

# ZONING PERMIT APPLICATION

(please do not write in shaded areas)

DATE	APPROVED	DENIED	PERMIT# <u>25620</u>
NAME <u>Clark J. Grotte</u>	TELE# <u>612-422-8486</u>		PARCEL# <u>13-1-085800</u>
MAILING ADDRESS <u>14751 Sawndale Lane, Dayton, Mn 55327</u>	RECEIPT# <u>0323</u>		
TOWNSHIP <u>LDUN</u>	CONFORMING SEPTIC		YES <input type="checkbox"/> # <u>NEW</u> NO <input type="checkbox"/> NEW
LEGAL DESCRIPTION <u>Cedarosa 1st Add'n lot 11 B1K 1</u>	SEC <u>8</u> TWP <u>43</u> RGE <u>24</u>		

ZONING DISTRICT & FLOOD PLAIN	STRUCTURE SETBACK DISTANCE REQUIREMENTS (Measure from eaves or overhang)
ZONING DISTRICT <u>S/L</u>	OHW TO LAKE/RIVER/STREAM <u>100' per variance</u>
LAKE/STREAM/RIVER NAME <u>Cedar</u>	PROPERTY LINE SETBACK <u>10'</u>
LAKE/RIVER ID NUMBER <u>1-005</u>	SETBACK TO ROAD R-O-W <u>30'</u>
LAKE/RIVER/STREAM CLASSIF. <u>NA</u>	SETBACK TO BLUFF <u>N/A</u>
PARCEL LOCATED IN FLOOD PLAIN? <u>Y</u> <input type="checkbox"/> <u>N</u> <input checked="" type="checkbox"/>	<b>SEPTIC SYSTEM SETBACK DISTANCES</b>
10/100 YR FLOOD ELEVATION _____	SETBACK TO STRUCTURES <u>10' - 30'</u>
LOWEST FLOOR ELEVATION _____	OHW TO LAKE/RIVER <u>150'</u>
ELEV. CERTIFICATE REQUIRED <u>Y</u> <input type="checkbox"/> <u>N</u> <input checked="" type="checkbox"/>	PROPERTY LINE SETBACK <u>10'</u>
BEFORE CONSTRUCTION <u>Y</u> <input type="checkbox"/> <u>N</u> <input checked="" type="checkbox"/>	SETBACK TO ROAD R-O-W <u>10'</u>
AFTER CONSTRUCTION <u>Y</u> <input type="checkbox"/> <u>N</u> <input checked="" type="checkbox"/>	

**\*\*ATTACH COPY OF ELEVATION CERTIFICATES\*\***

(circle) RESIDENTIAL COMMERCIAL ACCESSORY NEW BUILDING ALTERATION

DATA FOR BUILDING CONSTRUCTION: CONTRACTOR \_\_\_\_\_

SIZE OF ALL BUILDINGS COVERED BY THIS APPLICATION 28 x 44 residence with 4' Basement  
24 x 39 Pole Bldg (garage)

COMMENTS: See variance # 23637V

DATA FOR SEWER CONSTRUCTION: INSTALLER Mike Connors #BEDROOMS/GPD 3 Bdrm

SOIL BORINGS <u>yes</u>	SEPTIC DESIGN <u>yes</u>	GARBAGE DISP/HOT TUB YES <input type="checkbox"/> NO <input type="checkbox"/>
PERK RATES _____	DEPTH TO RESTRICTING LAYER <u>16-18 inches</u>	
MIN. SIZE SEPTIC TANK <u>1600 gallon</u>	MIN. SIZE PUMP TANK <u>with dip chamber</u>	
DRAINFIELD: MINIMUM SQ. FT. <u>900</u>	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: <u>Install as per design - contact Aitkin County Planning</u> <u>Zoning with any design changes for approval.</u>		

**PLEASE ATTACH ANY ADDITIONAL INFORMATION TO THIS PERMIT**

TOWNSHIP OR CITY USE ONLY:

RECOMMEND: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_ COMMENTS: \_\_\_\_\_

SIGNATURE: TOWNSHIP/CITY CLERK \_\_\_\_\_ DATE \_\_\_\_\_

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.

Clark J. Grotte \$ 300.00 RECEIVED BY [Signature] DATE 6/23/99

SIGNATURE APPLICANT/AGENT FEE

\$50.00 Pre On-Site:  Yes  No

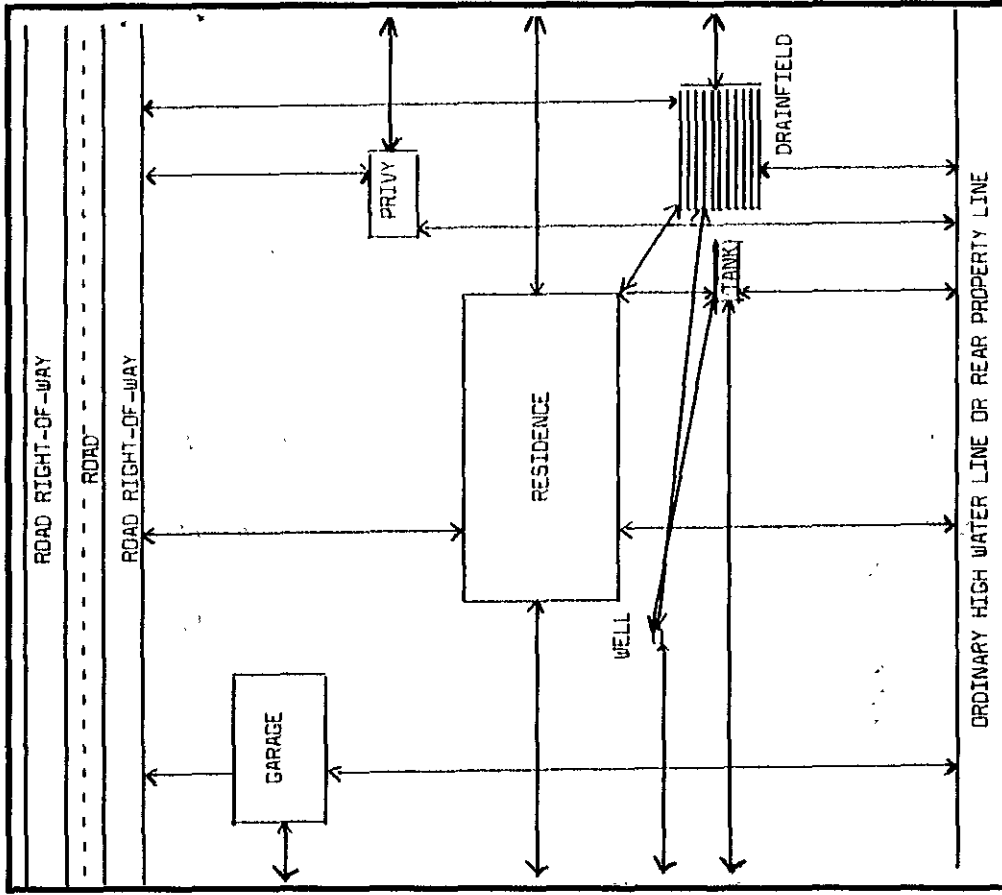
**EXPIRES IN ONE YEAR**

(Space for Required Sketch on Reverse Side) 209 2nd St NW

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

**USE THIS SPACE FOR YOUR OVERVIEW SKETCH**  
 (Be sure to show your setbacks)

**SAMPLE DRAWING**

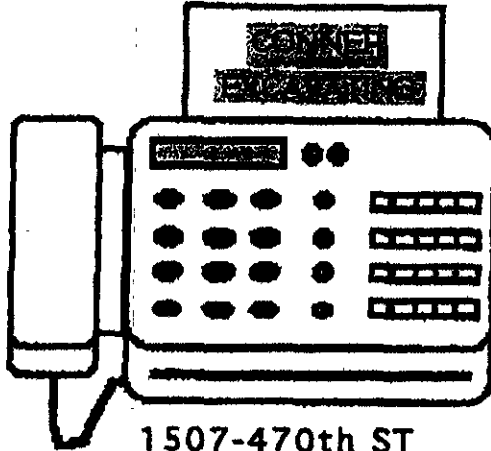


1. Be sure to show distances from property lines, roads, lakes or rivers.
  2. Be sure to show distance of septic system from well, residence, road and also side property lines.
  3. Also include the depth of well.
  4. The elevation of the property is very important in regard to the septic system and privy (outhouse).
- This type of drawing is required on the back of the original application for permit. Place only the items you're installing or building.

Inspected by \_\_\_\_\_ Date \_\_\_\_\_ Inspected by \_\_\_\_\_ Date \_\_\_\_\_

**ALL SETBACKS INDICATED IN SHADED AREAS ARE MANDATORY  
 SETBACK REQUIREMENTS WILL BE STRICTLY ENFORCED  
 STATE OF MINNESOTA WELL PERMITS REQUIRED  
 STATE OF MINNESOTA ELECTRICAL PERMITS REQUIRED**

# CONNER EXCAVATING AND CONSTRUCTION



1507-470th ST  
ISLE MN 56342  
PHONE-(320)-676-3538  
FAX --(320)-676-8355  
E-MAIL-CONX@UPSTEL.NET

*Cell - 320-279-1483*

DATE: 6-17-99

TIME: 3:15

# OF PAGES 8 (INCLUDING COVER SHEET)

TO: Sun Mechanics

ATTENTION: CLARK GRATTI

RE: Solar Design

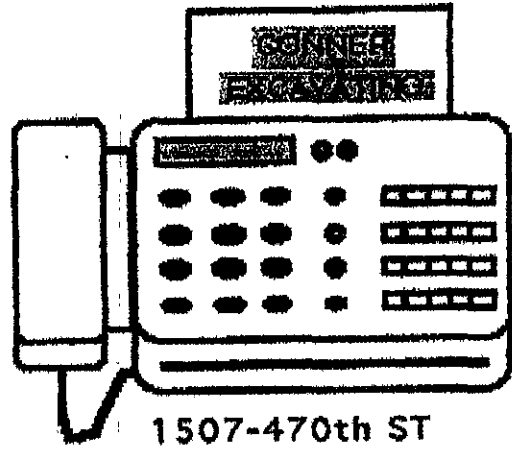
ADDITIONAL COMMENTS:



*Mildred Conner*

CONNER EXCAVATING  
AND CONSTRUCTION

6-22-99 - Taylor m  
- don't get to dip  
fields  
- will call when they  
do dip fields



- mfk will send in <sup>new</sup> design & monitoring plan.

1507-470th ST  
ISLE MN 56342  
PHONE-(320)-676-3538  
FAX --(320)-676-8355  
E-MAIL-CONX@UPSTEL.NET

DATE: 6-22-99

TIME: 7:45am

# OF PAGES 3 (INCLUDING COVER SHEET)

TO: Aitkin County Planning & Zoning



ATTENTION: Terry Neff  
RE: CRSIS permit

ADDITIONAL COMMENTS:

I would like you to call me ASAP  
so we can discuss additions, deletions, and  
corrections to this. I would like your  
expertise and opinions in helping me with  
the permit. I will wait for a response.  
Thanks  
Nicks

**Aitkin County  
Zoning/Environmental Services**

**Name: Clark Grotte**

**Date: 6-8-99**

**Address: 14751 Lawndale Lane Dayton MN 55327  
Telephone #: 612-422-8466**

**Installer: Conner Excavating; Mike Conner**

**Designer/Site Evaluator: Mike Conner #103**

**Legal Description: Lot 11 Block 1 Cedarosa 1st Addition  
Type of Dwelling: 3 BD type 1**

**Number of Bedrooms: 3**

**SEPTIC TANK: Aerobic**

*Fast Aerobic Treatment System Capable Treating 450 gpd.*

**Tank Capacity: 1600 gal**

**New/Replace/Existing: New**

**Distance from Well: 90'**

**Distance from Bldg: 10'**

**Distance from OHWL: 175'**

**Distance from Prop Line: 25'**

**DRAINFIELD:**

**Type of Drainfield: drip tube Irrigation**

**Distance from Well: 90'**

**Distance from Building: 45'**

**Distance from OHWL: 200'**

**Distance from Property Line: 10'**

**Size of Drainfield: 900 sq ft**

**APPROVED**

**ONSITE INSPECTION**  
 **NO ONSITE INSPECTION**

**SIGN** *[Signature]* **DATE** 6-27-99

*[Signature]* **(Designer)**

*#103*

**Conner Excavating  
1507-470th St.  
Isle, MN 56342-9221  
(320) 676-3538**

**FIELD EVALUATION SHEET**

PRELIMINARY EVALUATION DATE 4-10-99, FIELD EVALUATION DATE 4-16-99  
 PROPERTY OWNER: Clark Grotte PHONE 612-422-8486  
 ADDRESS: 14751 Landon Dale Ln CITY, STATE, ZIP: Dartmouth, MN 55827  
 LEGAL DESCRIPTION: Lot 11 Block 1 Cedarwood 1st Addition  
 PIN# \_\_\_\_\_ SEC. 8 T43N R24W SWP NAME Ida W  
 FIRE# \_\_\_\_\_ LAKE/RIVER Cedar Lake LAKE CLASS Nat OHWL \_\_\_\_\_ FT.

**DESCRIPTION OF SOIL TREATMENT AREAS**

	AREA #1	AREA #2	REFERENCE BM ELEV. <u>1.0</u> FT.
DISTURBED AREAS	YES ___ NO <u>✓</u>	YES ___ NO ___	REFERENCE BM DESCRIPTION
COMPACTED AREAS	YES ___ NO <u>✓</u>	YES ___ NO ___	<u>edge of slab near</u>
FLOODING	YES ___ NO <u>✓</u>	YES ___ NO ___	<u>Garage</u>
RUN ON POTENTIAL	YES ___ NO <u>✓</u>	YES ___ NO ___	_____
SLOPE %	_____	_____	_____
DIRECTION OF SLOPE	<u>E to W</u>	_____	_____
LANDSCAPE POSITION	_____	_____	_____
VEGETATION TYPES	<u>grass</u>	_____	_____

DEPTH TO STANDING WATER OR MOTTLED SOIL: BORING# 1 14", 1A 11", 2 16", 2A 18"

BOTTOM ELEVATION—FIRST TRENCH OR BOTTOM OF ROCK BED: #1 \_\_\_\_\_ FT., #2 \_\_\_\_\_ FT.

SOIL SIZING FACTOR: SITE #1 2.00, SITE #2 2.0

CONSTRUCTION RELATED ISSUES: a drip system with aerobic tank is to be installed - tubes will be installed at existing GRADE

LIC# 103 SITE EVALUATOR SIGNATURE: Mike Conner  
 SITE EVALUATOR NAME: Mike Conner TELEPHONE# 320-676-3538

LUG REVIEW \_\_\_\_\_ DATE \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SOIL BORING LOGS ON REVERSE SIDE**

PROPERTY OWNER SIGNATURE Clark Grotte DATE \_\_\_\_\_

**APPROVED**

\_\_\_\_\_  
 ONSITE INSPECTION  
 \_\_\_\_\_  
 NO ONSITE INSPECTION

SIGN (Signature) DATE 6-23-99

# SOILS CHARTS FOR BOTH PROPOSED AND ALTERNATE SITES

3 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
0-2"	Topsoil	BLK
2-18"		LT BROWN 7.5YR5/6
18"	mottles	

2 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
0-2"	Topsoil	BLK
2-16"	Clay loam	BROWN 7.5YR5/6
16"	mottles	

1 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR

2 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
<p><b>APPROVED</b></p> <p> <input checked="" type="checkbox"/> ONSITE INSPECTION  <input type="checkbox"/> NO ONSITE INSPECTION         </p> <p>           SIGN <u>        </u> DATE <u>6-23-99</u> </p>		

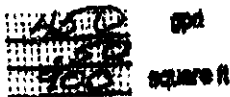
ADDITIONAL SOIL BORINGS MAY BE REQUIRED

## Geoflow Subsurface Dripline Disposal Field Calculation

Job Description:  
Contact:  
Prepared by:

*CLARK GRIFFIN*  
*Nick Coonan*

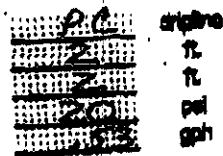
Please fill in the shaded area:  
Gallons per day (gpd)  
Hydraulic loading rate  
Area required



Notes:

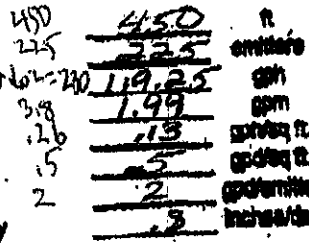
Can be in inches/hour or gal/ft<sup>2</sup>-day  
Determined by soil absorption rates of the system location.

