



Wastewater Treatment and Dispersal Operating Permit

Operating Permit No. _____

Facility Information

Permittee name
(and business name, if applicable): _____ Phone number: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Property ID number (GPS location): _____

_____ 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. The attached Management Plan is hereby incorporated as part of the requirements of this operating permit.

Issuance date: _____ Expiration date: _____

System type: _____ Treatment level: _____

System design flow: _____ Residential/Commercial: _____

System components: _____

Monitoring Requirements

Parameter	Effluent limits	Frequency	Location
Design flow (gpd)			
Average flow (gpd)			
CBOD ₅ (mg/L)			
TSS (mg/L)			
O&G (mg/L)			
Fecal Coliform bacteria (#/100mL)			
Total Nitrogen, Total Phosphorus (mg/L)			
Operational Field Tests, may include: Temperature, Dissolved Oxygen and pH			
Ponding/Surfacing in soil treatment			

Monitoring Requirements Comment Field:

Maintenance Requirements

Maintenance requirements shall be performed as specified in the Management Plan as prepared by the system's Advanced Designer.

System component	Maintenance	Frequency
Extenal grease interceptor		
Septic tank/Trash tank		
Pump tank and controls		
Effluent screen		
Advanced treatment product		
UV light disinfection device		
Soil treatment and dispersal		

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: Sibley County Environmental Services, 400 Court Avenue, PO Box 82, Gaylord, MN 55334 no later than sixty (60) days prior to when the permit to operate the system expires, and to the proprietary treatment products manufacturer at:

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 the local unit of government 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

This permit is effective on the issuance date identified above. This permit and the authorization to treat and disperse wastewater shall expire in _____ year(s). The Permittee is not authorized to discharge after the above date of expiration. The Permittee shall submit monitoring information on forms as required by Sibley County, no later than sixty (60) days prior to the above date of expiration for operating permit renewal. This permit is not transferable.

The owner is required to obtain the services of a Minnesota Pollution Control Agency (MPCA) licensed and trained: 1) Service Provider 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 business prior to the issuance of this operating permit. The owner has secured the services of _____ as the Service Provider for this system (signed Service Provider contract attached). The Service Provider is hereby authorized to provide the required monitoring data and routine maintenance service records to both Sibley County and to the manufacturer of the treatment device, _____.

[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 the local unit of government 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 Sibley County harmless from all loss, damages, costs and charges that may be incurred by the use of this system. If I fail to comply with the provisions of this operation permit, I understand that penalties may be issued. If I sell this property during the life of the permit, I will inform the new owner(s) of the permit requirements and the need to renew the operating permit.

The Operating Permit is hereby granted to: _____

Permittee (please print): _____	Permitting Authority (please print): _____
Title: _____ Date: _____	Title: _____ Date: _____
Signature: _____	Signature: _____