

## 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

	completed in its entirety					
prior to perform	ning maintenance activiti	es and remain on-	site for the duratio	n of the maintenan	ce activity.	
Date of Maintenance:	6-1-18 Reason	for Maintenance: _	Routine	2		
Property Address: 148	33 Morgan Ave	N PI	roperty Owner's Na	me: Judith &	lames Kern	
	On St Chixzip: 550					
					wer Service / I 1673	
Maintenance Permit No	: 05611 F 6079 N	Maintainer Name an	d License No. Piliky	S ENVIRONMENTAL SEV	ver service/ E10/3	
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 & Scu	= % Sludge & Scum Tanks must be pumped if 25% or greater			
1. Access used to rem	ove septage:   Maintena	nce Hole Other (e	nter authorization co	de)		
2. Were all covers sec	curely replaced?  Yes	□No				
3. Is there evidence of evidence of dama	of tank leakage from a sep ged, cracked, or structur	otic, holding, pretrally unsound main	eatment or pump t tenance hole cover	tank below the operrs? $\square$ Yes $\square$ No	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		
	of septage were removed					
Tank #1 /500	gal Tank #2	gal Pretreatmen	t tankg	al Pump Tank	gal	
5. Other information	: List any troubleshooting	g, minor repairs co	nducted, tank safe	ty concerns, or other	er concerns.	
take in flower	garden					
6. Location of septage	e disposal:					

Pinky's Environmental Sewer 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.