ZONING PERMIT APPLICATION OFFICE USE ONLY FULL NAME LARRY BRANN AN TELE # 612-730-DATE __ APPROVE / DENY PERMIT#_30308 BIRTHDATE & DL # PARCEL# 07-0-008400 MAIL ADDRESS 42910 911 ADDRESS ATTRIN MYN 56431 RECEIPT# 6275 TOWNSHIP FARM 154AND CONFORMING SEPTIC LEGAL DESCRIPTION ATTACHED 27 SECTION f TOWNSHIP____ Y/G RANGE (circle) RESIDENTIAL COMMERCIAL ACCESSORY **NEW BUILDING ALTERATION** BUILDING CONTRACTOR AND LICENSE NUMBER: SIZE OF ALL BUILDINGS COVERED BY THIS APPLICATION. 110ther COMMENTS: PEDFORMANCE SYSTEM DATA FOR SEWER CONSTRUCTION: INSTALLER_SEPTIC CHECK, INC #BEDROOMS/GPD 3/450 DO NOT WRITE BELOW THIS LINE **ZONING DISTRICT & FLOOD PLAIN** STRUCTURE SETBACK DISTANCE REQUIREMENTS (Measure from eaves or overhana) ZONING DISTRICT 5/L OHW TO LAKE/RIVER/STREAM 150/ (100) per 205141 PROPERTY LINE SETBACK 1/2/ LAKE/STREAM/RIVER NAME LOVE SETBACK TO ROAD R-O-W 3) 1/20 50' CO+ LAKE/RIVER ID NUMBER 1-01102 SETBACK TO BLUFF 30 LAKE/RIVER/STREAM CLASSIF. PARCEL LOCATED IN FLOOD PLAIN? 10/100 YR FLOOD ELEVATION 7/ SEPTIC SYSTEM SETBACK DISTANCES LOWEST FLOOR ELEVATION / F BOVE 100 in FloodsETBACK TO STRUCTURES 10/Tank 20 DA. ELEV. CERTIFICATE REQUIRED OHW TO LAKE/RIVER / STO PROPERTY LINE SETBACK 10 / **BEFORE CONSTRUCTION** AFTER CONSTRUCTION SETBACK TO ROAD R-O-W_1()/ **ATTACH COPY OF ELEVATION CERTIFICATES** SOIL BORINGS _ SEPTIC DESIGN((1))+hor (**GARBAGE DISP/HOT TUB** PERK RATES _ 1 - 5 DEPTH TO RESTRICTING LAYER 1.2 YES_____ NO_____ MIN.SIZE PUMP TANK MIN.SIZE SEPTIC TANK __///// WITH Dee down MUNCHES 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:

EXPIRES IN ONE YEAR

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

SIGNATURE APPLICANT/AGENT

LKESON

PRIC

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

209 Second Street, NW Aitkin, Minnesota 56431

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



September 23, 2004

RE: Septic Operating Permit #182; Zoning

Permit # 32328: Parcel 07-0-008400

Larry Brannan 42910 – Daisy Street Aitkin, MN 56431

To Whom It May Concern:

Enclosed is the Operating Permit for a septic system that is to be installed on your property. Please review this permit thoroughly and become aquatinted with the conditions then sign the operating permit and return it to me with the enclosed envelope. Some conditions may have changed since the initial application was signed. A Compliance Inspector, hired by the landowner, must review the septic system onsite on an annual basis while this operating permit covers the system.

One provision that is often overlooked by homeowners is the State of Minnesota requirement that a water meter or other flow measuring device be installed and the results recorded by the homeowner on a MONTHLY basis. Please be aware that a Certificate of Compliance can not be issued until this provision is met; you may wish to make provisions for its installation now.

PLEASE NOTE THAT ALL FEES HAVE BEEN PAID THROUGH DECEMBER 31, 2005.

Should you have questions, please contact me at the number above.

Richard Courtemanche

Assistant Zoning Administrator

Aitkin County

Enclosure

AITKIN COUNTY ENVIRONMENTAL SERVICES

OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

OPERATING PERMIT #: 182 FEE:

\$50

PERMITTEE:

Larry Brannan

PHONE:

(612) 720-1679

ADDRESS: 42910 Daisy Street

Aitkin. MN 56431-

ZONING PERMIT # 32328

PARCEL #: 07-0-008400

ISSUE DATE: 9/24/04

RENEW DATE:

12/31/05

LEGALDESCRIPTION:

SE SE Less 9.88 acs Plat and 27.74 acs in Alake Doc 349183

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.

of Permitting Authority

9-28-09 Date 9-28-09

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

Sewage flows from home via gravity to a 500 gallon end of a 1500 gal combination tank. This will serve as a trash trap. Effluent will then gravity flow to the 1000 gal tank for time dosing into a 500 gallon per day Multiflo Aerobic Treatment Plant. The Multiflo will gravity feed a 650 gallon pump tank. From that pump tank, effluent will dose into a 780 sq ft pressure bed. The bed will be built with EZ-Flow aggregate. Cost of const= \$12-13,000; Monthly cost of operation= \$10/mo; Monitoring cost=free first 2 yrs then \$150/yr. Testing= \$80/1st year then \$40/yr every 2 years. Life of system = 25-40 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
Fecal Coliform	<1,000 cfu/100 ml	Aerobic Tank Effluent	EVERY 6 MONTHS	Grab	ANNUALLY
Flow	450 GPD	Water Meter	MONTHLY	Measure in Field	ANNUALLY

C. MAINTENANCE REQUIREMENTS:

LOCATION	FREQUENCY
Aerobic Tank	EVERY 6 MONTHS
Water Meter	MONTHLY
Pump Chamber	ANNUAL
Septic tank(s)	ANNUAL
Dispersal System	ANNUAL
Dispersal System	ANNUAL
	Aerobic Tank Water Meter Pump Chamber Septic tank(s) Dispersal System

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 and shall be performed by a Minnesota Department of Health approved laboratory. All sampling and testing costs shall be the responibility of the Permittee.

Monitoring will be done by Eric Larson

E. MITIGATION PLAN:

1) If weeping occurs; lower dosing rate, lower water usage, increase distribution and absorption area. 2) Waste strength, if fecals exceed limit, reduce effluent strength, increase retention time in ATU or add disinfection. 3) A different or another Performance or Other System may be installed at the owner's expense. 4) If in the event that this system should fail and if there is no other ISTS option available, then Holding Tanks must be installed, to be pumped by a licensed Pumper with a contract.

F. SPECIAL REQUIREMENTS:

*** A WATER METER OR OTHER APPROVED WATER MEASURING DEVICE MUST BE INSTALLED AND READ ON A MONTHLY BASIS ***





Septic Check, Inc 6549 Keystone Road Milaca, MN 56353 320-983-2447 www.septic-check.com

Owner:

Odete Muehlberg 42910 Daisy Street Aitkin, MN 56431

MAINTENANCE SERVICE REPORT

Year ending 12-31-2010

System ID: 13 County: Aitkin Parcel ID: 07-0-008400

Site Address: 42910 Daisy Street Aitkin, MN 56431

Water Usage

Service Date	Description	Prev	Current	Period	Gallons/day
		Event	Event	Gallons	
4/27/2010	Standard Service	11917	12004	1392.0	9.9
9/22/2010	standard service	12004	12100	1536.0	10.4
				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/I	N/A Mg/L
	FOG Limit	N/A Mg/I	N/A Mg/I
	BOD Limit	N/A Mg/I	N/A Mg/l
	Gallon Per Day Limit	450	10.2

Maintenance Requirements

Septic Tank		Pump	o Tank Alarms inspected		Pump Tank		ed
Sludge	Scum	Sludge	Scum	Aerator	Trash Trap	Drainfield Pump	
10	0	8	0	V	٧	V	

Treatment Unit

Trash Tr	rap Pump	Drainfie	ld Pump		Treatme	nt Unit	
Amps	Oper.	Amps	Oper.	MLSS%	Aerator Amps	WeiPlate Cleaned	Filter Cleaned
٧	٧	٧	٧	15	2.1	V	٧

9/21/04 12:41:13

Notes: No

Parcel number/Tax year: 07-0-008400 2005 Reference parcel: 00-2-070000084

Parcel type : **RE** Hold tax stmt:

Owner(s): 99900

BRANNAN, LARRY D & MUEHLBERG, ODETTE Com district: 2 Misc1/2: 9-10-96

2070 HILLVIEW RD

Escrow agent:

MOUNDS VIEW MN 55112

Mortgage hld: UTA: Twp/City School AMBU **** ****

0001 00 00 00 00 007

Taxpayer: 99900 FALCO: 1 F.O. TIF district: 000 000

BRANNAN, LARRY D & MUEHLBERG, ODETTE Lake#/name : 1-0162 FOUR LAKE

2070 HILLVIEW RD

Property adr:

MOUNDS VIEW MN 55112

Alternate taxpayer:

Emergency# :

Twp/City Plt: FARM ISLAND TWP

Sec/twp/rge : 4 46.0 27 Acres: 2.38

Plat:

Description: Lot/Block .:

SE SE LESS 9.88 ACS PLAT & 27.74 ACS IN

LAKE DOC 349183

Press Enter to continue or enter new parcel/tax year. 07-0-008400 F1=Full desc F2=Trans hist F3=Exit F6=Prcl hist F7=Backward F9=Escrow hist F12=Cancel F14=Phy Addr F17=Dsply Note

Display Zoning Classifications

12:39:07 9/21/04

Parcel number : 07-0-008	Name: BRANNAN, LARRY D & MUEHLBERG, ODETT
Lake/river/stream number :	: Zoning Notes: View :
Land use district : Shoreland mgmt district 1 :	: : NOTE: VARIANCE WAS OBTAINED BY DUWAYNE KO :
Shoreland mgmt district 2:	: NEWKO TO MOVE CLOSER TO LAKE ON SEPTIC AND :
Floodway :	: RESIDENCE STRUCTURE. LOT DOES NOT NEED 2 :
Floodfringe : Floodplain :	: STANDARD SITES, IT WAS CREATED BY REALIGN : MENT OF THE ROAD. SEE 07-0017800 FILE FOR :
Bluff impact zone :	: INFO.
Wetlands present :	::
Other	<u></u> :
Well present : Serviced by sewer system :	:
Conforming septic system :	: More:
Last/next compliance date :	: F3=Exit F12=Cancel F23=Delete :
Miscellaneous : Notes :	: :
Press Enter to continue or ent	er new parcel number 07-0-008400

F3=Exit F7=Backward F9=Notes F12=Cancel

DSPZONC1	Display Zoning Classifications 12:39:07 9/21/04
Parcel number : 07-0-00	
Lake/river/stream number : Land use district : Shoreland mgmt district 1 : Shoreland mgmt district 2 :	NE NATURAL ENVIRONMENTAL
Floodway : Floodfringe : Floodplain : Bluff impact zone : Wetlands present :	N Y=Yes, N=No Y Y=Yes, N=No
Other	N Y=Yes, N=No
	nter new parcel number. <u>07-0-008400</u>

F3=Exit F7=Backward F9=Notes F12=Cancel

ZONING PERMIT APPLICATION

Sept 2 1998 BOA

(please do not write in shaded areas)

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EXPIRES IN ONE YEAR (Space for Required Sketch on Reverse Side)

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

Aitkin County Environmental Services

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

Parcel Number: 07-0-008400 Permittee: Larry Brannan

Address: **Daisy Street**

.

Aitkin, MN 56431

Legal Description: see attached sketch

Telephone # 612-720-1679 GIS Location

A. Description of Wastewater Treatment and Dispersal System:

Sewage flows by gravity from the home to the 500 gallon end of a 1500 gallon combination tank. This will serve as a trash trap. Effluent will then gravity flow to the 1000 gallon tank for time dosing into a 500 gallon per day Multi-Flo Aerobic Treatment Plant. The Multi-Flo will gravity feed a 650 gallon pump tank. From that pump tank, effluent will dose into a 780 square foot pressurized bed. The bed will be built with EZ Flow aggregate.

Number of Bedrooms = 3

Flow = 450 gallons per day

Hydraulic Loading Rate = 0.6 gpd/sqft

Organic Loading Rate = .00002 BOD/sqft

Estimated Cost of:

System Construction = \$12,000 - 13,000

Operation = \$10 per month

Monitoring & Servicing: first two years No Charge, after two years

\$150/vr

Testing = \$80 first year, then \$40/yr 2 years

Anticipated System Life = 25 - 40 years

B. Performance Standard Requirements:

- 10

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.

Parameter	Compliance Limit	Sample Location	Sample Frequency	Sample Type	Reporting Frequency
Fecal Coliform	<1000 cfu/100ml	ATU / Pump Tank	Semi-annu 1st year	al	Annual
Flow	450 GPD	Water meter/ pump control	•	Record on log	Annual sheet

C. Maintenance Requirements:

Parameter	Location	Frequency
Daily Flow	Water Meter/ pump control	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:

Septic Check, Inc, 6549 Keystone Road, Milaca, MN 56353 320-983-2447 Lic #2624

E. Mitigation Plan:

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

Waste strength: if fecals exceed limit - reduce influent strength, increase retention time. If fecals continue to exceed limit add disinfection.

If flow exceeds limit: reduce flow

A replacement septic system could be constructed.

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 #2624

9-18-04

Eric Larson 6549 Keystone Rd, Milaca, MN 56353

320-983-2447

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

It is hereby agreed this <u>19</u> day of <u>September</u> '04' by and between September (Inspector) and Lieng Botton (client)
(Client) Name & Address LARRY BRANGE
Street Address
City, State, Zip ATKIN, MM 56 431

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

Each inspection includes an examination of the ISTS followed by a written report to the client. This inspection report shall contain recommendations for operation and maintenance for failure-preventative measures, if any are deemed appropriate by the inspector and a list of recommended corrective measures or replacement parts. The Inspector is authorized to submit a copy of the report to the Aitkin County Environmental Services Department.

This contract does not assume any responsibilities or obligations, which are normally the responsibilities of the Client, as related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

The Inspector can only contract or subcontract for parts or labor after authorization. Billings for service calls shall be made on a case by case basis. This contract only covers maintenance, monitoring and inspection services per current Aitkin County Operating Permit and does not cover alarm calls of any kind.

The Inspector shall be provided access to the site and the system in order to perform the following services:

SEPTIC TANK AND LIFT STATIONS INSPECTION

(check the boxes needed to fill the requirements of the Operating Permit)
Check septic tank and compartments for solids buildup and general appearance. If necessary, have tanks pumped (cost of pumping is the responsibility of the client).
Check effluent filter for buildup and clean, if applicable.

Check pumping system, including control panel and floats.
Record and date the readings of the elapsed time meter and cycle counter(s), if applicable.
Check dosing settings (in the control panel, if applicable).
Other:
**If the septic tank or lift stations need pumping to be in compliance with the operating permit the cost of the pumping is the responsibility of the Client.
TREATMENT DEVICE
Inspect pretreatment unit (aerobic tank, sand filter, etc.) per manufacturer's recommendations, if applicable.
Inspect and clean any parts per manufacturer's recommendations.
Inspect and clean laterals, if applicable.
Inspect the appearance of the wastewater inside the unit for color, turbidity and examination of odors.
Sample effluent per Operating Permit monitoring requirements.
(Cost of sampling and analysis is the responsibility of the Client)
Other:
·
DISPERSAL FIELD
Inspect for visible signs of failure (surface discharge, soggy ground, wet spots, settling, etc.)
If liquid level monitors are installed, levels will be observed and recorded.
Flush filters and clean cartridges, if applicable.
Check field control unit solenoid operations or manual control, if applicable.
Other:

In no event shall the Inspector be responsible for special or consequential damages, including but not limited to, loss of time, injury to personal property or any other consequential damages or incidental or economic loss due to equipment failure or for any other reason. This contract does not assume any responsibilities or obligations, which are normally, the responsibility of the Client or as, related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

This contract shall be effective: Beq	ginning CUITH INSTALLATION
and	Ending Annually RENEWOOD
Cost for Maintenance Service, I	Monitoring and Inspection Contract is:
service only under this contract. The	years totaling \$
Payment for all services shall be paid	DANUARY IN ADVANCE.
Client:	Inspector:
Sign. 40 B	Sign:
Print: LARRY D. BRANNA24	Print: ERIC LARSON
Date: 9-19-04	Date: 9-/9-04



Septic Check,[™] Inc.

Septic System Management Services

INDIVIDUAL SEWAGE SYSTEM DESIGN SUMMARY

Property Owner:Larry Brannan	Phone: 612-720-1679
Address: Daisy Street	Township: Farm Island
City: Aitkin Zip: 56431	County: Aitkin
DESIGN USAGE	SITE CHARACTERISTICS
Single Family Home x Other	Soil type loam
Number of Potential Bedrooms 3	Soil Sizing Factor6 gpd/ft2
Garbage Disposal no	Depth to restrictive layer 21"
Sewage Lift Pump no	
PUMP INFORMATION	CAPACITIES
30 & 5.8' into Multi-Flo Pump GPM & TDH 42.6 & 10.9 into bed	Daily Water Use 450 Est x Calc
48 to Multi-Flo Cycles per day 5 to bed	Septic Tank Capacity 1500
16.2 to Multi-Flo Gallons per cycle 91.7 to bed	Pump Tank Capacity 650
Perforation size & spacing 7/32" 3 1/2'	MOUND SYSTEM
Number, spacing, & diameter of laterals 4 36" 2"	Dimension of Rock Base
Forcemain Size 2"	Depth of Rock Below Pipe
BED SYSTEM	Dimensions of Mound
Type of Bedpressurized EZ Flow	% Slope of Soil Under Mound
Maximum Depth of Bed 3" downslope	Upslope Dike Width
Square Feet of Bed Required 752	Downslope Dike Width
Square Feet of Bed Proposed 780	Sideslope Dike Width
Lineal Feet of Bed Proposed 65'	
By Eni	APPROVAL Date 9-18-04

See additional information sheet if checked

X

Septic Design Additional Information

Larry Brannan

Overview of Design: This design is for a Performance Septic System at Section Four Lake. A 1500 gallon combination tank will be installed so sewage flows into the 500 gallon side. This will serve as a trash trap for solids. It will then flow by gravity to the 1000 gallon chamber for timed dosing into a 500 gallon per day Multi-Flo Aerobic Treatment plant. It will flow from the Multi-Flo to a 650 gallon tank for dosing to a pressurized bed. The bed will be built long and narrow (12' x 65') to fit a moraine backslope and save as many adult trees as possible. The bed will be built just below grade at the downslope edge and run level into the upslope. Overfill as necessary for proper grading and protection against freezing. Use a 3:1 downslope toe to minimize size.

