AITKIN COUNTY ENVIRONMENTAL SERVICES

APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

PERMITTEE	PARCEL NUMBER 11-0-070103		-0-070103		
ADDRESSEas	st of 22139 450t	h Ave. Aitkin	MN 56431		
LEGAL DESCRIP	PTION				
TELEPHONE #_	763-360-5628		GIS LOCATION	N	*
construction,	N OF WASTEW site evaluation operation, more anticipated sy	and design; nitoring, serv	estimated cost /ice, compone	t of system nt replace	n ment, and
Type III Becar	use soils have le	ess than 12" t	to mottles (6")		
3 bedroom 3	3 ft washed sand	d mound			
Event Cour	iter on pump co	ntroler or wat	er meter on ho	usehold wa	ater
B. MONITORING	PLAN AND RE	PORTING FI	REQUENCY:		
PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	450 GPD	Event counter	Once a Month or when present		Send Report to Aitkin Co. Once a year
5-DAY BOD	Ř			9	
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS,OILS AND GREASE					
FECAL COLIFORM SEPARATION		10.00			
DISTANCE					
Owner will read eve	nt counter once a mo	nth or when prese	nt. Owner will send n	nonthly readin	gs report to
Aitkin co. or the insp	ector ONCE A YEAR		(50)		

will perform the monitoring of this septic system.

C. MAINTENANCE PLANS

PARAMETER	LOCATION	FREQUENCY
450		
450 GPD	Read Event Counter	Once a month or when present
	Measure pump tank and calculate	Calibrate system when installed and i operation. Check calibration number
Calibrate pump out gallons	gallons pumped out per event	at 1st year inspection and every one after
Report monthly readings to Aitkin Co.	Keep records of monthly readings	Once a year submitt report to Aitkin C
Or inspector		
		•
A		
D. MITIGATION PLAN:		
Have system Inspe	cted	
application is true and correct hold Aitkin County harmless	ature as the designer, that all da at to the best of my knowledge. from loses, damages, costs an use of the information submitte	I agree to indemnify and discharges that may be
· · · · · · · · · · · · · · · · · · ·		
Jeff Brummer	L-1347	10/19/2022
Signature	License Number	Date
Jeff Brummer 14	650 Agate Ridge Rd Brainerd MN 5	
Name (please print)	Address	Telephone #

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

	It is hereby agreed this day of by and between Jeff Brummer (Inspector) and Scott Kirkhoff (client)			
	(Client) Name & Address Scott Kirkhoff 3660 Ulysses Dr. NE Stanchfield MN 55080			
е	Street Address East of 22139 450th Ave. Aitkin MN 56431			
	City, State, Zip			
	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).			

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

	✓ Check pumping system, including control panel and floats.
er	->X Record and date the readings of the elapsed time meter and cycle counter(s), if applicable. Owner is respondsible for monthly event counter read
	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 cor	ntract shall be effective	Beginning At time of Certification of Compliance Inst	tallatio
		and Ending,	
Cos	t for Maintenance Sei	vice, Monitoring and Inspection Contract is:	
	\$/yr. F	or years totaling \$_ To be Determind at time of se	ervice
service shall be	only under this contract limited to refund of any	e inspection, monitoring and routine maintenance t. The Client remedies for breach of this contract of the amounts paid in advance for service. This ays from the ending date.	
Paymer	nt for all services shall t	pe paidAt 1st inspection and every one after .	
Client:		Inspector:	
Sign:	ands End De for Scott Kirk	velopmositn: Jeff Brummer	
Print:	Scott Kirkhoff	Print:Jeff Brummer	
Date: _	10.20.202	Date:10/19/2022 Brummer Septic LLC. 218-821-0704	
		Braining Sopilo 220. 210-021-0704	

14650 Agate Ridge Rd Brainerd MN 56401

brummerseptic@gmail.com

{ Type III Design Notes for Owner and Installer }

Property Owner: Scott Kirkhol	f Date:	Installer's Initials:
PIN: 11-0-070103	Site Address: Ea	st of 22139 450th Ave. Aitkin MN 56431
This is a TYPE III Septic System	n, Operating Permit Required of Ow	ner. Permit#
Reason for Type III Type	e III because mottled soils at 6	inches Type III Soils
Λ		
Description of System 3 b	edroom 3 ft washed sand mo	und
1st Tank Gal.	1st compartment gal.	2nd Comp 3rd
2nd Tank Gal.	1st compartment gal.	2nd Comp3rd
3rd Tank Gal.	1st compartment gal.	2nd Comp 3rd
1st Pump tank Gal.	1st Pump Brand and model #	<u> </u>
1st Pump GPM	1st Pump Ft. of Head	1st Pump Gal. per Dose
1st Pump tank Gal. per inch.	1st Pump Inches per Dose	1st Pump Doses per Day
1st Pump Design GPD	1st Pump Measured dose per day	Timed or demand Dose
Time Settings: 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 tank Gal. per inch.	2nd Pump Inches per Dose	2nd Pump Doses per Day
2nd Pump Design GPD	2nd Pump Measured dose per day	Timed or demand Dose
Time Settings: 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 hol	d 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 Ope	eration: Required to do monthly rea	adings of water meter or event counter.
Owner to record readings every mo	nth that system is being used, shoul	ld know calculations for Gal. per day.
Owner to REPORT to Aitkin Co. once	,	·
Owner to Hire an Inspector for a On	ce a year Inspection of the system's	s Operation Mechanical functions

and Compliance with Operating Permit.