

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.

1		Rootline			
			ame: Trever 4	Many Boere	
				···	
				2428	
e 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			
provide measurements)				J	
⁄e septage: 🎾 Maintenan	ice Hole \square Other (e	enter authorization co	ode)		
ank leakage from a sept	tic, holding, preti			rating depth or	
Tank	Leaking Out	Leaking In	Cover Damage		
eptic/Holding Tank #1	☐ Yes 🌠 No	☐ Yes 🔀 No	☐ Yes 🛱 No		
eptic/Holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
retreatment Tank	☐ Yes ☐ No	☐ Yes ☐No	☐ Yes ☐ No		
ump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
gal Tank #2	gal Pretreatmen	t tank ganducted, tank safe			
	e Performed asured pumped? provide measurements) ye septage: Maintenan rely replaced? Yes C tank leakage from a sept d, cracked, or structura Tank eptic/Holding Tank #1 eptic/Holding Tank #2 retreatment Tank ump Tank septage were removed?	Maintainer Name and Basines Maint	Maintainer Name and License No. Smile Performed	A 4970	

Smilie's Sewer Service **PO BOX 100** Scandia, MN 55073

License# 2428 P: 651-433-3934