Homeowner to verify all property lines.

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

Elevations are referenced to double headed nail bench mark in basswood tree north of home site.

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

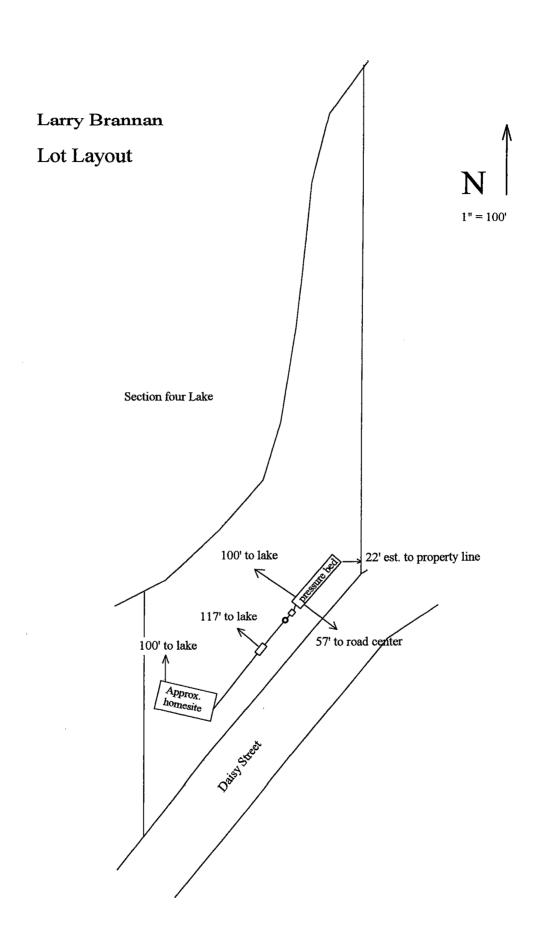
Pitch pump chamber outlets to ensure complete drainback to pump chambers. Insulate dose pipe under driveway.

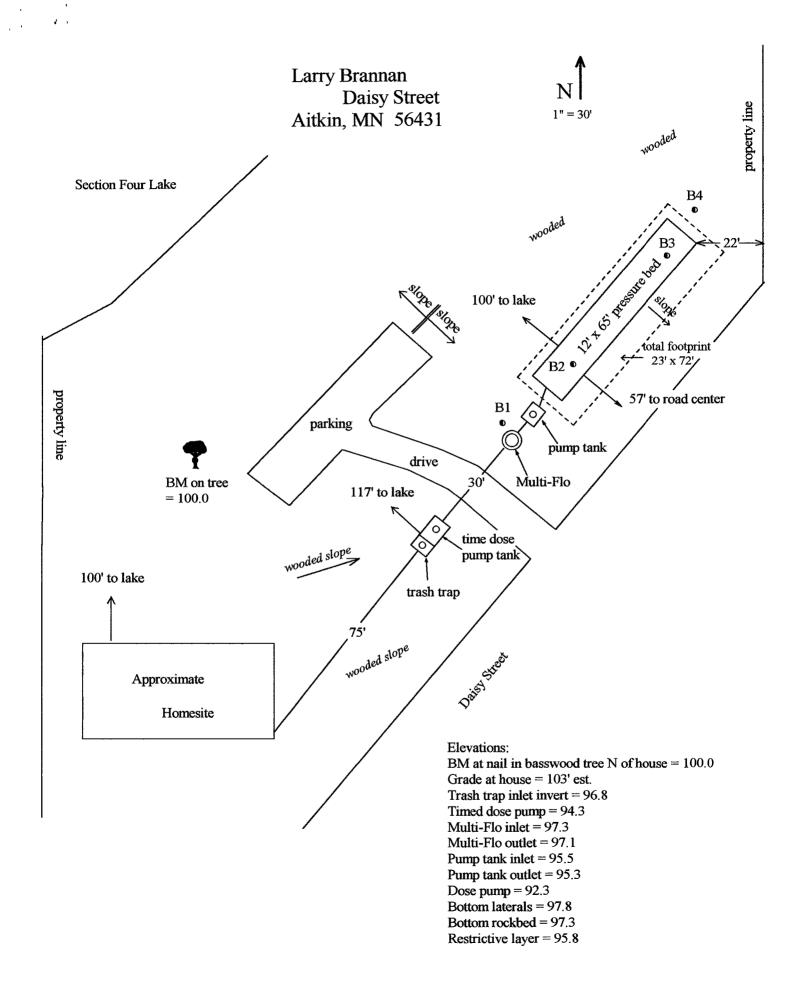
Establish turf to prevent erosion and freezing.

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

Homeowner is responsible for all costs involved in servicing, monitoring, and mitigating the system.

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





DOSING	CHAMBER SIZING with a Tin	ner <u>Into Multi</u> -Flo	Brannan
All boxed rectangles must be entered, the re	st will be calculated.	1	Width
Determine area A. Rectangle area = L x W ft x B. Circle area = 3.14 x radius ²	ft =0ft²	Length	
3.14 x C. Get area from manufacture	$\frac{e^2 ft}{ft^2} = \frac{0.0}{ft^2}$	(♣ Ra	ndius
times the conversion factor and divide b	olume, therefore multiply the area (1A, B or y 12 inches per foot to calculate gallon per in $t^2 \times 7.5$ / 12in/ft = gallon p	nch.	
3. Calculate recommended capacity = ave	rage design flow <i>(see chart A-1)</i> ×2 gal	100% the or Alternati	daily flow
4. Calculate total tank volume A. Depth from bottom of inlet pipe to tan B. Total tank volume = depth from bottom = in in	nk bottom = in om of inlet pipe to tank bottom(4A) x gal/in(2) 0.0 gal/in = 0.0 gallons	number of bedrooms Class I Class II	Class III Class IV
5. Calculate gallons to cover pump (with 2- (Pump and block height + 2 inches) x ga (14 + 2 in) x	=	2 300 225 3 450 300 4 600 375 5 750 450 6 900 525 7 1050 600 8 1200 675	180 60%
Calculate total usable tank volume total tank volume in gallons (4) - gallons 1000.0 gal - 368.0 g		Marie de espera a marie para de parte de la compansión de la compansión de la compansión de compansión de comp	akung sang sang sang panggang di panggang panggang di panggang panggang di panggang panggang di panggang pangg
B. Calculate drainback 1. Determine total pipe length 2. Determine liquid volume of pipe,	t (7B1) x 0.17 gal/ft(7B2) 6.8	gallons E-20: Volume of 1 Pipe Diameter C inches 1	· · · · · · · · · · · · · · · · · · ·
8. Pump Rate From design 30 gpm or calculated: change in depth (in) x gallon per inch(2)	/ time interval in min = gpm	1.25 1.5 2 2.5 3 4	0.078 0.11 0.17 0.25 0.38 0.66
9. Calculate the timer ON setting Dose gallons(7C) / gpm (8)	gal/in /min =#DIV/0 gpm =0.5minutes ON	oobacy.	Carlotte Car
Calculate the timer OFF setting minutes per day / doses per day - minute 1440 /48doses/day - recommended.		in purpool	William Control
I hereby certify that I have completed this wor	k in accordance with all applicable ordinanc	es, rules and laws	
(Signature)	2624_ (license #)	9/12/04 (date)	

PUMP SELECTION PROCEDURE

TRASH TRAP INTO MULTI-FLO Brannan

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			treatment systematics of the country	
	Selected Pump Capacity: 30 gpm	total pip length	2A. elevatio		
2. A.	Determine head requirements: Elevation difference between pump and point of discharge. 5 feet		differenc		
B.	Special head requirement? (See Figure - Special Head Requirements) 0 feet	Gravity	Head Require	Oft	
C.	Friction loss 1. Select pipe diameter	E-9: Frictio	n Loss in Pice 100 feet normin pipe dic 1.5 2 2.47 0.7 3.73 1.1 5.23 1.5 6.96 2.0 8.91 2.6 11.07 3.2 13.46 3.9	3 0.11 1 0.16 5 0.23 6 0.30 4 0.39 8 0.48	
D.	Total head requirement is the sum of elevation difference (A), special head requirements (B), and total friction loss (C4).	55 60 65 70	4.7 5.6 6.4 7.4	0 0.82 8 0.95	
3.	Total Head: 5.8 feet Pump Selection 1. A pump must be selected to deliver at least 30 gpm (1A or B) with at least 5.8 feet of total head (2D).				

hereby certify that I have completed this work in accorda	ance with all applicable ordinances,	rules and laws.	
(signature)	2624 (license #)	9/18/124 (date)	

PRETREATMENT WORK SHEET Larry Brannan			ge flows in Ga	lions per Day		
All boxed rectangles must be entered, the rest will be calculated.	number of bedroom	s Closs		Class III	Class IV	
1. FLOW	2	300 450	225	180 218	60% of the	
A. Estimated 450 gpd (see figure A-1)	4 5	600 750	375	256 294	values In the	
measured x 1.5(safety factor): 0 gpd	6	900	525	332 370	Class i.	
B. SEPTIC TANK CAPACITY 1500 gallons (see figure C-1)	7 8	1050 1200		408	il, or ill columns.	
2. SOILS (Site evaluation data)	,		m v a u			
C. Depth to restricting layer= 1.8' feet	l	C-1: Septi	Tank Capacitle	s (in ganons)		1:
D. Texture loam Percolation rate MPI	i	Number of	Minimum Lie		capacity with	Liquid c
E. SSF 1.67 ft²/gpd (see downsizing or < 3ft figure)		Bedrooms	Capacity	garus	še grzixeaj	lift in
F. Land Slope		2 or less 3 or 4	750 1900		1125 1500	150
3. Pressure Distribution Trench Bottom Area		5 or 6	1500		2250	200 300
H. For trenches with 6" of rock below the pipe, Area = Flow (1A) divided by SSF (2	_{E)=} i	7,8 or 9	2000		3000	40X
450 ggpd x 1.67 ft ² /gpd = 780.0 ft ²	•					
I. For trenches with 12" of rock below the pipe, Area = Flow (1A) divided by SSF (2E) x 0.8			Downsizii	ng Chart	
$gpd x ft^2/gpd x 0.8 = ft^2$	•	Г	Soil C	haracteristics	and Required	l Areas
		<u> </u> -	Percolation Rate		vage (3' separa Squamifed per	Organic
4. ORGANIC LOADING			in Minutes per Inch (MPI)	Soil Texture	bet epak dayjou	pound y
J. 1. Organic loading = flow (A) x estimated BOD in mg/L leaving the		ſ	Faster than 0.15 0.1 to 5	Coarse Sand Madeum Sand Loamy Sand	0.83	0.00
pretreatment unit x 8.35 / 1,000,000	DOD	[0.1 to 5 6 to 15	Loamy Sand Fine Send ⁴⁴ Sandy Loam	0.83 0.83	0.00
450 gpd x 5 mg/L x 8.35 / 1,000,000 = 0.018788 lbs	ROD	- 1	16 to 30 31 to 45	Loam Sill Loam Sill	0.83 1.00	0.00
2. System loading = organic loading(J1) / area (H or I)			46 to 60	Clay Loam (Cl.	1.10	9.00
0.0187875 lbs BOD / 780.0 ft ² = $2E-05$		ŀ	60 to 120 Over 120	Sandy CI.	2 50 3 25	990
3. Check system loading rate on chart. Should be less than value.		┝			savage treatmo idly permeable a r more of fine sa fine sand	<u> </u>
5. ROCK VOLUME K. Rock depth below distribution pipe plus 0.5 foot times bottom area: = (Rock depth + 0.5 foot) x Area (H, I, J, K, L) (0.5 ft + 0.5 ft) x 780.0 ft ² = 780 ft ³		L.	Less Than			
L. Volume in cubic yards = volume in cubic feet divided by 27	oaata	1	D-15 Soil C	haracteristi	cs and Requ	nred A
K / 27 = cubic yards 780 / 27= 29 yd ³ EZ Flow aggr M. Weight of rock in tons = cubic yards times 1.4	egale	-	for Sewa parestation cate	ge irealme	at (<3' secur	ration)
L x 1.4 = tons x 1.4 tons x 1.4 tons		ì	In primites per indicargi)	čest texture	per gallen	da) spua
A LT WING			faster than Oi*	Coarse sand Medium san	0.50	1
B. SYSTEM LENGTH			0.1 % 5	from sand	}	3
N. Select width = 12 ft		,	6 to 15 16 to 30	sandy loast loam	1.67 1.37 1.67 1.67 1.66	0000
O. Divide bottom area by width: (H, I) divided by N = lineal feet		•	33 to 45 46 to 90	Stit brance Stit Clay scame	206	8
780.0 ft ² / 12 ft = <u>65</u> lineal feet				Clay icam Sandy clay Silty day	1	1
		,	30% 5]***	Sandy clay	100	
		ļ	Scii bao quaran i	Stity clay or servace tre-	akamanana stroerst	4
7. LAYOUT			Scii bao quaras r uas systemi "Scii having 50)	ior rapidly pe S or more tine	oneable sods. sand plus very	e pre rec
Select an appropriate scale; one inch = 30 feet			- Soil with hos h	isgn a percente I inground sy	ge of clay for i fan	nstaliati
Select an appropriate scale; one inch = 30 feet Show pertinent property boundaries, rights-of-way, easements.	or proposs	. [or a standar:	eses ağırı 111111 men'e.		
Select an appropriate scale; one inch = 30 feet Show pertinent property boundaries, rights-of-way, easements. Show location of house, garage, driveway, and all other improvements, existing		a. *****	LALINATURA LITERATURA DI SALINA DI S	- Assantantantantan	ces	
Select an appropriate scale; one inch = 30 feet Show pertinent property boundaries, rights-of-way, easements.		a. *****	LALINATURA LITERATURA DI SALINA DI S	- Assantantantantan	ces.	
Select an appropriate scale; one inch = 30 feet Show pertinent property boundaries, rights-of-way, easements. Show location of house, garage, driveway, and all other improvements, existing Show location and layout of sewage treatment system, well and dimensions of a SYSTEM LLR		a. *****	LALINATURA LITERATURA DI SALINA DI S	- Assantantantantan	ces.	
Select an appropriate scale; one inch = 30 feet Show pertinent property boundaries, rights-of-way, easements. Show location of house, garage, driveway, and all other improvements, existing Show location and layout of sewage treatment system, well and dimensions of a SYSTEM LLR Draw a line downhill though soil treatment system drawn in layout.		a. *****	LALINATURA LITERATURA DI SALINA DI S	- Assantantantantan	ces.	
Select an appropriate scale; one inch = 30 feet Show pertinent property boundaries, rights-of-way, easements. Show location of house, garage, driveway, and all other improvements, existing Show location and layout of sewage treatment system, well and dimensions of a SYSTEM LLR Draw a line downhill though soil treatment system drawn in layout. How many trenches does it cross? Add their widths together.		a. *****	LALINATURA LITERATURA DI SALINA DI S	- Assantantantantan	ces.	
Select an appropriate scale; one inch = 30 feet Show pertinent property boundaries, rights-of-way, easements. Show location of house, garage, driveway, and all other improvements, existing Show location and layout of sewage treatment system, well and dimensions of a SYSTEM LLR Draw a line downhill though soil treatment system drawn in layout. How many trenches does it cross? Add their widths together. width 1 + width 2 + width 3 +	II elevation	a. •••••s, setback	LALINATURA LITERATURA DI SALINA DI S	- Assantantantantan	ces.	
Select an appropriate scale; one inch = 30 feet Show pertinent property boundaries, rights-of-way, easements. Show location of house, garage, driveway, and all other improvements, existing Show location and layout of sewage treatment system, well and dimensions of a SYSTEM LLR Draw a line downhill though soil treatment system drawn in layout. How many trenches does it cross? Add their widths together. width 1 + width 2 + width 3 + 12 ft + ft	II elevation	a. *****	LALINATURA LITERATURA DI SALINA DI S	- Assantantantantan	ces.	
Select an appropriate scale; one inch = 30 feet Show pertinent property boundaries, rights-of-way, easements. Show location of house, garage, driveway, and all other improvements, existing show location and layout of sewage treatment system, well and dimensions of a system LLR Draw a line downhill though soil treatment system drawn in layout. How many trenches does it cross? Add their widths together. width 1 + width 2 + width 3 + 12 ft + ft ft + ft ft + ft	elevation	s, setback	LALINATURA LITERATURA DI SALINA DI S	- Assantantantantan	Ces.	
Select an appropriate scale; one inch = 30 feet Show pertinent property boundaries, rights-of-way, easements. Show location of house, garage, driveway, and all other improvements, existing Show location and layout of sewage treatment system, well and dimensions of a SYSTEM LLR Draw a line downhill though soil treatment system drawn in layout. How many trenches does it cross? Add their widths together. width 1 + width 2 + width 3 + 12 ft + ft	elevation	s, setback	LALINATURA LITERATURA DI SALINA DI S	- Assantantantantan	Ces.	

