(149) ZONING PERMIT APPLICATION	
FULL NAME ROBERT ARNESON TELE # 678-357	OFFICE USE ONLY
	01/00
BIRTHDATE & DL # MAIL ADDRESS 40663 - 23644 LANE	$- PERMIT # \frac{5}{11} \frac{0}{11} \frac{3}{11} \frac{1}{11} \frac{1}{11}$
	- PARCEL # 1-1-101200
911 ADDRESS AITKIN MN 56431	$- RECEIPT # \mathcal{A} (\mathcal{O} 1 \mathcal{S} - \mathcal{O} 1 \mathcal{S} - \mathcal{O} 1 \mathcal{S} - \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O}$
TOWNSHIP <u>HAZELTON</u>	_ CONFORMING SEPTIC
LEGAL DESCRIPTION LOT 7 NORTH SHORE BEACH	YES P#NO(N
SECTION Z 5 TOWNSHIP 4/5 RANGE 2 7	
(circle) RESIDENTIAL COMMERCIAL ACCESSORY NEW BUILDING	ALTERATION
BUILDING CONTRACTOR AND LICENSE NUMBER:	- CEIVED W
	MAY
Thom & Atr. Shistor	ALTERATIONECEIVED MAY
upp on an	
COMMENTS: SEPTIC GPDATE FER NON- COL	MPLIANT SYSTEM
······································	
DATA FOR SEWER CONSTRUCTION: INSTALLER <u>AITKIN</u> Saver	#BEDROOMS/GPD -3/4
·	•
ZONING DISTRICT	
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ZONING DISTRICT & FLOOD PLAIN STRUCTURE SETBA ZONING DISTRICT	Tom eaves or overhand) STREAM
ZONING DISTRICT & FLOOD PLAIN STRUCTURE SETBA ZONING DISTRICT	rom eaves or overhang) STREAM CK O-W SD TBACK DISTANCES RES LO SC CK SD CK SO SO CK SO CK SO CK SO CK GARBAGE DISP/HOT TUB YES NO
ZONING DISTRICT & FLOOD PLAIN STRUCTURE SETBA ZONING DISTRICT	rom eaves or overhang) STREAM 25 CK 20 O-WO' 20 TBACK DISTANCES 20 RES 10 CK 10
ZONING DISTRICT & FLOOD PLAIN STRUCTURE SETBA ZONING DISTRICT	CK BELOW PIPE
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ZONING DISTRICT & FLOOD PLAIN STRUCTURE SETBA ZONING DISTRICT OHW TO LAKE/RIVER LAKE/STREAM/RIVER NAME IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	rom eaves or overhang) STREAM CK O-W BACK DISTANCES RES LO CK CK CK CK STREAM CK DISTANCES RES LO CK CK CK YES NO CK BELOW PIPE ELOW PIPE END SAND WIDTHS SSL SSL DATE

RECEIVED MAY 1 3 2004

AITKIN COUNTY ENVIRONMENTAL SERVICES

OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

	FEE:	\$50
	PHONE:	(218) 678-3575
F	PARCEL #: ´	11-1-107200
NEW DATE: 12/31/0)5	
e Beach		
	_	PHONE: PARCEL #: 7 ENEW DATE: 12/31/05

Aitkin County Environmental Services authorizes the Permittee to construct, install and operate a wastewater treatment and dispersal system located on the above described property in accordance with the requirements of this permit.

This permit is effective on the issuance date identified above.

This permit and the authorization to treat and disperse from the above system shall expire on the above expiration date. The Permittee is not authorized to discharge after the date of expiration. The Permittee shall submit such information and forms as required by Aitkin County Environmental Services no later than thirty (30) days prior to the expiration date. When the required information is submitted and approved by Aitkin County Environmental Services, the permit may be renewed. This permit is not transferable from owner to owner.

I hereby certify with my signature as the permittee that I understand the provisions of this permit including the 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 use of this system and if I fail to comply with the provisions of this Operating Permit. 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 permit.

Someron Signature of Permittee purlemant Signature of Permitting Authority

05-/10/04 Date 5-13-04

If You have any questions regarding this permit, including the specific permit requirements, permit reporting or permit compliance status, please contact Aitkin County Environmental Services at 218-927-7342.

\$50

A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM

This ISTS is a shallow pressure bed built in part of the existing drainfield. A guest cabin on site will have effluent redirected to the existing septic tank for the home. This existing tank will have a screened effluent pump installed to time dose into a 500 gallon per day Multi-Flo Aerobic treatment plant. Effluent will gravity flow from the Multi-Flo to a new 630 gallon pump tank. From there it will dose to the pressure bed. Reduction in separation, and thereby drainfield height allows this system to fit on this lot. No bedrooms =3, Flow 450 gal/day, Hydro loading=0.6 gpd/sqft, Cost \$10,100, Operation \$10/mo.

B. PERFORMANCE STANDARD REQUIREMENTS:

During the period beginning on the effective date (issuance date) of this permit and lasting until this permits expiration date, the Permittee is authorized to discharge from the wastewater treatment unit to subsurface dispersal. No surface discharge is permitted. The following parameters must be monitored and the results must be found within the compliance limits.

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
Fecal Coliform	<1,000 cfu/100ml	Aerobic Tank Effluent	EVERY 6 MONTHS	Grab	ANNUALLY
Flow	450 gal/day	Water Meter	MONTHLY	Record on Log Sheet	ANNUALLY

C. MAINTENANCE REQUIREMENTS:

PARAMETER	LOCATION	FREQUENCY
Aerobic Tank Function	Aerobic Tank	EVERY 6 MONTHS
Flow	Water Meter	MONTHLY
Pumps, Floats & Alarms	Pump Chamber	ANNUAL
Solids Removal & Water Tightness	Septic tank(s)	ANNUAL
Vegetative Cover	Dispersal System	ANNUAL

D. MONITORING AND REPORTING REQUIREMENTS:

Monitoring results obtained during each calendar year shall be submitted no later than December 31st of that year to:

Aitkin County Environmental Services 209 2nd Street NW Aitkin, MN 56431

The monitoring reports shall be signed by the Permittee. Copies are to be retained by the Permittee.

The Permittee shall notify Aitkin County Environmental Services within thirty (30) days when monitoring results do not meet the monitoring plan requirements of this permit.

Monitoring plans may be modified as necessary and reapproved by Aitkin County Environmental Services.

Sampling and laboratory testing procedures shall be performed in accordance with Standard Methods and the testing and shall be performed by a Minnesota Department of Health approved laboratory. All sampling and testing costs shall be the responibility of the Permittee.

Monitoring will be done by Eric Larson

E. MITIGATION PLAN:

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1) If weeping occurs; lower dosing rate or lower water usage 2) Waste strength, if fecals exceed limit, add disinfection. If BOD = TSS, or FOG exceed limit reduce effluent strength. 3) If in the event that this system should fail and if there is no other ISTS option available, then Holding Tanks must be installed, to be pumped by a licensed Pumper with a contract.

F. SPECIAL REQUIREMENTS:

*** A WATER METER OR OTHER APPROVED DEVICE MUST BE INSTALLED AND READ ON A MONTHLY BASIS ***

DSPPRCLL Display F	arcel Description 5/04/04 10:56:59 Notes: No
Parcel number/Tax year: 11-1-10720 Owner(s): 542	D 2005 Reference parcel: 00211019107200 Parcel type : RE Hold tax stmt:
ARNESON, ROBT K & JUDITH 40663 236TH LANE AITKIN MN 56431	Escrow agent: 163 WELLS FEDERAL BANK
AITKIN MN 56431	Mortgage hld: UTA: Twp/City School AMBU **** **** **** Oll 0001 00 00 00 00
Taxpayer: 542 FALCO: ⊥ F.O. ARNESON₁ ROBT K & JUDITH	TIF district: OOO OOO Lake#/name : 48-0002 MILLE LACS
40663 236TH LANE AITKIN MN 56431	Property adr: 40663 236th Ln AITKIN
	Emergency# : 56431 - Twp/City Plt: HAZELTON TWP 19
Alternate taxpayer:	Sec/twp/rge : 25 45.0 27 Acres: Plat: NORTH SHORE BEACH
	Description: Lot/Block : LOT 7

Press Enter to continue or enter new parcel/tax year. <u>ll-l-l07200</u> <u>2005</u> Fl=Full desc F2=Trans hist F3=Exit F6=Prcl hist F7=Backward F9=Escrow hist Fl2=Cancel F14=Phy Addr F17=Dsply Note harmony equipment 6549 Keystone Road Milaca, MN 56353

Phone: 320-983-2447 888-983-2447 Fax 320-983-2151

INDIVIDUAL SEWAGE SYSTEM DESIGN SUMMARY

Property Owner: Robert & Judy Arneson	Phone: 218-678-3575
Address: 40663 - 236 th Lane	Township: Hazelton
City: <u>Aitkin</u> Zip: <u>56431</u>	County:Aitkin
DESIGN USAGE	SITE CHARACTERISTICS
Single Family Home Other	Soil typefine sandy loam
Number of Potential Bedrooms3	Soil Sizing Factor
Garbage Disposal no	Depth to restrictive layer 27" 2.25' south end
Sewage Lift Pumpno	
PUMP INFORMATION	CAPACITIES
25&5.1 into MF / 42&10.5 to Pump GPM & TDHbed	Daily Water Use 450 Est x Calc
Cycles per day48 into MF / 5 into bed	Septic Tank Capacity 1350 est
Gallons per cycle 9.5 to MF / 92.6 to bed	Pump Tank Capacity 630
Perforation size & spacing 7/32" 2 1/2'	MOUND SYSTEM
Number, spacing, & diameter of laterals 3 40" 2"	Dimension of Rock Base
Forcemain Size2"	Depth of Rock Below Pipe
BED SYSTEM	Dimensions of Mound
Type of Bed pressurized	% Slope of Soil Under Mound
Maximum Depth of Bed 3" N end, 15" S end	Upslope Dike Width
Square Feet of Bed Required	Downslope Dike Width
Square Feet of Bed Proposed 750	Sideslope Dike Width
Lineal Feet of Bed Proposed 62.5	
	APPROVAL

Eric Larson License #1767 See additional information sheet if checked Date 3-25-04

 \boxtimes

review a 5-404

By

Septic Design Additional Information Multi~Flo with Pressure Bed Distribution Overview of Installation

Robert & Judy Arneson

This ISTS is to replace a non-compliant drainfield. A home and lightly used guest cabin are on the lot. Sewage from the guest cabin will be directed to the septic tank for the home. That tank will be equipped with a screened pump to time dose into a 500 gallon per day Multi-Flo Aerobic Treatment Plant. The dose pump will be set approximately 8" above the tank floor to assure pumping from the clear zone. Effluent will flow by gravity from the Multi-Flo into a 630 gallon pump tank. It will dose from there into a 750 square foot pressurized bed. The bed will be constructed in part over the existing drainfield. System designer will verify condition of the existing drainfield at time of construction and may require a digout if it is severely clogged with soil or biomat. The bed will be installed very shallow on the north end and run deeper at the south end due to existing slope. Overfill as necessary to protect against freezing and provide proper grading.

The guest cabin tanks will have additional cover soil and may need to be outfitted with appropriate risers and lids.

Additional Notes

Homeowner to verify all property lines.

Elevations are referenced to Bench Mark on concrete air conditioner pad east of home.

Installer to verify all elevations, dimensions, and ensure proper fall to pipes.

Trash trap dose pump shall be screened from potential solids with Orenco Effluent Screen ES 18 40 or similar.

Establish turf to prevent erosion and freezing.

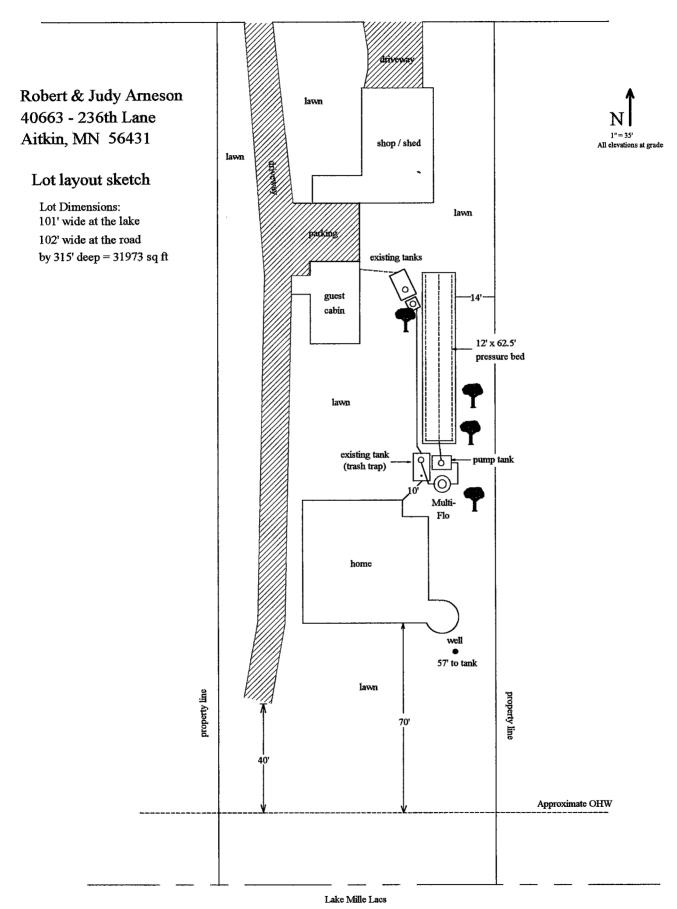
Tanks are to be pumped through maintenance covers when serviced. Do not pump through inspection pipes.

Property Owners are responsible for recording water meter readings on a monthly or quarterly basis.

Property Owners accept the responsibility of all costs involved for servicing, monitoring, maintenance and mitigation of this system.

