

# 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: <b>DANARD Roepke</b>			
*Mailing address: <b>10901 ALDER ST.</b>		*City: <b>FINLAYSON</b>	*State: <b>MIN</b>
		*Zip: <b>55735</b>	
*Email: <b>DRGROUSE@yahoo.com</b>		*Phone: <b>763-458-9011</b>	
*Parcel ID: <b>34-1-076000</b>			
Property address: <b>101901 ALDER ST. FINLAYSON 55735</b>			
*System type: <b>PST Bed Type 3</b>		*Treatment level: <b>C</b>	
*System design flow (gpd): <b>450</b>		*Residential/Commercial: <b>RESIDENTIAL</b>	
*System components: <b>(EXISTING) 1600 COMBO TANK TO 520 PUMP TANK TO PST BED</b>			

**Service Provider:**

*Name: <b>Dave's DIRT WORK</b>	*Signed Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Monitoring Requirements:**

Parameter	Effluent limits	Frequency	Location
*Design flow (gpd)	<b>450</b>	<b>MONTHLY READINGS</b>	<b>LR METER RECORD</b>
Average flow (gpd)			
*Ponding/Surfacing in soil treatment	<b>NOT ALLOWED</b>	<b>ANNUALLY</b>	<b>PST BED</b>
CBOD <sub>5</sub> (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	<b>check etc &amp; ALARM SOLIDS</b>	<b>ANNUALLY</b>
*Pump tank and controls		
Effluent screen	<b>ANNUALLY RINSE/CLEAN</b>	<b>ANNUALLY</b>
Advanced treatment product		
UV light disinfection device		
*Soil treatment and dispersal	<b>INSPECT FOR PONDING</b>	<b>ANNUALLY</b>

## 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 218, Aitkin, MN 56431 no later than the expiration date listed.

## Contingency Plan

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

## Authorization

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

This permit is effective on the issuance date and term 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 7000.2500. 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 (named above) as the Service Provider or Inspector for this system through a signed contract. 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 Name: (Print):	Donald Roepke		
Title:	owner	Date:	05/17/2024
Permittee Signature:	Donald Roepke		

**MAINTENANCE SERVICE, MONITORING AND INSPECTION  
CONTRACT FOR SSTS OPERATING PERMIT**

It is hereby agreed this 17 day of June, 2024 by and between  
\_\_\_\_\_ (Service Provider/Inspector) and Client:

CLIENT NAME AND SITE LOCATION	
Owner/Client:	<u>Don Respeke</u>
Company Name:	
Site Address:	<u>101701 ALDER ST.</u>
City, State, Zip	<u>FINLAYSON</u>
Parcel ID:	<u>34-1-076000</u>
LGU or Permitting Authority:	Aitkin County

That in consideration of the payments provided herein, the Inspector shall provide services to perform Preventative Maintenance, Monitoring and Inspection of the Subsurface Sewage Treatment System (SSTS) located at the property described in the Aitkin County Operating Permit.

Each inspection includes an examination of the SSTS followed by a written report to the client. This inspection report shall contain recommendations for operation and maintenance for failure-preventative measures, if any are deemed appropriate by the inspector and a list of recommended corrective measures or replacement parts. The Inspector is authorized to submit a copy of the report to the Aitkin County Environmental Services Department.

This contract does not assume any responsibilities or obligations, which are normally the responsibilities of the Client, as related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

The Inspector can only contract or subcontract for parts or labor after authorization. Billings for service calls shall be made on a case by case basis. This contract only covers maintenance, monitoring and inspection services per current Aitkin County Operating Permit and does not cover alarm calls of any kind.

The Inspector shall be provided access to the site and the system in order to perform the following services:

(Check the boxes needed to fill the requirements of the Operating Permit)

**SEPTIC TANK AND LIFT STATIONS INSPECTION**

- Check septic tank and compartments for solids buildup and general appearance. If necessary, have tanks pumped.  
*(\*Cost of pumping is the responsibility of the client).*
- Check effluent filter for buildup and clean, if applicable.
- Check pumping system, including control panel and floats.
- Record and date the readings of the elapsed time meter and event counter(s).

- Check dosing settings (in the control panel, if applicable).
- Other: \_\_\_\_\_

**PRETREATMENT DEVICE**

N/A

- Inspect pretreatment unit (aerobic tank, sand filter, etc.) per manufacturer's recommendation.
- Inspect and clean any parts per manufacturer's recommendation.
- Inspect and clean laterals, if applicable.
- Inspect the appearance of the wastewater inside the unit for color, turbidity and examination of odors.
- Sample effluent per Operating Permit monitoring requirements.  
*(\*Cost of sampling and analysis is the responsibility of the Client)*
- Other: \_\_\_\_\_

**DISPERSAL FIELD/TREATMENT AREA**

- Inspect for visible signs of failure (surface discharge, soggy ground, wet spots, settling, etc.)
- If liquid level monitors are installed, levels will be observed and recorded.
- Flush filters and clean cartridges, if applicable.
- Check field control unit solenoid operations or manual control, if applicable.
- Other: \_\_\_\_\_

In no event shall the Inspector be responsible for special or consequential damages, including but not limited to, loss of time, injury to personal property or any other consequential damages or incidental or economic loss due to equipment failure or for any other reason. This contract does not assume any responsibilities or obligations, which are normally, the responsibility of the Client or as, related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

This contract shall be effective: Beginning 6/17, 2024  
and Ending 6/17, 2027

Cost for Maintenance Service, Monitoring and Inspection Contract is:

\$ 0 /yr. For 3 years totaling \$ 0

The Inspector agrees to provide inspection, monitoring and routine maintenance service only under this contract. The Client remedies for breach of this contract shall be limited to refund of any of the amounts paid in advance for service. This contract may be renewed 30 days from the ending date.

Payment for all services shall be paid \_\_\_\_\_.

Owner/Client:

Sign:

Donald Roepke

Print:

Donald Roepke

Date:

06/17/2024

Inspector:

Sign:

Bruce Engdahl

Print:

Bruce Engdahl

Date:

06/17/2024