

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

It is hereby agreed this 8th day of Sept. 2022 by and between
Greg Weszelylund (Inspector) and _____ (client)

(Client) Name & Address

Tom OTTO

Street Address 24935 374th Ave

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 9/8/22,
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: Tom Otto

Sign: Greg Westlund

Print: Tom Otto

Print: Greg Westlund

Date: 9/8/22

Date: 9/8/22

AITKIN COUNTY ENVIRONMENTAL SERVICES

APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

PERMITTEE Tom OTTO **PARCEL NUMBER** 36-1-083800
ADDRESS 24935 374th Ave, AITKIN MN
LEGAL DESCRIPTION lot 1, BIRG - Wealthwood Estates
TELEPHONE # 612-390-1295 **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)

 Mottles at 10" 3 ft sand based mound

B. MONITORING PLAN AND REPORTING FREQUENCY:

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	450 GPD	Event counter	Once a Month or when present	Record on Log Sheet	Send Report to Aitkin Co. Once a year
5-DAY BOD					
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS, OILS AND GREASE					
FECAL COLIFORM					
SEPARATION DISTANCE	3 feet	Mound	Inspect annually	Measure in field (boring)	Report to Aitkin Co. Annually

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.

(Licensed Inspector)

will perform the monitoring of this septic system.

C. MAINTENANCE PLANS

PARAMETER	LOCATION	FREQUENCY
450 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.
Inspect for surfacing/leaking	Dispersal System	Annually

D. MITIGATION PLAN:

Have system inspected to determine repairs or convert to holding tanks.

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 losses, damages, costs and charges that may be incurred by the County because of the information submitted with this application.

Greg Westerlund 663 9/8/22
 Signature License Number Date

Greg Westerlund 31410 235 LN 218-839-9460
 Name (please print) Address Telephone #

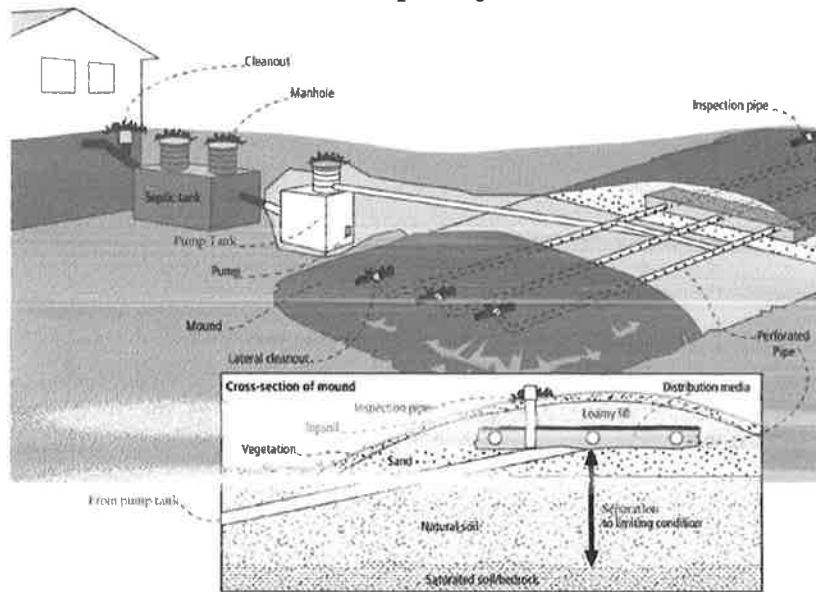
13-86 ■ SECTION 13: Forms and Reference

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Septic System Management Plan for Above Grade Systems



Your Septic System



Septic System Specifics	
System ID: <u>111</u> (Based on MN Rules Chapter 7080 2200 - 2400)	<input type="checkbox"/> System is subject to operating permit* <input checked="" type="checkbox"/> System uses UV disinfection unit* Type of advanced treatment unit _____ *Additional Management Plan required

Dwelling Type	Well Construction
Number of bedrooms: <u>3</u> System capacity/ design flow (gpd): <u>450</u> Anticipated average daily flow (gpd): <u>450</u> Comments _____ In-home business? <input checked="" type="checkbox"/> What type? _____	Well depth (ft): _____ <input type="checkbox"/> Cased well Casing depth: _____ <input type="checkbox"/> Other (specify): _____ Distance from septic (ft): _____ Is the well on the design drawing? Y N

Septic Tank	
<input type="checkbox"/> One tank Tank volume: <u>1,000</u> gallons Does tank have two compartments? Y N <input type="checkbox"/> Two tanks Tank volume: _____ gallons <input type="checkbox"/> Tank is constructed of <u>Pre-Cast</u> <input type="checkbox"/> Effluent Screen type: <u>N</u>	<input type="checkbox"/> Pump Tank (if one) <u>600</u> gallons <input type="checkbox"/> Effluent Pump type: <u>Zoeller</u> TDH <u>14.5</u> Feet of head Pump capacity <u>33</u> GPM <input type="checkbox"/> Alarm ___ visual ___ audible

Soil Treatment Area	
Mound/At-Grade area (length x width): ___ ft x ___ ft Rock bed size (length x width): <u>10</u> ft x <u>38</u> ft	<input type="checkbox"/> Cleanouts or Inspection Ports <input type="checkbox"/> Surface Water Diversions

13-90 ■ SECTION 13: Forms and Reference

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*Septic System Management Plan
for Above Grade Systems*



Maintenance Log

Track maintenance activities here for easy reference. See list of management tasks on pages 3 and 4.

Activity	Date accomplished									
Check frequently:										
Leaks: check for plumbing leaks										
Soil treatment area check for surfacing										
Lint filter: check, clean if needed										
Effluent screen: if owner-maintained										
Check annually:										
Water usage rate (monitor frequency____)										
Caps: inspect, replace if needed										
Water use appliances – review use										
Other:										

Notes: _____

Mitigation/corrective action plan: _____

*If mound fails, Another Area
Will be Chosen*

"As the owner of this SSTS, 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 this 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 _____

Management Plan Prepared By: *Greg Westerlund* Certification # *827*

Permitting Authority: _____

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