

Check pumping system, including control panel and floats.

Owner ---> Record and date the readings of the elapsed time meter and cycle counter(s), if applicable. Owner is responsible for monthly event counter readings

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: _____

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 Certification of Compliance Installation
and Ending _____

Cost for Maintenance Service, Monitoring and Inspection Contract is:

\$ _____ /yr. For _____ years totaling \$ _____ To be Determined at time of service

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 1st inspection and every one after

Client:

Inspector:

Sign: _____

Sign: Jeff Brummer

Print: Ellen Mortenson

Print: Jeff Brummer

Date: _____

Date: 11/2/2022

Jeff Brummer L-1347

Brummer Septic LLC. 218-821-0704

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{ Type III Design Notes for Owner and Installer }

Property Owner: Ellen Mortenson Date: _____ Installer's Initials : _____
 PIN : 03-0-051901 Site Address: 52855 145th Pl. Tamarack MN 55787

This is a TYPE III Septic System, Operating Permit Required of Owner. Permit # _____

Reason for Type III Mottels at 7"

Description of System 3 bedroom 3ft washed sand under 10' x 38' rockbed

1st Tank Gal. _____	1st compartment gal. _____	2nd Comp _____	3rd _____
2nd Tank Gal. _____	1st compartment gal. _____	2nd Comp _____	3rd _____
3rd Tank Gal. _____	1st compartment gal. _____	2nd Comp _____	3rd _____

1st Pump tank Gal. _____	1st Pump Brand and model # _____		
1st Pump GPM _____	1st Pump Ft. of Head _____	1st Pump Gal. per Dose _____	
1st Pump tank Gal. per inch. _____	1st Pump Inches per Dose _____	1st Pump Doses per Day _____	
1st Pump Design GPD _____	1st Pump Measured dose per day _____	Timed or demand Dose _____	
Time Settings: Minutes ON _____	Minutes OFF _____	Inches Pumped after drainback _____	
Notes : _____			

2nd Pump tank Gal. _____	2nd Pump Brand and model # _____		
2nd Pump GPM _____	2nd Pump Ft. of Head _____	2nd Pump Gal. per Dose _____	
2nd Pump tank Gal. per inch. _____	2nd Pump Inches per Dose _____	2nd Pump Doses per Day _____	
2nd Pump Design GPD _____	2nd Pump Measured dose per day _____	Timed or demand Dose _____	
Time Settings: Minutes ON _____	Minutes OFF _____	Inches Pumped after drainback _____	
Notes : _____			

1st Alarm: Tank _____ Reason: _____
 2nd Alarm: Tank _____ Reason: _____
 3rd Alarm: Tank _____ Reason: _____

Water Meter Installed on house hold water: _____ Where is it located : _____

Event counter Installed on pump: _____ Which Pump: _____ Gal. Per Event _____

Where is Event Counter Located: _____

Requirement of Operating Permit

Owner to UNDERSTAND System Operation: Required to do monthly readings of water meter or event counter.

Owner to record readings every month that system is being used, should know calculations for Gal. per day.

Owner to REPORT to Aitkin Co. once a year with log of monthly readings and annual Inspection Report

Owner to Hire an Inspector for a Once a year Inspection of the system's, Operation, Mechanical functions, and Compliance with Operating Permit.