Wasteflow PC or Classic  
Emitter spacing  
Dripline spacing  
Pressure (normal is 20psi)  
Emitter flow rate



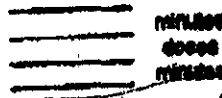
Normally 2 ft. except for heavy city or septic effluent  
Normally 2 ft. except for heavy city or septic effluent  
Normally 20psi:  
At 20psi: PC flow rate is 0.53 gph, Classic is 1.00 gph.  
At 10psi: PC flow rate is 0.53, Classic is 1.13 gph

Length of Wasteflow dripline  
Number of emitters  
Total Flow rate (gph)  
Total Flow rate (gpm)  
Flow per square ft. per hour  
Flow per square ft. per day  
Flow per emitter per day  
Water depth applied per day



Area/spacing. Example 2' X 2' = 2 sq. ft. per linear ft. of drip tube  
Length of Wasteflow/emitter spacing  
Flow rate x number of emitters  
Total flow rate / 60 minutes  
Total flow rate / area  
Flow per day / area  
Flow per day / number of emitters  
(Daily flow/area) x (231 cu in/gal) / (144 in/ft<sup>2</sup>)

Pump line required per zone:  
Pumping time required  
Number of doses per day  
Length of each dose



Flow per day / total flow rate  
Frequent dosing recommended.  
Pump time / number of doses per day

Note: This calculation is for a single zone.

Design Notes.....

*The drip tube will be laid on the surface of the ground. This will happen after the sod has been turned over.*

*Ask at Installation*

*450 ft x 225 ft = 101,250 sq ft  
1.99 gpm x 60 = 119.4 gph  
119.4 gph / 1.13 gpd/ft<sup>2</sup> = 105,660 sq ft  
105,660 sq ft / 144 in/ft<sup>2</sup> = 733.75 ft<sup>2</sup>  
733.75 ft<sup>2</sup> x 231 in<sup>3</sup>/gal = 169,500 in<sup>3</sup> = 1194.4 gal  
1194.4 gal / 1.99 gpm = 599.7 minutes = 9.99 hours  
12" x 12" = 144 in<sup>2</sup>  
1194.4 gal / 144 in<sup>2</sup> = 8.29 gal/ft<sup>2</sup>  
8.29 gal/ft<sup>2</sup> x 231 in<sup>3</sup>/gal = 1915.0 in<sup>3</sup> = 13.65 ft<sup>3</sup>  
13.65 ft<sup>3</sup> / 1.13 gpd/ft<sup>2</sup> = 12.08 ft = 3.8 hours*

*Approved using bioflow Classic - would cut pump time down to 90 minutes/day.*

**APPROVED**

ONSITE INSPECTION  
 NO ONSITE INSPECTION

DATE *6-23-99*

Conner Excavating  
1507-470th St.  
Isle, MN 56342-9221  
(320) 676-3538

*6-23-99*  
*(Signature)*



**Geoflow Subsurface Drip Line Disposal field Calculation**

Job Description: CLAY Emitter

Contact:

Prepared by: Nicki Conner

**Notes:**

Gallons per day (gpd)	<u>450</u>	gpd
Hydraulic loading rate	<u>.50</u>	gal per sq.ft. per day determined by soil absorption rates
Area required	<u>900</u>	square ft. = GPD / Hydraulic loading rate

Example Loads = .9 GPD per sq.ft.

Wasteflow Class	<u>✓</u>
Emitter spacing	<u>2'</u>
Drip line Spacing	<u>2'</u>
Pressure (normal is 20psi)	<u>20psi</u>
Emitter flow rate	<u>          </u>

Length of Wasteflow drip line 450'

Number of emitters 225

Design Notes.....

Divide Square Ft. of discharge field by 2  
For 2' drip line spacing:  
Divide Square Ft. of discharge field by 4  
For 2' drip line and 2' emitter spacing:

*Handwritten calculations:*  
 $225 \times 1.30 = 292.5 \text{ gph} \div 60 = 4.875 \text{ gpm}$   
 $450 \text{ gpd} \div 4.875 \text{ gpm} = 92 \text{ minutes per day}$   
 Pump times  
 $50 \text{ gallons per cycle} =$   
 $450 \div 50 = 9 \text{ cycles per day} =$   
 $10 \text{ minutes per cycle}$

CD  
6-23-99

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**APPROVED**

ONSITE INSPECTION Design\Wasteflow design2.xls

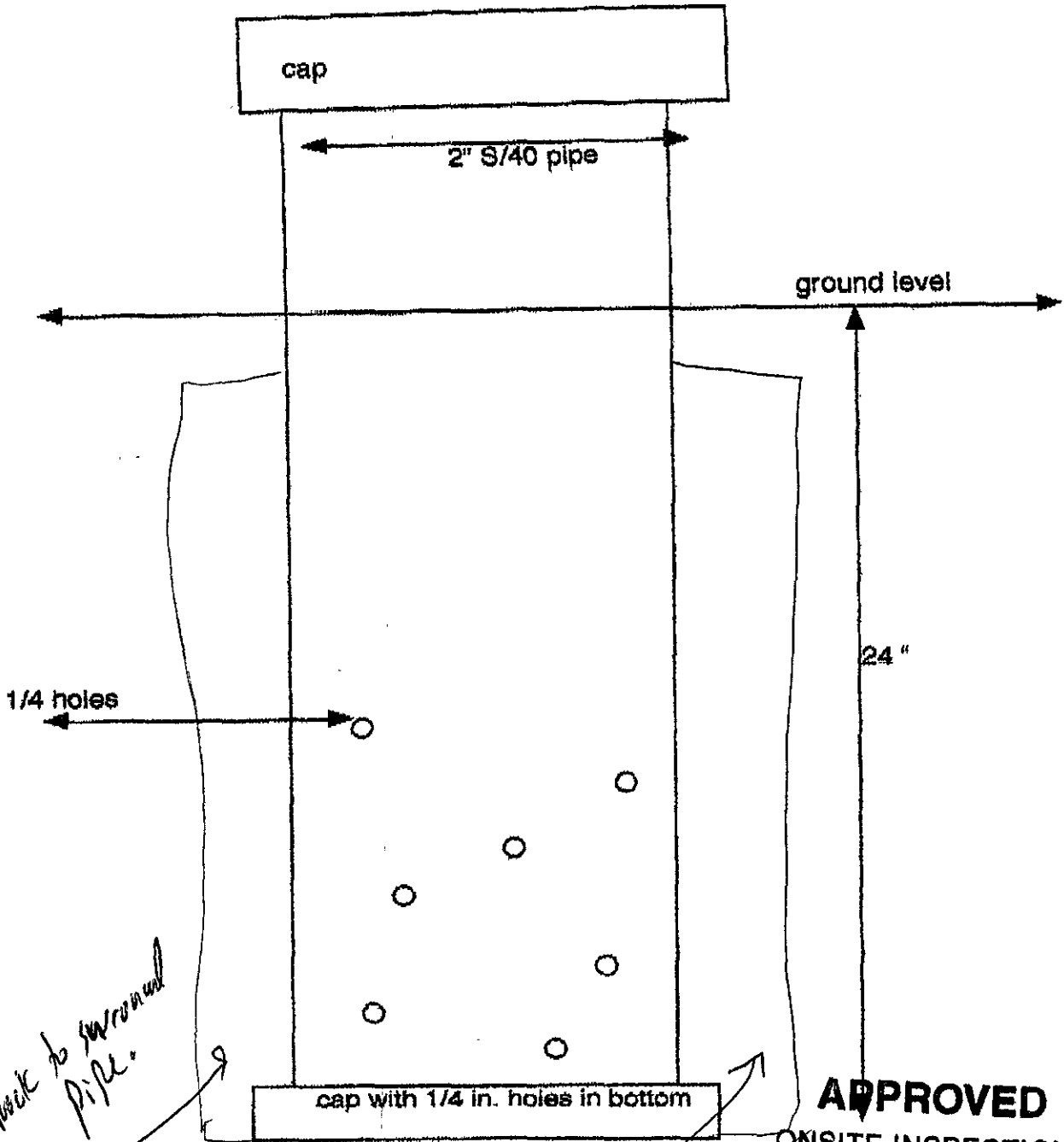
NO ONSITE INSPECTION

SIGN

CD DATE 6-23-99

**Conner Excavating**  
 1507-470th St.  
 Isle, MN 56342-9221  
 (320) 676-3538

Diagram for monitoring well  
 Owner: Clark Grotte  
 Location: Cedar Lake Idun Twp  
 Number of monitoring wells=3  
 Location: as per site plan unless modified  
 with new diagram  
 Installer/designer: Mike Conner #103



*Per back to surround pipe.*

**APPROVED**  
 \_\_\_\_\_  
 ONSITE INSPECTION  
 \_\_\_\_\_  
 NO ONSITE INSPECTION  
 SIGN   *(Signature)*   DATE   6-23-99

Monitoring plan

Experimental On-site Sewage system

The monitoring plan will consist of a multi-step observation sequence.

Step One-The installer/designer (Mike Conner) will visually inspect the system one month after installation.

Step Two- The installer/designer will inspect the system 3 months after installation.

Step three- The installer/designer will inspect the system In the spring of 2000.

Step four- The home owner will inspect the system once a year for the duration of ownership. (after five years this may stop if no problems have occurred)

Step 5- If the system fails homeowner agrees to put in a total of 3000 gallons of holding tank capacity or utilize treatment area number 2.

Clark Grotte date 6-17-99  
Clark Grotte  
Mike Conner date 6-15-99  
Mike Conner

**APPROVED**

ONSITE INSPECTION

NO ONSITE INSPECTION

SIGN @ DATE 6-23-99

Monitoring Wells  
and  
Mitigation Plan

Name: Clark Grotte  
Location: Cedar lake Idun twp  
Parcel #

Person(s) responsible for the sampling and testing will be Traut Wells or an approved lab.

This is a guideline for monitoring and sampling of the wells.

1. Monitoring and sampling will continue for a minimum of 5 years or until 5 consecutive samples for 18" separation have been approved.
2. Sampling will be done annually during the summer months. The first year will be sampled at three different times.
3. Data analysis and reporting will begin three months after start up.
4. The samples will be taken from each of the 3 test wells and the dosing chamber.
5. The samples will be tested for :
  - a. Biochemical Oxygen Demand (BOD)
  - b. Total suspended solids (TSS)
  - c. Fecal coliform bacteria (total count)

The following is a possible mitigation plan if samples are found to exceed acceptable limits. (as set by Aitkin County Planning and Zoning)

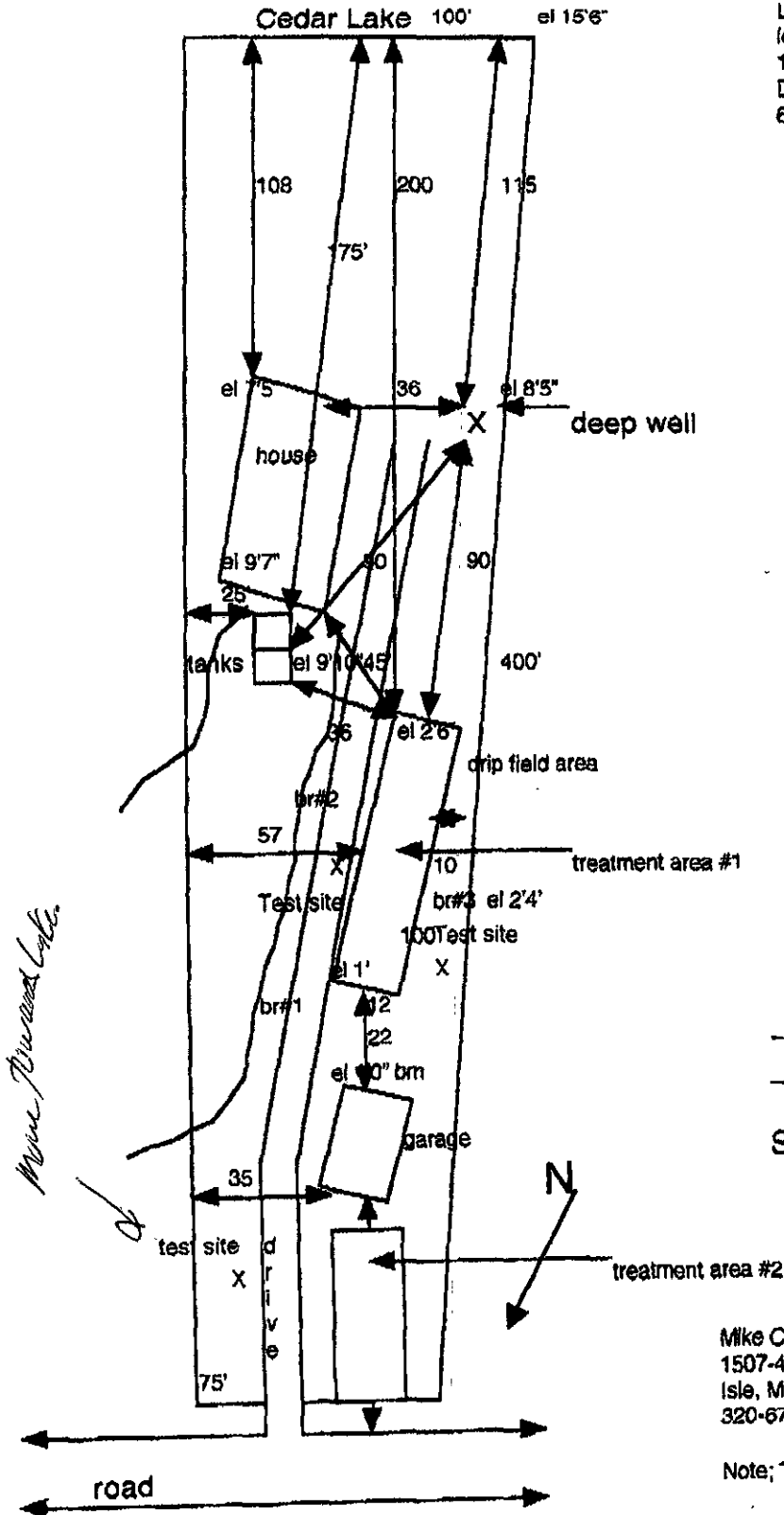
1. The additional treatment of the effluent in the dosing chamber with ozone or chlorine.
2. Adding another treatment area in the second location
3. Convert to holding tank capabilities

**APPROVED**

ONSITE INSPECTION  
 NO ONSITE INSPECTION

SIGN  DATE 6-23-99

Clark J. Grotte, owner  
 Lot 11 Block 1 Cedarosa 1 st Addition  
 Idun Twp  
 14751 Lawndale Lane  
 Dayton, MN 55327  
 612-422-8488



**APPROVED**

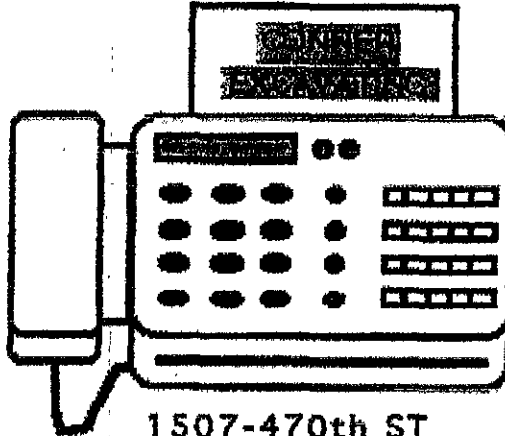
— ONSITE INSPECTION  
 ✓ NO ONSITE INSPECTION

SIGN *[Signature]* DATE 6-25-99

Mike Conner, Designer 1 #103  
 1507-470th St  
 Isle, MN 56342  
 320-676-3538

Note; This is not a survey

# CONNER EXCAVATING AND CONSTRUCTION



1507-470th ST  
ISLE MN 56342  
PHONE-(320)-676-3538  
FAX --(320)-676-8355  
E-MAIL-CONX@UPSTEL.NET

DATE: 6-25-99

TIME: 6:05

# OF PAGES 1 (INCLUDING COVER SHEET)

TO: Aitkin Co. Planning & Zoning.

