

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 b | pe completed in its entiret | y to constitute a v | alid maintenance p | permit. This permit n | nust be completed | |
|-------------------------------------|--|-----------------------|--|--|--|--|
| prior to perf | forming maintenance activ | ities and remain or | -site for the dura | tion of the maintenar | ice activity. | |
| Date of Maintenance | e: 5-13-21 Reaso | n for Maintenance: | Partine | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | ± 00 00 00 00 00 00 00 00 00 00 00 00 00 | |
| Property Address: | 295 Heal Ave | MO | Property Owner's N | Name: Ralphe R | erna | |
| Municipality: | e Elmo zip: 550 | 342 Property Ide | ntification Number | r: | Frascon | |
| | No: W8/22/22393 | | | | ver Service/ L1673 | |
| | | | | | | |
| Maintenance Performed | | Tank Mea | 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 | 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 & Sc | = % Sludge & Scum Tanks must be pumped if 25% or greater | | | |
| evidence of dan | of tank leakage from a se naged, cracked, or structur ———————————————————————————————————— | rally unsound main | tenance hole cove | Prs? Yes No Cover Damage | tering depth of | |
| | Septic/Holding Tank #1 | ☐ Yes ☐ No | ☐ Yes ☑ No | Yes No | | |
| | Sontia/Halding Tool #2 | | L res 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 Tank #1 | s of septage were removed gal Tank #2 | ? | tank | ol Duma Tauli | | |
| 5. Other information | : List any troubleshooting | minor repairs cor | dusted tank and | t Pump rank | gal | |
| | and any area and a second a se | , illilor repairs cor | ducted, tank safe | ty concerns, or other | concerns. | |
| | | | | | | |
| 6. Location of septag | e disposal: S1, Pag | .1 | | | | |
| | | | | | | |
| | | | | | | |
| | Diplo | s Environmental Se | | | | |

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L1673