

9 1/17

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

COTTLE

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.

Maintenan	e Performed	Tank Measi	urement (must be	completed if tanks	s NOT pumped)
Tank(s) Pumped Sludge and scum me Do tanks need to be Yes No (if ne		Sludge Level in T Sludge + Scum _ = % Sludge & Scu	/ Liquid L	Scum Level in Tanl evel X 10 nks must be pumped	0
Were all covers sectors there evidence of	ove septage: Maintena urely replaced? Yes f tank leakage from a se ged, cracked, or structur	□ No ptic, holding, pretr	eatment or pump	tank below the op	erating depth or
[Tank	Leaking Out	Leaking In	Cover Damage	
	Septic/Holding Tank #1	☐ Yes 🔽 No	☐ Yes No	☐ Yes S4No	
	Septic/Holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Marie Carlos
i	Pretreatment Tank	□ 162 □ 140			4.
evidence of damag	Tank Septic/Holding Tank #1 Septic/Holding Tank #2	Leaking Out Yes No Yes No	Leaking In Yes No Yes No	Cover Damage Yes Alo Yes No	

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

License# 2428 P: 651-433-3934