

FIELD EVALUATION SHEET

PRELIMINARY EVALUATION DATE 4-1-16, FIELD EVALUATION DATE 6-9-16
PROPERTY OWNER: Trent Ess PHONE _____
ADDRESS: 2066 Shorewood Ln CITY, STATE, ZIP: Mound MN 55634
LEGAL DESCRIPTION: _____
PIN# 29-0-053400 SEC _____ T _____ R _____ TWP NAME Shamrock
FIRE# _____ LAKE/RIVER Round LAKE CLASS Rd OHWL _____ FT.

DESCRIPTION OF SOIL TREATMENT AREAS

	AREA #1	AREA #2	REFERENCE BM ELEV. _____ FT.
DISTURBED AREAS	YES ___ NO <u>X</u>	YES ___ NO ___	REFERENCE BM DESCRIPTION _____
COMPACTED AREAS	YES ___ NO <u>X</u>	YES ___ NO ___	_____
FLOODING	YES ___ NO <u>X</u>	YES ___ NO ___	_____
RUN ON POTENTIAL	YES ___ NO <u>X</u>	YES ___ NO ___	_____
SLOPE %	<u>0</u>	_____	_____
DIRECTION OF SLOPE	<u>NA</u>	_____	_____
LANDSCAPE POSITION	_____	_____	_____
VEGETATION TYPES	<u>lawn</u>		

DEPTH TO STANDING WATER OR MOTTLED SOIL: BORING# 1 _____, 1A _____, 2 _____, 2A _____

BOTTOM ELEVATION--FIRST TRENCH OR BOTTOM OF ROCK BED: #1 _____ FT., #2 _____ FT.

SOIL SIZING FACTOR: SITE # 1 _____, SITE #2 _____

CONSTRUCTION RELATED ISSUES: New 1000 gallon septic tank, 1000 gallon pump tank with time dosing. 200 gallons per day. Hooking up to existing mound drainfield

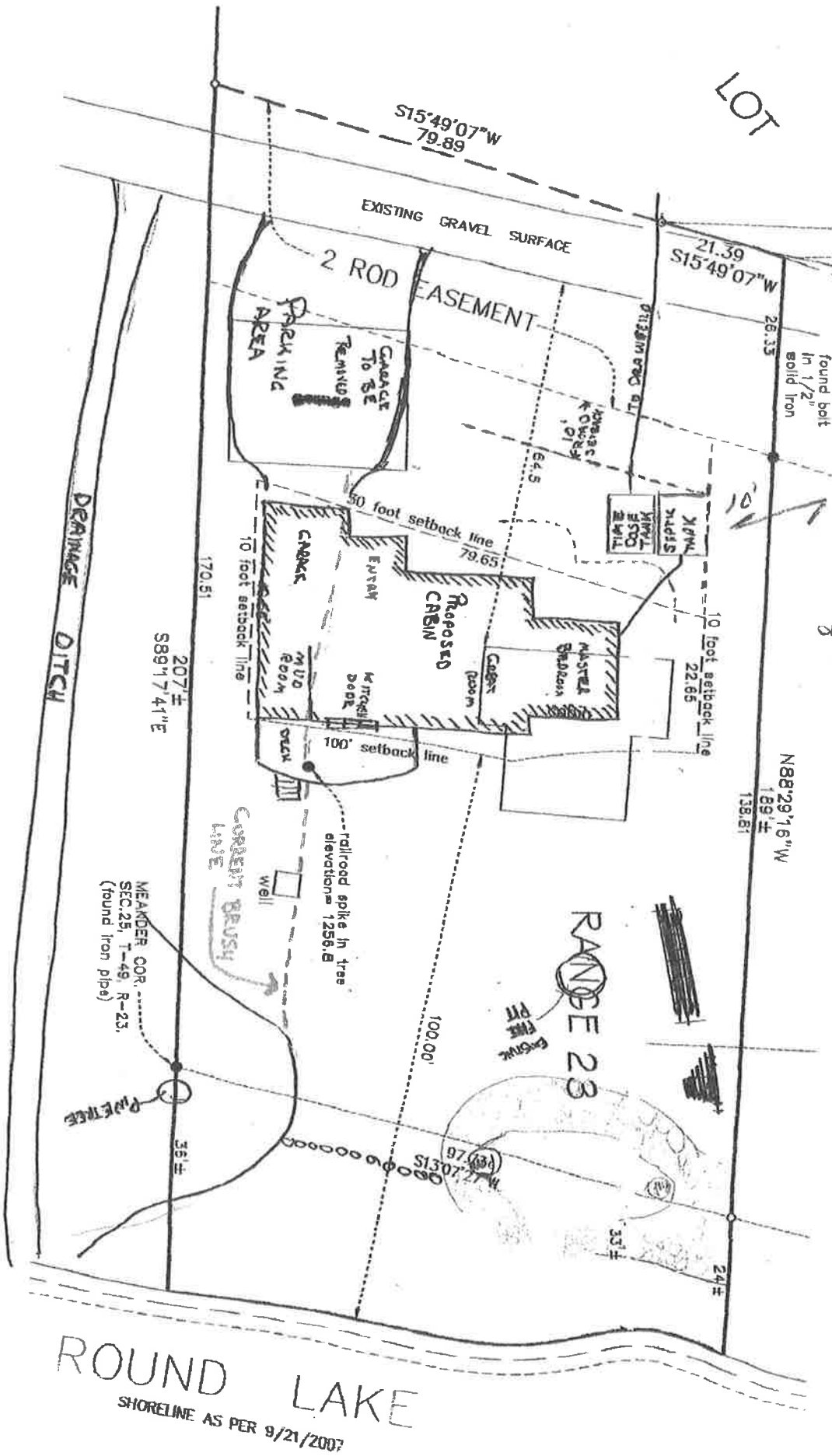
LIC# 211 SITE EVALUATOR SIGNATURE: Rod Kern

