

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

This certificate of installation/~~notice of noncompliance~~ has been issued this 10th day of August, 2022 to certify compliance/~~noncompliance~~ with Aitkin County's Subsurface Sewage Treatment System Ordinance.

The premises covered by this certificate are legally described as: 300 X 339 FT IN NE CORNER OF NW NW LESS .10 AC HWY

Section 34 Township 46 Range 27 Lake _____
PERMIT NO. 46840 Owner Name Olson Investment Properties
Address 28965 US Hwy 169 Aitkin, Mn 56431
Installer Name Liljenquist Sewer
Type of System Inspected 750 GPD Type III Commercial Mound
Parcel Number 07-0-074900

The certificate of installation/~~notice of noncompliance~~ was based on No 1 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 _____

L. P. Parnock

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

Township Farm Island Date of Inspection 8-12-22 ^{Final} App. Number 2022-008696

Owner Dison Investment Properties Parcel Number 07-0-074900

Project Address 28965 US Hwy 169 Installer Liljenquist sewer

City Aitkin Zip Code 56431

New Repair

SETBACKS:
Buildings to tank(s) 200' +
Buildings to drainfield 200' +
Well(s) 50' or 100' 200'
Lake/Creek/Wetland _____

SEPTIC TANKS: New Existing _____
Number of tanks installed 2-1820 Jacobson
Liquid capacity and type _____
Type of baffle _____
Inspection pipes _____
Manholes size 2 @ 24" @ 20" each tank
Manhole to grade Yes No _____

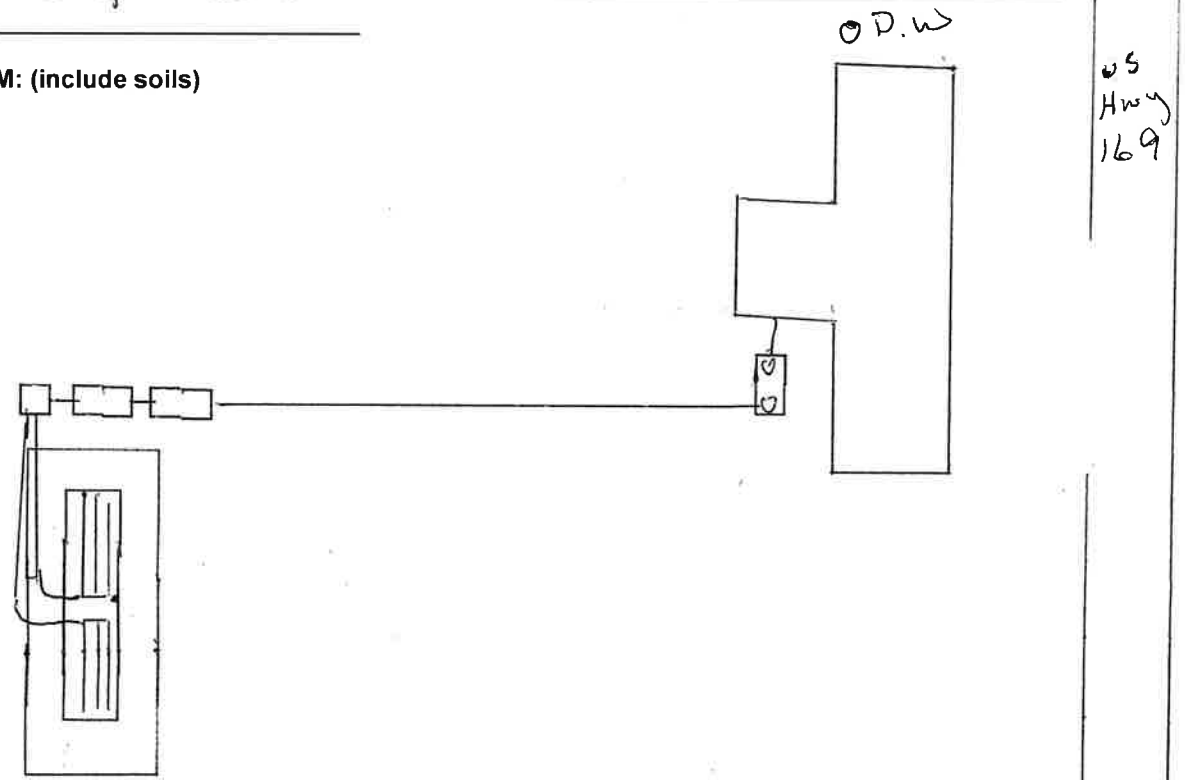
PUMPS: New Existing _____
Tank capacity and type 760 ~~Q~~ Jacobson
Pump manufacturer & model # Liberty 253 X2
Horsepower & GPM .4 20 gpm
Feet of head 5
Gallons per cycle 100
Size of discharge line 2
Type & location of alarm Duplex @ Tank
Water meter _____

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 0
Upslope sand width 20
Downslope sand width 20
Sideslope sand width 20
Drainfield rock below pipe 9"
Depth of sand below rock 3'
Perforation size & spacing 1/4 x 3'
Pipe size & spacing 1 1/2 x 3'
Dimensions of rock bed 10 x 63
Dimensions of sand base 34' x 87'
Final cover 18" T 12" S.

DRAWING OF SYSTEM: (include soils)



Inspector's Comments: _____

Inspector's Signature [Signature] Installer's Signature [Signature]