

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.

	it No: <u>6813127343</u>				
Manitenance Perm	ICNO. <u>C10()0 (1343</u>	maintainer Name ai	nd License No. Smi	lie's Sewer Service/L	.2428
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 Sludge Level in Tank in Scum Level in Tank in Sludge + Scum / Liquid Level X 100 = % Sludge & Scum Tanks must be pumped if 25% or greater			
3. Is there eviden	securely replaced? X Yes ce of tank leakage from a se amaged, cracked, or structu Tank	ptic, holding, preti	reatment or pump tenance hole cove	tank below the opeers? Yes No	rating depth or
	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	
				☐ Yes 🏋 No	
	Pump Tank	☐ Yes ☒No	☐ Yes 🄀 No	□ 162 □ 140	

Smilie's Sewer Service
PO BOX 100
Scandia, MN 55073
License# 2428 P: 651-433-3934

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