



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
 GOVERNMENT CENTER  
 14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006  
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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: 10-20-17 Reason for Maintenance: S, M  
 Property Address: 20233 Quivell Ave north Property Owner's Name: BARB MITCHELL  
 Municipality: Scandia ZIP: 55073 Property Identification Number: \_\_\_\_\_  
 Maintenance Permit No: 6088909434 Maintainer Name and License No. JOHN SEWER 216

| Maintenance Performed   | Tank Measurement (must be completed if tanks NOT pumped)   |
|---|--|
| <input checked="" type="checkbox"/> Tank(s) Pumped<br><input type="checkbox"/> Sludge and scum measured<br>Do tanks need to be pumped?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements) | Liquid Level of Tank _____ in<br>Sludge Level in Tank _____ in Scum Level in Tank _____ in<br>Sludge + Scum _____ / Liquid Level _____ X 100<br>= % Sludge & Scum _____ Tanks must be pumped if 25% or greater |

- 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? \_\_\_\_\_

| Tank                   | Leaking Out   | Leaking In  | Cover Damage  |
|------------------------|---|---|---|
| Septic/Holding Tank #1 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Septic/Holding Tank #2 | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Pretreatment Tank      | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Pump Tank              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

- How many gallons of septage were removed?  
 Tank #1 250 gal Tank #2 \_\_\_\_\_ gal Pretreatment tank \_\_\_\_\_ gal Pump Tank \_\_\_\_\_ gal
- Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.  
 \_\_\_\_\_

6. Location of septage disposal: Metro