

ZONING PERMIT APPLICATION

256

WITNESS Clement Ellang TELE # _____
 FULL NAME 6993 Carey Lane W.
 MAIL ADDRESS Maple Grove CITY MN STATE 55369 ZIP
 911 ADDRESS OF PROPERTY 20227 327th Ave.
 CITY ISL STATE MN ZIP 56342
 TOWNSHIP Lake side
 LEGAL DESCRIPTION lot 16, 5 lakeside trbl.
 SECTION 8 TOWNSHIP 44 RANGE 25

OFFICE USE ONLY	
DATE <u>7/14/06</u>	APPROVE / DENY <u>34164</u>
PERMIT# <u>16-1-055500</u>	
PARCEL# <u>16-1-055400</u>	
RECEIPT# <u>5537</u>	
CONFORMING SEPTIC	
YES <input type="checkbox"/> P# _____	NO <input checked="" type="checkbox"/> NEW <input type="checkbox"/>

(circle) RESIDENTIAL COMMERCIAL ACCESSORY NEW BUILDING ALTERATION

BUILDING CONTRACTOR AND LICENSE NUMBER: Westerlund Const. - 663

SIZE OF ALL BUILDINGS COVERED BY THIS APPLICATION _____

COMMENTS: Mound Sewer System for New R.V. Sites

performance commercial septic

3 systems on property

DESIGNER: Greg Westerlund
 DATA FOR SEWER CONSTRUCTION: INSTALLER Greg Westerlund BEDROOMS/GPD 2700 GPD

The undersigned hereby makes application for permit to construct as herein specified, agreeing to do all such work in strict accordance with the Ordinances of the County of Aitkin, Minnesota; Minnesota Individual Sewage Disposal Code Minimum Standards set forth by Minnesota Department of Health; and Shoreland Management Standards set forth by Minnesota Department of Natural Resources. Applicant agrees that plot plan, sketches and specifications submitted herewith and which are approved by the Zoning Official, shall become a part of the permit. **APPLICANT FURTHER AGREES THAT NO PART OF THE SEWAGE SYSTEM SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED AND ACCEPTED.** It shall be the responsibility of the applicant for the permit to notify the Zoning Office (at least 24 hours in advance) that the Septic System is ready for inspection.

X Greg Westerlund
 SIGNATURE APPLICANT/AGENT

DO NOT WRITE BELOW THIS LINE

ZONING DISTRICT & FLOOD PLAIN

ZONING DISTRICT SL
 LAKE/STREAM/RIVER NAME mill lake
 LAKE/RIVER ID NUMBER 48-0002
 LAKE/RIVER/STREAM CLASSIF. 6002
 PARCEL LOCATED IN FLOOD PLAIN? Y ☐ N ☒
 10/100-YR. FLOOD ELEVATION _____
 LOWEST FLOOR ELEVATION _____
 ELEV. CERTIFICATE REQUIRED Y ☐ N ☐
 BEFORE CONSTRUCTION Y ☐ N ☒
 AFTER CONSTRUCTION Y ☐ N ☒

STRUCTURE SETBACK DISTANCE REQUIREMENTS

(Measure from eaves or overhang)

OHW TO LAKE/RIVER/STREAM 15'
 PROPERTY LINE SETBACK (10 ft. / 20 ft.) _____
 SETBACK TO ROAD R-O-W (30 ft. Twp. / 50 ft. Co., State, Fed.) _____
 SETBACK TO BLUFF (30 ft.) _____

SEPTIC SYSTEM SETBACK DISTANCES

SETBACK TO STRUCTURES - 10 ft. Tank / 20 ft. Drainfield _____
 OHW TO LAKE/RIVER _____
 PROPERTY LINE SETBACK - 10 ft. _____
 SETBACK TO ROAD R-O-W - 10 ft. _____

ATTACH COPY OF ELEVATION CERTIFICATES

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

RECOMMENDATIONS: \$600 + \$50 DP = \$650.00 - total

EXPIRES IN ONE YEAR • Aitkin County Zoning
 Courthouse - 209 2nd St. NW. Room 118 • Aitkin, Minnesota 56431
 Telephone 218/927-7342

6/12/06
 RECEIVED BY _____ DATE _____

Notes: No

Parcel number/Tax year: 16-1-055500

2007 Reference parcel: 00216002055500

Owner(s): 97931

Parcel type : RE

Hold tax stmt:

ELLANGO, CLEMENT & CLEMENT, CAROLINA

Com district: 3 Misc1/2:

6993 CAREY LANE N

Escrow agent:

38 FIRST AMER REAL ESTA

MAPLE GROVE MN 55369

Mortgage hld:

UTA: Twp/City School AMBU **** * 00 00 00 00

016 0473 00 00 00 00

Taxpayer: 97931 FALCO: 1 F.O.

TIF district: 000 000

ELLANGO, CLEMENT & CLEMENT, CAROLINA

Lake#/name : 48-0002 MILLE LACS

6993 CAREY LANE N

Property adr: 20227 327th Ave

MAPLE GROVE MN 55369

ISLE

Emergency# :

56342 -

Alternate taxpayer:

Twp/City Plt: LAKESIDE TWP

2

Sec/twp/rge : 8 44.0 25 Acres:

Plat: LAKESIDE ADDITION

Description: Lot/Block . :

LOT 6 LESS HY

Press Enter to continue or enter new parcel/tax year. 16-1-055500 2007

F1=Full desc F2=Trans hist F3=Exit F6=Prcl hist F7=Backward F9=Escrow hist

F12=Cancel F14=Phy Addr F17=Dsply Note

DSPPRCL1

Display Parcel Description

5/17/06 14:17:50

Notes: No

Parcel number/Tax year: 16-1-055400

2007 Reference parcel: 00216002055400

Owner(s): 97931

Parcel type : RE

Hold tax stmt:

ELLANGO, CLEMENT & CLEMENT, CAROLINA

Com district: 3 Misc1/2:

6993 CAREY LANE N

Escrow agent:

MAPLE GROVE MN 55369

Mortgage hld:

UTA: Twp/City School AMBU **** * 016 0473 00 00 00 00

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F12=Cancel F14=Phy Addr F17=Dsply Note

FIELD EVALUATION SHEET

PRELIMINARY EVALUATION DATE 4-06, FIELD EVALUATION DATE 4-06
PROPERTY OWNER: Clement Elango PHONE 763 639 8889
ADDRESS: _____ CITY, STATE, ZIP: _____
LEGAL DESCRIPTION: _____
PIN# _____
FIRE# _____ LAKE/RIVER Miller lacs SEC _____ T _____ R _____ TWP NAME Lake side
LAKE CLASS _____ OHWL _____ FT.

DESCRIPTION OF SOIL TREATMENT AREAS


	AREA #1	AREA #2	REFERENCE BM ELEV. <u>100</u> FT.
DISTURBED AREAS	YES _____ NO <input checked="" type="checkbox"/>	YES _____ NO <input checked="" type="checkbox"/>	REFERENCE BM DESCRIPTION _____
COMPACTED AREAS	YES _____ NO <input checked="" type="checkbox"/>	YES _____ NO <input checked="" type="checkbox"/>	<u>Access Rd at</u>
FLOODING	YES _____ NO <input checked="" type="checkbox"/>	YES _____ NO <input checked="" type="checkbox"/>	<u>Approach</u>
RUN ON POTENTIAL	YES _____ NO <input checked="" type="checkbox"/>	YES _____ NO <input checked="" type="checkbox"/>	_____
SLOPE %	<u>3</u>	<u>1</u>	_____
DIRECTION OF SLOPE	<u>w</u>	<u>w</u>	_____
LANDSCAPE POSITION	<u>Slope</u>	_____	_____
VEGETATION TYPES	<u>lawn</u>	_____	_____

DEPTH TO STANDING WATER OR MOTTLED SOIL: BORING# 1 24, 1A 23, 2 24, 2A 22
BOTTOM ELEVATION--FIRST TRENCH OR BOTTOM OF ROCK BED: #1 102 FT., #2 _____ FT.
SOIL SIZING FACTOR: SITE #1 1.27, SITE #2 _____

CONSTRUCTION RELATED ISSUES:

IC# 663 SITE EVALUATOR SIGNATURE: Greg Westerlund
SITE EVALUATOR NAME: _____ TELEPHONE# _____
UG REVIEW Kar Bunnick DATE 5-17-06
Comments: _____

SOIL BORING LOGS ON REVERSE SIDE

Reviewed by
5-17-06 

MOUND DESIGN SHEET

PROPERTY OWNER Clement Elango TOWNSHIP lake side FIRE# _____

PERMIT# _____ PIN# _____ DATE _____

DESIGNER NAME Greg Westerlund LICENSE # 663

DESIGNER SIGNATURE: Greg Westerlund DATE 4-06

WATER USE APPLIANCES (CHECK ALL THAT APPLY)

CLOTHES WASHER _____ WATER SOFTNER _____ DISHWASHER _____ WHIRLPOOL _____ HUMIDIFIER _____
 NUMBER OF BEDROOMS _____ TYPE: _____ GARBAGE DISPOSAL: YES _____ NO _____ AIR TEST YES _____ NO _____
 WELL: DEEP (50'+) ☒ SHALLOW _____ SETBACKS: TANK 50 DRAINFIELD 50 SEWER LINE 50

FLOW

- A. ESTIMATED 2700 GPD OR MEASURED GPD _____
 B. SEPTIC TANK VOLUME 3,150 GALLONS
 C. MINIMUM PUMP TANK VOLUME 1,000 GALLONS
 C1. ALARM TYPE ALZ Controls with Alarm
Simplex (Duplex panel)

SOILS

- D. DEPTH TO RESTRICTING LAYER 2 FEET
 E. DEPTH OF SAND ON UPSLOPE EDGE 1 FEET
 F. SOIL TEXTURE Sand loam
 G. PERCOLATION RATE _____ MPI
 H. SOIL SIZING FACTOR 1.27 SQ FT/GPD
 I. LAND SLOPE 3 %

ROCK LAYER DIMENSIONS

- J. (A) x 0.83 = 2241 = SQ FT
 K. SELECT ROCK LAYER WIDTH 10 FT.
 L. LENGTH OF ROCK BED = (J) + (K) = 224 FT.

ROCK VOLUME

- M. MULTIPLY ROCK AREA BY ROCK DEPTH = (J) x 1 FT =
2241 FT x 1 FT = 2241 CU. FT.
 N. DIVIDE (M) BY 27 = CU YD. = 2241 CU FT + 27 = 83 CU YD.
 O. MULTIPLY (N) 83 x 1.4 = 116.2 TONS OF ROCK

ABSORPTION WIDTH

- P. FOR TEXTURE, PERC. RATE, OR SOIL SIZING FACTOR
 Q. (F) (G) OR (H) ABOVE, SELECT ABSORPTION WIDTH
 RATIO FROM TABLE 3 1.52
 S. MULTIPLY ABSORPTION WIDTH RATIO (P) BY ROCK
 LAYER WIDTH (K) = 10 x 1.52 = 15.2 FT.
 T. ABSORPTION WIDTH

TABLE 1

EST SEWAGE FLOW IN GALLONS/ DAY (GPD)

NUMBER OF BEDROOMS	TYPE I	TYPE II	TYPE III
2	300	225	180
3	450	300	218
4	600	375	256
5	750	450	294
6	900	525	332
7	1050	600	370
8	1200	675	408

TABLE 2

NUMBER OF BEDROOMS	MINIMUM TANK CAPACITY GALLONS	MINIMUM CAPACITY GARBAGE DISPOSAL
2 OR LESS	1000	1500
3 OR 4	1000	1500
5 OR 6	1500	2250
7 OR 8	2000	3000
OVER 9	SEE FIG C-6	(x 1.5)

TABLE 3

PERC RATE P1	SOIL TEXTURE	SOFT GALLONS /DAY	GALLONS /DAY /SOFT.	ABSORPTION WIDTH RATIO
< THAN 0.1	COARSE SAND	—	—	1.00
0.1 TO 0.5	SAND	0.83	1.20	1.00
0.1 TO 0.5	FINE SAND	1.87	0.80	2.00
0.6 TO 1.5	SANDY LOAM	1.27	0.79	1.52
1.6 TO 3.0	LOAM	1.87	0.60	2.00
3.1 TO 4.5	SILT LOAM	2.00	0.50	2.40
4.6 TO 6.0	CLAY LOAM	2.20	0.45	2.87
> THAN 6.0	CLAY	—	(0.24)	5.00
> THAN 12.0	CLAY	—	—	6.00

