

# AITKIN COUNTY ENVIRONMENTAL SERVICES

## APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

PERMITTEE Kent Maxson PARCEL NUMBER 56-0-160600

ADDRESS 35878. 422<sup>nd</sup> Place AITKIN, MN 56431

LEGAL DESCRIPTION S:27 T:47 R:27

TELEPHONE # 507-269-0524 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)

1150 Combination Tank - 3' Sand base under  
Rock Bed.

**B. MONITORING PLAN AND REPORTING FREQUENCY:**

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	<u>300 GPD</u>	<u>EVENT COUNTER</u>			<u>ANNUAL</u>
5-DAY BOD					
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS, OILS AND GREASE					
FECAL COLIFORM					
SEPARATION DISTANCE					

\_\_\_\_\_ will perform the monitoring of this septic system.

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

It is hereby agreed this 10 day of September 2019 by and between  
\_\_\_\_\_  
(Inspector) and KENT MAYSON (client)

(Client) Name & Address

KENT MAYSON

Street Address 35878 - 422<sup>nd</sup> PLACE

City, State, Zip AITKIN, MN. 56431

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.



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 \_\_\_\_\_, \_\_\_\_\_  
and Ending \_\_\_\_\_, \_\_\_\_\_

**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:**

Sign: \_\_\_\_\_

Sign: Larry Liljendqvist

Print: \_\_\_\_\_

Print: Larry Liljendqvist

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

Date: 9.6.19

C. MAINTENANCE PLANS

PARAMETER	LOCATION	FREQUENCY
EFFLUENT FILTER	TANK	Bi-ANNUALLY <del>ANNUALLY</del>
MOUND ARE	MOUND.	<del>ANNUAL</del>

D. MITIGATION PLAN:

IF MOUND FAILS DISCONTINUE UNTIL  
 PROBLEM IS SOLVED OR DISCONTINUE AND  
 USE AS HOLDING TANK OPTION.

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.

Scorry Liljendust.  
 Signature

127  
 License Number

9.6.19  
 Date

LARRY Liljendust.  
 Name (please print)

30477 State Hwy 47  
 Address

218 820 8886  
 Telephone #