

## Aitkin County Environmental Services - Planning & Zoning

307 2nd St. NW, Room 219
Aitkin, MN 56431
(P) (218) 927-7342
(F) (218) 927-4372
(E) aitkinpz@co.aitkin.mn.us
www.co.aitkin.mn.us

09/24/2024

Ron & Kolleen Brown 9650 FLINTLOCK TRL Chanhassen, MN 55317 Re: Operating Permit #OP 2024-74 2024-001892 Parcel # 11-1-115700

Dear Permittee:

This letter is to inform you that your Operating Permit has been renewed until 09/30/2029.

Please adhere to your monitoring and maintenance contract including monitoring your water use. Failure to do so would violate the agreement to operate your system and could void the operating permit. You should contact your Service Provider/Inspector directly with questions that you may have during the year.

Thank you for your good stewardship and we hope that your system continues to operate well, protecting groundwater for you and the environment.

Sincerely,

Aitkin County Planning & Zoning

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	Ron & Kolleen Brown	OPERATING PERMIT#	OP 2024-74
MAILING ADDRESS	9650 FLINTLOCK TRL, Chanhassen, MN 55317	APPLICATION #	2024-001892
PROPERTY ADDRESS	23058 450th Ave AITKIN, MN 56431	PARCEL#	11-1-115700
SYSTEM TYPE	Type 4	DATE ISSUED	2024-09-24
TREATMENT LEVEL	<u>A</u>	EXPIRATION DATE	2029-09-30
SYSTEM DESIGN FLOW (GPD)	300		
RESIDENTIAL/COMMER	RCIAL Residential		

## **SYSTEM COMPONENTS**

Residential Type V 300 GPD. 1250 gallon septic tank, 1500 gallon reverse two compartment septic tank equipped with a MBBR drop in unit in the 1000 gallon compartment with an effluent filter on the outlet, UV light on the inlet of the 500 gallon compartment which also serve as a time dose pump tank to a 15'x20' pressure rockbed.

SERVICE PROVIDER

Septic Check

# **MONITORING REQUIREMENTS**

Parameter	Effluent Limits	Frequency	Location
*Design Flow (gpd)	300 gpd	Monthly	Control Panel
*Ponding/Surfacing in Soil Treatment	None allowed	Bi-Annual	Bed drainfield
CBOD5 (mg/L)	<15 mg/L	Annually	bed dose tank
TSS (mg/L)	<15mg/L	Annually	bed dose tank
Fecal Coliform Bacteria (#/100mL)	1000 cfu/100ml	Annually	bed dose tank

#### MAINTENANCE REQUIREMENTS

System Component	Maintenance	Frequency
*Septic Tank/Trash Tank	Check annually, pump as needed	Bi-Annually
*Pump Tank and Controls	Check annually, pump/replace as needed	Bi-Annually
*Soil Treatment and Dispersal	Check yearly, repair as needed,clean/jet laterals- Not needed for first 3-5 years	Bi-Annually,Per Management Plan
Advanced Treatment Product	Check functions	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 Septic Check 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 HEREBY GRANTED TO:						
PERMITTEE	Ron & Kolleen Brown	DATE	2024/09/24 03:01 PM			
PERMITTING AUTHORITY	Shannon Wiebusch	DATE	2024/09/24 03:01 PM			