

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

| Date of Maintenance | ce: 7-37-32 Reason | | | tion of the mainte | nance activity. | |
|--|--|--|--|---------------------|---------------------------------------|--|
| Property Address: | | | Property Owner's | Namo: Took | 170900 | |
| Municipality: | ucio zip: m | . 1 | entification Number | | 217/140 | |
| | 550 | 38 | | | | |
| Manitenance Fermi | t No: <u>n 0675 c 2563</u> | Maintainer Name a | and License No. Ros | s Sewer Service/L3 | 448 | |
| | | - Total Mar | | | | |
| Maintenance Performed | | Tank Measurement (must be completed if tanks NOT pumped) | | | | |
| Tank(s) Pumped | | Liquid Level of Tank in | | | | |
| Sludge and scum measured | | Sludge Level in Tank in Scum Level in Tank in Sludge + Scum Kiquid Level X 100 | | | | |
| Do tanks need to be pumped? — Yes — No (if no provide measurements) | | = % Sludge & Sc | = % Sludge & Scum Tanks must be pumped if 25% or greater | | | |
| | (ii no provide measurements) | | | | | |
| 1. Access used to r | emove septage: Maintena | ance Hole \square Other | enter authorization o | ode) | | |
| | securely replaced? X Yes | | | | | |
| 3. Is there evidence evidence of da | e of tank leakage from a se maged, cracked, or structur | ptic, holding, pret | reatment or pump | tank below the op | perating depth or | |
| | , | | Terrance note cove | | | |
| | Tank | Leaking Out | Leaking In | Cover Damage | 7./ | |
| | Septic/Holding Tank #1 | ☐ Yes 📉 | □ Yes XNo | ☐ Yes XNo | 7 . | |
| | Septic/Holding Tank #2 | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | · · · · · · · · · · · · · · · · · · · | |
| | Pretreatment Tank | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | | |
| | Pump Tank | □ Yes 🕅 | ☐ Yes No | ☐ Yes No | | |
| 4. How many gallor Tank #1_ <u>/50</u> | ns of septage were removed | ? gal Pretreatmen | t tank <i>NA</i> g | al Pump Tank 2 | | |
| 5. Other information | on: List any troubleshooting | , minor repairs co | nducted, tank safe | ety concerns, or ot | her concerns. | |
| 6. Location of septa | ge disposal: <u>2965</u> 2 | Dimne | rojo St | NE Nor | th Branch, M | |
| | | | | | | |

Ross' Sewer Service, inc 9288 County Rd 5 NE North Branch, MN 55056 License# 3448 P: 651-674-4349 RECEIVED

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