SITE EVALUATOR NAME: Rod Kern TELEPHONE# 218 839 4735

LUG REVIEW (45) 6-24-16 DATE _____

Comments: _____

SOIL BORING LOGS ON REVERSE SIDE



New
1000 gallon
septic tank
1000 Time
dose pump
TANK

NICHOLS'S
BOAT
HOUSE

ROUND LAKE
SHORELINE AS PER 9/21/2007

KT 6-24-16

**MAINTENANCE SERVICE, MONITORING AND INSPECTION
CONTRACT
FOR INDIVIDUAL SEWAGE TREATMENT SYSTEM**

It is hereby agreed this 24 day of June, 2016 by and between
Rod Kern (Inspector) and Trent Ess (client)

(Client) Name & Address

Trent Ess

Street Address 2066 Shorewood LN

City, State, Zip Mound MN 55634

That in consideration of the payments provided herein, the Inspector shall provide services to perform Preventative Maintenance, Monitoring and Inspection of the Individual Sewage Treatment System (ISTS) located at the property described in the Aitkin County Operating Permit.

Each inspection includes an examination of the ISTS followed by a written report to the client. This inspection report shall contain recommendations for operation and maintenance for failure-preventative measures, if any are deemed appropriate by the inspector and a list of recommended corrective measures or replacement parts. The Inspector is authorized to submit a copy of the report to the Aitkin County Environmental Services Department.

This contract does not assume any responsibilities or obligations, which are normally the responsibilities of the Client, as related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

The Inspector can only contract or subcontract for parts or labor after authorization. Billings for service calls shall be made on a case by case basis. This contract only covers maintenance, monitoring and inspection services per current Aitkin County Operating Permit and does not cover alarm calls of any kind.

The Inspector shall be provided access to the site and the system in order to perform the following services:

SEPTIC TANK AND LIFT STATIONS INSPECTION

(check the boxes needed to fill the requirements of the Operating Permit)

Check septic tank and compartments for solids buildup and general appearance. If necessary, have tanks pumped (cost of pumping is the responsibility of the client).

Check effluent filter for buildup and clean, if applicable.

29-0-053400
OP 497

AITKIN COUNTY ENVIRONMENTAL SERVICES

APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

PERMITTEE Trent Ess PARCEL NUMBER _____

ADDRESS 47016 165th Pl McGregor, MN 55760

LEGAL DESCRIPTION _____

TELEPHONE # 839-4735 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	200 gpd	Time dose	Monthly	event counter	yearly
5-DAY BOD					
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS,OILS AND GREASE					
FECAL COLIFORM					
SEPARATION DISTANCE					

Rod Kern will perform the monitoring of this septic system.

C. MAINTENANCE PLANS

PARAMETER	LOCATION	FREQUENCY
check for surfacing	mound	Annually

D. MITIGATION PLAN:

extend slopes if needed

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.

Rod Kern

Signature

211

License Number

6-24-16

Date

Rod Kern

Name (please print)

Address

839 4735

Telephone #

Check pumping system, including control panel and floats.

Record and date the readings of the elapsed time meter and cycle counter(s), if applicable.

Check dosing settings (in the control panel, if applicable).

Other: _____

**If the septic tank or lift stations need pumping to be in compliance with the operating permit the cost of the pumping is the responsibility of the Client.

TREATMENT DEVICE

Inspect pretreatment unit (aerobic tank, sand filter, etc.) per manufacturer's recommendations, if applicable.

Inspect and clean any parts per manufacturer's recommendations.

Inspect and clean laterals, if applicable.

Inspect the appearance of the wastewater inside the unit for color, turbidity and examination of odors.

Sample effluent per Operating Permit monitoring requirements.

(Cost of sampling and analysis is the responsibility of the Client)

Other: _____

DISPERSAL FIELD

Inspect for visible signs of failure (surface discharge, soggy ground, wet spots, settling, etc.)

If liquid level monitors are installed, levels will be observed and recorded.

Flush filters and clean cartridges, if applicable.

Check field control unit solenoid operations or manual control, if applicable.

Other: _____

In no event shall the Inspector be responsible for special or consequential damages, including but not limited to, loss of time, injury to personal property or any other consequential damages or incidental or economic loss due to equipment failure or for any other reason. This contract does not assume any responsibilities or obligations, which are normally, the responsibility of the Client or as, related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

This contract shall be effective: Beginning June 24th 2016
and Ending June 24th 2017

Cost for Maintenance Service, Monitoring and Inspection Contract is:

\$ _____ /yr. For _____ years totaling \$ _____

The Inspector agrees to provide inspection, monitoring and routine maintenance service only under this contract. The Client remedies for breach of this contract shall be limited to refund of any of the amounts paid in advance for service. This contract may be renewed 30 days from the ending date.

Payment for all services shall be paid _____

Client:

Inspector:

Rod K

Sign: _____

Sign: _____

Print: _____

Print: _____

Date: _____

Date: _____