gpd x 1.27 ft/gpd = 762.0 ft^2

7. **Trench and Bed Dimensions**

P. Select required square feet of bottom area required based on depth of rock/gravelless pipe or height of chamber slats
762.0 ft^2
(must use 6" of rock square footage for beds)

Q Select width of trench or bed 14.0 ft
(use 3' for gravelless pipe, width of chamber or width of excavation for rock in trenches & beds can not be wider the 25')

R. For trenches or pressure beds the lineal feet required = required square footage / width of bottom of trench or bed
762.0 ft^2 / 14.0 ft = 54.4 lineal feet

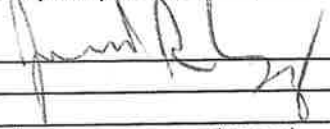
S. For gravity beds the lineal feet required = required square footage / width of bed
762.0 ft^2 / 14.0 ft = _____ lineal feet

8. **Rock Sizing and Volume**

T. Depth of media below pipe 0.5 ft
Cubic feet of rock needed = Rock depth below distribution pipe plus 0.5 foot times bottom area:
(Rock depth + 0.5 foot) x Area (J, K, L, M)
(0.5 ft + 0.5 ft) x 762.0 ft^2 = 762.0 ft^3
Volume in cubic yards = volume in cubic feet divided by 27
762.0 / 27= 28.2 yd^3
Weight of rock in tons = cubic yards times 1.4
28.2 x 1.4= 39.5 tons
Add in 10% extra for constructability = 1.1 X 39.5 = 43.5 tons

9. **Layout**
Select an appropriate scale; one inch = 40 ft
Show pertinent property boundaries, rights-of-way, easements.
Show location of house, garage, driveway, and all other improvements, existing or proposed.
Show location and layout of sewage treatment system, well and dimensions of all elevations

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.



(signature) L-1919 (license #) 12/6/2021 (date)

Local Unit of Government Approval

_____ (signature) _____ (registration #) _____ (date)

University of Minnesota Pump Selection Procedure - 10/25/04

All boxed rectangles must be entered, the rest will be calculated.

ONSITE SEWAGE TREATMENT PROGRAM

1. **Determine pump capacity:**

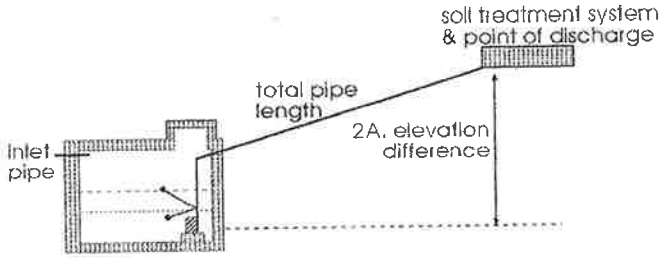
   A. Gravity Distribution

   1. Minimum required discharge is 10 gpm
   2. Maximum suggested discharge is 45 gpm

   For other establishments at least 10% greater than the water supply rate, but no faster than the rate at which effluent will flow out of the distribution device.

   B. Pressure Distribution - see pressure design worksheet

   Selected Pump Capacity: [37.8] **gpm**



2. **Determine Total Dynamic Head (TDH)**

A. Elevation difference between pump and point of discharge.
[7] feet

B. Special head requirement? *(See Figure - Special Head Requirements)*
[5] feet

Special Head Requirements	
Gravity Distribution	0ft
Pressure Distribution	5ft

C. Friction loss in supply pipe

1. Select pipe diameter [2] in
2. Enter Figure E-9 with gpm (1A or B) and pipe diameter (C1)

Read friction loss in feet per 100 feet from Figure E-9
Friction loss= [2.64] ft/ 100 ft of pipe

E-9 Friction Loss in Plastic Pipe per 100 ft			
Flow Rate (gpm)	nominal pipe diameter		
	1.5"	2.0"	3"
20	2.47	0.73	0.11
25	3.73	1.11	0.16
30	5.23	1.55	0.23
35	6.96	2.06	0.3
40	8.91	2.64	0.39
45	11.07	3.28	0.48
50	13.46	3.99	0.58
55		4.76	0.7
60		5.6	0.82
65		6.48	0.95
70		7.44	1.09

3. Determine total pipe length from pump discharge to soil system discharge point.
Estimate by adding 25 percent to pipe length for friction loss in fittings.
Pipe length times 1.25 = equivalent pipe length
[50] ft x 1.25 = 62.5 feet

