

Subsurface Sewage Treatment System Operating Permit Application

Use this form to apply for an operating permit.
* Indicates required field

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

Facility Information:

*Permittee name:			
*Mailing address:	*City:	*State:	*Zip:
*Email:		*Phone:	
*Parcel ID:			
Property address:			
*System type:	III	*Treatment level:	C
*System design flow (gpd):		*Residential/Commercial:	RES.
*System components:	COMBO TANK, MOUND		

Service Provider:

*Name:	*Signed Contract:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Monitoring Requirements:

Parameter	Effluent limits	Frequency	Location
*Design flow (gpd)	600	MONTHLY	WATER METER
Average flow (gpd)	450	MONTHLY	EVENT COUNTER
*Ponding/Surfacing in soil treatment			
CBOD ₅ (mg/L)			
TSS (mg/L)			
FO&G (mg/L)			
Fecal Coliform bacteria (#/100mL)			
Total Nitrogen, Total Phosphorus (mg/L)			
Operational Field Tests, may include: Temperature, Dissolved Oxygen and pH			

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
External grease interceptor		
*Septic tank/Trash tank	PUMP	36 MONTHS
*Pump tank and controls	PUMP	36 MONTHS
Effluent screen	CLEAN	2 TIMES PER YEAR
Advanced treatment product		
UV light disinfection device		
*Soil treatment and dispersal		