



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: 6-27-19 Reason for Maintenance: Routine
 Property Address: 9130 Jamaica Ct. No. Property Owner's Name: Lorilee Ziemer
 Municipality: Lake Elmo ZIP: 55012 Property Identification Number: _____
 Maintenance Permit No: _____ Maintainer Name and License No. Pinky's Environmental Sewer Service/ L1673

| Maintenance Performed | Tank Measurement (must be completed if tanks NOT pumped) |
|---|---|
| <input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements) | Liquid Level of Tank _____ in Sludge Level in Tank _____ in Scum Level in Tank _____ in $\frac{\text{Sludge} + \text{Scum}}{\text{Liquid Level}} \times 100 = \% \text{ Sludge \& Scum}$ Tanks must be pumped if 25% or greater |

- Access used to remove septage: Maintenance Hole Other (enter authorization code)
- Were all covers securely replaced? Yes No
- 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? Yes No

| Tank | Leaking Out | Leaking In | Cover Damage |
|------------------------|---|---|--|
| Septic/Holding Tank #1 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Septic/Holding Tank #2 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pretreatment Tank | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pump Tank | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- How many gallons of septage were removed?
 Tank #1 1000 gal Tank #2 1000 gal Pretreatment tank _____ gal Pump Tank _____ gal
- Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.
manholes under large bushes / tank scraping
- Location of septage 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.