

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 entirety		•	A STATE OF THE STA	Company of the second s	
<u>prior</u> to performing maintenance activit		Site for the duration	on or the maintenan	ce activity.	
Date of Maintenance: $6 - (-1)^{8}$ Reason	for Maintenance: _	KUMTIVU			
Property Address: 8020 60t St.	P	roperty Owner's Na	me: Chris > SC	mya Seide	
Municipality: PM SOMUS ZIP: 551	S Property Iden	tification Number:			
Maintenance Permit No: CURNO 947				wor Sandica / L1673	
Maintenance Permit No.	Maintainer Name an	d Licelise No. Filiky	3 Livilolillelitat Sev	ver service/ £10/5	
Maintenance Performed	Tank Meas	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				
\square Yes \square No (if no provide measurements)	= % Sludge & Scum Tanks must be pumped if 25% or greater				
1. Access used to remove septage: Maintena	nce Hole 🗖 Other (e	nter authorization co	de) To Doep		
2. Were all covers securely replaced? Yes					
Is there evidence of tank leakage from a sep evidence of damaged, cracked, or structur	otic, holding, pretr		/	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		
4. How many gallons of septage were removed Tank #1 15 gal Tank #2		tankga	ıl Pump Tank	gal	
5. Other information: List any troubleshooting	, minor repairs cor	ducted, tank safe	ty concerns, or othe	r concerns.	
6. Location of septage disposal: 5+. pq	41				
Pinky	's Environmental Se	wer Service Inc.			

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L1673

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