IG APPROVAL: _____ DATE: _____

MINIMUM MOUND SIZE

1. Subtract rock layer width from absorption width to obtain minimum downslope berm toe

$$15.2 \text{ ft} - 10 \text{ ft} = 5.2 \text{ feet}$$

2. Determine depth of clean sand fill at upslope edge of rock layer:

$$\text{Separation } 3' - 2 \text{ ft} = 1 \text{ feet}$$

3. Add depth of clean sand for separation (2) at upslope edge, depth of rock layer (1 ft) to depth of cover (1 ft) to find the mound height at upslope edge of rock layer:

$$1 \text{ ft} + 1 \text{ ft} + 1 \text{ ft} = 3 \text{ feet}$$

4. Enter table with landslope and upslope berm ratio.

Select berm multiplier 3.57

5. Multiply berm multiplier by upslope mound height to find upslope berm width:

$$3.57 \times 3 = 10.71 \text{ feet}$$

6. Multiply rock layer width (K) by landslope to determine drop in elevation:

$$10 \times 3 \% \div 100 = .3 \text{ feet}$$

7. Add depth of clean sand for slope difference (6) at downslope edge to the mound height at the upslope edge of rock layer (3) to find the downslope height:

$$3 \text{ ft} + .3 \text{ ft} = 3.3 \text{ feet}$$

8. Enter table with landslope and downslope berm ratio.

Select berm multiplier of 4.54

9. Multiply berm multiplier by downslope mound height to get downslope berm width:

$$3.3 \times 4.54 = 14.982 \text{ feet}$$

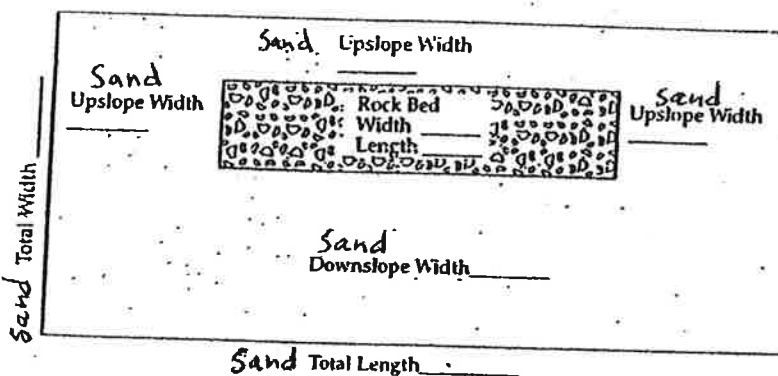
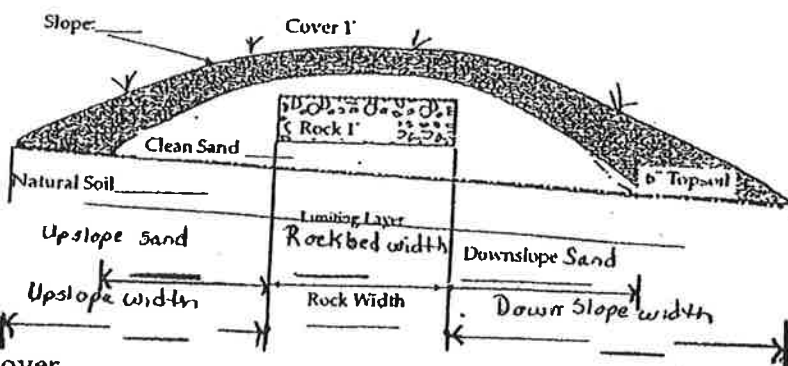
10. Compare the values of Step (1) 5.2 and Step(9) 14.982. Select the greater of the two values as the downslope berm width: 14.982 feet

11. Total mound width is the sum of upslope berm (5): width plus rock layer width (K) plus downslope berm width (9):

$$11 \text{ ft} + 10 \text{ ft} + 15 \text{ ft} = 36 \text{ feet}$$

12. Total mound length is the sum of upslope berm width (5) plus rock layer length (L) plus upslope berm width (5):

$$11 \text{ ft} + 224 \text{ ft} + 11 \text{ ft} = 246 \text{ feet}$$



BERM SLOPE MULTIPLIERS

Land Slope, in %	DOWNSLOPE berm multipliers for various berm slope ratios					UPSLOPE berm multipliers for various berm slope ratios					
	3:1	4:1	5:1	6:1	7:1	3:1	4:1	5:1	6:1	7:1	8:1
0	3.0	4.0	5.0	6.0	7.0	3.0	4.0	5.0	6.0	7.0	8.0
1	3.09	4.17	5.26	6.38	7.53	2.91	3.85	4.76	5.66	6.54	7.41
2	3.19	4.35	5.56	6.82	8.14	2.83	3.70	4.54	5.36	6.14	6.90
3	3.30	4.54	5.88	7.32	8.86	2.75	3.57	4.35	5.08	5.79	6.45
4	3.41	4.76	6.25	7.89	9.72	2.68	3.45	4.17	4.84	5.46	6.06
5	3.53	5.00	6.67	8.57	10.77	2.61	3.33	4.00	4.62	5.19	5.71
6	3.66	5.26	7.14	9.38	12.07	2.54	3.23	3.85	4.41	4.93	5.41
7	3.80	5.56	7.69	10.34	13.73	2.48	3.12	3.70	4.23	4.70	5.13
8	3.95	5.88	8.33	11.54	15.91	2.42	3.03	3.57	4.05	4.49	4.88
9	4.11	6.25	9.09	13.04	18.92	2.36	2.94	3.45	3.90	4.30	4.65
10	4.29	6.67	10.00	15.00	23.33	2.31	2.86	3.33	3.75	4.12	4.44
11	4.48	7.14	11.11	17.65	30.43	2.26	2.78	3.23	3.61	3.95	4.26
12	4.69	7.69	12.50	21.43	43.75	2.21	2.70	3.12	3.49	3.80	4.08

Note: The product of the multiplier and the height results in the horizontal distance to where the berm meets the original land slope. Example: Height at upper edge of rock layer is 3.0 feet, rock layer is 10 feet wide, land slope is 6% and berm slope ratio is 4:1. Upslope berm width is $3.23 \times 3.0 = 9.7$ ft; height at lower edge of rock layer is $3.0 + 10 \times 0.6 = 9.0$ ft and downslope berm width is $5.26 \times 3.6 = 18.9$ ft.

Final Cover Dimension

$$246 \times 36$$

Pump #1

PUMP SELECTION PROCEDURE

A. Determine pump capacity: gravity distribution

1. Minimum required discharge is 10 gpm
2. Maximum suggested discharge is 45 gpm

pressure distribution

3. a. Select number of perforated laterals 4
- b. Select perforation spacing = 5 feet.
- c. Subtract 2 ft. from the rock layer length.
56 rock layer length - 2 ft. = 54 feet.
- d. Determine the number of spaces between perforations.
Length perf. spacing = 54 ft. ÷ 5 ft. = 10 spaces
- e. 10 spaces + 1 = 11 perforations/lateral
- f. Multiply perforations per lateral by number of laterals to get total number of perforations.
4 laterals × 11 perfs/lateral = 44 perforations.
- g. 44 perfs × 0.8 gpm/perf = 35.2 gpm.

Perforation Discharges in gpm				
head (feet)	perforation diameter (inches)			
	1/8*	3/16	7/32	1/4
1.0 ^a	0.18	0.42	0.56	0.74
<u>2.0^b</u>	0.26	0.59	<u>0.80</u>	1.04
5.0	0.41	0.94	1.26	1.65

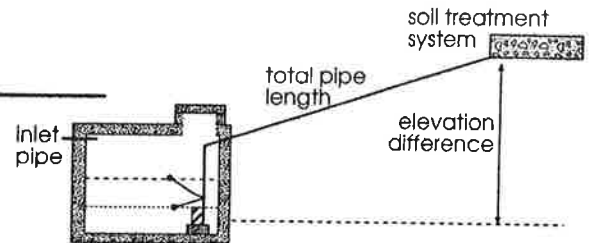
^a Use 1.0 foot for single-family homes.
^b Use 2.0 feet for anything else.
 * Potential for plugging

Selected pump capacity: 35 gpm

B. Determine head requirements:

1. Elevation difference between pump and point of discharge.
6 feet
2. Special head requirement:
If pumping to a pressure distribution system, five feet for pressure required at manifold. If gravity system, zero. 5 feet
3. Friction loss
 - a. Enter friction loss table with gpm and pipe diameter.
Read friction loss in feet per 100 feet from table.
F.L. = 2.06 ft./100 ft of pipe
 - b. Determine total pipe length from pump to discharge point. Estimate by adding 25 percent to pipe length for fitting loss. Equivalent pipe length times 1.25 = total pipe length
90 × 1.25 = 112.5 feet
 - c. Calculate total friction loss by multiplying friction loss in ft/100 ft by equivalent pipe length.
Total friction loss = 112.5 × 2.06 ÷ 100 = 2.3175 feet
4. Total head required is the sum of elevation difference, special head requirements, and total friction loss.
6 + 5 + 2.3175 (1) (2) (3c)

Total head: 13.3175 feet



Friction Loss in Plastic Pipe Per 100 feet			
flow rate gpm	nominal pipe diameter		
	1.5"	<u>2"</u>	3"
20	2.47	0.73	0.11
25	3.73	1.11	0.16
30	5.23	1.55	0.23
<u>35</u>	6.96	<u>2.06</u>	0.30
40	8.91	2.64	0.39
45	11.07	3.28	0.48
50	13.46	3.99	0.58
55		4.76	0.70
60		5.60	0.82
65		6.48	0.95
70		7.44	1.09

C. Pump selection

1. A pump must be selected to deliver at least 35 gpm (Step A) with at least 13 feet of total head (Step B).

PUMP SELECTION PROCEDURE

Pump #2

A. Determine pump capacity:

gravity distribution

1. Minimum required discharge is 10 gpm
2. Maximum suggested discharge is 45 gpm

pressure distribution

3. a. Select number of perforated laterals 4
- b. Select perforation spacing = 5 feet.
- c. Subtract 2 ft. from the rock layer length.
56 rock layer length - 2 ft. = 54 feet.
- d. Determine the number of spaces between perforations.
Length perf. spacing = 54 ft. ÷ 5 ft. = 10 spaces
- e. 10 spaces + 1 = 11 perforations/lateral
- f. Multiply perforations per lateral by number of laterals to get total number of perforations. $\frac{4}{\text{laterals}} \times \frac{11}{\text{perfs/lateral}} = \underline{44}$ perforations.
- g. $\frac{44}{\text{perfs}} \times \frac{8}{\text{gpm/perf}} = \underline{35}$ gpm.

Perforation Discharges in gpm				
head (feet)	perforation diameter (inches)			
	1/8*	3/16	7/32	1/4
1.0 ^a	0.18	0.42	0.56	0.74
2.0 ^b	0.26	0.59	0.80	1.04
5.0	0.41	0.94	1.26	1.65

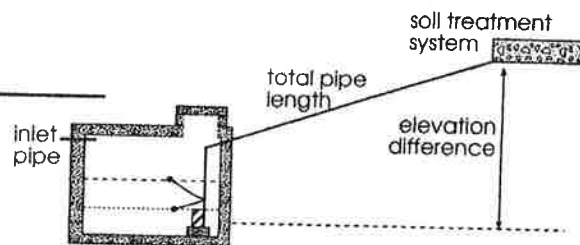
^a Use 1.0 foot for single-family homes.
^b Use 2.0 feet for anything else.
 * Potential for plugging

Selected pump capacity: 35 gpm

B. Determine head requirements:

1. Elevation difference between pump and point of discharge.
6 feet
2. Special head requirement:
If pumping to a pressure distribution system, five feet for pressure required at manifold. If gravity system, zero. 5 feet
3. Friction loss
 - a. Enter friction loss table with gpm and pipe diameter. Read friction loss in feet per 100 feet from table.
F.L. = 2.06 ft./100 ft of pipe
 - b. Determine total pipe length from pump to discharge point. Estimate by adding 25 percent to pipe length for fitting loss. Equivalent pipe length times 1.25 = total pipe length
80 x 1.25 = 100 feet
 - c. Calculate total friction loss by multiplying friction loss in ft/100 ft by equivalent pipe length.
Total friction loss = 100 x 2.06 ÷ 100 = 2.06 feet
4. Total head required is the sum of elevation difference, special head requirements, and total friction loss.
6 + 5 + 2.06 (1) (2) (3c)