DOSING CHAMBER SIZING	Brannan dose to pressure be	d
All boxed rectangles must be entered, the rest will be calculated.		/idth
1. Determine area A. Rectangle area = L x W B. Circle area = 3.14 x radius ² 3.14 x 2 ft = 0.0 ft ²	_ft ² Length	
C. Get area from manufacture ft ²	Radi	us
Calculate gallons per inch There are 7.5 gallons per cubic foot of volume, therefore multiply the area times the conversion factor and divide by 12 inches per foot to calculate gallons the conversion factor and divide by 12 inches per foot to calculate gallons the conversion factor and divide by 12 inches per foot to calculate gallons. Surface area x 7.5 / 12 =	allon per inch.	nnk:
3. Calculate total tank volume	100% the dai	
A. Depth from bottom of inlet pipe to tank bottom = in	or Alternating	-
B. Total tank volume = depth from bottom of inlet pipe to tank bottom(3A)		s per Day
=0 in x0 gal/in =0.0 4. Calculate gallons to cover pump (with 2-3 inches of water covering pump) (Pump and block height + 2 inches) x gallon per inch (14 +2 in) x17 gal/in =272.0	2 300 225 3 450 300 4 600 375 5 750 450	Class III Class IV 180 60% 218 of the 256 values in the 332 Class I, 370 II, or III 408 columns.
5. Calculate total pumpout volume A. Select pump size for 4-5 doses per day. Gallon per dose = gpd (see Figure Figure E-20) B. Calculate drainback 1. Determine total pipe length 2. Determine liquid volume of pipe, 3. Drainback quantity = 10.0 ft (5B1) x 0.17 gal/ft (5ee figure E-20) C. Total pump out volume = dose volume(5A) + drainback (5B3) 90 gallons + 1.7 gallons = 91.7	0) F-20: Volume of Lio	
6. Calculate float separation distance (using total pumpout volume) Total pumpout volume(5C) / gal/inch(2) 91.7 gal / 17 gal/in = 5.4 inch	2 2.5 3 4	0.17 0.25 0.38 0.66
7. Calculate volume for alarm (typically 2 - 3 inches) Alarm depth (inch) x gallon/inch(2) = 3 in x 17	_gal/in = <u>51</u> _gal	
8. Calculate total gallons = gallons over pump(4) + gallons pumpout(5C) + gal 272.0 gal + 91.7 gal + 51 gal =	allons alarm(7) 414.7gal	-
9. Total tank depth = total gallons(8) / gallon/in(2) 414.7 gallons / 17 gal/in = 24.4	ide: hannanananan han han han han han han ha	Ha Ha List Jill alamon
Recommended	pungout volume	- control
Calculate reserve capacity (75% of the daily flow) Daily flow \times 0.75 = 450 \times 0.75 = 337.5 gallons	pump off pump of pump	Little Control 100 100 100 100 100 100 100 1
	o ordinances giles and laws	-
I hereby certify that I have completed this work in accordance with all applicable		
(signature) 2624 (license #)	9/18/04 (date)	

PRESSURE DISTRIBUTION SYSTEM

BED Larry Brannan

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

	Managarah Kanada da
Quarter inch perferation	s spaced # 3"
	9" of rock
Per(Sizin	g 3/16" - 1/4"

		-
4	Select number of perforated laterals:	
Ι.	Select number of perioraled laterals.	

2. Select perforation spacing = 3.5 ft

Since perforations should not be placed closer that 1 foot to the edge of the rock layer (see diagram), subtract 2 feet from the rock layer length

65 - 2 ft = 63 f

E-4: Maxima per tateral to				
perforation spacing (feet)	1 inch	1.25 inch	1.5 inch	2.0 inch
2.5	A	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

4 Determine the number of spaces between perforations.

Divide the length (3) by perforation spacing (2) and round down to nearest whole number.

Perforation spacing = 63 ft / 3,5 ft = 18 spaces

5. 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.

18 spaces + 1 = 19 perforations/lateral

A. Total number of perforations = perforations per lateral (5) times number of laterals (1).

19 perfs/ lat x 4 laterals = 76 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)

12 ft x 65 ft = 780 ft^2

2. Square foot per perforation = Rock Bed Area / number of perfs (6)

 $780.0 \text{ ft}^2 / 76 \text{ perfs} = 10.3 \text{ ft}^2/\text{perf}$

 Determine required flow rate by multiplying the total number of perforations(6A) by flow per perforations (see figure E-6)

76 perfs x 0.56 gpm / perfs = 42.6 gpm

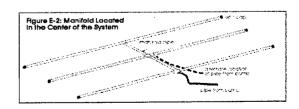
E-6: Perfo	ration Di	scharge	in gpm	
head		ation c inches)	fiamete	1
(feet)	1/8	3/16	7/32	1/4
1.0a	0.18	0.42	0.56	0.74
2.05	0.26	0.59	0.80	1.04
5.0	0.41	0.94	1.26	1.65
	.D foot for hot feet 0.	-	-	

 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 =

Figure E-1: Manifeld Located at End of System

9. 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 =



I hereby certify that I	have completed	this work in accor	rdance with all ap	pplicable ordina	ances, rules and laws.
200			_	· •	

(signature

2624 (license #)

inches

9/18/04 (date)

PUMP SELECTION PROCEDURE

DOSE TO FIELDBrannan

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

7 in Done a rectangles mast be entered, the rest win be called

1.	Determine	pump	capacity:

- A. Gravity Distribution
- 1. Minimum required discharge is 10 gpm
- 2. Maximum suggested discharge is 45 gpm

1. A pump must be selected to deliver at least

feet of total head (2D).

(signature)

10.9

with at least

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			& poin	atment si t of disch	
	Selected Pump Capacity: 42.6 gpm	tota leng			· ·	
2. A.	Determine head requirements: Elevation difference between pump and point of discharge. 5.5 feet			evation erence	·	
В.	Special head requirement? (See Figure - Special Head Requirements) 5 feet	Spe	ecial Head R	equireme	nts.	
			vity Distribu		01	ft
C.	Friction loss		essure Distrik		51	
	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= 3.28 ft/ 100 ft of pipe 3. Determine total pipe length from pump discharge to soil system discharge point.	flowrat	pip			
	Estimate by adding 25 percent to pipe length for fitting loss. Equivalent pipe length times 1.25 = total pipe length 10	20 25 30 35 40	2.47 3.73 5.23 6.96 8.91	1.55 2.06	0.11 0.16 0.23 0.30 0.39 0.48	
	FL= <u>3.28</u> ft/100ft X <u>12.5</u> ft / 100 <u>0.4</u> feet	50 55	13.46	3,99 4,76	0.58 0.70	
D.	Total head requirement is the sum of elevation difference (A), special head requirements (B), and total friction loss (C4). 5.5 ft + 5 ft + 0.4 ft Total Head: 10.9 feet	60 65 70		5.60 6.48 7.44	0.82 0.95 1.09	
3.	Pump Selection					

42.6

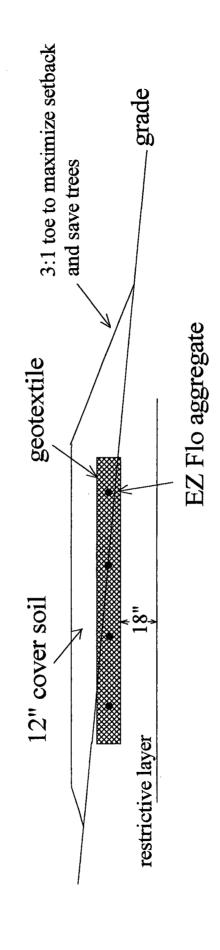
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

gpm (1A or B)

2624 (license #) 9/18/04 (date)

Larry Brannan

Cross Section



Soil Borings Larry Brannan 42910 Daisy Street Aitkin, MN 56431

B1	0-5" 5-13" 13-19" 19-38" mottle	loam loam sandy loam sandy loam ed soil at 27"	granular, friable granular, friable granular, friable blocky, friable	10YR 3/2 10YR 3/3 10YR 5/4 7.5YR 4/4
B2	0-8"	loam	granular, friable	10YR 3/2
	8-14"	loam	blocky, friable	10YR 3/3
	14-24"	sandy loam	blocky, friable	10YR 5/4
	mottle	ed soil at 21"		
	24-30"	loam	blocky, somefriable	7.5YR 4/4
B3	0-8"	loam	granular, friable	10YR 3/2
	8-26''	sandy loam	blocky, friable	10YR 4/4
	mottle	ed soil at 23"		
	26-32"	sand	single grain, loose	7.5YR 4/4
B4	0-8"	loam	granular, friable	10YR 3/2
	8-14"	loam	blocky, friable	10YR 3/3
	14-24"	sandy loam	blocky, friable	10YR 5/4
	rock r	esistance at 24"	• •	

AITKIN COUNTY CERTIFICATE OF COMPLIANCE/NOTICE OF NONCOMPLIANCE

This certificate of compliance/notice of noncompliance has been issued this 25
day of January 2005 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: <u>SESE</u>
Less 9.88ac Plat 427, 74ac in Lake Doc 349183
Section 4 Township 46 Range 37 Lake Four lake
PERMIT NO. 32328 Owner Name Larry Brannan
Address 42910 Daisy Street, Atkin MD 56431
Installer Name Eric Larson Ez-Flow
Type of System Inspected "Other" pressurehed w/ aerobic Trea
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 shave permitted individual sources treatment avetem is in personnliance with
If the above permitted individual sewage treatment system is in noncompliance with
Aitkin County's Individual Sewage Treatment System and Wastewater Ordinance No.
 then the following shall serve as a Notice of Violation: Statement of the findings of fact through inspections or
investigations:
investigations
List of specific violations of Ordinance:
2) Deguirements for correction or removed of violations:
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 of registrations, fine's and/or
imprisonment.
NSPECTOR SIGNATURE find our Community
:\wp61\terry.dir\certform.doc
WORLDAND CHINCHTOUT OOC



Septic Check,[™] Inc.



Septic System Management Services

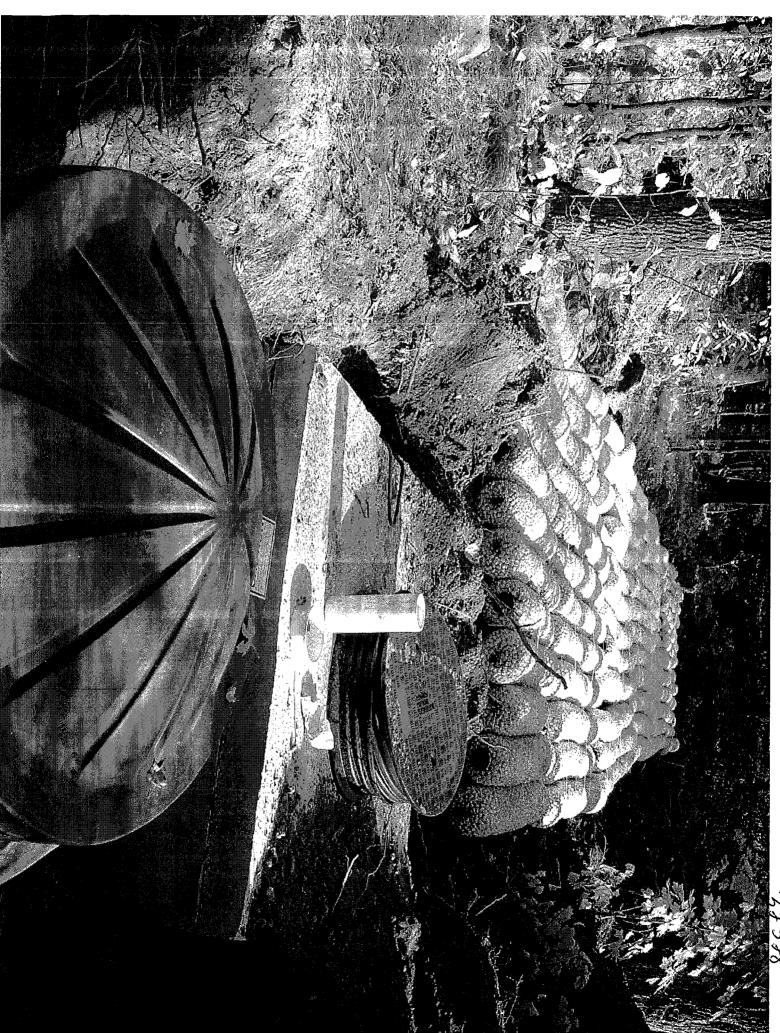
1-24-05

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

RE: PID 07-0-008400 Larry Brannan 42910 Daisy Street Aitkin, MN 56431

Flow monitoring as required for the septic system on this parcel was installed 12-17-04. Septic Check is monitoring water use as part of our maintenance of the system.

Eric Larson





INDIVIDUAL SEWAGE TREATMENT SYSTEM INSPECTION FORM AITKIN COUNTY, MINNESOTA

Township Township Date of In:	Date of Inspection 10/8/64 Permit Number 37373
Owner Loury Brannan	Parcel Number 07-0 roof 40
Project Address S & S & Jess 9.88 des plat	plat + 37,74 Ac lystaller Septer Check Buc.
City Zip Code	New Repair
	DIST. or DROP BOX & TYPE
SETBACKS: Buildings to tank(s)	TRENCHES, BEDS, OR GRAVELLESS LEACHFIELD: Trench depth 10°
Pi S	Trench length 65'
	Trench bottom width 13
Lake/Creek/Wetland 7.00 SEPTIC TANKS:	Trench spacing
15000	Drainfield rock below pipe Lusy flins pripa
Manufacturer & type 120 mety phe- Cast Type of haffle 0/ast is	Size of gravelless pipe
S	Absorption area: square feet
Manholes access $\mathcal{J} = \mathcal{J} - \mathcal{J}$	lineal feet
•	PUMPS:
Percent slope	
Upslope dike width	þ
Downslope dike width	1.7.1 1/2
Sideslope dike width	011 110
Depth of sand below rock	į I
Perforation size & spacing	Cycles per day 5
Pipe size & spacing	Gallons per cycle
Dimensions of rock bed	J 57 d
Final cover	Type & location of alarm F. Time Dused
DRAWING OF SYSTEM $/_{\kappa}k_{\epsilon}$	Cycle counter (commercial)
" Max NewHomas: Te	, Q
	matts-flow
	1 2 '
1 10057	5) 15
	1050; / 1050h
Inspector's Comments	8"10 1850 10yK4/4
Corrective Action Required	

Pink-Installer

Yellow-Applicant

White-County

Inspector's Signature

Installer's Signature_



RECEIVED MAR 3 1 200A

Septic Check,[™] **Inc.**

Septic System Management Services

1-9-05

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

RE: Operating Permit for Parcel # 07-0-008400

Larry Brannon 42910 Daisy Street Aitkin, MN 56431

Compliance Limit **Parameter**

Actual

Fecal

Coliform

<1,000 CFU/100ml

40 CFU/100ml

(5-23-05)

550 CFU/100ml

(1-4-05)

Farry D Bro

Daily Flow

450 GPD

153 GPD

Brian Koski

Septic Check, Inc.

RECEIVED MAR 3 1 2006

Analysis Report REPORT TO:

SEPTIC CHECK INC.

6549 KEYSTONE RD MILACA MN 56353-

OWNER / LOCATION / SITE:

BRANNON

January 10, 2006

INVOICE TO: SEPTIC CHECK INC.

6549 KEYSTONE RD

MILACA MN 56353-

Date Sampled

1/4/2006

Time Sampled Sample Type

11:15 ww 1/4/2006

Date Rcvd-Brnd: Time Rcvd-Brnd: Sampled by:

13:13

Recv Temp:

BRIAN KOSKI 3 C

ANALYSIS - TEST(s)

COMMENTS

Analyzed Value

Public Health Limit

Analysis Date **Analysis Time**

Analyst

Brainerd

FECAL COLIFORM, COLONIES/100 ML-C

550

200 Colonies

1/4/2006 15:30

SM

79028B

Approved By: Sara Ostrowski, Laboratory Director
A.W. Research Laboratories is Certified by the Minnesota Department of Public Health and follows approved methods and procedures. Minnesota Laboratory Certification # 027-035-135. All data generated using certified methods noted as -C, all data generated using non-certified methods noted as -NC, and all analyts for which certification is unavailable -NA.

RECEIVED MAR 3 1 2006

Analysis Report

REPORT TO: SEPTIC CHECK INC.

6549 KEYSTONE RD MILACA MN 56353-

OWNER / LOCATION / SITE: GRAI

June 06, 2005

INVOICE TO: SEPTIC CHECK INC.

6549 KEYSTONE RD MILACA MN 56353Date Sampled

5/23/2005

Time Sampled

12:30

Sample Type
Date Rcvd-Brnd:

WASTEWATER 5/23/2005

Time Rcvd-Brnd:

14:45

Sampled by:

BRIAN KOSKI

Recv Temp:

4 C

ANALYSIS - TEST(s)

COMMENTS

Analyzed Value

Public Health Limit Analysis Date Analysis Time

е А

Analyst Brainerd Codes

FECAL COLIFORM, COLONIES/100 ML-C

40

200 Colonies

5/23/2005 16:15 ,

74630B

BRANNON

Approved By: Sara Ostrowski, Laboratory Director

A.W. Research Laboratories is Certified by the Minnesota Department of Public Health and follows approved methods and procedures. Minnesota Laborator Certification # 027-035-135. All data generated using certified methods noted as -NC, and all analy for which certification is unavailable -NA.

