

## 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						
<u>prior</u> to perfo	rming maintenance activi	ties and remain o	n-site for the dura	tion of the mainten	ance activity.	
Date of Maintenance:	Sasila Reason	n for Maintenance:	Holding	tanks rea	dy	
Property Address:	1921 Quint	Our. no.	Property Owner's	Name: Dowid &	Soralin	
Municipality: Ma	rine ZIP:550	Property Id	entification Numbe	r:		
Maintenance Permit N	lo: 1485591330	A. A		37		
Maintenance Performed		Tank Measurement (must be completed if tanks NOT pumped)				
☐ Tank(s) Pumped		Liquid Level of	Liquid Level of Tank in			
☐ Sludge and scum measured		Sludge Level in Tank in Scum Level in Tank in				
Do tanks need to be pumped?		Sludge + Scum / Liquid Level X 100				
☐ Yes ☐ No (if	no provide measurements)	= % Sludge & So	= % Sludge & Scum Tanks must be pumped if 25% or greater			
1. Access used to ren	nove septage:   Maintena	nce Hole 🗌 Other (	enter authorization c	ode)		
2. Were all covers se	curely replaced?  Yes	□ No				
	of tank leakage from a sep ged, cracked, or structur				rating depth or	
	Tank	Leaking Out	Leaking In	Cover Damage		
	Septic/Holding Tank #1	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No		
	Septic/Holding Tank #2	☐ Yes 🖺 No	☐ Yes ☒ No	☐ Yes ☐ No		
	Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
	Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
4. How many gallons	of septage were removed?	いりのみなか	'al			
Tank #1 1000	gal Tank #2 1000	gal Pretreatment	t tankg	al Pump Tank	gal	
5. Other information:	List any troubleshooting,	minor repairs co	nducted, tank safe	ty concerns, or othe	er concerns.	
	5 1 0	100	1) 11 1	1		
6. Location of septage	disposal: Metho	st. Youl	Rolding	tank		