

**Aitkin County Environmental Services**  
**Wastewater Treatment and Dispersal Permit**

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Facility Information**

Permittee name: MN National Golf Course Phone number: 218-391-0000  
 Mailing address: 23247 – 480<sup>th</sup> St  
 City: McGregor State: MN Zip code: 55760  
 Property ID number (GPS location): 39-0-044600

Aitkin County authorizes the Permittee to operate a wastewater treatment and dispersal system at the address named above in accordance with the requirements of this operating permit. The attached Management Plan is hereby incorporated as part of the requirements of this operating permit.

Issuance date: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 System type: Type III Treatment level: C  
 System design flow: 2490 GPD Residential/Commercial: Commercial

System Components:  
(3) 5,000 gallon septic tanks, 3,000 gallon dose tank, (2) 10' x 104' robed mounds 18" sand lift

**Monitoring Requirements**

Parameter	Effluent limits	Frequency	Location
Peak flow (gpd)	2,490 GPD	Weekly	Water meter
Average flow (gpd)			
CBOD <sub>5</sub> (mg/L)	125 mg/l	Annual	Mound dose tank
TSS (mg/L)	60 mg/l	Annual	Mound dose tank
FOG (mg/l)	25 mg/l	Annual	Mound dose tank
Ponding/Surfacing in soil treatment	none	Annual ( 1 x yr)	Mound drainfields

**Maintenance Requirements**

Maintenance requirements shall be performed as specified in the Management Plan as prepared by the system's Advanced Designer.

System component	Maintenance	Frequency
Septic tank/Trash tank	Check annually, pump as needed	Annual ( 1 x yr)
Pump tank and controls	Check annually, pump/replace as needed	Annual ( 1 x yr)
Soil treatment and dispersal	Clean/jet laterals	As needed – 1 <sup>st</sup> cleaning not expected for 3-5 years, maybe longer
Ponding/Surfacing in soil treatment	Check yearly, repair as needed.	Annual ( 1 x yr)
Pretreatment	Check annually	Annual ( 1 x yr)

## Monitoring Protocol

Any sampling and laboratory testing procedures shall be performed in accordance with the proprietary treatment product's protocol, Standard Methods, and at a Minnesota Department of Health approved laboratory. Results shall be submitted to the permitting authorities at: Aitkin County Environmental Services.

## Contingency Plan

In the event the wastewater treatment system does not meet required performance requirements as contained in this operating permit, the owner shall notify the local unit of government within 30 days of non-compliance. The owner is responsible to obtain the services of a Minnesota Pollution Control Agency (MPCA)-licensed Service Provider or other qualified practitioner to complete the required corrective measures.

## Authorization

This permit is effective on the issuance date identified above. This permit and the authorization to treat and disperse wastewater shall expire one year from date of issue.

This system will be Compliant as long as the conditions of the Operating Permit are met. This permit will need to be renewed 30 days before expiration date.

Any additional tanks or equipment that need to be added to meet standards required by this permit due to expansion, failure of equipment, or increased flow shall not require additional permits provided that this system is current with the standards outlined in this operating permit.

The Permittee is not authorized to discharge after the above date of expiration.

The Permittee shall submit monitoring information and forms as required by Aitkin County Environmental Services yearly no later than sixty (60) days after service date. This permit is not transferable.

The owner is required to obtain the services of a Minnesota Pollution Control Agency (MPCA) licensed 1) Service Provider to provide ongoing system operation, maintenance, and monitoring and 2) Maintainer to pump the system's sewage tanks and components. The owner is responsible to provide the name of the Service Provider business prior to the issuance of this operating permit. The owner has secured the services of Septic Check as the Service Provider for this system (signed Service Provider contract attached).

I hereby certify with my signature as the Permittee that I understand the provisions of the wastewater treatment and dispersal system operating permit including maintenance and monitoring requirements. I agree to indemnify and hold either Aitkin County Environmental Services harmless from all loss, damages, costs and charges that may be incurred by the use of this system. If I fail to comply with the provisions of this operation permit, I understand that penalties may be issued. If I sell this property during the life of the permit, I will inform the new owner(s) of the permit requirements and the need to renew the operating permit.

