(Office Use Only)					
Operating Permit #	828				
Application #	2023-517				
Date issued:	6/16/2023				
Expiration date:	9/30/2025				
Renewal period:	Annually				

# Wastewater Treatment and Dispersal Operating Permit

#### Aitkin County Environmental Services Planning & Zoning 307 Second St. NW, Room 219 Aitkin, MN 56431 218-927-7342

218-927-7342 aitkinpz@co.aitkin.mn.us

### **Facility Information**

avid Bell								
267 Saratoga Street S.	City: Saint Paul		l	State:	MN	Zip:	55105	
avid.bell@randstadusa.com			Phone:	(651) 260 - 3741				
umber: 24-1-070900								
37325 316 <sup>th</sup> Ln, Aitkin								
Туре 3			Treatment level:					
600 GPD			Residential/Commercial:		al: Re	Residential		
Type 3 Mound on disturbed soil. 4 bedroom 2 ft. washed sand mound under 10x50 rockbed.								
	david.bell@randstadusa.com 24-1-070900 37325 316 <sup>th</sup> Ln, Aitkin Type 3 600 GPD	267 Saratoga Street S. City: david.bell@randstadusa.com 24-1-070900 37325 316 <sup>th</sup> Ln, Aitkin Type 3 600 GPD	267 Saratoga Street S. City: Saint Pau david.bell@randstadusa.com 24-1-070900 37325 316 <sup>th</sup> Ln, Aitkin Type 3 600 GPD	267 Saratoga Street S. City: Saint Paul david.bell@randstadusa.com Phone: 24-1-070900 37325 316 <sup>th</sup> Ln, Aitkin Type 3 Treatment le 600 GPD Residential/C	267 Saratoga Street S. City: Saint Paul State: da∨id.bell@randstadusa.com Phone: (651) 26 24-1-070900 37325 316 <sup>th</sup> Ln, Aitkin Type 3 Treatment level: 600 GPD Residential/Commercia	267 Saratoga Street S. City: Saint Paul State: MN da∨id.bell@randstadusa.com Phone: (651) 260 - 3741 24-1-070900 37325 316 <sup>th</sup> Ln, Aitkin Type 3 Treatment level: 600 GPD Residential/Commercial: Re	267 Saratoga Street S. City: Saint Paul State: MN Zip: da∨id.bell@randstadusa.com Phone: (651) 260 - 3741 24-1-070900 37325 316 <sup>th</sup> Ln, Aitkin Type 3 Treatment level: 600 GPD Residential/Commercial: Residential	

#### **Monitoring Requirements**

Parameter	Effluent limits	Frequency	Location
Design flow (gpd)	600 GPD	Record Monthly	Event Counter
Ponding/Surfacing in soil treatment	None allowed	Check 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 contracted 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 buildup	Annually
Pump tank and controls	Check components & settings, calibrate	Annually
Effluent screen	Check and clean	Annually
Soil treatment and dispersal	Check for failure/check components	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 2<sup>nd</sup> 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

[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	ted to:	David Bell					
Permittee (please print):					Permitting Authority (please print):		annon Wiebusch	
Title:	Property owner	Date:		Title:	Office Assistant Dat		Date:	6/16/23
Permittee Signature:	Permitee Signature		Permitting Authority Signature:	X	n County Representative Signature			

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