

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

is 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:	275cpt 18 Reason	for Maintenance:	Reg Mains.		
Property Address: 18	090 St. Cloix Til A	<u>/</u> [Property Owner's N	ame: <u>Mary B</u>	rke
	2 ON St. Claix ZIP: 550			1	
Maintenance Permit N	10: FB665c 13090	Maintainer Name ar	nd License No. Smil	ie's Sewer Service/I	_2428
Maintenance Performed		Tank Measurement (must be completed if tanks NOT 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			
1. Access used to rer	nove septage: Maintena	ance Hole Other (e	enter authorization co	ode)	
3. Is there evidence	ocurely replaced? Yes of tank leakage from a sep aged, cracked, or structur	ptic, holding, preti			erating depth or
	Septic/Holding Tank #1	☐ Yes 🗖 No	☐ 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	
Tank #1	of septage were removed gal Tank #2	_ gal Pretreatmen	t tank g nducted, tank safe	al Pump Tank	gal

Smilie's Sewer Service **PO BOX 100** Scandia, MN 55073

License# 2428 P: 651-433-3934