

# ZONING PERMIT APPLICATION

FULL NAME David Fischer TELE # \_\_\_\_\_  
 BIRTHDATE & DL # 48089 216th P. McGregor  
 MAIL ADDRESS \_\_\_\_\_ 557100  
 911 ADDRESS \_\_\_\_\_  
 TOWNSHIP Shorewood Lot 26  
 LEGAL DESCRIPTION Sathers Flat By Sandy Narrows  
 SECTION 19 TOWNSHIP 49 RANGE 93

OFFICE USE ONLY	
DATE <u>10/24/02</u>	APPROVE / DENY _____
PERMIT # <u>299161</u>	_____
PARCEL # <u>29-1-457100</u>	_____
RECEIPT # <u>7759</u>	_____
CONFORMING SEPTIC	
YES P# _____	NO <input checked="" type="checkbox"/> <u>NEW</u>

(circle) RESIDENTIAL COMMERCIAL ACCESSORY NEW BUILDING ALTERATION  
 BUILDING CONTRACTOR AND LICENSE NUMBER: \_\_\_\_\_  
 SIZE OF ALL BUILDINGS COVERED BY THIS APPLICATION 11 x 22 Resid. addition +

to change pitch of roof.  
 COMMENTS: Septic system w/10 cond.  
per variance request # 296801 soil + H&O  
Design + install plan  
 DATA FOR SEWER CONSTRUCTION: INSTALLER Lameke #BEDROOMS/GPD 3/450

**DO NOT WRITE BELOW THIS LINE**

**ZONING DISTRICT & FLOOD PLAIN**  
 ZONING DISTRICT S/L Sandy River  
 LAKE/STREAM/RIVER NAME Sandy River  
 LAKE/RIVER ID NUMBER 1-0060  
 LAKE/RIVER/STREAM CLASSIF. 1-0060  
 PARCEL LOCATED IN FLOOD PLAIN? Y \_\_\_ N   
 10/100 YR FLOOD ELEVATION \_\_\_\_\_  
 LOWEST FLOOR ELEVATION \_\_\_\_\_  
 ELEV. CERTIFICATE REQUIRED Y \_\_\_ N   
 BEFORE CONSTRUCTION Y \_\_\_ N \_\_\_  
 AFTER CONSTRUCTION Y \_\_\_ N \_\_\_

**STRUCTURE SETBACK DISTANCE REQUIREMENTS**  
 (Measure from eaves or overhang)  
 OHW TO LAKE/RIVER/STREAM 100'  
 PROPERTY LINE SETBACK 10'  
 SETBACK TO ROAD R-O-W 30' + sp 50' W  
 SETBACK TO BLUFF 30'

**SEPTIC SYSTEM SETBACK DISTANCES**  
 SETBACK TO STRUCTURES 10' tank 20' OF  
 OHW TO LAKE/RIVER 75'  
 PROPERTY LINE SETBACK 10'  
 SETBACK TO ROAD R-O-W 10'

**\*\*ATTACH COPY OF ELEVATION CERTIFICATES\*\***

SOIL BORINGS 4 SEPTIC DESIGN mand GARBAGE DISP/HOT TUB YES \_\_\_ NO   
 PERK RATES \_\_\_\_\_ DEPTH TO RESTRICTING LAYER 1'  
 MIN. SIZE SEPTIC TANK 18600 combo MIN. SIZE PUMP TANK \_\_\_\_\_  
 DRAINFIELD: MINIMUM SQ. FT. 0 WITH \_\_\_\_\_ INCHES ROCK BELOW PIPE  
 MOUND: MINIMUM ROCK BED SQ. FT. 374 WITH 9 INCHES ROCK BELOW PIPE  
 MIN. UPSLOPE SAND WIDTH 16 MIN. DOWNSLOPE SAND WIDTH 16 END SAND WIDTHS 16  
 RECOMMENDATIONS: \_\_\_\_\_

x David P. Fischer \$ 250 Missy 10/24/02  
 SIGNATURE APPLICANT/AGENT FEE RECEIVED BY DATE

**EXPIRES IN ONE YEAR**  
**Aitkin County Zoning, Courthouse — AITKIN, MINNESOTA 56431 — Telephone 218/927-7342**

AITKIN COUNTY SOIL AND WATER CONSERVATION DISTRICT  
SHORELAND SITE REVIEW AITKIN COUNTY SWCD  
130 SOUTHGATE DRIVE  
AITKIN, MN 56431  
(218) 927-6565  
SHORELAND SITE REVIEW  
THIS SITE REVIEW IS NOT A PERMIT

SITE REVIEW NUMBER: S02-136  
SITE REVIEW DATE: September 25, 2002  
LANDOWNER'S NAME: Dave Fisher  
ADDRESS: 48039 216<sup>th</sup> Place, McGregor, MN. 55760  
Phone:

LOCATION OF WORK SITE: SEC: 30 TWSP: 49 RANGE: 23  
LOT #, PLAT NAME, QUARTER SECTION, ETC. NW ¼, NE ¼  
LAKE OR RIVER AFFECTED: Sandy River

\*\*\*\*\*

**WORK TO BE PERFORMED & SITE EVALUATION**

The landowner is applying for a variance. The following items were discussed with the landowners, on-site:

Erosion Control - The slope to the lake is stabilized with good ground cover. Runoff collected by the rain gutters is collected and outleted through a pipe near the river. The outlet of the pipe is currently stable, with no erosion evident. The following items can reduce the risk further:

1. During the construction process, the lakeside area of the work must be protected with either bale checks or silt fence.
2. The south side of the home will be terraced and landscaped. This will reduce the velocity of any runoff.

Screening - The property has several mature trees, between the cabin and water. These provide some screening in the canopy. Existing trees between the cabin and the lake will be retained.

Questions regarding this site review should be directed to the number above.

Date: September 28, 2002

SWCD AUTHORIZED SIGNATURE: *Janet Smude*

\*\*\*\*\*

**NOTES:**

CALL AITKIN COUNTY PLANNING & ZONING (927-7342) FOR SHORELAND ALTERATION PERMIT. DNR, ARMY CORPS OF ENGINEERS, MPCA OR OTHER APPROVALS MAY BE REQUIRED. IT IS THE LANDOWNER'S RESPONSIBILITY TO MEET ALL APPLICABLE SETBACKS AND RESTRICTIONS. THIS SITE REVIEW IS VALID FOR ONE YEAR.

# SUPPLEMENTAL DATA FOR LAND USE PERMITS

Page 1 of 2

\*\*\* COMPLETE BOTH SIDES \*\*\*

## A. PLANNING CHECKLIST (required):

- |   | YES                                 | NO                                  | ???                                 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are you aware of setback requirements and will your project meet them? <i>Note: Setback distances are taken from ..... any projection of the building (i.e. overhangs, eaves, decks, etc.)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Have you taken in consideration locations for future buildings, septic systems, decks, driveways, etc? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Are there any lowlands or wetlands on or near the site project? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Is there a steep slope or bluff on or near the site? .....<br>(If yes, complete Section D)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Will the project involve the clearing of trees or shrubs within the Shore Impact Zone of a lake or river? (If yes, complete Section D) ...   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Will the project involve grading, filling or landscaping within the shoreland district of a lake or river? (If yes, complete Section D).....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Is your property in a floodplain? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
- If it is, the lowest floor (which includes basement or crawl space, regardless of a dirt floor) must be one foot (1') above the 100-year flood elevation. A benchmark established by a registered surveyor or licensed engineer may be required before granting a land use permit.*

## B. PRE-EVALUATION INSPECTION REQUEST (required):

Defining and staking the property lines, road right-of-ways, septic sites, and wells are the responsibility of the property owner. In some cases, a registered survey may be required to verify setbacks before granting a permit.

**ALL PROPOSED DEVELOPMENT REQUESTS MUST BE CLEARLY STAKED AT ALL FOUR CORNERS IF APPLICABLE, IF STAKES ARE NOT PRESENT OR VISIBLE IT MAY RESULT IN ADDITIONAL FEES OR A DELAY IN THE PERMIT PROCESS.**

The undersigned hereby makes application for a pre-evaluation permit inspection, agreeing that all setback information and delineation of property lines, well location, road setbacks, and development corners have been properly marked in accordance with the standards and requirements of the Aitkin County Ordinances.

Telephone Number between the hours of 8:00 A.M. and 4:00 P.M. 218-426-3851

Landowner: David F FISCHER Date: 10-24-08

Address: 48039 216<sup>th</sup> place  
McBregor, MN 55760

LANDOWNER SIGNATURE: X David F. Fischer

If you have any questions please contact the Planning and Zoning office at (218) 927-7342  
Ordinances and Publications are available **FREE** online at: [www.co.aitkin.mn.us](http://www.co.aitkin.mn.us)

WE LOOK FORWARD TO WORKING WITH YOU

**C. Directions to your Property (required):**

From a major intersection: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. NATURAL LANDSCAPE PROTECTION PLAN:**

Complete this section only if you were directed to in Section A OR if you are working near a lake or stream.

1. Description of proposed construction: Septic & a deck

2. Existing vegetative cover (e.g., forested, grass, shrub, lawn, etc.)? Concrete

3. Setback from the Ordinary High Water Level (OHW) for proposed construction? 44 ft.

4. How much excavation or fill work is being done inside the Shore Impact Zone (SIZ)? NONE  
(If excavation or fill work greater than 10 cu yds is being done, supply copy of Site review from SWCD\*)  
(The SIZ: Mississippi River & NE Lakes = 75 feet, RD & GD lakes = 50 feet, other waters-see ordinance)

5. How much excavation or fill work is being done outside the Shore Impact Zone (SIZ)? NONE  
(If excavation or fill work greater than 50 cu yds is being done, supply copy of Site review from SWCD\*)

6. What percent slope of the land currently exists on the construction site? None  
(If the percent slope is greater than 20%, supply copy of Site review from SWCD\*)

7. How much clearing of trees and shrubs will be done inside the Shore Impact Zone (SIZ)? None  
(If vegetation will be cleared in the SIZ, supply copy of Site review from SWCD\*)

8. How will erosion be controlled during construction? Silt fence or  
Hay Bales

9. What will be done after construction to control erosion? Same as before

I have read the above and I understand the Natural Landscape Protection Plan as prepared. I hereby agree to implement this plan as part of the Land Use Permit.

X David J. Fischer  
Landowner Signature

Date

MISSY 10/24/02  
Zoning Official Date

\*The Aitkin County Soil and Water Conservation District (SWCD)  
130 Southgate Center, Aitkin MN 56431 - Telephone (218) 927-6565 or [swcd@mlccmn.net](mailto:swcd@mlccmn.net)

# 7.5 PUMP SELECTION PROCEDURE

All boxed rectangles must be entered, the rest will be calculated.

## 1. Determine pump capacity:

### A. Gravity Distribution

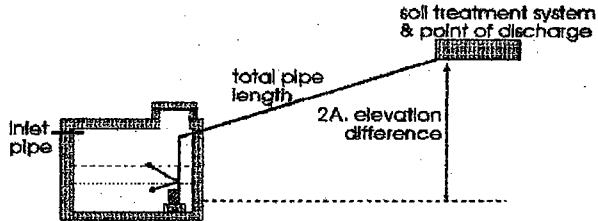
1. Minimum required discharge is 10 gpm

2. Maximum suggested discharge is 45 gpm

For other establishments at least 10% greater than the water supply rate, but no faster than the rate at which effluent will flow out of the distribution device.

### B. Pressure Distribution - see pressure design worksheet

Selected Pump Capacity: 28.9 gpm



## 2. Determine head requirements:

### A. Elevation difference between pump and point of discharge.

5 feet

### B. Special head requirement? (See Figure - Special Head Requirements)

5 feet

Special Head Requirements	
Gravity Distribution	0ft
Pressure Distribution	5ft

### C. Friction loss

1. Select pipe diameter 2 in

2. Enter Figure E-9 with gpm (1A or B) and pipe diameter (C1)

Read friction loss in feet per 100 feet from Figure E-9

Friction loss = 1.55 ft/100 ft of pipe

### 3. Determine total pipe length from pump discharge to soil system discharge point

Estimate by adding 25 percent to pipe length for fitting loss.

Equivalent pipe length times 1.25 = total pipe length

110 ft x 1.25 = 137.5 feet

### 4. Calculate total friction loss by multiplying friction loss (C2)

by the equivalent pipe length (C3) and divide by 100.

FL =  $1.55 \text{ ft}/100\text{ft} \times 137.5 \text{ ft} / 100 = 2.1$  feet

### D. Total head requirement is the sum of elevation difference (A), special head requirements (B), and total friction loss (C4).

5 ft + 5 ft + 2.1 ft

**Total Head:** 12.1 feet

flow rate gpm	nominal pipe diameter		
	1.5"	2"	3"
20	2.47	0.73	0.11
25	3.73	1.19	0.16
30	5.23	1.55	0.23
35	6.96	2.06	0.30
40	8.91	2.61	0.39
45	11.07	3.28	0.48
50	13.46	3.99	0.58
55	16.17	4.74	0.69
60	19.20	5.60	0.82
65	22.56	6.48	0.95
70	26.25	7.44	1.09

## 3. Pump Selection

1. A pump must be selected to deliver at least 28.9 gpm (1A or B) with at least 12.1 feet of total head (2D).

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

(signature)

5545

(license #)

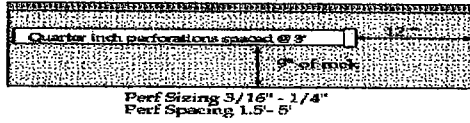
10/22/02



# PRESSURE DISTRIBUTION SYSTEM - Trenches

Geotextile fabric

All boxed rectangles must be entered, the rest will be calculated.



- Select number of perforated laterals:
- Select perforation spacing =  ft
- Since perforations should not be placed closer than 1 foot to the edge of the rock layer (see diagram), subtract 2 feet from the rock layer length

$$\boxed{38} - 2 \text{ ft} = \boxed{36} \text{ ft}$$

rock layer length

E-4: Maximum allowable number of 1/4-inch perforations per lateral to guarantee <10% discharge variation

perforation spacing (feet)	1 inch	1.25 inch	1.5 inch	2.0 inch
2.5	8	14	18	28
3.0	8	13	17	26
3.3	7	12	16	25
4.0	7	11	15	23
5.0	6	10	14	22

- Determine the number of spaces between perforations. Divide the length (3) by perforation spacing (2) and round down to nearest whole number.  
Perforation spacing = 36 ft / 3 ft = 12 spaces

- Number of perforations is equal to one plus the number of perforation spaces (4).  
\* Check figure E-4 to assure the number of perforations per lateral guarantees < 10% discharge variation.

$$\boxed{12} \text{ spaces} + 1 = \boxed{13} \text{ perforations/lateral}$$

- A. Total number of perforations = perforations per lateral (5) times number of laterals (1).  
13 perfs/lat x 3 laterals = 39 perforations

B. Calculate the square footage per perforation. Should be 6-10 sqft/perf. Does not apply to at-grades.

1. Rock bed area = rock width (ft) x rock length (ft)

$$\boxed{10} \text{ ft x } \boxed{38} \text{ ft} = \boxed{380} \text{ ft}^2$$

$$\boxed{380.0} \text{ ft}^2 / \boxed{39} \text{ perfs} = \boxed{9.7} \text{ ft}^2 / \text{perf}$$

- Determine required flow rate by multiplying the total number of perforations (6A) by flow per perforations (see figure E-6)  
39 perfs x 0.74 gpm / perfs = 28.9 gpm

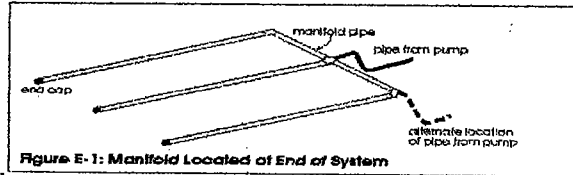
E-6: Perforation Discharge in gpm

head (feet)	perforation diameter (Inches)			
	1/8	3/16	7/32	1/4
1.0 <sup>a</sup>	0.18	0.42	0.56	0.74
2.0 <sup>b</sup>	0.26	0.59	0.80	1.04
5.0	0.41	0.94	1.26	1.65

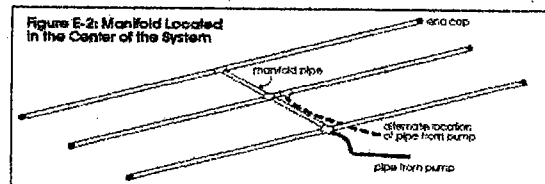
<sup>a</sup> Use 1.0 foot for single-family homes.  
<sup>b</sup> Use 2.0 feet for anything else.

- If laterals are connected to header pipe as shown in Figure E-1, to select minimum required lateral diameter; enter figure E-4 with perforation spacing (2) and number of perforations per lateral (5).

Select minimum diameter for perforated laterals =  inches



- If perforated lateral system is attached to manifold pipe near the center, like Figure E-2, perforated lateral length (3) and number of perforations per lateral (5) will be approximately one half of that in step 8. Using these values, select minimum diameter for perforated lateral =  inches.



I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

*David L. Loh* (signature)

5545 (license #)

10/22/02

*PK*

**ZONING PERMIT APPLICATION**

*October 2, 2002 BOA*

NAME DAVID P. FISCHER TELE #218-426-3851  
 MAIL ADDRESS 48039 216<sup>TH</sup> PLACE MCGREGOR, MN.  
 911 ADDRESS SAME  
 TOWNSHIP Shamrock  
 LEGAL DESCRIPTION Lot 26 Sathurs plat Big Sandy Narrows  
 SECTION 19 TOWNSHIP 49 RANGE 23

OFFICE USE ONLY	
DATE	<u>10/2/02</u> APPROVE / DENY
PERMIT#	<u>29680V</u>
PARCEL#	<u>29-1-457100</u>
RECEIPT#	<u>124727</u>
CONFORMING SEPTIC	
YES P#	<u>NO</u> NEW

(circle) RESIDENTIAL COMMERCIAL ACCESSORY NEW BUILDING ALTERATION

BUILDING CONTRACTOR AND LICENSE NUMBER: \_\_\_\_\_  
 SIZE OF ALL BUILDINGS COVERED BY THIS APPLICATION 11'x22' Addition, change pitch of roof to a 6:12 pitch.

COMMENTS: Variance approved w/ condition -  
1 Soil and water Conservation District Plan be implemented.

DATA FOR SEWER CONSTRUCTION: INSTALLER \_\_\_\_\_ #BEDROOMS/GPD \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**ZONING DISTRICT & FLOOD PLAIN**

ZONING DISTRICT Shoreland  
 LAKE/STREAM/RIVER NAME Sandy River  
 LAKE/RIVER ID NUMBER 1-0060  
 LAKE/RIVER/STREAM CLASSIF. Rd  
 PARCEL LOCATED IN FLOOD PLAIN? Y \_\_\_ N X  
 10/100 YR FLOOD ELEVATION \_\_\_\_\_  
 LOWEST FLOOR ELEVATION \_\_\_\_\_  
 ELEV. CERTIFICATE REQUIRED Y \_\_\_ N \_\_\_  
 BEFORE CONSTRUCTION Y \_\_\_ N \_\_\_  
 AFTER CONSTRUCTION Y \_\_\_ N \_\_\_

**STRUCTURE SETBACK DISTANCE REQUIREMENTS**

(Measure from eaves or overhang)

OHW TO LAKE/RIVER/STREAM 100' - 44' with Variance  
 PROPERTY LINE SETBACK 10  
 SETBACK TO ROAD R-O-W 30  
 SETBACK TO BLUFF \_\_\_\_\_

**SEPTIC SYSTEM SETBACK DISTANCES**

SETBACK TO STRUCTURES 20  
 OHW TO LAKE/RIVER \_\_\_\_\_  
 PROPERTY LINE SETBACK \_\_\_\_\_  
 SETBACK TO ROAD R-O-W \_\_\_\_\_

**\*\*ATTACH COPY OF ELEVATION CERTIFICATES\*\***

SOIL BORINGS \_\_\_\_\_ SEPTIC DESIGN \_\_\_\_\_ GARBAGE DISP/HOT TUB  
 PERK RATES \_\_\_\_\_ DEPTH TO RESTRICTING LAYER \_\_\_\_\_ YES \_\_\_ NO \_\_\_  
 MIN.SIZE SEPTIC TANK \_\_\_\_\_ MIN.SIZE PUMP TANK \_\_\_\_\_  
 DRAINFIELD: MINIMUM SQ.FT \_\_\_\_\_ WITH \_\_\_\_\_ INCHES ROCK BELOW PIPE  
 MOUND: MINIMUM ROCK BED SQ.FT \_\_\_\_\_ WITH 9 INCHES ROCK BELOW PIPE  
 MIN.UPSLOPE SAND WIDTH \_\_\_\_\_ MIN.DOWNSLOPE SAND WIDTH \_\_\_\_\_ END SAND WIDTHS \_\_\_\_\_  
 RECOMMENDATIONS: \_\_\_\_\_

*David P. Fischer*  
 SIGNATURE APPLICANT/AGENT

\$225.00 *waived*  
 FEE

*[Signature]*  
 RECEIVED BY

9-26-02  
 DATE

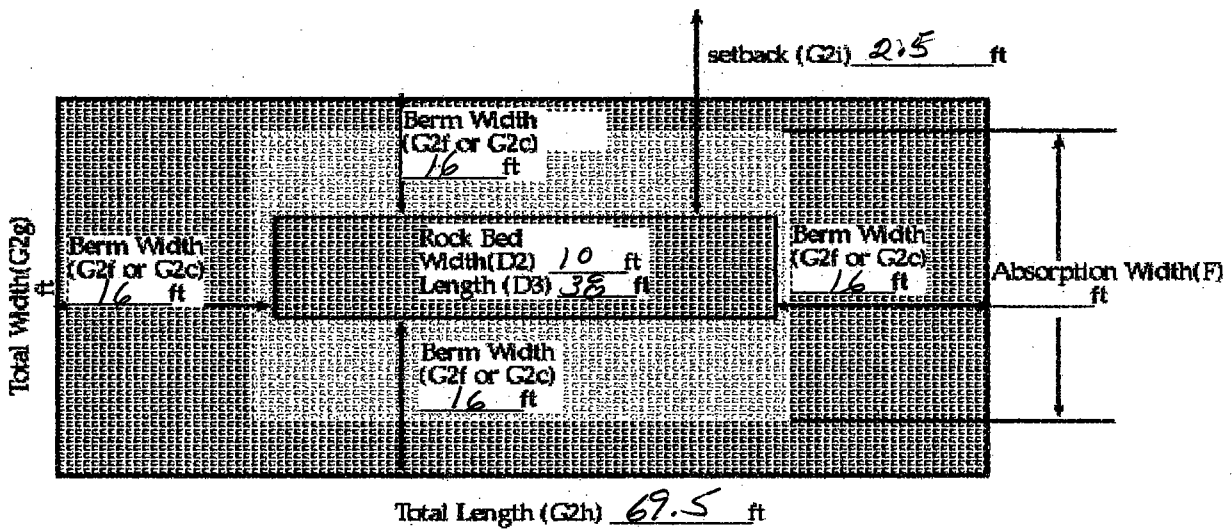
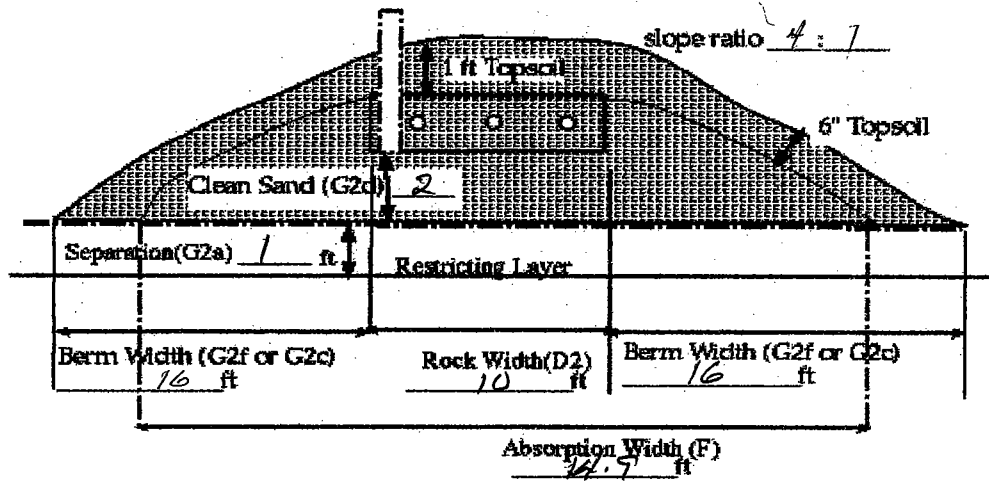
**EXPIRES IN ONE YEAR**

**Aitkin County Zoning, Courthouse — AITKIN, MINNESOTA 56431 — Telephone 218/927-7342**

WHITE - County PINK - Applicant



$\leq 1\%$  land slope



\*\*\*DIRECTIONS TO PROPERTY (PLEASE BE SPECIFIC)\*\*\*

1. From McGregor 7 miles north on Highway 65 to Highway 232. Take a left on 232 go about a block to 216<sup>th</sup> place go right. To 2<sup>nd</sup> driveway on left 48039

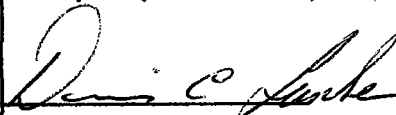
**G. MOUND SLOPE WIDTH & LENGTH (Less than or equal to 1%)**

1. Absorption width (F): 10.0 feet
2. Calculate minimum mound size
- a. Determine depth of clean sand at upslope edge of rock layer = 3 feet minus distance to restricting layer (C1)
- $$\underline{3.0} \text{ ft} - \underline{1.0} \text{ ft} = \underline{2.0} \text{ feet}$$
- b. Mound height at the upslope edge of rock layer = depth of clean sand for separation (G2a) plus depth of rock layer (1 foot) plus depth of cover (1 foot)
- $$\underline{2.0} \text{ ft} + 1\text{ft} + 1\text{ft} = \underline{4.0} \text{ feet}$$
- c. Berm width = upslope mound height (G2b) times 4 (4 is recommended, but could be 3-12)
- $$\underline{4.0} \times 4 = \underline{16.0} \text{ feet}$$
- d. The total landscape width is the sum of berm (G2c) width plus rock layer width (D2) plus berm width (G2c)
- $$\underline{16.0} \text{ feet} + \underline{10.0} \text{ feet} + \underline{16.0} \text{ feet} = \underline{42.0} \text{ feet}$$
- e. Additional width necessary for absorption = the absorption width (F) minus the landscape width (G2d)
- $$\underline{14.9} \text{ feet} - \underline{42.0} \text{ feet} = \underline{-27.0} \text{ feet}$$
- if number is negative (<0) skip to g*
- f. Final berm width = additional width (G2e) plus the berm width (G2c)
- $$\underline{-27} \text{ feet} + \underline{16} \text{ feet} = \underline{-11} \text{ feet}$$
- g. Total mound width is the sum of berm width (G2f or G2c) plus rock layer width (D2) plus berm width (G2f or G2c)
- $$\underline{16.0} \text{ ft} + \underline{10.0} \text{ ft} + \underline{16.0} \text{ ft} = \underline{42.0} \text{ feet}$$
- h. Total mound length is the sum of berm (G2f or G2c) plus rock layer length (D3) plus berm (G2f or G2c)
- $$\underline{16.0} \text{ ft} + \underline{37.5} \text{ ft} + \underline{16.0} \text{ ft} = \underline{69.5} \text{ feet}$$
- i. Setbacks from the rockbed are calculated as follows: the absorption width (F) minus the rock bed width (D2) divided by 2: ( 14.9 feet - 10.0 feet ) / 2 = 2.5 feet

**LAYOUT**

1. Select an appropriate scale; one inch = 50 feet
2. Show pertinent property boundaries, rights-of-way, easements
3. Show location of house, garage, driveway, and all other improvements, existing or proposed.
4. Show location and layout of sewage treatment.