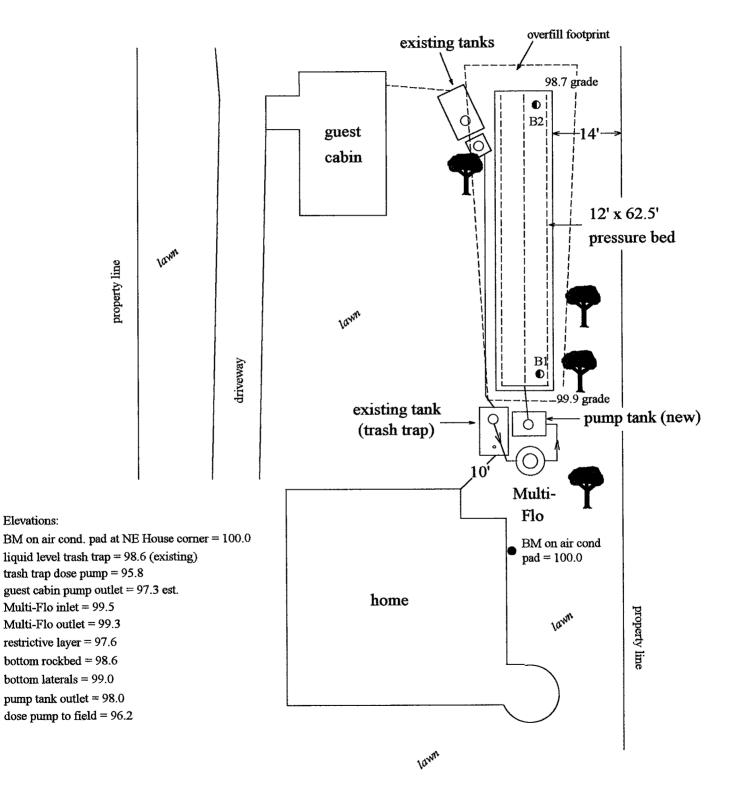
All construction to be performed in accordance with MN Rule 7080.

236th Lane



Robert & Judy Arneson 40663 - 236th Lane Aitkin, MN 56431





PUMP SELECTION PROCEDURE All boxed rectangles must be entered, the rest will be calculated.

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1.	Determine pump capacity: A. Gravity Distribution 1. Minimum required discharge is 10 gpm 2. Maximum suggested discharge is 45 gpm For other establishments at least 10% greater than the water supply rate, but no faster than the rate at which effluent will flow out of the distribution device.			
	B. Pressure Distribution - see pressure design worksheet		& p <u>oi</u>	atment system nt of discharge
	Selected Pump Capacity: 25 gpm	total pip length	2A. elevation	
2. A.	Determine head requirements: inlet inlet inlet pipe Elevation difference between pump and point of discharge. inlet inlet inlet inlet 5 feet inlet inlet inlet inlet inlet		difference	
₿.	Special head requirement? (See Figure - Special Head Requirements)	Special	Head Requirem	ents
			Distribution	Oft
C.	Friction loss	Pressur	e Distribution	5ft
	1. Select pipe diameter 2 in			
	2. Enter Figure E-9 with gpm (1A or B) and pipe diameter (C1)	E O. Edoto	n Loss in Plast	
	Read friction loss in feet per 100 feet from Figure E-9	1		ic mpe
	Friction loss= 1.11 ft/ 100 ft of pipe	р Р	er 100 feet	
	3. Determine total pipe length from pump discharge to soil system discharge point	flow rate	nomina pipe diam 1.5" 2"	
	Estimate by adding 25 percent to pipe length for fitting loss.	gpm		
	Equivalent pipe length times 1.25 = total pipe length	20	2.47 0.73	0.11
	15 ft x 1.25 = 18.75 feet	25	3,73 1,11	0.16
		30	5.23 1.55	0.23
	4. Calculate total friction loss by multiplying friction loss (C2)	35	6.96 2.06	0.30
	by the equivalent pipe length (C3) and divide by 100.	40	8.91 2.64	0,39 (
	FL= 1.11 ft/100ft X 18.75 ft / 100: 0.2 feet	45	11.07 3.28	0.48 [
		50	13.46 3,99	0.58
D.	Total head requirement is the sum of elevation difference (A), special	55:	4.76	0.70 (
υ.	head requirements (B), and total friction loss (C4).	60	5.60	0.82
	5 ft + 0 ft + 0.2 ft	65	6.48	0.95
		70	7.44	1.09
	Total Head: <u>5.2</u> feet			
J.	Pump Selection			
	1. A pump must be selected to deliver at least 25 gpm (1A or B) with at least 5.2 feet of total head (2D).			
[]				
	reby certify that I have completed this work in accordance with all applicable ordinal (signature) 1767 (license		l laws. <u>26/04</u> date	.)
0		. /		

PRETREATMENT WORK SHEET

All boxed rectangles must be entered, the rest will be calculated.
1. FLOW

- A. Estimated 450 gpd (see figure A-1) measured X 1.5(safety factor): 0 gpd B. SEPTIC TANK CAPACITY 1350 gallons (see figure C-1)
- 2. SOILS (Site evaluation data)
- C. Depth to restricting layer= 1.3 feet D. Texture fine sand Percolation rate MPI
- E. SSF 1.67 ft²/gpd (see downsizing or < 3ft figure)
- E, SSF 1.67 ft²/gpd (see down F. Land Slope 1 %

3. Pressure Distribution Trench Bottom Area

- H. For trenches with 6" of rock below the pipe, Area = Flow (1A) divided by SSF (2E)= 450 gpd x 1.67 ft²/gpd = 751.5 ft²
- 1. For trenches with 12" of rock below the pipe, Area = Flow (1A) divided by SSF (2E) \times 0.8 gpd x _____ft²/gpd x 0.8 = ____ft²

4. ORGANIC LOADING

- J. 1. Organic loading = flow (A) x estimated BOD in mg/L leaving the pretreatment unit x 8.35 / 1,000,000 450 gpd x 5 mg/L x 8.35 / 1,000,000 = 0.018788 lbs BOD 2. System loading = organic loading(J1) / area (H or I)
 - 0.0187875 lbs BOD / 750.0 ft² = 3E-05

3. Check system loading rate on chart. Should be less than value.

5. ROCK VOLUME

- K. Rock depth below distribution pipe plus 0.5 foot times bottom area:
 = (Rock depth + 0.5 foot) × Area (H, I, J, K, L)
- (0.5) ft + 0.5 ft) x (750.0) ft² = 750 ft³ L. Volume in cubic yards = volume in cubic feet divided by 27
- K / 27 = cubic yards ______ / 27 = ______ yd³
- M. Weight of rock in tons = cubic yards times 1.4 $L \times 1.4 = tons$ 28 $\times 1.4 =$ 39 tons

6. SYSTEM LENGTH

- N. Select width = _______ft O. Divide bottom area by width: (H, I) divided by N = lineal feet
 - 750.0 ft² / 12 ft = 63 lineal feet

7. LAYOUT

Select an appropriate scale; one inch = 20

Show pertinent property boundaries, rights-of-way, easements.

Show location of house, garage, driveway, and all other improvements, existing or proposed.

Show location and layout of sewage treatment system, well and dimensions of all elevations, setbacks and separation distances.

12 ft

feet

8. SYSTEM LLR

P. Draw a line downhill though soil treatment system drawn in layout. How many trenches does it cross? Add their widths together. width 1 + width 2 + width 3 + 12 ft + ______ft + _____ft + _____ft = ___2
Q. Divide total trench width (P) by SSF (F) = gallons per foot _______ft / _____ft^2/gpd = ______gal/ft (Should be <12 gallons per foot)

I hereby certify that Lhave completed this	s work in accordance with all applicabl	e ordinances, rules and laws
m -		here is
(signature)	1767 (license #)	3/2/04 (date)

A-1: Estimat	ed Sewage I	Tows in Gal	ions per Da	٧
number of	1	1		
bedrooms	Classi	Class II	Class III	Class IV
2	300	225	160 {	60%
3	450	300	218	ot the
4	600	375	256	values
5	750	450	294	in the
6	900	525	332	Class i,
7	1050	600	370	IL OT III
8	1200	675	408	columns.

Number of Bedrooms	Minimum Liquid Capacity	Liquid capacity with garbage disposal	Liquid capacity with disposal& lift inside
2 or less	750	1125	1,500
3 or 4	1000	1500	2000
5 or 6	1500	2250	3000
7, 8 or 9	2000	3000	4000

Downsizing Chart

y				
	Soil Characteristics and Required Areas for Pretreated Sewage (3' separation)			
Percelation Rate in Manufes per loch (MPI)	Sol Texture	Square feet per gallon per day	Organic loading pound per day per fool	
Faster than 0.1 0.1 to 5	Coarse Sand Medium Sand Loamy Sand	0.83 0.83	0 0020 0 0015	
0.1 to 5 6 to 15	Fine Sand ** Sandy Loam	0.83	0.0012	
16 ID 30 31 ID 45	Lóam Silt Loam	0.83	0.0010 0.0007	
46 លេចព	Sitt Clay Lown (CL) Sitty CL Sendy CL	1.10	0 0006	
60 to 120 Over 120	Clay Clay Clay	2.50 1.25	0.0005 9.0003	
+ s ∪uu + s	cti teo coarso fer : systems fer rapi cil having 50% er plus very j	dly përmeable s more of fine sa	ni. cals. nd	

Less Than 3 feet of Separation Chart

pacolation cate In minutes per inch (mpt)	soil texture	square jest p-a gallon p-ar day	gailens per deg per square kot
faster than A.P 0-1 to 5	Coarse sand Medium sand Loany sand	0.85 0.83	1.20 1.20
0.2 5/5 6 fc 15 16 fc 30 33 fc 45	the sand" sandy bash home Sht home Stat	167 195 195 198	000 079 060 050
40 10 90 9941 93***	Clay icarn Sandy day Silty day Clay Sandy day Sandy day Silty clay	200	6,45

Al	DOSING CHAMBER SIZING DOSE T I boxed rectangles must be entered, the rest will be calculated.		<u>.</u>	▲ VVidth
1.	Determine area A. Rectangle area = L x W B. Circle area = $3.14 \times \text{radius}^2$ $3.14 \times 2^2 \text{ft} = 0.0 \text{ft}^2$ C. Get area from manufacture ft^2	Ler	ngth	Radius
2.	Calculate gallons per inch There are 7.5 gallons per cubic foot of volume, therefore multiply the area (1A, B or C) times the conversion factor and divide by 12 inches per foot to calculate gallon per inch Surface area x 7.5 / 12 = $0 \text{ ft}^2 \times 7.5 / 12 \text{in/ft} = 0$ gallon per in	1.	L	inch Jacobson 630 ga egal Tank:) gallons or
3.	Calculate total tank volume A. Depth from bottom of inlet pipe to tank bottom =in B. Tatal tank volume =in	(or Alte	the daily flow rnating Pumps
	B. Total tank volume = depth from bottom of inlet pipe to tank bottom(3A) x gal/in(2) = 0 in x 0 gal/in = 0.0 gallons	number of	1 1	s in Gallons per Day
4.		bedrooms 2 3 4 5 6 7 8	300 450 600 750 900 1050	Class III Class III Class III 225 380 60% 300 218 of th 375 256 value 450 294 in th 525 332 Class 600 370 N, or 675 408 column
υ.	Calculate total pumpout volume A. Select pump size for 4-5 doses per day. Gallon per dose = gpd (see Figure A-1)/d 450 gpd / 5 doses/day = 90 gallons B. Calculate drainback 1. Determine total pipe length 15.0 ft 2. Determine liquid volume of pipe, 0.17 gal/ft (see figure E-20) 3. Drainback quantity = 15.0 ft (5B1) x 0.17 gal/ft(5B2) 2.6 C. Total pump out volume = dose volume(5A) + drainback (5B3) 90 gallons + 2.6 gallons = 92.6	loses per (v	E-20: Volun	ne of Liquid in Pipe ter Gallons per foc 0.045 0.078
6.	Calculate float separation distance (using total pumpout volume) Total pumpout volume(5C) / gal/inch(2) 92.6 gal /23 gal/in =4.0 inch		1.5 2 2.5 3 4	0.11 0.17 0.25 0.38 0.66
7.	Calculate volume for alarm (typically 2 - 3 inches) Alarm depth (inch) x gallon/inch(2) = 3 in x 23 gal/in =	69	gal	
8.	Calculate total gallons = gallons over pump(4) + gallons pumpout(5C) + gallons alarm(7 368.0gal +92.6gal +69gal =529.6	7) gal		
		inet	eserve og	
9.	<u>529.6 gallons / 23 gal/in = 23.0</u>	1	-1 1	

I hereby certify that I have completed this wor	k in accordance with all applicable ordinanc	ces, rules and laws
(signature)	1767 (license #)	3/26/04 (date)

PRESSURE DISTRIBUTION SYSTEM BED

		Quarter and perform			<u>12 "</u>		
All b	loxed rectangles must be entered, the rest will be calculated.	Quarter mon perfor	Incars Sparcia	9" of rock	f ' C		
		Perf S	izina 3/16	" - 174"	- • •••••		
	Output would be of a sufferente distortion 2	Perf S	izing 3/16 pacing 1.5	- 5			
1.	Select number of perforated laterals: 3						
2	Select perforation spacing = 2.5 ft						
2.	Select perforation spacing	E-4: Maximu per lateral to					
2	Cince perforations should not be placed closer that 1 feet to	perforation					
3.	Since perforations should not be placed closer that 1 foot to	spacing	1 inch	1.25 inch	15 Inch	2.0 inch	
	the edge of the rock layer (see diagram), subtract 2 feet from) <u>(feef)</u>		1.2.3 114-11	1.0 111.11	2.011.01	
	the rock layer length	2.5	8	14	18	28	
	62.5 - 2 ft = 60.5 ft	3.0	8	13 12	17 16	26 25	
	rock layer length	4.0	7	11	15	23	
	D () I much a familie heter an anformtione	5.0	6	10	14	22	
4	Determine the number of spaces between perforations.	un to nooroot	wholo n	umbor			
	Divide the length (3) by perforation spacing (2) and round dov			umper.			
	Perforation spacing = <u>60.5</u> ft / <u>2.5</u> ft =	<u>24</u> _sp	aces				
_		ufamilian av -					
5.	Number of perforations is equal to one plus the number of pe						
	* Check figure E-4 to assure the number of perforations per	iaterai guarar	ile o s				
	< 10% discharge variation.						
	spaces + 1 = perforations/lateral	I					
~			flotor	ala (1)			
6.	A. Total number of perforations = perforations per lateral (5) $\frac{1}{2}$		orlater	ais (1).			
	25perfs/ lat x3laterals =75perforations	\$					
			6-6: Pe	ertoration	Lischo	rge in gpm	1
	B. Calculate the square footage per perforation.		[per	foration	n diamet	er
	Should be 6-10 sqft/perf. Does not apply to at-grades.		head		(inch	and the second se	
	1. Rock bed area = rock width (ft) x rock length (ft)		(feet)	5 17	8 3/1	6 7/32	1/4
	$12 ft x 62.5 ft = 750 ft^2$		1.00	0.1	8 0.4	0.56	0.74
	2. Square foot per perforation = Rock Bed Area / number of	perfs (6)	2.00	0.2	6 0.5	0.80	1.04
	<u>750.0</u> ft ² / <u>75</u> perfs = <u>10.0</u> ft ² / perf		2.0	0.2	0 0.0	// 0.00	1
			5.0	0.4	1 0.9	4 1.26	1.65
7.	Determine required flow rate by multiplying the total number		0.6	Use 1,0100	norsingle	starrily horo	Ð\$.
	of perforations(6A) by flow per perforations (see figure E-6)		3	Mag 2.0 (@6	listativit	ting else.	
	75perfs x0.56gpm / perfs =4	<u>2</u> gpm					
~	If the table is the description of the second	[s. constants	1155	
8.	If laterals are connected to header pipe as shown					Superior Charles	57
	in Figure E-1, to select minimum required lateral	1.200 C.200	••••••••				
	diameter; enter figure E-4 with perforation spacing (2) and				متشتان والمعرقة والتاجون		einsation
	number of perforations per lateral (5).	Figure F.	∎te Manifold	Located at	Fnd of Sv	07 (0407) 1	Ow Drawt
	Select minimum diameter for perforated laterals = 2	linches					
9.	If perforated lateral system is attached to manifold pipe	Figur	e E-2: Manifol Center of th	id Located		• منتقبة منتقبين من	9123300
	near the center, like Figure E-2, perforated lateral length (3)		Center of the		יינייניי ביניייניינייי אפוו העראינייייייי	نىنىتەتتەرىيەن. بىرىتەتتەرىيەن	
	and number of perforations per lateral (5) will be approximate	ely 🛛	فتبعثنا فتشتنا ومع	an a			
	one half of that in step 8. Using these values, select	•	میں میں ہے۔ میں میں میں	ومترجعة ومنتقد ومتعارفة والمنافقة		aleran	e-12-05-3
	minimum diameter for perforated lateral =inche	es.		فتشتشفة تباينا بترجيبان		Cipe Sour	ours ours
		L	* 227			jane aver	
·····							