4. Calculate total friction loss by multiplying friction loss (C2) by the equivalent pipe length (C3) and divide by 100.
Friction Loss = 2.64 ft/100ft X 62.5 ft / 100 = 1.7 feet

D. Total head requirement is the sum of elevation difference (A), special head requirements (B), and total friction loss (C4).
7 ft + 5 ft + 1.7 ft

Total Head: 13.7 feet

3. **Pump Selection**

1. A pump must be selected to deliver at least 37.8 gpm (1A or B)
with at least 13.7 feet of total head (2D).

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

(signature) L-1919 (license #) 12/6/2021

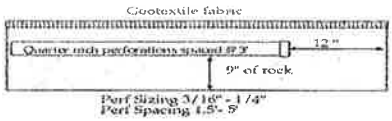
University of Minnesota Pressure Distribution System Design - 10/25/04

All boxed rectangles must be entered, the rest will be calculated.

ONSITE SEWAGE TREATMENT PROGRAM

1. Select number of perforated laterals: [10]

2. Select perforation spacing = [3] ft



3. Since perforations should not be placed closer that 1 foot to the edge of the rock layer (see diagram), subtract 2 feet from the rock layer length
[27.5] - 2 ft = 25.5 ft

4. Determine the number of spaces between perforations.
Divide the length (3) by perforation spacing (2) and round down to nearest whole number.
Perforation spacing = 25.5 ft / 3 ft = 8

5. Select perforation size [1/4] inch

6. Number of perforations is equal to one plus the number of perforation spaces (4).
** Check figure E-4 to assure the number of perforations per lateral guarantees < 10% discharge variation.*
8 spaces + 1 = 9 perforations/lateral

E-4 Maximum Number of 1/4 inch perforations per lateral to guarantee <10% discharge variation

Perforation Spacing ft	Pipe Diameter 1 inch	1.25 inch	1.5 inch	2.0 inch
2.5	8	14	18	28
3.0	8	13	17	26
3.3	7	12	16	25
4.0	7	11	15	23
5.0	6	10	14	22

E-5 Maximum Number of 3/16 inch perforations per lateral to guarantee <10% discharge variation

Perforation Spacing feet	Pipe Diameter 1 inch	1.25 inch	1.5 inch	2.0 inch
2.5	12	19	25	39
3	11	18	24	37
3.3	10	17	23	36
4	10	16	21	33
5	9	15	20	31

7. A. Total number of perforations = perforations per lateral (5) times number of laterals (1).
9 perfs/ lat x 10 laterals = 90 perforations

B. Calculate the square footage per perforation.
Recommended value is 6-10 sqft/perf. Does not apply to at-grades.
1. Rock bed area = rock width (ft) x rock length (ft)
14 ft x 27.5 ft = 385 ft^2
2. Square foot per perforation=Rock Bed Area/number of perfs(6)
385.0 ft^2 / 90 perfs = 4.3 ft^2/ perf

8. Determine required flow rate by multiplying the total number of perforations(6A) by flow per perforations (see figure E-6)
90 perfs x [0.42] gpm / perfs = 37.8 gpm

E-6 Perforation Discharge in GPM

Head (feet)	Perforations diameter (inches) 3/16	7/32	1/4
1[a]	0.42	0.56	0.74
2[b]	0.59	0.80	1.04
5	0.94	1.26	1.65

a. Use 1.0 foot for single-family homes.
b. Use 2.0 feet for anything else

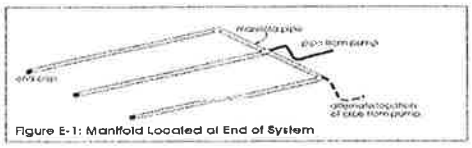


Figure E-1: Manifold Located at End of System

9. Determine Minimum Pipe Size

A. **Manifold on End.** If laterals are connected to header pipe as shown in Figure E-1, to select minimum required lateral diameter; enter figure E-4 or E-5 with perforation spacing and number of perforations per lateral. Select minimum diameter for perforated laterals = [n/a] inches

B. **Center Manifold.** If perforated lateral system is attached to manifold pipe near the center, like Figure E-2, perforated lateral length (3) and number of perforations per lateral (5) will be approximately one half of that in step A. Using these values, select minimum diameter for perforated lateral = [1.5] inches

