

AITKIN COUNTY ENVIRONMENTAL SERVICES

APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

PERMITTEE Thomas Benjamin Sr. PARCEL NUMBER 30-0-033202

ADDRESS 20964 363rd Lane, W. Greer, NC

LEGAL DESCRIPTION _____

TELEPHONE # 219-768-3800 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)

System is a Type III Mound, 53ft. x 107ft.
Rock bed size of 1/2-5ft. x 10ft.
2 2500 gal. tanks installed, per design

B. MONITORING PLAN AND REPORTING FREQUENCY:

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	750 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.

Kevin H. [Signature] will perform the monitoring of this septic system.

C. MAINTENANCE PLANS

PARAMETER	LOCATION	FREQUENCY
750 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:

**See attached*

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

[Handwritten Signature]

 Signature

3945

 License Number

9/7/2022

 Date

KENN HERMIG

 Name (please print)

2358 Hwy 23, Mawa

 Address

320-241-7030

 Telephone #