

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

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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. Reason for Maintenance: Property Address Property Owner's Name: ${\it U}$ Property Identification Number: _ Maintainer Name and License No. Schlomka Service LLC/L2989 Maintenance Permit No: Tank Measurement (must be completed if tanks NOT pumped) Maintenance Performed Liquid Level of Tank ____ Tank(s) Pumped Sludge Level in Tank _____ in Scum Level in Tank ___ Sludge and scum measured Sludge + Scum _____ / Liquid Level ____ X 100 Do tanks need to be pumped? = % Sludge & Scum _____ Tanks must be pumped if 25% or greater Yes No (if no provide measurements) 1. Access used to remove septage:

Maintenance Hole, Mother (enter authorization code) 2. Were all covers securely replaced? — Yes 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 Septic/Holding Tank #1 ☐ Yes Yes No Septic/Holding Tank #2 Yes L No ☐ Yes ☐ No Pretreatment Tank Yes No ☐ Yes ☐ No

	Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
4. How many gallons	of septage were removed?				
Tank #1 <i></i>	gal Tank #2	gal Pretreatment	tankgal	Pump Tank	gal
5. Other information:	List any troubleshooting, Ha JUMPED T	minor repairs cor	ducted, tank safety	concerns or oth	er concerns
6. Location of septage	1 1 1 1 1)	()		,

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