

# AITKIN COUNTY ENVIRONMENTAL SERVICES

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

PERMITTEE JAMES ONSTAD PARCEL NUMBER 10-0-035602

ADDRESS 48127 KESTREL AVE.

LEGAL DESCRIPTION \_\_\_\_\_

TELEPHONE # 218-232-8569

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 IN SOIL IN 8"-12" AREA, TREATMENT WITH 30"± SAND MOUND

**B. MONITORING PLAN AND REPORTING FREQUENCY:**

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	<u>600 GPD</u>	<u>EVENT COUNTER</u>	<u>MONTHLY</u>		<u>ANNUAL TO COUNTY</u>
5-DAY BOD					
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS, OILS AND GREASE					
FECAL COLIFORM					
SEPARATION DISTANCE	<u>3'</u>	<u>MOUND</u>	<u>YEARLY</u>	<u>BORING</u>	<u>ANNUAL TO COUNTY</u>

HOMEOWNER RECORDS EVENT COUNTER MONTHLY AND REPORTS TO COUNTY

HOMEOWNER

will perform the monitoring of this septic system.

**C. MAINTENANCE PLANS**

PARAMETER	LOCATION	FREQUENCY
600 GPD	EVENT COUNTER AT PUMP TANK	MONTHLY

**D. MITIGATION PLAN:**

INSPECT SYSTEM 1 YEAR AFTER INSTALL

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.

Roger Hurd  
Signature

3847  
License Number

5 OCT 22  
Date

ROGER HURD  
Name (please print)

2169 SCHELINDER RD  
Address (CARTON), 55718

218-391-0510  
Telephone #