ATTENTION: Terry Nell  
RE: Clark Grete - Drip system.

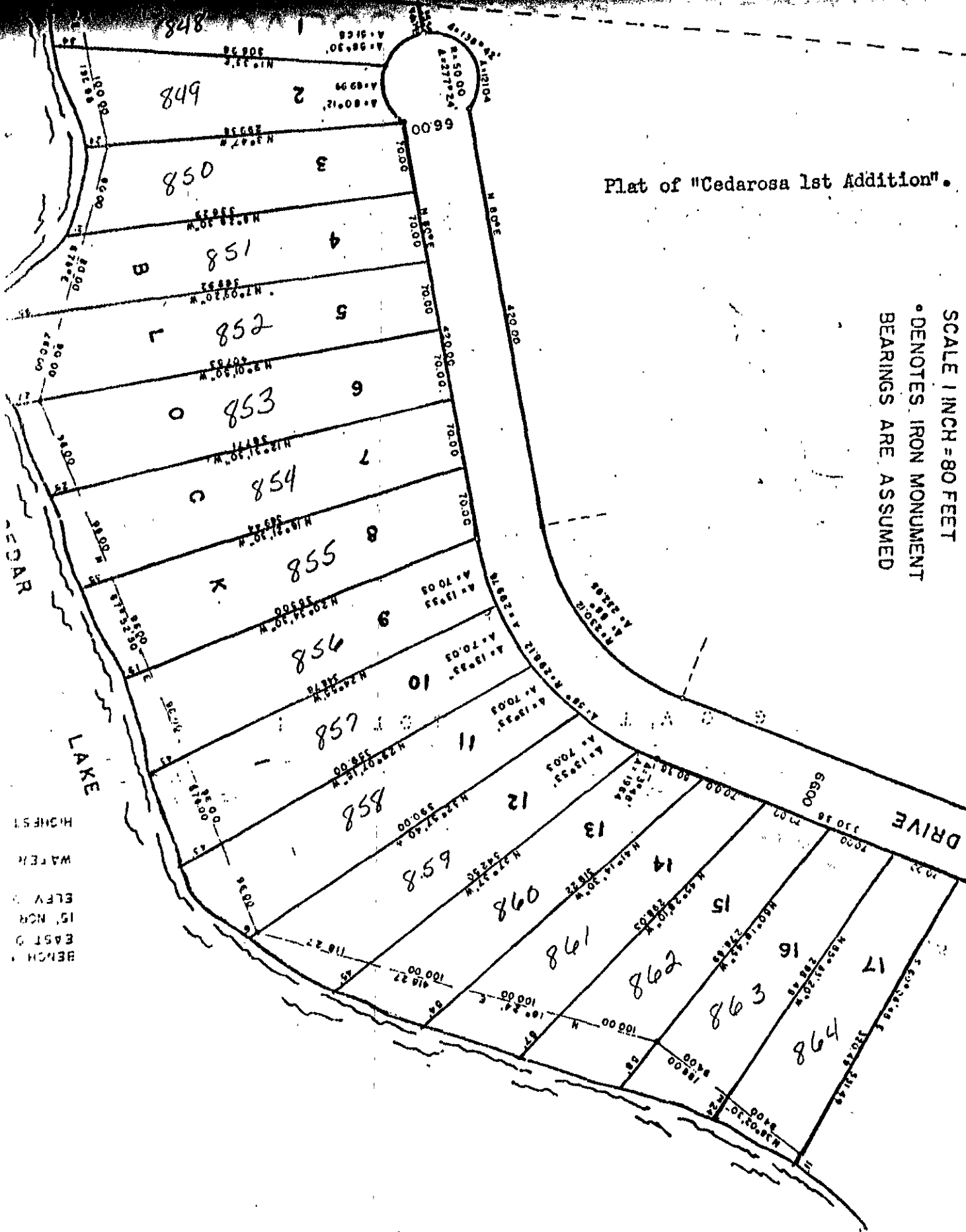


ADDITIONAL COMMENTS:

Because of the rain we were unable to install the  
drain system yesterday. We will put it in this morning.  
- Hope to get it installed today so we can  
cover.

Hope to see you on site.

Mike Conner



Plat of "Cedarosa 1st Addition".

SCALE 1 INCH = 80 FEET  
 • DENOTES IRON MONUMENT  
 BEARINGS ARE ASSUMED

BENCH  
 EAST 0  
 15' NCR  
 ELEV.  
 WATER  
 HIGHEST

OFFICIAL PLAT

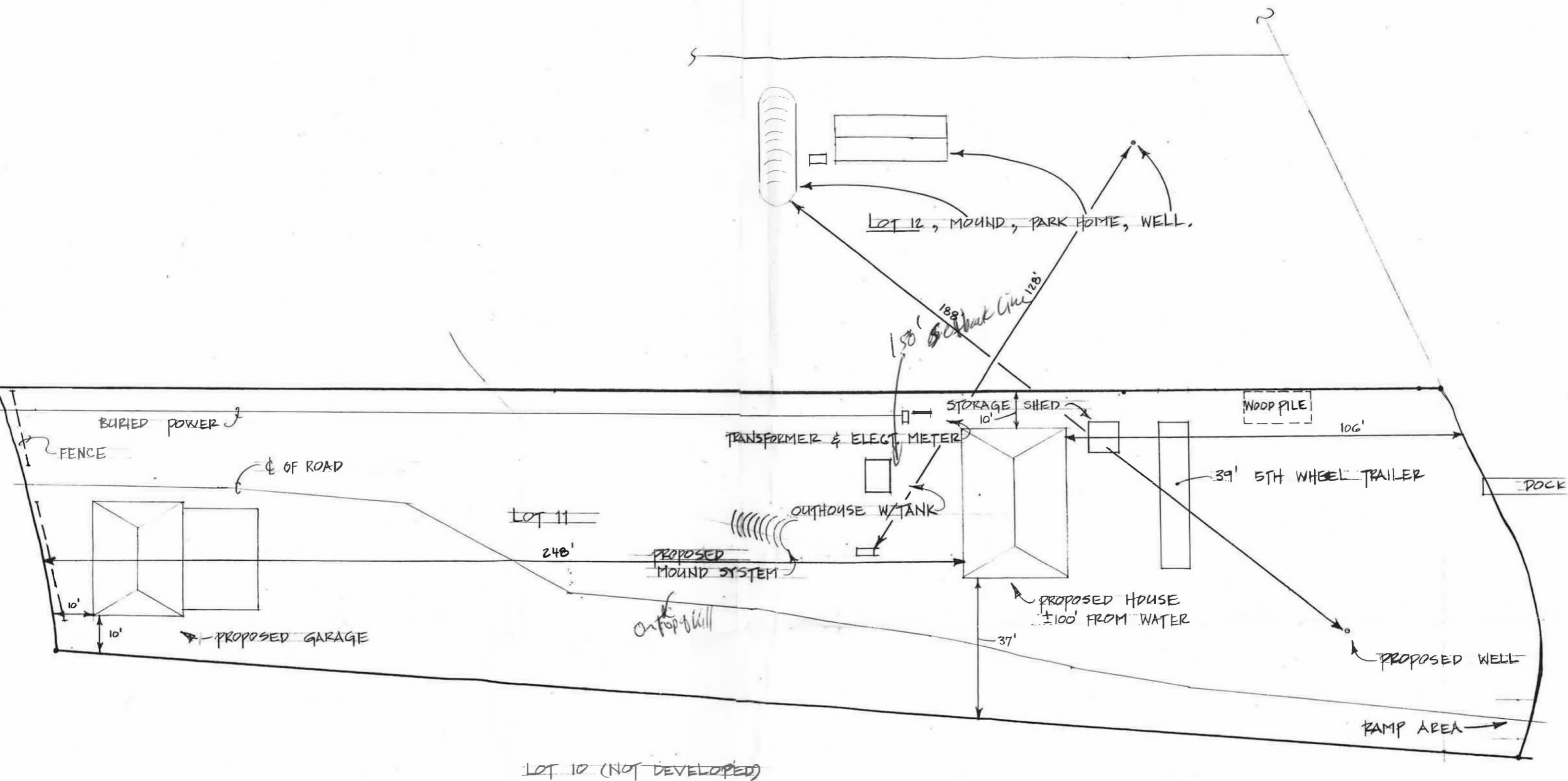
Find out WHAT TYPE of  
DRIPPER LINE HE IS  
Using

MAKE SURE HE HAS TEST  
HOLES WITH PEA ROCK OR  
WASHED SANDS AROUND THEM.

Q

- elev. pump to manifold
- size of pipeline & length
- determined 15 PSI Case 908  
into dripper line Geo Flow  
Wack Sheet
- Waste Flow Classic  
dripper line





PLAN NORTH  
 LOT 11 BLOCK 1 CEDAROSA 1ST ADDITION  
 CLARK J. GROTT, OWNER. 1" = 20'-0" 9-19-97

# AITKIN COUNTY ZONING

PERMIT NUMBER 25626

PARCEL NUMBER 13-1-085800

Location 11 1 Cedarosa 1st Addn.  
Lot Block Gov't. Lot Section Twp. Rge.

Issued 6-23 19 99 To Clark Grotte

Nature of Authorization 28x44 Residence, 24x39 pole Bldg and per Variance #23637U and Performance based experimental Septic system

New Construction  Alteration

Sewer Installation

Flood Plain and Lowest Floor Elev. \_\_\_\_\_

This permit expires one year from date of issuance  
NOT TRANSFERABLE

**NOTE:**

This permit must be posted in a conspicuous place on premises on which work is to be done and remain until work has been completed and inspected. For inspection, call (218) 927-7381.

  
ZONING ADMINISTRATOR

**No Portion of any Sewage Disposal System shall be Covered Prior to Inspection**

**AITKIN COUNTY**  
**CERTIFICATE OF COMPLIANCE/NOTICE OF NONCOMPLIANCE**

This certificate of compliance/notice of noncompliance has been issued this 25<sup>th</sup> day of JUNE, 1999 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: CEDAROSA 1<sup>st</sup>

ADDITION Lot 11 SIK 1  
Section 8 Township 43 Range 24 Lake CEDAR  
PERMIT NO. 25626 Owner Name CLARK Grotte  
Address 14751 LAUNDALE LN DAYTON, MN 55327  
Installer Name MIKE CONNERS  
Type of System Inspected AEROBIC TANK WITH DRIPPER LINE

The certificate of compliance/notice of noncompliance was based on, No 1 of the following:

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

If the 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 violations will result in this matter being turned over to the Aitkin County Attorney's Office for further legal action which may result in revocation of licenses or registrations, fine's and/or imprisonment.

INSPECTOR SIGNATURE \_\_\_\_\_

# INDIVIDUAL SEWAGE TREATMENT SYSTEM INSPECTION FORM AITKIN COUNTY, MINNESOTA

Township Iron Date of Inspection 6-25-99 Permit Number Z510210  
 Owner Clark Beotte Parcel Number 13-1-085800  
 Address Lot 11 Blk 1 CEDAROSA 1st Installer MIKE COSMER  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ New  Repair \_\_\_\_\_

**SETBACKS:**  
 Buildings to tank(s) Not in yet  
 Buildings to drainfield \_\_\_\_\_  
 Well(s) 50' or 100' \_\_\_\_\_  
 Lake/Creek/Wetland 200'±

**SEPTIC TANKS:**  
 Liquid capacity 11600  
 Manufacturer & type AmCon  
 Type of baffle plastic  
 Inspection pipes 2 @ 4" 1 @ 6"  
 Manholes access 24"  
 No. & height of risers 2 @ 30"

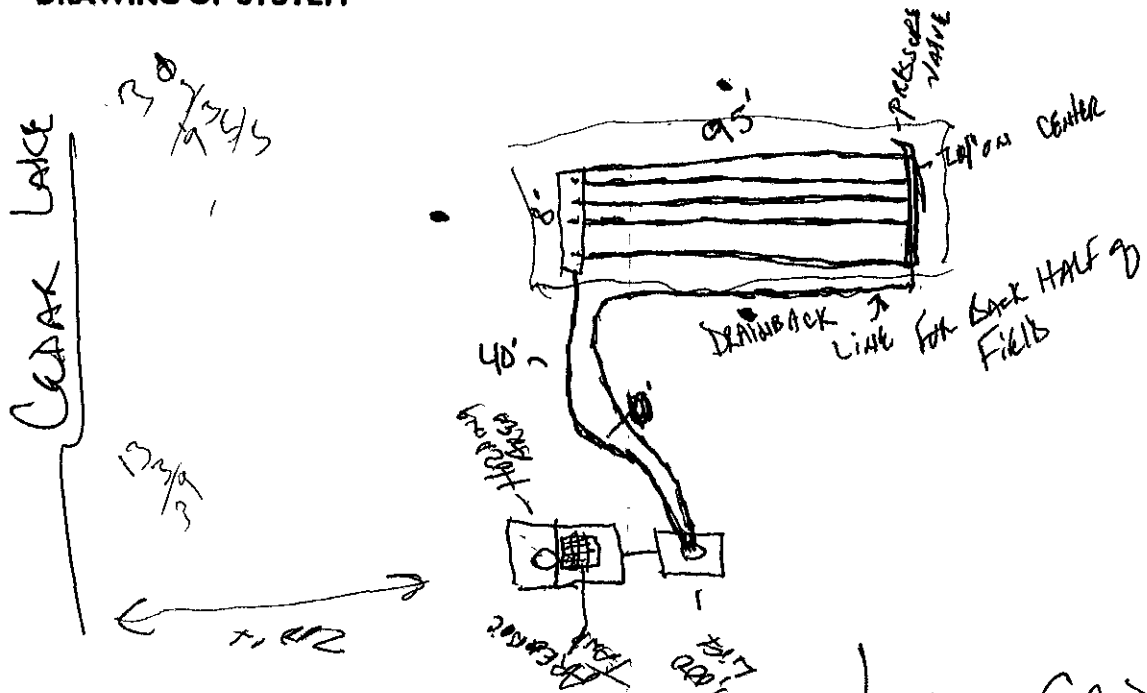
**MOUNDS:**  
 Percent slope \_\_\_\_\_  
 Upslope dike width \_\_\_\_\_  
 Downslope dike width \_\_\_\_\_  
 Sideslope dike width \_\_\_\_\_  
 Drainfield rock below pipe \_\_\_\_\_  
 Depth of sand below rock \_\_\_\_\_  
 Perforation size & spacing \_\_\_\_\_  
 Pipe size & spacing 1/2" @ 24"  
 Dimensions of rock bed \_\_\_\_\_  
 Dimensions of sand base \_\_\_\_\_  
 Final cover \_\_\_\_\_

**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 475' of Drip Line

**PUMPS:**  
 Tank capacity 1,000  
 Tank manufacturer & type AmCon  
 No. & height of risers 1 @ 36"  
 Pump manufacturer & model# HAYES SumpSaver  
 Horsepower & GPM 1/2 HP  
 Feet of head 17'  
 Cycles per day \_\_\_\_\_  
 Gallons per cycle \_\_\_\_\_  
 Size of discharge line 1 1/4"  
 Type of electrical hookup \_\_\_\_\_  
 Type & location of alarm LEVEL  
 Cycle counter (commercial) \_\_\_\_\_

**DRAWING OF SYSTEM**



Inspector's Comments \_\_\_\_\_ Loamy SAND TO COVER LINE

Corrective Action Required \_\_\_\_\_

Inspector's Signature Way Fairchild White-County  
 Installer's Signature Mike Cosmer Pink-Installer  
 Yellow-Applicant



**Minnesota Pollution Control Agency**

520 Lafayette Road North  
St. Paul, MN 55155-4194

# Compliance Inspection Form

## Existing Subsurface Sewage Treatment Systems (SSTS)

Doc Type: Compliance and Enforcement

**Inspection results** based on Minnesota Pollution Control Agency (MPCA) requirements and attached forms – additional local requirements may also apply.