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws

 (signature)

5545 (license #)

10/22/02

11/2001

Water/Wastewater-ISTS4.31



# Compliance Inspection Form for Existing Individual Sewage Treatment Systems

Minnesota Pollution Control Agency

Completion of this form fulfills the minimal requirements of Minn. Stat. § 115.55 (1999) and Minnesota R. ch. 7080 (1999). Please refer to local ordinances for other requirements or other required information.

### General:

Date of Inspection: 8/26/02 Reason for inspection: Variance/Building Permit  
 Property Owner(s) David P. Fischer Telephone (218) 426-3851  
 Person requesting inspection owner Telephone (---)---  
 Site Address 48039 216th Place City McGregor, MN. Zip Code 55760  
 Fire No./ Parcel No. 29-1-457100 Township Name Shamrock  
 Legal Description Lot 26 Sather's Plat Big Sandy Narrows (Sec. 19, Twp. 49. Rg. 23)  
 Regulatory Authority Aitkin Co.

### System Classification

Systems built prior to April 1, 1996 and not located in Shoreland or Wellhead Protection Area or Serving a Food, Beverage or Lodging Establishment	Systems located in Shoreland or Wellhead Protection Areas or Serving a Food, Beverage or Lodging Establishment, or systems Built after March 31, 1996
<p><b>Is the system an imminent threat to public health or safety?</b> (a yes answer is an ITPHS system)</p> <ul style="list-style-type: none"> <li>- Discharge of sewage to the ground surface? YES NO</li> <li>- Discharge of sewage to drain tile or surface waters? YES NO</li> <li>- Sewage backup into dwelling? YES NO</li> <li>- Situation with the potential to immediately and adversely impact or threaten public health or safety? YES NO</li> </ul> <p><b>Is the system failing?</b> (a yes answer is a failing system)</p> <ul style="list-style-type: none"> <li>- Less than TWO feet of vertical separation between system bottom and saturated soil or bedrock? YES NO</li> <li>- A seepage pit, cesspool, drywell, or leaching pit? YES NO</li> </ul> <p><b>Is the system non-compliant?</b></p> <ul style="list-style-type: none"> <li>- Is the system regulated under a monitoring plan or operating permit? (if no, go to page 2) YES NO</li> <li>If yes,           <ul style="list-style-type: none"> <li>- Has the required monitoring taken place? YES NO (If no, the system is non-complying)</li> <li>- The monitoring indicate that the system meets performance expectations? YES NO (If no, the system is non-complying)</li> </ul> </li> </ul>	<p><b>Is the system an imminent threat to public health or safety?</b> (a yes answer is an ITPHS system)</p> <ul style="list-style-type: none"> <li>- Discharge of sewage to the ground surface? YES <input checked="" type="radio"/> NO</li> <li>- Discharge of sewage to drain tile or surface waters? YES <input checked="" type="radio"/> NO</li> <li>- Sewage backup into dwelling? YES <input checked="" type="radio"/> NO</li> <li>- Situation with the potential to immediately and adversely impact or threaten public health or safety? YES <input checked="" type="radio"/> NO</li> </ul> <p><b>Is the system failing?</b> (a yes answer is a failing system)</p> <ul style="list-style-type: none"> <li>- Less than THREE feet of vertical separation between system bottom and saturated soil or bedrock? <input checked="" type="radio"/> YES <input checked="" type="radio"/> NO</li> <li>- A seepage pit, cesspool, drywell, or leaching pit? YES <input checked="" type="radio"/> NO</li> </ul> <p><b>Is the system non-compliant?</b></p> <ul style="list-style-type: none"> <li>- Is the system regulated under a monitoring plan or operating permit? (if no, go to page 2) YES <input checked="" type="radio"/> NO</li> <li>If yes,           <ul style="list-style-type: none"> <li>- Has the required monitoring taken place? YES NO (If no, the system is non-complying)</li> <li>- The monitoring indicate that the system meets performance expectations? YES NO (If no, the system is non-complying)</li> </ul> </li> </ul>

$$\underline{1.5} \quad \times \quad \underline{10.0} \quad \text{ft} = \underline{14.9} \quad \text{ft}$$

**G. MOUND SLOPE WIDTH & LENGTH (Greater than 1%)**

1. Downslope absorption width = absorption width minus rock layer width

$$\underline{15} \quad \text{feet} - \underline{10} \quad \text{feet} = \underline{5} \quad \text{feet}$$

2. Calculate mound size

**UPSLOPE**

a. Determine depth of clean sand at upslope edge of rock layer = 3 feet minus distance to restricting layer(C1)

$$\underline{3} \quad \text{ft} - \underline{1} \quad \text{ft} = \underline{2} \quad \text{feet}$$

b. Mound height at the upslope edge of rock layer = depth of clean sand for separation (G2a) at upslope edge plus depth of rock layer (1 foot) to depth of cover (1 foot)

$$\underline{2 \text{ ft} + 1 \text{ ft} + 1 \text{ ft}} = \underline{4} \quad \text{feet}$$

c. Upslope berm multiplier based on land slope (see figure D-34)

Select berm multiplier of 4

d. Upslope width = berm multiplier(G2c) times upslope mound height(G2b):

$$\underline{4} \quad \times \quad \underline{4} \quad \text{ft} = \underline{16.0} \quad \text{feet}$$

**D-34 SLOPE MULTIPLIER TABLE**

Land Slope, in %	UPSLOPE multipliers for various slope ratios						DOWNSLOPE multipliers for various slope ratios				
	3:1	4:1	5:1	6:1	7:1	8:1	3:1	4:1	5:1	6:1	7:1
0	3.0	4.0	5.0	6.0	7.0	8.0	3.0	4.0	5.0	6.0	7.0
1	2.91	3.85	4.76	5.66	6.54	7.41	3.09	4.17	5.26	6.36	7.53
2	2.83	3.70	4.54	5.36	6.14	6.90	3.19	4.35	5.56	6.82	8.14
3	2.75	3.57	4.35	5.08	5.79	6.45	3.30	4.54	5.88	7.32	8.86
4	2.68	3.45	4.17	4.84	5.46	6.06	3.41	4.76	6.25	7.89	9.72
5	2.61	3.33	4.00	4.62	5.19	5.71	3.53	5.00	6.67	8.57	10.77
6	2.54	3.23	3.85	4.41	4.93	5.41	3.66	5.26	7.14	9.38	12.07
7	2.48	3.12	3.70	4.23	4.70	5.13	3.80	5.56	7.69	10.34	13.73
8	2.42	3.03	3.57	4.05	4.49	4.88	3.95	5.88	8.33	11.54	15.91
9	2.36	2.94	3.45	3.90	4.30	4.65	4.11	6.25	9.09	13.04	18.92
10	2.31	2.86	3.33	3.75	4.12	4.44	4.29	6.67	10.00	15.00	23.33
11	2.26	2.78	3.23	3.61	3.95	4.26	4.48	7.14	11.11	17.65	30.43
12	2.21	2.70	3.12	3.49	3.80	4.06	4.69	7.69	12.50	21.43	43.75

**DOWNSLOPE**

e. Drop in elevation = rock layer width (D2) times percent landslope(C5) / 100

$$\underline{10} \quad \text{ft} \quad \times \quad \underline{0} \quad \% / 100 = \underline{0.0} \quad \text{feet}$$

f. Downslope mound height = depth of clean sand for slope difference (G2e)

at downslope rock edge plus the mound height at the upslope edge of rock layer (2b)

$$\underline{0.00} \quad \text{ft} \quad + \quad \underline{4} \quad \text{ft} = \underline{4.0} \quad \text{feet}$$

g. Downslope berm multiplier based on percent land slope (see Figure D-34)

4

h. Downslope width = downslope multiplier(G2g) times downslope mound height(G2f)

$$\underline{4} \quad \times \quad \underline{4.0} \quad = \underline{16.0} \quad \text{feet}$$

i. Select greater of G1 and G2h as the downslope width 16.0 feet

j. Total mound width is the sum of upslope (G2d) width plus rock layer width (D2) plus downslope width (G2i)

$$\underline{16.0} \quad \text{ft} + \underline{10.0} \quad \text{ft} + \underline{16.0} \quad \text{ft} = \underline{42.0} \quad \text{feet}$$

k. Total mound length is the sum of upslope width (G2d) plus rock layer length (D3) plus upslope width (G2d)

$$\underline{16.0} \quad \text{ft} + \underline{37.5} \quad \text{ft} + \underline{16.0} \quad \text{ft} = \underline{69.5} \quad \text{ft}$$

Property Owner(s) DAVID P. FISCHER

Fire No./ Parcel No. 29-1-457100

**System Components** (Please describe the system components):

1350 gal. 2-compartment precast concrete septic/pump tank, mound with 10' x 40' rock bed with 0-10" of sand below rock.

**What methods were used to make the determinations for the compliance inspection?** (Note: No standard protocol exists. The following list is not exhaustive, not in sequential order nor indicates which combinations are necessary to make a determination)

**Watertight tank(s)**

- Probed tank bottom
- Observed low liquid level
- Examined const. records
- Examined empty (pumped) tank
- Probed outside tank for black soils
- Pressure/vacuum check
- Other \_\_\_\_\_

**Hydraulic Functioning**

- Searched for surface outlet
- Performed hydraulic test
- Searched for seeping in yard
- Checked for back-up in home
- Excessive ponding in soil system
- Homeowner testimony
- Examined for surging in tank
- "Black soil" above soil system
- Other \_\_\_\_\_

**Separation Distance**

- Conducted soil borings
  - Depth to redox 9"
  - Depth to system bottom + 8"-10"
- Examined records
- County Verification Records
- Other \_\_\_\_\_

**STATUS OF THE SYSTEM**

Based on the compliance criteria above the system status is (check one)  in compliance (functioning)  failing (to protect groundwater)  an imminent threat to public health or safety (ITPHS),  non-compliant (monitoring issue),  compliant (non of the 3 previous conditions), or  insufficient information to make determination.

Therefore, this document is a  Certificate of Compliance  Notice of Noncompliance  Unknown compliance

**SUGGESTED ATTACHMENTS:**

- 1) Site sketch. Suggested items for sketch include: well, well setback to system, dwelling or other buildings, tank(s), soil treatment system, reserved soil treatment area, property lines, surface water and soil boring locations.
- 2) Soil boring logs, showing each horizon. Indicate the texture, color, redox/morphic features depth to bedrock, standing water and whether the material is fill.
- 3) A list of any and all requirements of the local ordinance that are different from the state requirements referred to on this form.
- 4) A homeowner survey, signed by the homeowner as being factual.
- 5) Monitoring data as appropriate.

**CERTIFICATION**

I hereby certify as a state of Minnesota licensed Inspector and/or Designer I or Qualified Employee Inspector and/or Qualified Employee Designer I that I conducted an investigation that accurately determined the compliance status of this system and that my recorded observations are accurate as of this date. No determination of future hydraulic performance has been nor can be made due to unknown conditions during system construction, abuse of the system, inadequate maintenance, or future water usage.

Inspector's name (print) Charles J. Virginia Phone (218) 927-3619  
 License and/or Registration Number 1392 / 4023 Address 43764 347th Lane Aitkin, MN. 56431  
 Employed by (self) Address Same as above  
 Signature Charles Virginia Date 8/27/02

**Upgrade Requirements** (derived from Minnesota Statutes § 115.55)

An ITPHS must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system fails to provide sufficient groundwater protection, then the system must be upgraded, replaced, or its use discontinued within the time required by rule or the local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This does not apply to systems in shoreland areas, wellhead protection areas, or those used in connection with food, beverage, and lodging establishments as defined in law.

# Mound Design Worksheet (For flows up to 1200 gpd)

All boxed rectangles must be entered, the rest will be calculated.

## A. FLOW

Estimated  gpd (see figure A-1)  
or measured  x 1.5 (safety factor) =  gpd

## B. SEPTIC TANK LIQUID VOLUMES

Septic tank capacity  gallons (see figure C-1)

## C. SOILS (Site evaluation data)

- Depth to restricting layer =  feet
- Depth of percolation tests =  inches
- Texture
- Soil loading rate (see Figure D-33)  gpd/ft<sup>2</sup>
- Percolation rate  MPI
- % Land Slope  %

number of bedrooms	Class I	Class II	Class III	Class IV
2	300	225	180	60%
3	450	300	218	of the
4	600	375	256	values
5	750	450	294	in the
6	900	525	332	Class I,
7	1050	600	370	II, or III
8	1200	675	408	columns.

Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal	Liquid capacity with disposal & lift inside
2 or less	750	1125	1500
3 or 4	1000	1500	2000
5 or 6	1500	2250	3000
7, 8 or 9	2000	3000	4000

Percolation Rate in Minutes per Inch (MPI)	Soil Texture	Loading Rate Gallons per day per square foot	Absorption Ratio
Faster than 5	Coarse Sand Medium Sand Loamy Sand Fine Sand	1.20	1.00
6 to 15	Sandy Loam	0.79	1.50
16 to 30	Loam	0.60	2.00
31 to 45	Silt Loam Silt	0.50	2.40
46 to 60	Sandy Clay Loam Silty Clay Loam Clay Loam	0.45	2.67
61 to 120	Silty Clay Sandy Clay Clay	0.24	5.00
Slower than 120*			

\*System designed for these soils must be other or performance

## D. ROCK LAYER DIMENSIONS

- Multiply average design flow (A) by 0.83 to obtain required area of rock layer. Item A x 0.83 =  $450 \text{ gpd} \times 0.83 \text{ ft}^2/\text{gpd} = 373.5 \text{ ft}^2$
- Determine rock layer width =  $0.83 \text{ ft}^2/\text{gpd} \times \text{Linear Loading Rate (LLR)}$  (see LLR chart)  
 $0.83 \text{ ft}^2/\text{gpd} \times 12 = 10.0 \text{ ft}$

Perk Rate	LLR
<120 MPI	<=12
>=120 MPI	<=6

- Length of rock layer = area divided by width =  $373.5 \text{ ft}^2 / 10 \text{ feet} = 37.5 \text{ feet}$

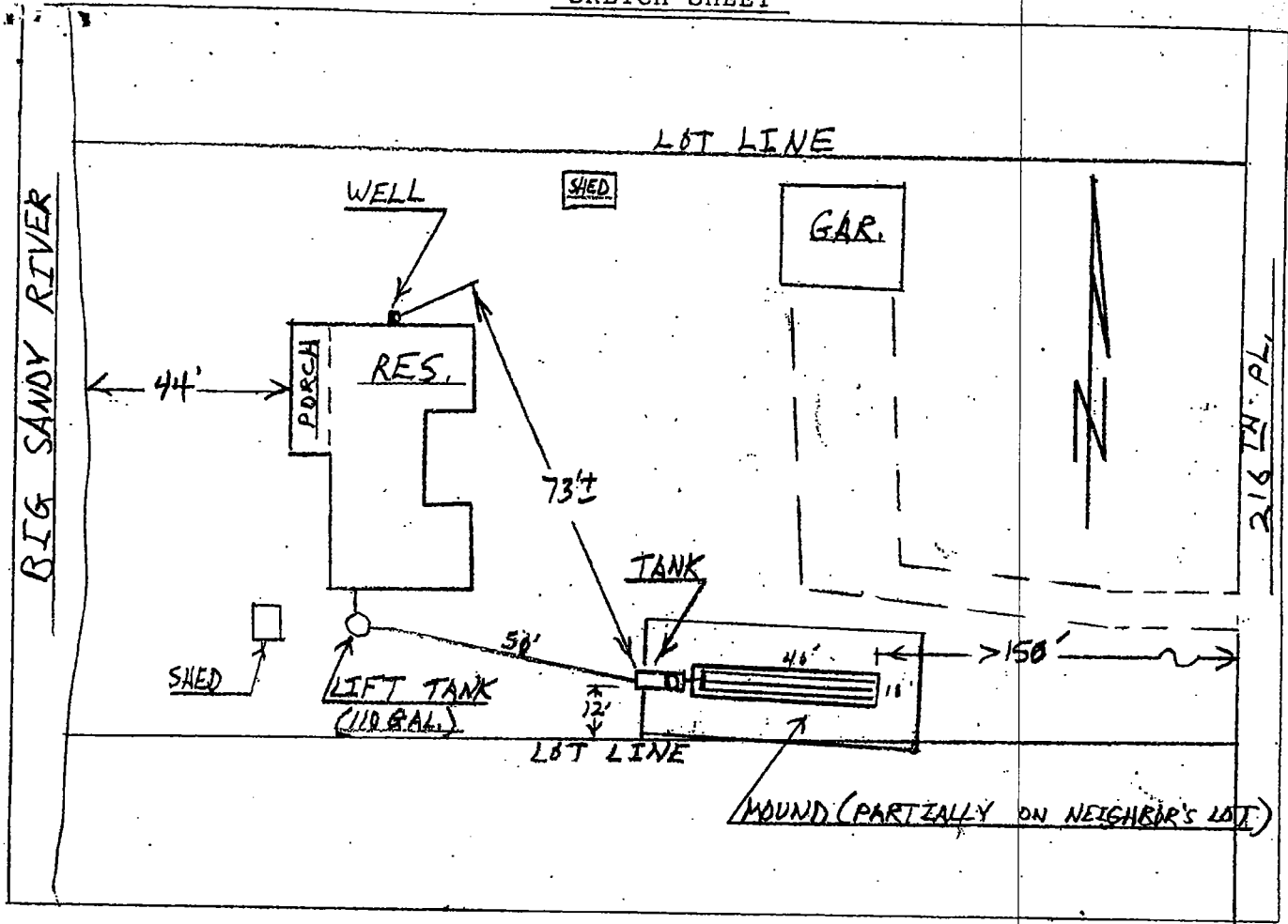
## E. ROCK VOLUME

- Multiply rock area by rock depth to get cubic feet of rock  
 $373.5 \times 1 \text{ ft} = 373.5 \text{ ft}^3$
- Divide ft<sup>3</sup> by 27 ft<sup>3</sup>/yd<sup>3</sup> to get cubic yards  
 $373.5 \text{ ft}^3 / 27 = 13.8 \text{ yd}^3$
- Multiply cubic yards by 1.4 to get weight of rock in tons;  
 $13.8 \text{ yd}^3 \times 1.4 \text{ ton/yd}^3 = 19.4 \text{ tons}$

## F. ABSORPTION WIDTH

- Absorption width equals absorption ratio (see Figure D-33) times rock layer width

SKETCH SHEET



SOIL BORING LOG

Soil Boring # 1	Soil Boring # 2
0-5" Topsoil	0-5" Topsoil
5"-24" Silty Sand 10YR5/2	5"-22" Silty Sand 10YR5/2
24"-28" Silt Loam 10YR5/1	22"-28" Silt Loam 10YR5/1
Mottled at 9"	Mottled at 9"

TANK INFORMATION

Tank size: 1350 comb. (1000) Gals.  
 Pump Tank size: 350 Gals.  
 Tank(s) defects: NONE

DATE OF INSPECTION: 8/26/02

OWNER: David P. Fischer

PERSON REQUESTING INSPECTION: owner

COMMENTS: This system does NOT have the required 3' of separation to the saturated soil level.

