

ST. LOUIS COUNTY BOARD OF ADJUSTMENT STAFF REPORT

INSPECTION DATE: 05/25/2023

REPORT DATE: 07/24/2023

MEETING DATE: 08/10/2023

APPLICANT INFORMATION

APPLICANT NAME: Christopher Soares

APPLICANT ADDRESS: 3611 Fectos Road Tower MN 55790

OWNER NAME: Same as applicant

SITE ADDRESS: 3611 Fectos Road Tower MN 55790

LEGAL DESCRIPTION: That portion of Lot 23 described as follows: Beginning at the Northeasterly corner of said Lot 23, thence running West along the North boundary line of Lot 23 a distance of 100 feet; thence running South a distance of 50 feet; thence running East a distance of 115.57 feet; thence running N17deg17'W a distance of 52.36 feet to the point of beginning, S5, T62N, R16W (Greenwood)

PARCEL IDENTIFICATION NUMBER (PIN): 387-0360-00225

VARIANCE REQUEST: The applicant is requesting relief from St. Louis County SSTS Ordinance 61 adopted Technical Standards 7080.2150, Subpart 2, Section F, Table VII, to allow a subsurface sewage treatment system installation at a reduced road right-of-way (ROW) setback and a reduced structure setback.

PROPOSAL DETAILS: The applicant is requesting to replace a septic tank at a 0 foot right of way setback where 10 feet is required, and at a 2-foot structure setback where 10 feet is required. This system is a replacement to abandon an imminent public health threat (IPHT) tank that was inspected at point of sale.

PARCEL AND SITE INFORMATION ROAD ACCESS NAME/NUMBER: Fectos Rd./ C 676 ROAD FUNCTIONAL CLASS: Local Public Road C 676 LAKE NAME: Lake Vermilion LAKE CLASSIFICATION: GD RIVER NAME: N/A RIVER CLASSIFICATION: N/A DESCRIPTION OF DEVELOPMENT ON PARCEL: The parcel currently contains a dwelling, sleeper house, and storage structure. ZONE DISTRICT: RES 9 PARCEL ACREAGE: APPROX. 0.12 ACRES LOT WIDTH: APPROX. 50 FEET FEET OF ROAD FRONTAGE: 50 FEET FEET OF SHORELINE FRONTAGE: 0 FEET

VEGETATIVE COVER/SCREENING: There is limited vegetation screening the property from the roadway and neighboring properties.

TOPOGRAPHY: There is an approximate elevation change of 10 feet, gently sloping from the West side to the East side.

FLOODPLAIN ISSUES: N/A

WETLAND ISSUES: N/A

ADDITIONAL COMMENTS ON PARCEL: There is a well located on the property, requiring a tank setback of 50 feet.

FACTS AND FINDINGS

A. Official Controls:

- 1. Ordinance 61 states that all SSTS components must be setback in accordance with Table VII of the SSTS Technical standards.
- 2. The required setback from a ROW and an existing structure is 10 feet.
- 3. The applicant is requesting a reduced setback from ROW at 0 feet and building setback at 2 feet.
- 4. All other setbacks will be met.

5. **Practical Difficulty:**

- 1. The parcel is zoned Residential 9. The lot is 0.12 acres and 50 feet wide where 1.0 acre and 150 feet lot width is required.
- 2. The lot has a well which requires a 50 foot setback, which limits replacement area for the tank.

6. Essential Character of the Locality:

- 1. The plat is zoned Residential 9 consisting of conforming and nonconforming residences.
- 2. There have been no similar variance requests within the plat.

7. Other Factor(s):

- 1. There is limited septic replacement area due to the lot width and acreage.
- 2. A majority of the septic replacement area is occupied by the required well setback.
- 3. This system is an Imminent Public Health Threat.

BOARD OF ADJUSTMENT CRITERIA FOR APPROVAL OF A VARIANCE

- 1. Is the variance request in harmony with the general purpose and intent of official controls?
- 2. Has a practical difficulty been demonstrated in complying with the official controls?
- 3. Will the variance alter the essential character of the locality?
- 4. What, if any, other factors should be taken into consideration on this case?

Conditions that may mitigate the variance for relief from St. Louis County SSTS Ordinance 61 7080.2150 Subpart 2 Item F (Table VII) to allow the replacement of a septic tank at a reduced roadway and building setback as proposed include, but are not limited to:

- 1. All other Onsite Wastewater SSTS standards shall be met.
- 2. Following system installation, an inspection shall be performed by a qualified inspector to ensure setbacks are met prior to issuing Certificate of Compliance.
- 3. All other local, county, state and federal regulations shall be met.

ST. LOUIS COUNTY, MN PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT (On-Site Wastewater Division)

Duluth

Government Services Center

320 West 2nd Street, Suite 301 Duluth, MN 55802 Phone (218) 725-5200 Toll Free (800) 450-9278 Virginia Government Services Center 201 South 3rd Avenue West Virginia, MN 55792 Phone (218) 749-0625 Toll Free (800) 450-9278

Permit Construction Application Subsurface Sewage Treatment System

General

- This permit application form is used to apply for a Permit to Construct. Additional information: <u>www.stlouiscountymn.gov/septic</u>

Enter the Primary PIN and Associated PIN (if applicable) of the property to be reviewed.

