

# AITKIN COUNTY ENVIRONMENTAL SERVICES

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

PERMITTEE John Ronhovde PARCEL NUMBER 09-0-002305

ADDRESS 29590 335th Ln. Aitkin MN 56431

LEGAL DESCRIPTION Approx. .83 AC in lot 3 in Doc 366601

TELEPHONE # 952-212-7154 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)

\_\_\_\_\_  
Type III because of Timed dose at 300 GPD Max.  
\_\_\_\_\_  
Reuse Existing Mound  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	30020 GPD 414th Pl.	Event counter	Once a Month or when present		Send Report to Aitkin Co. Once a year
5-DAY BOD					
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS,OILS AND GREASE					
FECAL COLIFORM					
SEPARATION DISTANCE					

\_\_\_\_\_  
Owner will read event counter once a month or when present. Owner will send monthly readings report to  
Aitkin co. or the inspector ONCE A YEAR.  
\_\_\_\_\_

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

**C. MAINTENANCE PLANS**

PARAMETER	LOCATION	FREQUENCY
300 GPD	Read Event Counter	Once a month or when present
Calibrate pump out gallons	Measure pump tank and calculate gallons pumped out per event	Calibrate system when installed and in operation. Check calibration number at 1st year inspection and every one after
Report monthly readings to Aitkin Co. Or inspector	Keep records of monthly readings	Once a year submit report to Aitkin Co.

**D. MITIGATION PLAN:**

Have system Inspected

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.

Jeff Brummer  
Signature

L-1347  
License Number

10/17/2019  
Date

Jeff Brummer  
Name (please print)

7540 Burr Ln. Brainerd MN 56401  
Address

(218) 821-0704  
Telephone #

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

It is hereby agreed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between  
\_\_\_\_\_ (Inspector) and John Ronhovde (client)

(Client) Name & Address

John Ronhovde Site Address 29590 335th Ln. Aitkin MN 56431

Street Address \_\_\_\_\_ Mailing Address 570 Satori Way Chaska MN 55318

City, State, Zip \_\_\_\_\_

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.

Owner ---> Record and date the readings of the elapsed time meter and cycle counter(s), if applicable. Owner will read event counter once a month or when present

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: \_\_\_\_\_

Print: John Ronhovde  
\_\_\_\_\_

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

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

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

### { Type III Design Notes for Owner and Installer }

Property Owner: John Ronhovde Date: \_\_\_\_\_ Installer's Initials: \_\_\_\_\_  
 PIN: 09-0-002305 Site Address: 29590 335th Ln. Aitkin MN 56431

This is a TYPE III Septic System, Operating Permit Required of Owner. Permit # \_\_\_\_\_  
 Reason for Type III Timed Dose at 300 GPD Max.

Description of System \_\_\_\_\_

1st Tank Gal. _____	1st compartment gal. _____	2nd Comp _____	3rd _____
2nd Tank Gal. _____	1st compartment gal. _____	2nd Comp _____	3rd _____
3rd Tank Gal. _____	1st compartment gal. _____	2nd Comp _____	3rd _____
1st Pump tank Gal. _____	1st Pump Brand and model # _____		
1st Pump GPM _____	1st Pump Ft. of Head _____	1st Pump Gal. per Dose _____	
1st Pump tank Gal. per inch. _____	1st Pump Inches per Dose _____	1st Pump Doses per Day _____	
1st Pump Design GPD _____	1st Pump Measured dose per day _____	Timed or demand Dose _____	
Time Settings: Minutes ON _____	Minutes OFF _____	Inches Pumped after drainback _____	
Notes : _____			
2nd Pump tank Gal. _____	2nd Pump Brand and model # _____		
2nd Pump GPM _____	2nd Pump Ft. of Head _____	2nd Pump Gal. per Dose _____	
2nd Pump tank Gal. per inch. _____	2nd Pump Inches per Dose _____	2nd Pump Doses per Day _____	
2nd Pump Design GPD _____	2nd Pump Measured dose per day _____	Timed or demand Dose _____	
Time Settings: Minutes ON _____	Minutes OFF _____	Inches Pumped after drainback _____	
Notes : _____			