Total head: 13.06 feet



Friction Loss in Plastic Pipe Per 100 feet			
flow rate gpm	nominal pipe diameter		
	1.5"	2"	3"
20	2.47	0.73	0.11
25	3.73	1.11	0.16
30	5.23	1.55	0.23
<u>35</u>	6.96	2.06	0.30
40	8.91	2.64	0.39
45	11.07	3.28	0.48
50	13.46	3.99	0.58
55		4.76	0.70
60		5.60	0.82
65		6.48	0.95
70		7.44	1.09

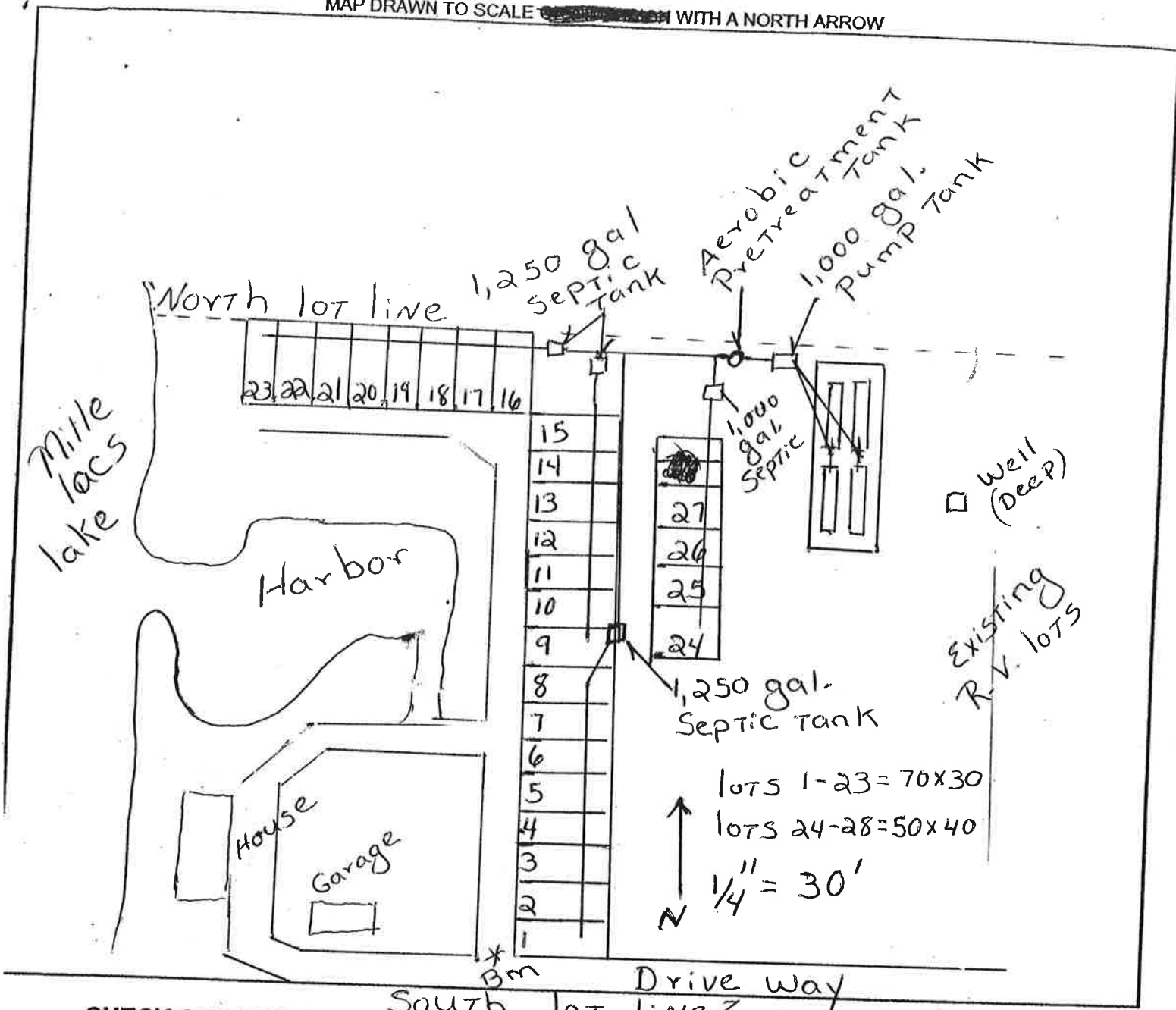
C. Pump selection

1. A pump must be selected to deliver at least 35 gpm (Step A) with at least 13 feet of total head (Step B).

CLIENT: Clement Elango

DATE: 4-06

MAP DRAWN TO SCALE WITH A NORTH ARROW



CHECK OFF LIST-HAVE ALL OF THE FOLLOWING BEEN DRAWN ON THE MAP??

- ☐ HOW EXISTING OR PROPOSED
 - ☐ WATER WELLS WITHIN 100 FT OF TREATMENT AREAS
 - ☐ PRESSURE WATER LINES WITHIN 10 FT OF TREATMENT AREAS
 - ☐ STRUCTURES
 - ☐ ALL SOIL TREATMENT AREAS
 - ☐ HORIZONTAL AND VERTICAL REFERENCE
 - ☐ POINT OF SOIL BORINGS
 - ☐ LOT EASEMENTS
 - ☐ DISTURBED/COMPACTED AREAS
 - ☐ SITE PROTECTION-LATHE AND RIBBON EVERY 15 FT
 - ☐ ACCESS ROUTE FOR TANK MAINTENANCE
 - ☐ REQUIRED SETBACKS
 - ☐ STRUCTURES
 - ☐ OHWL
 - ☐ COMMENTS:
 - ☐ DESIGNER SIGNATURE
 - ☐ LICENSE#
- ☐ LOT IMPROVEMENTS
 - ☐ ALL ISTS COMPONENTS
 - ☐ DIRECTION OF SLOPE
 - ☐ ALL LOT DIMENSIONS
 - ☐ PROPERTY LINES

INDICATE ELEVATIONS

- ☐ BENCHMARK
- ☐ ELEVATION OF SEWER LINE @ HOUSE
- ☐ ELEVATION @ TANK INLET
- ☐ ELEVATION @ BOTTOM OF ROCK LAYER
- ☐ ELEVATION @ BOTTOM OF BORING OR RESTRICTIVE LAYER
- ☐ ELEVATION OF PUMP
- ☐ ELEVATION OF DISTRIBUTION DEVICE

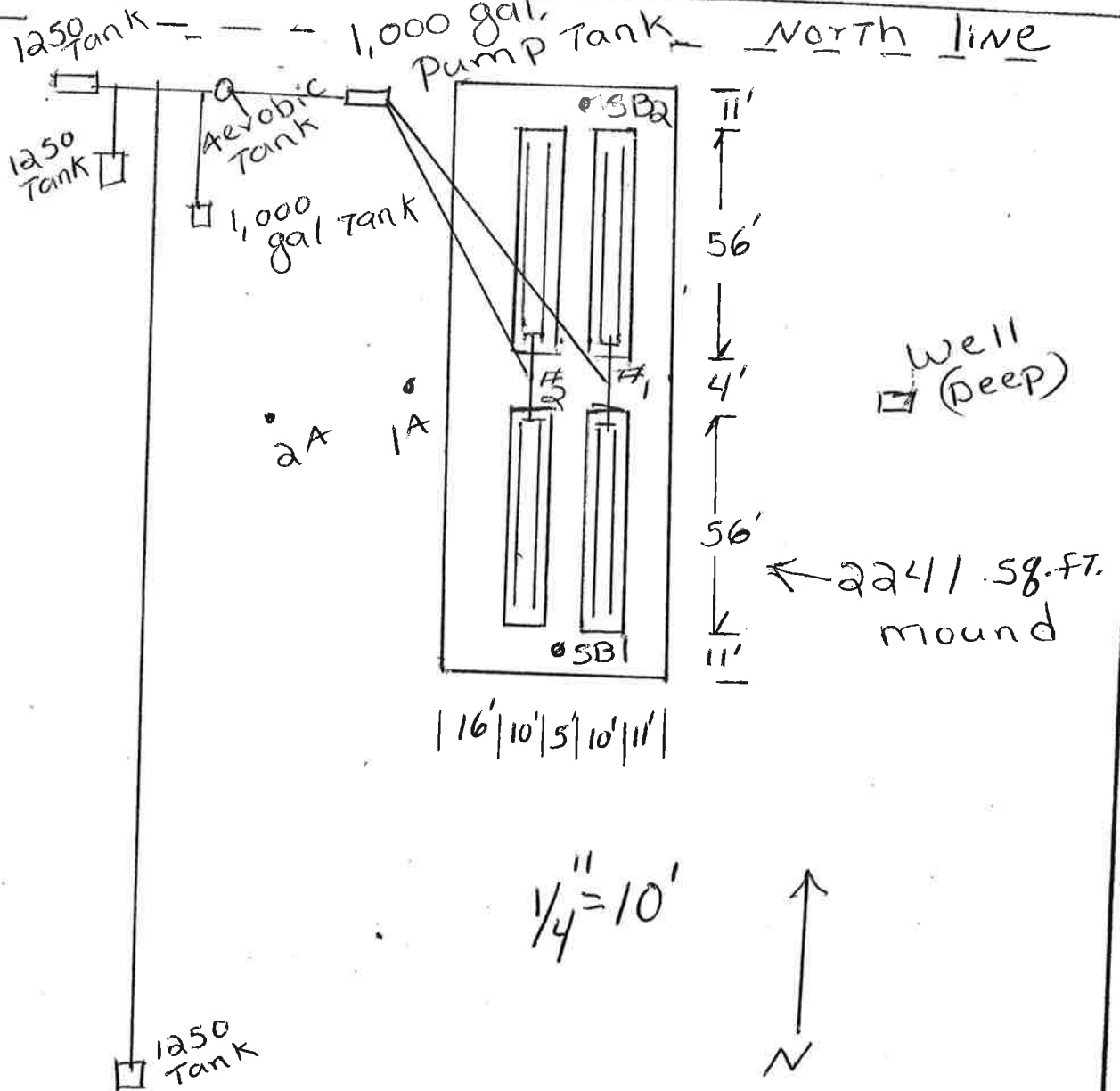
DESIGNER SIGNATURE Greg Westerlund
LICENSE# 663

DATE 4-06

CLIENT: Clement Elango

DATE: 4-06

MAP DRAWN TO SCALE WITH A NORTH ARROW



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 - ☐ SITE PROTECTION--LATHE AND RIBBON EVERY 15 FT
 - ☐ ACCESS ROUTE FOR TANK MAINTENANCE
 - ☐ REQUIRED SETBACKS

- ☐ LOT IMPROVEMENTS
- ☐ ALL ISTS COMPONENTS
- ☐ DIRECTION OF SLOPE
- ☐ ALL LOT DIMENSIONS

☐ PROPERTY LINES

INDICATE ELEVATIONS

BENCHMARK 100

ELEVATION OF SEWER LINE @ HOUSE _____

ELEVATION @ TANK INLET _____

ELEVATION @ BOTTOM OF ROCK LAYER 102

ELEVATION @ BOTTOM OF BORING OR RESTRICTIVE LAYER 99

ELEVATION OF PUMP 97

ELEVATION OF DISTRIBUTION DEVICE 103

DESIGNER SIGNATURE Greg Westerlund

PERMITS# _____

DATE 4-06

AITKIN COUNTY ENVIRONMENTAL SERVICES

APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

PERMITTEE Wilderness Resort PARCEL NUMBER _____

ADDRESS Hwy 47 Isle mn. 56432

LEGAL DESCRIPTION _____

TELEPHONE # 763 639 9998 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)

B. MONITORING PLAN AND REPORTING FREQUENCY:

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	2700				
5-DAY BOD	220				
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS	65				
FATS,OILS AND GREASE	30				
FECAL COLIFORM	N/A				
SEPARATION DISTANCE	N/A				

Greg Westerlund will perform the monitoring of this septic system.

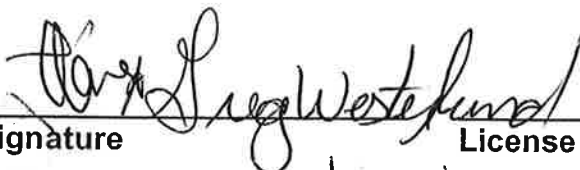
C. MAINTENANCE PLANS

PARAMETER	LOCATION	FREQUENCY
Aerobic Anaerobic Tank		Annually
Mound		Annually
Water meter		weekly.

