

Subsurface Sewage Treatment System Management Plan

Property Owner: _____ Phone: _____ Date: _____
Mailing Address: _____ City: _____ Zip: _____
Site Address: _____ 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 or maintenance provider.

System Designer: Recommends SSTS check every _____ months.
Local Government: Recommends SSTS check every _____ 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 _____ 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: _____ Date: _____

See Reverse Side for Management Log

