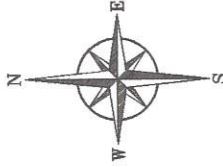
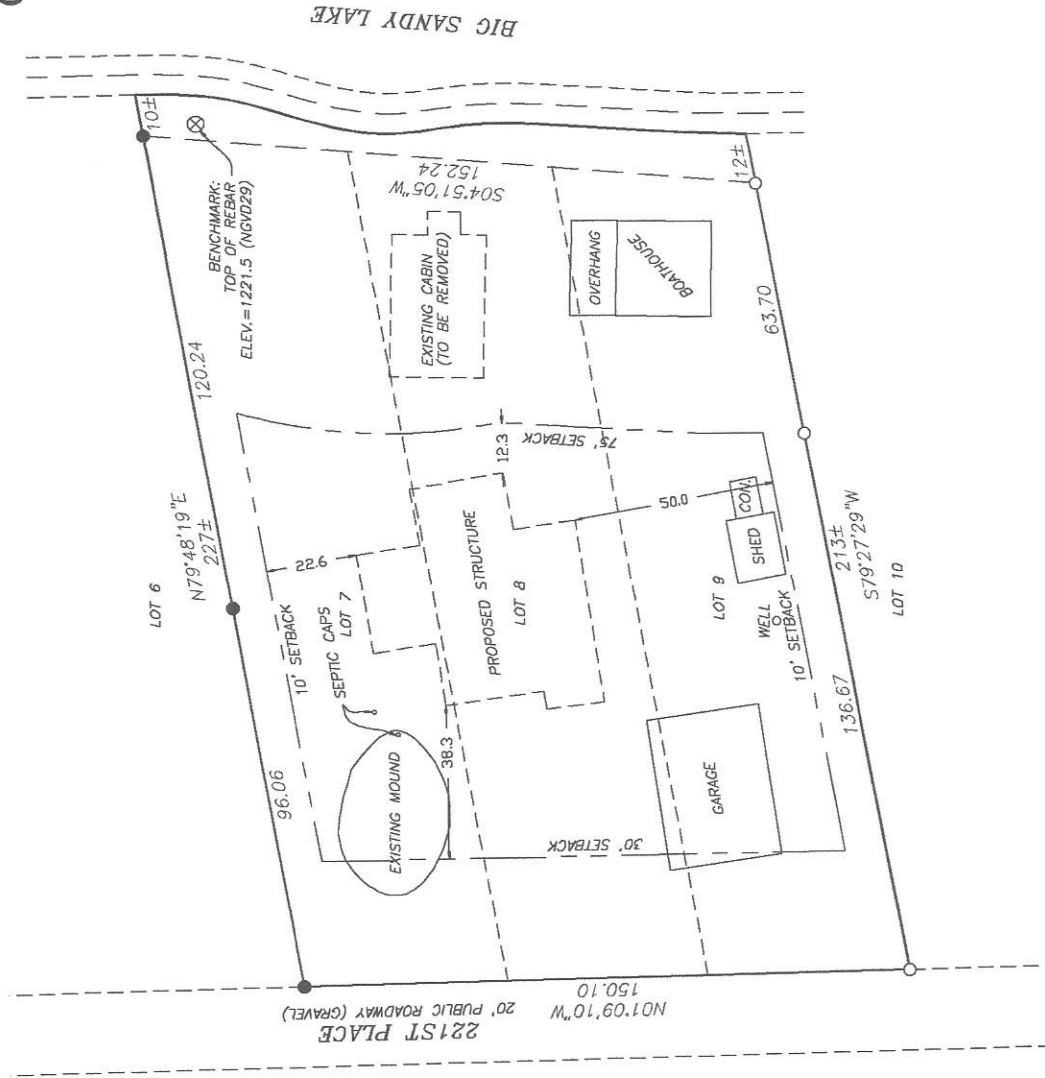


CERTIFICATE OF SURVEY

LOTS 7, 8, AND 9, VIEW POINT
AITKIN COUNTY, MINNESOTA



SCALE
1" = 30'



BEARINGS ARE BASED ON NAD83(2011)
AITKIN COUNTY COORDINATE SYSTEM

- DENOTES FOUND IRON MONUMENT
- SET 1/2" IRON REBAR WITH RLS
CAP STAMPED "STANG 52591"

Northwestern Surveying and Engineering, Inc. prepared this survey without the benefit of current title work. The property shown is based on a legal description provided by you, the client, or a general request at the appropriate county recorder's office. Easements, site restrictions or adjoining deed covenants may exist which affect subject property and are not shown by this survey. We reserve the right to revise the survey upon receipt of a current title commitment or title opinion.