PIN is found on your Property Tax Statement. For example, 123-1234-12345. Primary PIN: Parcel where Structure/SSTS are
located. Associated PIN: Additional and/or adjacent property that you own or that is related to the project.
County Land Explorer: https://www.stlouiscountymn.gov/explorer
Property Lookup: https://www.stlouiscountymn.gov/explorer
Property Lookup: https://www.stlouiscountymn.gov/explorer
Property Lookup: https://www.stlouiscountymn.gov/explorer
Primary PIN

https://www.stlouiscountymn.gov/explorer
Primary PIN

Associated PINs

Enter Applicant Information

| I am a: Are you an LLC Business? | Other No |
|--|-----------------------|
| Applicant Name: | Christopher G Soares |
| Address: | 830 N Lake Avenue |
| | |
| City: | Duluth |
| State: | MN |
| Zip: | 55805 |
| Primary Phone: | (301)606-7233 |
| Mobile Phone: | |
| Email: | csoares49@outlook.com |
| Preferred Contact Method: | Any |
| Contact Person Name: | |
| Contact Person Phone: | |

Property Owner Name and Contact Information.

If the property owner information we have on file is not correct, please enter the current owner information. Property Owner Name: **Andrew Latterner and Taylor Glynn** Print Question and Answer Form

5/18/23, 2:57 PM

| Site Address: | 3611 FECTOS ROAD |
|------------------------------|-------------------------|
| | |
| City: | TOWER |
| State/Province: | MN |
| Zip: | 55790 |
| Primary Phone: | (507)475-2597 |
| Mobile Phone: | |
| Email: | taylorglynn@hotmail.com |
| Preferred Contact Method: | Any |
| Contact Person Name | |
| Contact Person Phone | |
| | |

Mailing Address Information

This address can default from the address you selected. If the values defaulted are not correct, please enter the correct information.

| Same as Property address? | Yes |
|----------------------------|-----------------------|
| Same as Applicant address? | Yes |
| Name: | Christopher G Soares |
| Address: | 830 N Lake Avenue |
| | |
| City: | Duluth |
| State/Province: | MN |
| Zip: | 55805 |
| Primary Phone: | (301)606-7233 |
| Mobile Phone: | |
| Email: | csoares49@outlook.com |
| Provide additional email | No. |

Provide additional email **Yes** recipients

The Property Owner receives all Permit documents. List any additional recipient emails separated by a semicolon. Additional email recipients taylorglynn@hotmail.com

SITE INFORMATION

Enter Site information Do you need to request **No** a 911 address number and sign?

Is this a leased property?

Is this for Residential or Commercial? Residential

Is the property used year round or used seasonally?

No

Year round

| Is this project within 3 | 300 feet of a river/stream or 1,000 feet of a lake? Yes |
|----------------------------|--|
| River/Lake Name | Vermilion |
| Is this property conne | ected to a Common Interest Community? No |
| Is this serving multipl | e dwellings sharing a SSTS component? No |
| Is this related to a Poi | int of Sale Requirement? Yes |
| Is the SSTS located in | a floodplain? No |
| APPLICATION | REASON |
| What are you applying for? | Replacing the existing SSTS |
| Explain why: | Taylor Glynn and Andrew Latterner are in the proces |

hy: Taylor Glynn and Andrew Latterner are in the process of selling this property to Christopher G Soares with closing set for May 19, 2023. We had the holding tank inspected to meet point of sale requirements. The inspector found the tank to be a 'imminent threat to public health' due to the fact that the cover does not lock in place. This is happening because there is a dent in the tank. The tank was in this condition at our time of purchase in 2019. Immber (being 4705

Permit Number (being replaced, if known):

RESIDENTIAL WORKSHEET

Select the System Type

Type I System

"Type I System" means an ISTS that follows a standard trench, bed, at-grade, mound, or graywater system design in accordance with MPCA rules, Minnesota Rules, Chapter 7080.2200 through 7080.2240. No

Type II System

"Type II System" means an ISTS with acceptable modifications or sewage containment system that may be permitted for use on a site not meeting the conditions acceptable for a standard Type I system. These include systems on lots with rapidly permeable soils or lots in floodplains and privies or holding tanks.

System Type Yes

Type III System

"Type III System" means a custom designed ISTS having acceptable flow restriction devices to allow its use on a lot that cannot accommodate a standard Type I soil treatment and dispersal system.

No

Type IV System

"Type IV System" means an ISTS, having an MPCA registered pretreatment device and incorporating pressure distribution and dosing, that is capable of providing suitable treatment for use where the separation distance to a shallow saturated zone is less than the minimum allowed.

No

Type V System

"Type V System" means an ISTS, which is a custom engineered design to accommodate the site taking into account pretreatment effluent quality, loading rates, loading methods, groundwater mounding, and other soil and other relevant soil, site, and wastewater characteristics such that groundwater contamination by viable fecal coliforms is prevented.

