Washington County

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 completed in its entirety prior to performing maintenance activit | | | | |
|---|--|--------------------|------------------------|--------------|
| Date of Maintenance: 5/16/17 Reason | | ^ | ion of the maintenan | ce activity. |
| Property Address: 1383 7) or Cress | | | Palant 1 | 26. |
| N. V. | The State of the S | | | Movey |
| Municipality Saste Takeland ZIP: 550 | | | | |
| Maintenance Permit No: <u>d3623b6446</u> A | Maintainer Name ar | nd License No. Mey | ver Sewer Service/ L91 | 15 |
| Maintenance Performed | Tank Measurement (must be completed if tanks NOT pumped) | | | |
| Tank(s) Pumped | Liquid Level of Tank | | | |
| ☐ Sludge and scum measured | Sludge Level in Tank in Scum Level in Tank in Sludge + Scum / Liquid Level X 100 = % Sludge & Scum | | | in |
| Do tanks need to be pumped? | | | | |
| \square Yes \square No (if no provide measurements) | | | | |
| evidence of damaged, cracked, or structura ——————————————————————————————————— | Leaking Out | Leaking In | Cover Damage | |
| Septic/Holding Tank #1 | ☐ Yes 🕅 No | ☐ Yes 🕅 | ☐ Yes No | |
| | | , | | |
| 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 | , | | ** | |
| Tank #1 1500 gal Tank #2 | | t tank g | al Pump Tank | gal |
| 5. Other information: List any troubleshooting, | | | | |
| | | | | |
| | C+ On | 1 | | - |
| 6. Location of septage disposal: | DI Pa | U | | |

Meyer Sewer Service, Inc. 5325 Manning Ave S

Afton, MN 55001

License Number: L915 P: 651-459-0162

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