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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: *4-12-18* Reason for Maintenance: *Routine*

Property Address: *1901 Hillside Court N* Property Owner's Name: *Brian Maus*

Municipality: *Stillwater* ZIP: *55082* Property Identification Number: _____

Maintenance Permit No: *W 9282 j 10742* Maintainer Name and License No. Pinky's Environmental Sewer Service/ L1673

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
☑ Tank(s) Pumped	Liquid Level of Tank ——— in
☐ Sludge and scum measured	Sludge Level in Tank ——— in Scum Level in Tank ——— in
Do tanks need to be pumped?	Sludge + Scum ——— / Liquid Level ——— X 100
☐ Yes ☐ No (if no provide measurements)	= % Sludge & Scum Tanks must be pumped if 25% or greater

1. Access used to remove septage: ☐ Maintenance Hole ☑ Other (enter authorization code)

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	☑ 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

4. How many gallons of septage were removed?

   Tank #1 _____ 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.
   Too old for manholes

6. Location of septage disposal: _____

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