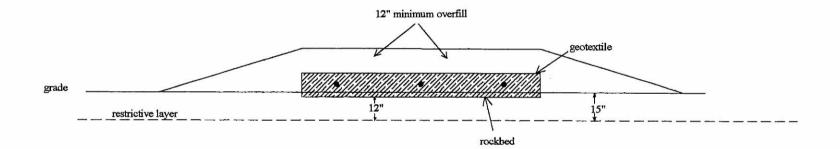
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.
(signature) 1767 (license #) 3/26/04 (date)

All boxed rectangles must be entered, the rest will be calculated.

1.	Determine pump capacity: A. Gravity Distribution 1. Minimum required discharge is 10 gpm 2. Maximum suggested discharge is 45 gpm For other establishments at least 10% greater than the water supply rate, but no faster than the rate at which effluent will flow out of the distribution device.	
	B. Pressure Distribution - see pressure design worksheet	soil treatment system & point of discharge
	Selected Pump Capacity: 42 gpm	total pipe length 2A. elevation
2. A.	Determine head requirements: intet intet intet pipe Elevation difference between pump and point of discharge. 5 feet intet intet	difference
В.	Special head requirement? (See Figure - Special Head Requirements)	Special Head Requirements
	eet	Gravity Distribution Oft
C.	Friction loss	Pressure Distribution 5ft
0.	1. Select pipe diameter 2 in	
	2. Enter Figure E-9 with gpm (1A or B) and pipe diameter (C1)	
	Read friction loss in feet per 100 feet from Figure E-9	E-9: Friction Loss in Plastic Pipe Per 100 feet
	Friction loss= 2.9 ft/ 100 ft of pipe	nominal
		pipe dameter
	er seren unter renn bibe rendarr mennt branch meeninge in een sterren ge berninge berninge	flow rate 1.5" 2" 3" gpm
	Estimate by adding 25 percent to pipe length for fitting loss.	20 2.47 0.73 0.11
	Equivalent pipe length times 1.25 = total pipe length 15 Ift x 1.25 = 18.75 feet	25 3.73 1.11 0.16
	15 ft x 1.25 = <u>18.75</u> feet	30 5.23 1.55 0.23
	4. Calculate total friction loss by multiplying friction loss (C2)	35 6.96 2.06 0.30
	by the equivalent pipe length (C3) and divide by 100.	40 8.91 2.64 0.39
	FL= 2.9 ft/100ft X 18.75 ft / 100: 0.5 feet	45 11.07 3.28 0.48
		50 13.46 3.99 0.58
D.	Total head requirement is the sum of elevation difference (A), special	55
	head requirements (B), and total friction loss (C4).	
	<u>5</u> ft + <u>5</u> ft + <u>0.5</u> ft	65 6.48 0.95 70 7.44 1.09
	Total Head:10.5feet	handinasaman ananan dina ananan ana katalan anan dina dina di
3.	Pump Selection	
	1. A pump must be selected to deliver at least 42 gpm (1A or B)	
	with at least 10.5 feet of total head (2D).	
l he	reby certify that I have completed this work in accordance with all applicable ordina	nces, rules and laws.
[ad /	
6	(signature) 1767 (license	e#) <u> </u>

Arneson cross section north end of pressure bed.

South end of bed only requires 7" of overfill.



Soil Borings - Arneson 40663 - 236th Lane Aitkin, MN 56431

B1	0-3" 3-23" 23-33" mottle	finesandyloam finesandyloam finesand ed at 27"	singlegrain, loose singlegrain, loose singlegrain, loose	10YR 3/2 10YR 3/3 10YR 4/3
B2	0-14" 14-20" 20-28" old dr	finesandyloam finesandyloam ainfield	singlegrain, loose singlegrain, loose	10YR3/2 10YR 3/3

. . .

Mixed / disturbed soils exist in the proposed new septic area. There is an old drainfield under part of the proposed new field. It is 20" below grade to the top of the rock. Cover soil is loose fine sandy loam and fine sand. No evidence of compaction was found.

-

ATTN: ATTHIN COUNTY ZONING RE: SHORELAND IMPERIOUS CALC. IMPERVICES SCREME CARCUMON DRIVENTY TO SHOP 528 SHOP 1292 DRIVENAN 2450 PARKINA 563 HOUSE 1848 \mathbb{B}^{\dagger} Gues CABIN 624 SEPTRE SYSTEM 3 BEAK 190 570 7865 FT 2 RIMR LOT = 31,973 FT2 X 25%= 7993 HZ 7993 FT2 ALLOWED IMPERVICUS = 7865 F72 ARTUR IMPERVIOUS 3/26/04

Aitkin County Environmental Services

Application for an Operating Permit for Wastewater Treatment And Dispersal

Permittee: Robert & Judy Arneson

Parcel Number: 11-1-107200

Address: 40663 - 236th Lane Aitkin, MN 56431

Legal Description: Lot 7, North Shore Beach, Section 25 T45 R27

Telephone # 218-678-3575

GIS Location

A. Description of Wastewater Treatment and Dispersal System:

This ISTS consists of a shallow pressurized bed built in part over the existing drainfield. A guest cabin on site will have effluent redirected to the existing septic tank for the home. This existing tank will have a screened effluent pump installed to time dose into a 500 gallon per day Multi-Flo Aerobic Treatment Plant. Effluent will gravity flow from the Multi-Flo to a new 630 gallon pump tank. From there it will dose to the pressure bed. Reduction in separation, and thereby drainfield height, allows this system to fit in the lot.

Number of Bedrooms = 3

J

Flow = 450 gallons per day

Hydraulic Loading Rate = 0.6 gpd/sqft

Organic Loading Rate = .000033 BOD/sqft

Estimated Cost of: System Construction = \$10,100 Operation = \$10 per month Monitoring & Servicing: first two years No Charge, after two years \$150/yr Testing = \$80 first year, then \$40/yr 2 years

Anticipated System Life = 25 - 30 years

B. Performance Standard Requirements:

.

During the period beginning on the date of the Operating Permit and lasting until the Permit's expiration date, the Permittee is authorized to discharge from the wastewater treatment unit to subsurface dispersal. No surface discharge is permitted. The following parameters must be monitored and the results must be found within the compliance limits.

Parameter	Compliance Limit	Sample Location	Sample Frequency	Sample Type	Reporting Frequency
Fecal Coliform	<1000 cfu/100ml	ATU / Pump Tank	Semi-annu 1st year	ıal	Annual
Flow	450 GPD	Water meter	Monthly	Record on log sheet	Annual

C. Maintenance Requirements:

Parameter	Location	Frequency
Daily Flow	Water Meter	Monthly (record on log sheet)
Sludge and scum level	Septic Tank	Annually
Pump, Alarms, Floats, etc.	Tanks	Annually
Multi-Flo	Multi-Flo	Semi-annually
Surfacing effluent, landscaping etc.	Total system	Annually

D. Monitoring and Reporting Requirements:

Monitoring results obtained during each calendar year shall be submitted no later than December 31st of that year to:

Aitkin County Environmental Services 209 - 2nd Street NW Aitkin, MN 56341

The monitoring reports shall be signed by the Permittee. Copies are to be retained by the Permittee.

The Permittee shall notify Aitkin County Environmental Services within thirty (30) days when monitoring results do not meet the monitoring plan requirements of this permit.

Monitoring plans may be modified as necessary and reapproved by Aitkin County Environmental Services.

Sampling and laboratory testing procedures shall be performed in accordance with Standard Methods and the testing shall be performed by a Minnesota Department of Health approved laboratory. All sampling and testing costs shall be the responsibility of the Permittee.

Monitoring will be done by:

Eric Larson, 6549 Keystone Road, Milaca, MN 56353 320-983-2447 Lic #1767

E. Mitigation Plan:

If surfacing occurs: reduce water use.

Waste strength: if fecals exceed limit, add disinfection.

If flow exceeds limit: reduce flow.

A replacement septic system could be constructed, or if this system were to fail and no other option is available, install holding tanks and enter into a pumping contract with a County approved septic pumper.

I hereby certify with my signature as the designer, that all data for the operating application is true and correct to the best of my knowledge.

License #1767 3 - 25 - 04

Eric Larson 6549 Keystone Rd, Milaca, MN 56353 320-983-2447

MAINTENANCE SERVICE, MONTERINGIANDINSPECTION CONTRACT

It is hereby agreed this 28	day of APRIL,	2004 by and between
SEPTK CHECK	_ (Inspector) and <u>Rob</u>	ENT ARNESON (client)

(Client) Name &	Address	ESON	PMCE	<u># 11-1-107200</u>
Street Address _	40663	- 236	the LANE	
City, State, Zip _	ATTKIN,	MN	56431	

That in consideration of the payments provided herein, the Inspector shall provide services to perform Preventative Maintenance, Monitoring and Inspection of the Individual Sewage Treatment System (ISTS) located at the property described in the Aitkin County Operating Permit.

Each inspection includes an examination of the ISTS followed by a written report to the client. This inspection report shall contain recommendations for operation and maintenance for failure-preventative measures, if any are deemed appropriate by the inspector and a list of recommended corrective measures or replacement parts. The Inspector is authorized to submit a copy of the report to the Aitkin County Environmental Services Department.

This contract does not assume any responsibilities or obligations, which are normally the responsibilities of the Client, as related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

The Inspector can only contract or subcontract for parts or labor after authorization. Billings for service calls shall be made on a case by case basis. This contract only covers maintenance, monitoring and inspection services per current Aitkin County Operating Permit and does not cover alarm calls of any kind.

The Inspector shall be provided access to the site and the system in order to perform the following services:

SEPTIC TANK AND LIFT STATIONS INSPECTION

(check the boxes needed to fill the requirements of the Operating Permit)

Check septic tank and compartments for solids buildup and general appearance. If necessary, have tanks pumped (cost of pumping is the responsibility of the client).

___ Check effluent filter for buildup and clean, if applicable.

Check pumping system, including control panel and floats.

Record and date the readings of the elapsed time meter and cycle counter(s), if applicable.

Check dosing settings (in the control panel, if applicable).

____ Other: ______

**If the septic tank or lift stations need pumping to be in compliance with the operating permit the cost of the pumping is the responsibility of the Client.

TREATMENT DEVICE

Inspect pretreatment unit (aerobic tank, sand filter, etc.) per manufacturer's recommendations, if applicable.

Inspect and clean any parts per manufacturer's recommendations.

____ Inspect and clean laterals, if applicable.

Inspect the appearance of the wastewater inside the unit for color, turbidity and examination of odors.

Sample effluent per Operating Permit monitoring requirements.

(Cost of sampling and analysis is the responsibility of the Client)

Other:

DISPERSAL FIELD

Inspect for visible signs of failure (surface discharge, soggy ground, wet spots, settling, etc.)

If liquid level monitors are installed, levels will be observed and recorded.

_____ Flush filters and clean cartridges, if applicable.

_____ Check field control unit solenoid operations or manual control, if applicable.

_____ Other: ______

In no event shall the Inspector be responsible for special or consequential damages, including but not limited to, loss of time, injury to personal property or any other consequential damages or incidental or economic loss due to equipment failure or for any other reason. This contract does not assume any responsibilities or obligations, which are normally, the responsibility of the Client or as, related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

This contract shall be effective: Beginning WITH INSTALLATTON

and Ending AANUALLY RENEWED

Cost for Maintenance Service, Monitoring and Inspection Contract is:

 \bigcirc /yr. For 2 years totaling \bigcirc \$ 150 ESTIMATED For YEAR 3

The Inspector agrees to provide inspection, monitoring and routine maintenance service only under this contract. The Client remedies for breach of this contract shall be limited to refund of any of the amounts paid in advance for service. This contract may be renewed 30 days from the ending date.

Payment for all services shall be paid JARMARY IN ADVANCE.