07-0-008400

Aitkin County Environmental Services Planning and Zoning

209 Second Street NW Aitkin. MN 56431

Phone: 218-927-7342 Fax: 218-927-4372



August 28, 2006

MUEHLBERG, ODETE F 42910 DAISY ST AITKIN MN 56431

Dear Ms. Muehlberg:

This letter is in regards to your septic system permit on parcel # 07-008400 with a legal description of SE SE LESS 9.88 ACS PLAT & 27.74 ACS IN LAKE DOC 367708.

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 or office or Septic Check. They are your MPCA licensed septic system designer.

Sincerely,

Missy Kingsley Aitkin County Planning and Zoning

Encl.

AITKIN COUNTY ENVIRONMENTAL SERVICES

JUL 1 9 2011

OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

OPERATING PERMIT #: 182 FEE: 100

PERMITTEE: ODETE F MUEHLBERG PHONE: (612) 720-1679

ADDRESS: 42910 Daisy Street

Aitkin, MN 56431-

ZONING PERMIT # 32328 PARCEL #: 07-0-008400

ISSUE DATE: 6/30/2011 **RENEW DATE**: 5/31/2012

LEGALDESCRIPTION: SE SE Less 9.88 acs Plat and 27.74 acs in Alake Doc 349183

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.

Odete Muchlery	7-18-11
Signature of Permittee	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.

7/19/11 CK#5321, \$100, dated 7/8/11- Peccipt 119645 KK

A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM

Sewage flows from home via gravity to a 500 gallon end of a 1500 gal combination tank. This will serve as a trash trap. Effluent will then gravity flow to the 1000 gal tank for time dosing into a 500 gallon per day Multiflo Aerobic Treatment Plant. The Multiflo will gravity feed a 650 gallon pump tank. From that pump tank, effluent will dose into a 780 sq ft pressure bed. The bed will be built with EZ-Flow aggregate. Cost of const= \$12-13,000; Monthly cost of operation= \$10/mo; Monitoring cost=free first 2 yrs then \$150/yr. Testing= \$80/1st year then \$40/yr every 2 years. Life of system = 25-40 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
Fecal Coliform	<1,000 cfu/100 ml	Aerobic Tank Effluent	EVERY 5 YEARS	Grab	ANNUALLY
Flow.	450 GPD	Water Meter	EVERY 5 YEARS	Measure in Field	ANNUALLY

C. MAINTENANCE REQUIREMENTS:

PARAMETER	LOCATION	FREQUENCY
Aerobic Tank Function	Aerobic Tank	EVERY 6 MONTHS
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
Vegetative Cover	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 and shall be performed by a Minnesota Department of Health approved laboratory. All sampling and testing costs shall be the responibility of the Permittee.

Monitoring will be done by Eric Larson

E. MITIGATION PLAN:

1) If weeping occurs; lower dosing rate, lower water usage, increase distribution and absorption area. 2) Waste strength, if fecals exceed limit, reduce effluent strength, increase retention time in ATU or add disinfection. 3) A different or another Performance or Other System may be installed at the owner's expense. 4) If in the event that this system should fail and if there is no other ISTS option available, then Holding Tanks must be installed, to be pumped by a licensed Pumper with a contract.

F. SPECIAL REQUIREMENTS:

*** A WATER METER OR OTHER APPROVED WATER MEASURING DEVICE MUST BE INSTALLED AND READ ON A MONTHLY BASIS ***

Kristi Kunz

OP# 182 P# 32328

From: Sent: Shelley Larson [info@septiccheck.com]

Tuesday, June 26, 2012 9:30 AM

To: Cc: Subject:

Attachments:

kristi.kunz@co.aitkin.mn.us brian@septiccheck.com FW: 2012 OP Renewals

Septic Check.xlsx

PID 07-0-008400

Kristi -

We have gotten 3 calls so far from customers that tested, reported, and renewed last year and have received letters that their permit has expired. Two of the three are on your list to renew in 2012. Our lists do not match.

In our records, these customers (on your list) renewed their 5 year permits last year: Gene Graham, Ryan Lamberg, Odete Muehlberg, Ray Massie, Don Roecker, Charles Jackson, Bob Grose.

How shall we proceed to straighten this out?

Shelley Larson



A Division of WEX Companies, Inc.

www.SepticCheck.com 6074 Keystone Road

Milaca, MN 56353

Phone: 320.983.2447 Cell: 320-983-6354

Fax: 320.983.2151 info@septiccheck.com

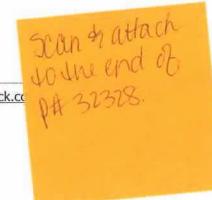
From: Brian Koski [mailto:brian@septiccheck.cd

Sent: Monday, June 25, 2012 6:59 AM

To: info@septiccheck.com

Subject: FW: 2012 OP Renewals

7.30.12 ok to move to 5 yr per Pete. Next renewal will be 2016.



Brian Koski



A Division of WEX Companies, Inc.

www.SepticCheck.com 6074 Keystone Rd

Milaca, MN 56353 Phone: 320.983.2447

Cell: 218-428-0391 Fax: 320.983.2151 brian@septiccheck.com

From: Kristi Kunz [mailto:kristi.kunz@co.aitkin.mn.us]

Sent: Wednesday, June 13, 2012 9:12 AM

To: <u>brian@septiccheck.com</u> Subject: 2012 OP Renewals Good Morning Brian,

Attached is the list of 2012 Operating Permits that we show Septic Check maintains and are up for renewal this year. Let me know if you have any notes or water meter readings for them.

I was thinking about our conversation yesterday and I have another question for you...

Is your database able to print water meter readings for past years? The reason I'm asking is because you had mentioned yesterday that you didn't print the readings for all the permits, which isn't a problem unless they are up for renewal.

Example: One of the permits is on a 3 year renewal, so in 3 years we will require the water meter readings. If we haven't been receiving them yearly is there a way for you to provide us with the 3 years of readings at that time?

One of these years I will understand and organize the operating permits...baby steps!! Thanks for being so patient with me.

Kristi

This transmission (the e-mail and all attachments) is confidential and intended solely for the use of the addressee(s). If you have received this transmission in error, please notify the sender by reply and delete this transmission immediately. Any unauthorized distribution, or copying of this transmission, or misuse or wrongful disclosure of information contained in it, is strictly prohibited. The information contained in this document is provided on an as-is basis and does not constitute a binding legal contract or receipt for services.

No virus found in this message. Checked by AVG - www.avg.com

Version: 2012.0.2177 / Virus Database: 2433/5065 - Release Date: 06/12/12



OP#182 P# 32328

2/17/2012

6549 Keystone Rd Milaca, MN 56353

Mall To: Odete Muehlberg

56431

42910 Daisy Street Aitkin, MN 320-983-2447 Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street

Aitkin

PARCEL (APN): 07-0-008400

Use: Residential, Single Family System Design Flow: 450

Owner: Odete Muehlberg

Fold

ONSITE SEWAGE SYSTEM INSPECTION REPORT

Inspected: 06/03/2011 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Fold

COMMENTS & GENERAL INSPECTION NOTES	3
-------------------------------------	---

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 ommitted 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 02/17/2012 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.

Manufacturer: Local Manufacturer Model: Concrete	Partially Inspected	
This component was:	N/A	
All required baffles in place (N/A = No baffles required):	YES	
Effluent level within operational limits (if NO explain in comments)	N/A	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A NO	
Pumping recommended:	NO	
FANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon		
Manufacturer: Local Manufacturer Model: Concrete	Partially Inspected	
This component was:	N/A	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A NO	
Pumping recommended:		
erobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Multi-Flow FTP-0.5 500 GPD Mi	ulti-Flo	
anufacturer: Consolidated Treatment Systems Model: Multi-Flow FTP-0.5	Fully Inspected	
This component was:		
Effluent level within operational limits (if NO explain in comments)	YES YES	
verobic Mechanism appears to be functioning per manufacturers specifications:		
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES YES	
Frash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash	TES	
compartment):	\#F6	
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	N/A	
hamber):		
Pumping recommended:	NO	
ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent		
lanufacturer: 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):	36	
Pumping recommended:	YES	
Pump: Effluent Pump Primary Pump		
This component was:	Partially Inspected	
Controls functioning:	YES	
fested gallons per minute flow:	N/A	
ump: Effluent Pump Effluent Pump		
his component was:	Partially Inspected	
Controls functioning:	YES	
ested gallons per minute flow:	N/A	
anel: Control - 2 Pumps Multi-Flo Panel		
his component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
rump 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	
rump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	N/A	
rump 2: on minutes (override in parentheses - if present):	N/A	
rump 2: off hours (override in parentheses - if present):	N/A	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
rump 2: Cycle Count (override in parentheses - if present):	12376	
THE PARTY OF THE PROPERTY OF T	N/A	
Pump 2: ETM bours (override in parentheses - if present):		
rainfield: Pressure Bed 12' X 60' Pressure Bed	Partially Inspected	
Pump 2: ETM hours (override in parentheses - if present): Prainfield: Pressure Bed 12' X 60' Pressure Bed This component was: ateral lines flushed:	Partially Inspected NO	
rainfield: Pressure Bed 12' X 60' Pressure Bed		

6549 Keystone Rd Milaca, MN 56353

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

THIS REPORT HAS NOT YET BEEN LOCKED AND IS SUBJECT TO FURTHER EDITING.

Mail To: Odete Muehlberg 42910 Daisy Street Aitkin, MN 56431

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street

Aitkin

PARCEL (APN): 07-0-008400

Use: Residential, Single Family System Design Flow: 450

Owner: Odete Muehlberg

Fold Here

ONSITE SEWAGE SYSTEM INSPECTION REPORT

Inspected: 11/15/2011 - Inspection Type: ROUTINE - Correction Status: Other - see comments

COMMENTS & GENERAL INSPECTION NOTES

Deficiencies Noted: deficiencies must be corrected to ensure proper longevity of the Onsite Sewage System.

I could not open ash trap/primary pump tank. I will have neccessary tools to get lid open during next service visit. Pumping of effluent pump tank is recommended due to high solids/MLSS build up in pump tank. Large volumes of solids entering drainfield could cause premature drainfield failure.

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	NO - See Comme.
All required service performed (if no - specify ommitted 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:

Greg Sokoloski

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.

TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete 500 Gallon Primary Pump Tank		
Manufacturer: Local Manufacturer Model: Concrete	Partially Inspected	
his component was:	YES	
Il required baffles in place (N/A = No baffles required):	YES	
ffluent level within operational limits (if NO explain in comments)	N/A	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	NO NO	
Pumping recommended:		
ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon		
anufacturer: Local Manufacturer Model: Concrete	Partially Inspected	
his component was:	N/A	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	NO	
Pumping recommended: erobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Multi-Flow FTP-0.5 500 GPD M		W-11-1
erobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Multi-Plow PTP-0.5 300 GPD mi anufacturer: Consolidated Treatment Systems Model: Multi-Flow FTP-0.5	unti-rio	
	Fully Inspected	
his component was:	YES	
iffluent level within operational limits (if NO explain in comments)	YES	
erobic Mechanism appears to be functioning per manufacturers specifications: 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	YES	
		/
ompartment): verobic 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	N/A	
chamber):	NO	
Pumping recommended:		100
ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent		
	Partially inspected	8
This component was:	N/A	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	NO	-
umping recommended:		W
ump: Effluent Pump Primary Pump	Partially Inspected	"
This component was:	YES	
Controls functioning:	N/A	
ested gallons per minute flow:		N. C.
ump: Effluent Pump Effluent Pump	Partially Inspected	
This component was:	YES	-
Controls functioning:	N/A	
ested gallons per minute flow:		-
anel: Control - 2 Pumps Multi-Flo Panel	Fully Inspected	-
This component was:	YES	
Panel functioning (including alarm):	N/A	
Pump 1: on minutes (override in parentheses - if present):	N/A	
pump 1: off hours (override in parentheses - if present):	N/A N/A	-
Pump 1: gallons per dose (override in parentheses - if present):	11/1/20	
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):	12259	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
rainfield: Pressure Bed 12' X 60' Pressure Bed		y and
his component was:	Partially Inspected	
ateral lines flushed:	NO	
	N/A	
Average squirt height (if performed) (Feet, if other specify):	NO	

SAMPLING REPORT

2 17 2012

Location: 42910 Daisy Street

Aitkin

07-0-008400

Owner: Odete Muehlberg
Use: Single Family

Service Company: Septic Check, Inc.

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

Laboratory:Septic Check

11/15/2011sample entered by :Greg Sokoloski

Notes:

ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	50 GPD

07-0-008400 0P# 182 P# 32328

6074 Keystone Rd Milaca, MN 56353

Mail To: Odete Muehlberg 42910 Daisy Street

Aitkin, MN

56431

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

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street

Aitkin

PARCEL (APN): 07-0-008400

Use: Residential, Single Family System Design Flow: 450

Owner: Odete Muehlberg

Fold Here

ONSITE SEWAGE SYSTEM INSPECTION REPORT

Inspected: 11/16/2012 - Inspection Type: ROUTINE - Correction Status: Corrections in progress

Fold

COMMENTS & GENERAL INSPECTION NOTES

Deficiencies Were Noted: Corrections are in progress.

The aerator alarm does not operate properly. This will be inspected further in the Spring of 2013.

GENERAL SITE	- 6	SYSTEM	CONDIT	IONS
--------------	-----	--------	--------	------

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify ommitted 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: Dean Nelson Submitted 02/01/2013 by:

Dean Nelson

anufacturer: Local Manufacturer Model: Concrete		-
This component was:	Fully Inspected	
All required baffles in place (N/A = No baffles required):	YES	
Effluent level within operational limits (if NO explain in comments)	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	5	
Pumping recommended:	NO	
ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon		
lanufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	SKIM	
Compartment 1 Sludge accumulation (Inches, if other specify):	9	
Pumping recommended:	NO	
erobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Multi-Flow FTP-0.5 500 GPD M	lulti-Flo	
fanufacturer: Consolidated Treatment Systems Model: Multi-Flow FTP-0.5		
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	
Frash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash	YES	
compartment):		
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	YES	
chamber):		
Pumping recommended:	NO	
ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent		
fanufacturer: 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	
Pump: Effluent Pump Primary Pump		
This component was:	Partially Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NO	
Pump: Effluent Pump Effluent Pump		
This component was:	Partially Inspected	
Controls functioning:	YES	
Fested gallons per minute flow:	NO	
Panel: Control - 2 Pumps Multi-Flo Panel		W 10 10 10 10 10 10 10 10 10 10 10 10 10
This component was:	Partially Inspected	
Panel functioning (including alarm):	NO	In Progress
Pump 1: on minutes (override in parentheses - if present):	40 SEC	
Pump 1; off hours (override in parentheses - if present):	2 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: Cycle Count (override in parentheses - if present):	12605	
Pump 2: Cycle Count (override in parentheses - If present):	N/A	
rump z. Envinours (override in parentileses - ii present).	X	Line and the same
Professional Programs Bod 12' V 60' Programs Bod	B-W-W-II-II-	
Orainfield: Pressure Bed 12' X 60' Pressure Bed		
This component was:	Partially Inspected NO	
	NO N/A	

SAMPLING REPORT

2/1/2013

Location: 42910 Daisy Street

Aitkin

07-0-008400

Owner: Odete Muehlberg
Use: Single Family

Service Company:

Septic Check

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

11/16/2012sample entered by :Dean Nelson

Notes

ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	The second second			
COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	43.7 GPD
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

6074 Keystone Rd Milaca, MN 56353

Mail To: Odete Muehlberg 42910 Daisy Street

Aitkin, MN

56431

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

PROPERTY INFORMATION

Odete Muehlberg

Location: 42910 Daisy Street

Aitkin

PARCEL (APN): 07-0-008400

Use: Residential, Single Family System Design Flow: 450

Owner: Odete Muehlberg

Fold Here

ONSITE SEWAGE SYSTEM INSPECTION REPORT

Inspected: 06/05/2012 - Inspection Type: ROUTINE - Correction Status: Other - see comments

Fold

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

The flow readings from november 2011 to june of 2012 are higher than average for the system. The event counter operation will be verified at the next service visit. The solids level in the septic tank and pump tank are above the capacity. It is recommended that the tanks be pumped. Please call Brian to schedule. 218-428-0391

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 ommitted 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: Jared Deboer Submitted 06/26/2012 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.

ANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete 500 Gallon Primary Pump Tank		
lanufacturer: Local Manufacturer Model: Concrete	Partially Inspected	
'his component was:	YES	
Il required baffles in place (N/A = No baffles required):	YES	
ffluent level within operational limits (if NO explain in comments)	n/a	
Compartment 1 Scum accumulation (Inches, if other specify):	n/a	
Compartment 1 Sludge accumulation (Inches, if other specify):	YES	
Pumping recommended:	120	
ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon anufacturer: Local Manufacturer Model: Concrete		
his component was:	Partially Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	n/a	
Compartment 1 Studge accumulation (Inches, if other specify):	n/a	
Pumping recommended:	NO	
erobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Multi-Flow FTP-0.5 500 GPD M	ulti-Flo	
anufacturer: Consolidated Treatment Systems Model: Multi-Flow FTP-0.5		
his component was:	Fully Inspected	
ffluent level within operational limits (if NO explain in comments)	YES	
erobic 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	YES	
compartment):		
erobic 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	YES	
chamber):		
Pumping recommended:	NO	
ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent		
lanufacturer: 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:	YES	
Pump: Effluent Pump Primary Pump		
This component was:	Partially Inspected	
Controls functioning:	YES	
Fested gallons per minute flow:	n/a	
ump: Effluent Pump Effluent Pump		
This component was:	Partially Inspected	
Controls functioning:	YES	
rested gallons per minute flow:	n/a	
Panel: Control - 2 Pumps Multi-Flo Panel		
l'his component was:	Partially 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):	21453	
Pump 2: ETM hours (override in parentheses - if present):	n/a	
rainfield: Pressure Bed 12' X 60' Pressure Bed		
This component was:	Partially inspected	
Lateral lines flushed:	NO	
	n/a	
Average squirt height (if performed) (Feet, if other specify): Ponding Present:	NO NO	

Renew

DP 182

7/23/2013

Fold

6074 Keystone Rd Milaca, MN 56353

2016

32328

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



Odete Muehlberg

Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res Maint 2 w Test 5 yr

Owner: Odete Muehlberg

Fold

ONSITE SEWAGE SYSTEM INSPECTION REPORT

Inspected: 05/31/2013 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:

Mail To: Odete Muehlberg 42910 Daisy Street

Aitkin, MN

56431

Work Performed By:

Submitted 07/23/2013 by:

Septic Check

Dean Nelson

Ann Flann

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

Gobels' was contacted to pump all tanks. The trash tank lid was uncovered by Gobels' and the tank was pumped. The control board was replaced and system is operating properly. Drawdown was completed on the drainfield pump 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

Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
All required baffles in place (N/A = No baffles required):	YES	
Effluent level within operational limits (if NO explain in comments)	YES	_
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	_
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A	
Pumping recommended:	YES	
TANK: Pump Tank, Manufacturer⇒ Local Manufacturer - Concrete 1000 Gallon		
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):	12	
Pumping recommended:	NO	

anufacturer: Consolidated Treatment Systems Model: Multi-Fio FTP-0.5		
his component was:	Fully Inspected	
ffluent level within operational limits (if NO explain in comments)	YES	
erobic Mechanism appears to be functioning per manufacturers specifications:	YES	
TU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
rash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash	YES	
ompartment):	YES	
erobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic	10.753	
hamber):	YES	
larifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying	1.20	
hamber):	YES	
Pumping recommended:	120	
ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent lanufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Studge accumulation (Inches, if other specify):	4	
Pumping recommended:	NO	
Pump: Effluent Pump Primary Pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Pump: Effluent Pump Effluent Pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	yes	
Panel: Control - 2 Pumps Multi-Flo Panel		
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):	12638	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
Drainfield: Pressure Bed 12' X 60' Pressure Bed		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
the table of the state of the s	N/A	
Average squirt height (if performed) (Feet, if other specify):	NO NO	

6074 Keystone Rd Milaca, MN 56353

320-983-2447

Fold

Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg

Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Odete Muehlberg

Fold

ONSITE SEWAGE SYSTEM INSPECTION REPORT

Inspected: 11/19/2013 - Inspection Type: ROUTINE - Correction Status: No corrections made

Company:

Mail To: Odete Muehlberg

56431

42910 Daisy Street Aitkin, MN

Work Performed By:

Submitted 12/20/2013 by:

Septic Check

Scott Shelito

Ann Flann

COMMENTS & GENERAL INSPECTION NOTES

Deficiencies Noted: deficiencies must be corrected to ensure proper longevity of the Onsite Sewage System.

Trash tank lid frozen shut and under grade; Scott could not open.

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	NO - Deficient
All required service performed (if no - specify omitted inspection items in notes):	NO - Deficient
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: Trash Tank, Manufacturer= Local N	anufacturer - Concrete 500 Gallon Primary Pump Tank
---	---

This component was:	Fully Inspected	
All required baffles in place (N/A = No baffles required):	YES	
Effluent level within operational limits (if NO explain in comments):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A	
Pumping recommended:	NO	

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallor 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):	6 ⁿ
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.

erobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Multi-Flo FTP-0.5 500 GPD N lanufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5	Multi-Flo
This component was:	
Effluent level within operational limits (if NO explain in comments):	Fully Inspected
Aerobic Mechanism appears to be functioning per manufacturers specifications;	YES
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES
Trach Compartment solide accumulation within a serial till it is	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	YES
chamber):	123
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying	YES
chamber):	123
Pumping recommended:	NO
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent	NO
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
Pump: Effluent Pump Primary Pump	7.000
This component was:	Fully Inspected
Controls functioning:	YES
Tested gallons per minute flow:	N/A
Pump: Effluent Pump Effluent Pump	
This component was:	Fully Inspected
Controls functioning:	YES
Tested gallons per minute flow:	N/A
Panel: Control - 2 Pumps Multi-Flo Panel	
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):	40 sec
Pump 2: off hours (override in parentheses - if present):	1.9 hours
rump 2: gallons per dose (override in parentheses - if present):	N/A
ump 2: Cycle Count (override in parentheses - if present);	12698
rump 2: ETM hours (override in parentheses - if present):	N/A
rainfield: Pressure Bed 12' X 60' Pressure Bed	1970
his component was:	Fully Inspected
ateral lines flushed:	NO NO
verage squirt height (if performed) (feet, if other specify):	N/A
Ponding present? If YES explain in comments:	13//0

SAMPLING REPORT

12/20/2013

Location: 42910 Daisy Street

Aitkin

07-0-008400

Owner: Odete Muehlberg
Use: Single Family

Service Company: Septic Check

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

11/19/2013sample entered by :Ann Flann

Notes:

ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT	
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	26.7	

Op# 182

2016 venewal

6074 Keystone Rd Milaca, MN 56353

320-983-2447

Fold

Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Odete Muehlberg

Fold Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/22/2014 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:

Mail To: Odete Muehlberg

56431

42910 Daisy Street Aitkin, MN

Work Performed By:

Scott Shelito

Submitted 11/05/2014 by:

Angie Stafford

Septic Check

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

Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
All required baffles in place (N/A = No baffles required):	YES	
Effluent level within operational limits (if NO explain in comments):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	2	
Compartment 1 Sludge accumulation (Inches, if other specify):	7	
Pumping recommended:	NO	
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon		
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):	6	
Pumping recommended:	NO	

Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Multi-Flo FTP-0.5 500 GPD Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5	Multi-Flo	
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	N/A	
compartment):		
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic	YES	
chamber):		
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying	YES	
chamber):		
Pumping recommended:	NO	
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent		
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	
Pump: Effluent Pump Primary Pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Pump: Effluent Pump Effluent Pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Panel: Control - 2 Pumps Multi-Flo Panel This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	40 sec	
Pump 1: off hours (override in parentheses - if present):	2 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: Cycle Count (override in parentheses - if present):	12852	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
Drainfield: Pressure Bed 12' X 60' Pressure Bed	14/17	
This component was:	Fully Inspected	
Lateral lines flushed:	NO NO	
Easter of three fractions		
Average squirt height (if performed) (feet, if other specify):	N/A	

Septic Check

6074 Keystone Rd Milaca, MN 56353

Mall To: Odete Muehlberg 42910 Daisy Street

Aitkin, MN

56431

320-983-2447

Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Odete Muehlberg

Fold

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 06/26/2014 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Work Performed By:

Scott Shelito

Submitted 10/07/2014 by:

Angie Stafford

Septic Check

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

GENERAL SITE & SYSTEM CONDITIONS

TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete 500 Gallon Primary Pump Tank		
Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
All required baffles in place (N/A = No baffles required):	YES	
Effluent level within operational limits (if NO explain in comments):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A	
Pumping recommended:	NO	
ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon	"	
fanufacturer: Local Manufacturer Model: Concrete	25.415	
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 - Multi-Flo FTP-0.5 500 GPD N	Aulti-Flo	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5		
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	
Frash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash	N/A	
compartment):		
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic	YES	
chamber):		
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying	YES	
chamber):		
Pumping recommended:	NO	

ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent Manufacturer: Local Manufacturer Model: Concrete	
This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A
Pumping recommended:	N/A
ump: Effluent Pump Primary Pump	NO
his component was:	Fully Inspected
Controls functioning:	YES YES
ested gallons per minute flow:	N/A
ump: Effluent Pump Effluent Pump	N/A
This component was:	Fully Inspected
Controls functioning:	YES
Tested gallons per minute flow:	N/A
Panel: Control - 2 Pumps Multi-Flo Panel	IVA
This component was:	Fully Inspected
Panel functioning (including alarm):	YES
Pump 1: on minutes (override in parentheses - if present):	40 sec
Pump 1: off hours (override in parentheses - if present):	2 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: Cycle Count (override in parentheses - if present):	12805
Pump 2: ETM hours (override in parentheses - if present):	N/A
Prainfield: Pressure Bed 12' X 60' Pressure Bed	
This component was:	Fully Inspected
ateral lines flushed:	NO
Average squirt height (if performed) (feet, if other specify):	N/A
Ponding present? If YES explain in comments:	NO

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

209 Second Street, NW Room# 100

Aitkin, Minnesota 56431

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

4/20/2016

ODETE F MUEHLBERG 42910 Daisy Street Aitkin, MN 56431-

Re: Operating Permit # 182 Zoning Permit # 32328 Parcel # 07-0-008400

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,

Aitkin County Planning & Zoning

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

209 Second Street, NW Room# 100

Aitkin, Minnesota 56431

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

3/17/2016

ODETE F MUEHLBERG 42910 Daisy Street Aitkin, MN 564314/5/16 gave to Pete to review

Re: Operating Permit # 182

Zoning Permit #32328 Parcel ID#07-0-008400

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. The enclosed Operating Permit was issued as part of the permit for your septic system and must be renewed.

Septre Cheek 5 yr

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

★ the \$100 permit renewal fee

Sent lefter - I the results of performance and maintenance activities next veneval 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 and Zoning
209 Second Street NW
Room 100
Aitkin, MN 56431

Phone: 218-927-7342 Fax: 218-927-4372

March 31, 2016

MUEHLBERG, ODETE 42910 DAISY ST AITKIN MN 56431 Re: Operating Permit # 182 Zoning Permit # 32328 Parcel # 07-0-008400

Dear Permittee:

Thank you for submitting your signed operating permit renewal, \$100 renewal fee and monitoring and maintenance. According to our records, we did not receive a table of your water usage. The State of Minnesota requires that a water meter or other flow measuring device be installed and the results recorded by the homeowner on a regular 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.

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

Sincerely,

Kaleas.

Planning and Zoning Environmental Services

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

ISSUANCE DATE: 5 /31/2016 RENEWAL PERIOD: 5 YEAR

OPERATING PERMIT #: 182 **ZONING PERMIT #: 32328** PARCEL #: 07-0-008400

PERMITTEE: ODETE F MUEHLBERG

TELEPHONE: (612) 720-1679

MAILING ADDRESS: 42910 Daisy Street Aitkin, MN 56431PROPERTY ADDRESS: 42910 Daisy St. Aitkin, MN 56431

LEGAL DESCRIPTION: SE SE Less 9.88 acs Plat and 27.74 acs in Alake Do

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.

Odle Muchling Signature of Permittee

Signature of Permitting Authority

3-28-16 Date 3/30/16

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.

3/30/16 \$100 CK 5700 pt 928735





OP 182 P# 32328

6074 Keystone Rd Milaca, MN 56353

Mail To: Odete Muehlberg 42910 Daisy Street

Aitkin, MN

56431

320-983-2447

Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg

Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Odete Muehlberg

Fold Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 04/14/2015 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Work Performed By:

Submitted 04/17/2015 by:

Septic Check

Torrey Boser

Angie Stafford

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

Septic Check recommends that the manhole covers are brought up six inches, so they are to grade.

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

TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete 500 Gallon Primary Pump Tank	
Manufacturer: Local Manufacturer Model: Concrete	
This component was:	Fully Inspected
All required baffles in place (N/A = No baffles required):	YES
Effluent level within operational limits (if NO explain in comments):	YES
Compartment 1 Scum accumulation (Inches, if other specify):	1"
Compartment 1 Sludge accumulation (Inches, if other specify):	8"
Pumping recommended:	NO
FANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon	
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, Manufacturer= Consolidated Treatment Systems - Multi-Flo FTP-0.5 500 GPD I	Multi-Flo
Manufacturer: Consolidated Treatment Systems Model: Multi-Fio FTP-0.5	
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	YES
compartment):	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic	YES
chamber):	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying	YES
chamber):	
Pumping recommended:	NO

FANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent Manufacturer: Local Manufacturer Model: Concrete		6
This component was:		
Compartment 1 Scum accumulation (Inches, if other specify):	Fully Inspected	
Compartment 1 Studie accumulation (Inches, if other specify):	0	
Pumping recommended:	0	
Pump: Effluent Pump Primary Pump	NO	
his component was:		
Controls functioning:	Fully Inspected	
	YES	
Fested gallons per minute flow:	N/A	
Pump: Effluent Pump Effluent Pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
anel: Control - 2 Pumps Multi-Flo Panel		
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):	12936	_
Pump 2: ETM hours (override in parentheses - if present):	N/A	
rainfield: Pressure Bed 12' X 60' Pressure Bed	13073	
This component was:	Fully Inspected	
ateral lines flushed:	NO NO	
Average squirt height (if performed) (feet, if other specify):	N/A	_
Ponding present? If YES explain in comments:	NO NO	

Septic Check

6074 Keystone Rd Milaca, MN 56353

Mail To: Odete Muehlberg 42910 Daisy Street

Aitkin, MN

Company:

Septic Check

56431

320-983-2447

Fold

Here

Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Odete Muehlberg

Fold

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 10/29/2015 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Work Performed By:

Torrey Boser

Submitted 11/05/2015 by:

Angie Stafford

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

The manhole covers need to be brought up to grade, so they do not get covered by sand, and are more accessible for maintenance.

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
mproper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete 500 Gallon Primary Pump Tank Manufacturer: Local Manufacturer Model: Concrete	
This component was:	Fully Inspected
All required baffles in place (N/A = No baffles required):	YES
Effluent level within operational limits (if NO explain in comments):	YES
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	6"
Pumping recommended:	NO
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon	
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, Manufacturer= Consolidated Treatment Systems - Multi-Flo FTP-0.5 500 GPD N	Nulti-Flo
Manufacturer: Consolidated Treatment Systems Model: Multi-Fio FTP-0.5	
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	YES
compartment):	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic	YES
chamber):	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying	YES
chamber):	
Pumping recommended:	NO

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent		100
Manufacturer: Local Manufacturer Model: Concrete	(4)	_
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	
Pump: Effluent Pump Primary Pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Pump: Effluent Pump Effluent Pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Panel: Control - 2 Pumps Multi-Flo Panel		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	4 MIN	
Pump 1: off hours (override in parentheses - if present):	2 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):	13034./	
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	_
Drainfield: Pressure Bed 12' X 60' Pressure Bed		
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	

A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM

Sewage flows from home via gravity to a 500 gallon end of a 1500 gal combination tank. This will serve as a trash trap. Effluent will then gravity flow to the 1000 gal tank for time dosing into a 500 gallon per day Multiflo Aerobic Treatment Plant. The Multiflo will gravity feed a 650 gallon pump tank. From that pump tank, effluent will dose into a 780 sq ft pressure bed. The bed will be built with EZ-Flow aggregate. Cost of const= \$12-13,000; Monthly cost of operation= \$10/mo; Monitoring cost=free first 2 yrs then \$150/yr. Testing= \$80/1st year then \$40/yr every 2 years. Life of system = 25-40 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 GPD	Water Meter	EVERY 5 YEARS	Measure in Field	ANNUALLY
Fecal Coliform	<1,000 cfu/100 ml	Aerobic Tank Effluent	EVERY 5 YEARS	Grab	ANNUALLY

C. MAINTENANCE REQUIREMENTS:

PARAMETER	LOCATION	FREQUENCY
Aerobic Tank Function	Aerobic Tank	EVERY 6 MONTHS
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
Vegetative Cover	Dispersal System	EVERY 5 YEARS

D. MONITORING AND REPORTING REQUIREMENTS:

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

Aitkin County Environmental Services 209 2nd Street NW, Room 100 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 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 performed by: Brian Koski

E. MITIGATION PLAN:

1) If weeping occurs; lower dosing rate, lower water usage, increase distribution and absorption area. 2) Waste strength, if fecals exceed limit, reduce effluent strength, increase retention time in ATU or add disinfection. 3) A different or another Performance or Other System may be installed at the owner's expense. 4) If in the event that this system should fail and if there is no other ISTS option available, then Holding Tanks must be installed, to be pumped by a licensed Pumper with a contract.