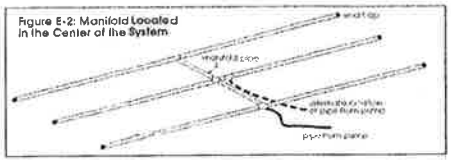


Figure E-2: Manifold Located in the Center of the System

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

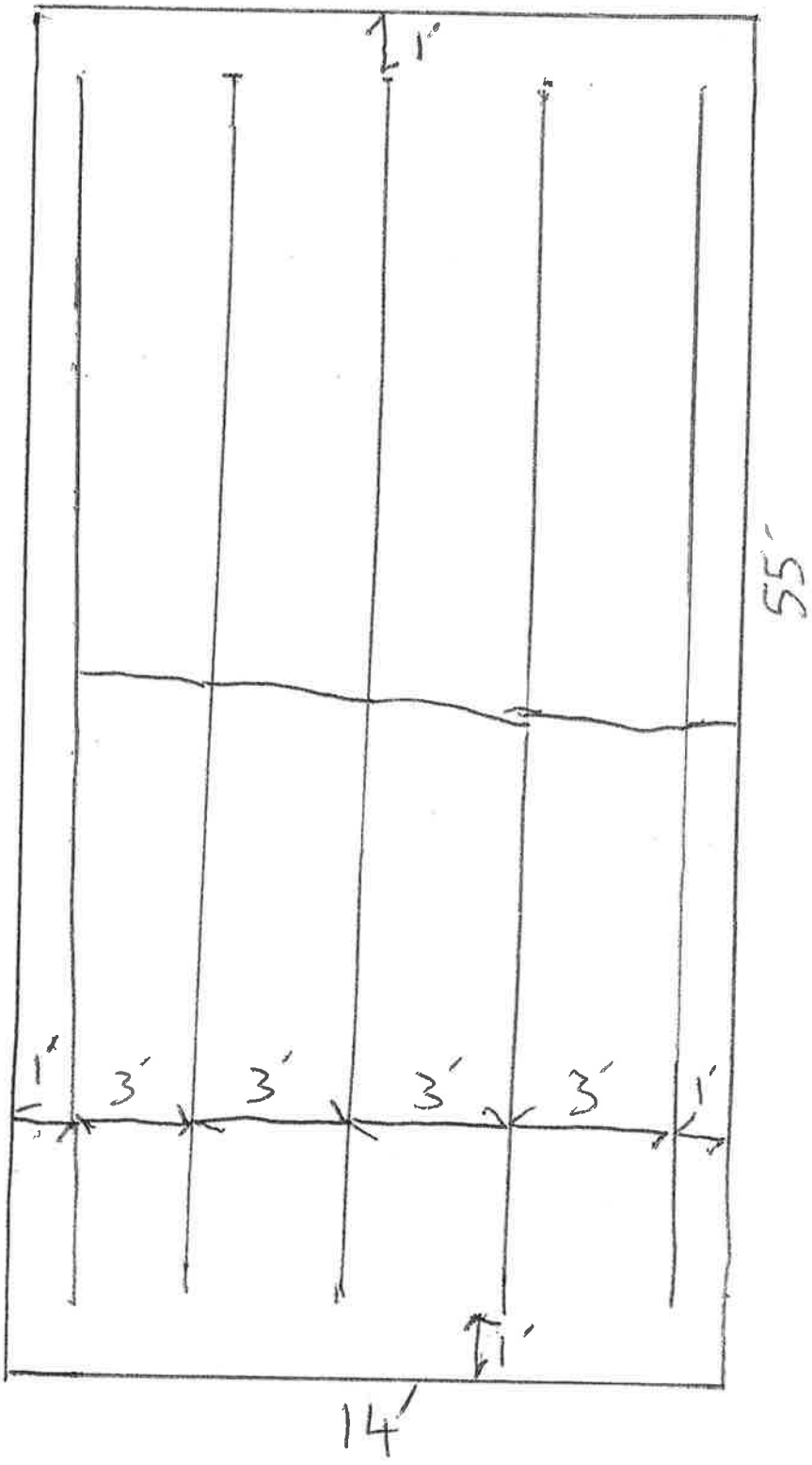
_____ (signature) L-1919 (license #) 12/6/2021 (date)

FARLEY SEWER SYSTEMS

SEWER DESIGN & INSTALLATION
JAROLD R. FARLEY
P.O. Box 472
McGregor, MN 55760
Bus. Lic. No. L1919
Reg. No. 4744
218-839-4737 cell

Layout of Laterals in Pressure Bed

Center fed.