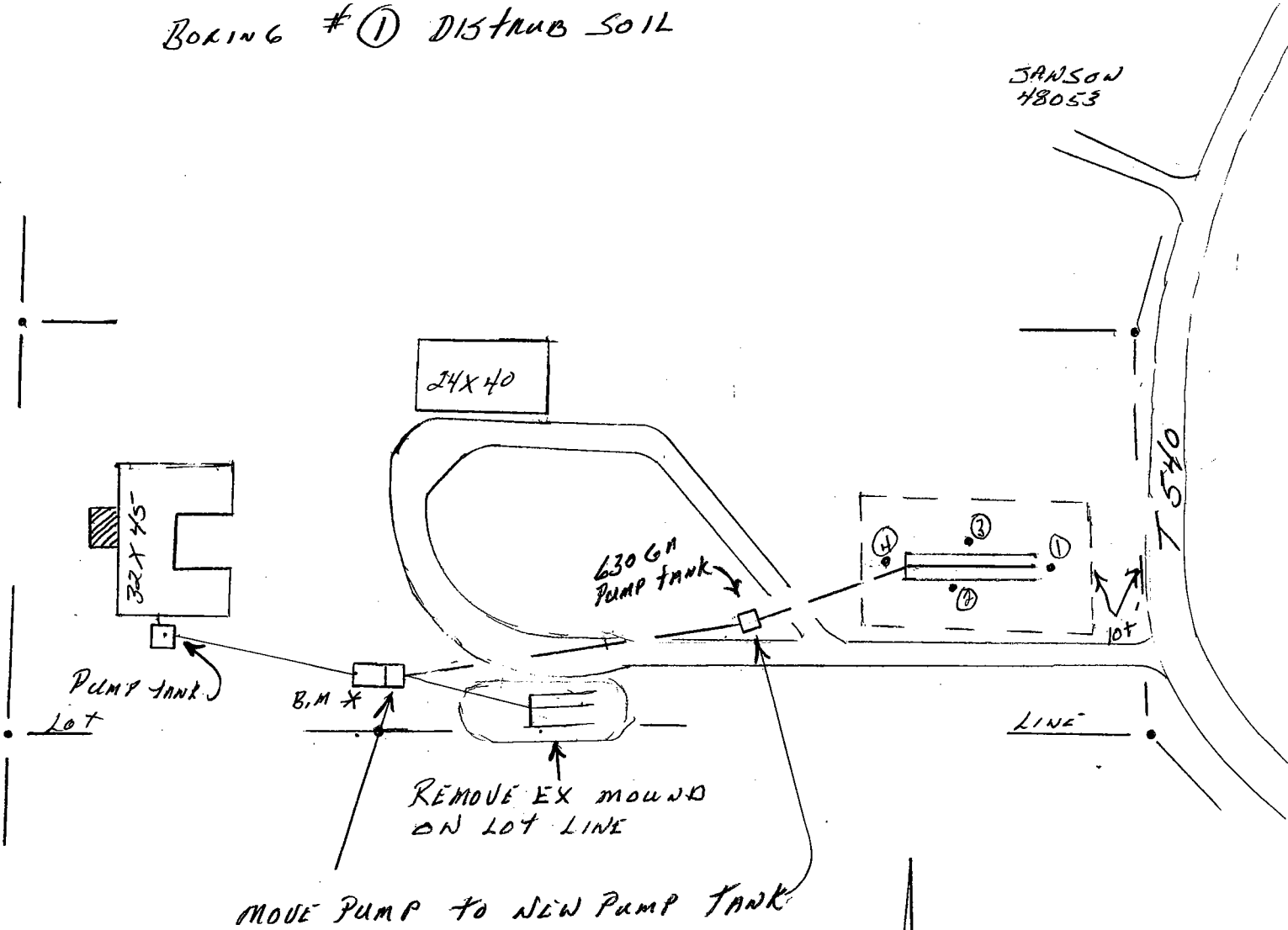
SIGNATURE: Charles J. Virginia  
 Charles J. Virginia MPCA Lic. #1392



DAVE FISHER  
 SEC 19 T49 R23  
 SATHERS PLAT

BOXING #① DISTURB SOIL

SPANSON  
 48053



B.M. TOP TANK = 100"  
 EV. SEWER LINE @ HOUSE 268"  
 EV TANK IN LOT 340"  
 EV OF BOTTON ROCK LAYER 67"  
 RESTRICTIVE LAYER 112"  
 EV OF PUMP 136"  
 EV OF DIST DEVICE 96

10-22-02 D.L.

# Site Evaluation

Property owner(s): DAVE FISCH R TEL 426 3851

Address: 48039 216 th MC GREGOR, MN 56760

P.I.D. \_\_\_\_\_ Section: 19 Township T49 N Range R23 W

Date: 10/22/02 Time: 10:00 Weather conditions: CLOUDY/COLD

Check all that apply: shoreland  dwelling  in wellhead protection area  food, bev. or lodging estab.   
 new  existing  class V

**Soil Survey Data**

	Soil #1	Soil #2	Soil #3
Map Unit Sym & Name			
Landscape Position			
Flooding			
Slope			
Waterable depth			
Bedrock Depth			

	Soil #1	Soil #2	Soil #3
Possible system depth			
Texture at depth			
Permeability			
60=Perc(MPI)			
NRCS onsite suitability			

Soil Classification: \_\_\_\_\_  
 Unsuitable/Disturbed/Compacted: YES & NO  
 Type of observation: BORING/PIT  
 Parent material: TILL  
 Vegetation type: DRY  
 Slope form: <1%  
 Drainage (select one): FAIR  
 Floodplain: NO  
 Elevation of Boring(s): \_\_\_\_\_ feet Location: \_\_\_\_\_

Flow Information:  
 No. of bedrooms: 3  
 Garbage disposal: NO  
 Home Classification #: I II III IV  
 Design flow: 450 gpd

Depths information: Standing water: \_\_\_\_\_ inches  
 Bedrock: \_\_\_\_\_ inches  
 Saturated soil: \_\_\_\_\_ inches  
 Maximum depth of system: \_\_\_\_\_ inches  
 Maximum Elevation of bottom of system: \_\_\_\_\_ feet  
 Well Casing depth (from well log): NO feet  
 IN HOUSE

Soil sizing factor (SSF): \_\_\_\_\_ gpd/ft<sup>2</sup>  
 Linear loading rate (LLR): \_\_\_\_\_ gpd/ft  
 Percolation Test Data Was a perc test done?  NO  YES

Results if available

Hole #	Location	Depth	MPI
Hole #1			
Hole #2			
Hole #3			

**APPROVED**  
**NO ONSITE INSPECTION**  
 SIGN \_\_\_\_\_ DATE 10-24-02

**Soil Boring Data**

Boring 1					Boring 2				
Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence	Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence
0 TO 6	TOP SOIL	10YR3/3	SINGLE GRAIN	LOOSE	0 TO 4	TOP SOIL	310YR3/3	SINGLE GRAIN	LOOSE
6 TO 15	CLAY/LOAM	10YR5/3	MODERATE	FIRM	4 TO 12	CLAY/LOAM	10YR 5/4	MODERATE	FIRM
15+ MOTTLE	CLAY/LOAM	MOTTLE	MODERATE	FIRM	12+ MOTTLE	CLAY/LOAM	10YR5/3	MODERATE	FIRM

Boring 3					Boring 4				
Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence	Soil Horizons Depth (inches)	Texture	Color	Structure	Consistence
0 TO 5	TOP SOIL	10YR3/3	SINGLE GRAIN	LOOSE	0 TO 5	TOP SOIL	10YR3/3	SINGLE GRAIN	LOOSE
5 TO 12	CLAY/LOAM	10YR4/4	MODERATE	FIRM	5 TO 13	CLAY/LOAM	10YR4/4	MODERATE	FIRM
12+MOTTLE	CLAY/LOAM	10YR4/4	MODERATE	FIRM	13+ MOTTLE	CLAY/LOAM	10YR4/4	MODERATE	FIRM

I hereby certify that I have completed this work in accordance with applicable ordinances, rules and laws.  
[Signature] (signature) \_\_\_\_\_ 5545 (license #) 10/22/02 (date)  
 39395 540 PALISADE, MN 56469 address 845-2350 phone number  
 845-2753

29961

29-1-457100

**AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING**

**209 Second Street, NW  
Aitkin, Minnesota 56431**

PH: (218) 927-7342  
FX: (218) 927-4372



June 2, 2005

RE: Renewed Operating Permit

To Whom It May Concern:

This letter is to inform you that your Operating Permit (No. 113) has been renewed until May 31, 2006. You should note that all renewal dates that were formerly on December 31 have been moved forward to allow your Operation and Maintenance provider suitable time to complete the monitoring report.

Please adhere to your monitoring and maintenance contract including monitoring your water use. Failure to do so would violate the agreement to operate your system and could void the operating permit. You should contact your Operation and Maintenance provider directly with questions that you may have during the year.

Thank you for your good stewardship and we hope that your system continues to operate well, protecting groundwater for you and the environment.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Courtemanche". The signature is written in a cursive style and is enclosed within a large, irregular oval shape.

Richard Courtemanche  
Assistant Zoning Administrator  
Aitkin County

RECEIVED JUN 03 2005

AITKIN COUNTY ENVIRONMENTAL SERVICES

OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

OPERATING PERMIT #: 113

FEE: \$50.00

PERMITTEE: David Fischer

PHONE: (218) 426-3851

ADDRESS: 48039 - 216th Place  
McGregor, MN 55760-

ZONING PERMIT # 29961

PARCEL #: 29-1-457100

LEGALDESCRIPTION: Lot 26, SATHERS PLAT BIG SANDY NARROWS

ISSUE DATE 1/ 1/05

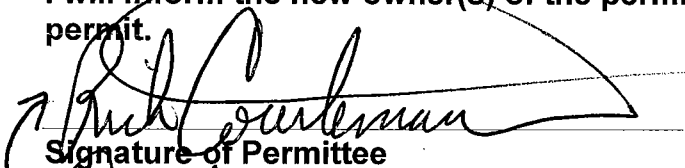
EXPIRATION DATE 12/31/05

Aitkin County Environmental Services authorizes the Permittee to operate a wastewater treatment and dispersal system located on the above described property in accordance with the requirements of this permit.

This permit is effective on the issuance date identified above.

This permit and the authorization to treat and disperse from the above system shall expire on the above expiration date. The Permittee is not authorized to discharge after the date of expiration. The Permittee shall submit such information and forms as required by Aitkin County Environmental Services no later than thirty (30) days prior to the expiration date. When the required information is submitted and approved by Aitkin County Environmental Services, the permit may be renewed. This permit is not transferable from owner to owner.

I hereby certify with my signature as the permittee that I understand the provisions of this permit including the 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 use of this system and if I fail to comply with the provisions of this Operating Permit. 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 permit.

  
Signature of Permittee

6-3-05  
Date

  
Signature of Permitting Authority

6-2-05  
Date

If You have any questions regarding this permit, including the specific permit requirements, permit reporting or permit compliance status, please contact Aitkin County Environmental Services at 218-927-7342.

**A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM**

ISTS consists of an existing mound that will be brought into separation compliance by adding pretreatment. A Multi-flo Aerobic Treatment Plant will be installed beside the existing combination tank. It will be dosed from the existing lift tank, and gravity flow to the existing pump tank for dosing to the mound. 3 bedroom septic. System const \$4, 500, operation \$10/mo, Monitoring = free first 2 years and \$150/yr afterwards. Testing \$200 first year than \$100/yr 2 yrs. System life = 25-30 years.

**B. PERFORMANCE STANDARD REQUIREMENTS:**

During the period beginning on the effective date (issuance date) of this permit and lasting until this permits expiration date, the Permittee is authorized to discharge from the wastewater treatment unit to subsurface dispersal. No surface discharge is permitted. The following parameters must be monitored and the reuslts must be found within the compliance limits.

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
BOD5	75 mg/l	Aerobic Tank Effluent	ANNUALLY	Grab	ANNUALLY
Fats, Oil and Greases	< 30 mg/l	Aerobic Tank Effluent	ANNUALLY	Grab	ANNUALLY
Fecal Coliform	<1000 collonies	Aerobic Tank Effluent	ANNUALLY	Grab	ANNUALLY
Flow	450 gal per day	Water Meter	MONTHLY	Record on Log Sheet	ANNUALLY
TSS	< 22 mg/l	Aerobic Tank Effluent	ANNUALLY	Grab	ANNUALLY

**C. MAINTENANCE REQUIREMENTS:**

PARAMETER	LOCATION	FREQUENCY
Aerobic Tank Function	Aerobic Tank	EVERY 6 MONTHS
Flow	Water Meter	MONTHLY
Pumps, Floats & Alarms	Pump Chamber	ANNUAL
Solids Removal & Water Tightness	Septic tank(s)	ANNUAL
Surface Discharge	Dispersal System	ANNUAL

#### **D. MONITORING AND REPORTING REQUIREMENTS:**

Monitoring results obtained during each calendar year shall be submitted no later than December 31st of that year to:

Aitkin County Environmental Services  
209 2nd Street NW  
Aitkin, MN 56431

The monitoring reports shall be signed by the Permittee. Copies are to be retained by the Permittee.

The Permittee shall notify Aitkin County Environmental Services within thirty (30) days when monitoring results do not meet the monitoring plan requirements of this permit.

Monitoring plans may be modified as necessary and reapproved by Aitkin County Environmental Services.

Sampling and laboratory testing procedures shall be performed in accordance with Standard Methods and the testing shall be performed by a Minnesota Department of Health approved laboratory. All sampling and testing costs shall be the responsibility of the Permittee.

Monitoring will be done by Eric Larson

#### **E. MITIGATION PLAN:**

If surfacing occurs; reduce water use and increase absorption and distribution area. Waste strength: if fecals exceed limit, add time dosing. If fecals continue to exceed limit add disinfection. If BOD, TSS, or FOG exceed limit, reduce effluent strength. A replacement septic system could be constructed on previously disturbed soil, or if this system were to fail and no other option is available, install holding tanks and enter into a pumping contract with a County approved septic pumper.

#### **F. SPECIAL REQUIREMENTS:**

\* A WATER METER MUST BE INSTALLED BEFORE COMPLIANCE CERTIFICATE CAN BE ISSUED \*\*



**Septic Check,™ Inc.**  
Septic System Management Services

12-18-04

Aitkin County Environmental Services  
209 - 2nd Street NW  
Aitkin, MN 56431

RE: Operating Permit for Parcel # 29-1-457100

David Fischer  
48039 -216th Place  
McGregor, MN 55760

*Over  
Fecals*

Parameter	Compliance Limit	Actual
Fecal Coliform	<1000 CFU/100ml	2450, 2750
Daily Flow	450 GPD	143 GPD

Eric Larson  
Lic 2624

David Fischer

Septic Check, Inc.

Note: This unit has tested above fecal limits spring and fall, and has required more service than standard to achieve proper operation. After the high spring test, we added time dosing. Summer tests found trash trap BOD of 373 which is about two times normal strength. At that test mixed liquor BOD was 363, pump chamber had effluent BOD of 10.4. Mixed liquor was tested again last week and had BOD of 169 which is a great improvement. Total Suspended Solids (TSS) were 542 which is very high. A modest change in loading and/or operation should allow compliance levels to be met. Additional testing will be done and reported to the County in the spring.

**Protecting Your Investment and Everyone's Environment**

6549 Keystone Rd. • Milaca, MN 56353  
(320) 983-2447 • (320) 983-2151 Fax • (888) 983-2447 Toll Free



# Traut Water Analysis Lab

141 - 28th Avenue South, Waite Park, MN 56387  
(320) 251-5090

REPORT DATE: December 17, 2004

CHAIN OF CUSTODY-# 2329

SAMPLE # 04-0904

CLIENT: Septic Check Inc.  
6549 Keystone Rd  
Milaca, MN 56353

DATE RECEIVED: December 9, 2004

COLLECTION DATE: December 9, 2004

COLLECTION TIME: 1130

COLLECTED BY: Eric Larson

SAMPLE TEMPERATURE: 2 C

ATTENTION: Eric Larson

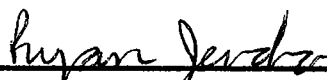
SAMPLE DESCRIPTION: Fischer

<b>ANALYSIS</b>	<b>UNITS</b>	<b>RESULT</b>	<b>ANALYSIS DATE</b>	<b>ANALYSIS TIME</b>
Fecal Coliform	CFU/100mL	2750.00	December 10, 2004	1000
pH		7.00		

The above analysis was performed by or under the supervision of:

STATE OF MINNESOTA CERTIFIED # 027-145-121

\* Analyzed by an outside laboratory.

  
Ryan Jendro, Laboratory Supervisor

Sue Fish, Laboratory Technician

The above chemical and bacterial determinations relate only to the quality of the sample that was provided to the TRAUT WATER ANALYSIS LABORATORY and in no way implies or guarantees these continued results of said sample source.

This report can only be copied in it's entirety.

Equal Opportunity Employer / Contractor





# Traut Water Analysis Lab

141 - 28th Avenue South, Waite Park, MN 56387  
(320) 251-5090

REPORT DATE: June 3, 2004

CLIENT: Septic Check Inc.  
6549 Keystone Rd  
Milaca, MN 56353

SAMPLE # 04-0310  
DATE RECEIVED: June 1, 2004  
COLLECTION DATE: June 1, 2004  
COLLECTION TIME: 1115  
COLLECTED BY: Eric Larson

ATTENTION: Eric Larson

SAMPLE DESCRIPTION: Fisher

ANALYSIS	UNITS	RESULT	ANALYSIS DATE	ANALYSIS TIME
Fecal Coliform	CFU/100mL	2450.00	June 1, 2004	1630

The above analysis was performed by or under the supervision of:

STATE OF MINNESOTA CERTIFIED # 027-145-121

Ryan Jendro, Laboratory Supervisor

Sue Fish, Laboratory Technician

The above chemical and bacterial determinations relate only to the quality of the sample that was provided to the TRAUT WATER ANALYSIS LABORATORY and in no way implies or guarantees these continued results of said sample source.



# Traut Water Analysis Lab

141 - 28th Avenue South, Waite Park, MN 56387  
(320) 251-5090

REPORT DATE: December 17, 2004

CHAIN OF CUSTODY # 2329

CLIENT: Septic Check Inc.  
6549 Keystone Rd  
Milaca, MN 56353

SAMPLE # 04-0905

DATE RECEIVED: December 9, 2004

COLLECTION DATE: December 9, 2004

COLLECTION TIME: 1130

COLLECTED BY: Eric Larson

SAMPLE TEMPERATURE: 2 C

ATTENTION: Eric Larson

SAMPLE DESCRIPTION: Fischer Mixed Liquor

<b>ANALYSIS</b>	<b>UNITS</b>	<b>RESULT</b>	<b>ANALYSIS DATE</b>	<b>ANALYSIS TIME</b>
Total Suspended Solids	mg/L	541.60	December 10, 2004	1530
Biochemical Oxygen Demand	mg/L	168.80	December 10, 2004	1430
pH		7.50		

The above analysis was performed by or under the supervision of:

STATE OF MINNESOTA CERTIFIED # 027-145-121

\* Analyzed by an outside laboratory.

Ryan Jendro, Laboratory Supervisor

Sue Fish, Laboratory Technician

The above chemical and bacterial determinations relate only to the quality of the sample that was provided to the TRAUT WATER ANALYSIS LABORATORY and in no way implies or guarantees these continued results of said sample source.

This report can only be copied in it's entirety.

Equal Opportunity Employer / Contractor



**Septic Check,™ Inc.**  
 Septic System Management Services

Authorized Distributor For

**MULTI-FLO**  
 AERATION EQUIPMENT  
 SALES & SERVICE

**GENERAL INFORMATION**

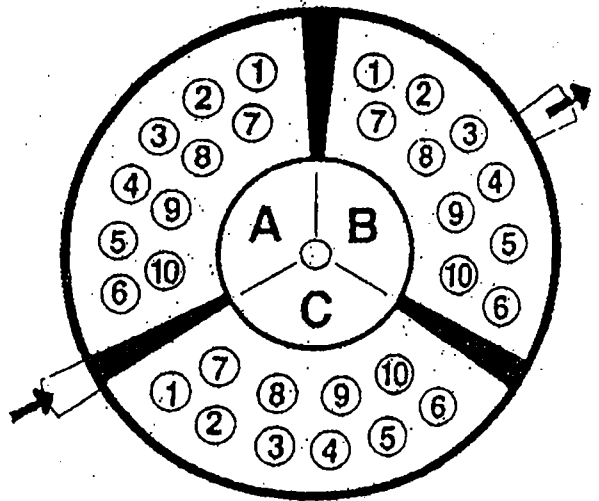
OWNER David Fischer RESIDENT \_\_\_\_\_  
 ADDRESS 48039 126<sup>th</sup> Place McGregor, MN COUNTY \_\_\_\_\_  
 DATE OF INSPECTION November 01 PHONE \_\_\_\_\_

**UNIT INFORMATION**

TANKNO. \_\_\_\_\_ TYPE OF TANK \_\_\_\_\_ NO. OF MOTORS \_\_\_\_\_ SER. NUMBER \_\_\_\_\_

**CHECK LIST**

Item	Done	Per. Specs.	Need Attn:
Take Mixed Liquor sample	<input checked="" type="checkbox"/>	_____	_____
Check Alarm System	<input checked="" type="checkbox"/>	_____	_____
Turn Off Power	<input checked="" type="checkbox"/>	_____	_____
Rinse Surge Bowl	<input checked="" type="checkbox"/>	_____	_____
Inspect Effluent Quality	<input checked="" type="checkbox"/>	_____	_____
Vacuum Weir and Filters	<input checked="" type="checkbox"/>	_____	_____
Wash Filters	<input checked="" type="checkbox"/>	_____	_____
Inspect/Replace Top Gasket	<input checked="" type="checkbox"/>	_____	_____
Inspect/Replace Bottom "	<input checked="" type="checkbox"/>	_____	_____
Inspect alarm Sensors	<input checked="" type="checkbox"/>	_____	_____
Inspect Aerator	<input checked="" type="checkbox"/>	_____	_____
Turn Power On	<input checked="" type="checkbox"/>	_____	_____



**CORRECTIONS RECOMMENDED:**  
Reduce Soap use

REPLACED FILTERS # \_\_\_\_\_  
 REPLACE EXPANDERS # \_\_\_\_\_  
 COMMENTS Washed filters

**TESTING INFORMATION**

**IN FIELD TESTS**

PH \_\_\_\_\_ TEMP \_\_\_\_\_  
 D.O. \_\_\_\_\_  
 C.O.D. \_\_\_\_\_  
 SETTLEABLE SOLIDS % 10

**TESTS IN LABORATORY**

B.O.D. \_\_\_\_\_  
 D.O. \_\_\_\_\_  
 FECAL COLIFORMS \_\_\_\_\_  
 SUSPENDED SOLIDS \_\_\_\_\_

SIGNATURE OF SERVICE OR REPAIRMAN \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_



**Septic Check,™ Inc.**  
 Septic System Management Services

Authorized Distributor For

**MULTI-FLO**  
 AERATION EQUIPMENT  
 SALES & SERVICE

**GENERAL INFORMATION**

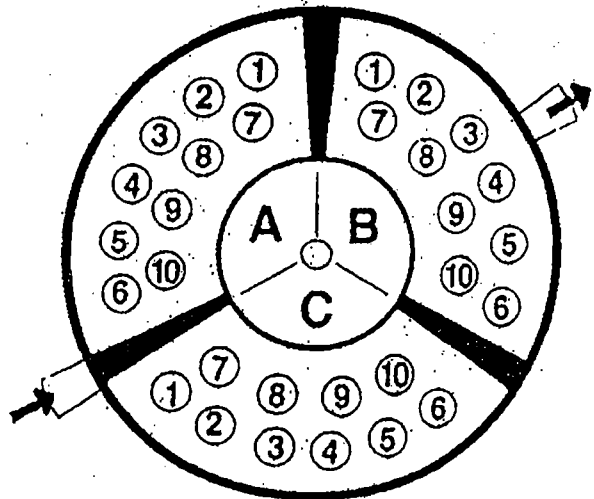
OWNER David Fisher RESIDENT \_\_\_\_\_  
 ADDRESS 48039 126<sup>th</sup> Place McGregor, MN COUNTY \_\_\_\_\_  
 DATE OF INSPECTION June 1 '04 PHONE \_\_\_\_\_

**UNIT INFORMATION**

TANK NO. \_\_\_\_\_ TYPE OF TANK \_\_\_\_\_ NO. OF MOTORS \_\_\_\_\_ SER. NUMBER \_\_\_\_\_

**CHECK LIST**

Item	Done	Per. Specs.	Need Attn:
Take Mixed Liquor sample	<input checked="" type="checkbox"/>	_____	_____
Check Alarm System	<input checked="" type="checkbox"/>	_____	_____
Turn Off Power	<input checked="" type="checkbox"/>	_____	_____
Rinse Surge Bowl	<input checked="" type="checkbox"/>	_____	_____
Inspect Effluent Quality	<input checked="" type="checkbox"/>	_____	_____
Vacuum Weir and Filters	<input checked="" type="checkbox"/>	_____	_____
Wash Filters	<input checked="" type="checkbox"/>	_____	_____
Inspect/Replace Top Gasket	<input checked="" type="checkbox"/>	_____	_____
Inspect/Replace Bottom "	<input checked="" type="checkbox"/>	_____	_____
Inspect alarm Sensors	<input checked="" type="checkbox"/>	_____	_____
Inspect Aerator	<input checked="" type="checkbox"/>	_____	_____
Turn Power On	<input checked="" type="checkbox"/>	_____	_____



**CORRECTIONS RECOMMENDED:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REPLACED FILTERS # \_\_\_\_\_  
 REPLACE EXPANDERS # \_\_\_\_\_  
 COMMENTS Washed filters

**TESTING INFORMATION**

**IN FIELD TESTS**

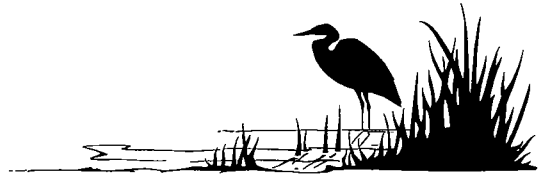
PH \_\_\_\_\_ TEMP \_\_\_\_\_  
 D.O. \_\_\_\_\_  
 C.O.D. \_\_\_\_\_  
 SETTLEABLE SOLIDS % 10

**TESTS IN LABORATORY**

B.O.D. \_\_\_\_\_  
 D.O. \_\_\_\_\_  
 FECAL COLIFORMS 2450  
 SUSPENDED SOLIDS \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF SERVICE OR REPAIRMAN

\_\_\_\_\_  
 LICENSE NUMBER



**Aitkin County Environmental Services  
Planning and Zoning  
209 Second Street NW  
Aitkin, MN 56431  
Phone: 218-927-7342  
Fax: 218-927-4372**

**October 15, 2003**

**FISCHER, DAVID P & MARJORIE  
48039 216TH PLACE  
MCGREGOR MN 55760**

**Dear Mr. and Mrs. Fischer:**

**This letter is just a reminder....it has come to our attention that there was a permit granted for a septic system on parcel # 29-1-457100 on October 24, 2002. This permit will soon expire and our office has no records of the septic system being installed and inspected. If the system was installed, your installer must supply an As-Built report to our office.**

**Our office will extend your timeline to November 24, 2003. We must have an As-Built on file or the final inspection by that date.**

**Sincerely,**

**Missy Kingsley  
Aitkin County Planning and Zoning Clerk**

**Encl.**

**Aitkin County Environmental Services Planning and Zoning**  
**209 Second Street NW**  
**Aitkin, MN 56431**  
**Phone: 218-927-7342**  
**Fax: 218-927-4372**



August 24, 2006

FISCHER, DAVID P & MARJORIE  
48039 216TH PLACE  
MCGREGOR MN 55760

Dear Mr. and Mrs. Fischer:

This letter is in regards to your septic system permit on parcel # 29-1-457100 with a legal description of SATHERS PLAT BIG SANDY NARROWS, LOT 26.

