

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

prior to performing mainte	enance activities	s and remain on-	site for the duration	of the maintenance	e activity.	
Date of Maintenance: 7-13-1	8 Reason fo	or Maintenance:	Pentine			
Property Address: 1980 IT	3° St. 5	C- P	Property Owner's Name: AGYCH Zywiec			
Municipality: CHOCLE GN	V ZIP:55016	Property Iden	tification Number: _		_	
Maintenance Permit No: d 098	7210704 Ma	intainer Name an	d License No. Pinky'	s Environmental Sev	er Service/ L1673	
	Management of the special statement of the statement of t					
Maintenance Performed		Tank Measurement (must be completed if tanks NOT pumped)				
Tank(s) Pumped Sludge and scum measured Do tanks need to be pumped?		Liquid Level of Tank — in Sludge Level in Tank in Scum Level in Tank in Sludge + Scum / Liquid Level X 100 = % Sludge & Scum Tanks must be pumped if 25% or greater				
Yes No (if no provide r						
1. Access used to remove septage: Maintenance Hole Other (enter authorization code)						
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? Tank Leaking Out Leaking In Cover Damage						
Continuis	ding Tank #1		☐ Yes ☐ No	☐ Yes ☐ No		
	ding Tank #2	☐ Yes ☐ No	Yes No	☐ Yes ☐ No		
Pretreatme	ent Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Pump Tank		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
4. How many gallons of septage were removed?						
Tank #1/500 gal Tank #2gal Pretreatment tankgal Pump Tankgal						
5. Other information: List any t	roubleshooting,	minor repairs co	nducted, tank safet	y concerns, or othe	er concerns.	
		0/				
6. Location of septage disposal:	574	My Company				
Pinky's Environmental Sewer Service Inc.						
PO Box 354						

This section must be completed in its entirety to constitute a valid maintenance permit. This permit must be completed

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

Afton MN 55001 P: 651-439-4847 License Number: L1673