

AITKIN COUNTY
CERTIFICATE OF INSTALLATION/~~NOTICE OF NONCOMPLIANCE~~

This certificate of installation/~~notice of noncompliance~~ has been issued this _____ day of _____, 20____ to certify compliance/~~noncompliance~~ with Aitkin County's Subsurface Sewage Treatment System Ordinance.

The premises covered by this certificate are legally described as: _____

Section _____ Township _____ Range _____ Lake _____
PERMIT NO. _____ Owner Name _____
Address _____
Installer Name _____
Type of System Inspected _____
Parcel Number _____

The certificate of installation/~~notice of noncompliance~~ was based on No ___ of the following:

- 1) Inspection of the installation or construction as in accordance with the above referenced permit and application design.

- 2) Review of as-built plans submitted in accordance with Subdivision 9.2 D of Aitkin County's Subsurface Sewage Treatment System Ordinance.

If the above permitted subsurface sewage treatment system is in noncompliance with Aitkin County's Subsurface Sewage Treatment System Ordinance, then the following shall serve as a Notice of Violation:

- 1) Statement of the findings of fact through inspections or investigations:

- 2) List of specific violations of Ordinance: _____

- 3) Requirements for correction or removal of violations: _____

- 4) Time schedule for compliance: _____

Failure to correct or remove the above violation(s) will result in this matter being turned over to the Aitkin County Attorney's Office for further legal action, which may result in revocation of licenses or registrations, fines and/or imprisonment.

INSPECTOR SIGNATURE _____

**SUBSURFACE SEWAGE TREATMENT SYSTEM INSPECTION FORM
AITKIN COUNTY, MINNESOTA**

Township _____ Date of Inspection _____ App. Number _____

Owner _____ Parcel Number _____

Project Address _____ Installer _____

City _____ Zip Code _____

New Repair

SETBACKS:

Buildings to tank(s) _____

Buildings to drainfield _____

Well(s) 50' or 100' _____

Lake/Creek/Wetland _____

SEPTIC TANKS: New _____ Existing _____

Number of tanks installed _____

Liquid capacity and type _____

Type of baffle _____

Inspection pipes _____

Manholes size _____

Manhole to grade Yes _____ No _____

PUMPS: New _____ Existing _____

Tank capacity and type _____

Pump manufacturer & model # _____

Horsepower & GPM _____

Feet of head _____

Gallons per cycle _____

Size of discharge line _____

Type & location of alarm _____

Water meter _____

DIST. or DROP BOX & TYPE _____

TRENCHES, BEDS, OR GRAVELLESS LEACHFIELD:

Trench/Bed depth _____

Trench/Bed length _____

Trench/Bed bottom width _____

Trench spacing _____

Drainfield rock below pipe _____

Size of gravelless pipe _____

Depth of backfill _____

Absorption area: square feet _____

lineal feet _____

MOUNDS:

Percent slope _____

Upslope sand width _____

Downslope sand width _____

Sideslope sand width _____

Drainfield rock below pipe _____

Depth of sand below rock _____

Perforation size & spacing _____

Pipe size & spacing _____

Dimensions of rock bed _____

Dimensions of sand base _____

Final cover _____

DRAWING OF SYSTEM: (include soils)

Inspector's Comments: _____

Inspector's Signature _____ Installer's Signature _____



MAINTENANCE ORDER

218.879.0121
3181 Maple Drive
Cloquet, MN 55720

MPCA License #L2579

Date: 7/22 Reason: MAINT

Name: ELLIOT HAAROLA

Property Address: 17298 GOSHAWK ST
MCGREGOR

Home Phone: _____ Cell Phone: 218-820-5423

Tanks Pumped without Measuring YES

Septage Removed thru Maintenance Hole: Yes _____ No _____

Covers Secured in Place YES

Is Tank Designed as a Leaky Tank: Yes _____ No _____

Is There Evidence of the Following:

Tank (Check if present)	Tank leaks below the designed operating depth	Tank leaks above the designed operating depth	Maintenance hole cover is damaged, cracked, unsecured, or appears to be structurally unsound
<input checked="" type="checkbox"/> Septic/Holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Septic/Holding Tank #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe detail for any "Yes"

Any Operational Issues or Unsafe Conditions: Yes _____ No _____

List Any Troubleshooting and/or Minor Repairs: _____

Holding Tank _____ Septic Tank _____ Disposal Site Barn

Sand Trap _____ Grease Trap _____ Amount 1000
Size _____ Size _____ Time 14:55

Employee Name: John Gustafson Date 7-22-19

Employee Signature: [Signature] Payment Bill



2019/08/07



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