Your septic system is considered an "other" septic system. It is not a standard septic system by Minnesota Pollution Control Agency standards. A 5-year operating permit renewal will now be required, instead of yearly \$50.00 operating permit. It will expire May 31, 2011.

If you have any questions about your septic system or about this operating permit, please contact our office or Septic Check. They are your MPCA licensed septic system designer.

Sincerely,

Missy Kingsley  
Aitkin County Planning and Zoning

Encl.

RECEIVED AUG 21 2006



**Septic Check,™ Inc.**  
Septic System Management Services

8-17-06

Terry Neff  
Aitkin County Environmental Services  
209 - 2nd Street NW  
Aitkin, MN 56431

Terry,

Attached to this letter are the event counter or water meter readings we have on file. I also included the gallon per event multipliers for the customers you had asked for. If you need more information or have any questions please contact me at 320-983-2447.

Sincerely,

Brian Koski

Jan Paulson	12-12-04	999804
	5-23-05	000010
	5-30-06	000053

NOTE: This is not the homeowner's primary residence, as the meter readings indicate low water usage. The multiplier is 90 gallons per event.

Roger Olson	8-24-04	999808
	12-12-04	999908
	5-17-05	000112
	12-12-05	000331
	4-25-06	000339

*139 gal*

NOTE: The multiplier for this system is 120 gallons per event.

Blue Valley Sod	11-2-04	999810
	12-17-04	999810
	1-14-05	999810
	5-26-05	002392
	5-1-06	002522

NOTE: When this system was installed the event counter was wired incorrectly by the electrician and was fixed as of 5-26-05. The multiplier is 90 gallons per event.

Helen Minor	7-21-05	999805
	5-1-06	999820

NOTE: Homeowner was not present for much of the time between these readings. The multiplier is 63 gallons per event.

Dave Fischer	12-8-03	2001
	12-15-03	2157
	12-29-03	2332
	1-20-04	2658
	2-3-04	2805
	4-30-04	3986
	7-7-04	4917
	12-18-04	7336
	5-26-05	9566

*5580 x 10 = 55800 ÷ 391 = 143 gpd*

NOTE: These are water meter readings. Each click on the water meter equals 10 gallons.



RECEIVED AUG 05 2003

AITKIN COUNTY ENVIRONMENTAL SERVICES

OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

OPERATING PERMIT #: 113

FEE PAID: \$25.0

PERMITTEE: David Fischer

PHONE: (218) 426-3851

ADDRESS: 48039 - 216th Place  
McGregor, MN 55760-

ZONING PERMIT # 29961

PARCEL #: 29-1-457100

ISSUE DATE: 6/19/03

RENEW DATE: 12/31/04

LEGALDESCRIPTION: Lot 26, SATHERS PLAT BIG SANDY NARROWS

Aitkin County Environmental Services authorizes the Permittee to construct, install and operate a wastewater treatment and dispersal system located on the above described property in accordance with the requirements of this permit.

This permit is effective on the issuance date identified above.

This permit and the authorization to treat and disperse from the above system shall expire on the above expiration date. The Permittee is not authorized to discharge after the date of expiration. The Permittee shall submit such information and forms as required by Aitkin County Environmental Services no later than thirty (30) days prior to the expiration date. When the required information is submitted and approved by Aitkin County Environmental Services, the permit may be renewed. This permit is not transferable from owner to owner.

I hereby certify with my signature as the permittee that I understand the provisions of this permit including the 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 use of this system and if I fail to comply with the provisions of this Operating Permit. 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 permit.

*David P. Fischer*  
Signature of Permittee  
*[Signature]*  
Signature of Permitting Authority

7-31-03  
Date

8-5-03  
Date

If You have any questions regarding this permit, including the specific permit requirements, permit reporting or permit compliance status, please contact Aitkin County Environmental Services at 218-927-7342.

WATER METER - MAKE - MASTER # 4303864  
# GALONS - 0

**A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM**

ISTS consists of an existing mound that will be brought into separation compliance by adding pretreatment. A Multi-flo Aerobic Treatment Plant will be installed beside the existing combination tank. It will be dosed from the existing lift tank, and gravity flow to the existing pump tank for dosing to the mound. 3 bedroom septic. System const \$4, 500, operation \$10/mo, Monitoring = free first 2 years and \$150/yr afterwards. Testing \$200 first year than \$100/yr 2 yrs. System life = 25-30 years.

**B. PERFORMANCE STANDARD REQUIREMENTS:**

During the period beginning on the effective date (issuance date) of this permit and lasting until this permits expiration date, the Permittee is authorized to discharge from the wastewater treatment unit to subsurface dispersal. No surface discharge is permitted. The following parameters must be monitored and the results must be found within the compliance limits.

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
BOD5	75 mg/l	Aerobic Tank Effluent	ANNUALLY	Grab	ANNUALLY
Fats, Oil and Greases	< 30 mg/l	Aerobic Tank Effluent	ANNUALLY	Grab	ANNUALLY
Fecal Coliform	<1000 collonies	Aerobic Tank Effluent	ANNUALLY	Grab	ANNUALLY
Flow	450 gal per day	Water Meter	MONTHLY	Record on Log Sheet	ANNUALLY
TSS	< 22 mg/l	Aerobic Tank Effluent	ANNUALLY	Grab	ANNUALLY

**C. MAINTENANCE REQUIREMENTS:**

PARAMETER	LOCATION	FREQUENCY
Aerobic Tank Function	Aerobic Tank	EVERY 6 MONTHS
Flow	Water Meter	MONTHLY
Pumps, Floats & Alarms	Pump Chamber	ANNUAL
Solids Removal & Water Tightness	Septic tank(s)	ANNUAL
Surface Discharge	Dispersal System	ANNUAL

**D. MONITORING AND REPORTING REQUIREMENTS:**

Monitoring results obtained during each calendar year shall be submitted no later than December 31st of that year to:

Aitkin County Environmental Services  
209 2nd Street NW  
Aitkin, MN 56431

The monitoring reports shall be signed by the Permittee. Copies are to be retained by the Permittee.

The Permittee shall notify Aitkin County Environmental Services within thirty (30) days when monitoring results do not meet the monitoring plan requirements of this permit.

Monitoring plans may be modified as necessary and reapproved by Aitkin County Environmental Services.

Sampling and laboratory testing procedures shall be performed in accordance with Standard Methods and the testing shall be performed by a Minnesota Department of Health approved laboratory. All sampling and testing costs shall be the responsibility of the Permittee.

Monitoring will be done by Eric Larson

**E. MITIGATION PLAN:**

If surfacing occurs; reduce water use and increase absorption and distribution area. Waste strength if fecals exceed limit, add time dosing. If fecals continue to exceed limit add disinfection. If BOD, TSS, or FOG exceed limit, reduce effluent strength. A replacement septic system could be constructed on previously disturbed soil, or if this system were to fail and no other option is available, install holding tanks and enter into a pumping contract with a County approved septic pumper.

**F. SPECIAL REQUIREMENTS:**

**Aitkin County Environmental Services**

**Application for an  
Operating Permit for Wastewater Treatment And Dispersal**

Permittee: David P. Fisher

Parcel Number: 29-1-457100

Address: 48039 - 216th Place  
McGregor, MN 55760

Legal Description: Lot 26 Sather's Plat Big Sandy Narrows Sec. 19, T49 R23

Telephone # 218-426-3851

GIS Location \_\_\_\_\_

**A. Description of Wastewater Treatment and Dispersal System:**

This ISTS consists of an existing mound that will be brought into separation compliance by adding pretreatment. A Multi-Flo Aerobic Treatment Plant will be installed beside the existing combination tank. It will be dosed from the existing lift tank, and gravity flow to the existing pump tank for dosing to the mound.

Number of Bedrooms = 3

Flow = 450 gallons per day

Hydraulic Loading Rate = 0.80 gpd/sqft

Organic Loading Rate = .000033 BOD/sqft

Estimated Cost of:

System Construction = \$4500

Operation = \$10 per month

Monitoring & Servicing: first two years No Charge, after two years  
\$150/yr

Testing = \$200 first year, then \$100/yr 2 years

Anticipated System Life = 25 - 30 years

**APPROVED**

ONSITE INSPECTION

NO ONSITE INSPECTION

SIGN \_\_\_\_\_



DATE

6-12-03

### **B. Performance Standard Requirements:**

During the period beginning on the date of the Operating Permit and lasting until the Permit's expiration date, the Permittee is authorized to discharge from the wastewater treatment unit to subsurface dispersal. No surface discharge is permitted. The following parameters must be monitored and the results must be found within the compliance limits.

<b>Parameter</b>	<b>Compliance Limit</b>	<b>Sample Location</b>	<b>Sample Frequency</b>	<b>Sample Type</b>	<b>Reporting Frequency</b>
BOD5	75 mg/l	ATU / Pump Tank	Bi-annual 1st year		Annual
Fats, Oil and Greases	30 mg/l	ATU / Pump Tank	Bi-annual 1st year		Annual
Fecal Coliform	<1000 cfu/100ml	ATU / Pump Tank	Bi-annual 1st year		Annual
TSS	22 mg/l	ATU / Pump Tank	Bi-annual 1st year		Annual
Flow	450 GPD	Water meter	Monthly	Record on log sheet	Annual

### **C. Maintenance Requirements:**

<b>Parameter</b>	<b>Location</b>	<b>Frequency</b>
Daily Flow	Water Meter	Monthly (record on log sheet)
Sludge and scum level	Septic Tank	Annually
Pump, Alarms, Floats, etc.	Tanks	Annually
Multi-Flo	Multi-Flo	semi-annually
Surfacing effluent, landscaping etc.	Total system	Annually

**D. Monitoring and Reporting Requirements:**

Monitoring results obtained during each calendar year shall be submitted no later than December 31st of that year to:

Aitkin County Environmental Services  
209 - 2nd Street NW  
Aitkin, MN 56341

The monitoring reports shall be signed by the Permittee. Copies are to be retained by the Permittee.

The Permittee shall notify Aitkin County Environmental Services within thirty (30) days when monitoring results do not meet the monitoring plan requirements of this permit.

Monitoring plans may be modified as necessary and reapproved by Aitkin County Environmental Services.

Sampling and laboratory testing procedures shall be performed in accordance with Standard Methods and the testing shall be performed by a Minnesota Department of Health approved laboratory. All sampling and testing costs shall be the responsibility of the Permittee.

Monitoring will be done by:

Eric Larson, 6549 Keystone Road, Milaca, MN 56353 320-983-2447 Lic #1767

**E. Mitigation Plan:**

If surfacing occurs: reduce water use, increase absorption and distribution area.

Waste strength: if fecals exceed limit, add time dosing. If fecals continue to exceed limit add disinfection. If BOD, TSS or FOG exceed limit, reduce influent strength.

A replacement septic system could be constructed on previously disturbed soil, or if this system were to fail and no other option is available, install holding tanks and enter into a pumping contract with a County approved septic pumper.

**I hereby certify with my signature as the designer, that all data for the operating application is true and correct to the best of my knowledge.**



License #1767

6-4-03

Eric Larson 6549 Keystone Rd, Milaca, MN 56353 320-983-2447

**harmony equipment**  
6549 Keystone Road  
Milaca, MN 56353

Phone: 320-983-2447 888-983-2447  
Fax 320-983-2151

## INDIVIDUAL SEWAGE SYSTEM DESIGN SUMMARY

Property Owner: Dave Fisher Phone: 218-426-3851  
Address: 48039 - 216<sup>th</sup> Place Township: Shamrock  
City: Megregor Zip: 55760 County: Aitkin

### DESIGN USAGE

Single Family Home  Other \_\_\_\_\_  
Number of Potential Bedrooms 3  
Garbage Disposal no  
Sewage Lift Pump yes

### SITE CHARACTERISTICS

Soil type \_\_\_\_\_  
Soil Sizing Factor \_\_\_\_\_  
Depth to restrictive layer \_\_\_\_\_

### PUMP INFORMATION

Pump GPM & TDH existing  
Cycles per day demand  
Gallons per cycle \_\_\_\_\_  
Perforation size & spacing existing  
Number, spacing, &  
diameter of laterals \_\_\_\_\_  
Forcemain Size \_\_\_\_\_

### CAPACITIES

Daily Water Use 450 Est  Calc \_\_\_\_\_  
Septic Tank Capacity (bypass)  
Pump Tank Capacity 350


### MOUND SYSTEM

Dimension of Rock Base existing  
Depth of Rock Below Pipe \_\_\_\_\_  
Dimensions of Mound \_\_\_\_\_  
% Slope of Soil Under Mound \_\_\_\_\_  
Upslope Dike Width \_\_\_\_\_  
Downslope Dike Width \_\_\_\_\_  
Sideslope Dike Width \_\_\_\_\_

### BED SYSTEM

Type of Bed \_\_\_\_\_  
Maximum Depth of Bed \_\_\_\_\_  
Square Feet of Bed Required \_\_\_\_\_  
Square Feet of Bed Proposed \_\_\_\_\_  
Lineal Feet of Bed Proposed \_\_\_\_\_

### APPROVAL

By  Date 6-4-03  
Eric Larson License #1767

See additional information sheet if checked



## **Septic Design Additional Information**

Dave Fisher

This design is to bring an existing mound into compliance with Shoreland District requirements. There is less than the 3' of separation required under the rockbed.

Accordingly, this upgrade is for installation of a Multi-Flo Aerobic Treatment Plant to pretreat the waste. There is an existing lift tank which pumps approximately 50' uphill into an existing combination tank. The Multi-Flo will be placed beside the combination tank. The lift pump will be re-directed into the Multi-Flo which will flow by gravity into the pump tank, and dose from there to the mound. The septic tank will be bypassed but not sealed off from the dose tank. In the event of pump failure it will provide reserve capacity.

Homeowner to verify all property lines.

Suggest Septic Protector filter to minimize laundry lint in the system. \$160 est.

Elevations are referenced to Bench Mark at top of septic tank access cover.

Installer to verify all elevations, dimensions, and ensure proper fall to pipes.

Establish turf to prevent erosion and freezing.

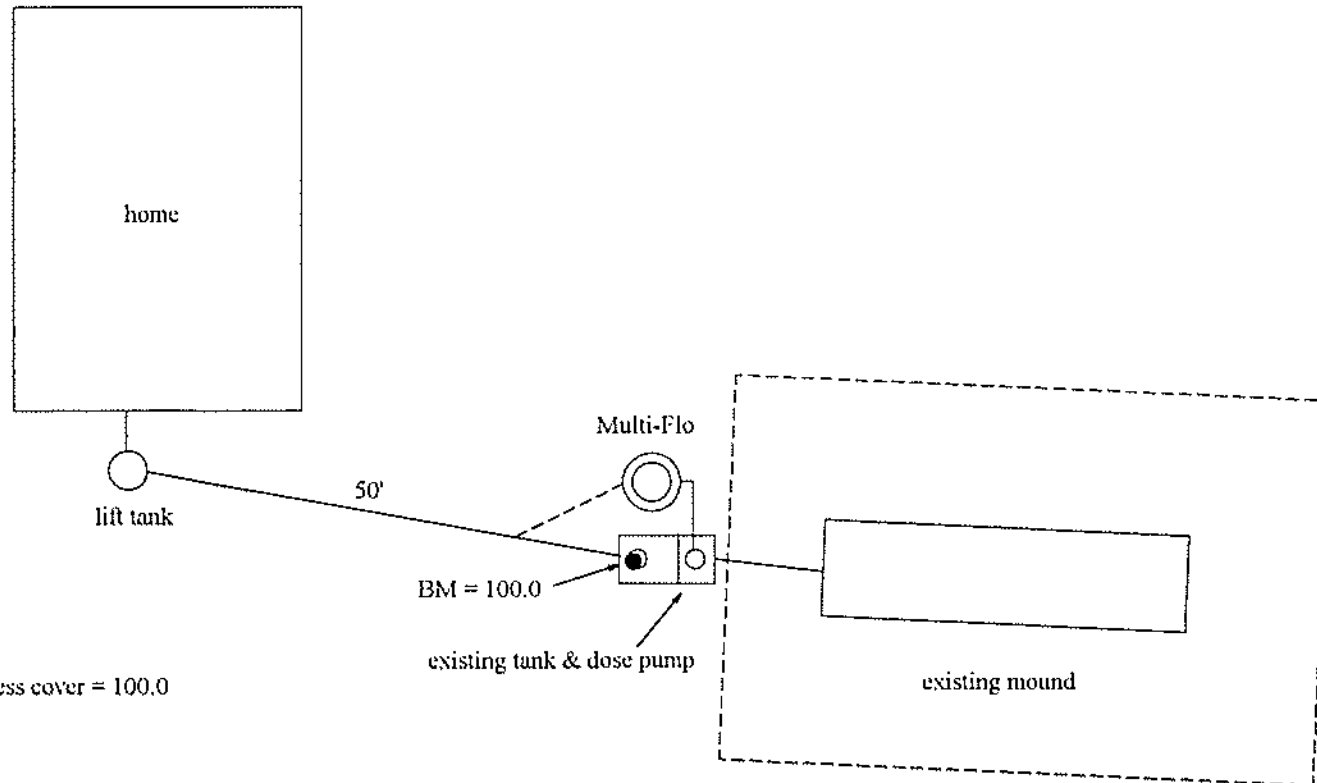
Each tank is to be pumped through the maintenance cover when serviced. Do not pump through inspection pipes.

All construction to be performed in accordance with MN Rule 7080.



N ↑  
1" = 20'

David Fisher  
48039 - 216th Place  
McGregor, MN 55760



Elevations:

BM on septic tank access cover = 100.0

Lift tank pump 80.7'

Multi-Flo inlet 99.4

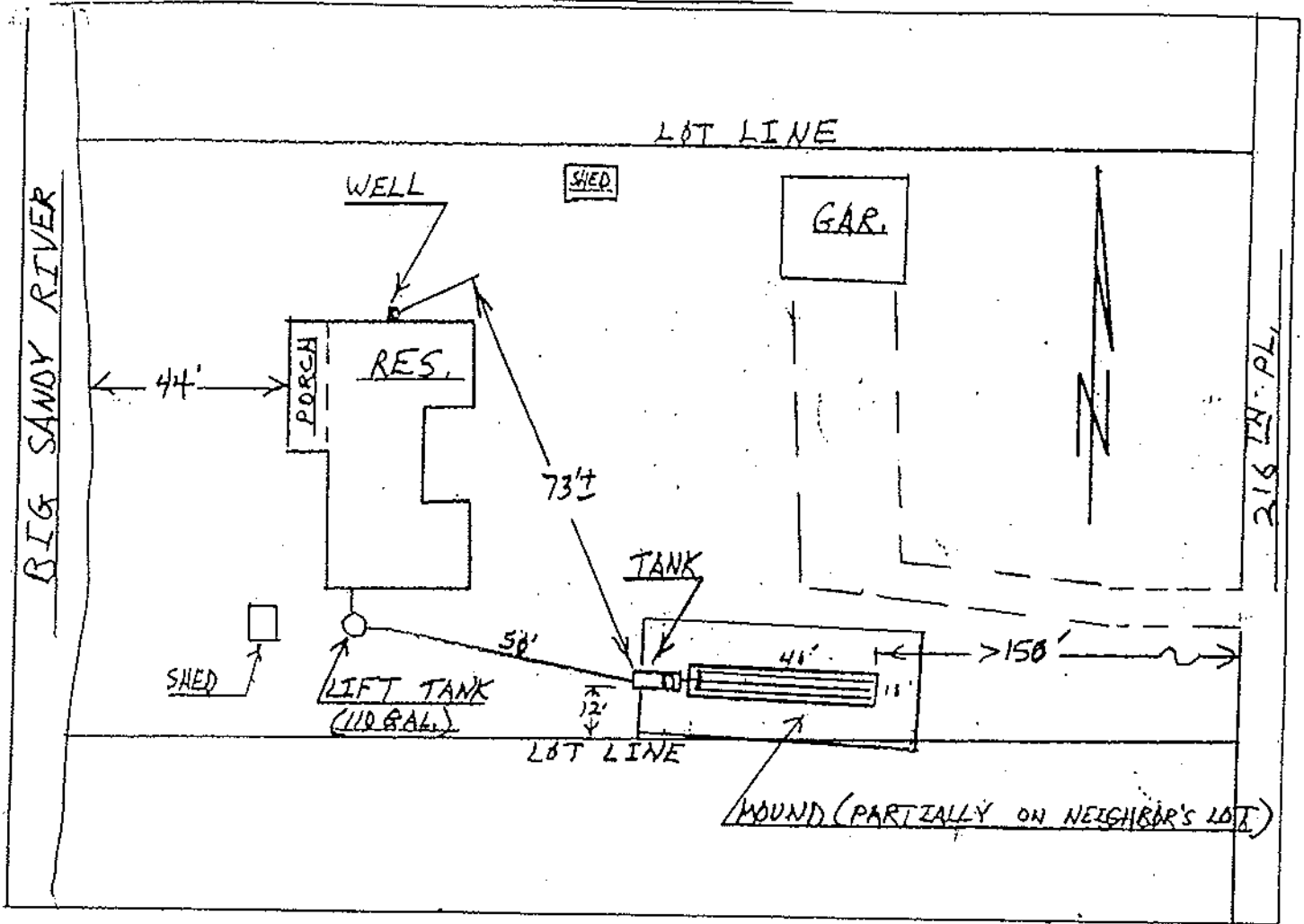
Multi-Flo outlet 99.2

Dose tank inlet 99.0

Dose pump 94.5

Dose tank outlet 98.0

SKETCH SHEET



SOIL BORING LOG

Soil Boring # 1	Soil Boring # 2
0-5" Topsoil	0-5" Topsoil
5"-24" Silty Sand 10YR5/2	5"-22" Silty Sand 10YR5/2
24"-28" Silt Loam 10YR5/1	22"-28" Silt Loam 10YR5/1
Mottled at 9"	Mottled at 9"

TANK INFORMATION

Tank size: 1350 comb. (1000) Gals.  
 Pump Tank size: 350 Gals.  
 Tank(s) defects: NONE

DATE OF INSPECTION: 8/26/02

OWNER: David P. Fischer

PERSON REQUESTING INSPECTION: owner

COMMENTS: This system does NOT have the required 3' of separation to the saturated soil level.

SIGNATURE: Charles J. Virginia  
 Charles J. Virginia MPCA Lic. #1392

**AITKIN COUNTY**  
**CERTIFICATE OF COMPLIANCE/NOTICE OF NONCOMPLIANCE**

This certificate of compliance/notice of noncompliance has been issued this \_\_\_\_\_ day of 11/19/03 to certify compliance/noncompliance with Aitkin County's Individual Sewage Treatment System and Wastewater Ordinance No.

