

AITKIN COUNTY
CERTIFICATE OF INSTALLATION/NOTICE OF NONCOMPLIANCE

This certificate of installation/~~notice of noncompliance~~ has been issued this 21st day of December, 2021 to certify compliance/~~noncompliance~~ with Aitkin County's Subsurface Sewage Treatment System Ordinance.

The premises covered by this certificate are legally described as: Lot 2 Leehaven

Section 21 Township 46 Range 26 Lake Elm Island
PERMIT NO. 46000 Owner Name Dale & Kathleen Findell
Address 30520 376th Ave Aitkin, Mn 56431
Installer Name Septic Check
Type of System Inspected Type II Holding Tank conversion
Parcel Number 24-1-074100

The certificate of installation/~~notice of noncompliance~~ was based on No 2 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, fines and/or imprisonment.

INSPECTOR SIGNATURE



UNIVERSITY OF MINNESOTA

OSTP As-Built Form



Owner: DALE FINDELL Parcel Number: 24-1-074100

Street/City/Zip Code: 30520 376TH AVE AITKIN MN 56431

Lot: Section: Township: N Range: W

Installation Date: 6/21/21 Installer: SEPTIC CHECK License Number: 2624

Is the system in Shoreland, serving a MDH facility or in a Wellhead Protection area? [X] YES [] NO

Number of Bedrooms/ Flow Rate: 2/300 # / gpd Septic Tanks, No & Size: 1/1000 #/gal

Pump Tank Size: EXISTING LIFT gal Tank Manufacturer:

Pump Size: hp gpm ft of TDH Floats properly set? [X] YES [] NO

Soil Treatment Area:

[] TYPE I [] TYPE II [X] TYPE III [] TYPE IV [] TYPE V

[] TRENCH [] BED [] MOUND [] AT-GRADE [] WARRANTIED [] OTHER:

Limiting Layer/Depth: " Rockbed Size: Describe:

Depth from Surface: " Adsorption Width:

Media or Slat depth: " Sand Depth:

Trench Width: ft (under mound)

Bottom Square Feet Area: ft²

Design Variances:

Other Information:

List any further system descriptions:

TANK CAPPED FROM DRAINFIELD AS DESIGNED.

List any material testing results (jar test, sieve analysis, etc):

List conditions during construction:

GOOD

List who is responsible for establishing vegetative cover:

OWNER

I hereby certify that I have completed this work in accordance with applicable ordinances, rules, and laws.

SEPTIC CHECK (Installer) 2624 (license #) 6/30/21 (Date)

Site Drawing:

Items to be identified:

1. Septic, holding and pump tanks, piping, and soil system configuration. Label bed or trench width and length or rockbed size, absorption on width and final dimensions. Indicate alarm location.
2. Show all setbacks from tank and soil system including:
A. Property boundaries B. Buildings C. Wells D. Water bodies E. Road right-of-way
3. Improvements – present and future
4. Benchmark location and distance of tank and soil system from benchmark
5. Replacement site
6. Abandon system

