



Preliminary Evaluation Worksheet

1. Contact Information

v 04.02.2024

Property Owner/Client: Date Completed:

Site Address: Project ID:

Email: Phone:

Mailing Address: Alt Phone:

Legal Description:

Parcel ID: SEC: TWP: RNG:

2. Flow and General System Information

A. Client-Provided Information

Project Type: New Construction Replacement Expansion Repair

Project Use: Residential Other Establishment:

Residential use: # Bedrooms: Dwelling sq.ft.: Unfinished sq.ft.:

Adults: # Children: # Teenagers:

In-home business (Y/N): If yes, describe:

Water-using devices: (check all that apply)

<input type="checkbox"/> Garbage Disposal/Grinder	<input checked="" type="checkbox"/> Dishwasher	<input type="checkbox"/> Hot Tub*
<input type="checkbox"/> Sewage pump in basement	<input type="checkbox"/> Water Softener*	<input type="checkbox"/> Sump Pump*
<input type="checkbox"/> Large Bathtub >40 gallons	<input type="checkbox"/> Iron Filter*	<input type="checkbox"/> Self-Cleaning Humidifier*
<input checked="" type="checkbox"/> Clothes Washing Machine	<input type="checkbox"/> High Eff. Furnace*	<input type="checkbox"/> Other: <input type="text"/>

* Clear water source - should not go into system

Additional current or future uses:

Anticipated non-domestic waste:

The above is complete & accurate: 9-20-24
 Client signature & date

B. Designer-determined Flow and Anticipated Waste Strength Information

Attach additional information as necessary.

Design Flow: GPD Anticipated Waste Type:

Maximum Concentration BOD: mg/L TSS mg/L Oil & Grease mg/L

3. Preliminary Site Information

A. Water Supply Wells

#	Description	Mn. ID#	Well Depth (ft.)	Casing Depth (ft.)	Confining Layer	STA Setback	Source
1	DRILLED WELL	826948	67	65	10+	50	MN WELL INDEX
2							
3							
4							

Additional Well Information:



Preliminary Evaluation Worksheet

v 04.02.2024

1. Contact Information

Property Owner/Client: Date Completed:

Site Address: Project ID:

Email: Phone:

Mailing Address: Alt Phone:

Legal Description:

Parcel ID: SEC: TWP: RNG:

2. Flow and General System Information

A. Client-Provided Information

Project Type: New Construction Replacement Expansion Repair

Project Use: Residential Other Establishment:

Residential use: # Bedrooms: Dwelling sq.ft.: Unfinished sq.ft.:

Adults: # Children: # Teenagers:

In-home business (Y/N): If yes, describe:

Water-using devices: *(check all that apply)*

- Garbage Disposal/Grinder
- Dishwasher
- Hot Tub*
- Sewage pump in basement
- Water Softener*
- Sump Pump*
- Large Bathtub >40 gallons
- Iron Filter*
- Self-Cleaning Humidifier*
- Clothes Washing Machine
- High Eff. Furnace*
- Other:

* Clear water source - should not go into system

Additional current or future uses:

Anticipated non-domestic waste:

The above is complete & accurate: *[Signature]*
 Client signature & date

B. Designer-determined Flow and Anticipated Waste Strength Information
Attach additional information as necessary.

Design Flow: GPD Anticipated Waste Type:

Maximum Concentration BOD: mg/L TSS: mg/L Oil & Grease: mg/L

3. Preliminary Site Information

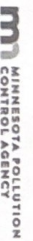
A. Water Supply Wells

#	Description	Mn. ID#	Well Depth (ft.)	Casing Depth (ft.)	Confining Layer	STA Setback	Source
1	DRILLED WELL	826948	67	65	10+	50	MN WELL INDEX
2							
3							
4							

Additional Well Information:

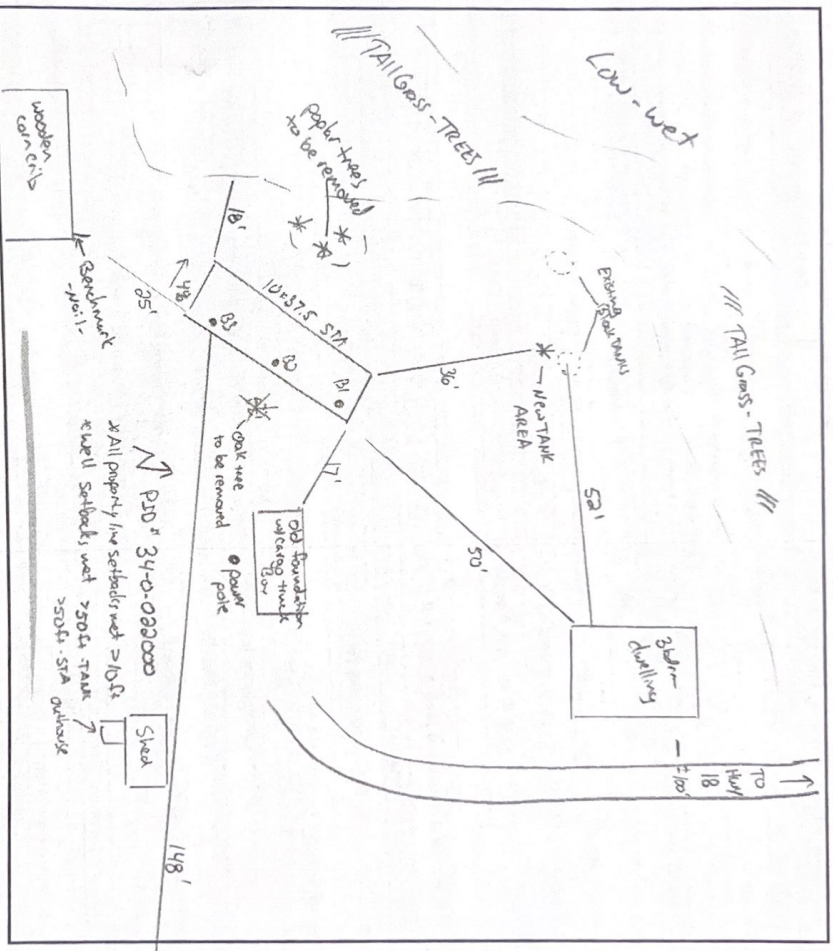


Proposed Design Map



Property Owner/Client: KEVIN JIROVEC

Project ID: V 04.02.2024



Map scale: in ft

Indicated north Show slope/contours

Elevations in feet

Benchmark Elev: ft

Benchmark location:

System Corners

Corner 1	96.2 ft	#1:	96.7 ft	Tank Outlet:	3	4	N	
Corner 2	96.7 ft	#2:	96.6 ft	Other:				
Corner 3	96.4 ft	#3:	96.7 ft	GRADE@TANK AREA				96 ft
Corner 4	96.7 ft	#4:		PIPE EXITING HOME				~94.5 ft

Date Completed:

Property Owner/Client: KEVIN JIROVEC

Mapping Checklist

9-20-24

4



Track maintenance activities here for easy reference. See list of management tasks on pages 3 and 4.

Activity	Date accomplished
Check frequently:	
Leaks: check for plumbing leaks*	
Soil treatment area check for surfacing**	
Lint filter: check, clean if needed*	
Effluent screen (if owner-maintained)***	
Alarm**	
Check annually:	
Water usage rate (maximum gpd _____)	
Caps: inspect, replace if needed	
Water use appliances – review use	
Other:	

*Monthly

**Quarterly

***Bi-Annually

Notes:

"As the owner of this SEPS, I understand it is my responsibility to properly operate and maintain the sewage treatment system on this property, utilizing the Management Plan. If requirements in this Management Plan are not met, I will promptly notify the permitting authority and take necessary corrective actions. If I have a new system, I agree to adequately protect the reserve area for future use as a soil treatment system."

Property Owner Signature:

MICHAEL D. MIKROT

Date

9-20-24

Management Plan Prepared by:

AITKIN CO. ENV. SRV. & ZONING

Certification # 9480

Permitting Authority:

24



Owner/Client:

Sign:

Print: Kevin Tirovic

Date: 9-20-24

Inspector:

Sign:

Print: Precision Grady LLC - Michael D. Mikot

Date: Sept. 3, 2024

26

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 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 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 (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 occur. 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 operating 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):	Kevin Sivarec	Date:	9-20-24
*Title:	owner		
*Permittee Signature:	