1. The premises covered by this certificate are legally described as: \_\_\_\_\_

Sathers Plat Big Sandy Narrows  
Section 19 Township 49 Range 23 Lake Sandy River  
PERMIT NO. 29961 Owner Name David Fischer  
Address 48039 216<sup>th</sup> pl. McGregor, mn 55760  
Installer Name Eric Larson  
Type of System Inspected performance system / multi-flt

The certificate of compliance/notice of noncompliance was based on, No 1 of the following:

1) Inspection of the installation or construction as in accordance with the above referenced permit and application design.

2) Review of as-built plans submitted in accordance with Subdivision 4.21 C. Of Aitkin County's Individual Sewage Treatment System and Wastewater Ordinance No. 1.

If the above permitted individual sewage treatment system is in noncompliance with Aitkin County's Individual Sewage Treatment System and Wastewater Ordinance No. 1, then the following shall serve as a Notice of Violation:

1) Statement of the findings of fact through inspections or investigations: \_\_\_\_\_

2) List of specific violations of Ordinance: \_\_\_\_\_

3) Requirements for correction or removal of violations: \_\_\_\_\_

4) Time schedule for compliance: \_\_\_\_\_

Failure to correct or remove the above violations will result in this matter being turned over to the Aitkin County Attorney's Office for further legal action which may result in revocation of licenses or registrations, fine's and/or imprisonment.

INSPECTOR SIGNATURE [Signature]

# INDIVIDUAL SEWAGE TREATMENT SYSTEM INSPECTION FORM AITKIN COUNTY, MINNESOTA

Township Shamrock Date of Inspection 7/2/03 Permit Number 29961  
 Owner David Fischer Parcel Number 29-1-45710  
 Project Address Sathers Plat Big Sandy Narrows Installer Eric Larson  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ New \_\_\_\_\_ Repair

**SETBACKS:**

Buildings to tank(s) 20  
 Buildings to drainfield 50  
 Well(s) 50' or 100' 65 + 73'  
 Lake/Creek/Wetland 150'

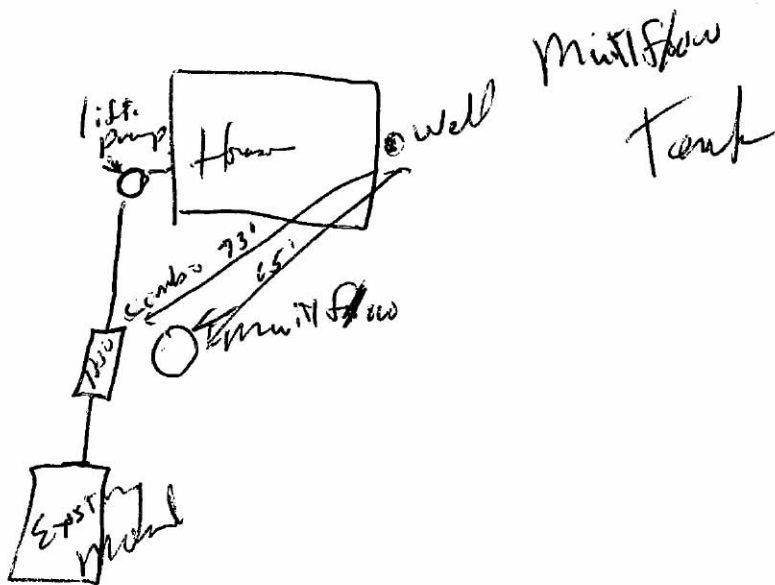
**SEPTIC TANKS:**

Liquid capacity 1250 Combs Existing  
 Manufacturer & type pre-cast  
 Type of baffle plastic  
 Inspection pipes \_\_\_\_\_  
 Manholes access 2  
 No. & height of risers 12'

**MOUNDS:**

Percent slope \_\_\_\_\_  
 Upslope dike width \_\_\_\_\_  
 Downslope dike width \_\_\_\_\_  
 Sideslope dike width \_\_\_\_\_  
 Drainfield rock below pipe \_\_\_\_\_  
 Depth of sand below rock Existing  
 Perforation size & spacing \_\_\_\_\_  
 Pipe size & spacing \_\_\_\_\_  
 Dimensions of rock bed Mound  
 Dimensions of sand base \_\_\_\_\_  
 Final cover \_\_\_\_\_

**DRAWING OF SYSTEM**



**DIST. or DROP BOX & TYPE**

**TRENCHES, BEDS, OR GRAVELLESS LEACHFIELD:**

Trench depth \_\_\_\_\_  
 Trench length \_\_\_\_\_  
 Trench bottom width \_\_\_\_\_  
 Trench bottom level \_\_\_\_\_  
 Trench spacing \_\_\_\_\_  
 Drainfield rock below pipe \_\_\_\_\_  
 Size of gravelless pipe \_\_\_\_\_  
 Depth of backfill \_\_\_\_\_  
 Absorption area: square feet \_\_\_\_\_  
 lineal feet \_\_\_\_\_

**PUMPS:**

Tank capacity 110 gal lift. tank Existing  
 Tank manufacturer & type 500 110 pump tank Grundfos  
 No. & height of risers \_\_\_\_\_  
 Pump manufacturer & model# \_\_\_\_\_  
 Horsepower & GPM \_\_\_\_\_  
 Feet of head \_\_\_\_\_  
 Cycles per day Existing  
 Gallons per cycle \_\_\_\_\_  
 Size of discharge line 2"  
 Type of electrical hookup Elec  
 Type & location of alarm Elec  
 Cycle counter (commercial) \_\_\_\_\_

Inspector's Comments \_\_\_\_\_

Corrective Action Required \_\_\_\_\_

Inspector's Signature [Signature] Installer's Signature [Signature]

White-County      Yellow-Applicant      Pink-Installer

29961



**harmony equipment**  
6549 KEYSTONE ROAD  
MILACA, MN 56353

PHONE: (320) 983-2447  
FAX: (320) 983-2151

**FAX COVER SHEET**

DATE: 12-31-03

PLEASE DIRECT THE FOLLOWING PAGES TO:

NAME: Rich Courtemanche

FIRM: Aitkin County Enviro Svcs

FAX #: 218-927-4372

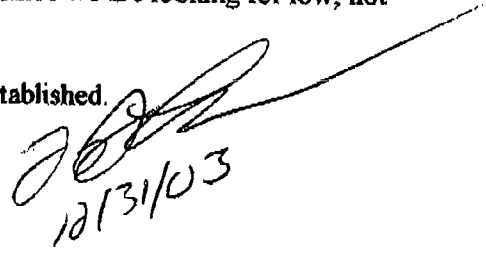
FROM: ERIC LARSON

TOTAL NUMBER PAGES SENT INCLUDING COVER SHEET: 2

Re: fecal test for David Fischer, Parcel #29-1-457100

I had scheduled a sample about two weeks ago, but they had a dose pump fail and create high water in the system. We had Goble's do a complete clean of the system, so it is essentially in start up mode again. I took a sample on 12-29-03 to have a report for you by year's end, but as you will see on the attached report the result was too numerous to count (TNTC). I generally request a low screen count since we are looking for low, not high fecals.

Will resample in spring when aerobic plant is fully re-established.

Handwritten signature and date 12/31/03

Dec. 31. 2003 10:14AM MARK TRAUT WELLS INC.

No. 8468 P. 3



# Traut Water Analysis Lab

141 - 28th Avenue South, Waite Park, MN 56387  
(320) 251-5090

REPORT DATE: December 31, 2003

CLIENT: Harmony Equipment  
6549 Keystone Rd.  
Milaca, MN 56353

SAMPLE # 03-0873  
DATE RECEIVED: December 29, 2003  
COLLECTION DATE: December 29, 2003  
COLLECTION TIME: 11:00  
COLLECTED BY: Eric Larson

ATTENTION: Eric Larson

SAMPLE DESCRIPTION: Dave Fischer

ANALYSIS	UNITS	RESULT	ANALYSIS DATE	ANALYSIS TIME
Fecal Coliform	CFU/100mL	TNTC	December 29, 2003	1600

The above analysis was performed by or under the supervision of:

STATE OF MINNESOTA CERTIFIED # 027-145-121

Ryan Jandro, Laboratory Supervisor

Sue Fish, Laboratory Technician

The above chemical and bacterial determinations relate only to the quality of the sample that was provided to the TRAUT WATER ANALYSIS LABORATORY and in no way implies or guarantees these continued results of said sample source.

Equal Opportunity Employer / Contractor

# harmony

equipment leasing

6549 Keystone Rd., Millaca, MN 56353

12-29-03

Aitkin County Environmental Services  
209 - 2nd Street NW  
Aitkin, MN 56431

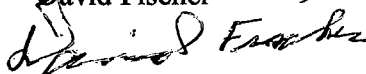
RE: Operating Permit for Parcel # 29-1-457100

David Fischer  
48039 -216th Place  
McGregor, MN 55760

Parameter	Compliance Limit	Actual
Fecal Coliform	<1000 CFU/100ml	
Daily Flow	450 GPD	170 GPD (Aug-Dec)

Eric Larson  
Lic 1767

David Fischer



Harmony Equipment

*Friendly Professional Service for All your Equipment Needs*

320-983-2447 • Fax 320-983-2151

1-888-983-2447



# harmony equipment

6549 Keystone Rd., Milaca, MN 56353

Authorized Distributor For

## MULTI-FLO AERATION EQUIPMENT SALES & SERVICE

### GENERAL INFORMATION

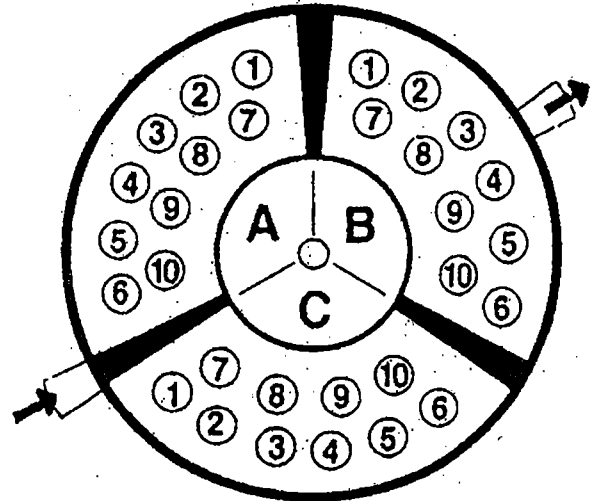
OWNER DAVE FISCHER RESIDENT \_\_\_\_\_  
 ADDRESS 49039 - 126<sup>th</sup> PLACE MCGREGOR COUNTY ADIRON  
 DATE OF INSPECTION 11/12/03 PHONE 218-426-3851

### UNIT INFORMATION

TANK NO. \_\_\_\_\_ TYPE OF TANK 600 NO. OF MOTORS 1 SER. NUMBER 6-3648

### CHECK LIST

Item	Done	Per. Specs.	Need Attn:
Take Mixed Liquor sample	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> <u>DK GRAY</u>
Check Alarm System	<input checked="" type="checkbox"/>		
Turn Off Power	<input checked="" type="checkbox"/>		
Rinse Surge Bowl	<input checked="" type="checkbox"/>		
Inspect Effluent Quality	<input checked="" type="checkbox"/>		
Vacuum Weir and Filters	<input checked="" type="checkbox"/>		
Wash Filters	<input checked="" type="checkbox"/>		
Inspect/Replace Top Gasket	<input checked="" type="checkbox"/>		
Inspect/Replace Bottom "	<input checked="" type="checkbox"/>		
Inspect alarm Sensors	<input checked="" type="checkbox"/>		
Inspect Aerator	<input checked="" type="checkbox"/>		
Turn Power On	<input checked="" type="checkbox"/>		



### CORRECTIONS RECOMMENDED:

PUMP, MAN TO MOUND WAS DEFECTIVE  
& REPAIRED. BACKED INTO M.F. -  
PRESSURE WASHED FILTERS AFTER  
PUMPING DOWN TANK.

REPLACED FILTERS # \_\_\_\_\_

REPLACE EXPANDERS # \_\_\_\_\_

COMMENTS \_\_\_\_\_

### TESTING INFORMATION

#### IN FIELD TESTS

PH \_\_\_\_\_ TEMP \_\_\_\_\_  
 D.O. \_\_\_\_\_  
 C.O.D. \_\_\_\_\_  
 SETTLEABLE SOLIDS % 5

#### TESTS IN LABORATORY

B.O.D. \_\_\_\_\_  
 D.O. \_\_\_\_\_  
 FECAL COLIFORMS \_\_\_\_\_  
 SUSPENDED SOLIDS \_\_\_\_\_

[Signature]  
 SIGNATURE OF SERVICE OR REPAIRMAN

LICENSE NUMBER 1767



**Septic Check,™ Inc.**

Septic System Management Services

12-7-06

Aitkin County Environmental Services  
209 - 2nd Street NW  
Aitkin, MN 56431

RE: Operating Permit for Parcel # 29-1-457100

David Fischer  
48039 -216th Place  
McGregor, MN 55760

Parameter	Compliance Limit	Actual
Fecal Coliform	<1000 CFU/100ml	no test until 2011
Daily Flow	450 GPD	149 GPD

Brian Koski  
Lic 2624

Septic Check, Inc.

David Fischer

**Protecting Your Investment and Everyone's Environment**

6549 Keystone Rd. • Milaca, MN 56353  
(320) 983-2447 • (320) 983-2151 Fax • (888) 983-2447 Toll Free

MAY 05 2011

OP# 113



Septic Check, Inc  
 6549 Keystone Road  
 Milaca, MN 56353  
 320-983-2447  
[www.septic-check.com](http://www.septic-check.com)

# MAINTENANCE SERVICE REPORT

Year ending 12-31-2010

Owner: David Fischer  
 48039 - 216th Place  
 McGregor, MN 55760

System ID: 22

County: Aitkin

Parcel ID: 29-1-457100

Site Address: 48039 - 216th Place  
 McGregor, MN 55760

## Water Usage

Service Date	Description	Prev Event	Current Event	Period Gallons	Gallons/day
4/26/2010	Standard Service	-872	-198	674.0	4.7
9/23/2010	standard service	-198	596	794.0	5.3
				0.0	0.0
				0.0	#DIV/0!

## Performance Requirements

Sample Date	Type	Permit Limit	Test Results
	Fecals Limit	1000 CFU/100ml	N/A CFU/100ml
	TSS Limit	N/A Mg/l	N/A Mg/L
	FOG Limit	N/A Mg/l	N/A Mg/l
	BOD Limit	N/A Mg/l	N/A Mg/l
	Gallon Per Day Limit	450	5.0

## Maintenance Requirements

Septic Tank		Pump Tank		Alarms inspected		
Sludge	Scum	Sludge	Scum	Aerator	Trash Trap	Drainfield Pump
				√	√	√

## Treatment Unit

Trash Trap Pump		Drainfield Pump		Treatment Unit			
Amps	Oper.	Amps	Oper.	MLSS%	Aerator Amps	WeiPlate Cleaned	Filter Cleaned
√	√	√	√	15	2.1	√	√

**AITKIN COUNTY ENVIRONMENTAL SERVICES**

**OPERATING PERMIT FOR WASTEWATER  
TREATMENT AND DISPERSAL**

**OPERATING PERMIT #:** 113

**FEE:** 100

**PERMITTEE:** David Fischer

**PHONE:** (218) 426-3851

**ADDRESS:** 48039 - 216th Place  
McGregor, MN 55760-

**ZONING PERMIT #** 29961

**PARCEL #:** 29-1-457100

**ISSUE DATE:** 6/30/2011

**RENEW DATE:** 5/31/2017

**LEGALDESCRIPTION:** Lot 26, SATHERS PLAT BIG SANDY NARROWS

Aitkin County Environmental Services authorizes the Permittee to operate a wastewater treatment and dispersal system located on the above described property in accordance with the requirements of this permit.

This permit is effective on the issuance date identified above.

This permit and the authorization to treat and disperse from the above system shall expire on the above expiration date. The Permittee is not authorized to discharge after the date of expiration. The Permittee shall submit such information and forms as required by Aitkin County Environmental Services no later than thirty (30) days prior to the expiration date. When the required information is submitted and approved by Aitkin County Environmental Services, the permit may be renewed. This permit is not transferable from owner to owner.

**I hereby certify with my signature as the permittee that I understand the provisions of this permit including the 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 use of this system and if I fail to comply with the provisions of this Operating Permit. 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 permit.**

*David F. Fischer*

Signature of Permittee

*11-23-2011*

Date

*K. Kunz*

Signature of Permitting Authority

*11-23-2011*

Date

If you have any questions regarding this permit, including the specific permit requirements, permit reporting or permit compliance status, please contact Aitkin County Environmental Services at 218-927-7342.

*ck# 10371 11-23-11*  
*Receipt # 169997*

**A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM**

ISTS consists of an existing mound that will be brought into separation compliance by adding pretreatment. A Multi-flo Aerobic Treatment Plant will be installed beside the existing combination tank. It will be dosed from the existing lift tank, and gravity flow to the existing pump tank for dosing to the mound. 3 bedroom septic. System const \$4, 500, operation \$10/mo, Monitoring = free first 2 years and \$150/yr afterwards. Testing \$200 first year than \$100/yr 2 yrs. System life = 25-30 years.

**B. PERFORMANCE STANDARD REQUIREMENTS:**

During the period beginning on the effective date (issuance date) of this permit and lasting until this permits expiration date, the Permittee is authorized to discharge from the wastewater treatment unit to subsurface dispersal. No surface discharge is permitted. The following parameters must be monitored and the results must be found within the compliance limits.

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
BOD5	75 mg/l	Aerobic Tank Effluent	EVERY 5 YEARS	Grab	ANNUALLY
Fats, Oil and Greases	< 30 mg/l	Aerobic Tank Effluent	EVERY 5 YEARS	Grab	ANNUALLY
Fecal Coliform	<1000 collonies	Aerobic Tank Effluent	EVERY 5 YEARS	Grab	ANNUALLY
Flow	450 gal per day	Water Meter	EVERY 5 YEARS	Record on Log Sheet	ANNUALLY
TSS	< 22 mg/l	Aerobic Tank Effluent	EVERY 5 YEARS	Grab	ANNUALLY

**C. MAINTENANCE REQUIREMENTS:**

PARAMETER	LOCATION	FREQUENCY
Aerobic Tank Function	Aerobic Tank	EVERY 5 YEARS
Flow	Water Meter	EVERY 5 YEARS
Pumps, Floats & Alarms	Pump Chamber	EVERY 5 YEARS
Solids Removal & Water Tightness	Septic tank(s)	EVERY 5 YEARS
Surface Discharge	Dispersal System	EVERY 5 YEARS

#### **D. MONITORING AND REPORTING REQUIREMENTS:**

Monitoring results obtained during each calendar year shall be submitted no later than December 31st of that year to:

Aitkin County Environmental Services  
209 2nd Street NW  
Aitkin, MN 56431

The monitoring reports shall be signed by the Permittee. Copies are to be retained by the Permittee.

The Permittee shall notify Aitkin County Environmental Services within thirty (30) days when monitoring results do not meet the monitoring plan requirements of this permit.

Monitoring plans may be modified as necessary and reapproved by Aitkin County Environmental Services.

Sampling and laboratory testing procedures shall be performed in accordance with Standard Methods and the testing shall be performed by a Minnesota Department of Health approved laboratory. All sampling and testing costs shall be the responsibility of the Permittee.

Monitoring will be done by Eric Larson.

#### **E. MITIGATION PLAN:**

If surfacing occurs; reduce water use and increase absorption and distribution area. Waste strength: if fecals exceed limit, add time dosing. If fecals continue to exceed limit add disinfection. If BOD, TSS, or FOG exceed limit, reduce effluent strength. A replacement septic system could be constructed on previously disturbed soil, or if this system were to fail and no other option is available, install holding tanks and enter into a pumping contract with a County approved septic pumper.

#### **F. SPECIAL REQUIREMENTS:**

# AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

209 Second Street, NW  
Aitkin, Minnesota 56431

PH: (218) 927-7342  
FX: (218) 927-4372



November 23, 2011

RE: Renewed Operating Permit

To Mr. Fischer:

This letter is to inform you that your Operating Permit (No. 113) has been renewed until May 31, 2017. You should note that all renewal dates that were formerly on December 31 have been moved forward to allow your Operation and Maintenance provider suitable time to complete the monitoring report.

Please adhere to your monitoring and maintenance contract including monitoring your water use. Failure to do so would violate the agreement to operate your system and could void the operating permit. You should contact your Operation and Maintenance provider directly with questions that you may have during the year.

Thank you for your good stewardship and we hope that your system continues to operate well, protecting groundwater for you and the environment.

Sincerely,

A handwritten signature in blue ink that reads "Kristi K.".

Aitkin County Planning & Zoning and  
Environmental Services

5

P# 29961  
OP# 113

2/16/2012

**Septic Check, Inc.**

6549 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

**PROPERTY INFORMATION**

David Fischer  
Location: 48039 216th Place  
McGregor  
PARCEL (APN): 29-1-457100  
  
Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: Multi-Flow Pretreatment & Mound  
  
Owner: David Fischer

Mail To: David Fischer  
48039 216th Place  
McGregor, MN  
55760

Fold Here

**ONSITE SEWAGE SYSTEM INSPECTION REPORT**

Inspected: 04/18/2011 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Fold Here

**COMMENTS & GENERAL INSPECTION NOTES**

No Deficiencies Noted

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

**SERVICE INFORMATION**

Company: Septic Check, Inc.	Work Performed By: Jared Deboer	Submitted 02/16/2012 by: Greg Sokoloski
--------------------------------	------------------------------------	--

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.



**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

<b>TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)</b>		
Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Partially Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	
<b>Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo</b>		
Manufacturer: Consolidated Treatment Systems Model: Other		
This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments)	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	N/A	
Pumping recommended:	NO	
<b>TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank</b>		
Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Partially Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A	
Pumping recommended:	NO	
<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Partially Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Partially Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	N/A	
Pump 1: off hours (override in parentheses - if present):	N/A	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	N/A	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	1471	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
<b>Drainfield: Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (Feet, if other specify):	N/A	
Ponding Present:	NO	

*This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.*

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

**PROPERTY INFORMATION**

David Fischer  
Location: 48039 216th Place  
McGregor  
PARCEL (APN): 29-1-457100  
Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: Multi-Flow Pretreatment & Moun  
Owner: David Fischer

Mail To: David Fischer  
48039 216th Place  
McGregor, MN  
55760

Fold  
Here

**ONSITE SEWAGE SYSTEM INSPECTION REPORT**

Inspected: 11/29/2011 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Fold  
Here

**COMMENTS & GENERAL INSPECTION NOTES****No Deficiencies Noted**

Flow is estimate. I will be checking drawdown volume at the next service visit.

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover, or settling problems observed:	NO

**SERVICE INFORMATION**

Company:  
Septic Check

Work Performed By:  
Greg Sokoloski

Submitted 02/16/2012 by:  
Greg Sokoloski

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

<b>TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)</b>		
<b>Manufacturer: Local Manufacturer Model: Concrete</b>		
This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	1	
Pumping recommended:	NO	
<b>Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo</b>		
<b>Manufacturer: Consolidated Treatment Systems Model: Other</b>		
This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments)	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	N/A	
Pumping recommended:	NO	
<b>TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank</b>		
<b>Manufacturer: Local Manufacturer Model: Concrete</b>		
This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	
<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Partially Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Partially Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	N/A	
Pump 1: off hours (override in parentheses - if present):	N/A	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	152886	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	2003	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
<b>Drainfield: Pressure Mound (40' X 18' Existing)</b>		
This component was:	Partially Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (Feet, if other specify):	N/A	
Ponding Present:	NO	

*This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.*

**SAMPLING REPORT**

4/6/2012

Location: 48039 216th Place  
McGregor  
29-1-457100

Owner: David Fischer  
Use: Single Family

**Service Company:**

**Septic Check**  
6074 Keystone Rd  
Milaca, MN 56353  
320-983-2447

**Laboratory: Septic Check**

11/29/2011 sample entered by :Greg Sokoloski

Notes:

**ONSITE SEWAGE SYSTEM SAMPLING DETAIL**

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	35.5 GPD

*This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.*

# Septic Check

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

## PROPERTY INFORMATION

David Fischer  
Location: 48039 216th Place  
McGregor  
PARCEL (APN): 29-1-457100  
Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: Multi-Flow Pretreatment & Mound  
Owner: David Fischer

Mail To: David Fischer  
48039 216th Place  
McGregor, MN  
55760

Fold  
Here

## ONSITE SEWAGE SYSTEM INSPECTION REPORT

Inspected: 06/07/2012 - Inspection Type: ROUTINE - Correction Status: No corrections needed

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## COMMENTS & GENERAL INSPECTION NOTES

### No Deficiencies Noted

The drainfield pump evacuated 6.5" of water from the pump tank when it cycles. Dave mentioned that they installed a new water softening system last fall. The multiflo looked much better due to the water softening update.

## GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

## SERVICE INFORMATION

Company:  
Septic Check

Work Performed By:  
Brian Koski

Submitted 07/09/2012 by:  
Brian Koski

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

<b>TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)</b>		
<b>Manufacturer: Local Manufacturer Model: Concrete</b>		
This component was:	<b>Partially Inspected</b>	
Compartment 1 Scum accumulation (Inches, if other specify):	n/a	
Compartment 1 Sludge accumulation (Inches, if other specify):	n/a	
Pumping recommended:	NO	
<b>Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo</b>		
<b>Manufacturer: Consolidated Treatment Systems Model: Other</b>		
This component was:	<b>Fully Inspected</b>	
Effluent level within operational limits (if NO explain in comments)	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES	
Pumping recommended:	NO	
<b>TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank</b>		
<b>Manufacturer: Local Manufacturer Model: Concrete</b>		
This component was:	<b>Partially Inspected</b>	
Compartment 1 Scum accumulation (Inches, if other specify):	n/a	
Compartment 1 Sludge accumulation (Inches, if other specify):	n/a	
Pumping recommended:	NO	
<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	<b>Partially Inspected</b>	
Controls functioning:	YES	
Tested gallons per minute flow:	n/a	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	<b>Partially Inspected</b>	
Controls functioning:	YES	
Tested gallons per minute flow:	n/a	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	<b>Partially Inspected</b>	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	n/a	
Pump 1: off hours (override in parentheses - if present):	n/a	
Pump 1: gallons per dose (override in parentheses - if present):	n/a	
Pump 1: ETM hours (override in parentheses - if present):	n/a	
Pump 1: Cycle Count (override in parentheses - if present):	n/a	
Pump 2: on minutes (override in parentheses - if present):	n/a	
Pump 2: off hours (override in parentheses - if present):	n/a	
Pump 2: gallons per dose (override in parentheses - if present):	n/a	
Pump 2: Cycle Count (override in parentheses - if present):	2458	
Pump 2: ETM hours (override in parentheses - if present):	n/a	
<b>Drainfield: Pressure Mound (40' X 18' Existing)</b>		
This component was:	<b>Partially Inspected</b>	
Lateral lines flushed:	NO	
Average squirt height (if performed) (Feet, if other specify):	n/a	
Ponding Present:	NO	

*This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.*

**SAMPLING REPORT**

2/14/2013

Location: 48039 216th Place  
McGregor  
29-1-457100

Owner: David Fischer  
Use: Single Family

**Service Company:**

**Septic Check**  
6074 Keystone Rd  
Milaca, MN 56353  
320-983-2447

11/29/2012 sample entered by :Dean Nelson

Notes:

**ONSITE SEWAGE SYSTEM SAMPLING DETAIL**

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	68.9 GPD

*This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.*

Renew  
2017

DP 113  
P 29961

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151



Mail To: Marjorie Fischer  
48039 216th Place  
McGregor, MN  
55760

**PROPERTY INFORMATION**

Marjorie Fischer  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100  
Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res Maint 2X Aitkin no test  
Owner: Marjorie Fischer

Fold Here

**ONSITE SEWAGE SYSTEM INSPECTION REPORT**

Fold Here

Inspected: 08/08/2013 - Inspection Type: ROUTINE - Correction Status: Corrections in progress

Company:  
Septic Check

Work Performed By:  
Dean Nelson

Submitted 08/12/2013 by:  
Ann Flann

**COMMENTS & GENERAL INSPECTION NOTES**

Deficiencies Were Noted: Corrections are in progress.

Multi-flo needs to be pumped; Dean advised customer of this, and Gobel's Sewer Service will pump the system the 1st week of September.

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A	
Pumping recommended:	NO	

**Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo**

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments)	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	NO	In Progress
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES	
Pumping recommended:	YES	

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A	
Pumping recommended:	NO	

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.



<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	N/A	
Pump 1: off hours (override in parentheses - if present):	N/A	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	197068	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	3602	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
<b>Drainfield: Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (Feet, if other specify):	N/A	
Ponding Present? If YES explain in comments:	NO	

**Septic Check**6074 Keystone Rd  
Milaca, MN 56353320-983-2447  
Fax: 320-983-2151**PROPERTY INFORMATION**

Marjorie Fischer

Location: 48039 216th Place

McGregor

Tax ID: 29-1-457100

Use: Residential, Single Family

System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Marjorie Fischer

Mail To: Marjorie Fischer  
48039 216th Place  
McGregor, MN  
55760Fold  
Here**ONSITE SEWAGE SYSTEM INSPECTION REPORT**

Inspected: 11/21/2013 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic CheckWork Performed By:  
Scott ShellitoSubmitted 11/25/2013 by:  
Ann FlannFold  
Here**COMMENTS & GENERAL INSPECTION NOTES**

No Deficiencies Noted

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover, or settling problems observed:	NO

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL****TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0"	
Compartment 1 Sludge accumulation (Inches, if other specify):	1"	
Pumping recommended:	NO	

**Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo**

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments)	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	N/A	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES	
Pumping recommended:	NO	

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0"	
Compartment 1 Sludge accumulation (Inches, if other specify):	0"	
Pumping recommended:	NO	

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.

<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	N/A	
Pump 1: off hours (override in parentheses - if present):	N/A	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	206763	
Pump 2: on minutes (override in parentheses - if present):	3.2 min	
Pump 2: off hours (override in parentheses - if present):	0.5 hours	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	3872	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
<b>Drainfield: Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (Feet, if other specify):	N/A	
Ponding Present? If YES explain in comments:	NO	

**SAMPLING REPORT**

12/13/2013

Location: 48039 216th Place  
McGregor  
29-1-457100

Owner: Marjorie Fischer  
Use: Single Family

**Service Company:**

**Septic Check**  
6074 Keystone Rd  
Milaca, MN 56353  
320-983-2447

11/21/2013 sample entered by : Ann Flann

Notes:

**ONSITE SEWAGE SYSTEM SAMPLING DETAIL**

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	133.7

*This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.*

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

12P#113

2017 renewal

320-983-2447  
Fax: 320-983-2151

Mail To: Marjorie Fischer  
48039 216th Place  
McGregor, MN  
55760

**PROPERTY INFORMATION**

Marjorie Fischer  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100

Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Marjorie Fischer

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**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 10/09/2014 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Septic Check      Work Performed By: Scott Shelito      Submitted 11/11/2014 by: Angie Stafford

**COMMENTS & GENERAL INSPECTION NOTES**

**No Deficiencies Noted**

Septic Check talked with the customer, they are having the tanks pumped this fall.

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	16	
Pumping recommended:	YES	

**Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo**

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	N/A	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES	
Pumping recommended:	NO	

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.

<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	30 sec	
Pump 1: off hours (override in parentheses - if present):	30 min	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	N/A	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	4725	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
<b>Drainfield: Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

*This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.*

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447

Fax: 320-983-2151

**PROPERTY INFORMATION**

Marjorie Fischer

Location: 48039 216th Place

McGregor

Tax ID: 29-1-457100

Use: Residential, Single Family

System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Marjorie Fischer

Mail To: Marjorie Fischer  
48039 216th Place  
McGregor, MN  
55760

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**ONSITE SEWAGE SYSTEM INSPECTION REPORT**

Inspected: 06/12/2014 - Inspection Type: ROUTINE - Correction Status: No corrections made

Company:  
Septic Check

Work Performed By:  
Scott Shelito

Submitted 06/20/2014 by:  
Devon Schmitz

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**COMMENTS & GENERAL INSPECTION NOTES**

No Deficiencies Noted

**GENERAL SITE & SYSTEM CONDITIONS****ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A	
Pumping recommended:	NO	

**Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flt**

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	N/A	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES	
Pumping recommended:	NO	

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A	
Pumping recommended:	NO	

**Pump: Effluent Pump Primary Pump**

This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	

*This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.*

<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	32 sec	
Pump 1: off hours (override in parentheses - if present):	0.5 hrs	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	225911	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	4421	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
<b>Drainfield: Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

*This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.*



Mail To: Marjorie Fischer  
48039 216th Place  
McGregor, MN  
55760

**PROPERTY INFORMATION**

Marjorie Fischer  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100  
Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr  
Owner: Marjorie Fischer

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**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 05/05/2016 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Torrey Boser

Submitted 05/17/2016 by:  
Angie Stafford

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**COMMENTS & GENERAL INSPECTION NOTES**

**No Deficiencies Noted**

Septic Check recommends to have the pump tank, and the Multi-Flo, both pumped out. Also, to have the water turned on for the next site visit, to be able to clean the socks in the Multi-Flo.

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	4"
Compartment 1 Sludge accumulation (Inches, if other specify):	2"
Pumping recommended:	YES

**Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo**

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected
Effluent level within operational limits (if NO explain in comments):	YES
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES
Pumping recommended:	YES

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO

<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	3.2 MIN	
Pump 1: off hours (override in parentheses - if present):	0.30 HRS	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	292650	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	6234	
<b>Drainfield: Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

# SAMPLING REPORT

8/10/2016

Location: 48039 216th Place  
McGregor  
29-1-457100

Owner: Marjorie Fischer  
Use: Single Family

## Service Company:

### Septic Check

6074 Keystone Rd  
Milaca, MN 56353  
320-983-2447

Laboratory: A.W. Research Laboratories

06/23/2016 sample entered by :Angie Stafford

Notes:

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	7.6
Pump Tank 350 Connected to Septic Tank	Effluent	TSS	22 mg/l	
Pump Tank 350 Connected to Septic Tank	Effluent	Fecal	1000 cfu/100l	LESS THAN 10
Pump Tank 350 Connected to Septic Tank	Effluent	FOG	30 mg/l	
Pump Tank 350 Connected to Septic Tank	Effluent	CBOD	75 mg/l	

*This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.*

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

Mail To: Marjorie Fischer  
48039 216th Place  
McGregor, MN  
55760

**PROPERTY INFORMATION**

Marjorie Fischer  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100

Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Marjorie Fischer

Fold Here

Fold Here

**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 10/27/2016 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Septic Check      Work Performed By: Brian Koski      Submitted 11/16/2016 by: Angie Stafford

**COMMENTS & GENERAL INSPECTION NOTES**

No Deficiencies Noted

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	3"
Compartment 1 Sludge accumulation (Inches, if other specify):	3"
Pumping recommended:	NO

**Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo**

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected
Effluent level within operational limits (if NO explain in comments):	YES
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES
Pumping recommended:	NO

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO

<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	35 SEC	
Pump 1: off hours (override in parentheses - if present):	0.5 HRS	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	309329	
Pump 1: Cycle Count (override in parentheses - if present):	N/A	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	6783	
<b>Drainfield: Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

*This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.*



**SEPTIC CHECK**  
EXPERT SERVICE, LASTING VALUE

OP 113  
P# 29961

May 26, 2017

Aitkin County Environmental Services  
209 Second Street NW  
Aitkin, MN 56431

**RE: Operating Permit Reporting for 2017**

To Whom It May Concern:

Septic Check is in contract for inspecting this property since 2017, please note this on their account. The operating permit for this property is up for renewal this year, enclosed please find the annual inspection report for our contracted maintenance customer in your jurisdiction. Copies of the report were sent to the customer as well.

Reports for the following customer are enclosed:

Marjorie Fischer                      PID#:29-1-457100

Please contact me at (320) 983-2447 with any questions.

Sincerely,

Brian Koski  
Enclosure(s)

PHONE 320-983-2447 \* TOLL FREE 888-983-2447 \* FAX 320-983-2151

6074 Keystone Road \* Milaca, MN 56353 \* [info@SepticCheck.com](mailto:info@SepticCheck.com) \* [www.SepticCheck.com](http://www.SepticCheck.com)

A Division of WEX Companies

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

Mail To: Marjorie Fischer  
48039 216th Place  
McGregor, MN  
55760

**PROPERTY INFORMATION**

Marjorie Fischer  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100

Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Marjorie Fischer

Fold Here

Fold Here

**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 05/18/2017 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Blesener Dave

Submitted 05/26/2017 by:  
Angie Tvedt

**COMMENTS & GENERAL INSPECTION NOTES**

**No Deficiencies Noted**

During the site inspection I cleaned off the filter socks.

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/imperious surfaces); cover; or settling problems observed:	NO

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

<b>TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)</b>		
Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	2"	
Compartment 1 Sludge accumulation (Inches, if other specify):	1"	
Pumping recommended:	NO	
<b>Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown-Size Multi-Flo</b>		
Manufacturer: Consolidated Treatment Systems Model: Other		
This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES	
Pumping recommended:	NO	
<b>TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank</b>		
Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	

<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	0.5 MIN	
Pump 1: off hours (override in parentheses - if present):	0.5 HRS	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	N/A	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	328679	
<b>Drainfield (disposal): Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	



# SAMPLING REPORT

05/26/2017

Location: 48039 216th Place  
McGregor  
29-1-457100

Owner: Marjorie Fischer  
Use: Single Family

## Service Company:

### Septic Check

6074 Keystone Rd  
Milaca, MN 56353  
320-983-2447

Laboratory: Pace Analytical

Sample Date: 05/18/2017 Sample entered by: Angie Tvedt Report submitted: 05/26/2017

Notes:

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	163.1
Pump Tank 350 Connected to Septic Tank	Effluent	TSS	22 mg/l	
Pump Tank 350 Connected to Septic Tank	Effluent	Fecal	1000 cfu/100l	>400
Pump Tank 350 Connected to Septic Tank	Effluent	FOG	30 mg/l	
Pump Tank 350 Connected to Septic Tank	Effluent	CBOD	75 mg/l	

*This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.*

# AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

209 Second Street, NW Room# 100

Aitkin, Minnesota 56431

PH: (218) 927-7342

FX: (218) 927-4372



4/18/2017

*Septic  
check*

David Fischer  
48039 - 216th Place  
McGregor, MN 55760-

Re: Operating Permit # 113  
Zoning Permit #29961  
Parcel ID#29-1-457100

Dear Permittee:

This letter is to remind you that the Operating Permit for the septic system at the above mentioned parcel is due for renewal this year by May 31st . The enclosed Operating Permit was issued as part of the permit for your septic system and must be renewed.

The Operating Permit for the current renewal period has been enclosed. If there are no changes to the Operating Permit, please submit the following to the County Office:

- the signed Operating Permit Contract
- \$100 permit renewal fee (\$150 fee after May 31st)
- the results of performance and maintenance activities
- a table of your water usage

We have checked all boxes above for information we have received. Please note, only complete applications will be accepted.

If your designer finds the system is operating in conformance with the Operating Permit, please have him/her submit a letter requesting to have the Operating Permit renewed for a longer period or to request terminating the Operating Permit. Our Office will determine if this is possible.

The performance and life expectancy of this septic system is dependent on regular monitoring and maintenance of all parts of the system. Your compliance with the Operating Permit will ensure continued performance of the system. Failure to perform the monitoring and maintenance of this system could cause costly repairs and/or replacement of this system. In addition, failure to comply with the monitoring, maintenance and reporting of the septic system is a violation of the Aitkin County's Subsurface Sewage Treatment System Ordinance and could be prosecuted by the County Attorney's Office.

All information required must be submitted to this Office by the expiration date referenced on your Operating Permit. We are notifying you to give you sufficient time to contact your designer and make any necessary changes, have samples taken and tested, tanks pumped, and any other activities that were required to meet the requirements of your permit.

Please contact our office with any questions regarding the renewal of this permit.

Sincerely,

Aitkin County Planning & Zoning

**AITKIN COUNTY ENVIRONMENTAL SERVICES**

**OPERATING PERMIT FOR WASTEWATER  
TREATMENT AND DISPERSAL**

**OPERATING PERMIT #:** 113

**ZONING PERMIT #:** 29961

**PARCEL #:** 29-1-457100

**PERMITTEE:** David Fischer

**MAILING ADDRESS:** 48039 - 216th Place  
McGregor, MN 55760-

**ORIGINAL DATE ISSUED:** 6 /30/2011

**RENEWAL PERIOD:**

**RENEWAL EXPIRATION:** 5 /31/2017

**PROPERTY ADDRESS:**  
48039 219th Pl.  
McGregor, MN 55760

**TELEPHONE:** (218) 426-3851

**LEGAL:** Lot 26, SATHERS PLAT BIG SANDY NARROWS

**FEE PAID:** 100

**DATE PAID:**

**RECEIPT:**

**CK #:**

Aitkin County Environmental Services authorizes the Permittee to operate a wastewater treatment and dispersal system located on the above described property in accordance with the requirements of this permit.

This permit is effective on the issuance date identified above.

This permit and the authorization to treat and disperse from the above system shall expire on the above expiration date. The Permittee is not authorized to discharge after the date of expiration. The Permittee shall submit such information and forms as required by Aitkin County Environmental Services no later than thirty (30) days prior to the expiration date. When the required information is submitted and approved by Aitkin County Environmental Services, the permit may be renewed. This permit is not transferable from owner to owner.

**I hereby certify with my signature as the permittee that I understand the provisions of this permit including the 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 use of this system and if I fail to comply with the provisions of this Operating Permit. 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 permit.**

  
\_\_\_\_\_  
**Signature of Permittee**

5-19-17  
\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Permitting Authority**

\_\_\_\_\_  
**Date**

If you have any questions regarding this permit, including the specific permit requirements, permit reporting or permit compliance status, please contact Aitkin County Environmental Services at 218-927-7342.

## A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM

ISTS consists of an existing mound that will be brought into separation compliance by adding pretreatment. A Multi-flo Aerobic Treatment Plant will be installed beside the existing combination tank. It will be dosed from the existing lift tank, and gravity flow to the existing pump tank for dosing to the mound. 3 bedroom septic. System const \$4, 500, operation \$10/mo, Monitoring = free first 2 years and \$150/yr afterwards. Testing \$200 first year than \$100/yr 2 yrs. System life = 25-30 years.

## B. PERFORMANCE STANDARD REQUIREMENTS:

During the period beginning on the effective date (issuance date) of this permit and lasting until this permit's expiration date, the Permittee is authorized to discharge from the wastewater treatment unit to subsurface dispersal. No surface discharge is permitted. The following parameters must be monitored and the results must be found within the compliance limits.

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENC
Flow	450 gal per day	Water Meter	EVERY 5 YEARS	Record on Log Sheet	ANNUALLY
TSS	< 22 mg/l	Aerobic Tank Effluent	EVERY 5 YEARS	Grab	ANNUALLY
Fecal Coliform	<1000 collonies	Aerobic Tank Effluent	EVERY 5 YEARS	Grab	ANNUALLY
Fats, Oil and Greases	< 30 mg/l	Aerobic Tank Effluent	EVERY 5 YEARS	Grab	ANNUALLY
BOD5	75 mg/l	Aerobic Tank Effluent	EVERY 5 YEARS	Grab	ANNUALLY

## C. MAINTENANCE REQUIREMENTS:

PARAMETER	LOCATION	FREQUENCY
Aerobic Tank Function	Aerobic Tank	EVERY 5 YEARS
Flow	Water Meter	EVERY 5 YEARS
Pumps, Floats & Alarms	Pump Chamber	EVERY 5 YEARS
Solids Removal & Water Tightness	Septic tank(s)	EVERY 5 YEARS
Surface Discharge	Dispersal System	EVERY 5 YEARS

Misc. (OFFICE USE ONLY) App. # App-2017-001773

Aitkin County Planning &amp; Zoning / Environmental Services

209 2nd Street NW, Room 100

Aitkin, MN 56431

Phone: 218-927-7342

Fax: 218-927-4372

Email: [aitkinpz@co.aitkin.mn.us](mailto:aitkinpz@co.aitkin.mn.us)

Charge		Cost	Quantity	Total	Note
Operating Permit Renewal added 05/19/2017 12:48 PM \$100		\$100.00	x 1	\$100.00	
<b>Grand Total</b>					
				<b>Total</b>	<b>\$100.00</b>
<b>Payment</b>					
<b>Method:</b>	Check	<b>Note:</b> check 7501			
<b>Date:</b>	05/19/2017				
<b>Made By:</b>	David Fischer				
<b>Confirmed By:</b>	Kalea Suihkonen				

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

2017 renewal

PH 29901  
OP 113

5/17/2016

320-983-2447  
Fax: 320-983-2151

Mail To: Marjorie Fischer  
48039 216th Place  
McGregor, MN  
55760

**PROPERTY INFORMATION**

Marjorie Fischer  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100  
  
Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr  
  
Owner: Marjorie Fischer

Fold  
Here

**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 05/05/2016 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Torrey Boser

Submitted 05/17/2016 by:  
Angie Stafford

Fold  
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**COMMENTS & GENERAL INSPECTION NOTES**

**No Deficiencies Noted**

Septic Check recommends to have the pump tank, and the Multi-Flo, both pumped out. Also, to have the water turned on for the next site visit, to be able to clean the socks in the Multi-Flo.

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	4"
Compartment 1 Sludge accumulation (Inches, if other specify):	2"
Pumping recommended:	YES

**Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo**

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected
Effluent level within operational limits (if NO explain in comments):	YES
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES
Pumping recommended:	YES

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO

<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	3.2 MIN	
Pump 1: off hours (override in parentheses - if present):	0.30 HRS	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	292650	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	6234	
<b>Drainfield: Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

# SAMPLING REPORT

8/10/2016

Location: 48039 216th Place  
McGregor  
29-1-457100

Owner: Marjorie Fischer  
Use: Single Family

## Service Company:

### Septic Check

6074 Keystone Rd  
Milaca, MN 56353  
320-983-2447

Laboratory: A.W. Research Laboratories

06/23/2016 sample entered by :Angie Stafford

Notes:

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	7.6
Pump Tank 350 Connected to Septic Tank	Effluent	TSS	22 mg/l	
Pump Tank 350 Connected to Septic Tank	Effluent	Fecal	1000 cfu/100l	LESS THAN 10
Pump Tank 350 Connected to Septic Tank	Effluent	FOG	30 mg/l	
Pump Tank 350 Connected to Septic Tank	Effluent	CBOD	75 mg/l	

*This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.*



# Septic Check

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

## PROPERTY INFORMATION

Marjorie Fischer  
 Location: 48039 216th Place  
 McGregor, MN  
 Tax ID: 29-1-457100  
 Use: Residential, Single Family  
 System Design Flow: 450  
 GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr  
 Owner: Marjorie Fischer

Mail To: Marjorie Fischer  
 48039 216th Place  
 McGregor, MN  
 55760

Fold Here

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 10/27/2016 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Septic Check      Work Performed By: Brian Koski      Submitted 11/16/2016 by: Angie Stafford

Fold Here

### COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

### GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

### ONSITE SEWAGE SYSTEM INSPECTION DETAIL

#### TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	3"
Compartment 1 Sludge accumulation (Inches, if other specify):	3"
Pumping recommended:	NO

#### Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected
Effluent level within operational limits (if NO explain in comments):	YES
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES
Pumping recommended:	NO

#### TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO

<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	35 SEC	
Pump 1: off hours (override in parentheses - if present):	0.5 HRS	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	309329	
Pump 1: Cycle Count (override in parentheses - if present):	N/A	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	6783	
<b>Drainfield: Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.

**AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING**  
**209 Second Street, NW Room# 100**  
**Aitkin, Minnesota 56431**

PH: (218) 927-7342  
FX: (218) 927-4372



5/30/2017

David Fischer  
48039 - 216th Place  
McGregor, MN 55760-

Re: Operating Permit # 113  
Zoning Permit # 29961  
Parcel # 29-1-457100

Dear Permittee:

This letter is to inform you that your Operating Permit has been renewed until 5/31/2021 .

Please adhere to your monitoring and maintenance contract including monitoring your water use. Failure to do so would violate the agreement to operate your system and could void the operating permit. You should contact your Operation and Maintenance provider directly with questions that you may have during the year.

Thank you for your good stewardship and we hope that your system continues to operate well, protecting groundwater for you and the environment.

Sincerely,

A handwritten signature in cursive script that reads "Kaleas".

Aitkin County Planning & Zoning

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

*Renewal 2021*  
*# 29961* *OV# 113*

320-983-2447  
Fax: 320-983-2151

Mail To: Marjorie Fischer  
48039 216th Place  
McGregor, MN  
55760

**PROPERTY INFORMATION**

Marjorie Fischer  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100  
  
Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr  
  
Owner: Marjorie Fischer

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Fold Here

**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 05/18/2017 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Septic Check      Work Performed By: Blesener Dave      Submitted 05/26/2017 by: Angie Tvedt

**COMMENTS & GENERAL INSPECTION NOTES**

**No Deficiencies Noted**

During the site inspection I cleaned off the filter socks.

