

**AITKIN COUNTY ENVIRONMENTAL SERVICES**

**OPERATING PERMIT FOR WASTEWATER  
TREATMENT AND DISPERSAL**

**OPERATING PERMIT #:** 599  
**ZONING PERMIT #:** 2018-003779  
**PARCEL #:** 07-1-128700  
**PERMITTEE:** Christopher & Shannon Sicard

**ORIGINAL DATE ISSUED:** 9 /10/2018  
**RENEWAL PERIOD:**  
**RENEWAL EXPIRATION:** 5 /31/2021

**MAILING ADDRESS:** 4268 Bailey Lake Dr  
St. Paul, MN 55129

**PROPERTY ADDRESS:**  
23614 Cedar Lake Dr  
Aitkin, MN 56431

**TELEPHONE:**

**LEGAL:** LOT 13 BLK 1 BUTLERS CEDAR SHORES

**FEE PAID:** 100      **DATE PAID:** 9 /10/2018      **RECEIPT:** online      **CK #:** online

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**

Type III 2 Bdrm Other Time Dosed Mound

**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	300 GPD	Time Dosed & Event Counter	Monthly		ANNUALLY

**C. MAINTENANCE REQUIREMENTS:**

PARAMETER	LOCATION	FREQUENCY
Calibrate Timer	Set timer for specific amount of GPD	ANNUALLY
Flow	Event Counter	MONTHLY
Pumps, Floats & Alarms		ANNUALLY
Report monthly readings to Aitkin Co. or Inspector	Event Counter	ANNUALLY

**D. MONITORING AND REPORTING REQUIREMENTS:**

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

Aitkin County Environmental Services  
209 2nd Street NW, Room 100  
Aitkin, MN 56431

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

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

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

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

Monitoring will be performed by: Brian Koski

**E. MITIGATION PLAN:**

Have system inspected