

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

Property Address: 3717 Noustag	ivities and remain o son for Maintenance:	Property Owner's I		nce activity.	
Cal		entification Number		_	
Maintenance Permit No: 11 13 18 123	Maintainer Name a	nd License No. Pinl	ky's Environmental Se	wer Service/ L1673	
Maintenance Performed	Tank Mea	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 measurement) 	Liquid Level of Tank — in Sludge Level in Tank in Scum Level in Tank in Sludge + Scum / Liquid Level X 100				
 Were all covers securely replaced? Ye Is there evidence of tank leakage from a sevidence of damaged, cracked, or struct Tank	eptic, holding, pret	reatment or pump	tank below the oper-	ating depth or	
Septic/Holding Tank #1	☐ Yes ☐No	☐ Yes ☑No	☐ Yes ☐ No		
Septic/Holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Pretreatment Tank Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	Yes No		
Pretreatment Tank	☐ Yes ☐ No ed?gal Pretreatment	☐ Yes ☐ No	☐ Yes ☐ No	gal concerns.	

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