Client:

Inspector:

Sign: Aberth Ameson Sign:

Print: RoberTK Arneson Print: ERIC R. LARSON

Date: <u>4/30/04</u> Date: <u>4/28/04</u>

c:\istsmaincontract.doc

AITKIN COUNTY CERTIFICATE OF COMPLIANCE/NOTICE OF NONCOMPLIANCE

This certificate of compliance/notice of noncompliance has been issued this
day of <u>7/12/04</u> to certify compliance\noncompliance with Aitkin County's Individual Sewage Treatment System and Wastewater Ordinance No.
1. The premises covered by this certificate are legally described as:
Let 7 North Shore Beach
Section <u>35</u> Township <u>45</u> Range <u>27</u> Lake <u>Millor / ccs</u>
PERMIT NO. 3/603 Owner Name Robert arneson Address 40663 236 Jane aitkin, Mr. 56431
Installer Name Courses Take such
Type of System Inspected <u>"other</u> " <u>Muit flow pressure Be</u>
The certificate of compliance/notice of noncompliance was based on, No / of the following:
Inspection of the installation or construction as in accordance with the above referenced permit and application design.
 Review of as-built plans submitted in accordance with Subdivision 4.21 C. Of Aitkin County's Individual Sewage Treatment System and Wastewater Ordinance No. 1.
If the above permitted individual sewage treatment system is in noncompliance with Aitkin County's Individual Sewage Treatment System and Wastewater Ordinance No. 1, then the following shall serve as a Notice of Violation:
1) Statement of the findings of fact through inspections or investigations:
2) List of specific violations of Ordinance:
3) Requirements for correction or removal of violations:
4) Time schedule for compliance:
Failure to correct or remove the above violations will result in this matter being turned over to the Aitkin County Attorney's Office for further legal action which may result in revocation of licenses or registrations, fine's and/or
imprisonment.
INSPECTOR SIGNATURE_ for tohun
c:\wp61\terry.dir\certform.doc

	EATMENT SYSTEM INSPECTION FORM COUNTY, MINNESOTA
	Date of Inspection $4/7/04$ Permit Number $3/603$
	Parcel Number 11 - 1 - 10 2 2 0
Project Address 10t 7 North	Shore Beach Installer Cony Johnson
City Zip Code _	New Repair
	DIST. or DROP BOX & TYPE
SETBACKS: Buildings to tank(s) $/1$ Buildings to tank(s) $/1$ Buildings to drainfield 20 Well(s) 50' or 100' $50'$ Lake/Creek/Wetland $/50$ SEPTIC TANKS: Liquid capacity $4+35m$ 1350 Manufacturer & type $5ac$ $pre-cast$ Manufacturer & type $5ac$ $pre-cast$ Type of baffle $fluestaic$ Inspection pipes 1.74° Manholes access 1	Absorption area: square feet
No. & height of risers MOUNDS: Percent slope Upslope dike width Downslope dike width Sideslope dike width Drainfield rock below pipe Depth of sand below rock Perforation size & spacing7/3230 ** Pipe size & spacing7/3230 ** Pipe size & spacing7/3230 ** Dimensions of rock bed	PUMPS: Tank capacity 630 - $\Xi + isT$ Tank manufacturer & type $Tac y + e - cas T$ No. & height of risers $12''$ Pump manufacturer & model# $Tac gauld + Abs$
Dimensions of sand base	Type of electrical hookup post Timed Dasa
Final cover	Type & location of alarm the out noor
DRAWING OF SYSTEM	Cycle counter (commercial) Muit flow)

10' 63° arebie	
1 de trassennet q 50 well	Y
Shed 1250 Han Existing 300 Han	

Inspector's Comments	
	14.
Corrective Action Required	
Inspector's Signature White-County	Installer's Signature Cong R Johnson Yellow-Applicant Pink-Installer

Goble's Sewer Service

30731 Pioneer Ave Aitkin, MN 56431 218-927-6175 800-713-5234 MPCA registered company Company License Number 455

Septic tank fact sheet:

RECEIVE	
RECEIVED OCT 2 1	2000
11-1-107	200

·	System inspector or installer (Virginia)
Current septic tank owner:	Robert Arneson
Address:	40663 236th LN. Aitkin, MN 56431
Phone number:	
Tank Type:	precast concrete septic and lift tanks
Approx. size (gallons):	1350/120
Approximate age in years:	13
Lift station:	yes

Our procedure for inspecting a septic tank is as follows:

Open the access cover

Clean the septic and lift tanks removing all liquid and solids.

Do a fresh water rinse.(Not available during cold weather months.)

Take a look at the septic tank from the access opening; included is looking for cracks, breaks,

or other signs of deterioration.

Check to see if the baffles are still in place.

Replace the access cover.

Defects are listed below: NONE

Recommendations or comments: #1 tank 6" down on inlet #2 manhole surface

Inspection performed by: Dan Swanson 10-15-3

Note: This is a septic tank fact sheet, not a complete sewer inspection form and does not replace a complete sewer inspection for transfer of property. In some instances, this form may be used in conjunction with a sewer inspection.

Aitkin County Environmental Services Planning and Zoning 209 Second Street NW Aitkin, MN 56431 Phone: 218-927-7342 Fax: 218-927-4372



August 24, 2006

OLSON, ROGER & JUNE 40663 236TH LANE AITKIN MN 56431

Dear Mr. and Mrs. Olson:

This letter is in regards to your septic system permit on parcel # 11-1-107200 with a legal description of NORTH SHORE BEACH, LOT 7.

Your septic system is considered an "other" septic system. It is not a standard septic system by Minnesota Pollution Control Agency standards. A 5-year operating permit renewal will now be required, instead of yearly \$50.00 operating permit. It will expire May 31, 2011.

If you have any questions about your septic system or about this operating permit, please contact or office or Septic Check. They are your MPCA licensed septic system designer.

Sincerely,

Missy Kingsley Aitkin County Planning and Zoning

Encl.

RECEIVED AUG 2 1 2006



Septic Check,[™] Inc.

Septic System Management Services

8-17-06

Terry Neff Aitkin County Environmental Services 209 - 2nd Street NW Aitkin, MN 56431

Terry,

Attached to this letter are the event counter or water meter readings we have on file. I also included the gallon per event multipliers for the customers you had asked for. If you need more information or have any questions please contact me at 320-983-2447.

Sincerely,

Brian Koski

	999804
23-05	000010
30-06	000053
'	23-05

NOTE: This is not the homeowner's primary residence, as the meter readings indicate low water usage. The multiplier is 90 gallons per event.

Roger Olson	8-24-04	999808	
• ,	12-12-04	999908	120 0
	5-17-05	000112 2003474 Tank	139 april
	12-12-05	000331 220 ALL	
	4-25-06	000339	

NOTE: The multiplier for this system is 120 gallons per event.

Blue Valley Sod	11-2-04	999810
	12-17-04	999810
	1-14-05	999810
	5-26-05	002392) - M. 35 AM
	5-1-06	002392 002522 }-47:35 4/1

NOTE: When this system was installed the event counter was wired incorrectly by the electrician and was fixed as of 5-26-05. The multiplier is 90 gallons per event.

Helen Minor	7-21-05	999805
	5-1-06	999820

NOTE: Homeowner was not present for much of the time between these readings. The multiplier is 63 gallons per event.

Dave Fischer	12-8-03	2001
	12-15-03	2157
	12-29-03	2332
	1-20-04	2658
	2-3-04	2805
	4-30-04	3986) $741 = 142 and$
	7-7-04	3986 4917 (5580×10= 55800 + 391= 143910
	12-18-04	7336
	5-26-05	9566 /

NOTE: These are water meter readings. Each click on the water meter equals 10 gallons.



Septic Check,[™] Inc. Septic System Management Services

12-7-06

Aitkin County Environmental Services 209 - 2nd Street NW Aitkin, MN 56431

RE: Operating Permit for Parcel # 11-1-107200

Roger Olson 40663 - 236th Lane Aitkin, MN 56431

Parameter	Compliance Limit	Actual
Fecal Coliform	<1000 CFU/100ml	160

Daily Flow 350 GPD

60 GPD

Roger Olson Brian Koski Lic 26247 10

Septic Check, Inc.

Through Technology Ecology

A.W. Research Laboratories Inc.

17:00

Analysis Report	May 09, 2006			Sampled	5/3/2006
REPORT TO:	INVOICE TO:			Sampled le Type	10:35 WW
SEPTIC CHECK INC.	SEPTIC CHECK IN	IC.	-	Rcvd-Brnd:	5/3/2006
			Time F	Rcvd-Brnd:	12:09
6549 KEYSTONE RD	6549 KEYSTONE	RD	Sampl	ed by:	STEPHEN HASTY
MILACA MN 56353-	MILACA MN 56353	3-	Recv 1	Femp:	5 C
LAKE/SITE #: ROGER OLSON					
ANALYSIS - TEST(s) COMMENTS	Analyzed Value	Public Health Limit	Analysis Date Analysis Time	Analyst	Brainerd Codes
FECAL COLIFORM, COLONIES/100 ML-C	160	200 Colonies	5/3/2006	so	80730B

APPROVED BY: Sara Ostrowski

LABORATORY DIRECTOR

A.W. Research Laboratories is Certified by the Minnesota Department of Public Health and follows approved methods and procedures. Minnesota Laboratory Certification # 027-035-135. Data generated using certified methods noted as -C, data generated using uncertified methods as -NC, and data generated using a method for which certification is unavailable -NA.

Page 1 of 1

OPHFILIQ

MAINTENANCE **SERVICE REPORT**

Aitkin, MN 56431

Year ending 12-31-2010

wner:	Roger Olson	System ID:	19	
	40663 - 236th Lane Aitkin, MN 56431	County:	Aitkin	
		Parcel ID:	11-1-107200	
		Site Address:	40663 - 236th Lane	

Water Usage

Service Date Description	Description	escription Prev	Current	Period	Gallons/day
	12	Event	Event	Gallons	1.52 AV
4/26/2010	Standard Service	640	640	0.0	0.0
9/25/2010 standard service	640	640	0.0	0.0	
				0.0	0.0
				0.0	#DIV/0!

Performance Requirements

Sample Date	Туре	Permit Limit	Test Results	
	Fecals Limit	1000 CFU/100ml	N/A CFU/100ml	
	TSS Limit	N/A Mg/I	N/A Mg/L	
	FOG Limit	N/A Mg/I	N/A Mg/I	
	BOD Limit	N/A Mg/l	N/A Mg/I	
	Gallon Per Day Limit	450	0.0	

Maintenance Requirements

Sept	Septic Tank Pump Tank		Tank	Alarms inspected		
Sludge	Scum	Sludge	Scum	Aerator	Trash Trap	Drainfield Pump
16	0	8	0	V	√	V

Treatment Unit

Trash Trap Pump		Drainfield Pump		Treatment Unit			
Amps	Oper.	Amps	Oper.	MLSS%	Aerator Amps	WeiPlate Cleaned	Filter Cleaned
V	V	V	V	15	2.1	v	V.



Septic Check, Inc 6549 Keystone Road Milaca, MN 56353 320-983-2447 www.septic-check.com

Ov

Septic Check, Inc.

6549 Keystone Rd Milaca, MN 56353

Mail To: Roger Olson

56431

Aitkin, MN

40663 236th Lane

320-983-2447 Fax: 320-983-2151

PROPERTY INFORMATION

Roger Olson Location: 40663 236th Lane Aitkin PARCEL (APN): 11-1-107200

Use: Residential, Single Family System Design Flow: 450 GENERAL SYSTEM TYPE: Multi-Flo Pretreatment & Pressur Owner: Roger Olson

Fold Here

1

ONSITE SEWAGE SYSTEM INSPECTION REPORT

Inspected: 05/03/2011 - Inspection Type: ROUTINE - Correction Status: No corrections needed

Fold Here

COMMENTS & GENERAL INSPECTION NOTES No Deficiencies Noted

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify ommited inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

SERVICE INFORMATION		1
Company:	Work Performed By:	Submitted 02/17/2012 by:
Septic Check, Inc.	Jared Deboer	Greg Sokoloski

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete #1 Unknown Size		
Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
All required baffles in place (N/A = No baffles required):	YES	
Effluent level within operational limits (if NO explain in comments)	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	10 NO	
Pumping recommended:	NO	
FANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete #1 Unknown Size Manufacturer: Local Manufacturer Model; Concrete		
This component was:	Partially Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A	
Pumping recommended:	NO	
Pump: Effluent Pump Pump Tank #1 Pump		
This component was:	Fully Inspected	
Controls functioning:	YES	
Fested gallons per minute flow:	N/A	_
ANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete #2 Est.1350 gal. anufacturer: Local Manufacturer Model: Concrete		
'his component was:	Fully Inspected	
All required baffles in place (N/A = No baffles required):	YES	
ffluent level within operational limits (if NO explain in comments)	YES	11 A.
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	1	
Pumping recommended:	NO	
ump: Effluent Pump Trash Trap #2 Pump		1 T.
his component was:	Partially Inspected	
Controls functioning:	YES	
ested gallons per minute flow:	N/A	-
erobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Multi-Flow FTP-0.5 500 GPD I anufacturer: Consolidated Treatment Systems Model: Multi-Flow FTP-0.5	Aulti-Flo	
his component was:	Fully Inspected	
iffluent level within operational limits (if NO explain in comments)	YES	
verobic Mechanism appears to be functioning per manufacturers specifications;	YES	
TU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
rash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash	YES	
compartment): Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	_
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying	N/A	
hamber):	100	
Pumping recommended:	NO	
ANK: Pump Tank Effluent 630 gallon		
anufacturer: Local Manufacturer		
his component was:	Fully Inspected	
compartment 1 Scum accumulation (Inches, if other specify):	N/A	
compartment 1 Sludge accumulation (Inches, if other specify):	N/A	
umping recommended:	NO	
ump: Effluent Pump Effluent Pump		
his component was:	Partially Inspected	_
ontrols functioning:	YES	
ested gallons per minute flow:	N/A	_
anel: Control - 2 Pumps Multi-Flo Panel	E de la seconda d	
his component was: anel functioning (including alarm):	Fully Inspected YES	
anei runcsoning (including alarm): ump 1: on minutes (override in parentheses - if present):	N/A	_
ump 1: of hours (override in parentheses - if present):	N/A N/A	+1
ump 1: gallons per dose (override in parentheses - if present);	N/A	
ump 1: ETM hours (override in parentheses - if present):	N/A	
ump 1: Cycle Count (override in parentheses - if present):	N/A	
ump 2: on minutes (override in parentheses - if present):	N/A	
ump 2: off hours (override in parentheses - if present):	N/A	
ump 2: gallons per dose (override in parentheses - if present);	N/A	
ump 2: Cycle Count (override in parentheses - if present):	N/A	
ump 2: ETM hours (override in parentheses - if present):	N/A	
rainfield: Pressure Bed 12' X 62.5'		
his component was:	Partially Inspected	
ateral lines flushed:	NO	
verage squirt height (if performed) (Feet, if other specify):	N/A	

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.

