

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

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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: **7** Reason for Maintenance: _ Property Address: WEST LAKE LANDP: 55082 Property Identification Number: Maintainer Name and License No. Meyer Sewer Service, Inc./L915 Maintenance Performed Tank Measurement (must be completed if tanks NOT pumped) Tank(s) Pumped Liquid Level of Tank _____ in 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 _____ \square Yes \square No (if no provide measurements) Tanks must be pumped if 25% or greater 1. Access used to remove septage:

Maintenance Hole

Other (enter authorization code) 2. Were all covers securely replaced? \square Yes \square 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? ______ Tank **Leaking Out** Leaking In **Cover Damage** Septic/Holding Tank #1 🗀 Yes 🗷 No ☐ Yes ☐ No Septic/Holding Tank #2 ☐ Yes ∠ No ☐ Yes ☐ No Pretreatment Tank 🗀 Yes 🗌 No ☐ Yes ☐ No □ Yes 🗆 No Pump Tank ☐ Yes ☐ No Yes \(\subseteq \text{No} \) Yes \(\subseteq \) No 4. How many gallons of septage were removed? gal Tank #2 1600 gal Pretreatment tank_____gal Pump Tank ____ Tank #1 /200 5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns. 6. Location of septage disposal:

> Meyer Sewer Service, Inc. 5325 Manning Ave S Afton, MN 55001 License# 915 P: 651-459-0162