

Subsurface Sewage Treatment System

Operating Permit

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|---------------------------------|--|---------------------------|------------------------|
| PERMITTEE NAME | <u>Forestry Station Inc</u> | OPERATING PERMIT # | <u>OP 298-2023</u> |
| MAILING ADDRESS | <u>67791 State Hwy 65, Jacobson, MN 55752</u> | APPLICATION # | <u>App-2024-000585</u> |
| PROPERTY ADDRESS | <u>67791 STATE HWY 65 JACOBSON, MN 55752</u> | PARCEL # | <u>02-0-029201</u> |
| SYSTEM TYPE | <u>Type 4</u> | DATE ISSUED | <u>2023-09-30</u> |
| TREATMENT LEVEL | <u>A</u> | EXPIRATION DATE | <u>2028-09-30</u> |
| SYSTEM DESIGN FLOW (GPD) | <u>825 gpd</u> | RENEWAL PERIOD | <u>5 Years</u> |

RESIDENTIAL/COMMERCIAL Commercial

SYSTEM COMPONENTS Commercial other system. The waste stream for this system consists of a bar with food service and a 3 bedroom home. There are 3 1500 combo tanks that will be modified and reused. The first is a grease trap, which will gravity flow to a timed dose tank. Water will then be timed dosed into an 800 GPD Nayadic aerobic treatment unit. From the Nayadic, effluent will gravity flow to the last 1500 gal tank, which will demand dose a 3' lift mound with a 10'x70' rockbed.

SERVICE PROVIDER Septic Check

MONITORING REQUIREMENTS

| Parameter | Effluent Limits | Frequency | Location |
|--------------------|-----------------|-----------|--------------|
| *Design Flow (gpd) | 825 gpd | Monthly | Pump Control |
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MAINTENANCE REQUIREMENTS

| System Component | Maintenance | Frequency |
|-------------------------|-------------------------|-----------|
| *Septic Tank/Trash Tank | Sludge and scum level | Annually |
| *Pump Tank and Controls | Components and settings | Annually |

| System Component | Maintenance | Frequency |
|-------------------------------|--|-----------|
| *Soil Treatment and Dispersal | Check for surfacing effluent, landscaping, etc | Annually |
| | | |
| Advanced Treatment Product | Aerobic Treatment Functions | Annually |
| | | |

MONITORING PROTOCOL

Any sampling and laboratory testing procedures shall be performed in accordance with the proprietary treatment product's protocol, Standard Methods, and at a Minnesota Department of Health approved laboratory. Results shall be submitted to the permitting authority at: Aitkin County Environmental Services, 307 2nd St NW, Room 219, Aitkin, MN 56431 no later than the expiration date listed.

CONTINGENCY PLAN

In the event the wastewater treatment system does not meet required performance requirements as contained in this operating permit, the owner shall notify Aitkin County Environmental Services within thirty (30) days of receiving non-compliant information. The owner is responsible to obtain the services of a Minnesota Pollution Control Agency (MPCA) licensed Service Provider or other qualified practitioner to complete the required corrective measures

AUTHORIZATION

Aitkin County Environmental Services authorizes the Permittee to operate a wastewater treatment and dispersal system at the address named above in accordance with the requirements of this operating permit, attached Management Plan and contract with the Service Provider/Inspector.

This permit is effective on the issuance date identified above. This permit and the authorization to treat and disperse wastewater shall expire on the expiration date identified above. The Permittee is not authorized to discharge after the above date of expiration. The Permittee shall submit monitoring information on forms as required by Aitkin County Environmental Services no later than thirty (30) days prior to the above date of expiration for operating permit renewal. This permit is not transferable.

The owner is required to obtain the services of a Minnesota Pollution Control Agency (MPCA) licensed and trained: 1) Service Provider or Inspector to provide ongoing system operation, maintenance, and monitoring and 2) Maintainer to pump the system's sewage tanks and components. The owner is responsible to provide the name of the Service Provider or Inspector business prior to the issuance of this operating permit. The owner has secured the services of Septic Check as the Service Provider or Inspector for this system. The Service Provider or Inspector is hereby authorized to provide the required monitoring data and routine maintenance service records to both Aitkin County Environmental Services.

[For systems that generate high strength wastewater, the following items should be added to the operating permit: 'If there is a change of use within the facility (i.e., change in menu, increase in food capacity, change in water use fixtures, etc.), the permittee is required to notify Aitkin County Environmental Services and the Service Provider before any changes occurs. Changes to the facility that could potentially impact performance of the wastewater treatment and dispersal system shall not take place until appropriate evaluation has been completed.']

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

THE OPERATING PERMIT IS HEREBY GRANTED TO:

PERMITTEE

Forestry Station Inc

DATE

2024/02/22 04:21 PM

PERMITTING AUTHORITY

Shannon Wiebusch

DATE

2024/02/22 04:21 PM