

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: _	9/22/17 Reason	for Maintenance: _	Routine			
Property Address:	1821 Jalward	l Ct. 5. P	roperty Owner's Na	ame: Mark 5	pabert	
Municipality: <u>Coll</u>	ale GLOVEZIP: 550	0/6 Property Iden	tification Number:			
Maintenance Permit No	W9354h8775	 Maintainer Name an	d License No. Meye	er Sewer Service, Inc.	/L915	
Maintenar	ice Performed	Tank Measi	urement (must be	completed if tanks i	(OT pumped)	
Tank(s) Pumped  Sludge and scum measured Do tanks need to be pumped?  Yes No (if no provide measurements)		II '	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				
					_	
	nove septage: Maintena curely replaced? Yes of tank leakage from a se	□No			ating depth or	
evidence of dame	iged, cracked, or structur					
evidence of dame	Tank	Leaking Out	Leaking in	Cover Damage		
evidence of dame	121					
evidence of dame	Tank	Leaking Out	Leaking in	Cover Damage		
evidence of dame	Tank Septic/Holding Tank #1	Leaking Out	Leaking In	Cover Damage  Yes No		
evidence of dame	Tank Septic/Holding Tank #1 Septic/Holding Tank #2	Leaking Out  Yes No	Leaking In  Yes No	Cover Damage  Yes No Yes No		
4. How many gallons	Tank Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank  of septage were removed	Leaking Out  Yes No Yes No Yes No Yes No	Leaking In  Yes No Yes No Yes No	Cover Damage  Yes No Yes No Yes No Yes No		
4. How many gallons Tank #1_ <i>ISO</i>	Tank Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank  of septage were removed gal Tank #2	Leaking Out  Yes No Yes No Yes No Yes No Yes No	Leaking In  Yes No Yes No Yes No Yes No	Cover Damage  Yes No Yes No Yes No Yes No	gal	
4. How many gallons Tank #1_ <i>ISQ</i>	Tank Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank  of septage were removed	Leaking Out  Yes No Yes No Yes No Yes No Yes No	Leaking In  Yes No Yes No Yes No Yes No	Cover Damage  Yes No Yes No Yes No Yes No	gal	

Meyer Sewer Service, Inc. 5325 Manning Ave S Afton, MN 55001

License# 915 P: 651-459-0162