Subsurface Sewage Treatment System Management Plan

Property Owner: Andrew Ankrum	Phone: 218-269-2340	Date: 5/22/2024			
Mailing Address: 2216 Thell Rd	City: Wrenshall MN 55				
Site Address: 19042 509th Ln.	City: McGregor Mn 5576				
Site Address: 100 12 000th Eth.	City: Mooregar will core	O Zip;			
This management plan will identify the operation and ma performance of your septic system. Some of these activit must be performed by a licensed septic service provider.	ies must be performed by you	-			
System Designer: check every 12 Local Government: check every 12	My System needs to be checked				
	months. every	months.			
(State requirements are based on MN Rules Chapter 7080.2450, Subp.	<u> </u>				
Homeowner Management Tasks	,				
Leaks – Check (look, listen) for leaks in to	ilets and dripping faucets. Rep	oair leaks promptly.			
Surfacing sewage – Regularly check for w	et or spongy soil around your	soil treatment area.			
Effluent filter – Inspect and clean twice a					
Owner> Alarms – Alarm signals when there is a pr	· · · · · · · · · · · · · · · · · · ·	ider any time an alarm signals.			
Owner> Event counter or water meter – Record yo					
-recommend meter readings be o	conducted (<i>circle one: <u>DAIL</u>)</i>	<u>MONTHLY</u>)			
Professional Management Tasks					
$f egin{array}{c} f egin{ar$	aking				
\Box Check and clean the in-tank efflue	ent filter				
$oldsymbol{oldsymbol{M}}$ Check the sludge/scum layer leve	ls in all septic tanks				
M, Recommend if tank should be pu	mped				
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					
\square Flush and clean laterals if cleanou	ıts 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: 8-16-2024			
Troporty Owner Signatures					
Designer Signature: Jaff Brummar		Date: 5/22/2024			

See Reverse Side for Management Log

Maintenance Log

Activity		Date Accomplished			
Check frequently:					
Leaks: check for plumbing leaks		100			
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	- Control of the Cont				
Sludge & Scum/Pump					
Inlet & Outlet baffles					
Drainfield effluent leaks					
Pump, alarm, wiring					
Flush & clean laterals if cleanouts exists					
Other:					
Other:					
Type III Mound on distrurbed soil.					
Notes: Aitkin Co Operating Permit Required	Follow Aitkin Co. C	perating permit req	uirements.		
Check alarm at least once a year. Pump Tanks at least o	nce every 3 years.				

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

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