AITKIN COUNTY ENVIRONMENTAL SERVICES

APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

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PERMITTEE #1	LL CITY Ba	PTIST	PARCEL NUI	MBER_/2	-0-03
ADDRESS 30					
LEGAL DESCR	IPTION MA	· ·			
TELEPHONE #	218-256-	2574	GIS LOCATION	ON NIA	
construction	ON OF WASTEVE Site evaluation on operation, motificated states to the control of	n and design	; estimated cos vice, compone	st of system ent replace	n ment and
1500 gAL	Phe CHST Co.	mbo Thur	From T	hompson	Concrete
conasses, p	ump Alan	Moori	TYPE dri	am fife c	1 . Esx
1,500 " & N	nonitoring 54	Pruc - No	Charge - Lar	of Horning	w51 -
domestic .	TYPP waste			,	
	G PLAN AND RI	EPORTING F	REQUENCY:		
B. MONITORING		EPORTING F	SAMPLE	SAMPLE	REPORTING
B. MONITORING PARAMETER FLOW	G PLAN AND RI	SAMPLE		SAMPLE TYPE	REPORTING FREQUENCY
B. MONITORING PARAMETER FLOW 5-DAY BOD	G PLAN AND RI	SAMPLE	SAMPLE		
B. MONITORING PARAMETER FLOW S-DAY BOD TOTAL	G PLAN AND RI	SAMPLE	SAMPLE		
B. MONITORING PARAMETER FLOW 5-DAY BOD TOTAL NITROGEN	G PLAN AND RI	SAMPLE	SAMPLE		
B. MONITORING PARAMETER FLOW 5-DAY BOD TOTAL NITROGEN TOTAL	G PLAN AND RI	SAMPLE	SAMPLE		
B. MONITORING PARAMETER FLOW S-DAY BOD OTAL NITROGEN OTAL PHOSPHORUS	G PLAN AND RI	SAMPLE	SAMPLE		
B. MONITORING PARAMETER FLOW 5-DAY BOD TOTAL NITROGEN TOTAL	G PLAN AND RI	SAMPLE	SAMPLE		
PARAMETER FLOW 6-DAY BOD TOTAL NITROGEN TOTAL PHOSPHORUS	G PLAN AND RI	SAMPLE	SAMPLE		
PARAMETER FLOW 5-DAY BOD TOTAL NITROGEN TOTAL PHOSPHORUS TSS TATS,OILS	G PLAN AND RI	SAMPLE	SAMPLE		
PARAMETER FLOW S-DAY BOD TOTAL STROGEN TOTAL PHOSPHORUS TSS TATS,OILS ATS,OILS AND GREASE ECAL	G PLAN AND RI	SAMPLE	SAMPLE		
PARAMETER FLOW S-DAY BOD TOTAL NITROGEN TOTAL PHOSPHORUS TSS TATS,OILS AND GREASE ECAL COLIFORM	G PLAN AND RI	SAMPLE	SAMPLE		
PARAMETER FLOW S-DAY BOD TOTAL STROGEN TOTAL PHOSPHORUS TSS TATS,OILS ATS,OILS AND GREASE ECAL	G PLAN AND RI	SAMPLE	SAMPLE		

will perform the monitoring of this septic system.

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

It is hereby agreed this 18 day of TULY, 2022 by and between
harmy Holinguist (Inspector) and Hill City (client)
(Client) Name & Address HILL CITY Baptist Church 36043 Huy 200, HILL CITY, Mr., 155748
Street Address 36043 Hwy 200
City, State, Zip HILL CITY, MN, 55748

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.

V	Check pumping system, including control panel and floats.
cour	Record and date the readings of the elapsed time meter and cycle iter(s), if applicable. ~ on demand
-	Check dosing settings (in the control panel, if applicable).
-	Other:
**If the	ne septic tank or lift stations need pumping to be in compliance with the ating permit the cost of the pumping is the responsibility of the Client.
TRE	ATMENT 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.
and e	Inspect the appearance of the wastewater inside the unit for color, turbidity examination of odors.
	Sample effluent per Operating Permit monitoring requirements.
	(Cost of sampling and analysis is the responsibility of the Client)
	Other:
DISP	ERSAL FIELD
V	Inspect for visible signs of failure (surface discharge, soggy ground, wet
spots	
	If liquid level monitors are installed, levels will be observed and recorded.
	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.

C. MAINTENANCE PLANS

PARAMETER	LOCATION	FREQUENCY	
	36043 Hwy 800		
S ITe	HILL CITY, MW, 55748	Yearly	
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D. MITIGATION PLA • Check on 2 Years	AN: Vearly Bases Con A	-s Needed) For	
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ocheck on	AN: Vearly Bases Con A	-s Needed) For	
ocheck on	AN: Vearly Bases Con A	-s Needed) For	
2 years	yearly Bases (or A	data for the operating permit	
I hereby certify with rapplication is true an	my signature as the designer, that all correct to the best of my knowledge armless from loses damages, costs a	data for the operating permit e. I agree to indemnify and and charges that may be	
I hereby certify with rapplication is true an	yearly Bases (or A	data for the operating permit e. I agree to indemnify and and charges that may be	
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I hereby certify with rapplication is true an hold Aitkin County had incurred by the County	my signature as the designer, that all ad correct to the best of my knowledge armless from loses, damages, costs a sty because of the information submit	data for the operating permit e. I agree to indemnify and and charges that may be	
I hereby certify with rapplication is true and hold Aitkin County has incurred by the County to the	my signature as the designer, that all correct to the best of my knowledge armless from loses damages, costs a	data for the operating permit e. I agree to indemnify and and charges that may be tted with this application.	
I hereby certify with rapplication is true an hold Aitkin County had incurred by the County	my signature as the designer, that all ad correct to the best of my knowledge armless from loses, damages, costs a sty because of the Information submit	data for the operating permit e. I agree to indemnify and and charges that may be sted with this application. 7-18-20 Date	
I hereby certify with rapplication is true and hold Aitkin County has incurred by the County to the	my signature as the designer, that all ad correct to the best of my knowledge armless from loses, damages, costs at because of the information submit $\frac{L}{License\ Number}$	data for the operating permit e. I agree to indemnify and and charges that may be sted with this application. 7-18-20 Date	22

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 JULY 18 , 2022

and Ending Tuly 18 , 2024

	onitoring and Inspection Contract is:			
The Inspector agrees to provide inspector service only under this contract. The Contract.	ction, monitoring and routine maintenance Client remedies for breach of this contract amounts paid in advance for service. This			
Payment for all services shall be paid N/A				
Client: HILL FIRST Baptist	Inspector: Lange Holmquist Noling			
Sign: Lownie Lee	Sign: KONNIE LEC (Pastol)			
Print:	Print:			
Date:	Date:			