

AITKIN COUNTY ENVIRONMENTAL SERVICES

#550⁰⁰

APPLICATION for an
OPERATING PERMIT FOR WASTEWATER TREATMENT AND
DISPERSAL

PERMITTEE Bruce Otto / Rick Otto PARCEL NUMBER 45-0-012205

ADDRESS 32869 257th Ave M. Gray 55760

LEGAL DESCRIPTION 0.544' of 3200' of N 800' of NW NE

TELEPHONE # 218 392-0440 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)

Event counter

B. MONITORING PLAN AND REPORTING FREQUENCY:

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	<u>450/day</u>	<u>Event counter</u>	<u>monthly</u>		<u>Annually</u>
5-DAY BOD					
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS, OILS AND GREASE					
FECAL COLIFORM					
SEPARATION DISTANCE					

_____ will perform the monitoring of this septic system.

C. MAINTENANCE PLANS

PARAMETER	LOCATION	FREQUENCY
450/day	Event counter in Alarm Box	
	↔ Check for leaks or surfacing of road	Annually

D. MITIGATION PLAN:

holding tank

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.

Bob Bartol

Signature

2628

License Number

9-20-22

Date

Bob Bartol

Name (please print)

P.O. Box 62

Address

Brainard 56401

218-831-6430

Telephone #

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

It is hereby agreed this 20th day of Sept, _____ by and between
Bob Bule (Inspector) and Rick Otto (client)

(Client) Name & Address Rick Otto
Br Otto / 35869 257th Ave

Street Address _____

City, State, Zip McGregor 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).

Check effluent filter for buildup and clean, if applicable.

___ Check pumping system, including control panel and floats.

___ Record and date the readings of the elapsed time meter and cycle counter(s), if applicable.

___ 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: _____
