

# AITKIN COUNTY ENVIRONMENTAL SERVICES

## APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

**PERMITTEE** Heidi Sammon **PARCEL NUMBER** 52-1-036500

**ADDRESS** 40309 502nd Ln. Palisade Mn 56469

**LEGAL DESCRIPTION** Lot 5 & 4 & 6

**TELEPHONE #** 651-442-7897 **GIS LOCATION** \_\_\_\_\_

**A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM:  
(Attach ISTS site evaluation and design; estimated cost of system  
construction, operation, monitoring, service, component replacement, and  
management; anticipated system life, hydraulic and organic loading rates)**

Type III because on disturbed soil, remove existing foundation and side walk.

Type III 3 bedroom Mound 18" washed sand under rockbed 10' x 38'

**B. MONITORING PLAN AND REPORTING FREQUENCY:**

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	450 GPD	Event counter	Once a Month or when present		Send Report to Aitkin Co. Once a year
5-DAY BOD					
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS,OILS AND GREASE					
FECAL COLIFORM					
SEPARATION DISTANCE					

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.

\_\_\_\_\_ will perform the monitoring of this septic system.

**C. MAINTENANCE PLANS**

PARAMETER	LOCATION	FREQUENCY
450 GPD	Read Event Counter	Once a month or when present
Calibrate pump out gallons	Measure pump tank and calculate gallons pumped out per event	Calibrate system when installed and in operation. Check calibration number at 1st year inspection and every one after
Report monthly readings to Aitkin Co. Or inspector	Keep records of monthly readings	Once a year submit report to Aitkin Co.

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**D. MITIGATION PLAN:**

Have system Inspected

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I hereby certify with my signature as the designer, that all data for the operating permit application is true and correct to the best of my knowledge. I agree to indemnify and hold Aitkin County harmless from loses, damages, costs and charges that may be incurred by the County because of the information submitted with this application.

Jeff Brummer  
Signature

L-1347  
License Number

10/30/2023  
Date

Jeff Brummer  
Name (please print)

14650 Agate Ridge Rd Brainerd MN 56401  
Address

(218) 821-0704  
Telephone #

**MAINTENANCE SERVICE, MONITORING AND INSPECTION  
CONTRACT  
FOR INDIVIDUAL SEWAGE TREATMENT SYSTEM**

It is hereby agreed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between  
Jeff Brummer (Inspector) and Heidi Sammon (client)

(Client) Name & Address

Heidi Sammon 40309 502nd Ln Palisade Mn 56469

Mailing Street Address 6707 Wildrye Cir. S.

City, State, Zip Cottage Grove MN 55016

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

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

**SEPTIC TANK AND LIFT STATIONS INSPECTION**

(check the boxes needed to fill the requirements of the Operating Permit)

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.

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

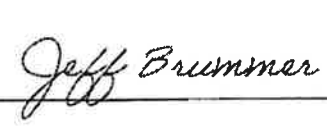
The Inspector agrees to provide inspection, monitoring and routine maintenance service only under this contract. The Client remedies for breach of this contract shall be limited to refund of any of the amounts paid in advance for service. This contract may be renewed 30 days from the ending date.

Payment for all services shall be paid At 1st inspection and every one after

**Client:**

**Inspector:**

Sign: 

Sign: 

Print: Heidi Sammon

Print: Jeff Brummer

Date: 12/15/23

Date: 10/30/2023

Brummer Septic LLC. 218-821-0704  
14650 Agate Ridge Rd Brainerd MN 56401  
brummerseptic@gmail.com

### { Type III Design Notes for Owner and Installer }

Property Owner: Heidi Sammon Date: \_\_\_\_\_ Installer's Initials : \_\_\_\_\_  
 PIN : 52-1-036500 Site Address: 40309 502nd Ln. Palisade Mn 56469

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

Reason for Type III Disturbed Soil Remove existnig foundation and sidewalk.

Description of System Type III 3 bedroom mound with 1.5 ft of 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.