Fold

Here

P 32328 DP 182

6074 Keystone Rd Milaca, MN 56353

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

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Odete Muehlberg

Fold

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 05/02/2016 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:

мы то: Odete Muehlberg 42910 Daisy Street

Aitkin, MN

56431

Work Performed By:

Submitted 05/12/2016 by:

Septic Check

Torrey Boser

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

Compartment Scum accumulation (Inches, if other specify):	TANK: Trash Tank, Manufacturer≖ Local Manufacturer - Concrete 500 Gallon Primary Pump Tank		
All required baffles in place (N/A = No baffles required): Fiftuent level within operational limits (if NO explain in comments): Compartment 1 Scum accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 1 Scum	Manufacturer: Local Manufacturer Model: Concrete		
Effluent level within operational limits (if NO explain in comments): Ompartment 1 Studge accumulation (Inches, if other specify):	This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 1 Scum Annufacturer Local Manufacturer - Concrete 1000 Gallon Sanufacturer: Local Manufacturer Model: Concrete This component was: Compartment 1 Scum accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 2	All required baffles in place (N/A = No baffles required):	YES	
Compartment 1 Sludge accumulation (Inches, if other specify): ANK: Pump Tank, Manufacturer Local Manufacturer - Concrete 1000 Gallon anufacturer: Local Manufacturer Model: Concrete This component was: Compartment 1 Scum accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 2 Scum accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 2 Scum accumulation (Inches, if other	Effluent level within operational limits (if NO explain in comments):	YES	
Pumping recommended: ANK: Pump Tank, Manufacturer Local Manufacturer - Concrete 1000 Gallon anufacturer: Local Manufacturer Model: Concrete This component was: Compartment 1 Scum accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer = Consolidated Treatment Systems - Multi-Flo FTP-0.5 500 GPD Mult anufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 his component was: Fully Inspected Init alarms functioning: Fyes Init alarms functioning: Fyes Init alarms functioning: Fyes Init alarms for manufacturers specifications: Fyes Init alarms for manufacturers of forming per manufacturers specifications: Fyes Init alarms for manufacturers of forming per manufacturers specifications: Fyes Init alarms for manufacturers of forming per manufacturers specifications: Fyes Init alarms forming permoved and cleaned: Fyes Init alarms forming permoved	Compartment 1 Scum accumulation (Inches, if other specify):	0	
ANK: Pump Tank, Manufacturer = Local Manufacturer - Concrete 1000 Gallon anufacturer: Local Manufacturer Model: Concrete This component was: Compartment 1 Scur accumulation (Inches, if other specify): Compartment 1 Scurdge accumulation (Inches, if other specify): Compartment 2 Scurdge accumulation (Inches, if other specify: Compartment 2 Scurdge accumulation (Inches, if other spe	Compartment 1 Sludge accumulation (Inches, if other specify):	4"	
anufacturer: Local Manufacturer Model: Concrete This component was: Compartment 1 Scum accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Systems - Multiflo FTP-0.5 500 GPD Mult Compartment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Systems - Multiflo FTP-0.5 500 GPD Mult Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 1 Scum accumulation (Inches, if other specify): Compartment 2 Scumpacturer Consolidated Treatment Systems (NO Compartment 1 Scum accumulation (Inches, if other specify): Compartment 2 Scumpacturer Consolidated Treatment Systems (NO Compartment 2 Scumpacturer Consolidated Treatment Sy	Pumping recommended:	NO	
anufacturer: Local Manufacturer Model: Concrete This component was: Compartment 1 Scum accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Systems - Multiflo FTP-0.5 500 GPD Mult Compartment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Systems - Multiflo FTP-0.5 500 GPD Mult Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specify): Compartment 1 Scum accumulation (Inches, if other specify): Compartment 2 Scumpacturer Consolidated Treatment Systems (NO Compartment 1 Scum accumulation (Inches, if other specify): Compartment 2 Scumpacturer Consolidated Treatment Systems (NO Compartment 2 Scumpacturer Consolidated Treatment Sy	TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon		
Compartment 1 Scum accumulation (Inches, if other specify): Compartment 1 Sludge accumulation (Inches, if other specifications): Compartment 2 Sludge accumulation (Inches): Compartment 2 Sludge acc	Manufacturer: Local Manufacturer Model: Concrete		
Compartment 1 Sludge accumulation (Inches, if other specify): Dumping recommended: Dum	This component was:	Fully Inspected	
Aumping recommended: In the problet Treatment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Systems - Multiflo, Manufa	Compartment 1 Scum accumulation (Inches, if other specify):	0	
respond to the treatment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated T	Compartment 1 Sludge accumulation (Inches, if other specify):	2	
Auditi-Flo FTP-0.5 500 GPD Multi- anufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Init alarms functioning: Init alarms functioning	Pumping recommended:	NO	
This component was: Init alarms functioning: Init alarms functioning	Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treati Multi-Fio FTP-0.5 500 GPD Mult	nent Systems -	
This component was: Init alarms functioning: Init alarms functioning	Manufacturer: Consolidated Treatment Systems Model: Multi-Fio FTP-0.5		
terobic Mechanism appears to be functioning per manufacturers specifications: Tes suppeller assembly removed and cleaned: Trevious signs of foaming overflow noted on Weir Plate; NO Titler Socks cleaned: Tes supper socks cleaned: Tes supper socks were partially changed out: NO Tes supper socks were completely changed out: NO Tes supper socks were compl	This component was:	Fully Inspected	
Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned: Filter Socks were partially changed out: Filter Socks were completely changed out: Filter Socks were partially changed out: Filter Socks were partia	Unit alarms functioning:	YES	
Previous signs of foaming overflow noted on Weir Plate: NO VES ilter Socks cleaned: VES ilter Socks were partially changed out: NO ilter Socks were completely changed out: NO Saskets on Surge Bowl need replacing: NO NO NO NO NO NO NO NO NO N	Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ilter Socks cleaned: ilter Socks were partially changed out: ilter Socks were completely changed out: NO saskets on Surge Bowl need replacing: NO ligester settleable solids test resulted in greater than 40% settleable solids: (If Yes, pumping needed) NO	Impeller assembly removed and cleaned:	YES	
ilter Socks were partially changed out: NO ilter Socks were completely changed out: NO caskets on Surge Bowl need replacing: NO iligester settleable solids test resulted in greater than 40% settleable solids: (If Yes, pumping needed) NO	Previous signs of foaming overflow noted on Weir Plate:	NO	
ilter Socks were completely changed out: Caskets on Surge Bowl need replacing: NO Digester settleable solids test resulted in greater than 40% settleable solids: (If Yes, pumping needed) NO	Filter Socks cleaned:	YES	
Saskets on Surge Bowl need replacing: NO NO NO NO NO NO	Filter Socks were partially changed out:	NO	
ligester settleable solids test resulted in greater than 40% settleable solids: (If Yes, pumping needed) 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	

ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent Anufacturer: Local Manufacturer Model: Concrete		
his component was:	Fully Inspected	T
Compartment 1 Scurn accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO NO	
ump: Effluent Pump Primary Pump	140	
his component was:	Fully Inspected	
Controls functioning:	YES	-1
ested gallons per minute flow:	N/A	_
ump: Effluent Pump Effluent Pump	1474	4
This component was:	Fully Inspected	3
Controls functioning:	YES	-
Fested gallons per minute flow:	N/A	
anel: Control - 2 Pumps Multi-Flo Panel	1071	
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):	4 MIN	+
Pump 2: off hours (override in parentheses - if present):	2 HRS	
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):	13133	-
rainfield: Pressure Bed 12' X 60' Pressure Bed		
his component was:	Fully Inspected	
ateral lines flushed:	YES	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	+

Location: 42910 Daisy Street

Aitkin

07-0-008400

Owner: Odete Muehlberg
Use: Single Family

Service Company: Septic Check

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

Laboratory: A.W. Research Laboratories

06/27/2016sample entered by :Angie Stafford

Notes:

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	23.6
Pump Tank 650 Gallon Effluent	Effluent	Fecal	1000 cfu/100i	100



6074 Keystone Rd Milaca, MN 56353

320-983-2447

Here

Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Odete Muehlberg

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ONSITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 11/11/2016 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:

Mail To: Odetelluehlberg

Aitkin, MN

56431

42910Daisy Street

Septic Check

Work Performed By:

Brian Koski

Submitted 11/23/2016 by:

Angie Stafford

COMMENTS & GENERAL INSPECTION NOTES

No Deliciencies Noted

GENERAL SITE & SYSTEM CONDITIONS

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

TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete 500 Gallon Primary Pump Tank		
model: Concrete		
This component was:		
All required baffles in place (N/A = No baffles required):	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	YES	
Compartment 1 Studge accumulation (Inches, if other specify):	2*	
Pumping recommended:	12"	
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon	NO	
Manufacture: Local Manufacturer Model: Concrete		
This component was:		
Compartment 1 Scum accumulation (Inches, if other specify):	Fully inspected	
Compartment 1 Studge accumulation (Inches, if other specify):	0	
Pumping recommended:	0	
Aerobic Trealment Unit: ATU • Consolidated Trealment Systems • Multiflo, Manufacturer= Consolid: Multi-Flo FTP-0.5 500 GPD Mult	ated Treatment Systems	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5		
This component was:		
Unit alarms functioning:	Fully inspected	
Aerobic Mechanism appears to be functioning per manufacturers specifications;	YES	
mpeller assembly removed and cleaned:	YES	
revious signs of foaming overflow noted on Weir Plate:	NO	
ilter Socks cleaned;	NO	
ilter Socks were partially changed out:	NO	
ilter Socks were completely changed out:	NO	
11-0-0-0-	NO	

Gaskets on Surge Bowl need replacing:

Digester settleable solids test resulted in greater than 40% settleable solids: (If Yes, pumping needed)

NO

NO NO

NO

Manufacturer: Local Manufacturer Model: Concrete This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	Pully Inspected
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO NO
Pump: Effluent Pump Primary Pump	NO.
This component was:	Fully Inspected
Controls functioning:	YES
Fested gallons per minute flow:	N/A
Pump: Effluent Pump Effluent Pump	
This component was:	Fully Inspected
Controls functioning:	YES
ested gallons per minute flow:	N/A
anel: Control - 2 Pumps Multi-Flo Panel	
This component was:	Fully inspected
Panel functioning (including alarm):	YES
Pump 1: on minutes (override in parentheses - if present):	40 SEC
Pump 1: off hours (override in parentheses - if present):	2 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):	13289
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
rump 2: ETM hours (override in parentheses - if present):	N/A
ump 2: Cycle Count (override in parentheses - If present):	N/A
rainfield: Pressure Bed 12' X 60' Pressure Bed	
his component was:	Fully Inspected
ateral lines flushed:	NO
Average squirt height (if performed) (feet, if other specify):	N/A
Ponding present? If YES explain in comments:	NO

Check

6074 Keystone Rd Milaca, MN 56353

320-983-2447

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Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Mail To: Current Resident 42910 Daisy Street Aitkin, MN 56431

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ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/29/2017 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:

Septic Check

Work Performed By:

Blesener Dave

Submitted 11/02/2017 by:

Angie Tvedt

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
mproper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
All required baffles in place (N/A = No baffles required):	YES	
Effluent level within operational limits (if NO explain in comments):	YES	-
Compartment 1 Scum accumulation (Inches, if other specify):	0	_
Compartment 1 Sludge accumulation (Inches, if other specify):	10"	_
Pumping recommended:	NO NO	-
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon	110	
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, Manufacturers Consolidated Treatment	ant Systems	
Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer≕ Consolidated Treatm Multi-Flo FTP-0.5 500 GPD Mult Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5	nent Systems -	Ą
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was:	rent Systems - Fully Inspected	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning:		
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications:	Fully Inspected	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned:	Fully Inspected YES	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate:	Fully Inspected YES YES	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned:	Fully Inspected YES YES NO	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned: Filter Socks were partially changed out:	Fully Inspected YES YES NO NO	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned:	Fully Inspected YES YES NO NO NO NO NO	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned: Filter Socks were partially changed out:	Fully Inspected YES YES NO NO NO NO NO NO NO NO	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned: Filter Socks were partially changed out: Filter Socks were completely changed out: Gaskets on Surge Bowl need replacing:	Fully Inspected YES YES NO	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Acrobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned: Filter Socks were partially changed out:	Fully Inspected YES YES NO NO NO NO NO NO NO NO	

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
Pump: Effluent Pump Primary Pump	
This component was:	Fully Inspected
Controls functioning:	YES
Tested gallons per minute flow:	N/A
Pump: Effluent Pump Effluent Pump	
This component was:	Fully Inspected
Controls functioning:	YES
Tested gallons per minute flow:	N/A
Panel: Control - 2 Pumps Multi-Flo Panel	
This component was:	Fully Inspected
Panel functioning (including alarm):	YES
Pump 1: on minutes (override in parentheses - if present):	0.75 MIN
Pump 1: off hours (override in parentheses - if present):	1 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):	13471
Prainfield (disposal): Pressure Bed 12' X 60' Pressure Bed	
This component was:	Fully Inspected
ateral lines flushed:	NO
Average squirt height (if performed) (feet, if other specify):	N/A
Ponding present? If YES explain in comments:	NO

Septic Check

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6074 Keystone Rd Milaca, MN 56353

Mail To: Current Resident

56431

42910 Daisy Street Aitkin, MN

Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street Aitkin Tax ID: 07-0-008400

> 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: 06/08/2017 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Work Performed By:

Submitted 06/21/2017 by:

Septic Check

Blesener Dave

Angie Tvedt

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

While I was onsite for the site inspection I noticed the primary pump tank was starting to back up, I pulled out the pump and cleaned it off and then reinstalled it and it started to pump again. I also noticed in the drainfield inspection pipe there was about 2 inches of standing water,

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

Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
All required baffles in place (N/A = No baffles required):	YES	
Effluent level within operational limits (if NO explain in comments):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	10"	
Pumping recommended:	NO	
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon		N.
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):	3"	
Pumping recommended:	NO	
		-
Multi-Flo FTP-0.5 500 GPD Mult	nent Systems -	Ť
Multi-Flo FTP-0.5 500 GPD Mult Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5	Fully Inspected	
Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatm Multi-Flo FTP-0.5 500 GPD Mult Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning:		
Multi-Flo FTP-0.5 500 GPD Mult Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning:	Fully Inspected	4
Multi-Flo FTP-0.5 500 GPD Mult Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications:	Fully Inspected YES	5
Multi-Flo FTP-0.5 500 GPD Mult Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned:	Fully Inspected YES YES	5
Multi-Flo FTP-0.5 500 GPD Mult Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate:	Fully Inspected YES YES NO	
Multi-Flo FTP-0.5 500 GPD Mult Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned:	Fully Inspected YES YES NO YES	-
Multi-Flo FTP-0.5 500 GPD Mult Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned: Filter Socks were partially changed out:	Fully Inspected YES YES NO YES NO YES	
Multi-Flo FTP-0.5 500 GPD Mult Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned: Filter Socks were partially changed out: Filter Socks were completely changed out:	Fully Inspected YES YES NO YES NO NO NO	
Multi-Flo FTP-0.5 500 GPD Mult Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was:	Fully Inspected YES YES NO YES NO NO NO	
Multi-Flo FTP-0.5 500 GPD Mult Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned: Filter Socks were partially changed out: Filter Socks were completely changed out: Gaskets on Surge Bowl need replacing:	Fully Inspected YES YES NO YES NO NO NO NO NO	

Manufacturer: Local Manufacturer Model: Concrete	To Fully become
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 NO
ump: Effluent Pump Primary Pump	
This component was:	Fully Inspected
Controls functioning:	YES
ested gallons per minute flow:	N/A
Pump: Effluent Pump Effluent Pump	County the "Liberty of Lettles X to
his component was:	Fully Inspected
Controls functioning:	YES
ested gallons per minute flow:	N/A
anel: Control - 2 Pumps Multi-Flo Panel	
his component was:	Fully Inspected
anel functioning (including alarm):	YES
ump 1: on minutes (override in parentheses - if present):	0.75 MIN
ump 1: off hours (override in parentheses - if present):	1 HRS
ump 1: gallons per dose (override in parentheses - if present):	N/A
ump 1: ETM hours (override in parentheses - if present):	N/A
ump 1: Cycle Count (override in parentheses - if present):	N/A
ump 2: on minutes (override in parentheses - if present):	N/A
ump 2: off hours (override in parentheses - if present):	N/A
ump 2: gallons per dose (override in parentheses - if present):	N/A
ump 2: ETM hours (override in parentheses - if present):	N/A
ump 2: Cycle Count (override in parentheses - if present):	13404
rainfield (disposal): Pressure Bed 12' X 60' Pressure Bed	
his component was:	Fully Inspected
ateral lines flushed:	NO
verage squirt height (if performed) (feet, if other specify):	N/A
onding present? If YES explain in comments:	NO

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Septic Check

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6074 Keystone Rd Milaca, MN 56353 320-983-2447 Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Mall To: Odete Muehlberg 42910 Daisy Street Aitkin, MN 56431

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ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 04/27/2018 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Work Performed By: Submitted 05/15/2018 by:

Septic Check Blesener Dave Angie Tvedt

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

Manufacturer: Local Manufacturer Model: Concrete	
This component was:	Fully Inspected
All required baffles in place (N/A = No baffles required):	YES
Effluent level within operational limits (If NO explain in comments):	YES
Compartment 1 Scum accumulation (Inches, if other specify);	0
Compartment 1 Sludge accumulation (Inches, if other specify):	16"
Pumping recommended:	NO

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon

Manufacturer: Local Manufacturer Model: Concrete	Fully Inspected	
This component was:	rully illapected	
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-0.5 500 GPD Mult

Tanufacturer: 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	

lanufacturer: 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
ump: Effluent Pump Primary Pump	
his component was:	Fully Inspected
Controls functioning:	YES
ested gallons per minute flow:	N/A
ump: Effluent Pump Effluent Pump	
his component was;	Fully Inspected
Controls functioning:	YES
Fested gallons per minute flow:	N/A
anel: Control - 2 Pumps Multi-Fio Panel	
his component was:	Fully Inspected
Panel functioning (including alarm):	YES
Pump 1: on minutes (override in parentheses - if present):	0.6 MIN
Pump 1: off hours (override in parentheses - if present):	1 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
rump 2: gallons per dose (override in parentheses - if present):	N/A
rump 2: ETM hours (override in parentheses - if present):	N/A
ump 2: Cycle Count (override in parentheses - if present):	13592
rainfield (disposal): Pressure Bed 12' X 60' Pressure Bed	100 A D A
his component was:	Fully inspected
ateral lines flushed:	NO
Average squirt height (if performed) (feet, if other specify):	N/A
Ponding present? If YES explain in comments:	NO

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Septic Check

6074 Keystone Rd Milaca, MN 56353

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

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Mail To: Odete Muehlberg 42910 Daisy Street Aitkin, MN 56431

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ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/24/2018 - Inspection Type: ROUTINE - Correction Status: Corrections in progress

Company:

Work Performed By:

Submitted 10/03/2018 by:

Septic Check

Blesener Dave

Angie Tvedt

COMMENTS & GENERAL INSPECTION NOTES

Deficiencies Were Noted: Corrections are in progress.

I recommend to have the entire system pumped out. I talked with Odete and she is going to call Gobels and have them come and pump the system out.

