



**Aitkin County Environmental Services - Planning & Zoning**

307 2nd St. NW, Room 219

Aitkin, MN 56431

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10/01/2024

Scott & Stacy Hughes  
38985 337TH LN  
Aitkin, MN 56431

Re: Operating Permit #OP 2024-90  
2024-001941  
Parcel # 24-0-008802

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

## Subsurface Sewage Treatment System Operating Permit

<b>PERMITTEE NAME</b>	<u>Scott &amp; Stacy Hughes</u>	<b>OPERATING PERMIT#</b>	<u>OP 2024-90</u>
<b>MAILING ADDRESS</b>	<u>38985 337TH LN, Aitkin, MN 56431</u>	<b>APPLICATION #</b>	<u>2024-001941</u>
<b>PROPERTY ADDRESS</b>	<u>38985 337TH LN AITKIN MN 56431</u>	<b>PARCEL #</b>	<u>24-0-008802</u>
<b>SYSTEM TYPE</b>	<u>Type 4</u>	<b>DATE ISSUED</b>	<u>2024-10-01</u>
<b>TREATMENT LEVEL</b>	<u>C</u>	<b>EXPIRATION DATE</b>	<u>2029-09-30</u>
<b>SYSTEM DESIGN FLOW (GPD)</b>	<u>600 gpd</u>		
<b>RESIDENTIAL/COMMERCIAL</b>	<u>Residential</u>		

### SYSTEM COMPONENTS

4 Bedroom Type IV System with existing 1250 gallon two compartment tank to be converted to all septic, add IM 1060 equipped with a ECO-POD E60 treatment unit and UV light, add a IM 1060 time dose pump tank. 15'x40' raised pressure bed. Peak design flow is 600 GPD. Anticipated average flow is under 420 GPD.

**SERVICE PROVIDER** Septic Check

### MONITORING REQUIREMENTS

Parameter	Effluent Limits	Frequency	Location
*Design Flow (gpd)	600 gpd	Monthly	Event Counter
*Ponding/Surfacing in Soil Treatment	None	Annually	Soil Treatment Area
Average Flow (gpd)	420 gpd	Monthly	Event Counter
CBOD5 (mg/L)	15	Annually	Bed dose tank
TSS (mg/L)	15	Annually	Bed dose tank
FO&G (mg/L)	1,000	Annually	Bed dose tank

## MAINTENANCE REQUIREMENTS

System Component	Maintenance	Frequency
*Septic Tank/Trash Tank	Check annually, pump as needed	Annually
*Pump Tank and Controls	Check annually, pump/replace as needed	Annually
*Soil Treatment and Dispersal	Clean/jet laterals, Check for Ponding/surfacing	Per Management Plan, Annually
Advanced Treatment Product	Check Functions	Annually
UV Light Disinfection Device	Check Functions	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:**

<b>PERMITTEE</b>	<u>Scott &amp; Stacy Hughes</u>	<b>DATE</b>	<u>2024/10/01 12:24 PM</u>
<b>PERMITTING AUTHORITY</b>	<u>Shannon Wiebusch</u>	<b>DATE</b>	<u>2024/10/01 12:25 PM</u>