No

WELL INFORMATION

Enter information about the well.

Do you have a proposed water source?

Yes Proposed Water Source Well Type Proposed Well Type Drilled

Enter # of existing water sources on the property

1

After completing the following information for the 1st water source, please use the Add Another Water Source button to add the additional water source(s) information.

| Water Source Type | Well |
|-------------------|---------|
| Well # | 855376 |
| Well Depth (Feet) | 165 |
| Case Depth (Feet) | 21 |
| Well Type | Drilled |

DESIGNER & INSTALLER INFORMATION

| Select the Designer Licensed Business Name or Designer Name | Peterson Septic Design and Inspection LLC |
|---|--|
| License # | L2367 |
| Certification # | |
| Designer's Comments (To On-Site Wastewater Staff) | New tank to be installed in same location as the structurally unsound 1000 gallon plastic tank which will be removed. A pumping contract has already been set up with Honey Wagon Septic Pumping |

Select the Installer (if known)

| Licensed Business Name or Installer Name | Holmes Excavating Inc |
|--|---|
| License # | L905 |
| Certification # | |
| Installer's Comments (To On-Site Wastewater Staff) | Quote is included in attachments for replacement. |

STRUCTURE - RESIDENTIAL

| Enter Building Type and Water Uses | |
|--|---|
| Home, mobile home, hunting shack, cabin, R | V |
| Dwelling Yes | |

| Dwelling | |
|-------------------------|-----|
| # of Bedrooms | 1 |
| Plumbing | Yes |
| Basement Plumbing | Yes |
| Garbage Disposal | Yes |
| Clothes Washer | Yes |
| Dishwasher | Yes |
| Water Conditioning Unit | Yes |
| Furnace w/Humidifier | Yes |
| Bathtub > 40 gal. | Yes |
| Sewer Grinder Pump | Yes |
| Multi-Family | No |
| Accessory Dwelling | No |
| Accessory Structure | |
| w/water | |
| Other | Νο |
| | |

Other information to be considered for this application

Will this project require a Septic Variance? Yes

VARIANCE WORKSHEET

Enter Variance information. About SSTS Variances Pursuant to Ordinance 61, Article V, Section 3.0 A property owner may request a variance from the standards specified in the Ordinance pursuant to county policies and procedures. Variances shall only be permitted when they are in harmony with the general purposes and intent of this Ordinance where there are practical difficulties or particular hardship in meeting the strict letter of this Ordinance, excluding the technical standards. Certain deviations may require the approval of the MPCA or the MN Department of Health.

Describe the specific provision(s) in the ordinance from which the variance is requested.

7080.2150 Subp. 2 Item F (Table VII) unable to meet property line/building setbacks with Holding Tank

Describe the practical difficulty that prevents compliance with the rule.

The lot is small (50'x150') with a 16'x24' cabin and a bunkhouse and property entrance (driveway). The property also has a drilled well centrally located. The existing holding tank needs to be replaced and because of the well and building

proximity to lot lines, the current location is the only area to meet setback from the well.

Describe the alternative measures that will be taken to achieve a comparable degree of compliance with the purposes and intent of the applicable provisions.

The tank location will meet setback to the well. That location (existing failed holding tank location) can not meet the setback to the cabin/deck or the setback to the center line of Fectos Road (43 feet).

Identify cost considerations preventing reasonable use of the property under the terms of this ordinance

In order to meet the setback to the seasonal cabin, the wrap around deck and steps would have to be removed, which would eliminate use of the elevated front entryway overlooking the lake. While the holding tank would meet setback to the cabin, it still would not meet setback to Fectos Road. There is no other feasible way to install a tank on the property and meet setbacks to the well and property lines. Not allowing the holding tank would reduce the value of the property and make it difficult to sell.

OFFICE USE ONLY

| ES Area | EA |
|---------------------------------------|----------|
| Office | Virginia |
| Section | 5 |
| Township | 62 |
| Range | 16 |
| Variance Department Recommendation | |

Specify reasons for recommendation:

Hint: (Reference pertinent sections of the Ordinance and ISTS Construction Standards)

| Hearing Info. and | |
|---------------------|--|
| Outcome | |
| Board of Adjustment | |
| Hearing Date | |
| Permit # | |
| Variance Granted | |
| Case # | |

VARIANCE AGREEMENT

By submitting this request for variance from the Ordinance and the Construction Standards, I certify and agree that no substantial health hazard is likely to occur therefrom and an unnecessary hardship might result in strict compliance with the Ordinance and Standards.

I further agree to install a sewage treatment system in accordance with the permit application, plans, and specification that are made as part of this variance request, in addition to paying the Variance Fee associated with this request.

