

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: | 10/13/17 Reason | for Maintenance: | ROUTINE | | |
|--|--|--|--|---------------------------------------|----------------|
| Property Address: 8575 Jamaca aven. Property Owner's Name: Oplene Eckhardt | | | | | |
| Municipality: ZIP: 55081 Property Identification Number: | | | | | |
| Maintenance Permit No: £3418y9055 Maintainer Name and License No. Meyer Sewer Service, Inc./L915 | | | | | |
| | | | | | |
| Maintenar | nce Performed | Tank Meas | urement (must be | completed if tanks | (OT pumped) |
| Tank(s) Pumped ☐ Sludge and scum measured Do tanks need to be pumped? ☐ Yes ☐ No (if no provide measurements) | | 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 | | | |
| 3. Is there evidence of evidence of dama | or tank leakage from a ser aged, cracked, or structur | otic, holding, pretrally unsound main Leaking Out | eatment or pump tenance hole cove Leaking In | tank below the operers? Cover Damage | ating depth or |
| | Septic/Holding Tank #1 | ☐ Yes XNo | ☐ Yes X No | ☐ Yes 🕅 No | |
| | Septic/Holding Tank #2 | ☐ Yes XNo | ☐ 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 /500 gal Tank #2 /0000 gal Pretreatment tank gal Pump Tank gal | | | | | |
| | : List any troubleshooting | - | | | |

Meyer Sewer Service, Inc. 5325 Manning Ave S

Afton, MN 55001

License# 915 P: 651-459-0162