

Subsurface Sewage Treatment System Maintenance Permit

This section must be completed in its entirety to constitute a valid maintenance permit. This permit must be complete prior to performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance: 11/20/17 Reason for Maintenance: Repair
 Property Address: 19880 QUINNELL AVE N. Property Owner's Name: John & Kathy Cullis
 Municipality: Scandia ZIP: 55073 Property Identification Number: _____
 Maintenance Permit No: 92137 & 9954 Maintainer Name and License No. Smilie's Sewer Service/L2428

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	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)

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	
	Yes	No	Yes	No	Yes	No
Septic/Holding Tank #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Septic/Holding Tank #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pretreatment Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How many gallons of septage were removed?
 Tank #1 1250 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
 PO BOX 100
 Scandia, MN 55073
 License# 2428 P: 651-433-3934

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