

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006 Office: 651-430-6655 TTY: 651-430-6246 FAX: 651-430-6730

Subsurface Sewage Treatment System Maintenance Permit

| This section must be com | pleted in its entiret | y to constitute a v | alid maintenance | permit. This permit r | must be completed | |
|---|-----------------------|---------------------|--|------------------------|--------------------|--|
| prior to performing | maintenance activ | ities and remain o | n-site for the dura | ation of the maintenar | nast be completed | |
| Date of Maintenance: | 7 1-1 | n for Maintenance: | | u time | ice activity. | |
| Property Address: 1370 | 28 30th A | N. Circle | Property Owner's | Name: Susan | Mulcan | |
| Municipality: | ZIP: | | entification Numbe | | | |
| Maintenance Permit No: 🖺 (| 029206844 | | | ky's Environmental Sev | | |
| | | | 110 Electise 110. 1111 | ky s Environmentat sev | wer Service/ L1673 | |
| Maintenance Performed | | Tank Mea | 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? \Box Yes \Box No (if no provide measurements) | | | Sludge + Scum / Liquid Level X 100 | | | |
| | | = % Sludge & Sc | = % Sludge & Scum Tanks must be pumped if 25% or greater | | | |
| 1. Access used to remove s | septage: Maintena | ance Hole Other (| | | | |
| 2. Were all covers securely | replaced? Yes | □No | | 13 000 73 | is we can him la | |
| 3. Is there evidence of tank | | | coatment or | | | |
| evidence of damaged, | cracked, or structur | ally unsound main | tenance hole cover | tank below the opera | ating depth or | |
| - | | | terrance note cove | ers: L res L No | | |
| | Tank | Leaking Out | Leaking In | Cover Damage | | |
| Seption | c/Holding Tank #1 | ☐ Yes ☑ No | ☐ Yes ☐ No | ☐ Yes ☐ No | | |
| Seption | c/Holding Tank #2 | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | * | |
| Pretreatment Tank Pump Tank | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | | |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | | |
| 4. How many gallons of sep | | | | | | |
| Tank #1 <u>12 50</u> gal | Tank #2 | _gal Pretreatment | tankg | al Pump Tank | gal | |
| 5. Other information: List a | ny troubleshooting, | minor repairs cor | ducted, tank safe | ty concerns, or other | concerns. | |
| | | | Marine and an arm | | | |
| | and the second | | | | | |
| 6. Location of septage dispos | sal: <i>ST</i> _ | Pow) | | | | |
| | | | | | * | |
| | Pinky' | s Environmental Se | wer Service Inc. | | | |
| | | PO Box 35 | | | | |

Afton MN 55001

P: 651-439-4847 License Number: L1673