

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. Reason for Maintenance: Date of Maintenance: Property Owner's Name: //d/ Property Address: Municipality: _ 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 Tank(s) Pumped Sludge Level in Tank _____ in Scum Level in Tank ___ 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 evidence of damaged, cracked, or structurally unsound maintenance hole covers?

Yes

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 ☐ No	☐ Yes ☐ No

6. Location of septage disposal:

Smilie's Sewer Service 23893 Pomroy Ave N

Scandia, MN 55073 License# 2428 P: 651-433-3934