**Submit completed form to Local Unit of Government (LUG) and system owner within 15 days**

For local tracking purposes:

### System Status

System status on date (mm/dd/yyyy): 9/14/2016

**Compliant – Certificate of Compliance**  
*(Valid for 3 years from report date, unless shorter time frame outlined in Local Ordinance.)*

**Noncompliant – Notice of Noncompliance**  
*(See Upgrade Requirements on page 3.)*

**Reason(s) for noncompliance (check all applicable)**

- Impact on Public Health (Compliance Component #1) – Imminent threat to public health and safety
- Other Compliance Conditions (Compliance Component #3) – Imminent threat to public health and safety
- Tank Integrity (Compliance Component #2) – Failing to protect groundwater
- Other Compliance Conditions (Compliance Component #3) – Failing to protect groundwater
- Soil Separation (Compliance Component #4) – Failing to protect groundwater
- Operating permit/monitoring plan requirements (Compliance Component #5) – Noncompliant

### Property Information

Parcel ID# or Sec/Twp/Range: 13-1-085800

Property address: 14830 - 268<sup>th</sup> Ave Isle MN 56342 Reason for inspection: Property Transfer

Property owner: Clark Grotte Owner's phone: 612-328-4635

Owner's representative: \_\_\_\_\_ Representative phone: \_\_\_\_\_

Local regulatory authority: Aitkin County Regulatory authority phone: 218-927-7342

Brief system description: 1600 combo - 600 septic, 1000 treatment, 1000 gallon lift tank, to drip system (Micro Fast Treatment)

**Comments or recommendations:**

New owner will be required by the county to put the system on an operating permit.

### Certification

*I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.*

Inspector name: Brian Koski Certification number: 7989

Business name: Septic Check License number: 2624

Inspector signature:  Phone number: 320-983-2447

### Necessary or Locally Required Attachments

- Soil boring logs
- System/As-built drawing
- Forms per local ordinance
- Other information (list): \_\_\_\_\_

**1. Impact on Public Health – Compliance component #1 of 5**

**Compliance criteria:**

System discharges sewage to the ground surface.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System discharges sewage to drain tile or surface waters.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System causes sewage backup into dwelling or establishment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Any "yes" answer above indicates the system is an imminent threat to public health and safety.**

Comments/Explanation:

**Verification method(s):**

- Searched for surface outlet
- Searched for seeping in yard/backup in home
- Excessive ponding in soil system/D-boxes
- Homeowner testimony (See Comments/Explanation)
- "Black soil" above soil dispersal system
- System requires "emergency" pumping
- Performed dye test
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

**2. Tank Integrity – Compliance component #2 of 5**

**Compliance criteria:**

System consists of a seepage pit, cesspool, drywell, or leaching pit. <i>Seepage pits meeting 7080.2550 may be compliant if allowed in local ordinance.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth. If yes, which sewage tank(s) leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Any "yes" answer above indicates the system is failing to protect groundwater.**

Comments/Explanation:

**Verification method(s):**

- Probed tank(s) bottom
- Examined construction records
- Examined Tank Integrity Form (Attach)
- Observed liquid level below operating depth
- Examined empty (pumped) tanks(s)
- Probed outside tank(s) for "black soil"
- Unable to verify (See Comments/Explanation)
- Other methods not listed (See Comments/Explanation)

**3. Other Compliance Conditions – Compliance component #3 of 5**

- a. Maintenance hole covers are damaged, cracked, unsecured, or appear to be structurally unsound.  Yes\*  No  Unknown
- b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety.  Yes\*  No  Unknown  
**\*System is an imminent threat to public health and safety.**

Explain:

- c. System is non-protective of ground water for other conditions as determined by inspector.  Yes\*  No  
**\*System is failing to protect groundwater.**

Explain:

**4. Soil Separation – Compliance component #4 of 5**

**Date of installation:** 6/25/1999  Unknown  
(mm/dd/yyyy)

**Shoreland/Wellhead protection/Food beverage lodging?**  Yes  No

**Compliance criteria:**

For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:  Yes  No

Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:  Yes  No

Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.\*

"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules (7080.2350 or 7080.2400 (Advanced Inspector License required)  Yes  No

Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

**Verification method(s):**

Soil observation does not expire. Previous soil observations by two independent parties are sufficient, unless site conditions have been altered or local requirements differ.

- Conducted soil observation(s) (Attach boring logs)
- Two previous verifications (Attach boring logs)
- Not applicable (Holding tank(s), no drainfield)
- Unable to verify (See Comments/Explanation)
- Other (See Comments/Explanation)

**Comments/Explanation:**

**Indicate depths or elevations**

A. Bottom of distribution media	100.00
B. Periodically saturated soil/bedrock	98.00
C. System separation	2'
D. Required compliance separation*	1.5'

\*May be reduced up to 15 percent if allowed by Local Ordinance.

**Any "no" answer above indicates the system is failing to protect groundwater.**

**5. Operating Permit and Nitrogen BMP\* – Compliance component #5 of 5**  Not applicable

Is the system operated under an Operating Permit?  Yes  No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP?  Yes  No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

**If the answer to both questions is "no", this section does not need to be completed.**

**Compliance criteria**

- a. Operating Permit number: \_\_\_\_\_  
Have the Operating Permit requirements been met?  Yes  No
- b. Is the required nitrogen BMP in place and properly functioning?  Yes  No

**Any "no" answer indicates Noncompliance.**

**Upgrade Requirements** (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.

# INDIVIDUAL SEWAGE TREATMENT SYSTEM INSPECTION FORM AITKIN COUNTY, MINNESOTA

Township FDIST Date of Inspection 6-25-99 Permit Number 256226  
 Owner Clark Grotte Parcel Number 13-1-085800  
 Address Lot 11 Blk 1 CEDARDALE 1st Installer MIKE COSNER  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ New  Repair \_\_\_\_\_

**SETBACKS:**

Buildings to tank(s) Not in yet  
 Buildings to drainfield \_\_\_\_\_  
 Well(s) 50' or 100' \_\_\_\_\_  
 Lake/Creek/Wetland 200 ft

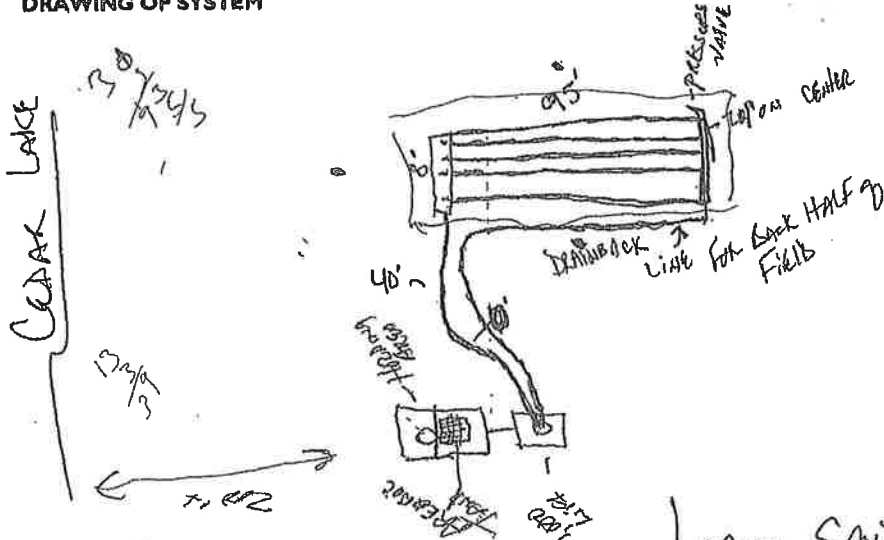
**SEPTIC TANKS:**

Liquid capacity 1100  
 Manufacturer & type AmCon  
 Type of baffle plastic  
 Inspection pipes 2e 4" 1e 6"  
 Manholes access 24"  
 No. & height of risers 2e 30"

**MOUNDS:**

Percent slope \_\_\_\_\_  
 Upslope dike width \_\_\_\_\_  
 Downslope dike width \_\_\_\_\_  
 Sideslope dike width \_\_\_\_\_  
 Drainfield rock below pipe \_\_\_\_\_  
 Depth of sand below rock \_\_\_\_\_  
 Perforation size & spacing \_\_\_\_\_  
 Pipe size & spacing 1/2" 2.2d"  
 Dimensions of rock bed \_\_\_\_\_  
 Dimensions of sand base \_\_\_\_\_  
 Final cover \_\_\_\_\_

**DRAWING OF SYSTEM**



**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 475' of Drop Line

**PUMPS:**

Tank capacity 1,000  
 Tank manufacturer & type AmCon  
 No. & height of risers 1e 30"  
 Pump manufacturer & model# HAYES SumpSaver  
 Horsepower & GPM 1/2 HHP  
 Feet of head 17'  
 Cycles per day \_\_\_\_\_  
 Gallons per cycle \_\_\_\_\_  
 Size of discharge line 1 1/4"  
 Type of electrical hookup \_\_\_\_\_  
 Type & location of alarm LEVEL  
 Cycle counter (commercial) \_\_\_\_\_

Inspector's Comments \_\_\_\_\_

Loamy SAND TO COVER LINE

Corrective Action Required \_\_\_\_\_

Inspector's Signature [Signature]

Installer's Signature [Signature]



## Aitkin County, Minnesota

### 464B—Brennyville silt loam, 2 to 5 percent slopes

#### Map Unit Setting

*National map unit symbol:* gjh3  
*Elevation:* 980 to 1,640 feet  
*Mean annual precipitation:* 25 to 30 inches  
*Mean annual air temperature:* 39 to 45 degrees F  
*Frost-free period:* 120 to 140 days  
*Farmland classification:* All areas are prime farmland

#### Map Unit Composition

*Brennyville and similar soils:* 85 percent  
*Minor components:* 15 percent  
*Estimates are based on observations, descriptions, and transects of the mapunit.*

#### Description of Brennyville

##### Setting

*Landform:* Moraines  
*Landform position (two-dimensional):* Backslope, summit  
*Down-slope shape:* Linear  
*Across-slope shape:* Concave  
*Parent material:* Silty lacustrine deposits over loamy till

##### Typical profile

*A - 0 to 5 inches:* silt loam  
*E1,E2 - 5 to 18 inches:* silt loam  
*E/B - 18 to 24 inches:* silt loam  
*2Bt - 24 to 32 inches:* loam  
*2BC - 32 to 38 inches:* sandy loam  
*2Cd - 38 to 60 inches:* sandy loam

##### Properties and qualities

*Slope:* 2 to 5 percent  
*Depth to restrictive feature:* 40 to 60 inches to densic material  
*Natural drainage class:* Moderately well drained  
*Capacity of the most limiting layer to transmit water (Ksat):* Very low to moderately high (0.00 to 0.20 in/hr)  
*Depth to water table:* About 24 inches  
*Frequency of flooding:* None  
*Frequency of ponding:* None  
*Calcium carbonate, maximum in profile:* 5 percent  
*Available water storage in profile:* Moderate (about 6.8 inches)

##### Interpretive groups

*Land capability classification (irrigated):* None specified  
*Land capability classification (nonirrigated):* 2e  
*Hydrologic Soil Group:* C

*Other vegetative classification:* Sloping Upland, Acid  
(G090AN006MN)  
*Hydric soil rating:* No

#### **Minor Components**

##### **Giese and similar soils**

*Percent of map unit:* 4 percent  
*Landform:* Depressions  
*Hydric soil rating:* Yes

##### **Freer and similar soils**

*Percent of map unit:* 4 percent  
*Hydric soil rating:* No

##### **Milaca and similar soils**

*Percent of map unit:* 4 percent  
*Hydric soil rating:* No

##### **Twig and similar soils**

*Percent of map unit:* 3 percent  
*Landform:* Depressions  
*Hydric soil rating:* Yes

## **Data Source Information**

Soil Survey Area: Aitkin County, Minnesota  
Survey Area Data: Version 16, Sep 18, 2015

# SOILS CHARTS FOR BOTH PROPOSED AND ALTERNATE SITES

3 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
0-2"	Topsoil	BLK
2-18"		LT BROWN 7.5YR5/6
18"	mottles	

2 (PROPOSED) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
0-2"	Topsoil	BLK
2-16"	Clay loam	BROWN 7.5YR5/6
16"	mottles	

1 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
<p><i>Vertical</i> <i>9-14-16</i></p>		

2 (ALTERNATE) SOILS DATA

DEPTH (INCHES)	TEXTURE	MUNSELL COLOR
<p><b>APPROVED</b></p> <p> <input checked="" type="checkbox"/> ONSITE INSPECTION  <input type="checkbox"/> NO ONSITE INSPECTION                 </p> <p>SIGN <u><i>[Signature]</i></u> DATE <u><i>6-23-14</i></u></p>		

ADDITIONAL SOIL BORINGS MAY BE REQUIRED

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

**No OP**

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

Mail To: Kevin and Barbie Mundt  
885 - 15th Ave. S.E.  
Rochester, MN  
55904

**PROPERTY INFORMATION**

Kevin and Barbie Mundt  
Location: 14830 - 268th Ave.  
Isle - *Atkin*  
Tax ID: T3-1-085800  
  
Use: Residential, Single Family (3 bdrm)  
System Design Flow: 450  
GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test

Fold Here

**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 07/20/2018 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Septic Check      Work Performed By: Blesener Dave      Submitted 08/06/2018 by: Abbie Gobel

Fold Here

**COMMENTS & GENERAL INSPECTION NOTES**

**No Deficiencies Noted**

While on site, I fixed the drip tube - with 1 foot of new tubing and a drip tube coupler.