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	2"
Compartment 1 Sludge accumulation (Inches, if other specify):	1"
Pumping recommended:	NO

**Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo**

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected
Effluent level within operational limits (if NO explain in comments):	YES
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES
Pumping recommended:	NO

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO

<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	0.5 MIN	
Pump 1: off hours (override in parentheses - if present):	0.5 HRS	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	N/A	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	328679	
<b>Drainfield (disposal): Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

*This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.*

**SAMPLING REPORT**

5/26/2017

Location: 48039 216th Place  
 McGregor  
 29-1-457100

Owner: Marjorie Fischer  
 Use: Single Family

**Service Company:****Septic Check**

6074 Keystone Rd  
 Milaca, MN 56353  
 320-983-2447

**Laboratory: Pace Analytical**

**Sample Date: 05/18/2017    Sample entered by: Angie Tvedt    Report submitted: 05/26/2017**

Notes:

**ONSITE SEWAGE SYSTEM SAMPLING DETAIL**

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	163.1
Pump Tank 350 Connected to Septic Tank	Effluent	TSS	22 mg/l	
Pump Tank 350 Connected to Septic Tank	Effluent	Fecal	1000 cfu/100l	>400
Pump Tank 350 Connected to Septic Tank	Effluent	FOG	30 mg/l	
Pump Tank 350 Connected to Septic Tank	Effluent	CBOD	75 mg/l	

*This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.*



**Septic Check**  
EXPERT SERVICE, LASTING VALUE

May 26, 2017

Aitkin County Environmental Services  
209 Second Street NW  
Aitkin, MN 56431

**RE: Operating Permit Reporting for 2017**

To Whom It May Concern:

Septic Check is in contract for inspecting this property since 2017, please note this on their account. The operating permit for this property is up for renewal this year, enclosed please find the annual inspection report for our contracted maintenance customer in your jurisdiction. Copies of the report were sent to the customer as well.

Reports for the following customer are enclosed:

Marjorie Fischer                      PID#:29-1-457100

Please contact me at (320) 983-2447 with any questions.

Sincerely,

Brian Koski  
Enclosure(s)

OP 113  
p# 29961

6/5/2015

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

Mail To: Marjorie Fischer  
48039 216th Place  
McGregor, MN  
55760

**PROPERTY INFORMATION**

Marjorie Fischer  
 Location: 48039 216th Place  
 McGregor  
 Tax ID: 29-1-457100

Use: Residential, Single Family  
 System Design Flow: 450  
 GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Marjorie Fischer

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**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 05/18/2015 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Septic Check      Work Performed By: Torrey Boser      Submitted 06/05/2015 by: Angie Stafford

**COMMENTS & GENERAL INSPECTION NOTES**

No Deficiencies Noted

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	1"
Compartment 1 Sludge accumulation (Inches, if other specify):	2"
Pumping recommended:	NO

**Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo**

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected
Effluent level within operational limits (if NO explain in comments):	YES
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES
Pumping recommended:	NO

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	1"
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO



<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	3 MIN	
Pump 1: off hours (override in parentheses - if present):	.5 HRS	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	259718	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	N/A	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
<b>Drainfield: Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

*This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.*

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

Mail To: Marjorie Fischer  
48039 216th Place  
McGregor, MN  
55760

**PROPERTY INFORMATION**

Marjorie Fischer  
 Location: 48039 216th Place  
 McGregor  
 Tax ID: 29-1-457100

Use: Residential, Single Family  
 System Design Flow: 450  
 GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Marjorie Fischer

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**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 11/12/2015 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Torrey Boser

Submitted 12/01/2015 by:  
Angie Stafford

**COMMENTS & GENERAL INSPECTION NOTES**

No Deficiencies Noted

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	1"
Compartment 1 Sludge accumulation (Inches, if other specify):	1"
Pumping recommended:	NO

**Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo**

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected
Effluent level within operational limits (if NO explain in comments):	YES
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES
Pumping recommended:	NO

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO

<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	3 MIN	
Pump 1: off hours (override in parentheses - if present):	0.5 HRS	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	275818	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	5739	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
<b>Drainfield: Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

# SEPTIC CHECK

6074 Keystone Rd.  
Milaca, MN 56353

Properties listed below were only serviced once in 2018 due to sale of the property:

Marjorie/ David Fischer                      PID# 29-1-457100

Ryan Lamberg                                      PID# 07-0-062802

Properties listed below are new contracts for 2018:

Jim and Nancy Sanders                      PID# 09-1-098500

Please contact me at (320) 983-2447 with any questions.

Sincerely,



Brian Koski  
Enclosure(s)

**PHONE** 320-983-2447 • **TOLL FREE** 888-983-2447 • **FAX** 320-983-2151

6074 Keystone Road • Milaca, MN 56353 • [info@SepticCheck.com](mailto:info@SepticCheck.com) • [www.SepticCheck.com](http://www.SepticCheck.com)

*A Division of WEX Companies*

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

**PROPERTY INFORMATION**

INACTIVE\_ Marjorie Fischer  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100  
  
Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Mail To: Marjorie Fischer  
48039 216th Place  
McGregor, MN  
55760

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**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 10/02/2018 - Inspection Type: ROUTINE - Correction Status: Corrections in progress

Company:  
Septic Check

Work Performed By:  
Blesener Dave

Submitted 10/02/2018 by:  
Angie Tvedt

Fold Here

**COMMENTS & GENERAL INSPECTION NOTES**

Deficiencies Were Noted: Corrections are in progress.

I recommend to have the multi-flo pumped and cleaned out. Ron is having Gobels stop out to pump and clean the multi-flo. I also recommend to have new riser installed on the lift station by the house the existing riser is shifted letting dirt and ground water into the tank.

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO

**Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo**

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	NO	In Progress
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES	
Pumping recommended:	YES	

**TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank**

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO

<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	0.5 MIN	
Pump 1: off hours (override in parentheses - if present):	0.5 HRS	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	N/A	
Pump 2: on minutes (override in parentheses - if present):	N/A	
Pump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	7836	
<b>Drainfield (disposal): Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

*This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.*

# Septic Check

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

Mail To: Daniel Lorentz  
46328 30th Ave  
Isle, MN  
56342

## PROPERTY INFORMATION

Daniel & Michelle Lorentz  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100  
Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Fold  
Here

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/04/2020 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Michael Pederson

Submitted 09/09/2020 by:  
Heather Johnson

Fold  
Here

## COMMENTS & GENERAL INSPECTION NOTES

### No Deficiencies Noted

Mound dose tank was not getting pumped down because the outlet was tripped, Michael reset the GFI and the pump was working again.

## GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

## ONSITE SEWAGE SYSTEM INSPECTION DETAIL

### TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	

### Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Nayadic, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected	
Unit alarms functioning:	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
Air filter replaced (If dirty or clogged filter needs to be replaced):	NO	
Air filter on air pump cleaned:	NO	
Dissolved Oxygen within normal operating range (1.5 to 3.0 mg/L) (if less than 1.5 check blower and re-check):	N/A	
Field sample performance results within operational limits (Enter N/A if not performed):	N/A	
30 minute settleable solids test result greater than 50% (If Yes, pumping needed):	NO	
Pumping needed:	NO	

### TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	

<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	.5	
Pump 1: off hours (override in parentheses - if present):	.25	
Pump 1: gallons per dose (override in parentheses - if present):	NA	
Pump 1: ETM hours (override in parentheses - if present):	NA	
Pump 1: Cycle Count (override in parentheses - if present):	443030	
Pump 2: on minutes (override in parentheses - if present):	.5	
Pump 2: off hours (override in parentheses - if present):	.25	
Pump 2: gallons per dose (override in parentheses - if present):	NA	
Pump 2: ETM hours (override in parentheses - if present):	NA	
Pump 2: Cycle Count (override in parentheses - if present):	7838	
<b>Drainfield (disposal): Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	NA	
Ponding present? If YES explain in comments:	NO	



# SAMPLING REPORT

Location: 48039 216th Place  
McGregor  
29-1-457100

Owner: Daniel Lorentz  
Use: Single Family

## Service Company:

### Septic Check

6074 Keystone Rd  
Milaca, MN 56353  
320-983-2447

Laboratory: A W Labs

Sample Date: 09/04/2020 Sample entered by: Heather Johnson Report submitted: 11/16/2020

Notes:

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	~2
Pump Tank 350 Connected to Septic Tank	Effluent	TSS	22 mg/l	
Pump Tank 350 Connected to Septic Tank	Effluent	Fecal	1000 cfu/100l	100
Pump Tank 350 Connected to Septic Tank	Effluent	FOG	30 mg/l	
Pump Tank 350 Connected to Septic Tank	Effluent	CBOD	75 mg/l	

*This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.*

# Septic Check

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

## PROPERTY INFORMATION

Daniel & Michelle Lorentz  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100  
  
Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Mail To: Daniel Lorentz  
46328 30th Ave  
Isle, MN  
56342

Fold  
Here

Fold  
Here

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 12/11/2020 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Michael Pederson

Submitted 12/15/2020 by:  
Heather Johnson

## COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

## GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

## ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	1
Pumping recommended:	NO

Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Nayadic, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected
Unit alarms functioning:	YES
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Air filter replaced (If dirty or clogged filter needs to be replaced):	NO
Air filter on air pump cleaned:	YES
Dissolved Oxygen within normal operating range (1.5 to 3.0 mg/L) (if less than 1.5 check blower and re-check):	N/A
Field sample performance results within operational limits (Enter N/A if not performed):	N/A
30 minute settleable solids test result greater than 50% (If Yes, pumping needed):	NO
Pumping needed:	NO

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO

# AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

307 Second St NW Room# 219

Aitkin, Minnesota 56431

PH: (218) 927-7342

FX: (218) 927-4372



4/6/2021

Daniel & Michelle Lorentz  
1245 Malone Park Rd  
Isle, MN 56342

Re: Operating Permit # 113  
Zoning Permit #29961  
Parcel ID#29-1-457100

Dear Permittee:

This letter is to remind you that the Operating Permit for the septic system at the above mentioned parcel is due for renewal this year by May 31st . The enclosed Operating Permit was issued as part of the permit for your septic system and must be renewed.

The Operating Permit for the current renewal period has been enclosed. If there are no changes to the Operating Permit, please submit the following to the County Office:

- the signed Operating Permit (enclosed)
- \$150 permit renewal fee (\$200 fee after May 31st)
- the results of performance and maintenance activities
- a table of your water usage

We have checked all boxes above for information we have received. Please note, only complete applications will be accepted.

If your designer finds the system is operating in conformance with the Operating Permit, please have him/her submit a letter requesting to have the Operating Permit renewed for a longer period or to request terminating the Operating Permit. Our Office will determine if this is possible.

The performance and life expectancy of this septic system is dependent on regular monitoring and maintenance of all parts of the system. Your compliance with the Operating Permit will ensure continued performance of the system. Failure to perform the monitoring and maintenance of this system could cause costly repairs and/or replacement of this system. In addition, failure to comply with the monitoring, maintenance and reporting of the septic system is a violation of the Aitkin County's Subsurface Sewage Treatment System Ordinance and could be prosecuted by the County Attorney's Office.

All information required must be submitted to this Office by the expiration date referenced on your Operating Permit. We are notifying you to give you sufficient time to contact your designer and make any necessary changes, have samples taken and tested, tanks pumped, and any other activities that were required to meet the requirements of your permit.

Please contact our office with any questions regarding the renewal of this permit.

Sincerely,

Aitkin County Planning & Zoning

# AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

307 Second St. NW, Room 219

Aitkin, Minnesota 56431

PH: (218) 927-7342

FX: (218) 927-4372

aitkinpz@co.aitkin.mn.us



9/1/2021

**Past Due Renewal As Of: 5 /31/2021**

Daniel & Michelle Lorentz  
1245 Malone Park Rd  
Isle, MN 56342

Re: Operating Permit # 113  
Zoning Permit # 29961  
Parcel ID# 29-1-457100

This letter is to remind you that the Operating Permit for the septic system at the above mentioned parcel of land has expired. The enclosed Operating Permit was issued as part of the permit for your septic system and must be renewed.

If there are no changes to the Operating Permit, please submit the following to the County Office by October 1, 2021. We have checked all boxes for information we have received. Please note, only complete applications will be accepted.

- the signed Operating Permit Contract
- \$200 Operating Permit Renewal Fee (\$50 late fee applied)
- results of performance and maintenance activities
- a table of your water usage/meter readings

If your service provider/inspector finds the system is operating in conformance with the Operating Permit, please have them submit a letter requesting to have the Operating Permit renewed for a longer period or to request terminating the Operating Permit. Our Office will determine if this is possible.

The performance and life expectancy of this septic system is dependent on regular monitoring and maintenance of all parts of the system. Your compliance with the Operating Permit will ensure continued performance of the system. Failure to perform the monitoring and maintenance of this system could cause costly repairs and/or replacement of this system. In addition, failure to comply with the monitoring, maintenance and reporting of the septic system is a violation of the Aitkin County Subsurface Sewage Treatment System Ordinance and could be prosecuted by the County Attorney's Office.

All information required must be submitted to this Office by October 1, 2021. We are notifying you to give you sufficient time to contact your service provider/inspector and make any necessary changes, have samples taken and tested, tanks pumped, and any other activities that are required to meet the requirements of your permit.

Please contact our office with any questions regarding the renewal of this permit.

Sincerely,

Aitkin County Planning & Zoning

# AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

307 Second St. NW, Room 219

Aitkin, Minnesota 56431

PH: (218) 927-7342

FX: (218) 927-4372

aitkinpz@co.aitkin.mn.us



10/26/2021

**Final Past Due Renewal As Of: 5 /31/2021**

Daniel & Michelle Lorentz  
1245 Malone Park Rd  
Isle, MN 56342

Re: Operating Permit # 113  
Zoning Permit # 29961  
Parcel ID# 29-1-457100

This letter is to remind you that the Operating Permit for the septic system at the above mentioned parcel of land has expired. The enclosed Operating Permit was issued as part of the permit for your septic system and must be renewed.

If there are no changes to the Operating Permit, please submit the following to the County Office by November 30, 2021. We have checked all boxes for information we have received. Please note, only complete applications will be accepted.

- 12-9-21
- the signed Operating Permit Contract
  - \$200 Operating Permit Renewal Fee (\$50 late fee applied)
  - results of performance and maintenance activities
  - a table of your water usage/meter readings

If your service provider/inspector finds the system is operating in conformance with the Operating Permit, please have them submit a letter requesting to have the Operating Permit renewed for a longer period or to request terminating the Operating Permit. Our Office will determine if this is possible.

The performance and life expectancy of this septic system is dependent on regular monitoring and maintenance of all parts of the system. Your compliance with the Operating Permit will ensure continued performance of the system. Failure to perform the monitoring and maintenance of this system could cause costly repairs and/or replacement of this system. In addition, failure to comply with the monitoring, maintenance and reporting of the septic system is a violation of the Aitkin County Subsurface Sewage Treatment System Ordinance and could be prosecuted by the County Attorney's Office.

All information required must be submitted to this Office by November 30, 2021. We are notifying you to give you sufficient time to contact your service provider/inspector and make any necessary changes, have samples taken and tested, tanks pumped, and any other activities that are required to meet the requirements of your permit.

Please contact our office with any questions regarding the renewal of this permit.

Sincerely,

Aitkin County Planning & Zoning

**AITKIN COUNTY ENVIRONMENTAL SERVICES  
OPERATING PERMIT FOR WASTEWATER  
TREATMENT AND DISPERSAL RENEWAL**

ISSUANCE DATE: 5 /31/2021  
RENEWAL PERIOD: ANNUALLY

OPERATING PERMIT #:113  
ZONING PERMIT #: 29961  
PARCEL #: 29-1-457100

PERMITTEE: Daniel & Michelle Lorentz

TELEPHONE: (612) 205-3956

MAILING ADDRESS:  
1245 Malone Park Rd  
Isle, MN 56342

PROPERTY ADDRESS:  
48039 219th Pl  
McGregor, MN 55760

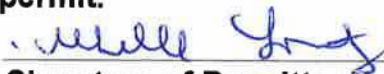
LEGAL DESCRIPTION: LOT 26 SATHERS PLAT BIG SANDY NARROWS

Aitkin County Environmental Services authorizes the Permittee to operate a wastewater treatment and dispersal system located on the above described property in accordance with the requirements of this permit.

This permit is effective on the issuance date identified above.

This permit and the authorization to treat and disperse from the above system is valid through the renewal period identified above. The Permittee is not authorized to discharge after the renewal period. The Permittee shall submit such information and forms as required by Aitkin County Environmental Services no later than thirty (30) days prior to the expiration date. When the required information is submitted and approved by Aitkin County Environmental Services, the permit may be renewed. This permit is not transferable from owner to owner.

**I hereby certify with my signature as the permittee that I understand the provisions of this permit including the 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 use of this system and if I fail to comply with the provisions of this Operating Permit. 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 permit.**

  
\_\_\_\_\_  
Signature of Permittee

**SIGN HERE**

12-7-21  
Date

  
\_\_\_\_\_  
Signature of Permitting Authority

12-9-21  
Date

If you have any questions regarding this permit, including the specific permit requirements, permit reporting or permit compliance status, please contact Aitkin County Environmental Services at 218-927-7342.

Invoice #54317 (12/09/2021)

2. Zoning/Land Use Permit Applications Misc. (OFFICE USE ONLY) Permit # 2021-7601, App. # App-2021-008416, UID # 204483

Daniel & Michelle Lorentz

(612) 205-3956

1245 Malone Park Rd, Isle, MN 56342

Aitkin County Planning & Zoning / Environmental Services

307 Second St. NW Room 219

Aitkin, MN 56431

Phone: 218-927-7342

Fax: 218-927-4372

Email: aitkinpz@co.aitkin.mn.us

Charge		Cost	Quantity	Total	Note
<b>Late Operating Permit Renewal Fee</b> added 12/09/2021 12:05 PM \$200 Flat Fee		\$200.00	x 1	\$200.00	
<b>Grand Total</b>				<b>Total</b>	<b>\$200.00</b>
<b>Payment #49064</b>					
<b>Method:</b>	Check		5927		
<b>Date:</b>	12/09/2021	<b>Note:</b>	2021 late OP renewal fee for OP#113		
<b>Made By:</b>	Daniel & Michelle Lorentz				
<b>Confirmed By:</b>	Shannon Wiebusch				



**Aitkin County Environmental Services – Planning & Zoning**

307 2<sup>nd</sup> Street NW, Room 219

Aitkin, MN 56431

(P) (218) 927-7342

(F) (218) 927-4375

(E) [aitkinpz@co.aitkin.mn.us](mailto:aitkinpz@co.aitkin.mn.us)

December 9, 2021

Operating permit # 113  
Zoning permit #29961  
Parcel ID # 29-1-457100

LORENTZ, DANIEL & MICHELLE  
1245 MALONE PARK RD  
ISLE MN 56342

Dear Permittee:

Our office is in receipt of your signed operating permit and \$200 renewal fee. According to our records, we did not receive a table of your monthly meter readings for water usage. The State of Minnesota requires that a water meter or other flow measuring device be installed and the results recorded by the owner on a monthly basis. If you have not been recording your water usage, please start a log now to be submitted at your next renewal to remain in compliance. I have enclosed a log sheet to record the meter readings, for your convenience.

If you have any questions or need additional help, contact us at (218) 927-7342.

*Shannon W.*  
Planning & Zoning



**AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING**

**307 Second Street, NW Room# 219**

**Aitkin, Minnesota 56431**

PH: (218) 927-7342

FX: (218) 927-4372



12/9/2021

Daniel & Michelle Lorentz  
1245 Malone Park Rd  
Isle, MN 56342

Re: Operating Permit # 113  
Zoning Permit # 29961  
Parcel # 29-1-457100

Dear Permittee:

This letter is to inform you that your Operating Permit has been renewed until 5/31/2022 .

Please adhere to your monitoring and maintenance contract including monitoring your water use. Failure to do so would violate the agreement to operate your system and could void the operating permit. You should contact your Operation and Maintenance provider directly with questions that you may have during the year.

Thank you for your good stewardship and we hope that your system continues to operate well, protecting groundwater for you and the environment.

Sincerely,

A handwritten signature in cursive script that reads "Shannon W.".

Aitkin County Planning & Zoning

# Septic Check

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

29961

Mail To: Daniel Lorentz  
46328 30th Ave  
Isle, MN  
56342

## PROPERTY INFORMATION

Daniel & Michelle Lorentz  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100  
  
Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Fold  
Here

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 04/20/2021 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Michael Pederson

Submitted 04/26/2021 by:  
Heather Johnson

Fold  
Here

## COMMENTS & GENERAL INSPECTION NOTES

### No Deficiencies Noted

amps-1.99

## GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/imperious surfaces); cover; or settling problems observed:	NO

## ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	11	
Pumping recommended:	NO	

Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Nayadic, Manufacturer= Consolidated Treatment Systems - Other  
Unknown Size Multi-Flo

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected	
Unit alarms functioning:	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
Air filter replaced (If dirty or clogged filter needs to be replaced):	NO	
Air filter on air pump cleaned:	NO	
Dissolved Oxygen within normal operating range (1.5 to 3.0 mg/L) (if less than 1.5 check blower and re-check):	N/A	
Field sample performance results within operational limits (Enter N/A if not performed):	N/A	
30 minute settleable solids test result greater than 50% (If Yes, pumping needed):	NO	
Pumping needed:	NO	

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	

<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	.45	
Pump 1: off hours (override in parentheses - if present):	.50	
Pump 1: gallons per dose (override in parentheses - if present):	NA	
Pump 1: ETM hours (override in parentheses - if present):	NA	
Pump 1: Cycle Count (override in parentheses - if present):	462957	
Pump 2: on minutes (override in parentheses - if present):	NA	
Pump 2: off hours (override in parentheses - if present):	NA	
Pump 2: gallons per dose (override in parentheses - if present):	NA	
Pump 2: ETM hours (override in parentheses - if present):	NA	
Pump 2: Cycle Count (override in parentheses - if present):	7842	
<b>Drainfield (disposal): Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	NA	
Ponding present? If YES explain in comments:	NO	

# SAMPLING REPORT

Location: 48039 216th Place  
McGregor  
29-1-457100

Owner: Daniel Lorentz  
Use: Single Family

## Service Company:

**Septic Check**  
6074 Keystone Rd  
Milaca, MN 56353  
320-983-2447

Sample Date: 04/20/2021 Sample entered by: Heather Johnson Report submitted: 04/26/2021

Notes:

### ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	.9

*This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.*

# Septic Check

29961

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

## PROPERTY INFORMATION

Daniel & Michelle Lorentz  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100

Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Mail To: Daniel Lorentz  
46328 30th Ave  
Isle, MN  
56342

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/14/2021 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Michael Pederson

Submitted 09/15/2021 by:  
Heather Johnson

### COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

### GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

### ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	

Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Nayadic, Manufacturer= Consolidated Treatment Systems - Other  
Unknown Size Multi-Flo

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected	
Unit alarms functioning:	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
Air filter replaced (If dirty or clogged filter needs to be replaced):	NO	
Air filter on air pump cleaned:	YES	
Dissolved Oxygen within normal operating range (1.5 to 3.0 mg/L) (if less than 1.5 check blower and re-check):	N/A	
Field sample performance results within operational limits (Enter N/A if not performed):	N/A	
30 minute settleable solids test result greater than 50% (If Yes, pumping needed):	NO	
Pumping needed:	NO	

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	

<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Panel: Control - 2 Pumps Multi-Flow Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	.45	
Pump 1: off hours (override in parentheses - if present):	.50	
Pump 1: gallons per dose (override in parentheses - if present):	NA	
Pump 1: ETM hours (override in parentheses - if present):	NA	
Pump 1: Cycle Count (override in parentheses - if present):	473880	
Pump 2: on minutes (override in parentheses - if present):	NA	
Pump 2: off hours (override in parentheses - if present):	NA	
Pump 2: gallons per dose (override in parentheses - if present):	NA	
Pump 2: ETM hours (override in parentheses - if present):	NA	
Pump 2: Cycle Count (override in parentheses - if present):	7844	
<b>Drainfield (disposal): Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	NA	
Ponding present? If YES explain in comments:	NO	

# SAMPLING REPORT

Location: 48039 216th Place  
McGregor  
29-1-457100

Owner: Daniel Lorentz  
Use: Single Family

## Service Company:

**Septic Check**  
6074 Keystone Rd  
Milaca, MN 56353  
320-983-2447

Sample Date: 09/14/2021 Sample entered by: Heather Johnson Report submitted: 09/15/2021

Notes: amps - 1.86

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	.7

*This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.*

# Septic Check

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

Mail To: Daniel Lorentz  
46328 30th Ave  
Isle, MN  
56342

## PROPERTY INFORMATION

Daniel & Michelle Lorentz  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100  
Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 04/19/2022 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Michael Pederson

Submitted 04/25/2022 by:  
Heather Johnson

## COMMENTS & GENERAL INSPECTION NOTES

### No Deficiencies Noted

Alarm float is bad in the mound dose tank, customer is going to replace it themselves.

