

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.

	10/2/17 Reason		POUTINE		
Date of Maintenance: _	1760 LOCKRIS	DO Maintenance.	reports Ourser's Na	mo: MARY TANA	F SMITL
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	GE GROVE ZIP: <u>550</u>				-
Maintenance Permit N	o: b\$56\$d8832	Maintainer Name an	d License No. <u>Meye</u>	r Sewer Service, Inc./L	.915
Maintana	ice Parformed	rank Measi	irement (must be	completed if tanks NO	T pumped)
Tank(s) Pumped Sludge and scum m Do tanks need to l		Sludge Level in T Sludge + Scum _ = % Sludge & Scu	/ Liquid Lo	Scum Level in Tank evel X 100 iks must be pumped if 2	
2. Were all covers se	curely replaced? Yes of tank leakage from a se aged, cracked, or structure.	□No			ing depth or
	Tank		1.6		
	Septic/Holding Tank #1	☐ Yes ᢂNo	☐ Yes 🗷 No	☐ Yes 🗖 No	
	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	
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Meyer Sewer Service, Inc. 5325 Manning Ave S Afton, MN 55001 License# 915 P: 651-459-0162