**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 - 1,600 Gal Combo Reversed Tank**

Manufacturer: Local Manufacturer

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):	6
Compartment 2 Scum accumulation (Inches, if other specify):	0
Compartment 2 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO

**Aerobic Treatment Unit: ATU - BioMicrobics - FAST, Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5**

Manufacturer: Bio-Microbics, Inc. Model: MicroFAST 0.5

This component was:	Fully Inspected
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Cleaned filter element:	YES
Unit audio/visual alarms functioning:	YES
Vent(s) and observation ports clear from obstructions:	YES
Vigorous boiling is occurring:	YES
Effluent is visually clear:	YES
The effluent smell is a damp, earthy odor (N/A = not observed):	YES
pH level within normal operating range (6-9): (Enter N/A if not performed):	N/A
Field sample performance results within operational limits (Enter N/A if not performed):	N/A
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. (If Yes, pumping needed):	NO
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit. (If Yes, pumping needed):	NO
Pumping needed:	NO

**TANK: Pump Tank - 1,000 Gal Pump Tank**

Manufacturer: Local Manufacturer

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	
<b>Panel: Control - 1 Pump - Drainfield Dose Panel</b>		
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	
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	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

Mall To: Kevin and Barbie Mundt  
885 - 15th Ave. S.E.  
Rochester, MN  
55904

**PROPERTY INFORMATION**

Kevin and Barbie Mundt  
Location: 14830 - 268th Ave.  
Isle  
Tax ID: 13-1-085800  
Use: Residential, Single Family (3 bdrm)  
System Design Flow: 450  
GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test

Fold Here

**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 11/09/2018 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Blesener Dave

Submitted 11/27/2018 by:  
Angie Tvedt

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 - 1,600 Gal Combo Reversed Tank**

Manufacturer: Local Manufacturer

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):	6"
Compartment 2 Scum accumulation (Inches, if other specify):	0
Compartment 2 Sludge accumulation (Inches, if other specify):	12"
Pumping recommended:	NO

**Aerobic Treatment Unit: ATU - BioMicrobics - FAST, Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5**

Manufacturer: Bio-Microbics, Inc. Model: MicroFAST 0.5

This component was:	Fully Inspected
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Cleaned filter element:	YES
Unit audio/visual alarms functioning:	YES
Vent(s) and observation ports clear from obstructions:	YES
Vigorous boiling is occurring:	YES
Effluent is visually clear:	YES
The effluent smell is a damp, earthy odor (N/A = not observed):	YES
pH level within normal operating range (6-9): (Enter N/A if not performed):	N/A
Field sample performance results within operational limits (Enter N/A if not performed):	N/A
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. (If Yes, pumping needed):	NO
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit. (If Yes, pumping needed):	NO
Pumping needed:	NO

**TANK: Pump Tank - 1,000 Gal Pump Tank****Manufacturer: Local Manufacturer**

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	
<b>Panel: Control - 1 Pump - Drainfield Dose Panel</b>		
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	
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	N/A	

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

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

**PROPERTY INFORMATION**

Kevin and Barbie Mundt  
Location: 14830 - 268th Ave.  
Isle  
Tax ID: 13-1-085800  
*NO OP*  
Use: Residential, Single Family (3 bdrm)  
System Design Flow: 450  
GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test

Mail To: Kevin and Barbie Mundt  
885 - 15th Ave. S.E.  
Rochester, MN  
55904

Fold Here

**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Fold Here

Inspected: 06/03/2019 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Septic Check      Work Performed By: Blesener Dave      Submitted 06/26/2019 by: Abbie Gobel

**COMMENTS & GENERAL INSPECTION NOTES**

**No Deficiencies Noted**

Sample to AW Labs

**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 - 1,600 Gal Combo Reversed Tank**

Manufacturer: Local Manufacturer

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):	6
Compartment 2 Scum accumulation (Inches, if other specify):	0
Compartment 2 Sludge accumulation (Inches, if other specify):	2
Pumping recommended:	NO

**Aerobic Treatment Unit: ATU - BioMicrobics - FAST, Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5**

Manufacturer: Bio-Microbics, Inc. Model: MicroFAST 0.5

This component was:	Fully Inspected
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Cleaned filter element:	YES
Unit audio/visual alarms functioning:	YES
Vent(s) and observation ports clear from obstructions:	YES
Vigorous boiling is occurring:	YES
Effluent is visually clear:	YES
The effluent smell is a damp, earthy odor (N/A = not observed):	YES
pH level within normal operating range (6-9): (Enter N/A if not performed):	N/A
Field sample performance results within operational limits (Enter N/A if not performed):	N/A
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. ( If Yes, pumping needed):	NO
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit. (If Yes, pumping needed):	NO
Pumping needed:	NO



**TANK. Pump Tank - 1,000 Gal Pump Tank**

Manufacturer: Local Manufacturer

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	
<b>Panel Control - 1 Pump - Drainfield Dose Panel</b>		
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	
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	YES	

**SAMPLING REPORT**

12/27/2019

Location: 14830 - 268th Ave.

Isle

**13-1-085800**

Owner: Kevin and Barbie Mundt

Use: Single Family

**Service Company:****Septic Check**

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

**Laboratory: A.W. Research Laboratories****Sample Date: 01/07/2019    Sample entered by: Angie Tvedt    Report submitted: 01/17/2019**

Notes:

**ONSITE SEWAGE SYSTEM SAMPLING DETAIL**

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Pump Tank - 1,000 Gal Pump Tank	Effluent	CBOD	<15 mg/L	9.8
Pump Tank - 1,000 Gal Pump Tank	Effluent	TSS	<15 mg/L	3.5
Pump Tank - 1,000 Gal Pump Tank	Effluent	Fecal	<1,000 mg/L	200

*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.*

**SAMPLING REPORT**

12/27/2019

Location: 14830 - 268th Ave.

Isle

**13-1-085800**

Owner: Kevin and Barbie Mundt

Use: Single Family

**Service Company:****Septic Check**

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

**Laboratory: A.W. Research Laboratories****Sample Date: 06/03/2019    Sample entered by: Angie Tvedt    Report submitted: 06/28/2019**

Notes:

**ONSITE SEWAGE SYSTEM SAMPLING DETAIL**

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Pump Tank - 1,000 Gal Pump Tank	Effluent	CBOD	<15 mg/L	
Pump Tank - 1,000 Gal Pump Tank	Effluent	TSS	<15 mg/L	
Pump Tank - 1,000 Gal Pump Tank	Effluent	Fecal	<1,000 mg/L	100

*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.*

**SAMPLING REPORT**

12/27/2019

Location: 14830 - 268th Ave.

Isle

**13-1-085800**

Owner: Kevin and Barbie Mundt

Use: Single Family

**Service Company:****Septic Check**

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

**Laboratory:RMB Environmental Laboratories****Sample Date: 11/05/2019    Sample entered by: Heather Johnson    Report submitted: 12/16/2019**

Notes:

**ONSITE SEWAGE SYSTEM SAMPLING DETAIL**

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Pump Tank - 1,000 Gal Pump Tank	Effluent	CBOD	<15 mg/L	
Pump Tank - 1,000 Gal Pump Tank	Effluent	TSS	<15 mg/L	
Pump Tank - 1,000 Gal Pump Tank	Effluent	Fecal	<1,000 mg/L	727

*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: Kevin and Barbie Mundt  
885 - 15th Ave. S.E.  
Rochester, MN  
55904

**PROPERTY INFORMATION**

Kevin and Barbie Mundt  
Location: 14830 - 268th Ave.  
Isle  
Tax ID: 13-1-085800  
  
Use: Residential, Single Family (3 bdrm)  
System Design Flow: 450  
GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test

Fold Here

**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 11/05/2019 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Chris King

Submitted 11/20/2019 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 - 2 Compartment - 1,600 Gal Combo Reversed Tank**

Manufacturer: Local Manufacturer

This component was:	Fully Inspected
Effluent level within operational limits (if NO explain in comments):	YES
All required baffles in place (N/A = No baffles required):	YES
Compartment 1 Scum accumulation (Inches, if other specify):	2
Compartment 1 Sludge accumulation (Inches, if other specify):	6
Compartment 2 Scum accumulation (Inches, if other specify):	0
Compartment 2 Sludge accumulation (Inches, if other specify):	2
Pumping recommended:	NO

**Aerobic Treatment Unit: ATU - BioMicrobics - FAST, Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5**

Manufacturer: Bio-Microbics, Inc. Model: MicroFAST 0.5

This component was:	Fully Inspected
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Cleaned filter element:	YES
Unit audio/visual alarms functioning:	YES
Vent(s) and observation ports clear from obstructions:	YES
Vigorous boiling is occurring:	YES
Effluent is visually clear:	YES
The effluent smell is a damp, earthy odor (N/A = not observed):	YES
pH level within normal operating range (6-9): (Enter N/A if not performed):	YES
Field sample performance results within operational limits (Enter N/A if not performed):	YES
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. (If Yes, pumping needed):	NO
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit. (If Yes, pumping needed):	NO
Pumping needed:	NO

**TANK: Pump Tank - 1,000 Gal Pump Tank**

Manufacturer: Local Manufacturer

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	
<b>Panel: Control - 1 Pump - Drainfield Dose Panel</b>		
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):	NA	
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	YES	

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

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

**PROPERTY INFORMATION**

Kevin and Barbie Mundt  
Location: 14830 - 268th Ave.  
Isle  
Tax ID: 13-1-085800  
*NO OP*  
Use: Residential, Single Family (3 bdrm)  
System Design Flow: 450  
GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test

Mail To: Kevin and Barbie Mundt  
885 - 15th Ave. S.E.  
Rochester, MN  
55904

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**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 11/05/2019 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company: Septic Check      Work Performed By: Chris King      Submitted 11/20/2019 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 - 2 Compartment - 1,600 Gal Combo Reversed Tank**

Manufacturer: Local Manufacturer

This component was:	Fully Inspected
Effluent level within operational limits (if NO explain in comments):	YES
All required baffles in place (N/A = No baffles required):	YES
Compartment 1 Scum accumulation (Inches, if other specify):	2
Compartment 1 Sludge accumulation (Inches, if other specify):	6
Compartment 2 Scum accumulation (Inches, if other specify):	0
Compartment 2 Sludge accumulation (Inches, if other specify):	2
Pumping recommended:	NO

**Aerobic Treatment Unit: ATU - BioMicrobics - FAST, Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5**

Manufacturer: Bio-Microbics, Inc. Model: MicroFAST 0.5

This component was:	Fully Inspected
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Cleaned filter element:	YES
Unit audio/visual alarms functioning:	YES
Vent(s) and observation ports clear from obstructions:	YES
Vigorous boiling is occurring:	YES
Effluent is visually clear:	YES
The effluent smell is a damp, earthy odor (N/A = not observed):	YES
pH level within normal operating range (6-9): (Enter N/A if not performed):	YES
Field sample performance results within operational limits (Enter N/A if not performed):	YES
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. (If Yes, pumping needed):	NO
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit. (If Yes, pumping needed):	NO
Pumping needed:	NO

**TANK: Pump Tank - 1,000 Gal Pump Tank**

Manufacturer: Local Manufacturer

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	
<b>Panel: Control - 1 Pump - Drainfield Dose Panel</b>		
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):	NA	
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	YES	



**BLANK ONSITE SEWAGE SYSTEM INSPECTION REPORT**

**14830 - 268th Ave. - Isle, Aitkin**  
 Kevin and Barbie Mundt 507-216-1785

**GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test**

Max Design Flow (GPD): 450.00    Last Inspection: 06/03/2019    Current Inspection Date: 11-5-19    Last Inspection Type: ROUTINE    Last Inspection Status: NO DEFICIENCIES NOTED    TaxID: 13-1-085800

**SITE NOTES**

- Semi-annual: Inspect pumps and float operation
- Semi-annual: Inspect control panel and record CC and ETM, verify alarms work
- Semi-annual: Inspect treatment unit, effluent color/odor/etc.
- Semi-annual: Inspect blower/aerator and clean filter
- Semi-annual: Inspect tanks for infiltration or other issues
- Semi-annual: Inspect drainfield for ponding or other problems
- Semi-annual: Inspect and clean UV light
- Annual: Inspect sludge volume in septic tanks (fall)
- Annual: Sample effluent fecal coliform Rm 18

<b>TANK: Septic Tank - 2 Compartment - 1,600 Gal Combo Reversed Tank</b>		
Effluent level within operational limits (if NO explain in comments):	<input checked="" type="checkbox"/> Yes / No	
All required baffles in place (N/A = No baffles required):	<input checked="" type="checkbox"/> Yes / No / NA	
Compartment 1 Scum accumulation (Inches, if other specify):		2
Compartment 1 Sludge accumulation (Inches, if other specify):		6
Compartment 2 Scum accumulation (Inches, if other specify):		0
Compartment 2 Sludge accumulation (Inches, if other specify):		2
Pumping recommended:	Yes / <input checked="" type="checkbox"/> No	
<b>Aerobic Treatment Unit: ATU - BioMicrobics - FAST. Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5</b>		
Aerobic Mechanism appears to be functioning per manufacturers specifications:	<input checked="" type="checkbox"/> Yes / No	
Cleaned filter element:	<input checked="" type="checkbox"/> Yes / No	
Unit audio/visual alarms functioning:	<input checked="" type="checkbox"/> Yes / No	
Vent(s) and observation ports clear from obstructions:	<input checked="" type="checkbox"/> Yes / No	
Vigorous boiling is occurring:	<input checked="" type="checkbox"/> Yes / No	
Effluent is visually clear:	<input checked="" type="checkbox"/> Yes / No	
The effluent smell is a damp, earthy odor (N/A = not observed):	<input checked="" type="checkbox"/> Yes / No / NA	
pH level within normal operating range (6-9): (Enter N/A if not performed):	<input checked="" type="checkbox"/> Yes / No / NA	
Field sample performance results within operational limits (Enter N/A if not performed):	<input checked="" type="checkbox"/> Yes / No / NA	
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. (If Yes, pumping needed):	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit. (If Yes, pumping needed):	Yes / <input checked="" type="checkbox"/> No	
Pumping needed:	Yes / <input checked="" type="checkbox"/> No	
<b>TANK: Pump Tank - 1,000 Gal Pump Tank</b>		
Compartment 1 Scum accumulation (Inches, if other specify):		0
Compartment 1 Sludge accumulation (Inches, if other specify):		0
Pumping recommended:	Yes / <input checked="" type="checkbox"/> No	
<b>Panel: Control - 1 Pump - Drainfield Dose Panel</b>		
Panel functioning (including alarm):	<input checked="" type="checkbox"/> Yes / No	
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):		—
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
Controls functioning:	<input checked="" type="checkbox"/> Yes / No / NA	
Tested gallons per minute flow:		—
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
Pressure gauges indicate normal operation:	<input checked="" type="checkbox"/> Yes / No / NA	

**General Site & System Conditions**

Components accessible for service:	Yes / No	
All required service performed (if no - specify omitted inspection items in notes):	Yes / No	
Surfacing effluent from any component (including mound seepage):	Yes / No / NA	
Components appear to be watertight - no visual leaks:	Yes / No	
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	Yes / No	



# RMB

## Environmental Laboratories, Inc.

www.rmbel.info

### Bloomington, MN

2200 West 94th Street  
Bloomington, MN 55431  
952-456-8470

### Detroit Lakes, MN

22796 County Highway 6  
Detroit Lakes, MN 56501  
218-846-1465

### Hibbing, MN

1111 7th Ave. E  
Hibbing, MN 55746  
218-440-2043

**Laboratory Results**  
**November 8, 2019**  
**Original Report**  
**Page 2 of 7**

**Report To:** Wex Companies Inc DBA Septic Check  
Attn: DBA Wexco Environmental  
Attn: Brian Koski  
6074 Keystone Road  
Milaca, MN 56353

**Bill To:** Wex Companies Inc DBA Septic Check  
Attn: DBA Wexco Environmental  
Attn: Brian Koski  
6074 Keystone Road  
Milaca, MN 56353

**Project:**

**Lab Code:** 485604

**Matrix:**

**Collection:** Grab

**Samplers:** Chris King

**Date/Time Sampled:** 11/05/19 1000

**Date/Time Received:** 11/05/19 1650

**Sample Description:** Kevin Mundt

**Contact/Phone:** Robert Borash, 218-846-1465

**Sample Receipt:** Samples meet proper sampling and transportation guidelines  
Received on ice.

Temperature: 7.9 °C

Sampled same day as received.

Compound	Analysis Method	Preparation Date/Time	Analysis Date/Time	DF	Method MDL	Sample RL	Sample Result	Qualifier
<b>Microbiology</b>								
Fecal Coliforms	Colilert-18		11/05/19: 1726	1		1	727 MPN/100mL	BL

**Comments:**

DF = Dilution Factor

RL = Reporting limit of the analysis method.

MDL = Minimum detection limit of the analysis method.

BL = Test performed by RMB- Bloomington, MN Department of Health Certification #027-053-475.

Report approved by:

*The results in this report apply only to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety. All analyses performed at RMB-Detroit Lakes unless appropriately qualified.*

Detroit Lakes Certification / Accreditation Numbers: EPA Lab ID #MN00918 • Minnesota Department of Health #027-005-336 • North Dakota Department of Health # R-187

Grand Rapids Certification / Accreditation Numbers: EPA Lab ID #MN01090 • Minnesota Department of Health #027-061-463

Bloomington Certification / Accreditation Numbers: EPA Lab ID #MN01091 • Minnesota Department of Health #027-053-475

Watford City Certification / Accreditation Numbers: EPA Lab ID #ND00934 • Minnesota Department of Health #038-999-476 • North Dakota Department of Health # R-225

# SAMPLING REPORT

12/16/2019

Location: 14830 - 268th Ave.

Isle

13-1-085800

Owner: Kevin and Barbie Mundt

Use: Single Family

## Service Company:

### Septic Check

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

Laboratory: RMB Environmental Laboratories

Sample Date: 11/05/2019 Sample entered by: Heather Johnson Report submitted: 12/16/2019

Notes:

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Pump Tank - 1,000 Gal Pump Tank	Effluent	CBOD	<15 mg/L	
Pump Tank - 1,000 Gal Pump Tank	Effluent	TSS	<15 mg/L	
Pump Tank - 1,000 Gal Pump Tank	Effluent	Fecal	<1,000 mg/L	727

*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.*

NO OP

### Septic Check

6074 Keystone Rd  
Milaca, MN 56353

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

Mail To: Kevin and Barbie Mundt  
885 - 15th Ave. S.E.  
Rochester, MN  
55904

**PROPERTY INFORMATION**

Kevin and Barbie Mundt  
 Location: 14830 - 268th Ave.  
 Isle  
 Tax ID: 13-1-085800

Use: Residential, Single Family (3 bdrm)  
 System Design Flow: 450  
 GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test

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## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 05/26/2020 - Inspection Type: ROUTINE - Correction Status: Corrections in progress

Company: Septic Check	Work Performed By: Blesener Dave	Submitted 06/12/2020 by: Heather Johnson
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### COMMENTS & GENERAL INSPECTION NOTES

#### No Deficiencies Noted

Installed an Elapsed Time Meter 120 V PIGGY BACK.