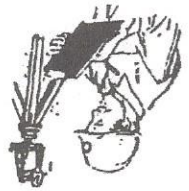


TROY PITCHFORD
51260 221ST PL.
MCGREGOR, MN

I HEREBY CERTIFY THAT THIS SURVEY, PLAN OR REPORT WAS PREPARED BY ME OR UNDER MY CLOSE PERSONAL SUPERVISION AND THAT I AM A FULLY LICENSED LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MINNESOTA.

DATE: 8/23/2022
MICHAEL A. STANG (L.S. NO. 51997)

JOB#	22302	DRAWN BY:	TJB
FILENAME:	22302 TROY PITCHFORD		
REV#	1	DESCRIPTION	DATE
		ADD STRUCTURES	08/23/22



Brummer Septic LLC.

Site Evaluations, Septic Designs, Inspections

Designer I - Lic. #1347

Jeff Brummer (218) 821-0704

brummerseptic@gmail.com

Billing Statement

Invoice Number : 22-169 Troy Pitchford

Job Location : 51620 221st Pl. McGregor Mn 55760

Parcel Number : 39-1-066600

Service of : Septic design (2 bedroom Type III mound)

\$400.00

Extra Trip

\$75.00

All Passed due bills will be charged \$10.00 per month extra until paid.

Amount Due : \$475.00

Date of billing : 8/22/2022

Billing Information

Payment Due : 9/22/2022

Troy Pitchford 763-257-9065

22 Alcott Court

North Oak Mn 55127 (bigsandy4me@gmail.com)

Make Payment to:

Brummer Septic LLC.

14650 Agate Ridge Rd

Brainerd MN. 56401

Thank you, Jeff Brummer

Subsurface Sewage Treatment System Management Plan

Property Owner: Troy Pitchford
 Mailing Address: 22 Alcott Court
 Site Address: 51260 221st Pl.
 Phone: 763-257-9065
 City: North Oaks MN
 Zip: 55127
 Date: 8/22/2022
 City: McGregor MN 55760
 Zip: _____

This management plan will identify the operation and maintenance activities necessary to ensure long-term performance of your septic system. Some of these activities must be performed by you, the homeowner. Other tasks must be performed by a licensed septic service provider.

System Designer: check every 12 months.
 Local Government: check every 12 months.
 State Requirement: check every 36 months.

My System needs to be checked every 12 months.

(State requirements are based on MN Rules Chapter 7080.2450, Subp. 2 & 3)

Homeowner Management Tasks

- Leaks – Check (look, listen) for leaks in toilets and dripping faucets. Repair leaks promptly.
 - Surfacing sewage – Regularly check for wet or spongy soil around your soil treatment area.
 - Owner ----> Effluent filter – Inspect and clean twice a year or more.
 - Owner ----> Alarms – Alarm signals when there is a problem. Contact a service provider any time an alarm signals.
 - Owner ----> Event counter or water meter – Record your water use.
- recommend meter readings be conducted (circle one): MONTHLY WEEKLY DAILY

Professional Management Tasks

- Check to make sure tank is not leaking
- Check and clean the in-tank effluent filter
- Check the sludge/scum layer levels in all septic tanks
- Recommend if tank should be pumped
- Check inlet and outlet baffles
- Check the drainfield effluent levels in the rock layer
- Check the pump and alarm system functions
- Check wiring for corrosion and function
- Check dissolved oxygen and effluent temperature in tank
- Provide homeowner with list of results and any action to be taken
- Flush and clean laterals if cleanouts exist

"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 the 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: _____

Designer Signature: Jeff Zimmerman Date: 8/22/2022

See Reverse Side for Management Log

Maintenance Log

Date Accomplished	Activity
	Check frequently:
	Leaks: check for plumbing leaks
	Soil treatment area check for surfacing
	Lint filter: check, clean if needed
	Effluent screen: if owner-maintained
	Water usage rate (monitor frequency _____)
	Check annually:
	Caps: inspect, replace if needed
	Sludge & Scum/Pump
	Inlet & Outlet baffles
	Drainfield effluent leaks
	Pump, alarm, wiring
	Flush & clean laterals if cleanouts exists
	Other: _____
	Other: _____

Notes: Aitkin Co Operating Permit Required Follow Aitkin Co. Operating permit requirements.

Check alarm at least once a year. Pump Tanks at least once every 3 years.

