

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

o constitute a v	alid maintenance	permit. This permit n	nust be completed
es and remain o	n-site for the dura	tion of the maintenar	nce activity
			ice delivity.
re Ma	Property Owner's I	Name: Matt H	wolsen
			VICOSOFI
aintainer Name a	and License No. Pinl		
	THE EIGENSE HO. 1 III	ky s Environmentat sev	wer Service/ L16/3
Tank Measurement (must be completed if tanks NOT pumped)			
Liquid Level of Tank — in			
Sludge Level in Tank in Scum Level in Tank in			
Studge & Server			
= % Sludge & Scum Tanks must be pumped if 25% or greater			
e Hole Other (
INO to		ode)	
v unsound main	reatment or pump	tank below the opera	ating depth or
		rs: L res Lano	
Leaking Out	Leaking In	Cover Damage	
☐ Yes ☑ No	☐ Yes ☑No	☐ Yes ☐No	
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
☐ Yes ☐ No	Yes No	☐ Yes ☐ No	
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
al Pretreatment	tankga	l Pump Tank	gal
inor repairs cor	nducted, tank safet	y concerns, or other	concerns
			concerns.
	2		
4			
4			
nvironmental Se			
	Tank Mea Liquid Level of Sludge Level in Sludge + Scum = % Sludge & Sc e Hole Other (No c, holding, pret y unsound main Leaking Out Yes No Yes No Yes No	rank Measurement (must be liquid Level of Tank in Sludge Level in Tank in Sludge + Scum in Sludge & Scum in	Property Owner's Name:

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

Afton MN 55001