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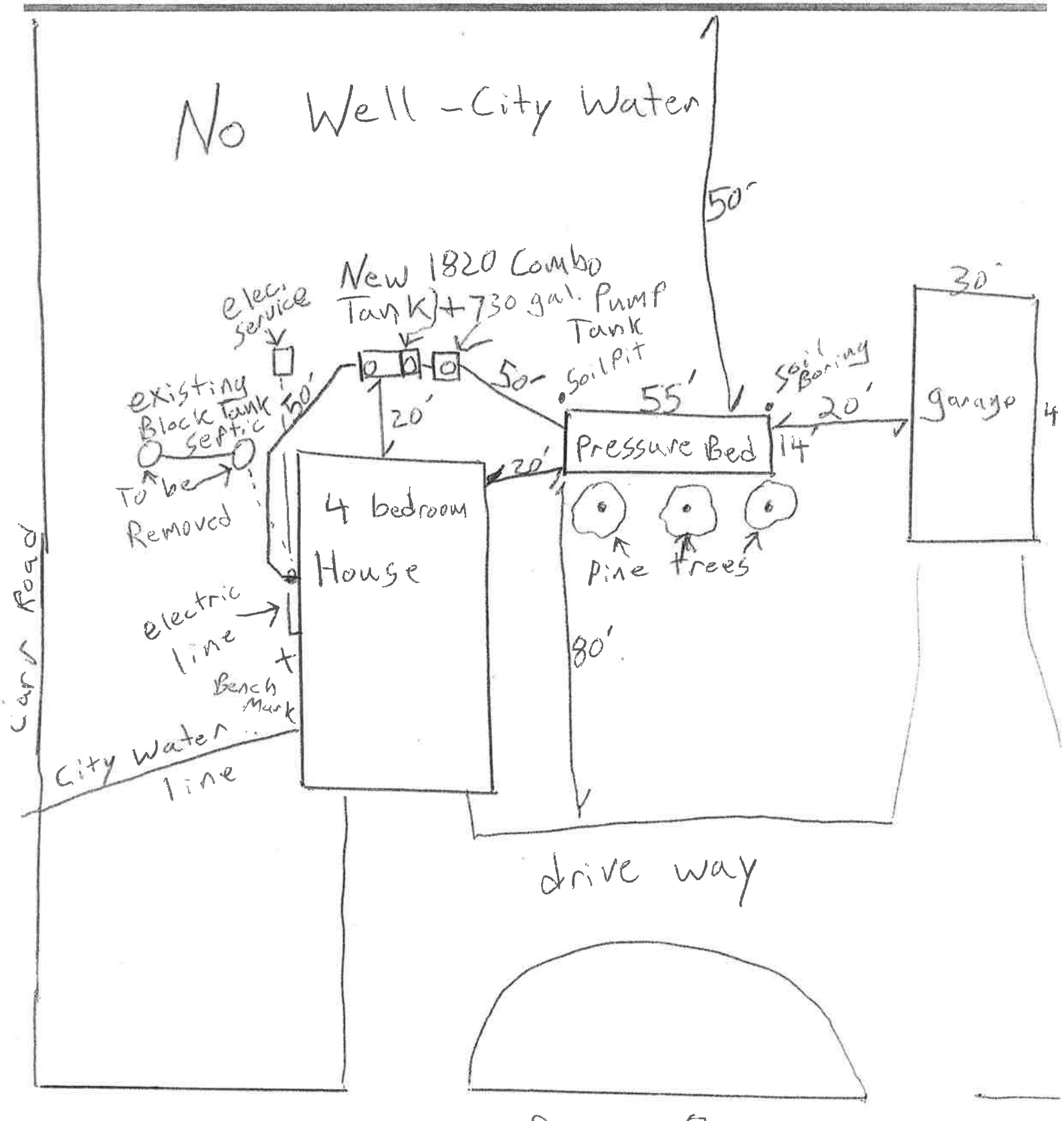

Subsurface Sewage Treatment System Management Plan

Property Owner: Curtis + Lisa Ravell Phone: _____ Date: 12-6-2021

Mailing Address: 230 S. Maddy ST. City: McGregor MN. Zip: 55760

Site Address: Same City: _____ 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 _____ months.
Local Government: check every _____ months.
State Requirement: check every 36 months.
(State requirements are based on MN Rules Chapter 7080.2450, Subp. 2 & 3)

My System needs to be checked every 36 months.

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.*

Alarms – 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: 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: 12-15-2021

Designer Signature: _____ Date: 12-6-2021

See Reverse Side for Management Log

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: _____

_____

_____

_____

Mitigation/corrective action plan: _____

_____

_____

_____

_____