Mow Mound Area at least once a year to keep brush and trees from growing

No Traffic on mound area, No Snowmobiles, No ATVs, No Parking.

Mitigation/corrective action plan:

AITKIN COUNTY ENVIRONMENTAL SERVICES

**APPLICATION for an
OPERATING PERMIT FOR WASTEWATER TREATMENT AND
DISPERSAL**

PERMITTEE Troy Pitchford **PARCEL NUMBER** 39-1-066600

ADDRESS 51260 221st Pl. McGregor MN 55760

LEGAL DESCRIPTION Lots 7,8,9 of Veiw Point Add.

TELEPHONE # 763-257-9065 **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)

Type III Because soils have less than 12" to motles (10")

Type III because installed on disturbed or Fill soils

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

B. MONITORING PLAN AND REPORTING FREQUENCY:

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
5-DAY BOD	300 GPD	Event counter	Once a Month or when present		Once a year Send Report to Aitkin Co.
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS,OILS AND GREASE					
FECAL COLIFORM					
SEPARATION DISTANCE					

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.

_____ will perform the monitoring of this septic system.

Jeff Brummer
 14650 Agate Ridge Rd Brainerd MN 56401
 Address (218) 821-0704
 Telephone #

Signature *Jeff Brummer*
 License Number L-1347
 Date 8/22/2022

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.

Have system inspected

D. MITIGATION PLAN:

PARAMETER	LOCATION	FREQUENCY
300 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.

C. MAINTENANCE PLANS

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

It is hereby agreed this _____ day of _____, _____ (Inspector) and _____ (client) _____ by and between _____ (Client) Name & Address

_____ Troy Pitchford
22 Alcott Court North Oaks MN 55127

Street Address Site 51260 221st Pl.

City, State, Zip _____ McGregor MN 55760

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).

Owner Check effluent filter for buildup and clean, if applicable.

Owner -----> X Record and date the readings of the elapsed time meter and cycle counter(s), if applicable. Owner is responsible for monthly event counter readings

Check pumping system, including control panel and floats.

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 8-23, 2022 and Ending 8-23, 2028

Cost for Maintenance Service, Monitoring and Inspection Contract is: \$ 150⁰⁰ /yr. For 5 years totaling \$ 750⁰⁰

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 yearly

Client: Inspector: Jerry Farley

Sign: [Signature]

Print: Troy Pitchford

Date: 8-23-2022

{ Type III Design Notes for Owner and Installer }

Property Owner: Troy Pitchford Date: _____ Installer's Initials: _____
 PIN: 39-1-066600 Site Address: 51260 221st Pl. McGregor MN 55760

This is a TYPE III Septic System, Operating Permit Required of Owner. Permit # _____
 Reason for Type III Type III because installed on disturbed or Fill soils
Type III Because Mottled soils at 10"
 Description of System Type III 2 Bedroom Mound 36" washed sand under Rockbed.

1st Tank Gal.	1st compartment gal.	2nd Comp	3rd
2nd Tank Gal.	1st compartment gal.	2nd Comp	3rd
3rd Tank Gal.	1st compartment gal.	2nd Comp	3rd

1st Pump tank Gal.	1st Pump Brand and model #	1st Pump GPM	1st Pump Ft. of Head	1st Pump Gal. per Dose	1st Pump Doses per Day	1st Pump Design GPD	1st Pump Measured dose per day	Minutes ON	Minutes OFF	Inches Pumped after drainback	Notes :
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

2nd Pump tank Gal.	2nd Pump Brand and model #	2nd Pump GPM	2nd Pump Ft. of Head	2nd Pump Gal. per Dose	2nd Pump Doses per Day	2nd Pump Design GPD	2nd Pump Measured dose per day	Minutes ON	Minutes OFF	Inches Pumped after drainback	Notes :
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

1st Alarm: Tank _____ Reason: _____
 2nd Alarm: Tank _____ Reason: _____
 3rd Alarm: Tank _____ Reason: _____
 Water Meter installed on house hold water: _____
 Where is it located : _____
 Event counter installed on pump: _____ Which Pump: _____ Gal. Per Event _____
 Where is Event Counter Located: _____
 Requirement of Operating Permit _____
 Owner to UNDERSTAND System Operation: Required to do monthly readings of water meter or event counter.
 Owner to record readings every month that system is being used, should know calculations for Gal. per day.
 Owner to REPORT to Aitkin Co. once a year with log of monthly readings and annual inspection Report
 Owner to Hire an Inspector for a Once a year inspection of the system's, Operation, Mechanical functions,
 and Compliance with Operating Permit.