

**AITKIN COUNTY ENVIRONMENTAL SERVICES**

**OPERATING PERMIT FOR WASTEWATER  
TREATMENT AND DISPERSAL**

**OPERATING PERMIT #:** 785  
**ZONING PERMIT #:** 2022-009086  
**PARCEL #:** 47-0-054500  
**PERMITTEE:** James Prey

**ORIGINAL DATE ISSUED:** 6 /30/2022  
**RENEWAL PERIOD:** *Annual*  
**EXPIRATION:**

**MAILING ADDRESS:** 400 Marbel Canyon CT  
San Ramon, CA 94582

**PROPERTY ADDRESS:**  
30671 530th Ln  
Palisade, MN 56469

**TELEPHONE:** (510) 301-1199

**LEGAL:** NE of NW

**FEE PAID:** 550.00    **DATE PAID:** 6 /23/2022    **INVOICE #** 55373    **CK #:** Online paym

Aitkin County Environmental Services authorizes the Permittee to operate a wastewater treatment and dispersal system located on the above described property in accordance with the requirements of this permit.

This permit is effective on the issuance date identified above. This permit and the authorization to treat and disperse from the above system shall expire on the above expiration date. The Permittee is not authorized to discharge after the above date of expiration. The Permittee shall submit such monitoring information as required by Aitkin County Environmental Services no later than thirty (30) days prior to the expiration date. When the required information is submitted and approved by Aitkin County Environmental Services, the permit may be renewed. This permit is not transferable from owner to owner.

**I hereby certify with my signature as the Permittee that I understand the provisions of this 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 use of this system and if I fail to comply with the provisions of this Operating Permit. 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.**

\_\_\_\_\_  
**Signature of Permittee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Permitting Authority**

\_\_\_\_\_  
**Date**

If you have any questions regarding this permit, including the specific permit requirements, permit reporting or permit compliance status, please contact Aitkin County Environmental Services at 218-927-7342.

**A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM**

Type III 2 Bedroom Mound 36" washed sand under Rockbed.

**B. PERFORMANCE STANDARD REQUIREMENTS:**

During the period beginning on the effective date (issuance date) of this permit and lasting until this permit's expiration date, the Permittee is authorized to discharge from the wastewater treatment unit to subsurface dispersal. No surface discharge is permitted. The following parameters must be monitored and the results must be found within the compliance limits.

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENC
Flow	300 GPD	EVENT COUNTER	ONCE A MONTH OR		ANNUALLY

**C. MAINTENANCE REQUIREMENTS:**

PARAMETER	LOCATION	FREQUENCY
300 GPD	READ EVENT COUNTER	ONCE A MONTH OR WHEN PRESENT
CALIBRATE PUMP OUT GALLONS	MEASURE PUMP TANK AND CALCULATE GALLONS	CALIBRATE SYSTEM WHEN INSTALLED AND IN
REPORT MONTHLY READINGS TO AITKIN CO.	KEEP RECORDS OF MONTHLY READINGS	ANNUAL

**D. MONITORING AND REPORTING REQUIREMENTS:**

Monitoring results obtained during each calendar year shall be submitted no later than May 31st of that year to:

Aitkin County Environmental Services  
307 2nd Street NW, Room 219  
Aitkin, MN 56431

The monitoring reports shall be signed by the Permittee. Copies are to be retained by the Permittee. Any sampling and laboratory testing procedures shall be performed in accordance with Standard Methods at a Minnesota Department of Health approved laboratory. All sampling and testing costs shall be the responsibility of the Permittee. Monitoring plans may be modified as necessary and reapproved by Aitkin County Environmental Services.

The Permittee shall notify Aitkin County Environmental Services within thirty (30) days when monitoring results do not meet the monitoring plan requirements of this permit.

The owner has secured the services of \_\_\_\_\_ as the Service Provider or qualified individual for this system. The Service Provider or qualified individual is hereby authorized to report the required monitoring data and routine maintenance service records to Aitkin County Environmental Services.

**E. MITIGATION PLAN:**

HAVE SYSTEM INSPECTED.

**AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING**  
**307 Second Street NW, Room 219**  
**Aitkin, Minnesota 56431**

PH: (218) 927-7342  
FX: (218) 927-4372  
aitkinpz@co.aitkin.mn.us



6/30/2022

James Prey  
400 Marbel Canyon CT  
San Ramon, CA 94582

Re: Operating Permit #785  
Zoning Permit # 2022-00908  
Parcel # 47-0-054500

Dear Permittee:

Enclosed is the Operating Permit for an "Other" Septic System (formerly Experimental, Performance, Etc.) that you are petitioning Aitkin County to allow to be installed on your property instead of a standard system. Please review this permit thoroughly and become acquainted with all of the conditions, then sign the operating permit and return it to the address above.

**One provision that is often overlooked by homeowners is the State of Minnesota requirement that a water meter or other flow measuring device be installed and the results recorded by the homeowner on a REGULAR basis.**

You will receive an annual reminder notice on how to renew your operating permit before the renewal expiration deadline. This reminder notice will ask that you provide:

- 1) Recorded water meter readings**
- 2) Annual Compliance Inspection report**
- 3) Renewal application and fee**

The Service Provider/Qualified Individual is privately hired by you, the landowner. The Service Provider/Qualified Individual must review the septic system on an annual basis. This annual review would be a great opportunity to review the conditions of the Operating Permit.

Should you have any questions, please contact our office.

Thank you,  
Aitkin County Planning & Zoning

Enclosure: Operating Permit App

