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| *(Office Use Only)* |
| **Operating Permit #** | 820 |
| **Application #** | 2023-368 |
| **Date issued:** | 5/30/2023 |
| **Expiration date:** | 9/30/2025 |
| **Renewal period:**  | Annually |

**Facility Information**  | Wastewater Treatment and Dispersal Operating Permit**Aitkin County Environmental Services****Planning & Zoning**307 Second St. NW, Room 219Aitkin, MN 56431218-927-7342aitkinpz@co.aitkin.mn.us |

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| --- | --- |
| Permittee name: | JDT Properties |
| Mailing address: | 46054 State Hwy 65 | City: | McGregor | State: | MN | Zip: | 55760 |
| Email: |       | Phone: | 218-426-4350 |
| Property ID number: | 29-0-063004 |
| Property address: | 46054 State Hwy 65, McGregor |
| System type: | Type 3 | Treatment level: |       |
| System design flow (gpd): | 750 GPD | Residential/Commercial: | Commercial |
| System components: | 1820 gal 2 comp. tank for both buildings to a gravity line to another 1820 tank to a 3’ sandbase mound  |
| System sized for a 5 bedroom. The current operations is needing 630 gpd with the 5 bedroom mound providing 750 gpd. |

## **Monitoring Requirements**

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| **Parameter** | **Effluent limits** | **Frequency** | **Location** |
| Design flow (gpd) | 750 GPD | Record Readings Monthly  | Event Counter |
| Average flow (gpd) |       |       |       |
| CBOD5 (mg/L) |       |       |       |
| TSS (mg/L) |       |       |       |
| FO&G (mg/L) |  |  |  |
| Fecal Coliform bacteria (#/100mL) |       |       |       |
| Total Nitrogen, Total Phosphorus (mg/L) |       |       |       |
| Separation Distance | 3 ft. | Annual Inspection | Drainfield |
| Ponding/Surfacing in soil treatment | None allowed | Annual Inspection | Drainfield |

## **Monitoring Requirements Comment Field:**

Record flow readings from event counter at least once a month.

**Maintenance Requirements**

Maintenance requirements shall be performed as specified in the Management Planas prepared by the system’s Designer.

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| **System component** | **Maintenance** | **Frequency** |
| External grease interceptor | NA |       |
| Septic tank/Trash tank | Solids Removal/Check components | Annually |
| Pump tank and controls | Check system | Annually |
| Effluent screen | Check for buildup/clean |       |
| Advanced treatment product | NA |       |
| UV light disinfection device | NA |       |
| Soil treatment and dispersal | Check for surface discharge | Annually |

## **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: Aitkin County Environmental Services, 307 2nd St NW, Room 219, Aitkin, MN 56431 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 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 information on forms as required by Aitkin County Environmental Services no later than thirty (30) days prior to the above date of expiration for operating permit renewal. This permit is not transferable.

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  **Ernie Darlow Jr.**

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.

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| **The Operating Permit is hereby granted to:** | **JDT Properties** |
| Permittee (please print):  |       | Permitting Authority (please print): | Shannon Wiebusch |
| Title:  |       | Date: |       | Title:  | Office Assistant | Date: |       |
| Permittee Signature: |  | Permitting Authority Signature: |  |