

## DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006

**GOVERNMENT CENTER** Office: 651-430-6655 TTY: 651-430-6246 FAX: 651-430-6730

## Subsurface Sewage Treatment System Maintenance Permit

| This section must be        | e completed in its entirety   | y to constitute a va   | alid maintenance p                                       | ermit. This permit m                       | nust be completed |  |
|-----------------------------|---|--|--|--|-------------------|--|
| <u>prior</u> to perfo       | rming maintenance activi  | ties and remain or   | n-site for the dura                                      | tion of the maintenan                      | ce activity.      |  |
| Date of Maintenance:        | 9-27-17 Reason  | n for Maintenance:   | Rousine  |  |                   |  |
| Property Address:           | 10930 68th 51   | - 5  | Property Owner's N                                       | lame: Freisch                              | nel               |  |
|                             | ruse grove ZIP: 550   |  |  |  |                   |  |
|                             | 10: 040 51 M 8295   |  |  |  |                   |  |
| Maintenance Performed       |   | Tank Measurement (must be completed if tanks NOT pumped)   |  |  |                   |  |
| ★ Tank(s) Pumped            |   | Liquid Level of Tank in  |  |  |                   |  |
| Sludge and scum measured    |   | Sludge Level in  | Sludge Level in Tank in Scum Level in Tank in            |  |                   |  |
| Do tanks need to be pumped? |   | III and the second seco | Sludge + Scum / Liquid Level X 100                       |  |                   |  |
| ☐ Yes ☐ No (if              | no provide measurements)  | and the second second second   | = % Sludge & Scum Tanks must be pumped if 25% or greater |  |                   |  |
| evidence of dama            | of tank leakage from a se<br>aged, cracked, or structur<br>———————————————————————————————————— | rally unsound main Leaking Out   | tenance hole cove  | tank below the opera<br>ers?  Cover Damage | ating depth or    |  |
|                             | Septic/Holding Tank #1  | ☐ Yes ⊠No  | ☐ Yes ☒No  | ☐ Yes ☐ Yo                                 |                   |  |
|                             | Septic/Holding Tank #2  | ☐ Yes ☐ No   | ☐ Yes ☐ No   | ☐ Yes ☐ No                                 |                   |  |
|                             | Pretreatment Tank   | ☐ Yes ☐ No   | ☐ Yes ☐ No   | ☐ Yes ☐ No                                 |                   |  |
|                             | Pump Tank   | ☐ Yes ☐ No   | ☐ Yes ☐ No   | ☐ Yes ☐ No                                 |                   |  |
| 4. How many gallons         | of septage were removed   | l?   |  |  |                   |  |
| Tank #1 1300                | gal Tank #2   | gal Pretreatmen  | t tankg  | al Pump Tank                               | gal               |  |
| 5. Other information        | : List any troubleshooting  |  |  |  | concerns.         |  |
| 5. Location of septage      | e disposal: MCC5  |  |  |  |                   |  |

Schlomka Services LLC 13450 122nd St S- Hastings MN 55033 651-459-3718

Maintenance activities must be reported to the Department within 90 days.