1st Alarm: Tank \_\_\_\_\_ Reason: \_\_\_\_\_  
 2nd Alarm: Tank \_\_\_\_\_ Reason: \_\_\_\_\_  
 3rd Alarm: Tank \_\_\_\_\_ Reason: \_\_\_\_\_

Water Meter Installed on house hold water: \_\_\_\_\_ Where is it located : \_\_\_\_\_

Event counter Installed on pump: \_\_\_\_\_ Which Pump: \_\_\_\_\_ Gal. Per Event \_\_\_\_\_

Where is Event Counter Located: \_\_\_\_\_

**Requirement of Operating Permit**  
 Owner to UNDERSTAND System Operation: Required to do monthly readings of water meter or event counter.  
 Owner to record readings every month that system is being used, should know calculations for Gal. per day.  
 Owner to REPORT to Aitkin Co. once a year with log of monthly readings and annual Inspection Report  
 Owner to Hire an Inspector for a Once a year Inspection of the system's, Operation, Mechanical functions, and Compliance with Operating Permit.

# Subsurface Sewage Treatment System Management Plan

Property Owner: John Ronhovde Phone: 952-212-7154 Date: 10/17/2019  
Mailing Address: 570 Satori Way City: Chaska MN Zip: 55318  
Site Address: 29590 335th Ln. City: Aitkin MN Zip: 56431

---

This management plan will identify the operation and maintenance activities necessary to ensure long-term performance of your septic system. Some of these activities must be performed by you, the homeowner. Other tasks must be performed by a licensed septic service provider.

System Designer: check every 12 months.  
Local Government: check every 12 months.  
State Requirement: check every 36 months.

*(State requirements are based on MN Rules Chapter 7080.2450, Subp. 2 & 3)*

**My System needs to be checked every 12 months.**

## Homeowner Management Tasks

*Leaks* – Check (look, listen) for leaks in toilets and dripping faucets. Repair leaks promptly.

*Surfacing sewage* – Regularly check for wet or spongy soil around your soil treatment area.

Owner ---> *Effluent filter* – Inspect and clean twice a year or more.

Owner ---> *Alarms* – Alarm signals when there is a problem. Contact a service provider any time an alarm signals.

Owner ---> *Event counter or water meter* – Record your water use.

-recommend meter readings be conducted (circle one): DAILY WEEKLY **MONTHLY**

## Professional Management Tasks

- Check to make sure tank is not leaking
- Check and clean the in-tank effluent filter
- Check the sludge/scum layer levels in all septic tanks
- Recommend if tank should be pumped
- Check inlet and outlet baffles
- Check the drainfield effluent levels in the rock layer
- Check the pump and alarm system functions
- Check wiring for corrosion and function
- Check dissolved oxygen and effluent temperature in tank
- Provide homeowner with list of results and any action to be taken
- Flush and clean laterals if cleanouts exist

"I understand it is my responsibility to properly operate and maintain the sewage treatment system on this property, utilizing the Management Plan. If requirements in the Management Plan are not met, I will promptly notify the permitting authority and take necessary corrective actions. If I have a new system, I agree to adequately protect the reserve area for future use as a soil treatment system."

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designer Signature: Jeff Brummer Date: 10/17/2019

See Reverse Side for Management Log

## Maintenance Log

Activity	Date Accomplished
<b><i>Check frequently:</i></b>	
Leaks: check for plumbing leaks	
Soil treatment area check for surfacing	
Lint filter: check, clean if needed	
Effluent screen: if owner-maintained	
Water usage rate (monitor frequency _____)	
<b><i>Check annually:</i></b>	
Caps: inspect, replace if needed	
Sludge & Scum/Pump	
Inlet & Outlet baffles	
Drainfield effluent leaks	
Pump, alarm, wiring	
Flush & clean laterals if cleanouts exists	
Other: _____	
Other: _____	

**Notes:** Follow Operating permit requirements. Pump septic & pump tanks at least once every three years.

Check & Clean Effluent filter at least twice a year. Check all alarms & pumps at least once a year.

Mow Mound area at least once a year to keep trees and brush from growing in mound area.

No Traffic on mound area, No Snowmobiles, No ATV's, No Parking.

Mitigation/corrective action plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_