D. MITIGATION PLAN:

Change pretreatment

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 _____ License Number 663

6-06
 Date

Greg Westerlund
~~Greg Westerlund~~

Name (please print)

25148 Hwy 47
 Address

320 684 2460
 Telephone #

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

It is hereby agreed this 10 day of June, 2006 by and between
Greg Westerlund (Inspector) and Clement Elango (client)

(Client) Name & Address

Wilderness Resort

Street Address Hwy 47

City, State, Zip Isle MN 56432
Aitkin MN 56431

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: 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: CLEMENT E. RANGO

Print: _____

Date: 05/26/2006

Date: _____

AITKIN COUNTY ENVIRONMENTAL SERVICES

209 Second Street NW
Aitkin, MN 56431
TELEPHONE: (218) 927-7266
FAX: (218) 927-4372



June 9, 2006

Clement Ellango
6993 Carey Lane North
Maple Grove, MN 55369

16-1-055400 +
500

Re: RV Expansion & Operating Permit

Dear Clement:

Enclosed is your latest inspection report performed on June 8, 2006. Items to note are:

1. There are 3 new decks. Campers must first apply for a building permit, and receive approval, before decks or platforms are built. You can supply the names of the 3 campers directly to us and we can write them or you may contact them yourself. Their applications must be received in this office, with payment, by June 23rd.
2. The east area across the highway is not being used by campers. However, there is a large amount of debris accumulating and must be removed. This was also documented in last year's inspection report.
3. The Plan Review Application for a change in campsite locations was received. However, the \$115 Plan Review Fee was NOT received. Please send this in immediately.
4. The easterly most septic system (#67) by the highway is still in non-compliance. **You have 30 days to get your Operating Permit renewed on this ISTS. Failure to do so will mean revocation of your RCA License and mandatory removal of all RVs** (see information enclosed).
5. With the 14 new sites being installed and the other 29 units on your property, you will be at the maximum 43 sites allowed.

Sincerely,

Doug Pearson, R.S.
Environmental Health Specialist

Cc: Terry Neff – Director of Environmental Resources

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

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

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



June 12, 2006

RE: Septic Operating Permit #256; Zoning
Permit # 34164; Parcel #16-1-055500 &
16-1-055400

ELLANGO, CLEMENT & CLEMENT, CAROLINA
6993 CAREY LANE N
MAPLE GROVE MN 55369

Dear Mr. and Mrs. Ellango:

Enclosed is the Operating Permit for an "Other" Septic System (formerly Experimental, Performance, etc.) that you are petitioning Aitkin County Zoning to allow to be installed on your property instead of holding tanks or a standard system. Please review this permit thoroughly and become acquainted with all of the conditions, then sign the operating permit and return it to me with the enclosed envelope. NOTE: ALL FEES HAVE BEEN PAID THROUGH May 31, 2008.

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.

Sometime before this 2008 deadline, you will receive an annual reminder notice on how to renew your operating permit with Aitkin County. This reminder notice will ask that you provide the 1) monthly water meter readings, 2) annual Compliance Inspection report, and 3) renewal application and fee. The Compliance Inspector (CI) is privately hired by you, the landowner and must review the septic system onsite on an annual basis while an operating permit covers the system. This annual review would be a great opportunity to review the conditions of the operating permit.

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

Missy Kingsley
Aitkin County Planning & Zoning

Enclosure


AITKIN COUNTY ENVIRONMENTAL SERVICES**OPERATING PERMIT FOR WASTEWATER
TREATMENT AND DISPERSAL****OPERATING PERMIT #:** 256**FEE:** 50.00**PERMITTEE:** Clement Ellango-Wilderness Lodge**PHONE:****ADDRESS:** 6993 Carey Lane N.
Maple Grove, MN 55369-**ZONING PERMIT #** 34164**PARCEL #:** 16-1-055500**ISSUE DATE:** 6/12/2006**RENEW DATE:** 5/31/2008**LEGALDESCRIPTION:** Lot 6 & 5, Lakeside Addition

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

This permit is effective on the issuance date identified above.

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

I hereby certify with my signature as the permittee that I understand the provisions of this permit including the maintenance and monitoring requirements. I agree to indemnify and hold Aitkin County harmless from all loss, damages, costs and charges that may be incurred by use of this system and if I fail to comply with the provisions of this Operating Permit. If I sell this property during the life of the permit, I will inform the new owner(s) of the permit requirements and the need to renew the permit.


Signature of Permittee
Date
Signature of Permitting Authority
Date

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

A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM**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 FREQUENC
Flow	2700 gpd	Water Meter	Weekly	Record on Log Sheet	ANNUALLY

C. MAINTENANCE REQUIREMENTS:

PARAMETER	LOCATION	FREQUENCY
Flow	Water Meter	MONTHLY

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 responsibility of the Permittee.

Monitoring will be done by Greg Westerlund

E. MITIGATION PLAN:

1) If ponding problems should occur due to build-up of oil and grease, have biomat analyzed. 2) If ponding problems should occur of indeterminate cause, coupled with a pungent odor, it may be necessary to clean the textile media. 3) If weeping problems should occur; lower dosing rate, lower water usage, increase distribution and absorption area. 4) If OSI Textile Filter experiences problems, fix or repair at recommendations of Manufacturer, or replace. 5) A different or another Performance or Other System may be installed at the owner's expense. 6) If in the event that this system should fail and if there is no other ISTS option available, the Holding Tanks must be installed, to be pumped by Licensed Pumper.

F. SPECIAL REQUIREMENTS:

Greg Westerlund, a licensed ISTS firm, has agreed to perform all monitoring responsibilities, as outlined within this Operating Permit Application, for a period of one year.

RECEIVED JUL 2 4 2006

AITKIN COUNTY ENVIRONMENTAL SERVICES

**OPERATING PERMIT FOR WASTEWATER
TREATMENT AND DISPERSAL**

OPERATING PERMIT #: 256

FEE: 50.00

PERMITTEE: Clement Ellango-Wilderness Lodge

PHONE:

ADDRESS: 6993 Carey Lane N.
Maple Grove, MN 55369-

ZONING PERMIT # 34164

PARCEL #: 16-1-055500

ISSUE DATE: 6/12/2006

RENEW DATE: 5/31/2008

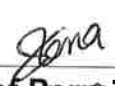
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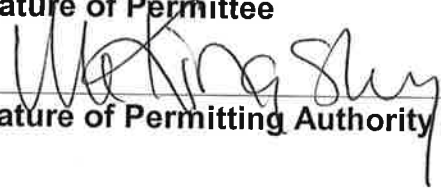
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Signature of Permittee



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.

A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM

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 FREQUENC
Flow	2700 gpd	Water Meter	Weekly	Record on Log Sheet	ANNUALLY

C. MAINTENANCE REQUIREMENTS:

PARAMETER	LOCATION	FREQUENCY
Flow	Water Meter	MONTHLY

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

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F. SPECIAL REQUIREMENTS:

Greg Westerlund, a licensed ISTS firm, has agreed to perform all monitoring responsibilities, as outlined within this Operating Permit Application, for a period of one year.

AITKIN COUNTY

CERTIFICATE OF COMPLIANCE/NOTICE OF NON-COMPLIANCE

This certificate of compliance/notice of non-compliance has been issued this 9TH day of MAY 2008 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: _____

8
Section 34(64) Township 44 Range 25 Lake MILLE LACS
PERMIT No. → Owner Name: CLEMENT ELLANCO
Address ISLE MN 56432
Installer Name GREG WESTERLUND
Type of System Inspected MOUND
Parcel Number 16-1-0555 00

The certificate of compliance noncompliance was based on, No. _____ of the following:

- 1) Inspection of the installation or construction as in accordance with the above referenced permit and application design.
- 2) Review of as-built plans submitted in accordance with Subdivision 4.21 C. of Aitkin County's Individual Sewage Treatment System and Wastewater Ordinance No. 1.

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

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

- 2) List of specific violations of Ordinance: _____

- 3) Requirements for correction or removal of violations: _____

- 4) Time schedule for compliance: _____

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

INSPECTOR SIGNATURE: _____

Greg Westerlund

INDIVIDUAL SEWAGE TREATMENT SYSTEM INSPECTION FORM

AITKIN COUNTY, MINNESOTA

Township LAKE SIDE Date of Inspection 5-9-08 Permit Number 34164
Owner CLEMENT ELIAGO Parcel Number 16-1-055500
Project Address WILDERNESS BEACH Installer GREG WESTERLUND
City ISLE Zip Code 56342 New X Repair

SETBACKS:

Buildings to tank(s) 10'
Buildings to drainfield 40'
Well(s) 50' or 100' 100'
Lake/Creek/Wetland 150'

SEPTIC TANKS:

Liquid capacity (2) 1250's (1) 1500
 Manufacturer & type Cem Stone pre-cast
 Type of baffle plastic
 Inspection pipes 4 - 4"
 Manholes access 3
 No. & height of risers 1 1/2 (3)

MOUNDS:

MOUNDS: 2 Mounds

Percent slope 2

Upslope dike width 12' - 12'

Downslope dike width 14'

Sideslope dike width 14'

Drainfield rock below pipe 9"

Depth of sand below rock 2' pre mound

Perforation size & spacing 1/4 - 3'

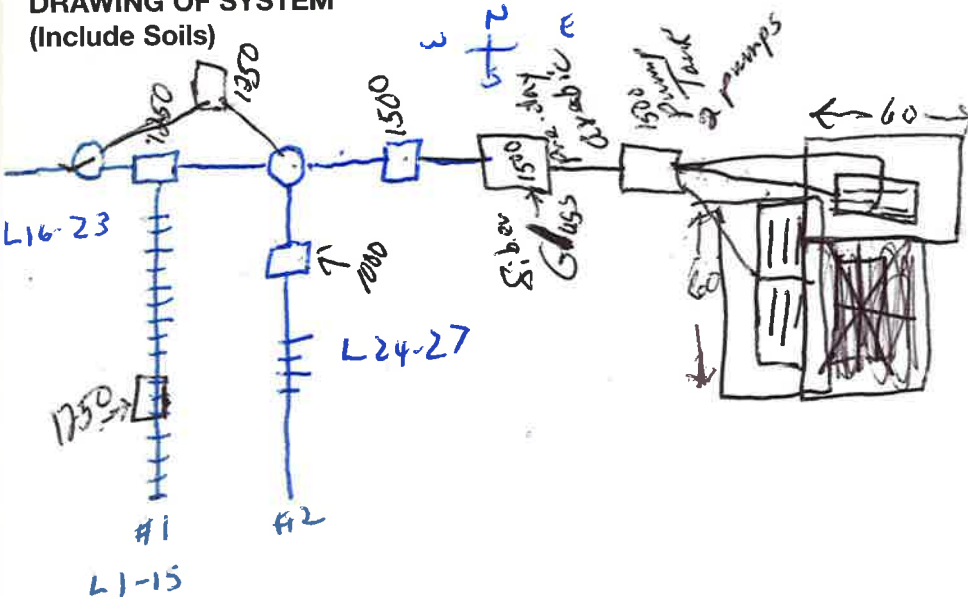
Pipe size & spacing 1 1/2 - 3' letters per mound

Dimensions of rock bed 40 X 60 pre mound

Dimensions of sand base 38 X 80 pre mound

Final cover 16" in center 12 on Rock B

DRAWING OF SYSTEM
(Include Soils)



Inspector's Comments _____

Corrective Action Required

Inspector's Signature _____ Installer's Signature _____

White-County Yellow-Applicant Pink-Installer

DIST. or DROP BOX & TYPE

TRENCHES, BEDS, OR GRAVELLESS LEACHFIELD:

Trench depth _____

Trench length _____

Trench bottom width _____

Trench bottom level _____

Trench spacing _____

Drainfield rock below pipe _____

Size of gravelless pipe _____

Depth of backfill _____

Absorption area: square feet _____

lineal feet _____

PUMPS:

Tank capacity 1500 + 1500
 Tank manufacturer & type com. pre-cast ① fiberglass
 No. & height of risers _____
 Pump manufacturer & model # 2 Zollers 98
 Horsepower & GPM 1/2 - 50
 Feet of head 12
 Cycles per day 5
 Gallons per cycle 100
 Size of discharge line 2"
 Type of electrical hookup post
 Type & location of alarm out door
 Cycle counter (commercial) yes

Soils
6" Sand
6" TOPSOIL
To 0.4K 3/3
20" Sand
10YR 4/6

AITKIN COUNTY ENVIRONMENTAL SERVICES

*Scan
File*

**OPERATING PERMIT FOR WASTEWATER
TREATMENT AND DISPERSAL**

OPERATING PERMIT #: 67 *and 68 and 256*

FEE: 100.0

PERMITTEE: Clement Ellango, Wilderness Lodge

PHONE: (320) 684-2231

ADDRESS: 6993 CAREY LANE N
Maple Grove, MN 55369-

*Renewed to
2010 paid
413639*

ZONING PERMIT # 28468

PARCEL #: 16-1-055400 and

ISSUE DATE: 7/19/2001

RENEW DATE: 12/31/2002

16-1-055500

LEGAL DESCRIPTION: LOT 5 LESS HY and LOT 6 LESS HY

es authorizes the Permittee to operate a wastewater
ated on the above described property in accordance with

nce date identified above.

treat and disperse from the above system shall expire
Permittee is not authorized to discharge after the date of
mit such information and forms as required by Aitkin
ater than thirty (30) days prior to the expiration date.
bmitted and approved by Aitkin County Environmental
ed. This permit is not transferable from owner to owner.

as the permittee that I understand the provisions of
ance and monitoring requirements. I agree to

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.

gona

Signature of Permittee

Oct 8, 09

Date

[Signature]

Signature of Permitting Authority

Nov 16 2009

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.

