

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006
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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. Reason for Maintenance: | Rootine Date of Maintenance: 5060 Jamaca AVE N ____ Property Owner's Name: $R(\partial \omega)$ Property Address: __ Municipality: Lake Elmo ZIP: 55042 Property Identification Number: Maintenance Permit No: p890 k9562 Maintainer Name and License No. Smilie's Sewer Service/L2428 Tank Measurement (must be completed if tanks NOT pumped) Maintenance Performed Liquid Level of Tank _____ in X Tank(s) Pumped Sludge Level in Tank ______ in Scum Level in Tank _____ in Sludge and scum measured Sludge + Scum _____ / Liquid Level ____ X 100 Do tanks need to be pumped? = % Sludge & Scum _____ Tanks must be pumped if 25% or greater ☐ Yes ☐ No (if no provide measurements) 1. Access used to remove septage: Maintenance Hole Other (enter authorization code) 2. Were all covers securely replaced?

✓ Yes □ No 3. Is there evidence of tank leakage from a septic, holding, pretreatment or pump tank below the operating depth or 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 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 1250 gal Tank #2 _____ gal Pretreatment tank ____ gal Pump Tank ____ gal 5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns. 6. Location of septage disposal:

> Smilie's Sewer Service **PO BOX 100** Scandia, MN 55073

License# 2428 P: 651-433-3934