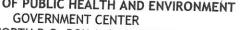


## DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT



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

to constitute -	-1:1		
to constitute a	valid maintenance	permit. This perm	it must be complet
ies and remain	on-site for the dur	ation of the mainte	nance activity.
NORth	Property Owner's	Name: Loraine	weber
Property Id	lentification Numbe	er:	
— aintainer Name	and License No.	Sw Sover ?	کارہ
Tank Me	asurement (must b	e completed if tank	s NOT pumped)
No c. holding, pret	reatment or nump	tank below the an	erating depth or
Leaking Out	Leaking In	Cover Damage	-
☐ Yes ☐No	☐ Yes ♠No	☐ Yes ဩNo	
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
al Pretreatment	tankga	al Pump Tank	gal
inor repairs cor	ducted, tank safe	ty concerns, or other	er concerns.
	for Maintenance  Property Ic  aintainer Name  Tank Mea  Liquid Level of Sludge Level in Sludge + Scum = % Sludge & Sc  e Hole  Other  No  c, holding, pret ly unsound mair  Leaking Out  Yes  No  Yes  No  Yes  No  Al Pretreatment	for Maintenance:  Property Owner's  Property Identification Number in Standard Evel of Tank in Studge Level in Tank in Studge + Scum / Liquid = % Studge & Scum / Liquid = % Studge & Scum / Tank in Studge + Scum / Liquid = % Studge & Scum / Liquid & Sc	Property Owner's Name:

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

Snannod