



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: 10-18-17 Reason for Maintenance: Cleaning  
 Property Address: 8582 Kimbro Ave Property Owner's Name: Pat Kuslich  
 Municipality: Stillwater ZIP: 55080 Property Identification Number: \_\_\_\_\_  
 Maintenance Permit No: 9623549375 Maintainer Name and License No. Smilie's Sewer Service/L2428

**Maintenance Performed**

Tank(s) Pumped  
 Sludge and scum measured  
 Do tanks need to be pumped?  
 Yes  No (if no provide measurements)

**Tank Measurement (must be completed if tanks NOT pumped)**

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

1. Access used to remove septage:  Maintenance Hole  Other (enter authorization code) no manway access per 78
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  No

Tank	Leaking Out	Leaking In	Cover Damage
Septic/Holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Septic/Holding Tank #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. How many gallons of septage were removed?  
 Tank #1 1000 gal Tank #2 \_\_\_\_\_ gal Pretreatment tank \_\_\_\_\_ gal Pump Tank \_\_\_\_\_ gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

6. Location of septage disposal: \_\_\_\_\_

Smilie's Sewer Service  
 23893 Pomroy Ave N  
 Scandia, MN 55073  
 License# 2428 P: 651-433-3934

Maintenance activities must be reported to the Department within 90 days.