

## 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

	orming maintenance activit	ies and remain or	n-site for the durat	ermit. This permit	must be completed
	6-12-18 Reason				nee delivity.
Property Address: 1	AND THE REST			lame: MIRUUI	Pommer
Municipality:	2 . 1 2	_	ntification Number		CHITTE
	No: 26627410958 A			XI-4	
	TO LOCALION OF THE	name indine a	nd License No. Pink	sy's Environmental Se	wer Service/ L1673
Maintenance Performed		Tank Measurement (must be completed if tanks NOT pumped)			
Tank(s) Pumped		Liquid Level of Tank — in			
$\square$ 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			
$\square$ Yes $\square$ No (if no provide measurements)		= % Sludge & Scum Tanks must be pumped if 25% or greater			
1. Access used to ren	move septage:   Maintenar	nce Hole Other (e	enter authorization co	ode)	
3. Is there evidence	ecurely replaced?  Yes of tank leakage from a sep aged, cracked, or structura	tic, holding, preti ally unsound main	reatment or pump tenance hole cove	tank below the oper	rating depth or
	Tank	Leaking Out	Leaking In	Cover Damage	
	Septic/Holding Tank #1	Yes No	Yes No		
		- 165 - NO	163 140	☐ Yes ☐ No	
	Septic/Holding Tank #2	Yes No	☐ Yes ☐ No	☐ Yes ☐ No	
	Septic/Holding Tank #2 Pretreatment Tank		The second secon		
		Yes No	☐ Yes ☐ No	☐ Yes ☐ No	
Tank #1 <u>∫</u>	Pretreatment Tank	Yes No Yes No Yes No gal Pretreatment	Yes No Yes No Yes No tank ganducted, tank safe	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ House ☐ Yes ☐ Yes ☐ No ☐ House ☐ Yes	r concerns.

PO Box 354

Afton MN 55001

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