**The Operating Permit is hereby granted to:** MN National Golf Course

Permittee (please print): \_\_\_\_\_ Permitting Authority (please print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

## Instructions for Completing an Operating Permit

The following instructions provide an explanation for local units of government to complete the operating permit template. This is intended to provide guidance to local units of governments (LGU) in developing operating permits for Type IV and Type V systems, including both residential and commercial systems. The template could be modified for holding tanks. Since the Management Plan is considered part of the operating permit, it needs to be attached to the operating permit. A signed contract, between the owner and Service Provider, should be attached to the operating permit to help ensure the owner has made the necessary arrangements to have the system maintained and monitored.

**LGU Name, Department and Address** – fill in the name, department and address of local unit of government at the top of the operating permit.

**Wastewater Treatment and Dispersal Operating Permit No.** – assign an operating permit number to be able to track the system over the years.

**Permittee Name, Telephone Number, and Address** – fill in the name, address and phone number of the owner.

**Property Id. Number (GPS Location)** – these are simply identifiers used by local units of government in the event the property address changes over time.

**Name of Local Unit of Government** – fill in the name of the local unit of government. This authorizes the Permittee to operate the wastewater treatment system at the address named above, according to the operating permit, attached Management Plan and contract with the Service Provider.

**Issuance Date** – fill in the date the operating permit is issued. The operating permit should not be issued until all required information is submitted.

**Expiration Date** – fill in the date when this operating permit expires. The first time an operating permit is issued to an owner, it should be issued for one (1) year. This helps ensure the owner actually does the required maintenance and monitoring during the first year. If the owner complies, the operating permit can then be issued for a longer period of time as determined by the local unit of government (typically 3 to 5 years). However, if the owner does not comply the first year, the second operating permit could, again, be issued for a period of one (1) year.

**System Type** – fill in as Type IV or Type V system. Holding tanks also require operating permits (Type II system).

**Treatment Level** – specify Treatment Level A, B, C, TN or TP. Treatment Level A = Carbonaceous Biochemical Oxygen Demand, five day (CBOD<sub>5</sub>) 15 milligrams per liter (mg/L), Total Suspended Solids (TSS) 15 mg/L, Fecal Coliform Bacteria 1000 per 100 milliliter (mL); Treatment Level B = CBOD<sub>5</sub> 25 mg/L, TSS 30 mg/L, Fecal Coliform Bacteria 10,000 per 100 mL; Treatment Level C = CBOD<sub>5</sub> 125 mg/L, TSS 80 mg/L, Oil and Grease 20 mg/L; TN = 20 mg/L, or TP = 2 mg/L.

**System Design Flow** – fill in the design flow specified on the construction permit for the system, along with the projected average daily flow for the system. Average daily flow is generally 60 to 70 percent of design flow.

**Residential/Commercial** – specify if the system is residential or commercial. You may specify additional information, such as classification of dwelling, number of bedrooms; or type of commercial establishment.

**System Components** – provide a brief description of the system components. An example would be the following: 600 gallon trash tank, 600 gallon ECOPOD treatment device, 1 Salcor Ultra Violet (UV) light disinfection unit, 500-gallon pump tank, pump, floats and controls, and 250-foot shallow trenches using pressure distribution.

### Monitoring Requirements (Table)

The monitoring requirements specified in an operating permit are unique to the site and soil conditions of the property (its environmental sensitivity) and system complexity. The monitoring requirements include specific parameters to be monitored, target limits and the frequency and location of monitoring. The monitored parameters, at a minimum, would include: 1) wastewater flow - the most basic parameter to know in understanding system performance, 2) ponding in the soil treatment system and 3) surfacing of the soil treatment system. Monitoring for CBOD<sub>5</sub>, TSS, fecal coliform bacteria and nitrogen are unique to the site, its receiving environment and complexity of the wastewater system. Field tests for temperature, pH and dissolved oxygen can be performed by the Service Provider to serve as general indicators of system performance.

