

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 to constitute a valid maintenance permit. This permit must be completed prior to performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance:	11-27-18 Reason	for Maintenance:	Richre			
Property Address: 67	61 177 the st,	V	Property Owner's N	lame: Chucka Del	Devore	
Municipality: Hugo						
Maintenance Permit No:_					8	
Maintonance	Porformed	Tank Meas	urement (must be	completed if tanks NO	T numped)	
Maintenance Performed			Tank Measurement (must be completed if tanks NOT pumped)			
Tank(s) Pumped Sludge and scum measured Do tanks need to be pumped? Yes No (if no provide measurements)		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				
1. Access used to remove	re septage: Maintena	ance Hole 🔀 Other (e	enter authorization c	ode) Pre 1578		
3. Is there evidence of t evidence of damage	ank leakage from a se d, cracked, or structur Tank	ptic, holding, preto rally unsound main Leaking Out	reatment or pump tenance hole cove	tank below the operations? Yes No Cover Damage	ng depth or	
Se	eptic/Holding Tank #1	☐ Yes 🗷 No	☐ Yes ☒No			
Se	eptic/Holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Pı	etreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Pt	ump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
4. How many gallons of Tank #1_1000 g 5. Other information: Li	gal Tank #2	_ gal Pretreatmen		al Pump Tank ety concerns, or other c		

Smilie's Sewer Service **PO BOX 100** Scandia, MN 55073 License# 2428 P: 651-433-3934