

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: KOUTINE BAILEY KOAD Property Address: 6895 \_\_\_\_\_ Property Owner's Name: S/MON FUNG Municipality: WOODBURY ZIP: 55129 Property Identification Number: Maintenance Permit No: C188606927 Maintainer Name and License No. Meyer Sewer Service, Inc./L915 Maintenance Performed Tank Measurement (must be completed if tanks NOT pumped) Liquid Level of Tank \_\_\_ 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? \_\_\_\_\_\_ Tank **Leaking Out** Leaking In **Cover Damage** Septic/Holding Tank #1 ☐ Yes XNo ☐ Yes 🔀Nn ☐ Yes 🏝 No Septic/Holding Tank #2 ☐ Yes **Æ**No ☐ Yes 🗖 No ☐ Yes **②**No Pretreatment Tank ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No Pump Tank ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No 4. How many gallons of septage were removed? Tank #1\_\_\_\_\_\_\_ 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:

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