



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: 6-7-16
 Reason for Maintenance: Reg Maint
 Property Address: 14241 205th ST N
 Municipality: Scandia ZIP: 55073
 Maintenance Permit No: 1572202978 Maintainer Name and License No. Saniter 2428

<input checked="" type="checkbox"/> Tank(s) Pumped	<input checked="" type="checkbox"/> Maintenance Performed
<input type="checkbox"/> Sludge and scum measured	<input type="checkbox"/> Tank Measurement (must be completed if tanks NOT pumped)
<input type="checkbox"/> Do tanks need to be pumped?	Liquid Level of Tank _____ in _____
<input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	Sludge Level in Tank _____ in _____
	Sludge + Scum _____ / Liquid Level _____ X 100
	= % Sludge ft Scum _____
	Tanks must be pumped if 25% or greater

1. Access used to remove septage: Maintenance Hole Other (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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Septic/Holding Tank #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. How many gallons of septage were removed? Tank #1 1000 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.

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