*Doug,
Septic check Inc
will be providing
the test results.
Thank you
gona*

Stamps

Protect Your Duplicate Checks Store your duplicate checks in your check book

☒ Track your expenses...

☐ Clothing

☐ Food

☐ Transportation

☐ Credit Card

☐ Utilities

☐ Mortgage

☐ Entertainment

☐ Insurance

☐ Other: _____

☐ TAX-DEDUCTIBLE ITEM

1119

BALANCE
FORWARD

July 1, 09

THIS ITEM

BALANCE

DEPOSIT

OTHER

BALANCE
FORWARD

Antioch County Environmental



For enhanced security, your name and account number do not appear on this copy

NOT NEGOTIABLE

OCT 13 2009

From

Carolina Clement
6993 Carey Lane N
Maple Grove, MN -55369

To

Doug Pearson
Aitkin County Environmental Services
Aitkin, MN - 56431

Doug,

I had sent the signed operating permit with the check for \$100 in July. I have attached a copy of the check. The check didn't come to the bank.

So, I am sending you the operating permit and another check by certified post.

The other supporting documents will be submitted by the system maintenance company.

Thank you



Carolina Clement

Oct 9, 09

AITKIN COUNTY ENVIRONMENTAL SERVICES

OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

OPERATING PERMIT #: 256

FEE: \$100 # 425318

PERMITTEE: Clement Ellango-Wilderness Lodge

PHONE:

ADDRESS: 6993 Carey Lane N.
Maple Grove, MN 55369-

ZONING PERMIT # 34164

PARCEL #: 16-1-055500

ISSUE DATE: 5/31/2009

RENEW DATE: 5/31/2010

LEGAL DESCRIPTION: Lot 6 & 5, Lakeside Addition

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.

SIGN HERE
I hereby certify with my signature as the permittee that I understand the provisions of this permit including the maintenance and monitoring requirements. I agree to indemnify and hold Aitkin County harmless from all loss, damages, costs and charges that may be incurred by use of this system and if I fail to comply with the provisions of this Operating Permit. If I sell this property during the life of the permit, I will inform the new owner(s) of the permit requirements and the need to renew the permit.


Signature of Permittee


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.

2

AITKIN COUNTY ENVIRONMENTAL SERVICES

OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

OPERATING PERMIT #: 256

FEE: 100

PERMITTEE: Clement Ellango-Wilderness Lodge

PHONE:

ADDRESS: 6993 Carey Lane N.
Maple Grove, MN 55369-

ZONING PERMIT # 34164

PARCEL #: 16-1-055500

ISSUE DATE: 6/30/2011

RENEW DATE: 5/31/2012

LEGALDESCRIPTION: Lot 6 & 5, Lakeside Addition

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.

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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.

CK# 2576
Receipt# 173042

- Need monitoring
& maintenance

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

209 Second Street, NW
Aitkin, Minnesota 56431

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



January 27, 2012
RE: Operating Permit Renewal

Dear Clement Ellango:

Thank you for your renewal payment of \$200 on Operating Permits #256 & #68. This letter is to inform you that we are still waiting on the monitoring and maintenance information from your septic system maintainer and a table of your water usage. As mentioned we have received the payment and the signed Operating Permits.

Once we receive the missing information, your permit will be renewed through May 31, 2012. It is important you renew your Operating Permit or your septic system will be considered nonconforming.

Sincerely,

Kristi K.

Aitkin County Planning & Zoning

Septic Check

6074 Keystone Rd
Milaca, MN 56353

1/6/2015

320-983-2447

Fax: 320-983-2151

PROPERTY INFORMATIONWilderness Beach Resort **Nayadic System**

Location: 20227 327th Ave

Isle

Tax ID: 16-1-055500

Use:

GENERAL SYSTEM TYPE: NAY Comm 1 w test

Owner: Wilderness Beach Resort

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369

Fold
Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/25/2014 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic Check

Work Performed By:
Scott Shelito

Submitted 01/06/2015 by:
Angie Stafford

Fold
Here

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

GENERAL SITE & SYSTEM CONDITIONS

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

ONSITE SEWAGE SYSTEM INSPECTION DETAIL**TANK: Septic Tank - 1 Compartment**

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):	2	
Pumping recommended:	NO	

TANK: Pump Tank time dose tank to nayadic

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	

Pump: Effluent Pump time dose pump to nayadic

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

Panel: Control - 1 Pump time dose panel

This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	0.7 min	
Pump 1: off hours (override in parentheses - if present):	0.25 hrs	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	5314.85 Hrs	
Pump 1: Cycle Count (override in parentheses - if present):	15145	

Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Nayadic M-2000-F/M-2000A

Manufacturer: Consolidated Treatment Systems Model: Nayadic M-2000-F/M-2000A

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES	
Pumping recommended:	NO	
TANK: Pump Tank Drainfield dose tank		
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 Drainfield dose pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Pump: Effluent Pump Drainfield dose pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Panel: Control - 2 Pumps		
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):	413	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
Media Filter: Mound		
This component was:	Fully Inspected	
Slope integrity maintained:	N/A	
Lateral lines flushed:	NO	
Ponding present? If YES explain in comments:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	

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

Septic Check

6074 Keystone Rd
Milaca, MN 56353

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

PROPERTY INFORMATION

Wilderness Beach Resort **Advantex System #1**

Location: 20227 327th Ave

Isle

Tax ID: 16-1-055500 ,

Use: Commercial, RV Park

GENERAL SYSTEM TYPE: ADVANT Comm 1 w test

Owner: Wilderness Beach Resort

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369

Fold
Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/25/2014 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic Check

Work Performed By:
Scott Shelito

Submitted 01/06/2015 by:
Angie Stafford

Fold
Here

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

Septic Check will verify that the septic tank gets pumped 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):	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: Septic Tank - 2 Compartment**

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):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A	
Compartment 2 Scum accumulation (Inches, if other specify):	0	
Compartment 2 Sludge accumulation (Inches, if other specify):	11	
Pumping recommended:	YES	

Pump: Effluent Pump Advantex dose pump

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

Media Filter: Textile Filter: Advantex AX20, Manufacturer= Orenco - Advantex AX20

Manufacturer: Orenco Model: Advantex AX20

This component was:	Fully Inspected	
Average squirt height (if performed) (feet, if other specify):	N/A	
Turbidity - NTU - (limit >15)	N/A	
Dissolved Oxygen - mg/L - (limit 2-6)	N/A	
pH (limit 6-9)	N/A	
Sampling results within limits:	N/A	
Recirculating Splitter Valve Functioning:	YES	
Recirculating Splitter Valve Cleaned:	YES	
Lateral lines flushed:	YES	
Bridging or Ponding on the textile sheets	NO	
Textile sheets cleaned	YES	
Pod bottom cleaned	NO	

Unit vented properly:	YES	
Biotube filter cleaned	YES	
Floats set and functioning properly:	YES	
Timer settings correct	YES	
Recirculating Pump Amps	N/A	
Discharge Pump Amps	N/A	
Recirculation ratio correct	YES	
TANK: Pump Basin Drainfield dose tank		
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 Drainfield dose pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Panel: Control - 2 Pumps		
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):	418	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
Drainfield: Pressure Ded		
This component was:	Fully Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

Septic Check

6074 Keystone Rd
Milaca, MN 56353

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

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369

PROPERTY INFORMATION

Wilderness Beach Resort **Advantex System #2**

Location: 20227 327th Ave

Isle

Tax ID: 16-1-055500 ,

Use:

GENERAL SYSTEM TYPE: ADVANT Comm 1 w test

Owner: Wilderness Beach Resort

Fold
Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/25/2014 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic Check

Work Performed By:
Scott Shelito

Submitted 01/06/2015 by:
Angie Stafford

Fold
Here

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

GENERAL SITE & SYSTEM CONDITIONS

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

ONSITE SEWAGE SYSTEM INSPECTION DETAIL**TANK: Septic Tank - 2 Compartment**

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):	1	
Compartment 1 Sludge accumulation (Inches, if other specify):	7	
Compartment 2 Scum accumulation (Inches, if other specify):	0	
Compartment 2 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	

Pump: Effluent Pump Advantex dose pump

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

Media Filter: Textile Filter: Advantex AX20, Manufacturer= Orenco - Advantex AX20

Manufacturer: Orenco Model: Advantex AX20

This component was:	Fully Inspected	
Average squirt height (if performed) (feet, if other specify):	N/A	
Turbidity - NTU - (limit >15)	N/A	
Dissolved Oxygen - mg/L - (limit 2-6)	N/A	
pH (limit 6-9)	N/A	
Sampling results within limits:	N/A	
Recirculating Splitter Valve Functioning:	YES	
Recirculating Splitter Valve Cleaned:	YES	
Lateral lines flushed:	YES	
Bridging or Ponding on the textile sheets	NO	
Textile sheets cleaned	YES	
Pod bottom cleaned	NO	

Unit vented properly:	YES	
Biotube filter cleaned	YES	
Floats set and functioning properly:	YES	
Timer settings correct	YES	
Recirculating Pump Amps	N/A	
Discharge Pump Amps	N/A	
Recirculation ratio correct	YES	
TANK: Pump Tank Drainfield dose tank		
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 Drainfield dose pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Panel: Control - 2 Pumps		
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):	N/A	
Pump 2: ETM hours (override in parentheses - if present):	N/A	
Drainfield: 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	

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

PH: (218) 927-7342

FX: (218) 927-4372



Past Due Renewal As Of: 5 /31/2016

Re: Operating Permit # 256
Zoning Permit # 34164
Parcel ID# 16-1-055500

Clement Ellango
Dear Permittee:

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

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
- ☒ 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 Subsurface Sewage Treatment System Ordinance and could be prosecuted by the County Attorney's Office.

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

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

Sincerely,

Aitkin County Planning & Zoning

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

209 Second Street, NW Room# 100

Aitkin, Minnesota 56431

PH: (218) 927-7342

FX: (218) 927-4372



3/17/2016

Clement Ellango-Wilderness Lodg
6993 Carey Lane N.
Maple Grove, MN 55369-

Re: Operating Permit # 256
Zoning Permit #34164
Parcel ID#16-1-055500

Dear Permittee:

Septic Check

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.

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
- ☒ 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

Septic Check

6074 Keystone Rd
Milaca, MN 56353

10/6/2015
320-983-2447
Fax: 320-983-2151

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369

PROPERTY INFORMATION

Wilderness Beach Resort **Advantex System #1**
Location: 20227 327th Ave
Isle
Tax ID: 16-1-055500
Use: Commercial, RV Park
GENERAL SYSTEM TYPE: ADVANT Comm 1 w test
Owner: Wilderness Beach Resort

Fold
Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/10/2015 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic Check

Work Performed By:
Torrey Boser

Submitted 10/06/2015 by:
Angie Stafford

Fold
Here

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

GENERAL SITE & SYSTEM CONDITIONS

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

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Septic Tank - 2 Compartment

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):	4"	
Compartment 2 Scum accumulation (Inches, if other specify):	0	
Compartment 2 Sludge accumulation (Inches, if other specify):	2"	
Pumping recommended:	NO	

Pump: Effluent Pump Advantex dose pump

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

Media Filter: Textile Filter: Advantex AX20, Manufacturer= Orenco - Advantex AX20 Manufacturer: Orenco Model: Advantex AX20

This component was:	Fully Inspected	
Average squirt height (if performed) (feet, if other specify):	N/A	
Turbidity - NTU - (limit >15)	N/A	
Dissolved Oxygen - mg/L - (limit 2-6)	5.12 mg/L	
pH (limit 6-9)	7.29 pH	
Sampling results within limits:	YES	
Recirculating Splitter Valve Functioning:	YES	
Recirculating Splitter Valve Cleaned:	YES	
Lateral lines flushed:	YES	
Bridging or Ponding on the textile sheets	NO	
Textile sheets cleaned	NO	
Pod bottom cleaned	NO	

Unit vented properly:	YES	
Biotube filter cleaned	YES	
Floats set and functioning properly:	YES	
Timer settings correct	YES	
Recirculating Pump Amps	12.6 AMPS	
Discharge Pump Amps	12.1 AMPS	
Recirculation ratio correct	YES	
TANK: Pump Basin Drainfield dose tank		
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 Drainfield dose pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Panel: Control - 2 Pumps		
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):	5262	
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		
This component was:	Fully Inspected	
Lateral lines flushed:	YES	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

Septic Check

6074 Keystone Rd
Milaca, MN 56353

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

PROPERTY INFORMATION

Wilderness Beach Resort, **Advantex System #2**

Location: 20227 327th Ave

Isle

Tax ID: 16-1-055500

Use:

GENERAL SYSTEM TYPE: ADVANT Comm 1 w test

Owner: Wilderness Beach Resort

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369

Fold
Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/10/2015 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic Check

Work Performed By:
Torrey Boser

Submitted 10/06/2015 by:
Angie Stafford

Fold
Here

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

There is not any electricity going to the system, to run the controls.