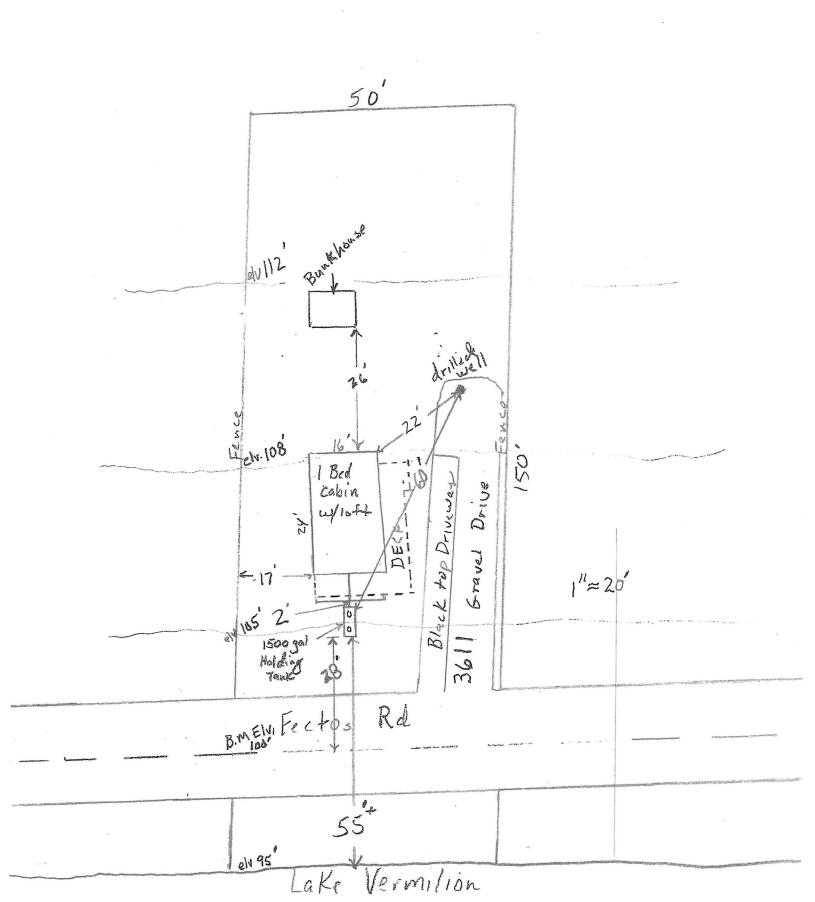


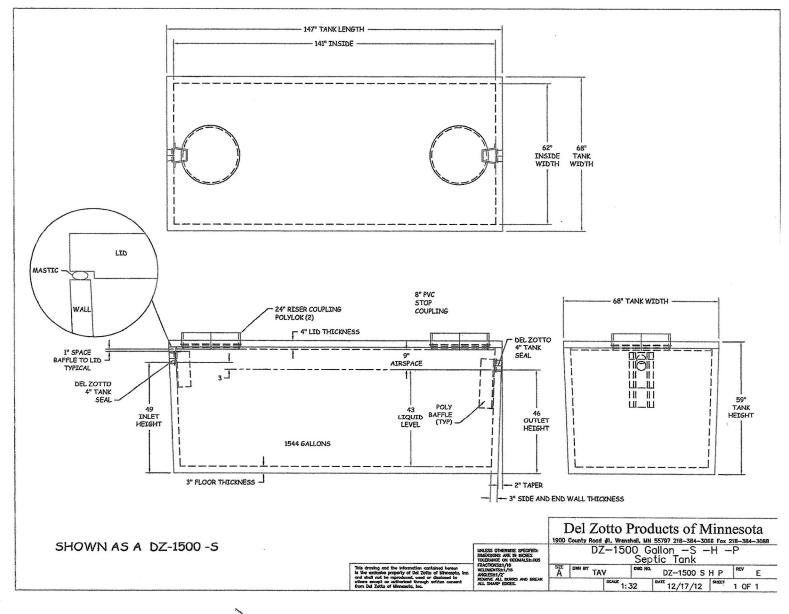
PERMIT SSTS Design Summary Subsurface Sewage Treatment System



