

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:	7-29-17 Reason	for Maintenance: _	Routone	•	
Property Address: <u>ご</u>	2695 Olinda Tras	<u> </u>	roperty Owner's N	ame: Cara 13	veta
Municipality: Scand	(1/2 ZIP: 550)	73 Property Ider	ntification Number:		
	: N7085 F7545 N	Maintainer Name ar	d License No. Smil	ie's Sewer Service/L	2428
	· <u>-</u>				
Maintenan	ce Performed	Tank Meas	urement (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			
☐ Yes ☐ No (if n	o provide measurements)				
1. Access used to rem	ove septage: Maintena	nce Hole \Box Other (ϵ	enter authorization co	ode)	
2. Were all covers sec	urely replaced? 🖾 Yes 🛚	□No			
	f tank leakage from a sep ged, cracked, or structura				rating depth or
evidence or dama					
	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	☐ Yes ☐ No	
	Pump Tank	☐ Yes ☑No	☐ Yes 🕬	☐ Yes INo	
,					
		2			
	of septage were removed gal Tank #2		t tank——— g	al Pump Tank	gal
Tank #1 200		_gal Pretreatmen			
Tank #1 200	_ gal Tank #2 1200	_gal Pretreatmen			

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

License# 2428 P: 651-433-3934