

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 to constitute a valid maintenance permit. This permit must be completed prior to performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance:	6/29/17 Reason f	for Maintenance: _	Routine		
Property Address: 14	880 Homestead	e aven. P	roperty Owner's Na	ame: Max 3	tilson
Municipality: Hac			ntification Number:	, ,	
Maintenance Permit No	anu 1600			er Sewer Service, Inc	c./L915
	7 /	o desprendente de la companya esperante e indicata esperante e indicata e e e e e e e e e e e e e e e e e e			
Maintenance Performed		Tank Measurement (must be completed if tanks NOT pumped)			
✓ Tank(s) Pumped  ☐ Sludge and scum measured		Liquid Level of Tank in  Sludge Level in Tank in Scum Level in Tank in  Sludge + Scum / Liquid Level X 100  = % Sludge & Scum Tanks must be pumped if 25% or greater			
$\square$ Yes $\square$ No (if no provide measurements)					
1. Access used to rem	ove septage:   Maintenan				
2. Were all covers sec	curely replaced?  Yes	□No			
	of tank leakage from a sept ged, cracked, or structura		eatment or pump	tank below the ope	erating depth or
evidence of dama	ged, cracked, or structura	ally unsound main	tenance note cove	15:	
	Tank	Leaking Out	Leaking In	Cover Damage	
	Septic/Holding Tank #1	☐ Yes ☐ No	☐ Yes 🗖 No	☐ Yes ☐ No	
	Septic/Holding Tank #2	☐ Yes 🗹 No	☐ Yes ☑ No	☐ Yes ☐ No	
	Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	$\square$ Yes $\square$ No	
	Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Tank #1 /000	of septage were removed? _ gal Tank #2 <u></u>	gal Pretreatmen			
6. Location of septage		And an all to design the Are-			

Meyer Sewer Service, Inc. 5325 Manning Ave S Afton, MN 55001 License# 915 P: 651-459-0162