St. Louis County, MN

| This form is used | d to compl | ete a S | STS Design. | Additional Ini | formation: www | w.stlouisc | countym | n.gov/sep | otic | | pr 4 in Anton - 4 min. | | |
|------------------------|--|-----------------------|--|----------------|--|-------------------------|---------|-----------|-------------|---|------------------------|---------------------------|--|
| SITE INFOR | RMATI | ON | | | | | | | | | | | |
| Site Address | 3611 Fe | ctos R | load | | City Tov | ver | | | Zip 5 | 5790 | Parcel | ID 387 | -0360-0022 |
| DESIGNER | | | | | | | | | | | I | | |
| Name Marl | k Peters | on | | | en e | | | | | | | Date 5 | /5/23 |
| Email nick | zach1@ | msn.c | om | ******* | | Phone | 218- | 290-65 | 32 | Phone | | | ann a bhann an sao an |
| SYSTEM IN | FORM/ | TIOI | V | | | | | | | | | | |
| MPCA Type | Type 1 | ✓ | Type II [| □ Type III | Type IV | ПТ | ype V | Dwellin | ng Classifi | ication | | | |
| □ Residential | | mmerc | ial 🖌 Se | asonal [|] Other | | | | | Well C | asing D | epth | 21 |
| # Bedrooms | 2 | # \ | Water using | g devices | Tota | al Finisl | hed Sq | ft | | Sq ft / | Bedroo | m | |
| Design Flow | 450 | Wa | ter Meter | YES | Pres | ssure T | est | NC |) | Grind | er or Di | sposal | NO |
| CLR | SLR | | | | Limi | iting So | il Type | 1 | | Limiti | ng Laye | r Depth | (in) |
| SSTS Flow De | scription | ו | | | | | | | | | | | |
| 1500 gallon H | lolding t | tank w | ith high w | vater alarm | and water | meter | λ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| TANK INFO | RMATI | ON | | | | | ÷ | | | | | | |
| Туре | | Size | | Status | Materia | | Alarn | | nsulate | | dded | | ing Sewer |
| (Septic, Pump, Hold | ling etc.) | (gallons | | (New, Existing | | | (Yes, N | | es, No) | | s, No) | (Gravity, Pressure, Both) | |
| Holding | | 1500 |) | New | precasi | t | Yes | ¥ | es | Ye | S | Gravi | ty |
| | | | | B | | | | | | | | | |
| | | | | | | | | | | | 10123 MILL | | |
| | | | | | | | | | | | - Augustan and a | | |
| | | | | | | | | | | | | | |
| Gallons per in | | | | | | | | , | | | | | |
| Tank Installat | | | | | | | | | | | | | |
| New tank to romoved. A | | | | | | | | | | | | ık whic | h will be |
| | le en inferi | | | Juncaay | | | noney | | ii Septi | с г они | pilig | | |
| | | | | | | | | | | | | | |
| DISTRIBUT | ION II | VFOR | MATION | | | | | | | | | | |
| Gravity | Drop | Box | Distribu | tion Box | | | | | | | | | |
| | Gal/Min | | | Ft Hea | ad | Pum | p Mode | 1 | | | | | |
| Event Count | ter 🗆 I | TM | Time Dose | Panel | | • | · | | Timer Or | <u>ן</u> | | Timer C |)ff |
| Max Dose | | Min. | Dose | Dra | inback | | Dose | + Drair | nback | | Float | Tether | |
| | ************************************** | | Manifold | l | <u>_</u> | anterna de la factoria. | 1 | | | Later | | | () |
| Location 🛛 | Center | | | End | | Nu | mber | | | Later | Lengt | h (ft) | |
| Size (in) | | | No. Balling Stranger of Sock adverse party | | | | e (in) | | | an an ann an that that the state of the state | Lengt | | |
| Insulated | | | | | | | - () | | | Orific | ~ec | | |
| | | | | | | Size | e (in) | | | Onit | | lateral | |
| | | | | | | | acing (| in) | | | Shields | | n da a da compositiva de la compositiv |





(DZ-1500-H) Tank to Be used

| St. Louis County, MN | TING Sewage | e Treatm | ent Syste | | EET | | | | | orm 30 ev. 12-2 | | | 0 |
|--|--|--|---------------------------------------|--|--------|-------------|--|--------------|--------------------------|------------------------------|-------------|-------------------|--------|
| This form is for an operating permit. | and the second | the second s | | And a second data and a second data and a second | | | | | | | | | |
| PROPERTY IDENTIFICATI | | | | r | | | 1-1 | | | | | | |
| | 0360 | 0 - 0 0 |) 2 2 5 | Associated PIN | | - | | | - | | | | |
| Site Address 3611 Fectos Rd City Tower Zip 55790 Date 5/5/23 | | | | | | | | | | | | | |
| DESIGNER | | | | | | | | | | | | | |
| | Licensed Business Name Peterson Septic Design and Insp. LLC License # L2367 | | | | | | | | | | | | |
| REASON FOR OPERATION | | | T | | | | <u> </u> | | | | | _ | |
| ✓ Holding Tank | □ Type III | [| | 🗆 Туре IV | | | | Type V | | | | | |
| Other Establishment | 🗆 High Wa | aste Strengt | th | Other | | | | | | | | | |
| SYSTEM INFORMATION | | | | | | | | | | | | | |
| Design flow 450 | | | | Treatment level | | | | | | | | | |
| System components 1500 gallor | Insulated | l Holding T | ank with e | xisting alarm and | i wate | er mo | eter | | | | | | |
| MONITORING REQUIREM | IENTS | | | | | | | | | | | | ****** |
| Parameter | Effluent lin | nits | 1 | Frequency | | | Loc | ation | | | | | |
| water meter reading | | | | ANNUAL | | | | | | | | | |
| | | | | | | | | | | | | • • • • • • • • • | |
| | | | | | | | | | | | | | |
| | | | | e an | | | | | | | | | |
| | | an en an | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| MAINTENANCE REQUIRE | MENTS | | | | | | | | | | | | |
| System component | | Maintenan | ice | | Fi | reque | ency | | | | | | |
| Holding tank | | Pumping | | | F | ls Ne | eeded | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| ATUED THEADMATTAN | | <u> </u> | | | | | | | | | | | |
| OTHER INFORMATION Water meter and Tank alarm being replaced | already ex | isting and | pumping c | contract already s | et up | for e | existing | , hold | ing ta | ank ti | hat | : is | |
| SIGNATURE | | | | | | | × 1. 00000000000000000000000000000000000 | | | | | | |
| Haynon aff fathon Date 5/5/23 | | | | | | | | | | | | | |
| CONTACT Planning and Community Development (On-Site Wastewater Division) | | | | | | | | | | | | | |
| | h Office | | | | | Vir | ginia Ol | ffice | artei visen i | | | | |
| Government Services Center 320 W 2nd Street, Suite 301 Duluth, MN 55802Phone (218) 725-5200 Toll Free (800) 450-9777 www.stlouiscountymn.gov/septicGovernment Services Center 201 South 3rd Avenue West Virginia, MN 55792Phone (218) 749-0625 Toll Free (800) 450-9777 www.stlouiscountymn.gov/septic | | | | | tic | | | | | | | | |



