

### Preliminary Evaluation Worksheet

### MINNESOTA POLLUTION

| 1. Cont                                      | act Information  |   |  |  |  |   |  | v 04.02                  |           |
|--|--|---|--|--|--|---|--|--------------------------|-----------|
| Pro  | operty Owner/Cli   | ient: KEVIN J   | ROVEC  |  |  | Da  | ite Complete   | ed: 8/                   | 29/2024   |
|  |  | ress: 11153 H   |  | ILAYSON MN !   | 55735  | 12-11-12  | Project  | ID:                      |           |
|  | En   | nail:   |  |  |  |   | Phor   | ne: 651-                 | 324-802   |
|  |  | ress: 30724 10  | 06TH ST., F  | PRINCETON M  | N 55371  |   | Alt Phon   | ie:                      |           |
|  | Legal Descript   |   |  |  |  |   |  |                          |           |
|  |  |   | 22000  | SE   | C: 1   | 4 TW  | P: 43  | RNG:                     | 22        |
| Flan   | Parcel   |   |  |  |  |   |  |                          |           |
|  | and General Sys  |   | CIOII  |  |  |   |  |                          |           |
|  | Client-Provided<br>Project Type:   | □ New Con   | struction  | ☑ Replac   | cement   | ☐ Expansion   | on [   | Repair                   |           |
|  | Project Use:   |   |  | stablishment:  |  |   |  |                          |           |
| Re   | esidential use:  | # Bedrooms  |  |  | g sq.ft.:  |   | Unfinished   | sq.ft.:                  | 994       |
|  |  | # Adult   | s:   | # c  | hildren:   |   | # Tee  | nagers:                  | (Marie La |
|  | In-home b  | usiness (Y/N)   | : No   | If yes, de   | escribe:   | and the same  | 10.7 (6.7)   | The second               |           |
|  |  | sing devices:<br>all that apply)  | ☐ Large Ba   | pump in baseme<br>athtub >40 gallo   | ns 🗆 Iron I  |   |  | eaning Hun               | nidifier* |
| Add  | (check a   | ll that apply)  | ☐ Large Ba   |  | ns   | Filter*<br>Eff. Furnace*<br>ter source -  |  | eaning Hun               |           |
|  | (check a   | ill that apply) or future uses  | ☐ Large Ba   | athtub >40 gallo<br>Washing Machin   | ns   | Filter*<br>Eff. Furnace*<br>ter source -  | ☐ Self-Cl  | eaning Hun               |           |
| Ant  | (check a<br>litional current o   | or future uses  | ☐ Large Ba ☐ Clothes '  REPLAC   | athtub >40 gallo<br>Washing Machin   | ns   | Filter*<br>Eff. Furnace*<br>ter source -  | ☐ Self-Cl ☐ Other: should not                                    | eaning Hun<br>go into sy | ystem     |
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| Ant  | (check a<br>litional current of<br>cicipated non-dol<br>ove is complete<br>esigner-determi   | or future uses mestic waste: & accurate:  | ☐ Large Ba ☐ Clothes ☐ REPLAC  | EMENT OF Notes ted Waste St  | e High * Clear wa ON COMPLIA  Client si  | Filter* Eff. Furnace* ter source - NT SSTS  | Self-Cl Other: should not  | eaning Hun<br>go into sy | ystem     |
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### Preliminary Evaluation Worksheet

