| (Office | e Use Only) |
|--------------------|-------------|
| Operating Permit # | 59 |
| Application # | 2023-001261 |
| Date issued: | 11/3/2023 |
| Expiration date: | 9/30/2024 |
| Renewal period: | Annually |

Subsurface Sewage Treatment System **Operating Permit**

Aitkin County Environmental Services Planning & Zoning

307 Second St. NW, Room 219 Aitkin, MN 56431 218-927-7342 aitkinpz@co.aitkin.mn.us

Facility Information

Use this form to apply for a Type 4 or 5 system operating permit

| Permittee name: | Covenant Pines Bible Camp | | | | | | | |
|---------------------------|---|---|------------------------------------|--------------------------|--------------------------------|--------------------------|----------|----------|
| Mailing address: | 43696 245 th Place | City: | McGregor | McGregor State | | MN | Zip: | 55760 |
| Email: | office@covenantpines.org | 1 % | P | hone: | 651-245-7225 | | | |
| Property ID number | : 14-0-024400 | | | | | | | |
| Property address: | 43696 245th Place McG | regor, MN 5576 | 0 | | | | | |
| System type: | Type IV | | Treatment level: A | | | | | |
| System design flow (gpd): | 5800 GPD | | | esidentia | dential/Commercial: Commercial | | al | |
| System components | New Type IV Addition - 2500 Gal Combo (Reve Gal recirc tanks to 24'x5 existing components on | rsed) 839 gal Cl 50' sand filter, to | arifier, then 173 1500 gal pump | 31 gal tim p tank do: | ne dose pun sing (2) 25' | np tank to x 150' pre | existing | (2) 3000 |

Monitoring Requirements

| Parameter | Effluent limits | Frequency | Location | | |
|---|-----------------|-----------|------------------------|--|--|
| Design flow (gpd) | 5800 | Monthly | Dosing Tank | | |
| Average flow (gpd) | <4060 | Monthly | Dosing Tank | | |
| CBOD ₅ (mg/L) | <125 mg/l | Annually | Dosing Tank | | |
| CBOD₅ (mg/L) | <125 mg/l | Annually | MBBR Dose Tank | | |
| TSS (mg/L) | <65 mg/l | Annually | Dosing Tank | | |
| FO&G (mg/L) | <30 mg/l | Annually | Dosing Tank | | |
| Fecal Coliform bacteria (#/100mL) | <1000 mg/l | Annually | Dosing Tank | | |
| Total Nitrogen, Total Phosphorus (mg/L) | <30 mg/l | Annually | Dosing Tank | | |
| Operational Field Tests, may include: Temperature, Dissolved Oxygen and pH | . ** | As Needed | Treatment & Dose Tanks | | |
| Ponding/Surfacing in soil treatment | None | Annually | Drainfield | | |

Monitoring Requirements Comment Field:

Maintenance Requirements

| System component | Maintenance | Frequency | | |
|------------------------------|------------------------------|-----------|--|--|
| External grease interceptor | | | | |
| Septic tank/Trash tank | Sludge sample/pump as needed | Annually | | |
| Pump tank and controls | Septic tanks | Annually | | |
| Effluent screen | Clean as needed | Annually | | |
| Advanced treatment product | Per Service Plan | Annually | | |
| UV light disinfection device | NA | NA | | |
| Soil treatment and dispersal | Repair as needed | Annually | | |

updated 4/24/23

Monitoring Protocol

Any sampling and laboratory testing procedures shall be performed in accordance with the proprietary treatment product's protocol, Standard Methods, and at a Minnesota Department of Health approved laboratory. Results shall be submitted to the permitting authority at: Aitkin County Environmental Services, 307 2nd St NW, Room 219, Aitkin, MN 56431 no later than the expiration date listed.

Contingency Plan

In the event the wastewater treatment system does not meet required performance requirements as contained in this operating permit, the owner shall notify Aitkin County Environmental Services within thirty (30) days of receiving non-compliant information. The owner is responsible to obtain the services of a Minnesota Pollution Control Agency (MPCA) licensed Service Provider or other qualified practitioner to complete the required corrective measures.

Authorization

Aitkin County Environmental Services authorizes the Permittee to operate a wastewater treatment and dispersal system at the address named above in accordance with the requirements of this operating permit, attached Management Plan and contract with the Service Provider/Inspector.

This permit is effective on the issuance date and term identified above. This permit and the authorization to treat and disperse wastewater shall expire on the expiration date identified above. The Permittee is not authorized to discharge after the above date of expiration. The Permittee shall submit monitoring and maintenance information on forms as required by Aitkin County Environmental Services prior to the above date of expiration for operating permit renewal. If not renewed within ninety (90) calendar days of the expiration date, it may be required that the system be abandoned in accordance with MN Rule 7080.2500. This permit is not transferable as to person or place.

The owner is required to obtain the services of a Minnesota Pollution Control Agency (MPCA) licensed and trained: 1) Service Provider or Inspector to provide ongoing system operation, maintenance, and monitoring and 2) Maintainer to pump the system's sewage tanks and components. The owner is responsible to provide the name of the Service Provider or Inspector business prior to the issuance of this operating permit. The owner has secured the services of Septic Check as the Service Provider or Inspector for this system. The Service Provider or Inspector is hereby authorized to provide the required monitoring data and routine maintenance service records to both Aitkin County Environmental Services.

[For systems that generate high strength wastewater, the following items should be added to the operating permit: "If there is a change of use within the facility (i.e., change in menu, increase in food capacity, change in water use fixtures, etc.), the permittee is required to notify Aitkin County Environmental Services and the Service Provider before any changes occurs. Changes to the facility that could potentially impact performance of the wastewater treatment and dispersal system shall not take place until appropriate evaluation has been completed."]

I hereby certify with my signature as the Permittee that I understand the provisions of the wastewater treatment and dispersal system operating permit including maintenance and monitoring requirements. I agree to indemnify and hold Aitkin County harmless from all loss, damages, costs and charges that may be incurred by the use of this system. If I fail to comply with the provisions of this operation permit, I understand that penalties may be issued. If I sell this property during the life of the permit, I will inform the new owner(s) of the permit requirements and the need to renew the operating permit.

| The Oper | ating Permit is hereby granted to: | | | | | | |
|---------------------------|--|---------------------------------------|----------------------------|---|-----------|--|--|
| Permittee (please prin | | Permitting A | | Planning & Zoning/Shannon Wiebusch | | | |
| Title: | CAMP DIRECTOR Date: 11/3/27 COVENANT PINES | Title: | Office Assistant Date: 11/ | | 11/3/2023 | | |
| Permittee Signature: | COVENANT PINES X MAST PINES Permitee Signature | Permitting Authority Signature: | | Shannon Wisbusch tkin County Representative Signature | | | |