

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: _	8/22/17 Reason fo	or Maintenance: _	ROUTINE		
Property Address: 325 QUIKOTE AVE. N. Property Owner's Name: STEVE LARSON					
Municipality: LAKELANコ ZIP: 55043 Property Identification Number:					
Maintenance Permit No: W84929 1428 Maintainer Name and License No. Meyer Sewer Service, Inc./L915					
Maintenan	ce Performed	Tank Meas	urement (must be	completed if tanks N	IOT pumped)
Tank(s) Pumped Sludge and scum measured Do tanks need to be 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			
☐ Yes ☐ No (if no provide measurements)					
1. Access used to remove septage: Maintenance Hole Other (enter authorization code)					
 Were all covers securely replaced? ✓ Yes □ No 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?					
	Septic/Holding Tank #1	10	10		
	Septic/Holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	□ Yes □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 #1 100 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