1. **Flow** – flow to each system needs to be determined as specified in the Management Plan or as determined by the local unit of government. Flow can be determined several ways, using water meters, event counters, and running time clocks. Telemetry can also be used and has the advantage that flow can be determined continually.

The determination for the frequency of flow measurement is done on a case-by-case basis. At first, daily flow monitoring may be needed to determine average flow and peak flows to a system. After a period of time, weekly or monthly flow determination may be acceptable. Flow determinations once a year generally provide limited information.

2. **CBOD<sub>5</sub>** – monitoring for CBOD<sub>5</sub> is not typically required for the majority of wastewater systems used for single-family homes generating typical domestic strength effluent. However, monitoring for CBOD<sub>5</sub> may be needed periodically. For example, there may be a need to audit systems as part of the product registration process in Minnesota or if the Service Provider is trying to troubleshoot a system. For commercial systems, monitoring for CBOD<sub>5</sub> is generally necessary to determine CBOD<sub>5</sub> removal efficiencies of proprietary treatment devices and/or organic loading rates to the soil's infiltrative surface.
3. **TSS** – monitoring for TSS is not typically required for most residential wastewater systems that generate typical domestic strength effluent. However, turbidity measurements may be taken in the field by Service Providers. Monitoring for TSS may be needed periodically as part of an audit process for the registration of proprietary treatment products in Minnesota. For commercial systems, monitoring for TSS may be necessary.
4. **Fecal Coliform Bacteria** – monitoring for fecal coliform bacteria should generally be required for systems listed as Treatment Level A and Treatment Level B systems where reduced vertical soil separation is used.
5. **Total Nitrogen and Total Phosphorus** – monitoring for Total Nitrogen (TN) may be needed in areas identified as nitrogen sensitive environments. Monitoring for Total Phosphorus (TP) may be required in phosphorus sensitive lake environments.
6. **Field Tests** – these are tests performed by the Service Provider to help 'monitor' system performance and identify problems (troubleshooting a system). Although field tests are not a strict monitoring requirement, they are appropriate to list in the operating permit if specified in the Management Plan or in the product's Operation and Maintenance Manual. The local unit of government will determine if the permittee is required to report field test results as part of the operating permit.
7. **Ponding/Surfacing in Soil Treatment** – all systems should be monitored periodically as specified in the Management Plan to determine extent and frequency of ponding in soil treatment systems. A check for surfacing is needed.

### Maintenance Requirements (Table)

This table lists some of the basic maintenance requirements for each major component of the wastewater system. Since you can't possibly list all the maintenance requirements in this table, it is best to reference the Management Plan. You could reference the proprietary product's Operation and Maintenance Manual.

1. **System Component** – list each system component, including the septic tank, trash tank, effluent screen, pump tank and controls, proprietary treatment product, disinfection device, and soil treatment and dispersal system.
2. **Maintenance** – briefly identify the maintenance requirements of each major system component. For additional information, you could also reference the proprietary product documents listed on the MPCA Web site at <http://www.pca.state.mn.us/programs/ists/productregistration.html>.
3. **Frequency** – briefly identify the frequency of maintenance as per the systems Management Plan and Operation and Maintenance Manual.

**Monitoring Protocol** – this section of the operating permit states that testing needs to be performed in accordance with approved methods and the results submitted to the local unit of government.

**Contingency Plan** – briefly describes requirements if the system does not function as intended. The owner must notify the local unit of government when non-compliance occurs. The Management Plan may identify some of the corrective actions required or you will need to consult your Service Provider. The owner is responsible to obtain the services of a MPCA-licensed Service Provider or other qualified practitioner to complete the required corrective measures. More detail could be added here by the local unit of government.

**Authorization** – fill in the length of time of the operating permit; this is typically one to five years. Fill in the name of the local unit of government in the second blank space. Next, fill in the name of the MPCA licensed Service Provider identified by the owner in contract; this is needed to help ensure the owner has made the necessary arrangements to have the system maintained and monitored.

**The Operating Permits Hereby Granted to** – print the name of the owner who signed the operating permit.

**Signature of Permittee (and date of signature)** – the owner signs and dates the operating permit.

**By Order of** – signature of the permitting authority, title, and date.