Septic Check, Inc.

6549 Keystone Rd Milaca, MN 56353

320-983-2447 Fax: 320-983-2151

PROPERTY INFORMATION

Roger Olson Location: 40663 236th Lane Aitkin PARCEL (APN): 11-1-107200

Use: Residential, Single Family System Design Flow: 450 GENERAL SYSTEM TYPE: Multi-Flo Pretreatment & Pressur Owner: Roger Olson

Mail To: Roger Olson 40663 236th Lane Aitkin, MN 56431

Here

Fold **ONSITE SEWAGE SYSTEM INSPECTION REPORT**

Inspected: 11/10/2011 - Inspection Type: ROUTINE - Correction Status: Other - see comments

Fold Here

COMMENTS & GENERAL INSPECTION NOTES

Deficiencies Noted: deficiencies must be corrected to ensure proper longevity of the Onsite Sewage System. No flow data. I will check/install a new event counter during the next site visit.

Multi-flo solids accumulation not within manufacturer operational limits, pumping is suggested at 30% settleability, system is currently at 35-40%.

Aerator alarm is actuated but aerator is ok. New alarm sensor was installed on 01/06/12.

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify ommited inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

CSERVICE INFORMATION		1
Company:	Work Performed By:	Submitted 02/17/2012 by:
Septic Check, Inc.	Greg Sokoloski	Greg Sokoloski

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

Manufacturer: Local Manufacturer Model: Concrete		
This component was:	Fully Inspected	
All required baffles in place (N/A = No baffles required):	YES	
Effuent level within operational limits (if NO explain in comments)	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	1	
Compartment 1 Sludge accumulation (Inches, if other specify):	1	
Pumping recommended:	NO	
ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete #1 Unknown Size		- A 14
anufacturer: Local Manufacturer Model: Concrete		
his component was:	Partially Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	N/A	
Compartment 1 Sludge accumulation (Inches, if other specify):	N/A NO	
Pumping recommended:	NO	
ump: Effluent Pump Pump Tank #1 Pump his component was:	Partially Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	N/A	
ANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete #2 Est.1350 gal.		
anufacturer: Local Manufacturer Model: Concrete		
his component was:	Fully Inspected	
NI required baffles in place (N/A = No baffles required):	YES	
ffluent level within operational limits (if NO explain in comments)	YES	
ompartment 1 Scum accumulation (Inches, if other specify):	0	
compartment 1 Sludge accumulation (Inches, if other specify):	0	
umping recommended:	NO	
ump: Effluent Pump Trash Trap #2 Pump		- 1
his component was:	Fully Inspected	
Controls functioning:	YES	
ested gallons per minute flow:	N/A	
erobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Multi-Flow FTP-0.5 500 GPD N anufacturer: Consolidated Treatment Systems Model: Multi-Flow FTP-0.5	lulti-Flo	
his component was:	Fully Inspected	
ffluent level within operational limits (if NO explain in comments)	YES	1
erobic Mechanism appears to be functioning per manufacturers specifications:	YES	
TU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
rash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash ompartment):	YES	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	NO	See Comment
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying	N/A	
hamber):	A 5 4 7 4	
Pumping recommended:	NO	
ANK: Pump Tank Effluent 630 gallon		
anufacturer: Local Manufacturer		
his component was:	Fully Inspected	
compartment 1 Scum accumulation (Inches, if other specify):	0	
ompartment 1 Sludge accumulation (Inches, if other specify):	0	
umping recommended:	NO	
ump: Effluent Pump Effluent Pump		-
his component was:	Partially Inspected	
ontrols functioning:	YES	
ested gallons per minute flow:	N/A	
anel: Control - 2 Pumps Multi-Flo Panel his component was:	Eully Inspected	
	Fully Inspected YES	
anel functioning (including alarm): ump 1: on minutes (override in parentheses - if present):	N/A	
ump 1: off hours (override in parentheses - if present):	N/A	
ump 1: gallons per dose (override in parentheses - if present):	N/A	
ump 1: ETM hours (override in parentheses - if present):	N/A	
ump 1: Cycle Count (override in parentheses - if present):	N/A	
ump 2: on minutes (override in parentheses - if present):	N/A	
ump 2: off hours (override in parentheses - if present):	N/A	
ump 2: gallons per dose (override in parentheses - if present):	N/A	
ump 2: Cycle Count (override in parentheses - if present).	639	
ump 2: ETM hours (override in parentheses - if present):	N/A	
rainfield: Pressure Bed 12' X 62.5'		
his component was:	Partially inspected	
ateral lines flushed:	NO	
verage squirt height (if performed) (Feet, if other specify):	N/A	

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.

Septic Check

6074 Keystone Rd Milaca, MN 56353

Mall To: Roger Olson

56431

Aitkin, MN

40663 236th Lane

11-1-10720 0P# 149 P# 31403 2/1/2013

320-983-2447 Fax: 320-983-2151

PROPERTY INFORMATION

Roger Olson Location: 40663 236th Lane Aitkin PARCEL (APN): 11-1-107200

Use: Residential, Single Family System Design Flow: 450 GENERAL SYSTEM TYPE: Multi-Flo Pretreatment & Pressur Owner: Roger Olson

Fold Here

ONSITE SEWAGE SYSTEM INSPECTION REPORT

Inspected: 11/09/2012 - Inspection Type: ROUTINE - Correction Status: Corrections in progress

Fold Here

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

The event counter is not operating properly. It either has a bad connection or it needs replaced. It will be inspected further in the Spring of 2013.

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify ommited inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

CSERVICE INFORMATION		
Company:	Work Performed By:	Submitted 02/01/2013 by:
Septic Check	Dean Nelson	Dean Nelson

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

ANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete #1 Unknown Size		
anufacturer: Local Manufacturer Model: Concrete		
his component was:	Fully Inspected	
Il required baffles in place (N/A = No baffles required):	YES	
ffluent level within operational limits (if NO explain in comments)	YES	
ompartment 1 Scum accumulation (Inches, if other specify):	SKIM	
ompartment 1 Sludge accumulation (Inches, if other specify):	1	
umping recommended:	NO	
ANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete #1 Unknown Size		
anufacturer: Local Manufacturer Model: Concrete		
his component was:	Fully Inspected	
ompartment 1 Scum accumulation (Inches, if other specify):	0	
ompartment 1 Sludge accumulation (Inches, if other specify):	0.5	
umping recommended:	NO	
ump: Effluent Pump Pump Tank #1 Pump		
his component was:	Partially Inspected	
ontrols functioning:	YES	
ested gallons per minute flow:	NO	
NK: Trash Tank, Manufacturer= Local Manufacturer - Concrete #2 Est.1350 gal.		
nufacturer: Local Manufacturer Model: Concrete		
nis component was:	Fully Inspected	
I required baffles in place (N/A = No baffles required):	YES	
fluent level within operational limits (if NO explain in comments)	YES	
ompartment 1 Scum accumulation (Inches, if other specify):	2	
ompartment 1 Studge accumulation (Inches, if other specify):	5	
	NO	
umping recommended:		
imp: Effluent Pump Trash Trap #2 Pump	Partially Inspected	
his component was:	YES	_
ontrols functioning:	NO	
ested gallons per minute flow:		
erobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Multi-Flow FTP-0.5 500 GPD M	uiti-Fio	
nufacturer: Consolidated Treatment Systems Model: Multi-Flow FTP-0.5	Fully Inspected	
his component was:	YES	
fluent level within operational limits (if NO explain in comments)	YES	
erobic Mechanism appears to be functioning per manufacturers specifications:	YES	
TU serviced per manufacturers requirements including cleaning of applicable filter(s):	(100 m)	
rash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash	YES	
ompartment):		
erobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	_
larifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying	YES	
hamber):		
umping recommended:	NO	
ANK: Pump Tank Effluent 630 gallon		N
anufacturer: Local Manufacturer		
his component was:	Fully Inspected	
ompartment 1 Scum accumulation (Inches, if other specify):	0	
ompartment 1 Sludge accumulation (Inches, if other specify):	0	
umping recommended:	NO	
ump: Effluent Pump Effluent Pump		
his component was:	Partially Inspected	
ontrols functioning:	YES	
ested gallons per minute flow:	NO	
anel: Control - 2 Pumps Multi-Flo Panel	the second s	
	Partially Inspected	
his component was:	YES	
anel functioning (including alarm):	13 SEC	
ump 1: on minutes (override in parentheses - if present):	8 MIN	
ump 1: off hours (override in parentheses - if present):	N/A	
ump 1: gallons per dose (override in parentheses - if present):	N/A N/A	
ump 1: ETM hours (override in parentheses - if present):		
ump 1: Cycle Count (override in parentheses - if present):	N/A	
ump 2: on minutes (override in parentheses - if present):	N/A	
ump 2: off hours (override in parentheses - if present):	N/A	
ump 2: gallons per dose (override in parentheses - if present):	N/A	
ump 2: Cycle Count (override in parentheses - if present):	639	
ump 2: ETM hours (override in parentheses - if present):	N/A	
rainfield: Pressure Bed 12' X 62.5'		
	Partially Inspected	
his component was:		
	NO	
his component was: ateral lines flushed: werage squirt height (if performed) (Feet, if other specify):	NO N/A	

2/1	1/201
Service Company:	
Septic Check 6074 Keystone Rd	
Milaca, MN 56353 320-983-2447	
	Service Company: Septic Check 6074 Keystone Rd Milaca, MN 56353

11/09/2012sample entered by :Dean Nelson

Notes: The event counter is not operating properly and will be fixed in the Spring of 2013.

0	NSITE SEWAGE SYST	EM SAMPLING	DETAIL		
COMPONENT	TYPE	SAMPLE	LIMIT	RESULT	
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	0 GPD	

Septic Check

6074 Keystone Rd Milaca, MN 56353

Mail To: Roger Olson

56431

Aitkin, MN

40663 236th Lane

320-983-2447 Fax: 320-983-2151

	PRO	PERT	Y INF	ORMA	TION
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Roger Olson Location: 40663 236th Lane Aitkin PARCEL (APN): 11-1-107200

Use: Residential, Single Family System Design Flow: 450 GENERAL SYSTEM TYPE: Multi-Flo Pretreatment & Pressur

Owner: Roger Olson

|--|--|--|

ONSITE SEWAGE SYSTEM INSPECTION REPORT

Inspected: 07/24/2012 - Inspection Type: ROUTINE - Correction Status: Other - see comments

Fold Here

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

The event counter on the effluent pump is not operating properly and should be replaced. The event counter will be replaced at the next service visit, pending owner approval. Please contact Brian to discuss the repair. 218-428-0391

-	GENERAL	SITE	&	SYSTEM	CONDITIONS
---	---------	------	---	--------	------------

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify ommited inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed:	NO

SERVICE INFORMATION		
Company:	Work Performed By:	Submitted 08/27/2012 by:
Septic Check	Dean Nelson	Dean Nelson

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete #1 Unknown Size	and the second	
Manufacturer: Local Manufacturer Model: Concrete		
This component was: All required baffles in place (N/A = No baffles required):	Partially Inspected	
Effluent level within operational limits (if NO explain in comments)	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	na	
Compartment 1 Sludge accumulation (Inches, if other specify):	na	
Pumping recommended:	YES	
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete #1 Unknown Size		
Manufacturer: Local Manufacturer Model: Concrete This component was:		
Compartment 1 Scum accumulation (Inches, if other specify):	Partially inspected	
Compartment 1 Studge accumulation (Inches, if other specify):	na	
Pumping recommended:	YES	
Pump: Effluent Pump Pump Tank #1 Pump		
This component was:	Partially Inspected	
Controls functioning:	YES	
Fested gallons per minute flow;	na	
ANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete #2 Est.1350 gal.		
lanufacturer: Local Manufacturer Model: Concrete		
This component was:	Partially Inspected	
All required baffles in place (N/A = No baffles required):	YES	
Effluent level within operational limits (if NO explain in comments)	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	na	
Compartment 1 Sludge accumulation (Inches, if other specify): Pumping recommended:	na	_
	YES	
Pump: Effluent Pump Trash Trap #2 Pump This component was:	Destinity in the second	
Controls functioning:	Partially Inspected YES	
Fested gallons per minute flow:	na	
erobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Multi-Flow FTP-0.5 500 GPD M		
anufacturer: Consolidated Treatment Systems Model: Multi-Flow FTP-0.5	UNI-F10	
This component was:	Fully Inspected	
ffluent level within operational limits (if NO explain in comments)	YES	
verobic Mechanism appears to be functioning per manufacturers specifications:	YES	
TU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
rash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash	YES	
compartment):		
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying	YES	
hamber);		
2umping recommended:	YES	
ANK: Pump Tank Effluent 630 gallon		
anufacturer: Local Manufacturer This component was:	Burnet to the second	
Compartment 1 Scum accumulation (Inches, if other specify):	Partially Inspected	
Compartment 1 Stuff accumulation (Inches, if other specify):	na	
Pumping recommended:	YES	
ump: Effluent Pump Effluent Pump	TES	
his component was:	Partially Inspected	
Controls functioning:	YES	
ested gallons per minute flow:	na	
anel: Control - 2 Pumps Multi-Flo Panel		
his component was:	Partially Inspected	
anel functioning (including alarm):	YES	
ump 1: on minutes (override in parentheses - if present):	na	
ump 1: off hours (override in parentheses - if present):	na	
ump 1: gallons per dose (override in parentheses - if present):	na	
ump 1: ETM hours (override in parentheses - if present);	na	
ump 1. Cycle Count (override in parentheses - if present):	na	
ump 2: on minutes (override in parentheses - if present):	na	
ump 2: off hours (override in parentheses - if present):	na	
ump 2: gallons per dose (override in parentheses - if present):	na	
ump 2: Cycle Count (override in parentheses - if present):	640	
ump 2: ETM hours (override in parentheses - if present):	na	
rainfield; Pressure Bed 12' X 62.5'		
his component was: ateral lines flushed:	Partially Inspected	
	YES	
verage squirt height (if performed) (Feet, if other specify): onding Present:	na	

Septic Check

Kenew 2016

6074 Keystone Rd Milaca, MN 56353

Meil To: Roger Olson 40663 236th Lane Aitkin, MN 56431

<u>OP 149</u> P 31603

PROPERTY INFORMATION

Roger Olson Location: 40663 236th Lane Aitkin

Tax ID: 11-1-107200

Use: Residential, Single Family System Design Flow: 450 GENERAL SYSTEM TYPE: MF Res Maint 2 NO TEST

Owner: Roger Olson

Fold

ONSITE SEWAGE SYSTEM INSPECTION REPORT

Inspected: 05/23/2013 - Inspection Type: ROUTINE - Correction	Status: All corrections made	
Company:	Work Performed By:	Submitted 07/16/2013 by:
Septic Check	Jared Deboer	Brian Koski

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

Replaced float and electrical outlet for pump at guest cabin.