### 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 - 1,600 Gal Combo Reversed Tank**  
**Manufacturer: Local Manufacturer**

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):	4	
Compartment 1 Sludge accumulation (Inches, if other specify):	6	
Compartment 2 Scum accumulation (Inches, if other specify):	2	
Compartment 2 Sludge accumulation (Inches, if other specify):	1	
Pumping recommended:	NO	

**Aerobic Treatment Unit: ATU - BioMicrobics - FAST, Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5**  
**Manufacturer: Bio-Microbics, Inc. Model: MicroFAST 0.5**

This component was:	Fully Inspected	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
Cleaned filter element:	NO	
Unit audio/visual alarms functioning:	YES	
Vent(s) and observation ports clear from obstructions:	YES	
Vigorous boiling is occurring:	YES	
Effluent is visually clear:	YES	
The effluent smell is a damp, earthy odor (N/A = not observed):	YES	
pH level within normal operating range (6-9): (Enter N/A if not performed):	N/A	
Field sample performance results within operational limits (Enter N/A if not performed):	N/A	
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. (If Yes, pumping needed):	NO	
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit. (If Yes, pumping needed):	NO	
Pumping needed:	NO	

**TANK: Pump Tank - 1,000 Gal Pump Tank****Manufacturer: Local Manufacturer**

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	
<b>Panel: Control - 1 Pump - Drainfield Dose Panel</b>		
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):	.35	
Pump 1: Cycle Count (override in parentheses - if present):	NA	
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	YES	

**Septic Check**

6074 Keystone Rd  
Milaca, MN 56353

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

Mail To: Kevin and Barbie Mundt  
885 - 15th Ave. S.E.  
Rochester, MN  
55904

**PROPERTY INFORMATION**

Kevin and Barbie Mundt  
Location: 14830 - 268th Ave.  
Isle  
Tax ID: 13-1-085800  
  
Use: Residential, Single Family (3 bdrm)  
System Design Flow: 450  
GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test

Fold Here

**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

Inspected: 10/12/2020 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Michael Pederson

Submitted 10/26/2020 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 - 2 Compartment - 1,600 Gal Combo Reversed Tank**

**Manufacturer: Local Manufacturer**

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

**Aerobic Treatment Unit: ATU - BioMicrobics - FAST, Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5**

**Manufacturer: Bio-Microbics, Inc. Model: MicroFAST 0.5**

This component was:	Fully Inspected
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Cleaned filter element:	YES
Unit audio/visual alarms functioning:	YES
Vent(s) and observation ports clear from obstructions:	YES
Vigorous boiling is occurring:	YES
Effluent is visually clear:	YES
The effluent smell is a damp, earthy odor (N/A = not observed):	YES
pH level within normal operating range (6-9): (Enter N/A if not performed):	N/A
Field sample performance results within operational limits (Enter N/A if not performed):	N/A
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. (If Yes, pumping needed):	NO
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit. (If Yes, pumping needed):	NO
Pumping needed:	NO

**TANK: Pump Tank - 1,000 Gal Pump Tank**

Manufacturer: Local Manufacturer

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	
<b>Panel Control - 1 Pump - Drainfield Dose Panel</b>		
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):	34.74	
Pump 1: Cycle Count (override in parentheses - if present):	NA	
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	YES	



# SAMPLING REPORT

Location: 14830 - 268th Ave.

Isle

13-1-085800

Owner: Kevin and Barbie Mundt

Use: Single Family

## Service Company:

### Septic Check

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

Sample Date: 10/12/2020 Sample entered by: Heather Johnson Report submitted: 10/26/2020

Notes:

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump - Drainfield Dose Pump	Effluent	FLOW		12.4

*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: Kevin and Barbie Mundt  
14830 268th Ave  
Isle, MN  
56342

## PROPERTY INFORMATION

Kevin and Barbie Mundt  
Location: 14830 - 268th Ave.  
Isle  
Tax ID: 13-1-085800

Use: Residential, Single Family (3 bdrm)  
System Design Flow: 450  
GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test

Fold  
Here

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 04/16/2021 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Michael Pederson

Submitted 04/21/2021 by:  
Heather Johnson

Fold  
Here

## COMMENTS & GENERAL INSPECTION NOTES

### No Deficiencies Noted

pH-7.73

## 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 - 1,600 Gal Combo Reversed Tank**

**Manufacturer: Local Manufacturer**

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):	4
Compartment 1 Sludge accumulation (Inches, if other specify):	2
Compartment 2 Scum accumulation (Inches, if other specify):	2
Compartment 2 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO

**Aerobic Treatment Unit: ATU - BioMicrobics - FAST, Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5**

**Manufacturer: Bio-Microbics, Inc. Model: MicroFAST 0.5**

This component was:	Fully Inspected
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Cleaned filter element:	NO
Unit audio/visual alarms functioning:	YES
Vent(s) and observation ports clear from obstructions:	YES
Vigorous boiling is occurring:	YES
Effluent is visually clear:	YES
The effluent smell is a damp, earthy odor (N/A = not observed):	YES
pH level within normal operating range (6-9): (Enter N/A if not performed):	YES
Field sample performance results within operational limits (Enter N/A if not performed):	YES
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. (If Yes, pumping needed):	NO
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit. (If Yes, pumping needed):	NO
Pumping needed:	NO

**TANK: Pump Tank - 1,000 Gal Pump Tank**

Manufacturer: Local Manufacturer

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	
<b>Panel: Control - 1 Pump - Drainfield Dose Panel</b>		
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):	69.27	
Pump 1: Cycle Count (override in parentheses - if present):	NA	
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	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.*

# SAMPLING REPORT

Location: 14830 - 268th Ave.

Isle

13-1-085800

Owner: Kevin and Barbie Mundt

Use: Single Family

**Service Company:**

**Septic Check**

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

**Laboratory: A W Labs**

**Sample Date: 04/16/2021**    **Sample entered by: Heather Johnson**    **Report submitted: 04/27/2021**

Notes:

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump - Drainfield Dose Pump	Effluent	FLOW		9.3
Pump Tank - 1,000 Gal Pump Tank	Effluent	CBOD	<15 mg/L	4.47
Pump Tank - 1,000 Gal Pump Tank	Effluent	TSS	<15 mg/L	4.6
Pump Tank - 1,000 Gal Pump Tank	Effluent	Fecal	<1,000 mg/L	1890      -Limit Exceeded

*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.*

# SAMPLING REPORT

Location: 14830 - 268th Ave.

Isle

13-1-085800

Owner: Kevin and Barbie Mundt

Use: Single Family

## Service Company:

### Septic Check

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

Laboratory:AW Labs

Sample Date: 07/22/2021 Sample entered by: Heather Johnson Report submitted: 08/09/2021

Note:

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Pump Tank - 1,000 Gal Pump Tank	Effluent	CBOD	<15 mg/L	8.16
Pump Tank - 1,000 Gal Pump Tank	Effluent	TSS	<15 mg/L	
Pump Tank - 1,000 Gal Pump Tank	Effluent	Fecal	<1,000 mg/L	980

*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

## PROPERTY INFORMATION

Kevin and Barbie Mundt  
Location: 14830 - 268th Ave.  
Isle  
Tax ID: 13-1-085800

Use: Residential, Single Family (3 bdrm)  
System Design Flow: 450  
GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test

Mail To: Kevin and Barbie Mundt  
14830 268th Ave  
Isle, MN  
56342

Fold  
Here

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/15/2021 - Inspection Type: ROUTINE - Correction Status: Corrections in progress

Company:  
Septic Check

Work Performed By:  
Lucas Caldwell

Submitted 09/21/2021 by:  
Heather Johnson

Fold  
Here

## COMMENTS & GENERAL INSPECTION NOTES

### No Deficiencies Noted

Pumping is recommended

## 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 - 1,600 Gal Combo Reversed Tank

Manufacturer: Local Manufacturer

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):	14
Compartment 1 Sludge accumulation (Inches, if other specify):	14
Compartment 2 Scum accumulation (Inches, if other specify):	NA
Compartment 2 Sludge accumulation (Inches, if other specify):	NA
Pumping recommended:	YES

### Aerobic Treatment Unit: ATU - BioMicrobics - FAST, Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5

Manufacturer: Bio-Microbics, Inc. Model: MicroFAST 0.5

This component was:	Fully Inspected
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Cleaned filter element:	YES
Unit audio/visual alarms functioning:	YES
Vent(s) and observation ports clear from obstructions:	YES
Vigorous boiling is occurring:	YES
Effluent is visually clear:	YES
The effluent smell is a damp, earthy odor (N/A = not observed):	N/A
pH level within normal operating range (6-9): (Enter N/A if not performed):	N/A
Field sample performance results within operational limits (Enter N/A if not performed):	N/A
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. (If Yes, pumping needed):	NO
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit, (If Yes, pumping needed):	NO
Pumping needed:	NO

**TANK: Pump Tank - 1,000 Gal Pump Tank**

Manufacturer: Local Manufacturer

This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	NA	
Compartment 1 Sludge accumulation (Inches, if other specify):	NA	
Pumping recommended:	NO	
<b>Panel: Control - 1 Pump - Drainfield Dose Panel</b>		
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):	147.75	
Pump 1: Cycle Count (override in parentheses - if present):	NA	
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	YES	

# SAMPLING REPORT

Location: 14830 - 268th Ave.

Isle

13-1-085800

Owner: Kevin and Barbie Mundt

Use: Single Family

## Service Company:

### Septic Check

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

Laboratory: A W Labs

Sample Date: 09/15/2021 Sample entered by: Heather Johnson Report submitted: 09/21/2021

Notes: TSS sampled 6/10/2021  
CBOD, Fecal tested 7/22/2021

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump - Drainfield Dose Pump	Effluent	FLOW		25.8
Pump Tank - 1,000 Gal Pump Tank	Effluent	CBOD	<15 mg/L	8.16
Pump Tank - 1,000 Gal Pump Tank	Effluent	TSS	<15 mg/L	4.8
Pump Tank - 1,000 Gal Pump Tank	Effluent	Fecal	<1,000 mg/L	980

*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.*





**MAINTENANCE SERVICE, MONITORING, AND INSPECTION  
CONTRACT FOR ONSITE WASTEWATER TREATMENT SYSTEM**

It is hereby agreed this 1st day of February 2021, by and between Septic Check (Service Provider) and Client:

<b>Client Name and Site Address</b> <i>Also: Billing Address</i>	
<b>Name:</b>	Kevin & Barbie Mundt
<b>Street Address:</b>	14830 268 <sup>th</sup> Ave
<b>City, State, Zip:</b>	Isle, MN 56342
<b>Parcel ID:</b>	13-1-085800
<b>LGU:</b>	Aitkin County
<b>Contract Type:</b>	ATU 2x/yr TESTING
<b>Treatment System:</b>	FAST

That in consideration of the payments provided herein, the Service Provider shall provide services to perform preventative maintenance, monitoring, and inspection of the Onsite Wastewater Treatment System (OWTS) located at the property described in this Contract.

Each inspection visit includes an examination of the OWTS per this Contract and a follow-up report. The report shall contain status of conditions and recommended corrective measures or replacement parts if deemed appropriate. The Service Provider is authorized to submit a copy of the report to the Local Governmental Unit (LGU) listed above.

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 Service Provider will only contract or subcontract for parts or labor after Client authorization. Billings for service calls outside of this Contract shall be made on a case-by-case basis. This Contract covers listed services and does not cover alarm calls of any kind.

***The Service Provider shall be provided access to the site and the system in order to perform the following services as indicated:***

### **SEPTIC TANK AND LIFT STATION(S) INSPECTION**

- Check septic tank and compartments for solids build-up and general appearance. If necessary, recommend pumping when 25 to 33% of the operating levels contain solids.
- Inspect the septic tank baffles, inspection pipes, risers, and lids for structural integrity.
- Check pumping system, including control panel and floats (if applicable).
- Record and date the readings of flow measurement devices (if applicable).
- Check dosing settings in the control panel (if applicable).
- Check and clean effluent screen(s) (if applicable).

Other:

***\*\*The cost of tank or lift station pumping is the responsibility of the Client and is not included in this Contract.***

### **TREATMENT DEVICE – Aerobic Treatment Unit (ATU)**

- Inspect ATU per manufacturer's recommendations (if applicable).
- Inspect and clean any parts per manufacturer's recommendations.
- Inspect the appearance of the wastewater inside the unit for color and turbidity, and check odors.
- Sample effluent per operating permit.
- Inspect UV disinfection unit (if applicable); clean tube and replace bulb when needed.

Other:

***\*\*The cost of the replacement bulb is the responsibility of the Client and is not included in this Contract.***

### **DISPERSAL FIELD**

***\*\*Mowing is not included in this Contract.***

- Inspect for visible signs of failure (surface discharge, wet spots, settling, etc.).
- Check inspection pipes for evidence of ponding.
- Inspect and clean lateral lines when necessary.

***\*\*The cost of cleaning lateral lines is the responsibility of the Client and is not included in this Contract.***

**OPERATING PERMIT COMPLIANCE**

**\*\*Operating permit fees are not included in this Contract.**

- Complete onsite inspection reports and enter in database.
- Collect and compile sample results and flow data.
- Submit service and sample reports to the LGU prior to deadline.
- Act as liaison between client and LGU as needed.

In no event shall the Service Provider 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 related to parts or labor, and does not extend to cover any costs that may be associated with any recommendations made under this Contract.

**Contract Terms**

<b>Contract Effective Date:</b>	Upon acceptance of this Contract, automatic annual renewal
<b>Frequency of Regular Service Visits:</b>	SEMI-ANNUAL – 2x/yr
<b>Sample Parameters:</b>	Fecal Coliform, Flow
<b>Cost for Maintenance Contract:</b>	\$370/year to include regular service visits, testing (if applicable), and reporting with annual price increases equivalent to the Regional Consumer Price Index (CPI) to cover variable costs such as fuel, materials, and laboratory fees (average 3% per year approximately).
<b>Billing Dates:</b>	\$185 after each regular service visit is complete
<b>Alarm/Emergency Call Charge:</b>	Invoiced using current service visit and labor fees.
<b>Expected Repair Budget:</b>	\$300/year* (See below)
<b>Repeat Sampling Cost:</b>	\$100/Repeat sample retrieval and processing due to initial sample not meeting permit limits.

*\*The expected repair budget above is a recommended planning amount to cover expected repair/replacement costs associated with your treatment device. Other costs for items such as tank pumping and cleaning, pump or other component replacements are not expected to be covered by the amount.*

**OUTSIDE SCOPE OF WORK:**

- **Alarm Response:** Service Provider will be available to respond to alarm conditions as notified by the owner or automatic dialer (if installed). A typical response time is three to six hours and within 24 hours. Some alarms may need to be responded to immediately.
- **Repairs:** Parts/material costs will be as needed for each repair. Estimates for repairs can be provided before work starts if you prefer, although some potential alarm conditions may not permit delay.
- **Tank pumping and other services:** Services not covered in this Contract will be billed by outside vendors directly to the Client. In the event Service Provider pays vendor for said services, the Client will be billed for the service cost plus 10%.
- **Repeat sampling:** Any additional required sampling shall be billed separately.
- **Operating Permit Fees:** Ongoing permit fees from the LGU are to be paid and submitted by the client.

**SLUG LOADS AND ACCIDENTAL SPILLS**


Service Provider is not responsible for any illicit discharges into the wastewater system that may harm the treatment efficiency such as: accidental release of cleansers/oils, pharmaceuticals, feminine products, rags/paper towels, condoms, grease or food products, volume of water or high strength waste beyond system design, or other chemical discharges. Trucking or hauling the waste may be required in those circumstances at the cost of the Client.