MINNESOTA POLLUTION CONTROL AGENCY

|               | t Information  |   |   |  |  |  |  | 8/29/      | 12024            |
|---------------|--|---|---|--|--|--|--|------------|------------------|
|               | erty Owner/Clien   | t: KEVIN JIROVE   | C   | 27 68 1  | per la   | Date 0   | ompleted:  | 8/29/      | 2024             |
| 1100          | Site Address   | ss: 11153 HWY 1   | 8. FINLAYS  | ON MN 5573   | 5  |  | Project ID:  |            |                  |
|               |  |   |   |  |  | a the collection   | Phone:   | 651-32     | 4-8021           |
|               | Ema  |   |   | TON MALES  | 271  | nilah Ka   | Alt Phone:   |            |                  |
|               | Mailing Addres   | ss: 30724 106TH   | ST., PRINC  | LETON MN 33  | 13/1   |  | L  |            |                  |
|               | Legal Description  | on:   |   |  |  |  | (2)  | RNG:       | 22               |
|               | Parcel I   | ID: 34-0-02200  | 00  | SEC:   | 14   | TWP:   | 43   | KNG.       |                  |
| Flow          | and General Syst   | tem Information   | 1   |  |  |  | 275  |            |                  |
|               | Client-Provided   Project Type: Project Use:   | ☐ New Construc  | ction<br>Other Establi  | Replacement:   | ent [  | Expansion  | □ R  | epair      |                  |
|               | Residential use:   | # Bedrooms:   | 3   | Dwelling so  | q.ft.:   |  | Jnfinished s   | q.ft.:     |                  |
| K             | residential use.   | # Adults:   |   | # Chile  |  |  | # Teena  | igers:     |                  |
|               |  | _   | No  | If yes, desc   |  |  |  |            | 1,2,5            |
|               | In-home b  | usiness (Y/N):  |   | ,  |  | The Livings  | ☐ Hot Tub  | *          |                  |
|               |  | using devices: [<br>all that apply) [   | ☐ Sewage pu   | sposal/Grinder<br>mp in basement<br>tub >40 gallons<br>ashing Machine  |  | oftener*<br>er*  | Sump Pu  |            | difier*          |
|               | (check t   | using devices: [all that apply] [   | Sewage pur Large Bathl Clothes Wa   | mp in basement<br>tub >40 gallons<br>ishing Machine  | ☐ Water S☐ Iron Filt☐ High Eff   | oftener*<br>er*<br>. Furnace*<br>er source - s   | ☐ Self-Clea  | aning Humi |                  |
|               | (check o   | using devices:  all that apply)  or future uses:  | Sewage pur Large Bathl Clothes Wa   | mp in basement<br>tub >40 gallons<br>ishing Machine  | ☐ Water S☐ Iron Filt☐ High Eff   | oftener*<br>er*<br>. Furnace*<br>er source - s   | ☐ Self-Clea  | aning Humi |                  |
| А             | (check of<br>dditional current<br>Anticipated non-d  | or future uses:  omestic waste:   | Sewage pur Large Bathl Clothes Wa   | mp in basement<br>tub >40 gallons<br>ishing Machine  | ☐ Water S☐ Iron Filt☐ High Eff   | oftener*<br>er*<br>. Furnace*<br>er source - s   | ☐ Self-Clea  | aning Humi | stem             |
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## OF MINNESOTA UNIVERSITY

# Septic System Management Plan for Above Grade Systems

Homeowner Maintenance Log

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

| Activity                                  | Date accomplished | nplished |  |
|---|-------------------|----------|--|
| 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:                                    |                   |          |  |

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Notes:

"As the owner of this SSTS, 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." Management Plan Prepared by MICHMEL D. MIKROT Property Owner Signature: Date 9-20-

©2015 Regents of the University of Minnesota. All rights reserved. The University of Minnesota is an equal opportunity educator and employer. This material is available in alternative formats upon request. Contact the Water Resources Center, 612-624-9282. The Onsite Sewage Treatment Program is delivered by the University of Minnesota Extension Service and the University of Minnesota Water Resources Center.

Permitting Authority: AITKIN CO. ENV. SRV. & ZONING

Certification #9480

-6-

<sup>\*\*</sup>Quarterly

<sup>\*\*\*</sup>Bi-Annually

Operating Permit Maintenance Contract Page 3 of 3

Owner/Cliebs

Print: KEULU TIROVEC

Date: 9-20-24

Inspector:

Print: Preison Goody uc - Michael D. Mikat

Sign:

Date: Sept. 3, 2024

Form updated 4/18/24

# 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: Alikin County Environmental Services, 307 2<sup>rd</sup> St NW, Room 219, Alikin, MN 58431, no later than the expiration date

# 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 Alikin 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

the Service Provider/Inspector Altkin 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

not transferable as to person or place. 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 Alitin 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 This permit is effective on the issuance date and term identified above. This permit and the authorization to treat and disperse

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 Ailkin County Environmental Services. The owner is required to obtain the services of a Minnesota Pollution Control Agency (MPCA) licensed and trained: 1) Service

[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 Altkin 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. Lagree to indemnify and hold Altkin 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.

| Kevin Diravec Date: | *Permittee<br>Signature: | *Title:      | *Permittee Name: Keu |
|---------------------|--------------------------|--------------|----------------------|
|                     | Million                  | \            | in diravec           |
|                     |                          | Date: 9-20 - |                      |