

## 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:  | 8-29-17 Reason   | for Maintenance: _  | Koutine   |                      |                 |  |
|---|--|---|---|----------------------|-----------------|--|
| Property Address:   | 1920 Partridge Rd  | CTN P   | roperty Owner's Na  | ame: Stephen         | Kuslich         |  |
| Municipality: Still   | uater zip: 550   | Property Ider   | tification Number:  |                      |                 |  |
| Maintenance Permit  | No: 9245718418   | Maintainer Name an  | d License No. Smili   | e's Sewer Service/L2 | <br>2428        |  |
| Maintenance rennic  | 10. 41. 71. 0  | Hamilanier Hame an  | G 2/66/136 1(01 <u>3/1/1/1</u>  |                      |                 |  |
|   |  | Tank Meas   | urement (must be  | completed if tanks   | NOT pumped)     |  |
| Maintenance Performed  Tank(s) Pumped  Sludge and scum measured Do tanks need to be pumped?  Yes \( \sum \) No (if no provide measurements) |  |   |   |                      |                 |  |
|   |  | Liquid Level of Tank in Sludge Level in Tank in Scum Level in Tank in |   |                      |                 |  |
|   |  | Sludge + Scum _   | Sludge + Scum / Liquid Level X 100 = % Sludge & Scum Tanks must be pumped if 25% or greater |                      |                 |  |
|   |  | = % Sludge & Sci  |   |                      |                 |  |
|   |  |   |   |                      |                 |  |
| 1. Access used to re  | move septage: 🎾 Maintena   | ance Hole $\square$ Other ( $\epsilon$                                | nter authorization co   | ode)                 |                 |  |
| 3. Is there evidence  | ecurely replaced? Yes<br>of tank leakage from a se<br>naged, cracked, or structu | ptic, holding, pretr  | eatment or pump<br>tenance hole cove  | tank below the oper  | rating depth or |  |
|   | Tank   | Leaking Out   | Leaking In  | Cover Damage         |                 |  |
|   | Septic/Holding Tank #1   | ☐ Yes 🎏 No  | ☐ Yes 🖽 No  | ☐ Yes [本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 gallor  | ns of septage were remove  | d?<br>gal_ Pretreatmen  | t tankg   | al Pump Tank         | gal             |  |
|   | on: List any troubleshootin  |   |   |                      |                 |  |
| 5. Other information  |  | <b>9</b> /  | •   |                      |                 |  |
|   | ,  | 1 1 1   | . 1   |                      |                 |  |
| 6. Location of septa  | ge disposal. Lel   | nd Appl   | 401   |                      |                 |  |

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

License# 2428 P: 651-433-3934