

Aitkin County Environmental Services
Planning & Zoning
 307 Second St NW, Room 219
 Aitkin, MN 56431
 Phone (218) 927-7342
 Fax (218) 927-4372
 aitkinpz@co.aitkin.mn.us

Wastewater Treatment and Dispersal Operating Permit

Application No. _____

Doc Type: Agency Generated

Note: To unlock this form for editing for MS Word 2003 users, select the Tools Menu/Unprotect Document; for MS Word 2007 users, select the Developer Tab/Protect Document/Restrict Formatting & Editing and click on Stop Protection in lower right corner of screen. (To add Developer Tab to Ribbon, click on the icon in the upper left corner of screen, select Word Options/Popular and check Show Developer Tab.)

Facility Information

Permittee name (and business name, if applicable): Lucas Schoen Phone number: 763-614-9860
 Mailing address: 67161 348th pl
 City: Hill City State: MINN Zip code: 55748
 Property ID number: 12-1-007370

Aitkin County Environmental Services 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: 9-21-2021 Expiration date: Fall 2026
 System type: Type 3 3ft Sand Base Treatment level: _____
 System design flow: 450 Residential/Commercial: Residential
 System components: Sept Tank - Lift Tank - Mound Drain field

Monitoring Requirements

Parameter	Effluent limits	Frequency	Location
Design flow (gpd)	<u>450</u>	<u>3-Months</u>	<u>Control Panel - Keeplog</u>
Average flow (gpd)	<u>250</u>	<u>"</u>	<u>"</u>
CBOD ₅ (mg/L)			
TSS (mg/L)			
O&G (mg/L)			
Fecal Coliform bacteria (#/100mL)			
Total Nitrogen, Total Phosphorus (mg/L)			
Operational Field Tests, may include: Temperature, Dissolved Oxygen and pH			
Ponding/Surfacing in soil treatment		<u>Yearly</u>	<u>around Top of Mound</u>

Monitoring Requirements Comment Field

Maintenance Requirements

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

System component	Maintenance	Frequency
External grease interceptor	—	
Septic tank/Trash tank		3rd Year
Pump tank and controls	AT Tank + Control Ped	3rd Year
Effluent screen	In Spot. Tank	when alarm alerts or yearly
Advanced treatment product		
UV light disinfection device		
Soil treatment and dispersal	Look for seepage	Yearly

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 authority at: Aitkin County Environmental Services, 307 2nd St NW, Room 219, Aitkin, MN 56431 no later than ten (10) days prior to when the permit to operate the system expires.

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 Aitkin County Environmental Services within thirty (30) days of receiving non-compliant information. 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 in one (1) year(s). The Permittee is not authorized to discharge after the above date of expiration. The Permittee shall submit monitoring information on forms as required by Aitkin County Environmental Services no later than sixty (60) days prior to the above date of expiration for operating permit renewal. This permit is not transferable.

The owner is required to obtain the services of a Minnesota Pollution Control Agency (MPCA) licensed and trained: 1) Service Provider or Inspector 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 or Inspector business prior to the issuance of this operating permit. The owner has secured the services of (Fill in this field with the name of the Service Provider or Inspector company) as the Service Provider or Inspector for this system (signed contract attached). The Service Provider or Inspector is hereby authorized to provide the required monitoring data and routine maintenance service records to both Aitkin County Environmental Services and to the manufacturer of the treatment device, (Fill in this field with the name of the treatment product manufacturer).

[For systems that generate high strength wastewater, the following items should be added to the operating permit: "If there is a change of use within the facility (i.e., change in menu, increase in food capacity, change in water use fixtures, etc.), the permittee is required to notify Aitkin County Environmental Services and the Service Provider before any changes occurs. Changes to the facility that could potentially impact performance of the wastewater treatment and dispersal system shall not take place until appropriate evaluation has been completed."]

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 Aitkin County 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: _____

Permittee
(please print): Lucas Schoen

Title: Property Owner

Signature: [Signature]

Date: 9-21-21

Permitting Authority
(Aitkin County): _____

Title: _____

Signature: _____

Date: _____