

# AITKIN COUNTY ENVIRONMENTAL SERVICES

## APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

PERMITTEE Todd Malcolm PARCEL NUMBER 23-0-017602

ADDRESS 44719 352nd Pl.

LEGAL DESCRIPTION \_\_\_\_\_

TELEPHONE # 320-224-6671 GIS LOCATION \_\_\_\_\_

**A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM:  
(Attach ISTS site evaluation and design; estimated cost of system  
construction, operation, monitoring, service, component replacement, and  
management; anticipated system life, hydraulic and organic loading rates)**

\_\_\_\_\_  
Type III because less than 12" to mottles ( 6" )  
\_\_\_\_\_  
Type III 2 Bedroom Mound 36" washed sand under Rockbed.  
\_\_\_\_\_  
\_\_\_\_\_

**B. MONITORING PLAN AND REPORTING FREQUENCY:**

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	300 GPD	Event counter	Once a Month or when present		Send Report to Aitkin Co. Once a year
5-DAY BOD					
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS,OILS AND GREASE					
FECAL COLIFORM					
SEPARATION DISTANCE					

\_\_\_\_\_  
Owner will read event counter once a month or when present. Owner will send monthly readings report to  
Aitkin co. or the inspector ONCE A YEAR.  
\_\_\_\_\_

\_\_\_\_\_ will perform the monitoring of this septic system.

**C. MAINTENANCE PLANS**

PARAMETER	LOCATION	FREQUENCY
300 GPD	Read Event Counter	Once a month or when present
Calibrate pump out gallons	Measure pump tank and calculate gallons pumped out per event	Calibrate system when installed and in operation. Check calibration number at 1st year inspection and every one after
Report monthly readings to Aitkin Co. Or inspector	Keep records of monthly readings	Once a year submit report to Aitkin Co.

**D. MITIGATION PLAN:**

Have system Inspected

I hereby certify with my signature as the designer, that all data for the operating permit application is true and correct to the best of my knowledge. I agree to indemnify and hold Aitkin County harmless from loses, damages, costs and charges that may be incurred by the County because of the information submitted with this application.

Jeff Brummer  
Signature

L-1347  
License Number

8/16/2023  
Date

Jeff Brummer  
Name (please print)

14650 Agate Ridge Rd Brainerd MN 56401  
Address

(218) 821-0704  
Telephone #