

Subsurface Sewage Treatment System Management Plan

Property Owner: BRETT JOHNSON Phone: 952-212-2130 Date: 10 SEP 24
Mailing Address: _____ City: _____ Zip: _____
Site Address: 34754 200TH AVE. City: MCGREGOR, MN. Zip: 55760

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 or maintenance provider.

System Designer: Recommends SSTS check every 36 months.
Local Government: Recommends SSTS check every 36 months.
State Requirement: Requires SSTS 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 or maintenance 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 N/A)

Licensed septic service provider or maintenance provider (Check all that apply):

- Check to make sure tank is not leaking
- Check and clean the in-tank effluent filter (if exists)
- 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: _____

Designer Signature: Roque Hurd Date: 11 SEP 24

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 COUNTY ENVIRONMENTAL SERVICES

APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

PERMITTEE BRETT JOHNSON PARCEL NUMBER 30-0-054500

ADDRESS 31751 200TH AVE. MCGREGOR, MN. 55760

LEGAL DESCRIPTION E 1/2 OF NW 1/4

TELEPHONE # 952-212-2130 GIS LOCATION _____

A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM:
(Attach ISTS site evaluation and design; estimated cost of system construction, operation, monitoring, service, component replacement, and management; anticipated system life, hydraulic and organic loading rates)

B. MONITORING PLAN AND REPORTING FREQUENCY:

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	600 GPD	EVENT COUNTER	MONTHLY		ANNUALLY
5-DAY BOD					
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS, OILS AND GREASE					
FECAL COLIFORM					
SEPARATION DISTANCE	3' S.L.M.	MOULD	INSPECT YEARLY	INSPECTION PIPE	YEARLY

OWNER RECORDS EVENT COUNTER & WATER METER MONTHLY. REPORT TO COUNTY YEARLY

OWNERS will perform the monitoring of this septic system.

C. MAINTENANCE PLANS

PARAMETER	LOCATION	FREQUENCY
600 GPD	EVENT COUNTER WATER METER	MONTHLY

D. MITIGATION PLAN:

INSPECT SYSTEM 1 YEAR AFTER INSTALLATION
FINAL.

I hereby certify with my signature as the designer, that all data for the operating permit application is true and correct to the best of my knowledge. I agree to indemnify and hold Aitkin County harmless from loses, damages, costs and charges that may be incurred by the County because of the information submitted with this application.

Roger Hurd
Signature

3847
License Number

11 SEP 24
Date

ROGER HURD
Name (please print)

2169 SCHELINDER RD.
CARLTON, MN. 55718
Address

218-391-0510
Telephone #