## MAINTENANCE SERVICE, MONITORING AND INSPECTION CONTRACT

### FOR SUBSURFACE SEWAGE TREATMENT SYSTEM OPERATING PERMIT

It is hereby agreed this 13	day of October .	23 by and between
Tom O'Neil	(Inspector) and Tony	Petroske (client)

(Client) Name	Tony Petroske	
Site Address	60933 240th Ave	
City, State, Zip_	Jacobson, Mn 55752	

That in consideration of the payments provided herein, the Inspector shall provide services to perform Preventative Maintenance, Monitoring and Inspection of the Subsurface Sewage Treatment System (SSTS) located at the property described in the Aitkin County Operating Permit.

Each inspection includes an examination of the SSTS followed by a written report to the client. This inspection report shall contain recommendations for operation and maintenance for failurepreventative 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:

#### (Check the boxes needed to fill the requirements of the Operating Permit)

#### SEPTIC TANK AND LIFT STATIONS INSPECTION

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.

X Check pumping system, including control panel and floats.

Record and date the readings of the elapsed time meter and event counter(s).

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☐ Check dosing settings (in the control panel, if applicable).

Other:

#### **TREATMENT DEVICE**

Inspect pretreatment unit (aerobic tank, sand filter, etc.) per manufacturer's

recommendation.

Inspect and clean any parts per manufacturer's recommendation.

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 At time of In	stallation ,	upon certificate	ofcompliance
	and Ending Sept. 30			·

Cost for Maintenance Service, Monitoring and Inspection Contract is:

\$\_\_\_\_\_yr. For \_\_\_\_\_years totaling \$\_TBD at time of service

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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 At time of inspection.

<b>Client:</b> Sign:	Cattpett	Sign:	Inspector: Tom O'
Print:	10 / 13 / 2023	Print:	Tom O'Nei'l
Date:		Date:	October 13, 2023

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(Office Use Only)					
Operating Permit #	872				
Application #	2023-000950				
Date issued:	10/13/2023				
Expiration date:	9/30/2026				
Renewal due:	9/30/2026				
Renewal period:	Annual				

# Subsurface Sewage Treatment System Operating Permit

# Aitkin County Environmental Services

Planning & Zoning

307 Second St. NW, Room 219 Aitkin, MN 56431 218-927-7342 aitkinpz@co.aitkin.mn.us

Use this form to apply for a Type 3 system operating permit

# **Facility Information**

Permittee name:	P	PETROSKE, ANTHONY							
Mailing address:	6	0933 240th Ave City: Jacob		Jacobson		State:	MN	Zip:	55752
Email:	tc	onypetroske@gmail.com Phone:				641-436	-0710		
Property ID numbe	ber: 33-0-035400								
Property address:		60933 240th Ave, Jacobson 55752							
System type:		Type 3 Treatment level:							
System design flow (gpd):	/	300 GPD Residential/Commercial: RESIDENTIAL			ITIAL				
System component	ts:	Type 3 Mound with 36" washed sand under rockbed. Type 3 due to soil separation.							

# **Monitoring Requirements**

Parameter	Effluent limits	Frequency	Location
Design flow (gpd)	300 GPD	Record water use Monthly	Event Counter/Flow Meter
Ponding/Surfacing in soil treatment	None allowed	Inspect Annually	Mound

# Monitoring Requirements Comment Field:

\*Owner will record water use at the event counter/flow meter once a month. Owner will send monthly readings report to Aitkin Co. or to the inspector once a year. AR

#### **Maintenance Requirements**

\*Maintenance requirements shall be performed as specified in the Management Plan as prepared by the system's Designer.

System component	Maintenance	Frequency
Septic tank/Trash tank	Check components/check for buildup	Annually
Pump tank and controls	Check components & settings	Annually
Soil treatment and dispersal	Inspect for signs of failure	Annually

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# **Monitoring Protocol**

Any sampling and laboratory testing procedures shall be performed in accordance with the proprietary treatment product's protocol, Standard Methods, and at a Minnesota Department of Health approved laboratory. Results shall be submitted to the permitting authority at: <u>Aitkin County Environmental Services, 307 2<sup>nd</sup> St NW, Room 219, Aitkin, MN 56431</u> no later than the expiration date listed.

### **Contingency Plan**

In the event the wastewater treatment system does not meet required performance requirements as contained in this operating permit, the owner shall notify Aitkin County Environmental Services within thirty (30) days of receiving non-compliant information. The owner is responsible to obtain the services of a Minnesota Pollution Control Agency (MPCA) licensed Service Provider or other qualified practitioner to complete the required corrective measures.

#### Authorization

Aitkin County Environmental Services authorizes the Permittee to operate a wastewater treatment and dispersal system at the address named above in accordance with the requirements of this operating permit, attached Management Plan and contract with the Service Provider/Inspector.

This permit is effective on the issuance date and term identified above. This permit and the authorization to treat and disperse wastewater shall expire on the expiration date identified above. The Permittee is not authorized to discharge after the above date of expiration. The Permittee shall submit monitoring and maintenance information on forms as required by Aitkin County Environmental Services prior to the above date of expiration for operating permit renewal. If not renewed within ninety (90) calendar days of the expiration date, it may be required that the system be abandoned in accordance with MN Rule 7080.2500. This permit is not transferable as to person or place.

The owner is required to obtain the services of a Minnesota Pollution Control Agency (MPCA) licensed and trained: 1) Service Provider or Inspector to provide ongoing system operation, maintenance, and monitoring and 2) Maintainer to pump the system's sewage tanks and components. The owner is responsible to provide the name of the Service Provider or Inspector business prior to the issuance of this operating permit. The owner has secured the services of **TOM O'NEIL** as the Service Provider or Inspector for this system. The Service Provider or Inspector is hereby authorized to provide the required monitoring data and routine maintenance service records to both Aitkin County Environmental Services.

[For systems that generate high strength wastewater, the following items should be added to the operating permit: "If there is a change of use within the facility (i.e., change in menu, increase in food capacity, change in water use fixtures, etc.), the permittee is required to notify Aitkin County Environmental Services and the Service Provider before any changes occurs. Changes to the facility that could potentially impact performance of the wastewater treatment and dispersal system shall not take place until appropriate evaluation has been completed."]

I hereby certify with my signature as the Permittee that I understand the provisions of the wastewater treatment and dispersal system operating permit including maintenance and monitoring requirements. I agree to indemnify and hold Aitkin County harmless from all loss, damages, costs and charges that may be incurred by the use of this system. If I fail to comply with the provisions of this operation permit, I understand that penalties may be issued. If I sell this property during the life of the permit, I will inform the new owner(s) of the permit requirements and the need to renew the operating permit.

The Operating Permit is hereby granted to:			KE, ANTHO	NY			
Permittee (please prir	nt): 10 / 13 / 202	23	Permitting A (please prin		Planning & Zoning	g/Shanr	non Wiebusch
Title:	Date:	-0	Title:	Office A	e Assistant		10/13/2023
Permittee Signature:	X CHART	>	Permitting Authority Signature:		County Representati		

# X Dropbox Sign

Title	OP 872 Petroske
File name	OP 872 Petroske .pdf
Document ID	499d8228023e35803e659f9737c76daa5a60254a
Audit trail date format	MM / DD / YYYY
Status	<ul> <li>Signed</li> </ul>

# Document History

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