

Septic Check

6074 Keystone Rd
Milaca, MN 56353

320-983-2447
Fax: 320-983-2151

Mail To: Tony Grabowski
38230 328th Lane
Aitkin, MN
56431

PROPERTY INFORMATION

Location: 38230 328th Lane
Aitkin
Tax ID: 24-1-095600

Use: Residential, Single Family
System Design Flow: 600
GENERAL SYSTEM TYPE: MF Res 2 w/TEST

Fold
Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 05/15/2024 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic Check

Work Performed By:
Kyle Wade

Submitted 05/20/2024 by:
Heather Johnson

Fold
Here

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

The outside of the multiflo socks are beginning to get plugged. We will need to spend an extra hour or so here in the fall. Customer leaves for Florida mid October and returns end of March. The water will be turned off during that time. Everything else is in good working order. No pumping required at this time.

GENERAL SITE & SYSTEM CONDITIONS

| | |
|---|-----------------|
| The General Site and System Conditions were: | Fully Inspected |
| Components accessible for service: | YES |
| All required service performed (if no - specify omitted inspection items in notes): | YES |
| Surfacing effluent from any component (including mound seepage): | NO |
| Components appear to be watertight - no visual leaks: | YES |
| Improper encroachment (structures/impervious surfaces); cover; or settling problems observed: | NO |

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete 1250 Gallon

Manufacturer: Local Manufacturer Model: Concrete

| | | |
|---|-----------------|--|
| This component was: | Fully Inspected | |
| All required baffles in place (N/A = No baffles required): | YES | |
| Effluent level within operational limits (if NO explain in comments): | YES | |
| Compartment 1 Scum accumulation (Inches, if other specify): | 1 | |
| Compartment 1 Sludge accumulation (Inches, if other specify): | 2 | |
| Pumping recommended: | NO | |

Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Systems - Multi-Flo

FTP-0.6 600 GPD Mult

Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.6

| | | |
|--|-----------------|--|
| This component was: | Fully Inspected | |
| Unit alarms functioning: | YES | |
| Aerobic Mechanism appears to be functioning per manufacturers specifications: | YES | |
| Impeller assembly removed and cleaned: | NO | |
| Previous signs of foaming overflow noted on Weir Plate: | NO | |
| Filter Socks cleaned: | YES | |
| Filter Socks were partially changed out: | NO | |
| Filter Socks were completely changed out: | NO | |
| Gaskets on Surge Bowl need replacing: | NO | |
| Digester settleable solids test resulted in greater than 40% settleable solids: (If Yes, pumping needed) | NO | |
| Pumping needed: | NO | |

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 625 Gallon

Manufacturer: Local Manufacturer Model: Concrete

| | | |
|---|-----------------|--|
| This component was: | Fully Inspected | |
| Compartment 1 Scum accumulation (Inches, if other specify): | 0 | |
| Compartment 1 Sludge accumulation (Inches, if other specify): | 0 | |
| Pumping recommended: | NO | |

| | | |
|--|-----------------|--|
| Pump: Effluent Pump Primary Pump | | |
| This component was: | Fully Inspected | |
| Controls functioning: | YES | |
| Tested gallons per minute flow: | - | |
| Pump: Effluent Pump Effluent Pump | | |
| This component was: | Fully Inspected | |
| Controls functioning: | YES | |
| Tested gallons per minute flow: | 40.6 | |
| Panel: Control - 2 Pumps Multi-Flo Panel | | |
| This component was: | Fully Inspected | |
| Panel functioning (including alarm): | YES | |
| Pump 1: on minutes (override in parentheses - if present): | 30 sec | |
| Pump 1: off hours (override in parentheses - if present): | 30 min | |
| Pump 1: gallons per dose (override in parentheses - if present): | - | |
| Pump 1: ETM hours (override in parentheses - if present): | - | |
| Pump 1: Cycle Count (override in parentheses - if present): | - | |
| Pump 2: on minutes (override in parentheses - if present): | - | |
| Pump 2: off hours (override in parentheses - if present): | - | |
| Pump 2: gallons per dose (override in parentheses - if present): | - | |
| Pump 2: ETM hours (override in parentheses - if present): | - | |
| Pump 2: Cycle Count (override in parentheses - if present): | 1402 | |
| Drainfield (disposal): Pressure Bed 25' X 30' | | |
| This component was: | Fully Inspected | |
| Lateral lines flushed: | NO | |
| Average squirt height (if performed) (feet, if other specify): | - | |
| Ponding present? If YES explain in comments: | NO | |

SAMPLING REPORT

Location: 38230 328th Lane
Aitkin
24-1-095600

Owner: Tony Grabowski
Use: Single Family

Service Company:

Septic Check
6074 Keystone Rd
Milaca, MN 56353
320-983-2447

Laboratory: A W Labs

Sample Date: 05/15/2024 Sample entered by: Heather Johnson Report submitted: 05/20/2024

Notes:

ONSITE SEWAGE SYSTEM SAMPLING DETAIL

| COMPONENT | TYPE | SAMPLE | LIMIT | RESULT |
|-----------------------------|----------|--------|----------------|--------|
| Effluent Pump Effluent Pump | Effluent | Flow | 600 GPD | 16.0 |
| Pump Tank 625 Gallon | Effluent | Fecal | 1000 cfu/100ml | <100 |

This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.