GENERAL SITE & SYSTEM CONDITIONS

The General Site and System Conditions were:	Fully Inspected
Components accessible for service:	YES
All required service performed (if no - specify omitted inspection items in notes):	YES
Surfacing effluent from any component (including mound seepage):	NO
Components appear to be watertight - no visual leaks:	YES
Improper encroachment (structures/impervious surfaces); cover; or settling problems observed;	NO

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete #1 Unknown Size	the second s
Manufacturer: Local Manufacturer Model: Concrete	
This component was:	Partially Inspected
All required baffles in place (N/A = No baffles required):	YES
Effluent level within operational limits (if NO explain in comments)	YES
Compartment 1 Scum accumulation (Inches, if other specify):	n/a
Compartment 1 Sludge accumulation (Inches, if other specify):	n/a
Pumping recommended:	NO
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete #1 Unknown Size	
Manufacturer: Local Manufacturer Model: Concrete	
This component was:	Partially Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	n/a
Compartment 1 Sludge accumulation (Inches, if other specify):	n/a
Pumping recommended:	NO
Pump: Effluent Pump Pump Tank #1 Pump	
This component was:	Partially Inspected
Controls functioning:	YES
Tested gallons per minute flow:	n/a
TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete #2 Est.1350 gal.	
Manufacturer: Local Manufacturer Model: Concrete	
This component was:	Partially Inspected
All required baffles in place (N/A = No baffles required):	YES
Effluent level within operational limits (if NO explain in comments)	YES
Compartment 1 Scum accumulation (Inches, if other specify):	n/a
Compartment 1 Sludge accumulation (Inches, if other specify):	n/a
Pumping recommended:	NO
	91977

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.

7/16/2013

320-983-2447 Fax: 320-983-2151

> Fold Here

Pump: Effluent Pump Trash Trap #2 Pump This component was:	Partially inspected	
Controls functioning:	YES	
	n/a	
ested gallons per minute flow: erobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Multi-Flo FTP-0.5 500 GPD	Multi-Flo	
lanufacturer: Consolidated Treatment Systems Model: Mutti-Fio FTP-0.5		
This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments)	YES	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash	YES	
compartment):		
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic	YES	
chamber):		
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying	YES	
chamber):		
Pumping recommended:	NO	
TANK: Pump Tank Effluent 630 gallon		
Manufacturer: Local Manufacturer		
This component was:	Partially Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	n/a	
Compartment 1 Sludge accumulation (Inches, if other specify):	n/a	
Pumping recommended:	NO	_
Pump: Effluent Pump Effluent Pump		
This component was:	Partially Inspected	
Controls functioning:	YES	
Tested gallons per minute flow:	n/a	
Panel: Control - 2 Pumps Multi-Flo Panel	Partially Inspected	
This component was:	YES	
Panel functioning (including alarm):	n/a	
Pump 1: on minutes (override in parentheses - if present):	n/a	
Pump 1: off hours (override in parentheses - if present):	n/a	
Pump 1: gallons per dose (override in parentheses - if present):	n/a	
Pump 1: ETM hours (override in parentheses - if present):	n/a	
Pump 1: Cycle Count (override in parentheses - if present):		
Pump 2: on minutes (override in parentheses - if present):	n/a	
Pump 2: off hours (override in parentheses - if present):	n/a	
Pump 2: gallons per dose (override in parentheses - if present):	n/a	
Pump 2: Cycle Count (override in parentheses - if present):	n/a	
Pump 2: ETM hours (override in parentheses - if present):	n/a	_
Drainfield: Pressure Bed 12' X 62.5'	1 Bentlet Income	
This component was:	Partially Inspected	
Lateral lines flushed:	NO	
Average squirt height (if performed) (Feet, if other specify):	n/a NO	
Ponding Present? If YES explain in comments:		

Septic Check

6074 Keystone Rd Milaca, MN 56353

Mail To: Roger Olson

56431

Aitkin, MN

40663 236th Lane

Fold

Here

320-983-2447 Fax: 320-983-2151

PROPERTY INFORMATION

Roger Olson Location: 40663 236th Lane Aitkin Tax ID: 11-1-107200

> Use: Residential, Single Family System Design Flow: 450 GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr

Owner: Roger Olson

Fold Here

ONSITE SEWAGE SYSTEM INSPECTION REPORT

	Inspected: 01/16/2014 - Inspection Type: ROUTINE - 0	Correction Status: No corrections made	
	Company:	Work Performed By:	Submitted 01/21/2014 by:
Į	Septic Check	Scott Shelito	Ann Flann

COMMENTS & GENERAL INSPECTION NOTES

No Deficiencies Noted

Alarm horn does not work.

GENERAL SITE & SYSTEM CONDITIONS

ONSITE SEWAGE SYSTEM INSPECTION DETAIL

TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete #1 Unknown Size	
Manufacturer: Local Manufacturer Model: Concrete	
This component was:	Not Inspected
All required baffles in place (N/A = No baffles required):	
Effluent level within operational limits (if NO explain in comments):	
Compartment 1 Scum accumulation (Inches, if other specify):	
Compartment 1 Sludge accumulation (Inches, if other specify):	
Pumping recommended:	
TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete #1 Unknown Size	
Manufacturer: Local Manufacturer Model: Concrete	
This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	skim
Compartment 1 Sludge accumulation (Inches, if other specify):	6"
Pumping recommended:	NO
Pump: Effluent Pump Pump Tank #1 Pump	
This component was:	Fully Inspected
Controls functioning:	YES
Tested gallons per minute flow:	N/A
TANK: Trash Tank, Manufacturer= Local Manufacturer - Concrete #2 Est.1350 gal.	
Manufacturer: Local Manufacturer Model: Concrete	
This component was:	Not inspected
All required baffles in place (N/A = No baffles required):	
Effluent level within operational limits (if NO explain in comments):	
Compartment 1 Scum accumulation (Inches, if other specify):	
Compartment 1 Sludge accumulation (Inches, if other specify):	
Pumping recommended:	
Pump: Effluent Pump Trash Trap #2 Pump	
This component was:	Not inspected
Controls functioning:	
Tested gallons per minute flow:	

This component was:		
Effluent level within operational limits (if NO explain in comments):	Fully Inspected	
Aerobic Mechanism appears to be functioning per manufacturers specifications:	YES	
ATU serviced per manufacturers requirements including cleaning of applicable filter(s):	YES	
Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash	YES	
compartment):	N/A	
Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic chamber):	YES	
Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying chamber);	YES	
Pumping recommended:		
rANK: Pump Tank Effluent 630 gallon	NO	
Aanufacturer: Local Manufacturer		
This component was:	Euthelesseed 1	
Compartment 1 Scum accumulation (Inches, if other specify):	Fully Inspected	
Compartment 1 Sludge accumulation (Inches, if other specify):	O"	
Pumping recommended:		
Pump: Effluent Pump Effluent Pump	NO	_
This component was:	Fully Inspected	
Controls functioning:	YES	_
Fested gallons per minute flow:	N/A	
Panel: Control - 2 Pumps Multi-Flo Panel	N/A	
This component was:	Fully Inspected	
Panel functioning (including alarm):	YES	_
Pump 1: on minutes (override in parentheses - if present):	N/A	
Pump 1: off hours (override in parentheses - if present):	N/A	
Pump 1: gallons per dose (override in parentheses - if present):	N/A	_
Pump 1: ETM hours (override in parentheses - if present):	N/A	
Pump 1: Cycle Count (override in parentheses - if present):	N/A	
Pump 2: on minutes (override in parentheses - if present):	30 sec	
Pump 2: off hours (override in parentheses - if present):	20 min	
Pump 2: gallons per dose (override in parentheses - if present):	N/A	
Pump 2: Cycle Count (override in parentheses - if present):	379	
Pump 2: ETM hours (override in parentheses - if present):		
rainfield: Pressure Bed 12' X 62.5'	N/A	
his component was:	Fully Inspected	
ateral lines flushed:	NO	
verage squirt height (if performed) (feet, if other specify).	N/A	_
onding present? If YES explain in comments:	NO	

SAMPLING REPORT	1/21/201
Location: 40663 236th Lane	Service Company:
Aitkin	Septic Check
11-1-107200	6074 Keystone Rd
owner: Roger Olson	Milaca, MN 56353
Use: Single Family	320-983-2447

01/16/2014sample entered by :Ann Flann

Notes:

0	NSITE SEWAGE SYST	EM SAMPLING	DETAIL		
COMPONENT	ТҮРЕ	SAMPLE	LIMIT	RESULT	
Effluent Pump Effluent Pump	Effluent	Flow	450 GPD	200.0	

Keystone Rd	1		320	-983-2447
a, MN 56353			Fax: 320	-983-2151
		C PROPERTY INFORM	ATION	
		Roger Olsor	ı	
		Location: 40663 236th		
		Aitkin		
		Tax ID: 11-1-	107200	
Roger Olson				
40663 236th Lane	9	<i>Use:</i> Residential, S		
Aitkin, MN		System Desig		
56431		GENERAL S	YSTEM TYPE: MF Res 2 w test 5 yr	
		Owner: Roger Olson		
		YSTEM INSPECTION REPORT		
	/2014 - Inspection Type: ROUTIN	E - Correction Status: No corrections need	ded	
Company:		Work Performed By:	Submitted 12/02/2014 by:	
Septic Check		Scott Shelito	Angie Stafford	
GENERAL SITE				
	& SYSTEM CONDITIONS			
	nd System Conditions were:		Fully Inspected	
The General Site an Components access All required service	nd System Conditions were: sible for service: performed (if no - specify omitted inspec		YES	
The General Site an Components access All required service Surfacing effluent fro	nd System Conditions were: sible for service: performed (if no - specify omitted inspector om any component (including mound service)			
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This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance.

12/2/2014

FANK: Pump Tank Effluent 630 gallon	
Aanufacturer: Local Manufacturor	
This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	0
Pumping recommended:	NO
Pump: Effluent Pump Effluent Pump	
This component was:	Fully Inspected
Controls functioning:	YES
Tested gallons per minute flow:	N/A
Panel: Control - 2 Pumps Multi-Flo Panel	
This component was:	Fully Inspected
Panel functioning (including alarm):	YES
Pump 1: on minutes (override in parentheses - if present):	20 sec
Pump 1: off hours (override in parentheses - if present):	30 min
Pump 1: gallons per dose (override in parentheses - if present):	N/A
Pump 1: ETM hours (override in parentheses - if present):	N/A
Pump 1: Cycle Count (override in parentheses - if present):	N/A
Pump 2: on minutes (override in parentheses - if present):	N/A
Pump 2: off hours (override in parentheses - if present):	N/A
Pump 2: gallons per dose (override in parentheses - if present):	N/A
Pump 2: Cycle Count (override in parentheses - if present):	1049
Pump 2: ETM hours (override in parentheses - if present):	N/A
Drainfield: Pressure Bed 12' X 62.5'	
This component was:	Fully Inspected
Lateral lines flushed:	NO
Average squirt height (if performed) (feet, if other specify):	N/A
Ponding present? If YES explain in comments:	NO

Keystone Rd		52	0-983-2
a, MN 56353		Fax: 32	0-983-2
	PROPERTY INFORMA	TION	
	Roger Olson		
	Location: 40663 236th L	ane	
	Aitkin		
	Tax ID: 11-1-1	07200	
Roger Olson			
40663 236th Lane	Use: Residential, Si	ngle Family	
Aitkin, MN	System Design	Flow: 450	
56431	, , ,	STEM TYPE: MF Res 2 w test 5 yr	
00-01			
	Owner: Roger Olson		_
ON-SITE WASTEWATER TREATMEN			
Inspected: 07/11/2014 - Inspection Type: ROL	UTINE - Correction Status: No corrections need	led	
Company:	Work Performed By:	Submitted 09/25/2014 by:	
Septic Check	Scott Shelito	Angie Stafford	
COMMENTS & GENERAL INSPECTION NO			
GENERAL SITE & SYSTEM CONDITIONS			
ONSITE SEWAGE SYSTEM INSPECTIO TANK: Pump Tank, Manufacturer Local Manufacturer Manufacturer: Local Manufacturer Model: Concrete This component was: Compartment 1 Scum accumulation (Inches, if other sp Compartment 1 Sludge accumulation (Inches, if other sp Compartment 1 Sludge accumulation (Inches, if other sp Pumping recommended: Pump: Effluent Pump Pump Tank #1 Pump This component was: Controls functioning: Tested gallons per minute flow:	er - Concrete #1 Unknown Size ecify): pecify):	Fully Inspected N/A N/A NO Fully Inspected YES N/A Multi-Elo	
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ONSITE SEWAGE SYSTEM INSPECTIO TANK: Pump Tank, Manufacturer Local Manufacturer Manufacturer Model: Concrete This component was: Compartment 1 Scum accumulation (Inches, if other spectromer to the spectromere to the spectromer to the spectromer to the s	er - Concrete #1 Unknown Size ecify): pecify): dated Treatment Systems - Multi-Flo FTP-0.5 500 GPD -Flo FTP-0.5 comments): ufacturers specifications: g cleaning of applicable filter(s): onal limits per manufacturer (n/a = no trash rer operational limits (n/a = no aerobic turer operational limits (n/a = no clarifying ecify):	N/A N/A N/A NO Fully Inspected YES N/A Multi-Flo Fully Inspected YES YES YES YES YES YES YES N/A	
ONSITE SEWAGE SYSTEM INSPECTIO TANK: Pump Tank, Manufacturer Local Manufacturer Manufacturer Model: Concrete This component was: Compartment 1 Scum accumulation (Inches, if other spectromer to the sp	er - Concrete #1 Unknown Size ecify): pecify): dated Treatment Systems - Multi-Flo FTP-0.5 500 GPD -Flo FTP-0.5 comments): ufacturers specifications: g cleaning of applicable filter(s): onal limits per manufacturer (n/a = no trash rer operational limits (n/a = no aerobic turer operational limits (n/a = no clarifying ecify):	N/A N/A N/A NO Fully Inspected YES N/A Multi-Flo Fully Inspected YES YES YES YES YES YES N/A YES N/A YES N/A Fully Inspected	

This report indicates certain characteristics of the onsite sewage system at the time of visit. In no way is this report a guarantee of operation or future performance

Pumping recommended:

Septic Check

NO

Fold Here

Pump: Effluent Pump Effluent Pump	
This component was:	Fully Inspected
Controls functioning:	YES
Tested gallons per minute flow:	N/A
Panel: Control - 2 Pumps Multi-Fio Panel	
This component was:	Fully Inspected
Panel functioning (including alarm):	YES
Pump 1: on minutes (override in parentheses - if present):	20 sec,
Pump 1: off hours (override in parentheses - if present):	30 min.
Pump 1: gallons per dose (override in parentheses - if present):	N/A
Pump 1: ETM hours (override in parentheses - if present):	N/A
Pump 1: Cycle Count (override in parentheses - if present):	N/A
Pump 2: on minutes (override in parentheses - if present):	N/A
Pump 2: off hours (override in parentheses - if present):	N/A
Pump 2: gallons per dose (override in parentheses - if present):	N/A
Pump 2: Cycle Count (override in parentheses - if present):	790
Pump 2: ETM hours (override in parentheses - if present):	N/A
Drainfield: Pressure Bed 12' X 62.5'	
This component was:	Fully Inspected
Lateral lines flushed:	NO
Average squirt height (if performed) (feet, if other specify):	N/A
Ponding present? If YES explain in comments:	NO

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING 209 Second Street, NW Room# 100 Aitkin, Minnesota 56431

PH: (218) 927-7342 FX: (218) 927-4372

meter readings

Past Due Renewal As Of: 5 /31/2016

Roger & June Olson

Dear Permittee:

Re: Operating Permit # 149 Zoning Permit # 31603 Parcel ID# 11-1-107200

This letter is to remind you that the Operating Permit for the septic system at the above mentioned parcel of land has expired. The enclosed Operating Permit was issued as part of the permit for your septic system and must be renewed.