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):	
Surfacing effluent from any component (including mound seepage):	YES
Components appear to be watertight - no visual leaks:	NO
	YES
mproper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

This component was:	E. W	
All required baffles in place (N/A = No baffles required):	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	YES	
	4*	
Compartment 1 Sludge accumulation (Inches, if other specify):	14"	
Pumping recommended:	YES	
TANK: Pump Tank, Manufacturer≕ Local Manufacturer - Concrete 1000 Gallon Manufacturer: Local Manufacturer Model: Concrete		
This component was:		
W 1 1 1 2 1 1 2 1 1 2 1 1 2 1 2 1 2 1 2	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	8"	
Pumping recommended:	YES	
Wuiti-Fio FTP-0.5 500 GPD Mult	nent Systems -	
Walterio FTP-035500 GPD MIII(Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5	nent Systems -	
Walterio FTP-0,5-500 GPD MITE Manufacturer: Consolidated Treatment Systems Model: Multi-Fio FTP-0.5 This component was:	nent Systems - Fully Inspected	
Walterio FTP-0.5-500.GPD Mm/t Manufacturer: Consolidated Treatment Systems Model: Multi-Fio FTP-0.5 This component was: Unit alarms functioning:	Fully Inspected YES	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications:	Fully Inspected YES YES	
Manufacturer: Consolidated Treatment Systems Model: Multi-Fio FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned:	Fully Inspected YES YES NO	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate:	Fully Inspected YES YES NO NO	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned:	Fully Inspected YES YES NO NO YES	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned: Filter Socks were partially changed out:	Fully Inspected YES YES NO NO YES NO	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned: Filter Socks were partially changed out: Filter Socks were completely changed out:	Fully Inspected YES YES NO NO YES NO NO NO NO NO NO	
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned: Filter Socks were partially changed out: Filter Socks were completely changed out: Gaskets on Surge Bowl need replacing:	Fully Inspected YES YES NO NO YES NO	
Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Multi-Flo FTP-0.5 500 GPD Mult Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Unit alarms functioning: Aerobic Mechanism appears to be functioning per manufacturers specifications: Impeller assembly removed and cleaned: Previous signs of foaming overflow noted on Weir Plate: Filter Socks cleaned: Filter Socks were partially changed out: Filter Socks were completely changed out: Gaskets on Surge Bowl need replacing: Digester settleable solids test resulted in greater than 40% settleable solids: (If Yes, pumping needed) Pumping needed:	Fully Inspected YES YES NO NO YES NO NO NO NO NO NO	In Progress

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent 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):	8*
Pumping recommended:	YES
Pump: Effluent Pump Primary Pump	123
This component was:	Fully Inspected
Controls functioning:	YES
Tested gallons per minute flow:	N/A
Pump: Effluent Pump Effluent Pump	
This component was:	Fully Inspected
Controls functioning:	YES
Tested gallons per minute flow:	N/A
anel: Control - 2 Pumps Multi-Flo Panel	
This component was:	Fully Inspected
Panel functioning (including alarm):	YES
Pump 1: on minutes (override in parentheses - if present):	0.75 MIN
Pump 1: off hours (override in parentheses - if present):	1 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):	13669
rainfield (disposal): Pressure Bed 12' X 60' Pressure Bed	13003
his component was:	Fully Inspected
ateral lines flushed:	NO NO
verage squirt height (if performed) (feet, if other specify):	N/A
onding present? If YES explain in comments:	NO

Septic Check

6074 Keystone Rd Milaca, MN 56353

320-983-2447

Fold

Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg

Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Mail To: Odete Muehlberg 42910 Daisy Street Aitkin, MN 56431

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ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 05/24/2019 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Work Performed By: Septic Check

Submitted 06/26/2019 by:

Blesener Dave Abbie Gobel

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

Manufacturer: Local Manufacturer Model: Concrete This component was:	Folk bear stade of	
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):	8	
Pumping recommended:	NO	
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon		
Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	

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	
	A CONTRACTOR OF THE CONTRACTOR	

Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Systems

	The Color of the C	
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	

anufacturer: Local Manufacturer Model: Concrete		
his 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	_
ump: Effluent Pump Primary Pump		
his component was:	Fully Inspected	_
Controls functioning:	YES	
ested gallons per minute flow:	N/A	
ump: Effluent Pump Effluent Pump		
his component was:	Fully Inspected	
Controls functioning:	YES	
ested gallons per minute flow:	N/A	
anel: Control - 2 Pumps Multi-Flo Panel		
his component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	.6 Minutes	
Pump 1: off hours (override in parentheses - if present):	1 Hour	
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 paranthocos - if prosont):	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):	13827	
rainfield (disposal): Pressure Bed 12' X 60' Pressure Bed		
This component was:	Fully Inspected	
ateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

12/27/2019

Location: 42910 Daisy Street Aitkin

07-0-008400

owner: Odete Muehlberg use: Single Family Service Company: Septic Check

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

Sample Date: 10/11/2019

Sample entered by: Heather Johnson

Report submitted: 12/05/2019

Notes:

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	51.3

Septic Check

6074 Keystone Rd Milaca, MN 56353

320-983-2447

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Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg

Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family

System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Mail To: Odete Muehlberg 42910 Daisy Street Aitkin, MN 56431

Fold Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 10/11/2019 - Inspection Type: ROUTINE - Correction Status: No corrections made

Company:

Work Performed By:

Submitted 10/23/2019 by:

Septic Check

Chris King

Abbie Gobel

COMMENTS & GENERAL INSPECTION NOTES

Deficiencies Noted: deficiencies must be corrected to ensure proper longevity of the Onsite Sewage System.

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: Trash Tank, Manufacturer= Local Manufacturer - Concrete 500 Gallon Primary Pump	Tank	
Manufacturer: Local Manufacturer Model: Concrete		
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):	2	
Compartment 1 Sludge accumulation (Inches, if other specify):	6	
Pumping recommended:	YES	
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon		
Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	

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):	6	
Pumping recommended:	YES	

Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Systems -

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

ANK. Pump Tank, Manufacturer= Local Manufacturer - Gonerete 650 Gollon Effluent anufacturer: Local Manufacturer Model: Concrete		
his component was:	Fully Inspected	
Compartment 1 Scurn accumulation (Inches, if other specify):	0	
compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	YES	
ump: Effluent Pump Primary Pump		
his component was:	Fully Inspected	_
Controls functioning:	YES	
ested gallons per minute flow:	N/A	
ump: Effluent Pump Effluent Pump		
his component was:	Fully Inspected	_
Controls functioning:	YES	
ested gallons per minute flow:	N/A	
anel: Control - 2 Pumps Multi Flo Panel		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	4 Minutes	
Pump 1: off hours (override in parentheses - if present):	1 Hour	
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	
2ump 2: ETM hours (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	13925	
rainfield (disposal): Pressure Bed 12' X 60' Pressure Bed		
This component was:	Fully Inspected	
ateral lines flushed:	YE3	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

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Septic Check

6074 Keystone Rd Milaca, MN 56353

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

PROPERTY INFORMATION

Odete Muehlberg

Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Mail To: Odete Muehlberg 42910 Daisy Street Aitkin, MN 56431

Fold Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 05/18/2020 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Work Performed By:

Septic Check Blesener Dave

Submitted 05/20/2020 by:

ener Dave 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

This component was:	Fully Inspected	
All required baffles in place (N/A = No baffles required):	YES	
Effluent level within operational limits (if NO explain in comments):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	8	
Pumping recommended:	NO	

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	3	
Pumping recommended:	NO	

Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Treatment Systems -Multi-Flo FTP-0.5 500 GPD Mult

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	

lanufacturer: 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	
lumping recommended:	NO	
ump: Effluent Pump Primary Pump		
his component was:	Fully Inspected	
Controls functioning:	YES	
ested gallons per minute flow:	NA	
Cump: Effluent Pump Effluent Pump		
his component was:	Fully Inspected	
Controls functioning:	YES	
ested gallons per minute flow:	NA	
anel: Control - 2 Pumps Multi-Flo Panel		4
his component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	4	
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):	NA NA	
Pump 2: on minutes (override in parentheses - if present):	4	
Pump 2: off hours (override in parentheses - if present):	1	
Pump 2: gallons per dose (override in parentheses - if present):	NA NA	
Pump 2: ETM hours (override in parentheses - if present):	NA NA	
Pump 2: Cycle Count (override in parentheses - if present):	14075	
rainfield (disposal): Pressure Bed 12' X 60' Pressure Bed		
This component was:	Fully Inspected	
ateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	NA NA	
Ponding present? If YES explain in comments:	NO	

5/20/2020

Location: 42910 Daisy Street Aitkin

07-0-008400

Owner: Odete Muehlberg
Use: Single Family

Service Company: Septic Check

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

Sample Date: 05/18/2020 Sample entered by: Heather Johnson Report submitted: 05/20/2020

Notes:

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	52.2

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Septic Check

6074 Keystone Rd Milaca, MN 56353 320-983-2447 Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg

Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Mail To: Odete Muehlberg 42910 Daisy Street Aitkin, MN 56431

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ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 10/13/2020 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Septic Check Work Performed By:

Submitted 10/23/2020 by:

Michael

Michael Pederson

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

Manufacturer: Local Manufacturer Model: Concrete	
This component was:	Fully Inspected
All required baffles in place (N/A = No baffles required):	YES
Effluent level within operational limits (if NO explain in comments):	YES
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	2
Pumping recommended:	NO

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon

Manufacturer:	Local Manufacturer	Model: Concrete
municiacian di.	Local manufacturer	moder. 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 - Multiflo, Manufacturer= Consolidated Treatment Systems -Multi-Flo FTP-0.5 500 GPD Mult

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:	YES	
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	

lanufacturer: Local Manufacturer Model: Concrete		
his 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	
Pump: Effluent Pump Primary Pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA NA	
Pump: Effluent Pump Effluent Pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Fested gallons per minute flow:	NA NA	
Panel: Control - 2 Pumps Multi-Flo Panel		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	4	
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):	NA	
Pump 2: on minutes (override in parentheses - if present):	4	
Pump 2: off hours (override in parentheses - if present):	1	
Pump 2: gallons per dose (override in parentheses - if present):	NA NA	
Pump 2: ETM hours (override in parentheses - if present):	NA NA	
Pump 2: Cycle Count (override in parentheses - if present):	14188	
Orainfield (disposal): Pressure Bed 12' X 60' Pressure Bed		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	NA NA	
Ponding present? If YES explain in comments:	* NO	

Location: 42910 Daisy Street

Aitkin

07-0-008400

owner: Odete Muehlberg Use: Single Family Service Company: Septic Check

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

Sample Date: 10/13/2020 Sample entered by: Heather Johnson Report submitted: 10/23/2020

Notes:

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	58.4

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

ODETE F MUEHLBERG 42910 Daisy Street Aitkin, MN 56431Re: Operating Permit # 182 Zoning Permit #32328 Parcel ID#07-0-008400

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 OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL RENEWAL

ISSUANCE DATE: 5 /31/2021 RENEWAL PERIOD: ANNUALLY **OPERATING PERMIT # 182** ZONING PERMIT #: 32328 PARCEL #: 07-0-008400

PERMITTEE:ODETE F MUEHLBERG

TELEPHONE: (612) 720-1679 PROPERTY ADDRESS:

MAILING ADDRESS: 42910 Daisy Street Aitkin, MN 56431-

42910 Daisy St. Aitkin, MN 56431

LEGAL DESCRIPTION: SE SE Less 9.88 acs Plat and 27.74 acs in Alake Do

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.

Odt Muchbug Signature of Permittee

4-13-21 Date

Shannon W. Signature of Permitting Authority 4-23-21 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 #52305 (04/23/2021)

2. Zoning/Land Use Permit Applications Misc. (OFFICE USE ONLY) App. # App-2021-007167, UID # 202438

Odete Muehlberg (612) 720-1679

42910 Daisy St, Aitkin, MN 56431

Aitkin County Planning & Zoning / Environmental Services

307 Second St. NW Room 219

Aitkin, MN 56431

Phone: 218-927-7342 Fax: 218-927-4372

Fmail: aitkinnz@co aitkin mn us

				oo.amminao		
	Charge		Cost	Quantity	Total	Note
nit Renewal added 04/23/	2021 2:0	3 PM	\$150.00	x 1	\$150.00	
			-	J.		
				Total	\$150.00	
9						
Check		5875				
04/23/2021	Note:	OP 182 2021 renewal				
Odete Muehlberg						
Shannon Westerlund						
	9 Check 04/23/2021 Odete Muehlberg	9 Check 04/23/2021 Note: Odete Muehlberg	Check 5875 04/23/2021 Note: OP 182 2021 renewal Odete Muehlberg OP 182 2021 renewal	Charge	Charge Cost Quantity 150.00 x 1 150.00	State

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING 307 Second Street, NW Room# 219

Aitkin, Minnesota 56431

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

4/23/2021

ODETE F MUEHLBERG 42910 Daisy Street Aitkin, MN 56431

Re: Operating Permit # 182 Zoning Permit # 32328 Parcel # 07-0-008400

Dear Permittee:

This letter is to inform you that your Operating Permit has been renewed until 5/31/2026.

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,

Aitkin County Planning & Zoning

Shannon W.

6074 Keystone Rd Milaca, MN 56353 320-983-2447 Fax: 320-983-2151

Fold

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Mail To: Odete Muehlberg 42910 Daisy Street Aitkin, MN 56431

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ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 05/04/2021 - Inspection Type: ROUTINE - Correction Status: No corrections needed

inspection discussion in the contraction status, No corrections needed

Company: Work Performed By: Submitted 05/06/2021 by:
Septic Check Michael Pederson 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		

TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete 500 Gallon Primary Pump T	Tank Tank
Manufacturer: Local Manufacturer Model: Concrete	
This component was:	Fully Inspected
All required baffles in place (N/A = No baffles required):	YES
Effluent level within operational limits (if NO explain in comments):	YES
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	9
Pumping recommended:	NO
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon	
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= Con Multi-Flo FTP-0.5 500 GPD Mult	nsolidated Treatment Systems -
Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5	
This component was:	Fully Inspected
Unit alarms functioning:	YES

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:	YES	
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	

ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent anufacturer: Local Manufacturer Model: Concrete		
his component was:	Fully Inspected	
Compartment 1 Scurn accumulation (Inches, if other specify):	. 0	
Compartment 1 Sludge accumulation (Inches, if other specify):	2	
Pumping recommended:	NO	
ump: Effluent Pump Primary Pump		
his component was:	Fully Inspected	
Controls functioning:	YES	
ested gallons per minute flow:	NA NA	
ump: Effluent Pump Fffluent Pump		
his component was:	Fully Inspected	
Controls functioning:	YES	
ested gallons per minute flow:	NA	
anel: Control - 2 Pumps Multi-Flo Panel		
his component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	-4	
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 NA	
oump 1: Cycle Count (override in parentheses - if present):	NA	
Pump 2: on minutes (override in parentheses - if present):	NA NA	
Pump 2: off hours (override in parentheses - if present):	NA 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):	14331	
rainfield (disposal): Pressure Bed 12' X 60' Pressure Bed		
This component was:	Fully Inspected	
ateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	NA NA	
Ponding present? If YES explain in comments:	NO	

Location: 42910 Daisy Street Aitkin

07-0-008400

owner: Odete Muehlberg
use: Single Family

Service Company: Septic Check

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

Laboratory: A W Labs

Sample Date: 05/04/2021

Sample entered by: Heather Johnson

Report submitted: 06/02/2021

Notes:

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT	
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	53.9	
Pump Tank 650 Gallon Effluent	Effluent	Fecal	1000 cfu/100i	<100	

Location: 42910 Daisy Street Aitkin

07-0-008400

owner: Odete Muehlberg Use: Single Family Service Company: Septic Check

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

Laboratory: A W Labs

Sample Date: 11/12/2021 Sample entered by: Heather Johnson Report submitted: 11/22/2021

Notes

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	NA
Pump Tank 650 Gallon Effluent	Effluent	Fecal	1000 cfu/100i	75

6074 Keystone Rd Milaca, MN 56353

320-983-2447

Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 1 w test 5 yr

Fold

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 08/20/2021 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:

Mail To: Odete Muehlberg 42910 Daisy Street

Aitkin, MN

56431

Work Performed By:

Submitted 08/23/2021 by:

Septic Check

Michael Pederson

Heather Johnson

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

Customer would like to change to a one time a year visit. The reason for the alarm was that the aerator was bad, so I replaced it with a new one with the customer's permission. Everything else looks good and is working properly.

*****WE WERE UNABLE TO SAMPLE AT THIS VISIT AS THE AERATOR WAS NOT WORKING, THE SAMPLE WOULD HAVE FAILED, WE WILL BE BACK TO SAMPLE.

