OPERATION & MAINTENANCE MANUAL

GENERAL	Avoid flushing objects that will not biodegrade or that will cause a blockage In the system.		
Monitoring	Avoid flushing objects that will not biodegrade or that will cause a blockage In the system. Froutine check should be performed once per year on each septic tank and system. Septic tank gases are both NOXIOUS AND POTENTIALLY EXPLOSIVE! Due to the presence of possibly lethat gases in a septic tank, all monitoring should be done from the ground surface and ONLY after the tank has been opened and allowed to vent. Entering a Septic tank or any sewer manhous can cause immediate death!		
Remove Manhole Cover	Locate the manhole cover. Clean dirt from around the edge of the manhole rim at least 2-3 inches wider than the cover to prevent dirt and debris from falling into the tank.		
INSPECT LIQUID LEVELS	Measure from the manhole rim to make sure the liquid level is being maintained at the specified level.		
MEASURE SCUM DEPTH	Measure the scum material by using a stick with a device on the end of it that will catch on the underside of the material. Remove If over 6" thick.		
Measure Sludge Depth	A long stick wrapped with a rough white towel or a special sludge depth tool can be used t determine the sludge depth. If a towel and stick are used, push down the inspection hole until rests on the bottom of the tank. It will probably be impossible to determine the sludge level b feel. However, by leaving the unit in place for several minutes and pulling it out very slowly, should be possible to determine the sludge accumulation depth. If the sludge depth is over 16 deep the tank should be pumped.		
PUMPING SEPTIC TANK	After a certain period of time, it will be necessary to remove the sludge and scum from the septic tank. The septic tank <u>must be pumped</u> when the sludge layer is no more than 16" thick or the scum layer is no more than 6" thick.		
	Septage pumping should never be scheduled during any excessively wet period of time and should always be avoided, if possible, when the water table is within 3' from the ground surface DO NOT pump the tank to a level <u>lower</u> than the adjacent ground water. Pumping the tank when the water table is high risks causing floatation of the tank and causing severe damage to you wastewater system.		
	The tank <u>must be</u> pumped out through the <u>manholes</u> . Once the tank is pumped, the interio connections should be inspected as well as the general integrity of the tank. DO NOT ENTER THE TANK FOR ANY REASON!		
	Family size, diet, garbage disposal use, washing machine use, and various other factors at have an effect on sludge and scum accumulation. Due to the vast differences in accumulation rates, no set pumping schedule can be recommended. Yearly monitoring, accurate record keeping, and pumping as required are the best way to keep a septic system operating at its optimum.		
DISPOSAL OF PUMPED SLUDGE	The tank shall be pumped and the sludge shall be disposed of by an authorized service company possessing proper County and State licenses and permits.		
REPLACE MANHOLE COVER	After refilling the tank with water to the normal liquid level, replace the manhole cover securely over the top of the tank. If the manhole cover is below ground level replace soil over cover and gently tamp to avoid later soil settling.		
Owner:	Date:		
Location of System: Date System Was Installed:			



DEPARTMENT OF HEALTH - WASTEWATER BRANCH INDIVIDUAL WASTEWATER SYSTEM (IWS) OWNER'S CERTIFICATION FORM

Subject:	Individual Wastewater System for		
	Tax Map Key (TMK) Number: () : :		
	Mailing Address:		
[,	, hereby certify that I am the owner (s) of the (please print name)		
to comply v	perty and that I have read the following and shall comply with all provisions. Failure with any or all of the provisions can lead to imposition of the penalties and remedies for in Administrative Rule, Title 11, Chapter 62, Section 11-62-72, Penalties and		
1.	I certify that as the owner of the Individual Wastewater System (IWS) serving the subject property, the IWS will be inspected, operated and maintained in accordance with the operation and maintenance manual developed by my IWS design engineer section (section 11-62-31.1(e)(2)).		
	Furthermore, if an aerobic unit is utilized for wastewater treatment, an active service contract for the proper operation and maintenance shall be maintained at all times (section 11-62-33.1.(b)(3)).		
2.	I understand and shall comply with the provision of section 11-62-08 (g) which requires that the IWS be constructed by a licensed contractor with a license type of: A, C-9, C-37, C-37a or C-43.		

I understand and shall comply with the provisions of section 11-62-31.(f) which states that the IWS must be inspected and approved of by the Department prior to

3.

use.

Furthermore, I shall instruct and require my contractor to leave uncovered for inspection, various parts of the IWS system. These parts include manhole/access openings, distribution boxes, ends of trenches to visually see gravel, pipe and geotextile fabrics used and/or seepage pit openings. I understand that I will be required to re-expose these areas if at the time of inspection they are not visible.

- 4. I understand and shall comply with the provisions of section 11-62-31.1.(e)(2) which required me to certify upon sale or transfer of the subject property, that the appropriate transfer or sales documents and provisions shall bind the new owners to the operation and maintenance provisions referenced in item 1 above.
- 5. I understand and shall submit any and all changes made to my IWS plans to the Department (section 11-62-08(b)) for review and approval. Changes to the approved IWS plans that need to be submitted to the Department include but are not limited to the following changes in location of any component of the wastewater system, changes in the type of products used, changes in the disposal system methods, changes in the dwellings/buildings location or size and changes in the design engineer for the IWS.

Signed:	Dated:
2-6	

IWS Owners Certification Form.wpd EC1 as of October 22, 2008



DEPARTMENT OF HEALTH - WASTEWATER BRANCH INDIVIDUAL WASTEWATER SYSTEM (IWS) CONTRACTOR CERTIFICATION FORM

Subject:	Individual Wastewater System for:		
	Tax Map Key (TMK) Nur	mber: (; ;	
	Address if applicable:		
requirement	<u>-</u>	be constructed or modified by a person meeting the pertinent rules adopted by the Department of Commerce and	
I,	(1)	, the owner of the subject system, have read the above	
and understa	(please print name) and that my wastewater system above requirements.	must be constructed or expanded by a licensed contractor	
License type	e: (Circle one only, No Othe	rs) A, C-9, C-37, C-37a, C-43	
The following	ng person has constructed or ex	xpanded my wastewater system:	
Name of Co	entractor / Company (print):		
	s Signature:	Date:	
License Nur	mber:		
	a's Signature:	Date:	