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: Septic Tank - 2 Compartment**

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):	4"	
Compartment 2 Scum accumulation (Inches, if other specify):	0	
Compartment 2 Sludge accumulation (Inches, if other specify):	2"	
Pumping recommended:	NO	

Pump: Effluent Pump Advantex dose pump

This component was:	Not Inspected	
Controls functioning:		
Tested gallons per minute flow:	N/A	

Media Filter: Textile Filter: Advantex AX20, Manufacturer= Orenco - Advantex AX20

Manufacturer: Orenco Model: Advantex AX20

This component was:	Fully Inspected	
Average squirt height (if performed) (feet, if other specify):	N/A	
Turbidity - NTU - (limit >15)	N/A	
Dissolved Oxygen - mg/L - (limit 2-6)	N/A	
pH (limit 6-9)	N/A	
Sampling results within limits:	N/A	
Recirculating Splitter Valve Functioning:	YES	
Recirculating Splitter Valve Cleaned:	YES	
Lateral lines flushed:	YES	
Bridging or Ponding on the textile sheets	NO	
Textile sheets cleaned	NO	
Pod bottom cleaned	NO	

Unit vented properly:	YES	
Biotube filter cleaned	YES	
Floats set and functioning properly:	YES	
Timer settings correct	YES	
Recirculating Pump Amps	0	
Discharge Pump Amps	0	
Recirculation ratio correct	YES	
TANK: Pump Tank Drainfield dose tank		
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 Drainfield dose pump		
This component was:	Not Inspected	
Controls functioning:		
Tested gallons per minute flow:		
Panel: Control - 2 Pumps		
This component was:	Not Inspected	
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: Cycle Count (override in parentheses - if present):		
Pump 2: ETM hours (override in parentheses - if present):		
Drainfield: Pressure Bed		
This component was:	Fully Inspected	
Lateral lines flushed:	YES	
Average squirt height (if performed) (feet, if other specify):	N/A	
Ponding present? If YES explain in comments:	NO	

Septic Check

6074 Keystone Rd
Milaca, MN 56353

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

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369

PROPERTY INFORMATION

Wilderness Beach Resort **Nayadic System**

Location: 20227 327th Ave

Isle

Tax ID: 16-1-055500 ,

Use:

GENERAL SYSTEM TYPE: NAY Comm 1 w test

Owner: Wilderness Beach Resort

Fold
Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/10/2015 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic Check

Work Performed By:
Torrey Boser

Submitted 10/06/2015 by:
Angie Stafford

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COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

GENERAL SITE & SYSTEM CONDITIONS

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

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Septic Tank - 1 Compartment		
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):	0	
Pumping recommended:	NO	
TANK: Pump Tank time dose tank to nayadic		
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 time dose pump to nayadic		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Panel: Control - 1 Pump time dose panel		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	.75 MIN	
Pump 1: off hours (override in parentheses - if present):	.25 HRS	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	5331.06	
Pump 1: Cycle Count (override in parentheses - if present):	16522	

Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Nayadic M-2000-F/M-2000A**Manufacturer: Consolidated Treatment Systems Model: Nayadic M-2000-F/M-2000A**

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES	
Pumping recommended:	NO	
TANK: Pump Tank Drainfield dose tank		
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 Drainfield dose pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Pump: Effluent Pump Drainfield dose pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Panel: Control - 2 Pumps		
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):	459	
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	
Media Filter: Mound		
This component was:	Fully Inspected	
Slope integrity maintained:	YES	
Lateral lines flushed:	YES	
Ponding present? If YES explain in comments:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	

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

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

209 Second Street, NW Room# 100

Aitkin, Minnesota 56431

PH: (218) 927-7342

FX: (218) 927-4372

OK to
renew
per pb



4/19/2017

Clement Ellango-Wilderness Lodg
6993 Carey Lane N.
Maple Grove, MN 55369-

Re: Operating Permit # 256
Zoning Permit #34164
Parcel ID#16-1-055500

Dear Permittee:

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

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

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

\$200 (2016 to 2017
fee)

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

Septic Check

6074 Keystone Rd
Milaca, MN 56353

2017 renewal

P 34164
OP 256

10/13/2016

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

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369

PROPERTY INFORMATION

Wilderness Beach Resort **Nayadic System**
Location: 20227 327th Ave
Isle
Tax ID: 16-1-055500
Use: Commercial, RV Park
System Design Flow: 2700
GENERAL SYSTEM TYPE: NAY Comm 1 w Test
Owner: Wilderness Beach Resort

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ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/26/2016 - Inspection Type: ROUTINE - Correction Status: Corrections in progress

Company:
Septic Check

Work Performed By:
Brian Koski

Submitted 10/13/2016 by:
Angie Stafford

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COMMENTS & GENERAL INSPECTION NOTES

Deficiencies Were Noted: Corrections are in progress.

Septic Check recommends to have the drainfield dose tank pumped out. The nayadic blower is not running correctly and is under water. Please call Septic Check for repair options.

GENERAL SITE & SYSTEM CONDITIONS

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

ONSITE SEWAGE SYSTEM INSPECTION DETAIL**TANK: Septic Tank - 1 Compartment**

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):	2"
Pumping recommended:	NO

TANK: Septic Tank - 1 Compartment

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):	2"
Pumping recommended:	NO

TANK: Pump Tank time dose tank to nayadic

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 time dose pump to nayadic

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

Panel: Control - 1 Pump time dose panel		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	0.8 MIN	
Pump 1: off hours (override in parentheses - if present):	0.25 HRS	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	5359.90	
Pump 1: Cycle Count (override in parentheses - if present):	18616	
Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Nayadic M-2000-F/M-2000A		
Manufacturer: Consolidated Treatment Systems Model: Nayadic M-2000-F/M-2000A		
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:	NO	In Progress
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	NO	In Progress
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	YES	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES	
Pumping recommended:	NO	
TANK: Pump Tank Drainfield dose tank		
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	
Pump: Effluent Pump Drainfield dose pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Panel: Control - 1 Pump		
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):	534	
Media Filter: Mound		
This component was:	Fully Inspected	
Slope integrity maintained:	YES	
Lateral lines flushed:	NO	
Ponding present? If YES explain in comments:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	

Septic Check

6074 Keystone Rd
Milaca, MN 56353

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

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369

PROPERTY INFORMATION

Wilderness Beach Resort **Advantex System #2**
Location: 20227 327th Ave
Isle
Tax ID: 16-1-055500
Use: Commercial, RV Park
System Design Flow: 600
GENERAL SYSTEM TYPE: ADVANT Comm 1 w Test
Owner: Wilderness Beach Resort

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ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/26/2016 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic Check

Work Performed By:
Brian Koski

Submitted 10/13/2016 by:
Angie Stafford

Fold
Here

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

The system is not being used.

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Not Inspected
Components accessible for service:	
All required service performed (if no - specify omitted inspection items in notes):	
Surfacing effluent from any component (including mound seepage):	
Components appear to be watertight - no visual leaks:	
Improper encroachment (structures/imperious surfaces); cover; or settling problems observed:	

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Septic Tank - 2 Compartment		
This component was:	Not Inspected	
Effluent level within operational limits (if NO explain in comments):		
All required baffles in place (N/A = No baffles required):		
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 2 Sludge accumulation (Inches, if other specify):		
Pumping recommended:		
Pump: Effluent Pump Advantex dose pump		
This component was:	Not Inspected	
Controls functioning:		
Tested gallons per minute flow:		
Media Filter: Textile Filter: Advantex AX20, Manufacturer= Orenco - Advantex AX20		
Manufacturer: Orenco Model: Advantex AX20		
This component was:	Not Inspected	
Average squirt height (if performed) (feet, if other specify):		
Turbidity - NTU - (limit >15)		
Dissolved Oxygen - mg/L - (limit 2-6)		
pH (limit 6-9)		
Sampling results within limits:		
Recirculating Splitter Valve Functioning:		
Recirculating Splitter Valve Cleaned:		
Lateral lines flushed:		
Bridging or Ponding on the textile sheets		
Textile sheets cleaned		
Pod bottom cleaned		

Unit ✓ Set properly:		
Biotu ✓ Set cleaned		
Float ✓ Set and functioning properly:		
Timer ✓ Set settings correct		
Recirc ✓ Set Pump Amps		
Disch ✓ Set Pump Amps		
Recirc ✓ Set ratio correct		
TANK ✓ Set Tank Drainfield dose tank		
This comp onent was:		
Comp ✓ Set 1 Scum accumulation (Inches, if other specify):	Not Inspected	
Comp ✓ Set 1 Sludge accumulation (Inches, if other specify):		
Pump ✓ Set recommended:		
Pump ✓ Set Effluent Pump Drainfield dose pump		
This comp onent was:		
Control ✓ Set functioning:	Not Inspected	
Tested ✓ Set gallons per minute flow:		
Panel ✓ Set Control - 2 Pumps		
This comp onent was:		
Panel ✓ Set functioning (including alarm):	Not Inspected	
Pump ✓ Set 1 : On minutes (override in parentheses - if present):		
Pump ✓ Set 1 : Off hours (override in parentheses - if present):		
Pump ✓ Set 1 : Gallons per dose (override in parentheses - if present):		
Pump ✓ Set 1 : ETM hours (override in parentheses - if present):		
Pump ✓ Set 1 : Cycle Count (override in parentheses - if present):		
Pump ✓ Set 2 : On minutes (override in parentheses - if present):		
Pump ✓ Set 2 : Off hours (override in parentheses - if present):		
Pump ✓ Set 2 : Gallons per dose (override in parentheses - if present):		
Pump ✓ Set 2 : ETM hours (override in parentheses - if present):		
Pump ✓ Set 2 : Cycle Count (override in parentheses - if present):		
Drainfield ✓ Set Sand Lined Trench 204' Trench w 12in of rock		
Manufacturer ✓ Set Site Constructed		
This comp onent was:		
Lateral ✓ Set lines flushed:	Not Inspected	
Average ✓ Set squirt height (if performed) (feet, if other specify):		
Ponding ✓ Set present? If YES explain in comments:		

Septic Check

6074 Keystone Rd
Milaca, MN 56353

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

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369

PROPERTY INFORMATION

Wilderness Beach Resort **Advantex System #1**
Location: 20227 - 327th Ave
Isle
Tax ID: 16-1-055500
Use: Commercial, RV Park
System Design Flow: 480
GENERAL SYSTEM TYPE: ADVANT Comm 1 w 5 Yr. test
Owner: Wilderness Beach Resort

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ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/26/2016 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic Check

Work Performed By:
Brian Koski

Submitted 10/13/2016 by:
Angie Stafford

Fold
Here

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

Septic Check recommends to have both of the compartments on the septic tank pumped out. Also, while I was there for the site inspection there was a camper parked by the septic tank and I could not take the scum and sludge measurements for the first compartment. Please remember to not have vehicles, campers, etc parked around the septic system, that way the system is available for servicing.