The Operating Permit for the current renewal period has been enclosed. If there are no changes to the Operating Permit, please submit the following to the County Office:

- the signed Operating Permit Contract
- □ the \$100 permit renewal fee
- ☑ the results of performance and maintenance activities
- a table of your water usage

We have checked all boxes above for information we have received. Please note, only complete applications will be accepted.

If your designer finds the system is operating in conformance with the Operating Permit, please have him/her submit a letter requesting to have the Operating Permit renewed for a longer period or to request terminating the Operating Permit. Our Office will determine if this is possible.

The performance and life expectancy of this septic system is dependent on regular monitoring and maintenance of all parts of the system. Your compliance with the Operating Permit will ensure continued performance of the system. Failure to perform the monitoring and maintenance of this system could cause costly repairs and/or replacement of this system. In addition, failure to comply with the monitoring, maintenance and reporting of the septic system is a violation of the Aitkin County Subsurface Sewage Treatment System Ordinance and could be prosecuted by the County Attorney's Office.

All information required must be submitted to this Office ASAP. We are notifying you to give you sufficient time to contact your designer and make any necessary changes, have samples taken and tested, tanks pumped, and any other activities that were required to meet the requirements of your permit.

Please contact our office with any questions regarding the renewal of this permit.

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING 209 Second Street, NW Room# 100

Aitkin, Minnesota 56431

PH: (218) 927-7342 FX: (218) 927-4372

6 N

3/17/2016

Roger & June Olson 40663 236th Lane Aitkin, MN 56431-



Re: Operating Permit # 149 Zoning Permit #31603 Parcel ID#11-1-107200

Dear Permittee:

Enclarson Suc provider 54r

This letter is to remind you that the Operating Permit for the septic system at the above mentioned parcel is due for renewal this year. The enclosed Operating Permit was issued as part of the permit for your septic system and must be renewed.

The Operating Permit for the current renewal period has been enclosed. If there are no changes to the Operating Permit, please submit the following to the County Office:

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 \Box the \$100 permit renewal fee

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All information required must be submitted to this Office by the expiration date referenced on your Operating Permit. We are notifying you to give you sufficient time to contact your designer and make any necessary changes, have samples taken and tested, tanks pumped, and any other activities that were required to meet the requirements of your permit.

Please contact our office with any questions regarding the renewal of this permit.

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING 209 Second Street, NW Room# 100 Aitkin, Minnesota 56431

PH: (218) 927-7342 FX: (218) 927-4372

4/18/2017

Roger & June Olson 40663 236th Lane Aitkin, MN 56431Re: Operating Permit # 149 Zoning Permit #31603 Parcel ID#11-1-107200

Dear Permittee:

tee)

This letter is to remind you that the Operating Permit for the septic system at the above mentioned parcel is due for renewal this year by May 31st. The enclosed Operating Permit was issued as part of the permit for your septic system and must be renewed.

The Operating Permit for the current renewal period has been enclosed. If there are no changes to the Operating Permit, please submit the following to the County Office:

the signed Operating Permit Contract

\$200 (2016 b 2017 □ \$100 permit renewal fee (\$150 fee after May 31st)

the results of performance and maintenance activities

a table of your water usage

We have checked all boxes above for information we have received. Please note, only complete applications will be accepted.

If your designer finds the system is operating in conformance with the Operating Permit, please have him/her submit a letter requesting to have the Operating Permit renewed for a longer period or to request terminating the Operating Permit. Our Office will determine if this is possible.

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All information required must be submitted to this Office by the expiration date referenced on your Operating Permit. We are notifying you to give you sufficient time to contact your designer and make any necessary changes, have samples taken and tested, tanks pumped, and any other activities that were required to meet the requirements of your permit.

Please contact our office with any questions regarding the renewal of this permit.

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING 209 Second Street, NW Room# 100

Aitkin, Minnesota 56431

PH: (218) 927-7342 FX: (218) 927-4372



Past Due Renewal As Of: 5 /31/2017

6/5/2017

Roger & June Olson 40663 236th Lane Aitkin, MN 56431-

Re: Operating Permit # 149 Zoning Permit # 31603 Parcel ID# 11-1-107200

This letter is to remind you that the Operating Permit for the septic system at the above mentioned parcel of land has expired. The enclosed Operating Permit was issued as part of the permit for your septic system and must be renewed.

The Operating Permit for the current renewal period has been enclosed. If there are no changes to the Operating Permit, please submit the following to the County Office:

the signed Operating Permit Contract

the \$100 permit renewal fee

- □ the results of performance and maintenance activities
- a table of your water usage

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The performance and life expectancy of this septic system is dependent on regular monitoring and maintenance of all parts of the system. Your compliance with the Operating Permit will ensure continued performance of the system. Failure to perform the monitoring and maintenance of this system could cause costly repairs and/or replacement of this system. In addition, failure to comply with the monitoring, maintenance and reporting of the septic system is a violation of the Aitkin County Subsurface Sewage Treatment System Ordinance and could be prosecuted by the County Attorney's Office.

All information required must be submitted to this Office ASAP. We are notifying you to give you sufficient time to contact your designer and make any necessary changes, have samples taken and tested, tanks pumped, and any other activities that were required to meet the requirements of your permit.

Please contact our office with any questions regarding the renewal of this permit.

Sincerely,

Kullus Aitkin County Planning & Zoning Aitkin County Environmental Services Planning and Zoning 209 Second Street NW Room 100 Aitkin, MN 56431 Phone: 218-927-7342 Fax: 218-927-4372



January 19, 2018

OLSON, ROGER & JUNE 40663 236TH LANE AITKIN MN 56431

Parcel ID # 11-1-107200 Permit # 31603 Operating permit # 149

Dear Permittee:

According to our records your operating permit was not renewed in 2017. None of the renewal requirements of your operating permit were received.

You will receive a letter prior to May 31, 2018 outlining the renewal requirements of your operating permit. If all renewal requirements are not received by May 31, 2018 this issue will result in the issuance of a certificate of noncompliance and/or a citation.

If you have any questions, please contact us at (218) 927-7342.

Sincerely,

Kalea S.

Planning and Zoning Environmental Services

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING . 209 Second Street, NW Room# 100 Aitkin, Minnesota 56431

PH: (218) 927-7342 FX: (218) 927-4372

Sent add I Ur I-19-18 Must renew: n Re: Operating Permit Zoning Permit #31 Parcel ID#11-1-10 3/12/18 rec'd OPC

2/26/2018

Roger & June Olson 40663 236th Lane Aitkin, MN 56431-



Re: Operating Permit # 149 Zoning Permit #31603 Parcel ID#11-1-107200 3/12/18 rec'd op contract & \$100 mailed \$ 100 back

Dear Permittee:

This letter is to remind you that the Operating Permit for the septic system at the above mentioned parcel is due for renewal this year by May 31st . The enclosed Operating Permit was issued as part of the permit for your septic system and must be renewed.

The Operating Permit for the current renewal period has been enclosed. If there are no changes to the Operating Permit, please submit the following to the County Office:

the signed Operating Permit Contract

□ \$100 permit renewal fee (\$150 fee after May 31st)

the results of performance and maintenance activities

a table of your water usage

We have checked all boxes above for information we have received. Please note, only complete applications will be accepted.

If your designer finds the system is operating in conformance with the Operating Permit, please have him/her submit a letter requesting to have the Operating Permit renewed for a longer period or to request terminating the Operating Permit. Our Office will determine if this is possible.

The performance and life expectancy of this septic system is dependent on regular monitoring and maintenance of all parts of the system. Your compliance with the Operating Permit will ensure continued performance of the system. Failure to perform the monitoring and maintenance of this system could cause costly repairs and/or replacement of this system. In addition, failure to comply with the monitoring, maintenance and reporting of the septic system is a violation of the Aitkin County's Subsurface Sewage Treatment System Ordinance and could be prosecuted by the County Attorney's Office.

All information required must be submitted to this Office by the expiration date referenced on your Operating Permit. We are notifying you to give you sufficient time to contact your designer and make any necessary changes, have samples taken and tested, tanks pumped, and any other activities that were required to meet the requirements of your permit.

Please contact our office with any questions regarding the renewal of this permit.

Aitkin County Environmental Services Planning and Zoning 209 2nd St NW Room 100 Aitkin MN 56431 Phone 218-927-7342 Fax 218-927-4372 1-4-19 emailed Septic check to Follow up. Emailed Angie, owner Canceled Septic Check 7-13-15. NOT renewed in 2016, 2017, 2018

March 12, 2018

ROGER & JUNE OLSON 40663 236TH LANE AITKIN MN 56431

Operating permit # 149 Zoning permit # 31603 Parcel ID # 11-1-107200

Our office has received your signed operating permit contract and renewal fee of \$100.00. We cannot accept the \$100.00 renewal fee until a monitoring report by a licensed service provider and table of water usage has been received. Once you submit the monitoring report and table of water usage, please resubmit the \$100.00 renewal fee. All renewal requirements must be received by May 31, 2018. Failure to renew your operating permit can result in the issuance of a certificate of noncompliance or a citation.

If you have any questions or need additional help, please don't hesitate to contact us at 218-927-7342.

Sincerely, Kalea S. Planning & Zoning

Enclosed: check #26095 in the amount of \$100.00

AITKIN COUNTY ENVIRONMENTAL SERVICES **OPERATING PERMIT FOR WASTEWATER** TREATMENT AND DISPERSAL RENEWAL

ISSUANCE DATE: 5/31/2018 RENEWAL PERIOD: ANNUALLY OPERATING PERMIT #: 149 ZONING PERMIT #: 31603 PARCEL #: 11-1-107200

PERMITTEE: Roger & June Olson

MAILING ADDRESS: 40663 236th Lane Aitkin, MN 56431TELEPHONE: (218) 678-3575 PROPERTY ADDRESS: 40663 236th Ln. Aitkin, MN 56431

LEGAL DESCRIPTION: Lot 7, North Shore Beach

Aitkin County Environmental Services authorizes the Permittee to operate a wastewater treatment and dispersal system located on the above described property in accordance with the requirements of this permit.

This permit is effective on the issuance date identified above.

This permit and the authorization to treat and disperse from the above system is valid through the renewal period identified above. The Permittee is not authorized to discharge after the renewal period. The Permittee shall submit such information and forms as required by Aitkin County Environmental Services no later than thirty (30) days prior to the expiration date. When the required information is submitted and approved by Aitkin County Environmental Services, the permit may be renewed. This permit is not transferable from owner to owner.

I hereby certify with my signature as the permittee that I understand the provisions of this permit including the 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 use of this system and if I fail to comply with the provisions of this Operating Permit. 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

permit.

Signature of Permittee

3-8-15

Signature of Permitting Authority

Date

If you have any questions regarding this permit, including the specific permit requirements, permit reporting or permit compliance status, please contact Aitkin County Environmental Services at 218-927-7342.

