

5. Location of septage disposal:

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

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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. Date of Maintenance: Reason for Maintenance: Property Address Property Owner's Name: Property Identification Number: Maintenance Permit No: Maintainer Name and License No. Schlomka Service LLC/L2989 Maintenance Performed Tank Measurement (must be completed if tanks NOT pumped) 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 \square Yes \square No (if no provide measurements) 1. Access used to remove septage: Maintenance Hote XOther (enter authorization code) 2. Were all covers securely replaced? Yes No 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 🗌 No Yes No Yes No Septic/Holding Tank #2 Yes No Yes No Pretreatment Tank ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No Pump Tank 🗌 Yes 🗌 No 4. How many gallons of septage were removed? __ gal Tank #2 _ _____ gal Pretreatment tank_____ gal Pump Tank _____ gal 5. Other information; List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

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