



Subsurface Sewage Treatment System Management Plan

Property Owner _____ Parcel Number _____

Site address _____ Date _____

Valuable information about your system:

- Attached permit information, designer drawings and as-builts of your system, if they are available.
- Keep copies of all pumping records and other maintenance and repair invoices with this document.
- Review this document with your maintenance professional at each visit; discuss any changes in product use, activities, or water-use appliances.

System Type: I II III IV V (Circle One Based on MN Rules Chapter 7080.2200 – 2400)

Dwelling Type: Number of Bedrooms _____ Design Flow (gpd): _____ Business ☐ What Type? _____

Septic Tank: One Tank ☐ Tank Volume _____ How Many Compartments _____ Effluent Screen ☐
Two Tanks ☐ Tank Volume _____ How Many Compartments _____ **Holding Tank** ☐

Tanks are constructed of: _____

Pump Tank: Tank Volume _____ Tank Constructed of: _____

Effluent Pump: Pump Capacity _____ GPM _____ TDH

Alarm: Manual ☐ Electric ☐ Location _____

Measurement Device: Event Counter ☐ Flow Meter ☐

Trenches: Total Lineal Feet _____ Number of Trenches: _____ at _____ Feet Each
Gravity ☐ Pressure ☐ Chambers ☐ Make & Model _____

Mound---At Grade-----Pressure Bed (Circle One)

Rock Bed Size (Width x Length) _____ Ft x _____ Ft

Location of Additional Soil Treatment Area: _____ Additional Site NA ☐

Tasks to be completed by a Professional

- Check to make sure tank is not leaking. The liquid level should be level with the bottom of the outlet pipe. (If the water level is below the bottom of the outlet pipe, the tank may not be watertight. If the water level is higher than the bottom of the outlet pipe of the tank, the effluent screen may need cleaning, or there may be ponding in the soil treatment area)
- Check if the manhole lid is accessible and safe.
- Check the sludge/scum layer levels in all septic tanks
- Check inlet and outlet baffles in the tank
- Check the pump and alarm system functions
- Check wiring for corrosion and function
- Check the drainfield effluent levels in the rock layer and replace any inspection pipes that are damaged.
- Flush and clean laterals and look for any surfacing effluent
- Check to see that good growth of vegetation is covering the system
- Provide homeowner with list of results and any action to be taken

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. If surfaced sewage or strong odors are not corrected by pumping the tank or fixing broken caps and leaks, call your service professional. Untreated sewage may make humans and animals sick. Keep bikes, snowmobiles and other traffic off and control burrowing animals.

Vegetation— Cut any woody vegetation growing over the system that may affect the system performance.

Effluent filter – Inspect and clean twice a year or more.

Alarms – Alarm signals when there is a problem. Contact a maintainer or 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

My System needs to be checked every _____ months.

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										
<i>Check annually:</i>										
Caps: inspect, replace if needed										
Sludge & Scum/Pump										
Inlet & Outlet baffles										
Drainfield effluent leaks										
Pump, alarm, wiring										
Flush & clean laterals										
Other:_____										

Notes: _____

If any of the requirements of this plan are not met, the landowner is to notify Morrison County Land Services

Designer Information

Designer Name _____ License Number _____

Designer Phone Number _____

Designer Signature _____ Date _____