

## 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 entires	y to constitute	1.1		The state of the s	
This section must be completed in its entiret	ities and remain	alid maintenance p	permit. This permit	must be completed	
prior to performing maintenance active Date of Maintenance: $\frac{1}{2}$ $\frac{1}{2}$ Reaso	icies and remain o	n-site for the dura	tion of the maintena	nce activity.	
	n for Maintenance:		) 4 time		
Property Address: 6720 Jake 80	no ane No.	Property Owner's N	Name: Jon Sca	4400	
Municipality: Stellwater ZIP: 550	92 Property Id	entification Number		www	
Maintenance Permit No: 9209 e 10096	Maintainer Name a	and License No. Pink	ky's Environmental Se	wer Service/ L1673	
Maintenance Performed	Tank Mea	asurement (must be	completed if tanks	NOT pumped)	
Tank(s) Pumped		Tank Measurement (must be completed if tanks NOT pumped)  Liquid Level of Tank ——— in			
Sludge and scum measured		Sludge Level in Tank in Source Level in Tank			
Do tanks need to be pumped?	Sludge + Scum	Sludge + Scum / Liquid Level X 100			
Yes No (if no provide measurements	) = % Sludge & &c	= % Sludge & Scum Tanks must be pumped if 25% or greater			
<ol> <li>Were all covers securely replaced?          Yes     </li> <li>Is there evidence of tank leakage from a security evidence of damaged, cracked, or structure.</li> </ol>	ptic, holding, pret	reatment or pump ntenance hole cove	tank below the oper	ating depth or	
Tank	Leaking Out	Leaking In	Cover Damage		
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		
. How many gallons of septage were removed  Tank #1 / S gal Tank #2  Other information: List any troubleshooting,	_gal Pretreatment	t tankganducted, tank safet	l Pump Tank	gal concerns.	
Location of septage disposal:	al				

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L1673

Maintenance activities must be reported to the Department within 90 days.