Septic System Management Plan for Holding Tank Systems

The goal of a septic system is to protect human health and the environment by properly treating wastewater before returning it to the environment. Your holding tank system is designed to store your used water before it is recycled back into our lakes, streams and groundwater.

This **management plan** will identify the operation and maintenance activities necessary to ensure compliance with applicable rules and regulations. Some of these activities must be performed by you, the homeowner. Other tasks must be performed by a licensed septic maintainer. However, it is YOUR responsibility to make sure all tasks get accomplished in a timely manner.

The University of Minnesota's *Septic System Owner's Guide* contains additional tips and recommendations designed to extend the effective life of your system and save you money over time.

Proper septic system design, installation, operation and maintenance means safe and clean water!

| Property Owner: Taylor Glynn | |
|---|-----------------------------|
| Property Address: 3611 Fectos Rd Tower MN 55790 | Property ID: 387-0360-00225 |
| System Designer: Mark Peterson | License #: L2367 |
| System Installer: | License #: |
| Service Provider/Maintainer: Honey Wagon | Phone: |
| Permitting Authority: St. Louis County | Phone: 218-749-0625 |
| Permit #: 4705 | Date Inspected: 4/27/23 |

Keep this Management Plan with your Septic System Owner's Guide. The Septic System Owner's Guide includes a folder to hold maintenance records including pumping, inspection and evaluation reports. Ask your septic professional to also:

- Attach 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.

For a copy of the Septic System Owner's Guide, call 1-800-876-8636 or go to http://shop.extension.umn.edu/

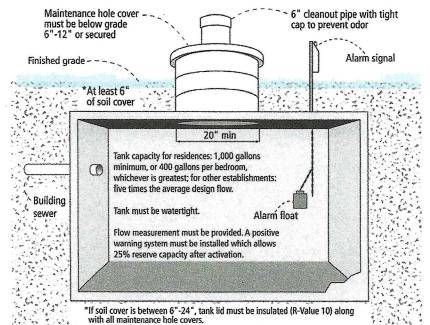
http://septic.umn.edu

r Septic System Owner's Gu

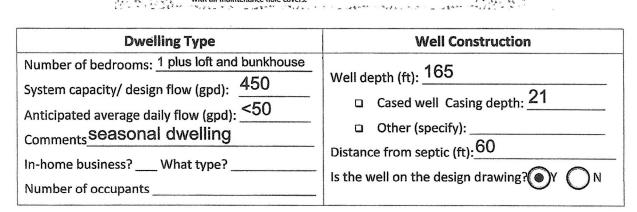
UNIVERSITY OF MINNESOTA

Septic System Management Plan For Holding Tank Systems





Your Holding Tank



Holding Tank

-) One tank: *Tank volume*: <u>1500</u> gallons
- Two tanks: Tank volume: ______ gallons
- Tank is constructed of **Concrete**
- Flow measurement device: water meter
 Location: bathroom closet
 - Alarm _____ visual _____ audible
- □ Reserve %: 25
- Service contract held by: Honey Wagon
- Service contract is attached to this management plan

Septic System Management Plan For Holding Tank Systems



Homeowner Management Tasks

These operation and maintenance activities are your responsibility. Use the chart on page 6 to track your activities.

Identify the service intervals recommended by your system designer and your local government. The tank assessment for your system will be the **shortest interval of these three intervals**. Your pumper/maintainer will determine if your tank needs to be pumped.

Tank capacity ÷ (# of occupants X 50 Gallons/day) = # of days between cleaning

OR

Within 24 hours of alarm signal

| System Designer: | check every days | My tank needs to be emptied |
|-------------------|------------------|-----------------------------|
| Local Government: | check every days | every days |

Seasonally

- Monitor alarm daily make sure the alarm has not signaled. Alarms signal when your holding tank is nearly full; contact your maintainer.
- □ *Measure* and note your average daily water usage on page 5. Conserving water saves you money!
- Leaks. Check (listen, look) for leaks in toilets and dripping faucets. Repair leaks promptly.

