

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.

THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.					
Date of Maintenance:	S-14- C Reason	or Maintenance:	Keg M9	MI	
Property Address: 76	76 12044	51 N F	Property Owner's N	ame: Rost Cathe	iche
Municipality: +	ZIP: 550°	Property Ide	ntification Number		
Maintenance Permit No	MALL SOSSIT			ie's Sewer Service/L24	120
Maintenance Perinit No	D. CALLIE COUNT IN	amtamer Name ar	id License No. Siliit	ie s sewer service/LZ4	120
Maintenance Performed		Tank Measurement (must be completed if tanks NOT pumped)			
Tank(s) Pumped		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 & Scum Tanks must be pumped if 25% or greater			
1. Access used to remove septage: Maintenance Hole Other (enter authorization code) (980)					
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? Yes Tho					
	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 contago wore removed?				
4. How many gallons of septage were removed? Tank #1 gal Tank #2 gal Pretreatment tank gal Pump Tank gal					
Tank #1 gal Tank #2 gal Pretreatment tank gal Pump Tank gal Pump Tank gal 5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.					
J. Other information.	List any troubleshooting,	illillor repairs co	ilducted, talik sale	ety concerns, or other	concerns.
	/ /		1 1	1	
6. Location of septage	disposal.	W. 1 / al	1 40	nle	
or Eccucion of Septuge	disposati	91	A MA	7	
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Smilie's Sewer Service					
PO BOX 100					

Scandia, MN 55073

License# 2428 P: 651-433-3934