



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.

Date of Maintenance: 6 Aug 22 Reason for Maintenance: Reg Maint  
 Property Address: 7400 Dellwood Rd N Property Owner's Name: Michael Schwartz  
 Municipality: Grand ZIP: 55082 Property Identification Number: \_\_\_\_\_  
 Maintenance Permit No: 01267a 28237 Maintainer Name and License No. Smilie's Sewer Service / L 2428

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> 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

- Access used to remove septage: \_\_\_ Maintenance Hole  Other (enter authorization code)
- Were all covers securely replaced?  Yes \_\_\_ No
- 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? \_\_\_ Yes  No

Tank	Leaking Out	Leaking In	Cover Damage
Septic/Holding Tank #1	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> 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 of septage were removed?  
 Tank #1 1500 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.  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Location of septage disposal: Metro

Smilie's Sewer Service  
 P.O. Box 100  
 Scandia, MN 55073

P: 651-433-3934 License Number: L2428

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

White Copy-Maintainer submits to Washington County / Pink Copy-Property Owner Record