



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: 11-21-17 Reason for Maintenance: Routine

Property Address: 10441 Penfield Ave No. Property Owner's Name: Carlene Howard

Municipality: Stillwater ZIP: 55082 Property Identification Number: _____

Maintenance Permit No: 0944898523 Maintainer Name and License No. Pinky's Environmental Sewer Service/ L1673

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> 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

1. Access used to remove septage: Maintenance Hole Other (enter authorization code) Tanks in landscaping

2. Were all covers securely replaced? Yes No

3. 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? Yes No

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 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. How many gallons of septage were removed?
 Tank #1 1500 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: St. Paul

Pinky's Environmental Sewer Service Inc.
 PO Box 354
 Afton MN 55001
 P: 651-439-4847 License Number: L1673