Annually

- **u** Establish a contract for tank cleaning services with a state licensed maintenance business.
- □ *Caps.* Make sure that all caps and lids are intact and in place. Inspect for damaged caps at least every fall. Fix or replace damaged caps before winter to help prevent freezing issues.
- □ Water conditioning devices. See Page 5 for a list of devices. When possible, discharge clear water sources to another location. Program the recharge frequency based on water demand (gallons) rather than time (days). Recharging too frequently will result in increased pumping costs.
- □ *Review your water usage rate.* Review the Water Use Appliance chart on Page 5. Discuss any major changes with your pumper/maintainer.

During each visit by a pumper/maintainer

- Ask if your pumper/maintainer is licensed in Minnesota.
- □ Make sure that your pumper/maintainer has clear access to the holding tank and completely empties the tank
- Ask your pumper/maintainer to accomplish the tasks listed on the Professional Tasks on Page 4.

Septic System Management Plan For Holding Tank Systems



Professional Management Tasks

These are the operation and maintenance activities that a pumper/maintainer performs to help ensure long-term performance of your system. Professionals should refer to the O/M Manual for detailed checklists for tanks, pumps, alarms and other components. Call 800-322-8642 for more details.

Written record provided to homeowner after each visit.

Plumbing/Source of Wastewater

- □ Review the Water Use Appliance Chart on Page 5 with homeowner. Discuss any changes in water use and the impact those changes may have on the frequency of maintenance.
- Review and document water usage rates with homeowner.

Holding Tanks

- □ *Maintenance hole lid*. A riser is recommended if the lid is not accessible from the ground surface. Insulate the riser cover for frost protection.
- Liquid level. Check to make sure the tank is not leaking.
- □ Inspection pipes. Replace damaged caps.
- □ *Alarm*. Verify that the alarm works and that there is at least 25% reserve capacity.
- End of year seasonal property pumping. Remind homeowner of most frequent causes of tank and building sewer freeze-ups. Ensure that there are no "micro-sources" of water such as a high efficiency furnace or other dripping devices. Determine a logical winter water use plan that will not result in need for emergency visit(s).

All other components - inspect as listed here:

Septic System Management Plan For Holding Tank Systems



| Water-Use Appliances and | Equipment in the Home |
|--------------------------|-----------------------|
|--------------------------|-----------------------|

| Appliance | Impacts on Holding Tank | Management Tips |
|-------------------------------|---|--|
| Garbage disposal | Uses water and increases pumping frequency and expense. | Use of a garbage disposal is not recommended.Minimize garbage disposal use. Compost instead. |
| Washing machine | Uses water and increases pumping frequency and expense. | Choose a front-loader or water-saving top-loader, these units use less water than older models. Wash only full loads. Do laundry off site. |
| Dishwasher | Uses water and increases pumping frequency and expense. | • Wash only full loads. |
| Large bathtub (whirlpool) | Uses water and increases pumping frequency and expense. | • Take short showers to conserve water. |
| Clear Water Uses | Impacts on Holding Tank | Management Tips |
| High-efficiency furnace | • Drip may result in frozen pipes during cold weather. | • Re-route water into a sump pump or directly out of the house. Do not route furnace recharge to your holding tank. |
| Water softener Iron filter | • Uses water and increases pumping frequency and expense. | • These sources produce water that is not sewage and should not go into your holding tank. |
| Reverse osmosis | | • Reroute water from these sources to another outlet, such as a dry well, drain tile or old drainfield. |
| Surface drainage | • Uses water and increases pumping frequency and expense. | • When replacing, consider using a demand-based recharge vs. a time-based recharge. |
| Footing drains | | • Check valves to ensure proper operation; have unit serviced per manufacturer directions |

Maintenance Log

Track maintenance activities here for easy reference. See list of management tasks on pages 3 and 4.

| Activity | Date accomplished/measured water usage | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| Check daily for a period of time and weekly once average use is determined: | | | | | | | | | | |
| Water usage rate (gallons per day) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Leaks: check for plumbing leaks | | | | | | | | | | |
| Annually: | | | | | | | | | | |
| Establish and maintain contract for holding tank pumping services | | | | | | | | | | |
| Water use appliances – review use | | | | | | | | | | |

Septic System Management Plan For Holding Tank Systems



| Water Meter Reading and Tank Evacuation Schedule | | | | | | | |
|--|--|---------------------------|--------------------------|--|--|--|--|
| Date | Water Meter Reading (in gallons) | Tank Contents Removed? | Total Gallons Removed | | | | |
| | | | | | | | |
| | | | | | | | |
| | ······ | | | | | | |
| | | | | | | | |

Notes:

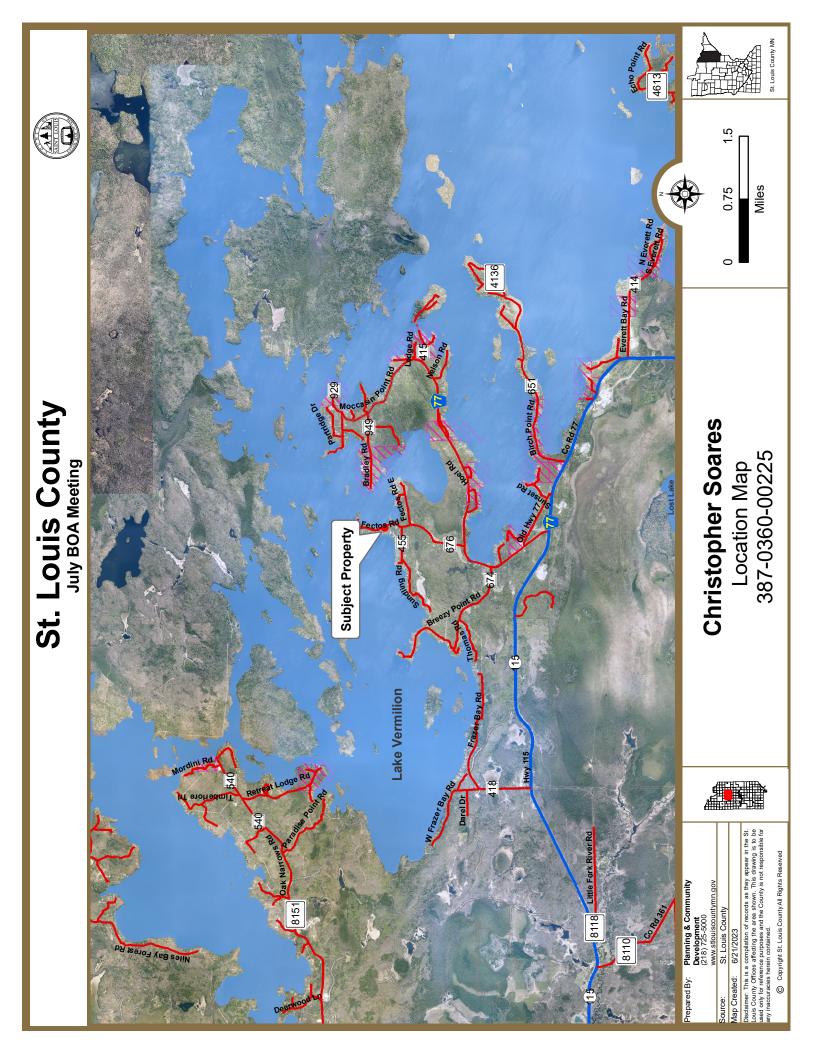
Mitigation/corrective action plan:

"As the owner of this SSTS, 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 this Management Plan are not met, I will promptly notify the permitting authority and take necessary corrective actions.

| Property Owner Signature: Jang | and fatterno | Date | 5-5-23 |
|---|--------------|------|----------------|
| Management Plan Prepared By: Mark Peterso | // 00 | | cation # C6536 |

Permitting Authority: St. Louis County

© 2009 Regents of the University of Minnesota. All rights reserved. The University of Minnesota is an equal opportunity educator and employer. This material is available in alternative formats upon request. Contact the Water Resources Center, 612-624-9282. The Onsite Sewage Treatment Program is delivered by the University of Minnesota Extension Service and the University of Minnesota Water Resources Center.

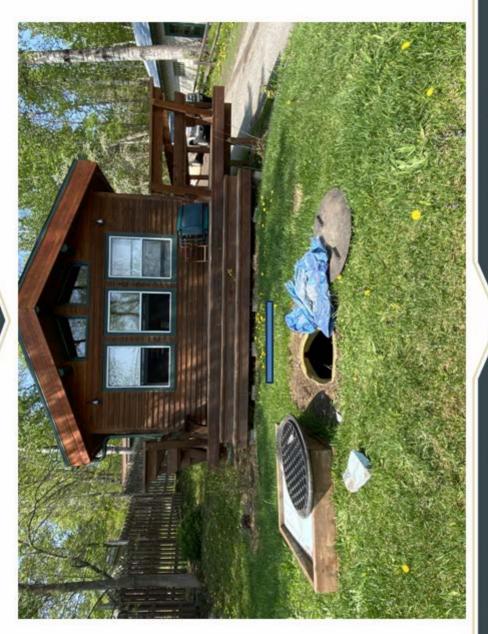


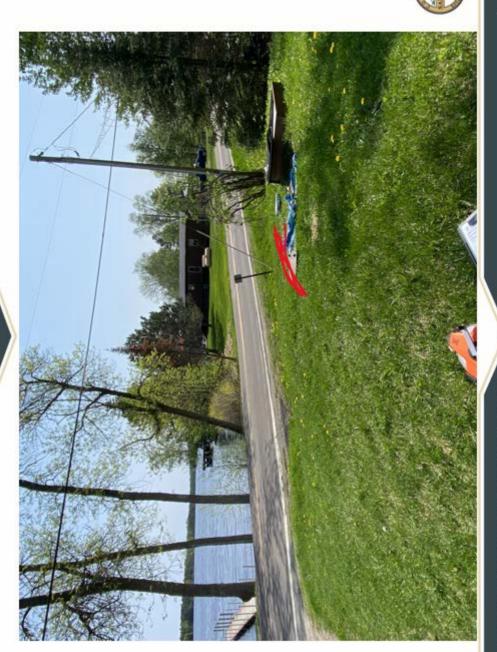












d Site photo showing approximate edge of tank