The Service Provider 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 amounts paid in advance for service. The Client or operator may terminate this agreement, without cause, upon 30 days written notice.

**Client:**

**Service Provider:**

Sign: Kevin Mundt  
Signed by: Kevin Mundt  
Date: 2/12/2021

Sign:   
Signed by: Brian Koski, Owner, Septic Check  
Date: \_\_\_\_\_

# Wastewater Treatment and Dispersal Operating Permit

**Operating Permit No.** \_\_\_\_\_

*Doc Type: Agency Generated*

**Note:** To **unlock** this form for editing for MS Word 2003 users, select the Tools Menu/Unprotect Document; for MS Word 2007 users, select the Developer Tab/Protect Document/Restrict Formatting & Editing and click on Stop Protection in lower right corner of screen. (To add Developer Tab to Ribbon, click on the icon in the upper left corner of screen, select Word Options/Popular and check Show Developer Tab.)

## Facility Information

Permittee name  
(and business name, if applicable): Kevin & Barbie Mundt Phone number: 507-216-1785

Mailing address: 14830 268<sup>th</sup> Ave

City: Isle State: MN Zip code: 56342

Property ID number: 13-1-085800

Aitkin County ES 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. The attached Management Plan is hereby incorporated as part of the requirements of this operating permit.

Issuance date: 5/4/2018 Expiration date: \_\_\_\_\_

System type: FAST Treatment level: \_\_\_\_\_

System design flow: 450 GPD Residential/Commercial: Residential

System components: 1600 gal combo, ATU FAST , 1000 gal pump tank, drain field, drain field pump, 475 ft drip line

## Monitoring Requirements

Parameter	Effluent limits	Frequency	Location
Design flow (gpd)	450		
Average flow (gpd)			
CBOD <sub>5</sub> (mg/L)			
TSS (mg/L)			
O&G (mg/L)			
Fecal Coliform bacteria (#/100mL)	10,000 cfu/100ml	Bi-yearly	
Total Nitrogen, Total Phosphorus (mg/L)			
Operational Field Tests, may include: Temperature, Dissolved Oxygen and pH			
Ponding/Surfacing in soil treatment			

## Monitoring Requirements Comment Field

## Maintenance Requirements

Maintenance requirements shall be performed as specified in the Management Plan as prepared by the system's Designer.

System component	Maintenance	Frequency
Extenal grease interceptor	x	Bi-yearly
Septic tank/Trash tank	x	Bi-yearly
Pump tank and controls	x	Bi-yearly
Effluent screen	x	Bi-yearly
Advanced treatment product	x	Bi-yearly
UV light disinfection device	NA	Bi-yearly
Soil treatment and dispersal	x	Bi-yearly

## 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 2<sup>nd</sup> St NW, Room 219, Aitkin, MN 56431 no later than ten (10) days prior to when the permit to operate the system expires.

## 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

This permit is effective on the issuance date identified above. This permit and the authorization to treat and disperse wastewater shall expire in one (1) year(s). 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 sixty (60) 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 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 business prior to the issuance of this operating permit. The owner has secured the services of (*Fill in this field with the name of the Service Provider company*) as the Service Provider for this system (signed Service Provider contract attached). The Service Provider is hereby authorized to provide the required monitoring data and routine maintenance service records to both Aitkin County Environmental Services and to the manufacturer of the treatment device, (*Fill in this field with the name of the treatment product manufacturer*).

[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:**

**Aitkin County**

Permittee  
(please print): \_\_\_\_\_

Permitting Authority  
(please print): Heather Johnson-Septic Check

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Title: Maintenance office coordinator Date: 6/9/2021

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

## Instructions for Completing an Operating Permit

The following instructions provide an explanation for local units of government to complete the operating permit template. This is intended to provide guidance to local units of governments (LGU) in developing operating permits for Type IV and Type V systems, including both residential and commercial systems. The template could be modified for holding tanks or any other system. Since the Management Plan is considered part of the operating permit, it needs to be attached to the operating permit. A signed contract, between the owner and Service Provider, should be attached to the operating permit to help ensure the owner has made the necessary arrangements to have the system maintained and monitored.

**LGU Name, Department and Address** – fill in the name, department and address of local unit of government at the top of the operating permit.

**Wastewater Treatment and Dispersal Operating Permit No.** – assign an operating permit number to be able to track the system over the years.

**Permittee Name, Business Name, Telephone Number, and Address** – fill in the name, address and phone number of the owner. If this is a business, fill in name of the business, too.

**Property Id. Number (GPS Location)** – these are simply identifiers used by local units of government in the event the property address changes over time.

**Name of Local Unit of Government** – fill in the name of the local unit of government. This authorizes the Permittee to operate the wastewater treatment system at the address named above, according to the operating permit, attached Management Plan and contract with the Service Provider.

**Issuance Date** – fill in the date the operating permit is issued. The operating permit should not be issued until all required information is submitted.

**Expiration Date** – fill in the date when this operating permit expires. The first time an operating permit is issued to an owner, it should be issued for one (1) year. This helps ensure the owner actually does the required maintenance and monitoring during the first year. If the owner complies, the operating permit can then be issued for a longer period of time as determined by the local unit of government (typically 3 to 5 years). However, if the owner does not comply the first year, the second operating permit could, again, be issued for a period of one (1) year.

**System Type** – fill in as Type IV or Type V system. Holding tanks may also be issued operating permits (Type II system).

**Treatment Level** – specify Treatment Level A, A2, B, B2, C, TN or TP. Treatment Level A = Carbonaceous Biochemical Oxygen Demand, five day (CBOD<sub>5</sub>) 15 milligrams per liter (mg/L), Total Suspended Solids (TSS) 15 mg/L, Fecal Coliform Bacteria 1000 per 100 milliliter (mL); Treatment Level A2 = CBOB<sub>5</sub> 15 mg/L, TSS 15 mg/L; Treatment Level B = CBOD<sub>5</sub> 25 mg/L, TSS 30 mg/L, Fecal Coliform Bacteria 10,000 per 100 mL; Treatment Level B2 = CBOD<sub>5</sub> 25 mg/L, TSS 30 mg/L; Treatment Level C = CBOD<sub>5</sub> 125 mg/L, TSS 60 mg/L, Oil and Grease (O&G) 25 mg/L; Total Nitrogen (TN) = 20 mg/L or less, or Total Phosphorus (TP) = 2 mg/L or less.

**System Design Flow** – fill in the design flow specified on the construction permit for the system, along with the projected average daily flow for the system. Average daily flow is generally 60 to 70 percent of design flow.

**Residential/Commercial** – specify if the system is residential or commercial. You may specify additional information, such as classification of dwelling, number of bedrooms; or type of commercial establishment.

**System Components** – provide a brief description of the system components. An example would be the following: 600 gallon trash tank, 600 gallon Brand X proprietary treatment device, 1 Brand Y Ultra Violet (UV) light disinfection unit, 500-gallon pump tank, pump, floats and controls, and 250-foot shallow trenches using pressure distribution.

### Monitoring Requirements (Table)

The monitoring requirements specified in an operating permit are unique to the site and soil conditions of the property (its environmental sensitivity) and system complexity. The monitoring requirements include specific parameters to be monitored, target limits and the frequency and location of monitoring. The monitored parameters, at a minimum, would include: 1) wastewater flow - the most basic parameter to know in understanding system performance, 2) ponding in the soil treatment system and 3) surfacing of the soil treatment system. Monitoring for CBOD<sub>5</sub>, TSS, fecal coliform bacteria and nitrogen are unique to the site, its receiving environment and complexity of the wastewater system. Field tests for temperature, pH and dissolved oxygen can be performed by the Service Provider to serve as general indicators of system performance.

1. **Flow** – flow to each system needs to be determined as specified in the Management Plan or as determined by the local unit of government. Flow can be determined several ways, using water meters, event counters, and running time clocks. Telemetry can also be used and has the advantage that flow can be determined continually.

The determination for the frequency of flow measurement is done on a case-by-case basis. At first, daily flow monitoring may be needed to determine average flow and peak flows to a system. After a period of time, weekly or monthly flow determination may be acceptable. Flow determinations once a year generally provide limited information.

2. **CBOD<sub>5</sub>** – monitoring for CBOD<sub>5</sub> is not typically required for the majority of wastewater systems used for single-family homes generating typical domestic strength effluent. However, monitoring for CBOD<sub>5</sub> may be needed periodically. For example, there may be a need to audit systems as part of the product registration process in Minnesota or if the Service Provider is trying to troubleshoot a system. For commercial systems, monitoring for CBOD<sub>5</sub> is generally necessary to determine CBOD<sub>5</sub> removal efficiencies of proprietary treatment devices and/or organic loading rates to the soil's infiltrative surface.

3. **TSS** – monitoring for TSS is not typically required for most residential wastewater systems that generate typical domestic strength effluent. However, turbidity measurements may be taken in the field by Service Providers. Monitoring for TSS may be needed periodically as part of an audit process for the registration of proprietary treatment products in Minnesota. For commercial systems, monitoring for TSS may be necessary.
4. **O&G** – monitoring for Oil and Grease (O&G) is not typically required for most residential wastewater systems; however, it is an important parameter to monitor for facilities that have food preparation and service and for residences that generate high strength wastewater.
5. **Fecal Coliform Bacteria** – monitoring for fecal coliform bacteria should generally be required for systems listed as Treatment Level A and Treatment Level B systems where reduced vertical soil separation is used.
6. **Total Nitrogen and Total Phosphorus** – monitoring for Total Nitrogen (TN) may be needed in areas identified as nitrogen sensitive environments. Monitoring for Total Phosphorus (TP) may be required in phosphorus sensitive lake environments.
7. **Operational Field Tests** – these are tests performed by the Service Provider to help ‘monitor’ system performance and identify problems (troubleshooting a system). Although field tests are not a strict monitoring requirement, they are appropriate to list in the operating permit if specified in the Management Plan or in the product’s Operation and Maintenance Manual. The local unit of government will determine if the permittee is required to report field test results as part of the operating permit.
8. **Ponding/Surfacing in Soil Treatment** – all systems should be monitored periodically as specified in the Management Plan to determine extent and frequency of ponding in soil treatment systems. A check for surfacing is needed.

### Maintenance Requirements (Table)

This table lists some of the basic maintenance requirements for each major component of the wastewater system. Since you can’t possibly list all the maintenance requirements in this table, it is best to reference the Management Plan. You could also reference the proprietary products Operation and Maintenance Manual.

1. **System Component** – list each system component, including the external grease interceptor, septic tank, trash tank, surge tank, effluent screen, pump tank and controls, proprietary treatment product, disinfection device, and soil treatment and dispersal system.
2. **Maintenance** – briefly identify the maintenance requirements of each major system component. For additional information, you could also reference the proprietary product documents listed on the MPCA website at <http://www.pca.state.mn.us/programs/ists/productregistration.html>.
3. **Frequency** – briefly identify the frequency of maintenance as per the systems Management Plan and Operation and Maintenance Manual.

**Monitoring Protocol** – this section of the operating permit states that testing needs to be performed in accordance with approved methods and the results submitted to the: 1) local unit of government and 2) manufacturer within a specified time frame. Fill in the name and address of both entities in the spaces provided.

**Contingency Plan** – this briefly describes requirements if the system does not function as intended. The owner must notify the local unit of government within thirty (30) days of receiving non-compliant information. The Management Plan may identify some of the corrective actions required or the permittee will need to consult their Service Provider. The owner is responsible to obtain the services of a MPCA-licensed Service Provider or other qualified practitioner to complete the required corrective measures. More detail could be added here by the local unit of government.

**Authorization** – fill in the length of time of the operating permit; this is typically one to five years. Fill in the name of the local unit of government in the second blank space. Note that this permit is not transferable.

Next, fill in the name of treatment product’s manufacture; the manufacturer is required to train practitioners in servicing the registered treatment device(s). Fill in the name of the Service Provider in the next space; the owner is required to identify who the MPCA licensed Service Provider will be (in a contract). This is needed to ensure the owner has made the necessary arrangements to have the system maintained and monitored.

The Service Provider is authorized to provide monitoring data and routine maintenance service records directly to the local unit of government and to the manufacturer of the treatment product. For systems generating high strength wastewater, the following 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 the local unit of government and the Service Provider before the change(s) 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.

In the final paragraph, fill in the name of the local unit of government. It contains a general indemnification statement. The permittee is reminded that this permit is not transferable and that a new operating permit would be needed by a new property owner.

**The Operating Permits Hereby Granted to** – print the name of the owner who signed the operating permit.

**Signature of Permittee (and date of signature)** – the owner signs and dates the operating permit.

**By Order of** – signature of the permitting authority, title, and date.



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

PH: (218) 927-7342  
FX: (218) 927-4372  
aitkinpz@co.aitkin.mn.us



3/11/2022

Kevin & Barbie Mundt  
14830 268th Ave  
Isle, MN 56342

Re: Operating Permit #777  
Zoning Permit # 25626  
Parcel # 13-1-085800

Dear Permittee:

Enclosed is the Operating Permit for an "Other" Septic System (formerly Experimental, Performance, Etc.) that you are petitioning Aitkin County to allow to be installed on your property instead of 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 the address above.

**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 REGULAR basis.**

You will receive an annual reminder notice on how to renew your operating permit before the renewal expiration deadline. This reminder notice will ask that you provide:

- 1) Recorded water meter readings**
- 2) Annual Compliance Inspection report**
- 3) Renewal application and fee**

The Service Provider/Qualified Individual is privately hired by you, the landowner. The Service Provider/Qualified Individual must review the septic system on an annual basis. This annual review would be a great opportunity to review the conditions of the Operating Permit.

Should you have any questions, please contact our office.

Thank you,  
Aitkin County Planning & Zoning

Enclosure: Operating Permit App

# AITKIN COUNTY ENVIRONMENTAL SERVICES

## OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

**OPERATING PERMIT #:** 777

**ZONING PERMIT #:** 25626

**PARCEL #:** 13-1-085800

**PERMITTEE:** Kevin & Barbie Mundt

**MAILING ADDRESS:** 14830 268th Ave  
Isle, MN 56342

**ORIGINAL DATE ISSUED:** 3 / 11 / 2022

**RENEWAL PERIOD:** ANNUALLY

**EXPIRATION:** 5 / 31 / 2023

**PROPERTY ADDRESS:**

14830 268th Ave  
Isle, MN 56342

**TELEPHONE:** (507) 216-1785

**LEGAL:** LOT 11 BLK 1 CEDAROSA 1ST ADDITION.

**FEE PAID:**

**DATE PAID:**

**INVOICE #**

**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 above date of expiration. The Permittee shall submit such monitoring information 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 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 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 operating permit.

**SIGN HERE**

\_\_\_\_\_  
**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**

3 bedroom Type IV performance system with 1600 gallon combo tank, ATU FAST (Aerobic Treatment Unit), 1000 gallon pump tank, drainfield, 475 ft drip line.

**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 FREQUENCY
Fecal Coliform	10,000 cfu/100ml	Aerobic Tank Effluent	Bi-yearly	Lab sample	Bi-yearly
Flow	450 GPD	Event Counter	Monthly	Record on a Log Sheet	ANNUALLY to Aitkin Co. or

**C. MAINTENANCE REQUIREMENTS:**

PARAMETER	LOCATION	FREQUENCY
Aerobic Tank Function	Aerobic Tank	ANNUALLY
External grease interceptor		Bi-yearly
Inspect Effluent Filters	Septic tank(s)	Bi-yearly
Inspect soil treatment and dispersal	Dispersal System	Bi-yearly
Pumps, Floats & Alarms	Pump Chamber	Bi-yearly
Solids Removal & Water Tightness	Septic tank(s)	Bi-yearly

**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  
307 2nd Street NW, Room 219  
Aitkin, MN 56431

The monitoring reports shall be signed by the Permittee. Copies are to be retained by the Permittee. Any sampling and laboratory testing procedures shall be performed in accordance with Standard Methods at a Minnesota Department of Health approved laboratory. All sampling and testing costs shall be the responsibility of the Permittee. Monitoring plans may be modified as necessary and reapproved by Aitkin County Environmental Services.

