

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

| <u>prior</u> to perio  | rining maintenance activiti         | es and remain on  | -site for the dural   | tion of the maintenar  | ice activity.  |
|--|-------------------------------------|---|-----------------------|------------------------|----------------|
| Date of Maintenance:   | 10-18-21 Reason                     | for Maintenance:  | Routine               | Maintagner             |                |
| Property Address: 8466 235th St V Property Owner's Name: Bob Trapp   |                                     |   |                       |                        |                |
|  | + Lake ZIP: 550                     | 25 Property Ide   | ntification Number    | :                      |                |
|  | 40: f 7639c 20407 N                 |   |                       |                        |                |
| manitenance remiter  | 10. 1 14210 00 10 1 W               | iameamer Hame ar  | id License No. Nos.   | S JEWEL JETVICE/ LJ44C |                |
|  |                                     | 1   |                       |                        |                |
| Maintenance Performed  |                                     | Tank Measurement (must be completed if tanks NOT pumped)  |                       |                        |                |
| <b>X</b> Tank(s) Pumped  |                                     | Liquid Level of Tank in   |                       |                        |                |
| ☐ Sludge and scum measured   |                                     | Sludge Level in Tank in Scum Level in Tank in Y 100   |                       |                        |                |
| Do tanks need to be pumped?  |                                     | Sludge + Scum / Liquid Level X 100<br> = % Sludge & Scum Tanks must be pumped if 25% or greater |                       |                        |                |
| $\square$ Yes $\square$ No (if no provide measurements)  |                                     | 7 studge a scall Talks must be pumped if 25% on section   |                       |                        |                |
| 1. Access used to rea  | nove septage: X Maintenan           | ice Hole $\Box$ Other (   | enter authorization c | ode)                   |                |
|  | curely replaced? Yes                |   |                       |                        |                |
|  |                                     |   | eatment or numn       | tank below the oper    | ating depth or |
| 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              | ☐ Yes XHo   | ☐ Yes 🏹 No            | ☐ Yes X No             |                |
|  | Septic/Holding Tank #2              | ☐ Yes ☐ No  | Yes No                | Yes No                 |                |
|  | Pretreatment Tank                   | ☐ Yes ☐ No  | Yes No                | Yes No                 |                |
|  | Pump Tank                           | ☐ Yes No  | ☐ Yes <b>※</b> No     | ☐ Yes ►No              | 9              |
| Tank #1 <u>1,500</u>   | of septage were removed?gal Tank #2 | gal Pretreatmen   |                       |                        |                |
|  |                                     |   |                       | ^ 0                    |                |
| 6. Location of septage   | e disposal: 24052 (                 | ) smagg 10 6  | H NE NORT             | h Branch Mys           | 55056          |
|  |                                     | Ross' Sewer Ser<br>9288 County R  |                       | RECEI                  | VED            |

North Branch, MN 55056 License# 3448 P: 651-674-4349

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