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

TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon		
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= Local Manufacturer - Concrete 500 Gallon Primary Pump T	ank	
Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
All required baffles in place (N/A = No baffles required):	YES	
Effluent level within operational limits (if NO explain in comments):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	7	
Pumping recommended:	NO	
	1000	

Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Multiflo, Manufacturer= Consolidated Trea	atment Systems
Multi-Flo FTP-0.5 500 GPD Mult	annent Systems -
fanufacturer: 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
mpeller assembly removed and cleaned:	NO
Previous signs of foaming overflow noted on Weir Plate:	YES
ilter Socks cleaned:	YES
Filter Socks were partially changed out:	NO
Ilter Socks were completely changed out:	NO
Saskets 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
ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent	
lanufacturer: Local Manufacturer Model: Concrete	
his 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
ump: Effluent Pump Primary Pump	
his component was:	Fully Inspected
Controls functioning:	YES
ested gallons per minute flow:	NA NA
rump: Effluent Pump Effluent Pump	Name of the Control o
This component was:	Fully Inspected
Controls functioning:	YES
ested gallons per minute flow:	NA NA
anel: Control - 2 Pumps Multi-Flo Panel	
his component was:	Fully Inspected
Panel functioning (including alarm):	YES
Pump 1: on minutes (override in parentheses - if present):	.40
Pump 1: off hours (override in parentheses - if present):	1
Pump 1: gallons per dose (override in parentheses - if present):	NA NA
rump 1: ETM hours (override in parentheses - if present):	NA I
Pump 1: Cycle Count (override in parentheses - if present):	NA NA
rump 2: on minutes (override in parentheses - if present):	NA NA
rump 2: off hours (override in parentheses - if present):	NA NA
rump 2: gallons per dose (override in parentheses - if present):	NA NA
rump 2: ETM hours (override in parentheses - if present):	NA NA
Pump 2: Cycle Count (override in parentheses - if present):	14405
rainfield (disposal): Pressure Bed 12' X 60' Pressure Bed	14400
his component was:	Fully Inspected
ateral lines flushed:	NO NO
werage squirt height (if performed) (feet, if other specify):	NA NA
Ponding present? If YES explain in comments:	NO NO
grand in the supplemental comments.	NO

6074 Keystone Rd 320-983-2447
Milaca, MN 56353 Fax: 320-983-2151

PROPERTY INFORMATION

Odete Muehlberg Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 1 w test 5 yr

Mail To: Odete Muehlberg 42910 Daisy Street Aitkin, MN 56431

Fold

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 06/20/2022 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:Work Performed By:Submitted 06/27/2022 by:Septic CheckMichael PedersonHeather Johnson

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

GENERAL SITE & SYSTEM CONDITIONS

Previous signs of foaming overflow noted on Weir Plate:

Digester settleable solids test resulted in greater than 40% settleable solids: (If Yes, pumping needed)

Filter Socks were partially changed out:

Gaskets on Surge Bowl need replacing:

Filter Socks were completely changed out:

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 1000 Gallon		
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):	10	
Pumping recommended:	NO	
TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete 500 Gallon Primary Pump Tank		
Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
All required baffles in place (N/A = No baffles required):	YES	
Effluent level within operational limits (if NO explain in comments):	YES	
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-0.5 500 GPD Mult		
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	

Pumping needed:

ReportID: 1084700

Filter Socks cleaned:

NO

YES

NO

NO

NO

NO

NO

Italian Ital	TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent	
This component was: Compartment 1 Scum accumulation (inches, if other specify): Compartment 1 Sludge accumulation (inches, if other specify): Compartment 2 Sludge accumulation (inches, if other specify): Compartment 3 Sludge accumulation (inches, if other specify): Compartment 4 Sludge accumulation (inches, if other specify): Compartment 4 Sludge accumulation (inches, if other specify): Compartment 5 Sludge accumulation (inches, if other specify): Compartment 5 Sludge accumulation (inches, if other specify): Compartment 4 Sludge accumulation (inches, if other specify): Compartment		
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Pumping recommended:	Compartment 1 Scum accumulation (Inches, if other specify):	0
This component was: Controls functioning: Fully Inspected Controls functioning: Fully Inspected Controls functioning: Fully Inspected NA Imp: Effluent Pump Effluent Pump This component was: Fully Inspected Controls functioning: Fully Inspected Controls component was: Fully Inspected Controls of Controls Pumps Multi-Fio Panel This component was: Fully Inspected Pump 1: On minutes (override in parentheses - if present): Fully Inspected Controls (override in parentheses - if present): Fully Inspected Controls (override in parentheses - if present): Fully Inspected Controls (override in parentheses - if present): Fully Inspected Controls (override in parentheses - if present): Fully Inspected Controls (override in parentheses - if present): Fully Inspected Fu	Compartment 1 Sludge accumulation (Inches, if other specify):	0
This component was: Controls functioning: Fully inspected Seted gallons per minute flow: Fully inspected Fully	Pumping recommended:	NO
Controls functioning: Fested gallons per minute flow: NA Variety Efficient Pump Efficient Pump This component was: Control S functioning: Fully Inspected Control S functioning: Fully Inspected This component was: Fully Inspected NA Panel: Control - 2 Pumps Multi-Flo Panel This component was: Panel functioning (including alarm): Pump 1: or minutes (override in parentheses - if present): Pump 1: off hours (override in parentheses - if present): 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): NA Pump 2: on minutes (override in parentheses - if present): NA Pump 2: ETM 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: ETM hours (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 3: Cycle Count (override in parentheses - if present): NA Pump 3: Cycle Count (override in parentheses - if present): NA Pump 4: Cycle Count (override in parentheses - if present): NA Pump 5: Cycle Count (override in parentheses - if present): NA Pump 6: Cycle Count (override in parentheses - if present): NA Pump 7: Cycle Count (override in parentheses - if present): NA Pump 8: Cycle Count (Pump: Effluent Pump Primary Pump	
rested gallons per minute flow: Pump: Effluent Pump Effluent Pump This component was: Controls functioning: Fully Inspected Pump: Effluent Pump Effluent Pump This component was: Fully Inspected NA Fully Inspected NA Fully Inspected Pump: Fully Inspected This component was: Fully Inspected Fully Inspected Fully Inspected Fully Inspected Pump: Fully Inspected Pump 1: on minutes (override in parentheses - if present): Pump 1: off hours (override in parentheses - if present): 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): NA Pump 2: on minutes (override in parentheses - if present): Pump 2: off hours (override in parentheses - if present): NA Pump 2: gallons per dose (override in parentheses - if present): NA Pump 2: gallons per dose (override in parentheses - if present): NA Pump 2: gallons per dose (override in parentheses - if present): NA Pump 2: gallons per dose (override in parentheses - if present): NA Pump 2: gallons per dose (override in parentheses - if present): NA Pump 2: gallons per dose (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: ETM hours (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 3: Average squirt height (if performed) (feet, if other specify): NA	This component was:	Fully Inspected
This component was: Control functioning: Fully Inspected Fully Inspected Fully Inspected Fully Inspected Fully Inspected Farel: Control - 2 Pumps Multi-Flo Panel Fully Inspected NA Pump 1: gallons per dose (override in parentheses - if present): NA Pump 1: Cycle Count (override in parentheses - if present): NA Pump 2: on minutes (override in parentheses - if present): NA Pump 2: off hours (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: ETM hours (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 3: ETM hours (override in parentheses - if present): NA Pump 4: ETM hours (override in parentheses - if present): NA Pump 5: ETM hours (override in parentheses - if present): NA Pump 6: ETM hours (override in parentheses - if present): NA Pump 7: ET	Controls functioning:	YES
This component was: Controls functioning: Easted gallons per minute flow: Earnel: Control - 2 Pumps Multi-Flo Panel This component was: Panel: Control - 2 Pumps Multi-Flo Panel This component was: Panel functioning (including alarm): Pump 1: on minutes (override in parentheses - if present): Pump 1: off hours (override in parentheses - if present): 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): 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: gallons per dose (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): Pump 2: ETM hours (override in parentheses - if present): Pump 2: ETM hours (override in parentheses - if present): Pump 2: ETM hours (override in parentheses - if present): Pump 2: ETM hours (override in parentheses - if present): Pump 3: ETM hours (override in parentheses - if present): Pump 3: ETM hours (override in parentheses - if present): Pump 4: ETM hours (override in parentheses - if present): Pump 5: ETM hours (override in parentheses - if present): Pump 6: ETM hours (override in parentheses - if present): Pump 7: ETM hours (override in parentheses - if present): Pump 8: ETM hours (override in parentheses - if present): NA Pump 9: ETM hours (override in parentheses - if present): NA Pump 1: ETM hours (override in parentheses - if present): NA Pump 2: Great Alarentheses - if present): NA Pump 3: ETM hours (override in parentheses - if present): NA Pump 4: ETM hours (override in parentheses - if present): NA Pump 5: ETM hours (override in parentheses - if present): NA Pump 6: ETM hours (override in parentheses - if	Tested gallons per minute flow:	NA NA
Controls functioning: Fested gallons per minute flow: Formel: Control - 2 Pumps Multi-Flo Panel This component was: Fully Inspected Pump 1: on minutes (override in parentheses - if present): Pump 1: off hours (override in parentheses - if present): 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): NA 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: 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): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (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): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 3: Cycle Count (override in parentheses - if present): NA Pump 3: Cycle Count (override in parentheses - if present): NA Pump 4: Cycle Count (override in parentheses - if present): NA Pump 3: Cycle Count (override in parenthe	Pump: Effluent Pump	
Fested gallons per minute flow: Analel: Control - 2 Pumps Multi-Flo Panel This component was: Panel functioning (including alarm): Panel functioning (including alarm): Pump 1: on minutes (override in parentheses - if present): Pump 1: off hours (override in parentheses - if present): Pump 1: gallons per dose (override in parentheses - if present): Pump 1: ETM hours (override in parentheses - if present): Pump 1: ETM coverride in parentheses - if present): Pump 2: Order (override in parentheses - if present): Pump 2: on minutes (override in parentheses - if present): Pump 2: on minutes (override in parentheses - if present): Pump 2: on minutes (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: ETM hours (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: ETM hours (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 3: Cycle Count (override in parentheses - if present): Pump 4: Cycle Count (override in parentheses - if present): Pump 5: Cycle Count (override in parentheses - if present): Pump 6: Cycle Count (override in parentheses - if present): Pump 7: Cycle Count (override in parentheses - if present): Pump 8: Cycle Count (override in parentheses - if present): Pump 8: Cycle Count (override in parentheses - if present): Pump 8: Cycle Count (override in parentheses - if present): Pump 9: Cycle Count (override in parentheses - if present): Pump 9: Cycle Count (override in parentheses - if present): Pump 9: Cycle Count (override in parentheses - if present): Pump 9: Cycle Count (override in parentheses - if present): Pump 9: Cycle Count (override in parentheses - if present):	This component was:	Fully Inspected
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This component was: Panel functioning (including alarm): Panel functioning (including alarm): Pump 1: on minutes (override in parentheses - if present): Pump 1: off hours (override in parentheses - if present): 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): Pump 2: on minutes (override in parentheses - if present): Pump 2: off hours (override in parentheses - if present): Pump 2: off hours (override in parentheses - if present): Pump 2: off hours (override in parentheses - if present): 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): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 3: ETM hours (override in parentheses - if present): NA Pump 4: ETM hours (override in parentheses - if present): NA Pump 5: ETM hours (override in parentheses - if present): NA Pump 6: ETM hours (override in parentheses - if present): NA Pump 7: ETM hours (override in parentheses - if present): NA Pump 8: ETM hours (override in parentheses - if present): NA Pump 9	Tested gallons per minute flow:	NA
Panel functioning (including alarm): Panel functioning (including alarm): Pump 1: on minutes (override in parentheses - if present): Pump 1: off hours (override in parentheses - if present): 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): Pump 2: on minutes (override in parentheses - if present): 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): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 3: ETM hours (override in parentheses - if present): Pump 4: ETM hours (override in parentheses - if present): Pump 5: ETM hours (override in parentheses - if present): Pump 6: ETM hours (override in parentheses - if present): Pump 7: ETM hours (override in parentheses - if present): Pump 8: ETM hours (override in parentheses - if present): Pump 9: ETM hours (override in parentheses - if present): NA Pump 9: ETM hours (override in parentheses - if present): NA Pump 9: ETM hours (override in parentheses - if present): NA Pump 9: ETM hours (override in parentheses - if present): NA Pump 9: ETM hours (override in parentheses - if present): NA Pump 9: ETM hours (override in parentheses - if present): NA Pump 9: ETM hours (override in parentheses - if present): NA Pump 9: ETM hours (override in parentheses - if present): NA Pump 9: ETM hours (override in parentheses - if present): NA Pump 9: ETM hours (override in parentheses - if present): NA Pump 9: ETM hours (override in parentheses - if present): NA Pump 9: ETM hours (override in parentheses - if present): NA Pump 9:	Panel: Control - 2 Pumps Multi-Flo Panel	
Pump 1: on minutes (override in parentheses - if present): Pump 1: on minutes (override in parentheses - if present): 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): Pump 2: on minutes (override in parentheses - if present): 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: ETM hours (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 3: ETM hours (override in parentheses - if present): Pump 4: ETM hours (override in parentheses - if present): NA Pump 5: ETM hours (override in parentheses - if present): NA Pump 6: ETM hours (override in parentheses - if present): NA Pump 7: ETM hours (override in parentheses - if present): NA Pump 8: ETM hours (override in parentheses - if present): NA Pump 9: ETM hours (override in parentheses - if present): NA Pump 1: Override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 2: ETM hours (override in parentheses - if present): NA Pump 3: ETM hours (override in parentheses - if present): NA NA Pump 3: ETM hours (override in parentheses - if present): NA NA Pump 3: ETM hours (override in parentheses - if present): NA NA Pu	This component was:	Fully Inspected
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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: ETM hours (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 2: Cycle Count (override in parentheses - if present): NA Pump 3: Cycle Count (override in parentheses - if present): NA Pump 3: Cycle Count (override in parentheses - if present): NA Pump 3: Cycle Count (override in parentheses - if present): NA NO NA NO NA NO NA NO NA NO NA	Pump 1: Cycle Count (override in parentheses - if present):	NA
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Pump 2: ETM hours (override in parentheses - if present): Pump 2: Cycle Count (override in parentheses - if present): Prainfield (disposal): Pressure Bed 12' X 60' Pressure Bed This component was: Equation of the second of	Pump 2: off hours (override in parentheses - if present):	NA
Pump 2: Cycle Count (override in parentheses - if present): Prainfield (disposal): Pressure Bed 12' X 60' Pressure Bed This component was: Lateral lines flushed: Average squirt height (if performed) (feet, if other specify): 14660 Fully Inspected NO NA	Pump 2: gallons per dose (override in parentheses - if present):	NA NA
Prainfield (disposal): Pressure Bed 12' X 60' Pressure Bed This component was: Lateral lines flushed: Average squirt height (if performed) (feet, if other specify): NA	Pump 2: ETM hours (override in parentheses - if present):	NA NA
This component was: Lateral lines flushed: Average squirt height (if performed) (feet, if other specify): NA NA	Pump 2: Cycle Count (override in parentheses - if present):	14660
Average squirt height (if performed) (feet, if other specify): NO NA	Drainfield (disposal): Pressure Bed 12' X 60' Pressure Bed	
Average squirt height (if performed) (feet, if other specify): NA	This component was:	Fully Inspected
trorage equiteriorgit (ii periorities) (rest, ii etitel epecity).	Lateral lines flushed:	NO
Ponding present? If YES explain in comments:	Average squirt height (if performed) (feet, if other specify):	NA NA
	Ponding present? If YES explain in comments:	NO

Location: 42910 Daisy Street Aitkin

07-0-008400

Owner: Odete Muehlberg
Use: Single Family

Service Company: Septic Check

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

Sample Date: 06/20/2022 Sample entered by: Heather Johnson Report submitted: 06/27/2022

Notes:

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	64.2

6074 Keystone Rd 320-983-2447
Milaca, MN 56353 Fax: 320-983-2151

PROPERTY INFORMATION

Location: 42910 Daisy Street

Aitkin

Tax ID: 07-0-008400

Use: Residential, Single Family System Design Flow: 450

GENERAL SYSTEM TYPE: MF Res 1 w test 5 yr

Mail To: Odete Muehlberg 42910 Daisy Street Aitkin, MN 56431

Fold

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 07/28/2023 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:Work Performed By:Submitted 08/01/2023 by:Septic CheckKyle WadeHeather Johnson

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

Pumping needed:

ReportID: 1207700

When I arrived I noticed moisture around the primary tank riser on the sw side of the driveway. That tank was in alarm. That pump and float were not plugged in to the junction box. I plugged in the pump and everything is working properly.

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

ONSITE SEWAGE SYSTEM INSPECTION DETAIL	
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 1000 Gallon 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):	9
Pumping recommended:	NO
TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete 500 Gallon Primary Pump Tank	
Manufacturer: Local Manufacturer Model: Concrete	
This component was:	Fully Inspected
All required baffles in place (N/A = No baffles required):	YES
Effluent level within operational limits (if NO explain in comments):	YES
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 Trea	tment Systems - Multi-Flo
FTP-0.5 500 GPD Mult	
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

Fold

FANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete 650 Gallon Effluent	
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
lumping recommended:	NO
ump: Effluent Pump Primary Pump	
his component was:	Fully Inspected
Controls functioning:	YES
ested gallons per minute flow:	-
ump: Effluent Pump Effluent Pump	
his component was:	Fully Inspected
ontrols functioning:	YES
ested gallons per minute flow:	-
anel: Control - 2 Pumps Multi-Flo Panel	
his component was:	Fully Inspected
anel functioning (including alarm):	YES
ump 1: on minutes (override in parentheses - if present):	40 sec
ump 1: off hours (override in parentheses - if present):	2 hrs
ump 1: gallons per dose (override in parentheses - if present):	-
ump 1: ETM hours (override in parentheses - if present):	-
ump 1: Cycle Count (override in parentheses - if present):	-
ump 2: on minutes (override in parentheses - if present):	-
ump 2: off hours (override in parentheses - if present):	-
ump 2: gallons per dose (override in parentheses - if present):	-
ump 2: ETM hours (override in parentheses - if present):	-
ump 2: Cycle Count (override in parentheses - if present):	14953
rainfield (disposal): Pressure Bed 12' X 60' Pressure Bed	
his component was:	Fully Inspected
ateral lines flushed:	NO
verage squirt height (if performed) (feet, if other specify):	-
Ponding present? If YES explain in comments:	NO

Location: 42910 Daisy Street Aitkin

07-0-008400

Owner: Odete Muehlberg
Use: Single Family

Service Company:

Septic Check

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

Sample Date: 07/28/2023 Sample entered by: Heather Johnson Report submitted: 08/01/2023

Notes:

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	55.6