No Samples until 2025

## GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

## ONSITE SEWAGE SYSTEM INSPECTION DETAIL

### TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	1
Pumping recommended:	NO

### Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Nayadic, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected
Unit alarms functioning:	YES
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Air filter replaced (If dirty or clogged filter needs to be replaced):	NO
Air filter on air pump cleaned:	YES
Dissolved Oxygen within normal operating range (1.5 to 3.0 mg/L) (if less than 1.5 check blower and re-check):	N/A
Field sample performance results within operational limits (Enter N/A if not performed):	N/A
30 minute settleable solids test result greater than 50% (If Yes, pumping needed):	NO
Pumping needed:	NO

### TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO



<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	.55	
Pump 1: off hours (override in parentheses - if present):	1	
Pump 1: gallons per dose (override in parentheses - if present):	NA	
Pump 1: ETM hours (override in parentheses - if present):	NA	
Pump 1: Cycle Count (override in parentheses - if present):	490054	
Pump 2: on minutes (override in parentheses - if present):	NA	
Pump 2: off hours (override in parentheses - if present):	NA	
Pump 2: gallons per dose (override in parentheses - if present):	NA	
Pump 2: ETM hours (override in parentheses - if present):	NA	
Pump 2: Cycle Count (override in parentheses - if present):	7845	
<b>Drainfield (disposal): Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	NA	
Ponding present? If YES explain in comments:	NO	

# SAMPLING REPORT

Location: 48039 216th Place  
McGregor  
**29-1-457100**

Owner: Daniel Lorentz  
Use: Single Family

## Service Company:

**Septic Check**  
6074 Keystone Rd  
Milaca, MN 56353  
320-983-2447

Sample Date: 04/19/2022 Sample entered by: Heather Johnson Report submitted: 04/25/2022

Notes: amps- 2.13

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	.2

*This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.*

## AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

307 Second St NW, Room 219  
Aitkin, Minnesota 56431

(P): (218) 927-7342

(F): (218) 927-4372

(E): aitkinpz@co.aitkin.mn.us



8/2/2022

Daniel & Michelle Lorentz  
1245 Malone Park Rd  
Isle, MN 56342

Re: Operating Permit # 113  
Zoning Permit # 29961  
Parcel ID# 29-1-457100

Dear Permittee:

This letter is to remind you that the Operating Permit for the septic system at the above mentioned parcel is due for renewal this year by September 30th. The enclosed Operating Permit was issued as part of the permit for your septic system and must be renewed.

The Operating Permit for the current renewal period is enclosed. If there are no changes to the current Operating Permit, please submit all of the following to the County Office to renew the Operating Permit: (If any boxes below are checked, then we have received that item.)

- Signed Operating Permit (enclosed)
- \$150 permit renewal fee (a \$50 late fee will apply if not paid by 9/30/22)
- Monitoring and maintenance activities report by Service Provider
- A table of your water usage

If your designer finds the system is operating in conformance with the Operating Permit, please have him/her submit a letter requesting to have the Operating Permit renewed for a longer period or to request terminating the Operating Permit. Our Office will determine if this is possible.

The performance and life expectancy of this septic system is dependent on regular monitoring and maintenance of all parts of the system. Your compliance with the Operating Permit will ensure continued performance of the system. Failure to perform the monitoring and maintenance of this system could cause costly repairs and/or replacement of this system. In addition, failure to comply with the monitoring, maintenance and reporting of the septic system is a violation of the Aitkin County's Subsurface Sewage Treatment System Ordinance and could be prosecuted by the County Attorney's Office.

All information required must be submitted to this Office by the expiration date referenced on your Operating Permit. We are notifying you to give you sufficient time to contact your Service Provider and make any necessary changes, have samples taken and tested, tanks pumped, and any other activities that were required to meet the requirements of your permit.

Please contact our office with any questions regarding the renewal of this permit.

Sincerely,

Aitkin County Planning & Zoning

**AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING**  
**307 Second St. NW, Room 219**  
**Aitkin, Minnesota 56431**

PH: (218) 927-7342  
FX: (218) 927-4372  
aitkinpz@co.aitkin.mn.us



11/8/2022

**Past Due Renewal As Of: 9 /30/2023**

Daniel & Michelle Lorentz  
1245 Malone Park Rd  
Isle, MN 56342

Re: Operating Permit # 113  
Zoning Permit # 29961  
Parcel ID# 29-1-457100

This letter is to remind you that the Operating Permit for the septic system at the above mentioned parcel of land has expired. The enclosed Operating Permit was issued as part of the permit for your septic system and must be renewed.

If there are no changes to the Operating Permit, please submit the following to the County Office by December 9, 2022. We have checked all boxes for information we have received. Please note, only complete applications will be accepted.

- 11-21-22 X the signed Operating Permit Contract
- X \$200 Operating Permit Renewal Fee (\$50 late fee applied)
- ✓ results of performance and maintenance activities
- ✓ a table of your water usage/meter readings

If your service provider/inspector finds the system is operating in conformance with the Operating Permit, please have them submit a letter requesting to have the Operating Permit renewed for a longer period or to request terminating the Operating Permit. Our Office will determine if this is possible.

The performance and life expectancy of this septic system is dependent on regular monitoring and maintenance of all parts of the system. Your compliance with the Operating Permit will ensure continued performance of the system. Failure to perform the monitoring and maintenance of this system could cause costly repairs and/or replacement of this system.

*All information required must be submitted to this Office by December 9, 2022. Failure to comply with the renewal of this operating permit is a violation of the Aitkin County Subsurface Sewage Treatment System Ordinance.*

Please contact our office with any questions regarding the renewal of this permit.

Sincerely,

Aitkin County Planning & Zoning

Invoice #56598 (11/22/2022)

2. Zoning/Land Use Permit Applications Misc. (OFFICE USE ONLY) App. # App-2022-009802, UID # 206853

Daniel & Michelle Lorentz

(000) 000-0000

1245 Malone Park Rd, Isle, MN 56342

Aitkin County Planning & Zoning / Environmental Services

307 Second St. NW Room 219

Aitkin, MN 56431

Phone: 218-927-7342

Fax: 218-927-4372

Email: aitkinpz@co.aitkin.mn.us

Charge		Cost	Quantity	Total	Note
Late Operating Permit Renewal Fee added 11/22/2022 12:23 PM \$200 Flat Fee		\$200.00	x 1	\$200.00	
<b>Grand Total</b>				<b>Total</b>	<b>\$200.00</b>
<b>Payment #50459</b>					
<b>Method:</b>	Check		6623		
<b>Date:</b>	11/22/2022	<b>Note:</b>	OP #113 2022 late renewal		
<b>Made By:</b>	Daniel & Michelle Lorentz				
<b>Confirmed By:</b>	Shannon Wiebusch				

**AITKIN COUNTY ENVIRONMENTAL SERVICES  
OPERATING PERMIT FOR WASTEWATER  
TREATMENT AND DISPERSAL RENEWAL**

**ISSUANCE DATE:**  
9/30/2022  
**RENEWAL PERIOD:**  
ANNUALLY

**OPERATING PERMIT #: 113**  
**ZONING PERMIT #: 29961**  
**PARCEL #: 29-1-457100**

**PERMITEE:**

Daniel & Michelle Lorentz

Aitkin County Environmental Services authorizes the Permittee to operate a wastewater treatment and dispersal system located on the above described property in accordance with the requirements of this permit.

This permit is effective on the issuance date identified above.

This permit and the authorization to treat and disperse from the above system is valid through the renewal period identified above. The Permittee is not authorized to discharge after the renewal period. The Permittee shall submit such information and forms as required by Aitkin County Environmental Services no later than thirty (30) days prior to the expiration date. When the required information is submitted and approved by Aitkin County Environmental Services, the permit may be renewed. This permit is not transferable from owner to owner.

If you have any questions regarding this permit, including the specific permit requirements, reporting, monitoring or permit compliance status, please contact Aitkin County Environmental Services at 218-927-7342.

***I hereby certify with my signature as the permittee that I understand the provisions of this permit including the 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 use of this system and if I fail to comply with the provisions of this Operating Permit. 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 permit.***

**Signature of Permittee** Michelle Lorentz **Date** 11-14-22

**Signature of Permitting Authority** Shannon Wickman **Date** 11-14-22  
Aitkin County 11-23-22

**AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING**

**307 Second Street NW Room# 219**

**Aitkin, Minnesota 56431**

PH: (218) 927-7342

FX: (218) 927-4372



11/22/2022

Daniel & Michelle Lorentz  
1245 Malone Park Rd  
Isle, MN 56342

Re: Operating Permit # 113  
Zoning Permit # 29961  
Parcel # 29-1-457100

Dear Permittee:

This letter is to inform you that your Operating Permit has been renewed until 9/30/2023 .

Please adhere to your monitoring and maintenance contract including monitoring your water use. Failure to do so would violate the agreement to operate your system and could void the operating permit. You should contact your Operation and Maintenance provider directly with questions that you may have during the year.

Thank you for your good stewardship and we hope that your system continues to operate well, protecting groundwater for you and the environment.

Sincerely,

A handwritten signature in cursive script that reads "Shannon W.".

Aitkin County Planning & Zoning

# Septic Check

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

Mail To: Daniel Lorentz  
46328 30th Ave  
Isle, MN  
56342

## PROPERTY INFORMATION

Daniel & Michelle Lorentz  
Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100  
Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 10/18/2022 - Inspection Type: ROUTINE - Correction Status: Corrections in progress

Company:  
Septic Check

Work Performed By:  
Michael Pederson

Submitted 10/19/2022 by:  
Heather Johnson

### COMMENTS & GENERAL INSPECTION NOTES

#### No Deficiencies Noted

The outside outlet box for the pump next to the house should be replaced, to avoid the GFI from tripping again. I reset the outlet so the pump could operate properly and also wrapped electrical tape around the box to try to keep moisture out.

The cycle count number is the same because of the power that was tripped.

### GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

### ONSITE SEWAGE SYSTEM INSPECTION DETAIL

#### TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	1
Pumping recommended:	NO

#### Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Nayadic, Manufacturer= Consolidated Treatment Systems - Other Unknown Size Multi-Flo

Manufacturer: Consolidated Treatment Systems Model: Other

This component was:	Fully Inspected
Unit alarms functioning:	YES
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Air filter replaced (If dirty or clogged filter needs to be replaced):	NO
Air filter on air pump cleaned:	NO
Dissolved Oxygen within normal operating range (1.5 to 3.0 mg/L) (if less than 1.5 check blower and re-check):	N/A
Field sample performance results within operational limits (Enter N/A if not performed):	N/A
30 minute settleable solids test result greater than 50% (If Yes, pumping needed):	NO
Pumping needed:	NO

#### TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO



<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	1	
Pump 1: off hours (override in parentheses - if present):	1	
Pump 1: gallons per dose (override in parentheses - if present):	-	
Pump 1: ETM hours (override in parentheses - if present):	-	
Pump 1: Cycle Count (override in parentheses - if present):	495621	
Pump 2: on minutes (override in parentheses - if present):	-	
Pump 2: off hours (override in parentheses - if present):	-	
Pump 2: gallons per dose (override in parentheses - if present):	-	
Pump 2: ETM hours (override in parentheses - if present):	-	
Pump 2: Cycle Count (override in parentheses - if present):	7845	
<b>Drainfield (disposal): Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	-	
Ponding present? If YES explain in comments:	NO	

# SAMPLING REPORT

Location: 48039 216th Place  
McGregor  
**29-1-457100**

Owner: Daniel Lorentz  
Use: Single Family

## Service Company:

**Septic Check**  
6074 Keystone Rd  
Milaca, MN 56353  
320-983-2447

Sample Date: 10/18/2022 Sample entered by: Heather Johnson Report submitted: 10/19/2022

Notes: No flow data as the power was tripped

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	0

# Septic Check

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

Mail To: Daniel Lorentz  
46328 30th Ave  
Isle, MN  
56342

## PROPERTY INFORMATION

Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100

Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 05/26/2023 - Inspection Type: ROUTINE - Correction Status: Corrections in progress

Company:  
Septic Check

Work Performed By:  
Kyle Wade

Submitted 05/30/2023 by:  
Heather Johnson

## COMMENTS & GENERAL INSPECTION NOTES

### No Deficiencies Noted

Alarm light is not working, audible alarm works fine.  
Grinder station down the hill by the house alarm doesn't sound, possibly an indoor alarm. Same with the drainfield dose alarm.  
Outlet boxes should be up higher to keep out of the snow.  
Everything else looked good.

## GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

## ONSITE SEWAGE SYSTEM INSPECTION DETAIL

### TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	2	
Pumping recommended:	NO	

### Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Systems - Multi-Flo FTP-0.5 Unknown Size

Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5

This component was:	Fully Inspected	
Unit alarms functioning:	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
Impeller assembly removed and cleaned:	NO	
Previous signs of foaming overflow noted on Weir Plate:	NO	
Filter Socks cleaned:	YES	
Filter Socks were partially changed out:	NO	
Filter Socks were completely changed out:	NO	
Gaskets on Surge Bowl need replacing:	NO	
Digester settleable solids test resulted in greater than 40% settleable solids: (If Yes, pumping needed)	NO	
Pumping needed:	NO	

### TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	

**TANK: Trash Tank, Manufacturer= Unknown - Unknown**

Manufacturer: Unknown Model: Unknown

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	7	
Pumping recommended:	NO	
<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	1	
Pump 1: off hours (override in parentheses - if present):	1	
Pump 1: gallons per dose (override in parentheses - if present):	-	
Pump 1: ETM hours (override in parentheses - if present):	-	
Pump 1: Cycle Count (override in parentheses - if present):	502523	
Pump 2: on minutes (override in parentheses - if present):	-	
Pump 2: off hours (override in parentheses - if present):	-	
Pump 2: gallons per dose (override in parentheses - if present):	-	
Pump 2: ETM hours (override in parentheses - if present):	-	
Pump 2: Cycle Count (override in parentheses - if present):	7846	
<b>Drainfield (disposal): Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	-	
Ponding present? If YES explain in comments:	NO	

# SAMPLING REPORT

Location: 48039 216th Place  
McGregor  
**29-1-457100**

Owner: Daniel Lorentz  
Use: Single Family

## Service Company:

**Septic Check**  
6074 Keystone Rd  
Milaca, MN 56353  
320-983-2447

Sample Date: 05/26/2023 Sample entered by: Heather Johnson Report submitted: 05/30/2023

Notes:

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	.2

*This report indicates certain characteristics of the sample taken at the time of visit. In no way is this report a guarantee of operation or future performance.*



Aitkin County Environmental Services – Planning & Zoning

307 2<sup>nd</sup> Street NW, Room 219

Aitkin, MN 56431

(P) (218) 927-7342

(F) (218) 927-4375

(E) [aitkinpz@co.aitkin.mn.us](mailto:aitkinpz@co.aitkin.mn.us)

July 31, 2023

Re: Operating Permit # 113

Zoning Permit # 29961

Parcel # 29-1-457100

Daniel & Michelle Lorentz  
1245 Malone Park Rd  
Isle, MN 56342

Dear Permittee:

This letter is to remind you that the Operating Permit for the septic system at the above-mentioned parcel is due for renewal by September 30, 2023. The enclosed Operating Permit was issued as part of the permit for your non-standard septic system and it must be renewed.

All information listed in the application enclosed must be submitted to our office by the expiration date. Incomplete applications will be returned. We are notifying you to give you sufficient time to contact your service provider/inspector for the monitoring/maintenance activities that are required under this operating permit.

If your service provider/inspector finds the system is operating in conformance with the Operating Permit, please have them submit a letter requesting to have term of the operating permit extended for a longer period or to request terminating the operating permit. Our office will determine if this is possible.

The performance and life expectancy of this septic system is dependent on regular monitoring and maintenance of all parts of the system. Your compliance with the operating permit will ensure continued performance of the system. Failure to perform the monitoring and maintenance of this system could cause costly repairs and/or replacement of this system. Failure to comply with the monitoring, maintenance and reporting of the septic system is a violation of the Aitkin County Subsurface Sewage Treatment System Ordinance and could result in prosecution by the County Attorney's office.

Please contact our office with any questions regarding the renewal of this operating permit and your septic system.

Sincerely,

Shannon Wiebusch  
Office Assistant  
Aitkin County Planning & Zoning  
[shannon.wiebusch@co.aitkin.mn.us](mailto:shannon.wiebusch@co.aitkin.mn.us)  
218-927-7342

Enclosure: Operating Permit Renewal Application

**Aitkin County Environmental Services  
Planning & Zoning**  
307 Second St. NW Room 219  
Aitkin, MN 56431  
218-927-7342  
aitkinpz@co.aitkin.mn.us

## Subsurface Sewage Treatment System Operating Permit Renewal Application

Use this application to renew an operating permit.

<b>Operating Permit #</b>	113	<b>Zoning Permit #</b>	29961		
<b>Issuance Date:</b>	9/30/2023	<b>Expiration Date:</b>	9/30/2024	<b>Renewal Term:</b>	ANNUALLY

<b>Site Information</b>					
Property ID:	29-1-457100				
Property Address:	48039 219th Pl	City:	McGregor	Zip:	55760
Service Provider or Inspector Name:	Septic Check	License #:			

<b>Contact Information</b>					
Permittee Name:	Daniel & Michelle Lorentz				
Mailing Address:	1245 Malone Park Rd	City:	Isle	State:	MN Zip: 56342
Email:	michelleLorentz21@gmail.com		Phone:	612-205-3956	

<b>Include with this completed renewal application the following items:</b>
<input checked="" type="checkbox"/> Table of Water Usage (Flow Monitoring Report) <input checked="" type="checkbox"/> Maintenance & Monitoring Report by your Service Provider/Inspector <input checked="" type="checkbox"/> Renewal Fee: <b>\$150</b> Due Date: <b>9/30/2023</b> Please make check payable to: Aitkin County <i>Notice of Late Fee: If your completed application and renewal fee are not received or postmarked by the due date, add a \$50.00 late fee.</i>

### 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: Aitkin County Environmental Services, 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 inspector 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 **Septic Check** 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.

Permittee (please print):		Permitting Authority (please print):	P+2 / Shannon Wiebusch
Title:	owner	Title:	Office Assistant
Date:	8-29-23	Date:	9-11-23
Permittee Signature:	<input checked="" type="checkbox"/> 	Permitting Authority Signature:	<input checked="" type="checkbox"/> 
	Permittee Signature		Aitkin County Representative Signature





Invoice #58615 (09/11/2023)  
Misc. (OFFICE USE ONLY) App. # App-2023-001022, UID # 208924  
DANIEL & MICHELLE LORENTZ  
(612) 205-3956  
1245 MALONE PARK RD, ISLE, MN 56342

Aitkin County Planning & Zoning / Environmental Services  
307 Second St. NW Room 219  
Aitkin, MN 56431  
Phone: 218-927-7342  
Fax: 218-927-4372  
Email: aitkinpz@co.aitkin.mn.us

Charge	Cost	Quantity	Total	Note
Operating Permit Renewal added 09/11/2023 2:18 PM	\$150.00	x 1	\$150.00	
<b>Grand Total</b>			<b>Total</b>	<b>\$150.00</b>

Payment #51560

**Method:** Check 6589  
**Date:** 09/11/2023 **Note:** OP 113 2023 RENEWAL

**Made By:** DANIEL & MICHELLE LORENTZ

**Confirmed By:** Shannon Wiebusch

**AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING**

**307 Second Street NW Room 219**

**Aitkin, Minnesota 56431**

Phone: (218) 927-734

Email: [aitkinpz@co.aitkin.mn.us](mailto:aitkinpz@co.aitkin.mn.us)



9/11/2023

Daniel & Michelle Lorentz  
1245 Malone Park Rd  
Isle, MN 56342

Re: Operating Permit # 113  
Zoning Permit # 29961  
Parcel # 29-1-457100

Dear Permittee:

This letter is to inform you that your Operating Permit has been renewed until 9/30/2024 .

Please adhere to your monitoring and maintenance contract including monitoring your water use. Failure to do so would violate the agreement to operate your system and could void the operating permit. You should contact your Service Provider/Inspector directly with questions that you may have during the year.

Thank you for your good stewardship and we hope that your system continues to operate well, protecting groundwater for you and the environment.

Sincerely,

A handwritten signature in cursive script that reads "Shannon W.".

Aitkin County Planning & Zoning

# Septic Check

6074 Keystone Rd  
Milaca, MN 56353

320-983-2447  
Fax: 320-983-2151

Mail To: Daniel Lorentz  
46328 30th Ave  
Isle, MN  
56342

## PROPERTY INFORMATION

Location: 48039 216th Place  
McGregor  
Tax ID: 29-1-457100

Use: Residential, Single Family  
System Design Flow: 450  
GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 10/12/2023 - Inspection Type: ROUTINE - Correction Status: No corrections made

Company:  
Septic Check

Work Performed By:  
Matt Maleski

Submitted 10/16/2023 by:  
Heather Johnson

### COMMENTS & GENERAL INSPECTION NOTES

**Deficiencies Noted: deficiencies must be corrected to ensure proper longevity of the Onsite Sewage System.**

Alarm light is not working, audible alarm works. Grinder station down the hill by the house alarm doesn't sound, assuming it is an indoor alarm. Dose tank alarm also doesn't sound when lifted. Outlet boxes should be up higher to keep out of the elements. Multi Flo should also be pumped and pressure washed.

### GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

### ONSITE SEWAGE SYSTEM INSPECTION DETAIL

#### TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete Primary (unknown Size)

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	4	
Pumping recommended:	NO	

#### Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Systems - Multi-Flo FTP-0.5 Unknown Size

Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5

This component was:	Fully Inspected	
Unit alarms functioning:	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
Impeller assembly removed and cleaned:	NO	
Previous signs of foaming overflow noted on Weir Plate:	NO	
Filter Socks cleaned:	YES	
Filter Socks were partially changed out:	NO	
Filter Socks were completely changed out:	NO	
Gaskets on Surge Bowl need replacing:	NO	
Digester settleable solids test resulted in greater than 40% settleable solids: (If Yes, pumping needed)	NO	
Pumping needed:	YES	Deficient

#### TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 350 Connected to Septic Tank

Manufacturer: Local Manufacturer Model: Concrete

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	

**TANK: Trash Tank, Manufacturer= Unknown - Unknown**

Manufacturer: Unknown Model: Unknown

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	6	
Pumping recommended:	NO	
<b>Pump: Effluent Pump Primary Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	
<b>Pump: Effluent Pump Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	
<b>Panel: Control - 2 Pumps Multi-Flo Panel</b>		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	1 min	
Pump 1: off hours (override in parentheses - if present):	1	
Pump 1: gallons per dose (override in parentheses - if present):	-	
Pump 1: ETM hours (override in parentheses - if present):	-	
Pump 1: Cycle Count (override in parentheses - if present):	506554	
Pump 2: on minutes (override in parentheses - if present):	-	
Pump 2: off hours (override in parentheses - if present):	-	
Pump 2: gallons per dose (override in parentheses - if present):	-	
Pump 2: ETM hours (override in parentheses - if present):	-	
Pump 2: Cycle Count (override in parentheses - if present):	7848	
<b>Drainfield (disposal): Pressure Mound (40' X 18' Existing)</b>		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	-	
Ponding present? If YES explain in comments:	NO	

# SAMPLING REPORT

Location: 48039 216th Place  
McGregor  
29-1-457100

Owner: Daniel Lorentz  
Use: Single Family

## Service Company:

**Septic Check**  
6074 Keystone Rd  
Milaca, MN 56353  
320-983-2447

Sample Date: 10/12/2023 Sample entered by: Heather Johnson Report submitted: 10/16/2023

Notes: The cycle counter was checked and seems to be working

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	0.0