GENERAL SITE & SYSTEM CONDITIONS

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

ONSITE SEWAGE SYSTEM INSPECTION DETAIL**TANK: Septic Tank - 2 Compartment**

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):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A	
Compartment 2 Scum accumulation (Inches, if other specify):	0	
Compartment 2 Sludge accumulation (Inches, if other specify):	10"	
Pumping recommended:	YES	

Pump: Effluent Pump Advantex dose pump

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

Media Filter: Textile Filter: Advantex AX20, Manufacturer= Orenco - Advantex AX20

Manufacturer: Orenco Model: Advantex AX20

This component was:	Fully Inspected	
Average squirt height (if performed) (feet, if other specify):	N/A	
Turbidity - NTU - (limit >15)	N/A	
Dissolved Oxygen - mg/L - (limit 2-6)	N/A	
pH (limit 6-9)	N/A	
Sampling results within limits:	YES	
Recirculating Splitter Valve Functioning:	YES	
Recirculating Splitter Valve Cleaned:	YES	
Lateral lines flushed:	YES	
Bridging or Ponding on the textile sheets	NO	
Textile sheets cleaned	NO	

Po o bottom cleaned		
Un it tested properly:	YES	
Bi o filter cleaned	YES	
Flo at set and functioning properly:	YES	
Time r settings correct	YES	
Recirculating Pump Amps	YES	
Discharge Pump Amps	11.2 AMPS	
Recirculation ratio correct	10.8 AMPS	
TANK: Pump Basin Drainfield dose tank	YES	
This component was:		
Compartment 1 Scum accumulation (Inches, if other specify):	Fully Inspected	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	0	
Pump: Effluent Pump Drainfield dose pump	NO	
This component was:		
Controls functioning:	Fully Inspected	
Tested gallons per minute flow:	YES	
Panel: Control - 2 Pumps	N/A	
This component was:		
Panel functioning (including alarm):	Fully Inspected	
Pump 1: on minutes (override in parentheses - if present):	YES	
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: ETM hours (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	N/A	
Drainfield: Pressure Bed 10'x77' Pressure Bed Center Fed	6582	
This component was:		
Lateral lines flushed:	Fully Inspected	
Average squirt height (if performed) (feet, if other specify):	NO	
Ponding present? If YES explain in comments:	N/A	
	NO	

AITKIN COUNTY ENVIRONMENTAL SERVICES

OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

OPERATING PERMIT #: 256

ZONING PERMIT #: 34164

PARCEL #: 16-1-055500

PERMITTEE: Clement Ellango-Wilderness Lodge

MAILING ADDRESS: 6993 Carey Lane N.
Maple Grove, MN 55369-

ORIGINAL DATE ISSUED: 6 /30/2011

RENEWAL PERIOD:

RENEWAL EXPIRATION: 5 /31/2012

PROPERTY ADDRESS:

20227 327th Ave.
Isle, MN 56342

TELEPHONE:

LEGAL: Lot 6 & 5, Lakeside Addition

FEE PAID: 100

DATE PAID:

RECEIPT:

CK #:

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

This permit is effective on the issuance date identified above.

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

I hereby certify with my signature as the permittee that I understand the provisions of this permit including the maintenance and monitoring requirements. I agree to indemnify and hold Aitkin County harmless from all loss, damages, costs and charges that may be incurred by use of this system and if I fail to comply with the provisions of this Operating Permit. If I sell this property during the life of the permit, I will inform the new owner(s) of the permit requirements and the need to renew the permit.



Signature of Permittee

Kalea J.

Signature of Permitting Authority

July 12, 2017

Date

7-17-17

Date

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

A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM

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	2700 gpd	Water Meter	Weekly	Record on Log Sheet	ANNUALLY

C. MAINTENANCE REQUIREMENTS:

PARAMETER	LOCATION	FREQUENCY
Flow	Water Meter	MONTHLY

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: Septic Check

Misc. (OFFICE USE ONLY) App. # App-2017-002139

Aitkin County Planning & Zoning / Environmental Services
209 2nd Street NW, Room 100
Aitkin, MN 56431
Phone: 218-927-7342
Fax: 218-927-4372
Email: aitkinpz@co.aitkin.mn.us

Charge			Cost	Quantity	Total	Note
Operating Permit Renewal added 07/17/2017 3:08 PM \$100			\$100.00	x 2	\$200.00	
Grand Total						
					Total	\$200.00
Payment						
Method:	Check	Note:	check 2969			
Date:	07/17/2017					
Made By:	Clement Ellango					
Confirmed By:	Kalea Suihkonen					

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

209 Second Street, NW Room# 100

Aitkin, Minnesota 56431

PH: (218) 927-7342

FX: (218) 927-4372



7/20/2017

Clement Ellango-Wilderness Lod
6993 Carey Lane N.
Maple Grove, MN 55369-

Re: Operating Permit # 256
Zoning Permit # 34164
Parcel # 16-1-055500

Dear Permittee:

This letter is to inform you that your Operating Permit has been renewed until 5/31/2018 .

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

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

Sincerely,

A handwritten signature in cursive script that reads "Kaleas." The signature is written in a dark ink and is positioned below the word "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



2/26/2018

Clement Ellango-Wilderness Lodg
6993 Carey Lane N.
Maple Grove, MN 55369-

Re: Operating Permit # 256
Zoning Permit #34164
Parcel ID#16-1-055500

Dear Permittee:

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

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

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

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

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

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

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

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

Sincerely,

Aitkin County Planning & Zoning

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

ISSUANCE DATE: 5 /31/2018
RENEWAL PERIOD: ANNUALLY

OPERATING PERMIT #: 256
ZONING PERMIT #: 34164
PARCEL #: 16-1-055500

PERMITTEE: Clement Ellango-Wilderness Lodge

TELEPHONE:

MAILING ADDRESS:
6993 Carey Lane N.
Maple Grove, MN 55369-

PROPERTY ADDRESS:
20227 327th Ave.
Isle, MN 56342

LEGAL DESCRIPTION: Lot 6 & 5, Lakeside Addition

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

This permit is effective on the issuance date identified above.

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

I hereby certify with my signature as the permittee that I understand the provisions of this permit including the maintenance and monitoring requirements. I agree to indemnify and hold Aitkin County harmless from all loss, damages, costs and charges that may be incurred by use of this system and if I fail to comply with the provisions of this Operating Permit. If I sell this property during the life of the permit, I will inform the new owner(s) of the permit requirements and the need to renew the permit.



Signature of Permittee



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.

Septic Check

6074 Keystone Rd
Milaca, MN 56353

OP 256

P 34164

Renew 2018

12/6/2017

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

Mail To: Current Resident
6993 Carey Lane N.
Maple Grove, MN
55369

PROPERTY INFORMATION

Wilderness Beach Resort **Nayadic System**
Location: 20227 327th Ave
Isle
Tax ID: 16-1-055500 ,
Use: Commercial, RV Park
System Design Flow: 2700
GENERAL SYSTEM TYPE: NAY Comm 1 w Test

Fold
Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 11/17/2017 - Inspection Type: ROUTINE - Correction Status: Corrections in progress

Company:
Septic Check

Work Performed By:
Angie Tvedt

Submitted 12/06/2017 by:
Angie Tvedt

Fold
Here

COMMENTS & GENERAL INSPECTION NOTES

Deficiencies Were Noted: Corrections are in progress.

The Hi Blow blower will need to be replaced in the spring of 2018. Please call Septic Check for a repair estimate 320-983-2447

GENERAL SITE & SYSTEM CONDITIONS

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

ONSITE SEWAGE SYSTEM INSPECTION DETAIL**TANK: Septic Tank - 1 Compartment**

This component was:	Fully Inspected
Effluent level within operational limits (if NO explain in comments):	YES
All required baffles in place (N/A = No baffles required):	YES
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	6"
Pumping recommended:	NO

TANK: Septic Tank - 1 Compartment

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):	0
Pumping recommended:	NO

TANK: Pump Tank time dose tank to nayadic

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 time dose pump to nayadic

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

Panel: Control - 1 Pump time dose panel		
This component was:		
Panel functioning (including alarm):	Fully Inspected	
Pump 1: on minutes (override in parentheses - if present):	YES	
Pump 1: off hours (override in parentheses - if present):	0.7 MIN	
Pump 1: gallons per dose (override in parentheses - if present):	0.25 HRS	
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	542.20	
	23436	
Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Nayadic M-2000-F/M-2000A		
Manufacturer: Consolidated Treatment Systems Model: Nayadic M-2000-F/M-2000A		
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):	NO	In Progress
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash compartment):	NO	In Progress
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber):	YES	
Pumping recommended:		
	NO	
TANK: Pump Tank Drainfield dose tank		
This component was:		
Compartment 1 Scum accumulation (Inches, if other specify):	Fully Inspected	
Compartment 1 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	0	
	NO	
Pump: Effluent Pump Drainfield dose pump		
This component was:		
Controls functioning:	Fully Inspected	
Tested gallons per minute flow:	YES	
	N/A	
Panel: Control - 1 Pump		
This component was:		
Panel functioning (including alarm):	Fully Inspected	
Pump 1: on minutes (override in parentheses - if present):	YES	
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	
	687	
Media Filter: Mound		
This component was:		
Slope integrity maintained:	Fully Inspected	
Lateral lines flushed:	YES	
Ponding present? If YES explain in comments:	NO	
Average squirt height (if performed) (feet, if other specify):	NO	
	N/A	

Misc. (OFFICE USE ONLY) Permit # 2018-2701
 CLEMENT PROPERTIES
 (000) 000-0000
 6993 CAREY LN, MAPLE GROVE, MN 55369

Aitkin County Planning & Zoning / Environmental Services
 209 2nd Street NW, Room 100
 Aitkin, MN 56431
 Phone: 218-927-7342
 Fax: 218-927-4372
 Email: aitkinpz@co.aitkin.mn.us

Charge		Cost	Quantity	Total	Note
Operating Permit Renewal added 04/25/2018 1:05 PM \$100		\$100.00	x 1	\$100.00	
Grand Total					
				Total	\$100.00
Payment					
Method:	Check	Note:	CK 5106		
Date:	04/25/2018				
Made By:	CLEMENT PROPERTIES LLC				
Confirmed By:	Kalea Fischer				

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING

209 Second Street, NW Room# 100

Aitkin, Minnesota 56431

PH: (218) 927-7342

FX: (218) 927-4372



4/25/2018

Clement Ellango-Wilderness Lod
6993 Carey Lane N.
Maple Grove, MN 55369-

Re: Operating Permit # 256
Zoning Permit # 34164
Parcel # 16-1-055500

Dear Permittee:

This letter is to inform you that your Operating Permit has been renewed until 5/31/2019 .

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,

Kalea S.

Aitkin County Planning & Zoning

Septic Check6074 Keystone Rd
Milaca, MN 56353320-983-2447
Fax: 320-983-2151**PROPERTY INFORMATION**

Wilderness Beach Resort_Nayadic System

Location: 20227 327th Ave

Isle

Tax ID: 16-1-055500 ,

Use: Commercial, RV Park

System Design Flow: 2700

GENERAL SYSTEM TYPE: NAY Comm 1 w Test

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 07/05/2018 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic CheckWork Performed By:
Blesener DaveSubmitted 08/02/2018 by:
Abbie Gobel**COMMENTS & GENERAL INSPECTION NOTES****No Deficiencies Noted**

I installed a SeCoh 80 aerator during my site visit.

GENERAL SITE & SYSTEM CONDITIONS

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

ONSITE SEWAGE SYSTEM INSPECTION DETAIL**TANK: Septic Tank - 1 Compartment**

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):	12
Pumping recommended:	NO

TANK: Septic Tank - 1 Compartment

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):	0
Pumping recommended:	NO

TANK: Pump Tank time dose tank to nayadic

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 time dose pump to nayadic

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

Panel: Control - 1 Pump time dose panel

This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	0.6 Minutes	
Pump 1: off hours (override in parentheses - if present):	0.25 Hours	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	5460.66	
Pump 1: Cycle Count (override in parentheses - if present):	25301	

Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Nayadic M-2000-F/M-2000A

Manufacturer: Consolidated Treatment Systems Model: Nayadic M-2000-F/M-2000A

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

TANK: Pump Tank Drainfield dose tank

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 Drainfield dose pump

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

Panel: Control - 1 Pump

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):	800	

Media Filter: Mound

This component was:	Fully Inspected	
Slope integrity maintained:	YES	
Lateral lines flushed:	NO	
Ponding present? If YES explain in comments:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	

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

AITKIN COUNTY ENVIRONMENTAL SERVICES

OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL RENEWAL

MAY 30 2019

ISSUANCE DATE: 5/31/2019
RENEWAL PERIOD: ANNUALLY

OPERATING PERMIT #: 256
ZONING PERMIT #: 34164
PARCEL #: 16-1-055500

PERMITTEE: Clement Ellango-Wilderness Lodge

TELEPHONE:

MAILING ADDRESS:
6993 Carey Lane N.
Maple Grove, MN 55369-

PROPERTY ADDRESS:
20227 327th Ave.
Isle, MN 56342

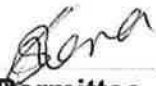
LEGAL DESCRIPTION: Lot 6 & 5, Lakeside Addition

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

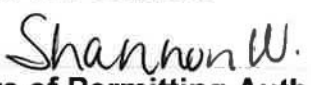
This permit is effective on the issuance date identified above.

