

August 1, 2023

Dear Permittee:

Enclosed is the Operating Permit for an Other/Performance Septic System that you are petitioning Aitkin County to allow to be installed on your property instead of a standard Type I system. Please review this permit thoroughly and become acquainted with all of the monitoring, maintenance, and renewal requirements, then sign the operating permit and return it to our office.

Before the permit expiration date, our office will send you a reminder notice on how to renew the operating permit. This reminder notice will ask that you provide the following:

- 1) Applicable Maintenance & Monitoring Records
- 2) Monthly Water Meter Readings (A recording sheet is enclosed for your convenience)
- 3) Renewal Application and Fee

The permittee is responsible for privately hiring a licensed Service Provider/Inspector for the maintenance and monitoring services. Their cost of service is not included in the permit renewal fee. One provision often overlooked by the landowner is the State of Minnesota requires that a water meter, event counter, or other flow-measuring device be installed on the system and the readings be recorded on a monthly basis. Refer to the operating permit whether it is the landowner or the service provider who is responsible for monitoring the flow and recording the monthly readings.

If you have any questions about the operating permit or renewal requirements, please contact our office.

Thank you,

Aitkin County Planning & Zoning 218-927-7342 aitkinpz@co.aitkin.mn.us

Enclosures: Operating Permit Water Meter Recording Sheet

| (Office Use Only) | | | | | |
|--------------------|-----------|--|--|--|--|
| Operating Permit # | 847 | | | | |
| Application # | 2023-645 | | | | |
| Date issued: | 8/1/2023 | | | | |
| Expiration date: | 9/30/2025 | | | | |
| Renewal period: | Annually | | | | |

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

Facility Information

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

| Permittee name: | В | BISCOE, SCOTT & CHERYL | | | | | | | |
|---------------------------|-----|--|---------------------|-------------|-------------------------|--------|--------|-------------|-------|
| Mailing address: | 4 | 0065 Grove St | City: | y: Palisade | | State: | MN | Zip: | 56469 |
| Email: | cl | neryl_biscoe@yahoo.com | Phone: 218-838-9776 | | | | | | |
| Property ID number | r: | 52-0-021800 | | | | | | | |
| Property address: | | 40065 Grove St, Palisade, MN 56469 | | | | | | | |
| System type: | | Туре 3 | | | Treatment level: | | | | |
| System design flow (gpd): | / | 450 GPD | | | Residential/Commercial: | | al: RE | RESIDENTIAL | |
| System component | is: | TYPE 3, 3 BEDROOM MOUND WITH 3FT. OF WASHED SAND UNDER 10X38 ROCKBED. TYPE 3 DUE TO MOTTLE SOIL AT 10 INCHES. | | | | | | | |

Monitoring Requirements

| Parameter | Effluent limits | Frequency | Location |
|-------------------------------------|-----------------|------------------|-----------------------|
| Design flow (gpd) | 450 GPD | Record Monthly | Event Counter at tank |
| Ponding/Surfacing in soil treatment | None allowed | Inspect Annually | Mound |

Monitoring Requirements Comment Field:

*Owner will read event counter once a month or when present. Owner will send monthly readings report to Aitkin Co. or the inspector once a year.

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, calibrate | 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</u>, 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 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 **Jeff Brummer** 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 Oper | ating Permit is hereby gran | BISCOE, SCOTT & CHERYL | | | | | | |
|--------------------------|-----------------------------|------------------------|--|---------------------------------------|--------------------|--------------------------------|-----------|------|
| Permittee (please pri | Scott or Charve Blecop | | | Permitting Authority (please print): | | Aitkin County/Shannon Wiebusch | | |
| Title: | Owner | Date: | | Title: | Office Assistant D | | Date: | |
| Permittee Signature: | | | | Permitting Authority Signature: | X | County Representati | ve Signat | ture |

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