AITKIN COUNTY ENVIRONMENTAL SERVICES

APPLICATION for an
OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

PERMITTEE __R M Mattison__   PARCEL NUMBER __07-0-070300__

ADDRESS __28012 453rd Place Aitkin MN 56431__

LEGAL DESCRIPTION __.50 AC in lot 7 in DOC. 398070__

TELEPHONE # _____   GIS LOCATION _____

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

Type III mound due to soil seperation, and building on area of existing mound that has been removed.

B. MONITORING PLAN AND REPORTING FREQUENCY:

dosed @ 450 gpd

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	1,00 gpd	event counter	Record Event count	Monthly	Annual report Report count to Aitkin Co
5-DAY BOD	NA				
TOTAL NITROGEN	NA				
TOTAL PHOSPHORUS	NA				
TSS	NA				
FATS,OILS AND GREASE	NA				
FECAL COLIFORM	NA				
SEPARATION DISTANCE	determined at install and verified at inspection by Aitkin Co.				

_____ **will perform the monitoring of this septic system.**

C. MAINTENANCE PLANS

PARAMETER	LOCATION	FREQUENCY
Flow dosed @ 450 gpd	600 gpd system	Record event count monthly
		Report count yearly to Aitkin Co.

D. MITIGATION PLAN:

If mound leaks, adjust dose amount, check all water-using devices for leaks. Homeowner should monitor wateruse, don't dump chemical hot tubs or foundation sumps into septic system.

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

Signature	L-1347 License Number	10/20/2016 Date
Jeff Brummer Name (please print)	7450 Burr Lane Brainerd MN 56401 Address	(218) 821-0704 Telephone #

c:operatpermit.doc

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

It is hereby agreed this ____ day of _____, _____ by and between
_____ (Inspector) and _____(client)

(Client) Name & Address

_____

Street Address _____

City, State, Zip _____

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)

__X__ 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).

__X__ Check effluent filter for buildup and clean, if applicable.

_X_ Check pumping system, including control panel and floats.

_X_ Record and date the readings of the elapsed time meter and cycle counter(s), if applicable.

_X_ 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.

_X_ 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

_X_ Inspect for visible signs of failure (surface discharge, soggy ground, wet spots, settling, etc.)

_X_ If liquid level monitors are installed, levels will be observed and recorded.

_X_ Flush filters and clean cartridges, if applicable.

_X_ Check field control unit solenoid operations or manual control, if applicable.

___ Other: _____

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

This contract shall be effective: Beginning _____ _____, _____

and Ending _____, _____

Cost for Maintenance Service, Monitoring and Inspection Contract is:

$_____/yr. For _____ years totaling $_____

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

Payment for all services shall be paid ___ _____ _____ _____.

Client: **Inspector:**

Sign: _____   Sign: _____

Print: _____   Print: _____

Date: _____   Date: _____