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.

The owner has secured the services of **Septic Check** as the Service Provider or qualified individual for this system. The Service Provider or qualified individual is hereby authorized to report the required monitoring data and routine maintenance service records to Aitkin County Environmental Services.

#### **E. MITIGATION PLAN:**

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

# Septic Check

6074 Keystone Rd  
Milaca, MN 56353

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

Mail To: Kevin and Barbie Mundt  
14830 268th Ave  
Isle, MN  
56342

## PROPERTY INFORMATION

Kevin and Barbie Mundt  
Location: 14830 - 268th Ave.  
Isle  
Tax ID: 13-1-085800  
Use: Residential, Single Family (3 bdrm)  
System Design Flow: 450  
GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test

Fold  
Here

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 04/27/2022 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Lucas Caldwell

Submitted 04/28/2022 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 - 2 Compartment - 1,600 Gal Combo Reversed Tank

Manufacturer: Local Manufacturer

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):	3
Compartment 1 Sludge accumulation (Inches, if other specify):	13
Compartment 2 Scum accumulation (Inches, if other specify):	1
Compartment 2 Sludge accumulation (Inches, if other specify):	10
Pumping recommended:	NO

### Aerobic Treatment Unit: ATU - BioMicrobics - FAST, Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5

Manufacturer: Bio-Microbics, Inc. Model: MicroFAST 0.5

This component was:	Fully Inspected
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Cleaned filter element:	YES
Unit audio/visual alarms functioning:	YES
Vent(s) and observation ports clear from obstructions:	YES
Vigorous boiling is occurring:	YES
Effluent is visually clear:	YES
The effluent smell is a damp, earthy odor (N/A = not observed):	YES
pH level within normal operating range (6-9): (Enter N/A if not performed):	N/A
Field sample performance results within operational limits (Enter N/A if not performed):	N/A
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. (If Yes, pumping needed):	NO
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit. (If Yes, pumping needed):	NO
Pumping needed:	NO

<b>TANK: Pump Tank - 1,000 Gal Pump Tank</b>		
<b>Manufacturer: Local Manufacturer</b>		
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	
<b>Panel: Control - 1 Pump - Drainfield Dose Panel</b>		
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):	264.01	
Pump 1: Cycle Count (override in parentheses - if present):	NA	
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	NA	
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	YES	

# SAMPLING REPORT

Location: 14830 - 268th Ave.

Isle

13-1-085800

Owner: Kevin and Barbie Mundt

Use: Single Family

## Service Company:

### Septic Check

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

Laboratory: A W Labs

Sample Date: 04/27/2022 Sample entered by: Heather Johnson Report submitted: 05/05/2022

Notes:

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump - Drainfield Dose Pump	Effluent	FLOW	450 GPD	26
Pump Tank - 1,000 Gal Pump Tank	Effluent	Fecal	<1,000 mg/L	<100

*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: Kevin and Barbie Mundt  
14830 268th Ave  
Isle, MN  
56342

## PROPERTY INFORMATION

Kevin and Barbie Mundt  
Location: 14830 - 268th Ave.  
Isle  
Tax ID: 13-1-085800  
Use: Residential, Single Family (3 bdrm)  
System Design Flow: 450  
GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test

Fold  
Here

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 10/07/2022 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Michael Pederson

Submitted 10/10/2022 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 - 2 Compartment - 1,600 Gal Combo Reversed Tank**

Manufacturer: Local Manufacturer

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	2	
Compartment 1 Sludge accumulation (Inches, if other specify):	4	
Compartment 2 Scum accumulation (Inches, if other specify):	1	
Compartment 2 Sludge accumulation (Inches, if other specify):	0	
Pumping recommended:	NO	

**Aerobic Treatment Unit: ATU - BioMicrobics - FAST, Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5**

Manufacturer: Bio-Microbics, Inc. Model: MicroFAST 0.5

This component was:	Fully Inspected	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
Cleaned filter element:	NO	
Unit audio/visual alarms functioning:	YES	
Vent(s) and observation ports clear from obstructions:	YES	
Vigorous boiling is occurring:	YES	
Effluent is visually clear:	YES	
The effluent smell is a damp, earthy odor (N/A = not observed):	YES	
pH level within normal operating range (6-9): (Enter N/A if not performed):	N/A	
Field sample performance results within operational limits (Enter N/A if not performed):	N/A	
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. (If Yes, pumping needed):	NO	
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit. (If Yes, pumping needed):	NO	
Pumping needed:	NO	



<b>TANK: Pump Tank - 1,000 Gal Pump Tank</b>		
<b>Manufacturer: Local Manufacturer</b>		
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	
<b>Panel: Control - 1 Pump - Drainfield Dose Panel</b>		
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):	373.49	
Pump 1: Cycle Count (override in parentheses - if present):	-	
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	YES	

# SAMPLING REPORT

Location: 14830 - 268th Ave.

Isle

**13-1-085800**

Owner: Kevin and Barbie Mundt

Use: Single Family

## Service Company:

### Septic Check

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

Sample Date: 10/07/2022 Sample entered by: Heather Johnson Report submitted: 10/10/2022

Notes:

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump - Drainfield Dose Pump	Effluent	FLOW	450 GPD	33.6

*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: Kevin and Barbie Mundt  
14830 268th Ave  
Isle, MN  
56342

## PROPERTY INFORMATION

Location: 14830 - 268th Ave.  
Isle  
Tax ID: 13-1-085800

Use: Residential, Single Family (3 bdrm)  
System Design Flow: 450  
GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test

Fold  
Here

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 05/05/2023 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Company:  
Septic Check

Work Performed By:  
Heather Johnson

Submitted 06/02/2023 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 - 2 Compartment - 1,600 Gal Combo Reversed Tank

Manufacturer: Local Manufacturer

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

### Aerobic Treatment Unit: ATU - BioMicrobics - FAST, Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5

Manufacturer: Bio-Microbics, Inc. Model: MicroFAST 0.5

This component was:	Fully Inspected
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Cleaned filter element:	YES
Unit audio/visual alarms functioning:	YES
Vent(s) and observation ports clear from obstructions:	YES
Vigorous boiling is occurring:	YES
Effluent is visually clear:	YES
The effluent smell is a damp, earthy odor (N/A = not observed):	N/A
pH level within normal operating range (6-9): (Enter N/A if not performed):	N/A
Field sample performance results within operational limits (Enter N/A if not performed):	N/A
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. (If Yes, pumping needed):	NO
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit. (If Yes, pumping needed):	NO
Pumping needed:	NO

<b>TANK: Pump Tank - 1,000 Gal Pump Tank</b>		
<b>Manufacturer: Local Manufacturer</b>		
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	
<b>Panel: Control - 1 Pump - Drainfield Dose Panel</b>		
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):	547.52	
Pump 1: Cycle Count (override in parentheses - if present):	-	
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	YES	

# SAMPLING REPORT

Location: 14830 - 268th Ave.

Isle

**13-1-085800**

Owner: Kevin and Barbie Mundt

Use: Single Family

## Service Company:

### Septic Check

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

Sample Date: 05/05/2023 Sample entered by: Heather Johnson Report submitted: 06/02/2023

Notes:

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump - Drainfield Dose Pump	Effluent	FLOW	450 GPD	41.4

*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

307 2<sup>nd</sup> Street NW, Room 219

Aitkin, MN 56431

(P) (218) 927-7342

(F) (218) 927-4375

(E) [aitkinpz@co.aitkin.mn.us](mailto:aitkinpz@co.aitkin.mn.us)

July 31, 2023

Re: Operating Permit # 777

Zoning Permit # 25626

Parcel # 13-1-085800

Kevin & Barbie Mundt  
14830 268th Ave  
Isle, MN 56342

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 by September 30, 2023. The enclosed Operating Permit was issued as part of the permit for your non-standard septic system and it must be renewed.

All information listed in the application enclosed must be submitted to our office by the expiration date. Incomplete applications will be returned. We are notifying you to give you sufficient time to contact your service provider/inspector for the monitoring/maintenance activities that are required under this operating permit.

If your service provider/inspector finds the system is operating in conformance with the Operating Permit, please have them submit a letter requesting to have term of the operating permit extended 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. 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 result in prosecution by the County Attorney's office.

Please contact our office with any questions regarding the renewal of this operating permit and your septic system.

Sincerely,

Shannon Wiebusch  
Office Assistant  
Aitkin County Planning & Zoning  
[shannon.wiebusch@co.aitkin.mn.us](mailto:shannon.wiebusch@co.aitkin.mn.us)  
218-927-7342

Enclosure: Operating Permit Renewal Application

# Septic Check

6074 Keystone Rd  
Milaca, MN 56353

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

Mail To: Kevin and Barbie Mundt  
14830 268th Ave  
Isle, MN  
56342

## PROPERTY INFORMATION

Location: 14830 - 268th Ave.  
Isle  
Tax ID: 13-1-085800

Use: Residential, Single Family (3 bdrm)  
System Design Flow: 450  
GENERAL SYSTEM TYPE: FAST Res 2x Yr. w/Test

Fold  
Here

## ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT

Inspected: 09/05/2023 - Inspection Type: ROUTINE - Correction Status: All corrections made

Company:  
Septic Check

Work Performed By:  
Kyle Wade

Submitted 09/06/2023 by:  
Heather Johnson

Fold  
Here

### COMMENTS & GENERAL INSPECTION NOTES

#### No Deficiencies Noted

The 1" male threaded adapter coming off the blower is broken.  
We will need a 1" threaded adapter and a 1" sch 80 union to repair properly. I was able to put a rubber Fernco on it to get it to work.  
No sampling at this time as the blower line was broke. It is now fixed.

### 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 - 1,600 Gal Combo Reversed Tank

Manufacturer: Local Manufacturer

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

#### Aerobic Treatment Unit: ATU - BioMicrobics - FAST, Manufacturer= Bio-Microbics, Inc. - MicroFAST 0.5

Manufacturer: Bio-Microbics, Inc. Model: MicroFAST 0.5

This component was:	Fully Inspected
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES
Cleaned filter element:	YES
Unit audio/visual alarms functioning:	YES
Vent(s) and observation ports clear from obstructions:	YES
Vigorous boiling is occurring:	YES
Effluent is visually clear:	YES
The effluent smell is a damp, earthy odor (N/A = not observed):	N/A
pH level within normal operating range (6-9): (Enter N/A if not performed):	N/A
Field sample performance results within operational limits (Enter N/A if not performed):	N/A
The first compartment settling zone sludge accumulation is greater than 18 inches or is within 6 inches of the connection point between the settling zone and treatment zone. (If Yes, pumping needed):	NO
The second compartment treatment zone sludge accumulation is less than 3 inches from the FAST unit. (If Yes, pumping needed):	NO
Pumping needed:	NO

<b>TANK: Pump Tank - 1,000 Gal Pump Tank</b>		
<b>Manufacturer: Local Manufacturer</b>		
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	
<b>Panel: Control - 1 Pump - Drainfield Dose Panel</b>		
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):	625.41	
Pump 1: Cycle Count (override in parentheses - if present):	-	
<b>Pump: Effluent Pump - Drainfield Dose Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	-	
<b>Drainfield (disposal): Drip Irrigation - 475 feet of drip line</b>		
This component was:	Fully Inspected	
Pressure gauges indicate normal operation:	N/A	



# SAMPLING REPORT

Location: 14830 - 268th Ave.

Isle

**13-1-085800**

Owner: Kevin and Barbie Mundt

Use: Single Family

## Service Company:

### Septic Check

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

Sample Date: 09/05/2023 Sample entered by: Heather Johnson Report submitted: 09/06/2023

Notes: Sample at a later time this year~ Blower line was broken, has since been fixed.

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Effluent Pump - Drainfield Dose Pump	Effluent	FLOW	450 GPD	31.7

# SEPTIC CHECK

EXPERT SERVICE. LASTING VALUE. CLEAN WATER

8/30/2023

Aitkin County Environmental Services  
209 Second Street NW  
Aitkin, MN 56431

RE: Operating Permit for Parcel # 13-1-085800

Kevin & Barbie Mundt  
14830 268<sup>th</sup> Ave  
Isle, MN 56342

Aitkin County Environmental Services,

Septic Check has monitored and maintained the septic system for the property above since 7/20/2018. We recommend that the operating permit renewal requirement be extended to every 5 years. Septic Check will still complete the standard bi-annual maintenance for the property owner.

If Aitkin County has any questions regarding the performance or the results of the maintenance activities, please reach us at 320-983-2447.

Thank you,



Brian Koski



**Aitkin County Environmental Services  
Planning & Zoning**  
307 Second St. NW Room 219  
Aitkin, MN 56431  
218-927-7342  
aitkinpz@co.aitkin.mn.us

## Subsurface Sewage Treatment System Operating Permit Renewal Application

Use this application to renew an operating permit.

<b>Operating Permit #</b>	777	<b>Zoning Permit #</b>	25626
<b>Issuance Date:</b>	9/30/2023	<b>Expiration Date:</b>	9/30/2024 <i>2028</i>
<b>Renewal Term:</b>	ANNUALLY <i>5 Year</i>		

<b>Site Information</b>			
Property ID:	13-1-085800		
Property Address:	14830 268th Ave	City:	Isle
		State:	MN
		Zip:	56342
Service Provider or Inspector Name:	Septic Check	License #:	

<b>Contact Information</b>			
Permittee Name:	Kevin & Barbie Mundt		
Mailing Address:	14830 268th Ave	City:	Isle
		State:	MN
		Zip:	56342
Email:	<i>Mundt.BJ@Gmail.com</i>		Phone: <i>507-216-1785</i>

### Include with this completed renewal application the following items:

- Table of Water Usage (Flow Monitoring Report) *Comes From Septic Check MILACA, MN,*
- Maintenance & Monitoring Report by your Service Provider/Inspector *Comes From Septic Check Also*
- Renewal Fee: **\$150** Due Date: **9/30/2023** Please make check payable to: Aitkin County

*Notice of Late Fee: If your completed application and renewal fee are not received or postmarked by the due date, add a \$50.00 late fee.*

### 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 2<sup>nd</sup> 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 inspector 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 and is 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 and maintenance information on forms as required by Aitkin County Environmental Services prior to the above date of expiration for operating permit renewal. If not renewed within ninety (90) calendar days of the expiration date, it may be required that the system be abandoned in accordance with MN Rule 7080.2500. This permit is not transferable as to person or place.

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.

Permittee (please print):			Permitting Authority (please print):	P+Z/Shannon Wiebusch	
Title:	OWNERS	Date:	9-22-23	Title:	office Assistant
				Date:	9-28-23
Permittee Signature:	<input checked="" type="checkbox"/> <u>Kevin &amp; Barbie Munch</u>		Permitting Authority Signature:	<input checked="" type="checkbox"/> <u>Shannon Wiebusch</u>	
	Permittee Signature			Aitkin County Representative Signature	

**AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING**

**307 Second Street NW, Room 219**

**Aitkin, Minnesota 56431**

PH: (218) 927-7342

FX: (218) 927-4372



9/28/2023

Re: Operating Permit #777  
Zoning Permit # 25626  
Parcel #13-1-085800

Kevin & Barbie Mundt  
14830 268th Ave  
Isle, MN 56342

Dear Permittee:

9/28/2028

This letter is to inform you that your Operating Permit has been renewed until ~~9/28/2023~~ 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,

A handwritten signature in cursive script that reads "Shannon W.".

Aitkin County Planning & Zoning

# SAMPLING REPORT

Location: 14830 - 268th Ave.

Isle

**13-1-085800**

Owner: Kevin and Barbie Mundt

Use: Single Family

## Service Company:

### Septic Check

6074 Keystone Rd

Milaca, MN 56353

320-983-2447

Laboratory: AW Labs

Sample Date: 11/29/2023 Sample entered by: Heather Johnson Report submitted: 12/06/2023

Notes:

## ONSITE SEWAGE SYSTEM SAMPLING DETAIL

COMPONENT	TYPE	SAMPLE	LIMIT	RESULT
Pump Tank - 1,000 Gal Pump Tank	Effluent	Fecal	<1,000 mg/L	<100