

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

11:11

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: _		16	<i>a</i> r <i>l</i>	
Property Address:	3070 Olindat	r V P	roperty Owner's Na	ame: Mark S	ander cot	
Municipality:	ne zip.59) Y Property Iden	tification Number:			
Maintenance Permit No	1211/17/17	─ / Maintainer Name an	d License No. <u>Smili</u>	e's Sewer Service/L	2428	
	7					
Maintenar	ice Performed	Tank Meas	urement (must be	completed if tanks	NOT pumped)	
☑ Tank(s) Pumped		Liquid Level of Tank in				
Sludge and scum measured Do tanks need to be pumped?		-	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				
Yes No (if no provide measurements))		· ·	_	
1. Access used to ren	nove septage: Mainten	ance Hole 🗌 Other (e	nter authorization co	ode)		
3. Is there evidence	curely replaced? 🔽 Yes of tank leakage from a se aged, cracked, or structu	ptic, holding, pretr	eatment or pump tenance hole cove	tank below the opers? Yes No	fating 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	☐ Yes 🖟 No		
	Pretreatment Tank	☐ Yes 🖟 Nø	☐ Yes 🖟 No	☐ Yes ☐ No		
				•		
	Pump Tank	☐ Yes ☑ No	☐ Yes ☑No	☐ Yes ☐ Mó		

Smilie's Sewer Service 23893 Pomroy Ave N Scandia, MN 55073

License# 2428 P: 651-433-3934