DP 149 p# 31603 Septic Sheck 6074 Keystone Rd 320-983-2447 Milaca, MN 56353 Fax: 320-983-2151 **PROPERTY INFORMATION** ÷. Roger Olson Location: 40663 236th Lane Aitkin Tax ID: 11-1-107200 Mail To: Roger Olson 40663 236th Lane Use: Residential, Single Family Aitkin, MN System Design Flow: 450 56431 GENERAL SYSTEM TYPE: MF Res 2 w test 5 yr Owner: Roger Olson Fold **ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT** Here Inspected: 05/11/2015 - Inspection Type: ROUTINE - Correction Status: Corrections in progress Company: Work Performed By: Submitted 06/04/2015 by: Septic Check Torrey Boser Angle Stafford **COMMENTS & GENERAL INSPECTION NOTES** No Deficiencies Noted Septic Check recommends that all the tanks be pumped out. Also the red cap on the multi-flo needs to be replaced, the inspection pipe at the North end of the drain field needs to be repaired. Customer had stated he saw surfacing effluent. I ran the pump to check for leaking in the drain field area, I did not see any. I believe the laterals were frozen and that was were the effluent was ejecting the water. There are dogs fenced inside the drain field and tanks area, I would recommend the dogs be moved to a different location. GENERAL SITE & SYSTEM CONDITIONS The General Site and System Conditions were: Fully Inspected Components accessible for service. YES All required service performed (if no - specify omitted inspection items in notes): YES Surfacing effluent from any component (including mound seepage): NO Components appear to be watertight - no visual leaks: YES Improper encroachment (structures/impervious surfaces); cover; or settling problems observed: NO ONSITE SEWAGE SYSTEM INSPECTION DETAIL TANK: Pump Tank, Manufacturer= Local Manufacturer - Concrete #1 Unknown Size Manufacturer: Local Manufacturer Model: Concrete This component was: Fully Inspected Compartment 1 Scum accumulation (Inches, if other specify): 6" Compartment 1 Sludge accumulation (Inches, if other specify): 8" Pumping recommended: YES Pump: Effluent Pump Pump Tank #1 Pump This component was: Fully Inspected Controls functioning: YES Tested gallons per minute flow: N/A Aerobic Treatment Unit: ATU, Manufacturer= Consolidated Treatment Systems - Multi-Flo FTP-0.5 500 GPD Multi-Flo Manufacturer: Consolidated Treatment Systems Model: Multi-Flo FTP-0.5 This component was: Fully Inspected Effluent level within operational limits (if NO explain in comments): YES Aerobic Mechanism appears to be functioning per manufacturers specifications: YES ATU serviced per manufacturers requirements including cleaning of applicable filter(s): YES Trash Compartment solids accumulation within operational limits per manufacturer (n/a = no trash YES compartment): Aerobic Chamber solids accumulation within manufacturer operational limits (n/a = no aerobic YES chamber): Clarifying Chamber solids accumulation within manufacturer operational limits (n/a = no clarifying YES

Pumping recommended:

chamber):

YES

6/4/2015

Fold

Here

TANK: Pump Tank Effluent 630 gallon	
Manufacturer: Local Manufacturer	6
This component was:	Fully Inspected
Compartment 1 Scum accumulation (Inches, if other specify):	0
Compartment 1 Sludge accumulation (Inches, if other specify):	8"
Pumping recommended:	YES
Pump: Effluent Pump Effluent Pump	
This component was:	Fully Inspected
Controls functioning:	YES
Tested gallons per minute flow:	N/A
Panel: Control • 2 Pumps Multi-Flo Panel	
This component was:	Fully Inspected
Panel functioning (including alarm):	YES
Pump 1: on minutes (override in parentheses - if present):	20 MIN
Pump 1: off hours (override in parentheses - if present):	30 HRS
Pump 1: gallons per dose (override in parentheses - if present):	N/A
Pump 1: ETM hours (override in parentheses - if present):	N/A
Pump 1: Cycle Count (override in parentheses - if present):	N/A
Pump 2: on minutes (override in parentheses - if present):	N/A
Pump 2: off hours (override in parentheses - if present):	N/A
Pump 2: gallons per dose (override in parentheses - if present):	N/A
Pump 2: Cycle Count (override in parentheses - if present):	1355
Pump 2: ETM hours (override in parentheses - if present):	N/A
Drainfield: Pressure Bed 12' X 62.5'	
This component was:	Fully Inspected
Lateral lines flushed:	NO
Average squirt height (if performed) (feet, if other specify):	N/A
Ponding present? If YES explain in comments:	NO



SEPTIC SYSTEM REVIEW FOR Roger Olson Parcel # 11-1-107200 Operating permit #149

Property located in Hazelton Township

May 28, 2019

The above mentioned property has a water meter installed on it. On Aug 2018 the meter reading was 795,560. On May 2019 the meter reading was 848,460 with a difference of 49,300 gallons. So at 49,300 gallons divide by 270 days =182 gallons per day average.

The system is set up for 450 gallons per day so I believe that we can put this system on a 5 year operating permit.

The tanks, effluent filter, pumps, floats, alarms and control panel will still be inspected ever year.

We have entered into a Maintenance, Monitoring and Inspection Contract with said property owner.

Sincerely and the

Mark P. Ritter Ritter Sewer & Excavating, Inc.



awlab.com

218-829-7974 16326 Airport Road Brainerd, MN 56401

Analysis Report May 31, 2019

INVOICE TO:

34753 390th Place

Aitkin MN 56431

Mark Ritter

Ritter Sewer & Excavating

1.1

REPORT TO:

Ritter Sewer & Excavating Mark Ritter 34753 390th Place Aitkin MN 56431

Date Rcvd-Brnd:	5/23/2019	Sampled By:	Mark P. Ritter	LOCATION:	
Time Rcvd-Brnd:	13:45	Sample Type:	ww	Roger Olson - Op#149	
		Recy Temp°C:	3.0 on ice		

SITE / ANALYTE	Sample Date/Time	Analyzed Value	Units	Reporting Limit	Analytical Method	Analysis Date/Time	Analyst	Code #
Lift Tank to Drainfield	5/23/2019 @ 11	:45						
Biochemical Oxygen Demand, 5 D	ay	3	mg/L	2	SM 5210 B-2011	5/24/19 10:31	CJS	020484
Fecal Coliform		100	MPN/100mL	1	COLILERT-18 (FECAL COLI.)	5/23/19 15:01	CJS	020484
Residue-Nonfilterable (TSS)		2.2	mg/L	1	USGS I-3765-85	5/28/19 14:00	CJS	020484

Approved By:

SaiaChley

Date Approved: 5/31/2019

Sara Ahlers, Laboratory Director

A.W. Research Laboratories, Inc. is Certified by the Minnesota Department of Public Health and follows approved methods and procedures. Minnesota Laboratory Certification # 027-035-135. All data generated using certified methods noted as -C, all data generated using non-certified methods noted as -NC, and all analytes for which certification is unavailable - NA. The results above relate only to the samples tested. This report must not be reproduced, except in full, without the written approval of the laboratory. We appreciate your feedback, please email us at awlab@awlab.com with questions or comments. Thank you!

~End of Analysis Report~

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING 209 Second Street, NW Room# 100 Aitkin, Minnesota 56431

PH: (218) 927-7342 FX: (218) 927-4372



Past Due Renewal As Of: 5 /31/2019

8/29/2019

Roger & June Olson 40663 236th Lane Aitkin, MN 56431-

Re: Operating Permit # 149 Zoning Permit # 31603 Parcel ID# 11-1-107200

This letter is to remind you that the Operating Permit for the septic system at the above mentioned parcel of land has expired. The enclosed Operating Permit was issued as part of the permit for your septic system and must be renewed.

If there are no changes to the Operating Permit, please submit the following to the County Office by October 15, 2019.

- the signed Operating Permit Contract
- the \$100 operating permit renewal fee
- ✓ the results of performance and maintenance activities
- ✓ a table of your water usage/meter reading

We have checked all boxes above for information we have received. Please note, only complete applications will be accepted.

If your designer finds the system is operating in conformance with the Operating Permit, please have him/her submit a letter requesting to have the Operating Permit renewed for a longer period or to request terminating the Operating Permit. Our Office will determine if this is possible.

The performance and life expectancy of this septic system is dependent on regular monitoring and maintenance of all parts of the system. Your compliance with the Operating Permit will ensure continued performance of the system. Failure to perform the monitoring and maintenance of this system could cause costly repairs and/or replacement of this system. In addition, failure to comply with the monitoring, maintenance and reporting of the septic system is a violation of the Aitkin County Subsurface Sewage Treatment System Ordinance and could be prosecuted by the County Attorney's Office.

All information required must be submitted to this Office by October 15, 2019. We are notifying you to give you sufficient time to contact your maintainer and make any necessary changes, have samples taken and tested, tanks pumped, and any other activities that were required to meet the requirements of your permit.

Please contact our office with any questions regarding the renewal of this permit.

Sincerely,

Aitkin County Planning & Zoning

OneGov

Invoice #48801 (09/11/2019)

2. Zoning/Land Use Permit Applications Misc. (OFFICE USE ONLY) App. # App-2019-005146, UID # 198860

Roger & June Olson

(218) 678-3575

na@na.com

40663 236th Lane, Aitkin, mn 56431

Aitkin County Planning & Zoning / Environmental Services 209 2nd Street NW, Room 100 Aitkin, MN 56431 Phone: 218-927-7342 Fax: 218-927-4372

Email: aitkinpz@co.aitkin.mn.us

Charge			Cost	Quantity	Total	Note	
Operating Perm	nit Renewal added 09/11/2019 11:04	AM		\$100.00	x 1	\$100.00	
\$100							
Grand Total							
					Total	\$100.00	
Payment #4576	7						
Method:	Credit Card or Electronic Check						
Date:	09/11/2019	Note:	Auto-generated by pay	yment update			
Made By:							
Confirmed By:	Value Payment Systems						

AITKIN COUNTY ENVIRONMENTAL SERVICES **OPERATING PERMIT FOR WASTEWATER** TREATMENT AND DISPERSAL RENEWAL

ISSUANCE DATE: 5 /31/2019 RENEWAL PERIOD: ANNUALLY **OPERATING PERMIT #: 149** ZONING PERMIT #: 31603 PARCEL #: 11-1-107200

PERMITTEE: Roger & June Olson

MAILING ADDRESS: 40663 236th Lane Aitkin, MN 56431-

612-1070-4498 TELEPHONE (218) 678-3575

PROPERTY ADDRESS: 40663 236th I n Aitkin, MN 56431

LEGAL DESCRIPTION: Lot 7, North Shore Beach

Aitkin County Environmental Services authorizes the Permittee to operate a wastewater treatment and dispersal system located on the above described property in accordance with the requirements of this permit.

This permit is effective on the issuance date identified above.

This permit and the authorization to treat and disperse from the above system is valid through the renewal period identified above. The Permittee is not authorized to discharge after the renewal period. The Permittee shall submit such information and forms as required by Aitkin County Environmental Services no later than thirty (30) days prior to the expiration date. When the required information is submitted and approved by Aitkin County Environmental Services, the permit may be renewed. This permit is not transferable from owner to owner.

I hereby certify with my signature as the permittee that I understand the provisions of this permit including the 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 use of this system and if I fail to comply with the provisions of this Operating Permit. 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

permit. E UXDA Signature of Permittee

Shanner W Signature of Permitting Authority

9-11-19 Date 9-11-19

Date

If you have any questions regarding this permit, including the specific permit requirements, permit reporting or permit compliance status, please contact Aitkin County Environmental Services at 218-927-7342.

MAINTENANCE SERVICE, MONITORING AND INSPECTION CONTRACT FOR INDIVIDUAL SEWAGE TREATMENT SYSTEM

It is hereby agreed this <u>1st</u> Mark P. Ritter	_day ofAugust (Inspector) and	, 2019by an Roger Olson	d between (client)
(Client) Name & Address	Roger Olson		
Street Address	40663 236th Lane		
City, State, Zip	Aitkin MN 56431		

That in consideration of the payments provided herein, the Inspector shall provide services to perform Preventative Maintenance, Monitoring and Inspection of the Individual Sewage Treatment System (ISTS) located at the property described in the Aitkin County Operating Permit.

Each inspection includes an examination of the ISTS followed by a written report to the client. This inspection report shall contain recommendations for operation and maintenance for failure-preventative measures, if any are deemed appropriate by the inspector and a list of recommended corrective measures or replacement parts. The Inspector is authorized to submit a copy of the report to the Aitkin County Environmental Services Department.

This contract does not assume any responsibilities or obligations, which are normally the responsibilities of the Client, as related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

The Inspector can only contract or subcontract for parts or labor after authorization. Billings for service calls shall be made on a case by case basis. This contract only covers maintenance, monitoring and inspection services per current Aitkin County Operating Permit and does not cover alarm calls of any kind.

The inspector shall be provided access to the site and the system in order to perform the following services:

SEPTIC TANK AND LIFT STATIONS INSPECTION

(check the boxes needed to fill the requirements of the Operating Permit)

______ Check septic tank and compartments for solids buildup and general appearance. If necessary, have tanks pumped (cost of pumping is the responsibility of the client).

xx Check effluent filter for buildup and clean, if applicable.

XXX Check pumping system, including control panel and floats.

_____ Record and date the readings of the elapsed time meter and cycle counter(s), if applicable.

XX Check dosing settings (in the control panel, if applicable).

____ Other: _____

**if the septic tank or lift stations need pumping to be in compliance with the operating permit the cost of the pumping is the responsibility of the Client.

TREATMENT DEVICE

Inspect pretreatment unit (aerobic tank, sand filter, etc.) per manufacturer's recommendations, if applicable.

______ inspect and clean any parts per manufacturer's recommendations.

____ Inspect and clean laterals, if applicable.

_____ Inspect the appearance of the wastewater inside the unit for color, turbidity and examination of odors.

xx Sample effluent per Operating Permit monitoring requirements.

(Cost of sampling and analysis is the responsibility of the Client)

___ Other: _____

DISPERSAL FIELD

 $\underline{\times}$ Inspect for visible signs of failure (surface discharge, soggy ground, wet spots, settling, etc.)

_____ If liquid level monitors are installed, levels will be observed and recorded.

_____ Flush filters and clean cartridges, if applicable.

____ Check field control unit solenoid operations or manual control, if applicable.

____ Other: _____

In no event shall the inspector be responsible for special or consequential damages, including but not limited to, loss of time, injury to personal property or any other consequential damages or incidental or economic loss due to equipment failure or for any other reason. This contract does not assume any responsibilities or obligations, which are normally, the responsibility of the Client or as, related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

This contract shall be effective:	Beginning _	August	
	and Ending	August	, 2023

Cost for Maintenance Service, Monitoring and Inspection Contract is:

750.00 \$ 150.00 /vr. For ⁵ years totaling \$

The Inspector agrees to provide inspection, monitoring and routine maintenance service only under this contract. The Client remedies for breach of this contract. shall be limited to refund of any of the amounts paid in advance for service. This contract may be renewed 30 days from the ending date.

Inspector:

Payment for all services shall be paid _____upon per invoicing

Client:

Return CPD Elloen sign: and Mita

Print: Roger E 0/304 Print: Mark P. Ritter

Date: 8-24-18 Date: Ayg 19-2019

AITKIN COUNTY ENVIRONMENTAL SERVICES-PLANNING & ZONING 209 Second Street, NW Room# 100 Aitkin, Minnesota 56431

PH: (218) 927-7342 FX: (218) 927-4372



9/11/2019

Re: Operating Permit #149 Zoning Permit #31603 Parcel #11-1-107200

Roger & June Olson 40663 236th Lane Aitkin, MN 56431-

Dear Permittee:

This letter is to inform you that your Operating Permit has been renewed until 5/31/2024 and the Operating Permit renewal period has been moved to a 5 YEAR based on the recommendation from your Operating and Maintenance provider.

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 Operation and Maintenance provider 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,

Shappon W. Aitkin County Planning & Zoning