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

I hereby certify with my signature as the permittee that I understand the provisions of this permit including the maintenance and monitoring requirements. I agree to indemnify and hold Aitkin County harmless from all loss, damages, costs and charges that may be incurred by use of this system and if I fail to comply with the provisions of this Operating Permit. If I sell this property during the life of the permit, I will inform the new owner(s) of the permit requirements and the need to renew the permit.


Signature of Permittee

May 10, 2019
Date


Signature of Permitting Authority

6-5-19
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 #47860 (06/03/2019)

2. Zoning/Land Use Permit Applications Misc. (OFFICE USE ONLY) UID # 197897

Clement Properties LLC

6993 Carey Lane N., Maple Grove, MN 55369

Aitkin County Planning & Zoning / Environmental Services

209 2nd Street NW, Room 100

Aitkin, MN 56431

Phone: 218-927-7342

Fax: 218-927-4372

Email: aitkinpz@co.aitkin.mn.us

Charge		Cost	Quantity	Total	Note
Operating Permit Renewal added 06/03/2019 3:37 PM \$100		\$100.00	x 1	\$100.00	
Grand Total					
				Total	\$100.00
Payment #45168					
Method:	Check		5063		
Date:	06/03/2019	Note:	6993 Carey Lane N., Maple Grove, MN 55369		
Made By:	Clement Properties LLC				
Confirmed By:	Jan Yearneau				

Septic Check

6074 Keystone Rd
Milaca, MN 56353

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

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369

PROPERTY INFORMATION

Wilderness Beach Resort_Nayadic System
Location: 20227 327th Ave
Isle
Tax ID: 16-1-055500 ,
Use: Commercial, RV Park
System Design Flow: 2700
GENERAL SYSTEM TYPE: NAY Comm 1 w Test

Fold
Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/16/2019 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic Check

Work Performed By:
Blesener Dave

Submitted 09/26/2019 by:
Abbie Gobel

Fold
Here

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

GENERAL SITE & SYSTEM CONDITIONS

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

ONSITE SEWAGE SYSTEM INSPECTION DETAIL**TANK: Septic Tank - 1 Compartment**

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	6	
Pumping recommended:	NO	

TANK: Septic Tank - 1 Compartment

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):	4	
Pumping recommended:	NO	

TANK: Pump Tank time dose tank to nayadic

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 time dose pump to nayadic

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

Panel: Control - 1 Pump time dose panel		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	.75 Minutes	
Pump 1: off hours (override in parentheses - if present):	.25 Hours	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	
Pump 1: ETM hours (override in parentheses - if present):	5565.22	
Pump 1: Cycle Count (override in parentheses - if present):	33023	
Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Nayadic, Manufacturer= Consolidated Treatment Systems -		
Nayadic M-2000-F/M-2000A		
Manufacturer: Consolidated Treatment Systems Model: Nayadic M-2000-F/M-2000A		
This component was:	Fully Inspected	
Unit alarms functioning:	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
Air filter replaced (if dirty or clogged filter needs to be replaced):	NO	
Air filter on air pump cleaned:	YES	
Dissolved Oxygen within normal operating range (1.5 to 3.0 mg/L) (if less than 1.5 check blower and re-check):	YES	
Field sample performance results within operational limits (Enter N/A if not performed):	YES	
30 minute settleable solids test result greater than 50% (If Yes, pumping needed):	NO	
Pumping needed:	NO	
TANK: Pump Tank Drainfield dose tank		
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 Drainfield dose pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
Panel: Control - 1 Pump		
This component was:	Not Inspected	
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):		
Media Filter: Mound		
This component was:	Fully Inspected	
Slope integrity maintained:	YES	
Lateral lines flushed:	YES	
Ponding present? If YES explain in comments:	NO	
Average squirt height (if performed) (feet, if other specify):	N/A	

SAMPLING REPORT

1/3/2020

Location: 20227 327th Ave
Isle
16-1-055500 , 16-1-055400

Owner: Wilderness Beach Resort
Use: RV Park

Service Company:**Septic Check**

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

Sample Date: 09/16/2019 Sample entered by: Heather Johnson Report submitted: 01/03/2020

Notes:

ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Pump Tank Drainfield dose tank	Effluent	Flow	Monitor	74

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

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

PH: (218) 927-7342

FX: (218) 927-4372



8/30/2019

Clement Ellango-Wilderness Lod
6993 Carey Lane N.
Maple Grove, MN 55369-

Re: Operating Permit # 256
Zoning Permit # 34164
Parcel # 16-1-055500

Dear Permittee:

This letter is to inform you that your Operating Permit has been renewed until 5/31/2020 .

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,

Shannon W.

Aitkin County Planning & Zoning

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING
307 Second Street NW, Room 219
Aitkin, Minnesota 56431

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



5/6/2021

Re: Operating Permit #256
Zoning Permit # 34164
Parcel #16-1-055500

Clement Ellango-Wilderness Lodge
6993 Carey Lane N
Maple Grove, MN 55369

Dear Permittee:

This letter is to inform you that your Operating Permit has been renewed until 5/31/2025 and the Operating Permit renewal period has been moved to a 5 YEAR based on the recommendation from your Operating and Maintenance provider.

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

Septic Check

6074 Keystone Rd
Milaca, MN 56353

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

OP 256 2025 renewal
PH 34164

PROPERTY INFORMATION

Wilderness Beach Resort_Nayadic System

Location: 20227 327th Ave

Isle

Tax ID: 16-1-055500

Use: Commercial, RV Park

System Design Flow: 2700

GENERAL SYSTEM TYPE: NAY Comm 1 w Test

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369

Fold
Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 07/01/2021 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic Check

Work Performed By:
Michael Pederson

Submitted 07/08/2021 by:
Heather Johnson

Fold
Here

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

Recommend a riser on the first compartment.

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: Septic Tank - 1 Compartment**

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	6	
Pumping recommended:	NO	

TANK: Septic Tank - 1 Compartment

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):	1	
Pumping recommended:	NO	

TANK: Pump Tank time dose tank to nayadic

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 time dose pump to nayadic

This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	

Panel: Control - 1 Pump time dose panel		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	.75	
Pump 1: off hours (override in parentheses - if present):	.25	
Pump 1: gallons per dose (override in parentheses - if present):	NA	
Pump 1: ETM hours (override in parentheses - if present):	5643.02	
Pump 1: Cycle Count (override in parentheses - if present):	39363	
Aerobic Treatment Unit: ATU Consolidated Treatment Systems - Nayadic, Manufacturer= Consolidated Treatment Systems -		
Nayadic M-2000-F/M-2000A		
Manufacturer: Consolidated Treatment Systems Model: Nayadic M-2000-F/M-2000A		
This component was:	Fully Inspected	
Unit alarms functioning:	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
Air filter replaced (If dirty or clogged filter needs to be replaced):	NO	
Air filter on air pump cleaned:	YES	
Dissolved Oxygen within normal operating range (1.5 to 3.0 mg/L) (if less than 1.5 check blower and re-check):	N/A	
Field sample performance results within operational limits (Enter N/A if not performed):	N/A	
30 minute settleable solids test result greater than 50% (If Yes, pumping needed):	NO	
Pumping needed:	NO	
TANK: Pump Tank Drainfield dose tank		
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 Drainfield dose pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
Panel: Control - 1 Pump		
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	NA	
Pump 1: off hours (override in parentheses - if present):	NA	
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):	1464	
Media Filter: Mound		
This component was:	Fully Inspected	
Slope integrity maintained:	YES	
Lateral lines flushed:	NO	
Ponding present? If YES explain in comments:	NO	
Average squirt height (if performed) (feet, if other specify):	NA	

SAMPLING REPORT

Location: 20227 327th Ave

Isle

16-1-055500 , 16-1-055400

Owner: Wilderness Beach Resort

Use: RV Park

Service Company:

Septic Check

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

Sample Date: 07/01/2021 Sample entered by: Heather Johnson Report submitted: 07/08/2021

Notes:

ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Pump Tank Drainfield dose tank	Effluent	Flow	Monitor	64

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

Septic Check

6074 Keystone Rd
Milaca, MN 56353

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

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369

PROPERTY INFORMATION

Wilderness Beach Resort_Nayadic System
Location: 20227 327th Ave
Isle
Tax ID: 16-1-055500 ,
Use: Commercial, RV Park
System Design Flow: 2700
GENERAL SYSTEM TYPE: NAY Comm 1 w Test

Fold
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ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 07/18/2022 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic Check

Work Performed By:
Michael Pederson

Submitted 07/26/2022 by:
Heather Johnson

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COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

GENERAL SITE & SYSTEM CONDITIONS

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

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Septic Tank - 1 Compartment

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):	1	
Compartment 1 Sludge accumulation (Inches, if other specify):	4	
Pumping recommended:	NO	

TANK: Pump Tank time dose tank to nayadic

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 time dose pump to nayadic

This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	

Panel: Control - 1 Pump time dose panel

This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	.75	
Pump 1: off hours (override in parentheses - if present):	.25	
Pump 1: gallons per dose (override in parentheses - if present):	-	
Pump 1: ETM hours (override in parentheses - if present):	5687.29	
Pump 1: Cycle Count (override in parentheses - if present):	42585	

Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Nayadic, Manufacturer= Consolidated Treatment Systems - Nayadic M-2000-F/M-2000A

Manufacturer: Consolidated Treatment Systems Model: Nayadic M-2000-F/M-2000A

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

TANK: Pump Tank Drainfield dose tank

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 Drainfield dose pump

This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	

Panel: Control - 1 Pump

This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
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):	1590	

Pump: Effluent Pump, Manufacturer= Goulds Pumps - PE Series

Manufacturer: Goulds Pumps Model: PE Series

This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	

Panel: Control - 1 Pump

Manufacturer: SJE Rhombus

This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
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):	-	

Media Filter: Mound, Manufacturer= Site Constructed - Gravel Bed

Manufacturer: Site Constructed Model: Gravel Bed

This component was:	Fully Inspected	
Slope integrity maintained:	YES	
Lateral lines flushed:	NO	
Ponding present? If YES explain in comments:	NO	
Average squirt height (if performed) (feet, if other specify):	-	

Septic Check

6074 Keystone Rd
Milaca, MN 56353

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

Mail To: Wilderness Beach Resort
6993 Carey Lane N.
Maple Grove, MN
55369

PROPERTY INFORMATION

Location: 20227 327th Ave

Isle

Tax ID: 16-1-055500 ,

Use: Commercial, RV Park

System Design Flow: 2700

GENERAL SYSTEM TYPE: NAY Comm 1 NO TEST

Fold
Here

ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 08/10/2023 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:
Septic Check

Work Performed By:
Kyle Wade

Submitted 08/29/2023 by:
Heather Johnson

Fold
Here

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

GENERAL SITE & SYSTEM CONDITIONS

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

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Septic Tank - 1 Compartment

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):	2	
Pumping recommended:	NO	

TANK: Pump Tank time dose tank to naya dic

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 time dose pump to naya dic

This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	

Panel: Control - 1 Pump time dose panel

This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
Pump 1: on minutes (override in parentheses - if present):	45 sec	
Pump 1: off hours (override in parentheses - if present):	15 min	
Pump 1: gallons per dose (override in parentheses - if present):	-	
Pump 1: ETM hours (override in parentheses - if present):	5742.74	
Pump 1: Cycle Count (override in parentheses - if present):	46363	

**Aerobic Treatment Unit: ATU - Consolidated Treatment Systems - Nayadic, Manufacturer= Consolidated Treatment Systems - Nayadic
M-2000-F/M-2000A**

Manufacturer: Consolidated Treatment Systems Model: Nayadic M-2000-F/M-2000A

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

TANK: Pump Tank Drainfield dose tank

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 Drainfield dose pump

This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	

Panel: Control - 1 Pump

This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
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):	1750	

Pump: Effluent Pump, Manufacturer= Goulds Pumps - PE Series

Manufacturer: Goulds Pumps Model: PE Series

This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	

Panel: Control - 1 Pump

Manufacturer: SJE Rhombus

This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	
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):	-	

Media Filter: Mound, Manufacturer= Site Constructed - Gravel Bed

Manufacturer: Site Constructed Model: Gravel Bed

This component was:	Fully Inspected	
Slope integrity maintained:	YES	
Lateral lines flushed:	NO	
Ponding present? If YES explain in comments:	NO	
Average squirt height (if performed) (feet, if other specify):	-	