

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

	nce: 10-13-2 Reason		Routhe 1	A TOTAL CONTROL OF THE PARTY OF	ance activity.
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Municipality: $\overline{\mathcal{L}}$	crest LAke ZIP: 5	La table -			
Maintenance Perr	nit No: <u>58483h2040</u> 5	Maintainer Name a	and License No. Ross	Sewer Service/L344	18
	V.				
Maintenance Performed		Tank Measurement (must be completed if tanks NOT pumped)			
Tank(s) Pumped Sludge and scum measured Do tanks need to be pumped? Yes No (if no provide measurements)		Liquid Level of Tank in in Scum Level in Tank in Scum Level in Tank in Sludge + Scum / Liquid Level X 100 X Sludge & Scum Tanks must be pumped if 25% or greater			
2. Were all cover	o remove septage: N Mainten rs securely replaced? N Yes nce of tank leakage from a se damaged, cracked, or structu	□No			erating depth or
	Tank	Leaking Out	Leaking In	Cover Damage	
	Septic/Holding Tank #1	☐ Yes XNo	☐ Yes 汉 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	
Tank #1	ition: List any troubleshooting	gal Pretreatmer	onducted, tank safe	ety concerns, or oth	
)		
		Ross' Sewer Sei	rvice, inc	RECEIV	EU

9288 County Rd 5 NE North Branch, MN 55056

License# 3448 P: 651-674-4349

OCT 29 2021

PUBLIC HEALTH