AITKIN COUNTY ENVIRONMENTAL SERVICES - PLANNING & ZONING



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09/20/2024

Geoff Glasrud 15810 Village Woods Dr Eden Prairie. MN 55347 Re: Operating Permit #OP 2024-61 App #2024-001861 Parcel # 07-0-012302

Dear Permittee:

Enclosed is the Operating Permit for an Other/Performance Septic System that you are requesting Aitkin County to allow to be installed on your property instead of a standard Type I system. Please review this operating permit thoroughly and become acquainted with all of the monitoring, maintenance, and renewal requirements.

Before the permit expiration date, our office will send you a reminder notice on how to renew the operating permit. This reminder will ask that you provide the following:

- 1) Maintenance & Monitoring Report by your Service Provider/Inspector
- 2) Table of Monthly Water Usage/Flow Report. (Recording sheet enclosed for your convenience)
- 3) Renewal Application and Fee

The permittee is responsible for privately hiring a licensed Service Provider/Inspector for the maintenance and monitoring services. Their cost of service is separate from the permit renewal fee. One Provision often overlooked by the landowner is the State of Minnesota requires that a water meter, event counter, or other flow-measuring device be installed on the system and the flow readings be recorded on a monthly basis. Refer to the operating permit whether it is the landowner or the service provider who is responsible for monitoring the flow and recording the monthly readings.

If you have any questions about this operating permit or renewal requirements, please contact our office.

Sincerely,

Aitkin County Planning & Zoning

Enclosures:
Operating Permit
Flow Recording Sheet

307 Second St. NW, Room 219 Aitkin, MN 56431 218-927-7342 aitkinpz@co.aitkin.mn.us

Subsurface Sewage Treatment System Operating Permit

| PERMITTEE NAME | Geoff Glasru | Id | OPERATING PERMIT# | OP 2024-61 | |
|---|--------------------------------|---------------------------|----------------------------|-------------------|--|
| MAILING ADDRESS | 15810 Village Prairie, MN 5 | e Woods Dr, Eden 55347 | APPLICATION # | 2024-001861 | |
| PROPERTY ADDRESS | , | | PARCEL # | 07-0-012302 | |
| SYSTEM TYPE | Type 3 | | _ DATE ISSUED | 2024-09-20 | |
| TREATMENT LEVEL | С | | EXPIRATION DATE | 2027-09-30 | |
| SYSTEM DESIGN FLOW (GPD) | 600 | | _ | | |
| RESIDENTIAL/COMMER | RCIAL | Residential | _ | | |
| SYSTEM COMPONENTS | 3 | | | | |
| 1650 2/compartment sep 10'x50' rockbed built off c | | 20 pump tank. Type III 4 | bedroom mound with 3 ft of | washed sand under | |
| SERVICE PROVIDER | | Brummer Septic LLC | | | |
| | | | | | |

MONITORING REQUIREMENTS

| Parameter | Effluent Limits | Frequency | Location |
|--------------------------------------|-----------------|-----------|------------------------------|
| *Design Flow (gpd) | 600 gpd | Annually | Event Counter or Water Meter |
| *Ponding/Surfacing in Soil Treatment | Not allowed | Annually | Mound |
| | | | |
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Owner is responsible for recording the event counter or water meter once a month. Owner is responsible for reporting to Aitkin Co. or the Service Provider once a year.

MAINTENANCE REQUIREMENTS

| System Component | Maintenance | Frequency |
|-------------------------------|-------------------------------|-------------|
| *Septic Tank/Trash Tank | Check levels, pump as needed. | Annually |
| *Pump Tank and Controls | Check alarm | Annually |
| *Soil Treatment and Dispersal | Inspect for ponding/surfacing | Annually |
| | | |
| Effluent Screen | Check and clean | Bi-Annually |
| | | |
| | | |

MONITORING PROTOCOL

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

CONTINGENCY PLAN

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

AUTHORIZATION

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

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

The owner is required to obtain the services of a Minnesota Pollution Control Agency (MPCA) licensed and trained:

1) Service Provider or Inspector to provide ongoing system operation, maintenance, and monitoring and 2)

Maintainer to pump the system's sewage tanks and components. The owner is responsible to provide the name of the Service Provider or Inspector business prior to the issuance of this operating permit. The owner has secured the services of Brummer Septic LLC as the Service Provider or Inspector for this system. The Service Provider or Inspector is hereby authorized to provide the required monitoring data and routine maintenance service records to both Aitkin County Environmental Services.

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

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

| THE OPERATING PERMIT IS HER | REBY GRANTED TO: |
|-----------------------------|------------------|
|-----------------------------|------------------|

| PERMITTEE | Brody Schmid | DATE | 2024/09/20 09:19 AM | |
|----------------------|------------------|------|---------------------|--|
| PERMITTING AUTHORITY | Shannon Wiebusch | DATE | 2024/09/20 09:40 AM | |

Subsurface Sewage Treatment System Flow Readings Report

| Permit Information | | | | | | | | | |
|--|------------------|---------|-------------|------------------|------------|-------------------------------------|------------------|--------------------------|---------------------|
| Permittee Name | e: | | | | | | | | |
| Permit #: | | | | | | Operating Permit #: (if applicable) | | | |
| Property ID # | : | | | | | | | | |
| Property Addre | ss: | | | City: | :y: | | | Zip: | |
| Is this property permitted as a Vacation/S Term Rental? (select a box) | | | | Yes No | | | No | | |
| System Information | | | | | | | | | |
| Flow Mete | er Make/Mode | l: | | | | | | | |
| 1 | tem is the Flow | , | Well | | | | Septic | | |
| | ect a box) | | | | | | | | |
| <u>Directions:</u> A requirement of an operating permit or VSTR Interim Use | | | | | nterim Use | Per | mit is to have a | flow measuring | |
| device (event c | ounter, water r | neter, | etc.) insta | ılled on yol | ır se | ptic system | an | d monitored on | a Monthly basis. |
| If the property | is seasonal and | l is no | t used duri | ing certain | mo | nths, please | no | te. <u>Report this l</u> | og of readings to |
| Aitkin County Environmental Services or your Service Provider/Inspector when the operating permit is due | | | | | | | | | |
| | for renewal, | or at t | he annual | inspection | for | Vacation/SI | hor | t-Term Rentals. | |
| Date | Meter Reading | | ate | Meter Reading | 7 | Date | | Meter Reading | Unit of Measurement |
| | | | | | | | | | |
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