



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: 8/2/10 Reason for Maintenance: _____

Property Address: 1765/ Greystone AVE Property Owner's Name: Kiacher ~~King~~ Cor

Municipality: Hugo ZIP: 55058 Property Identification Number: _____

Maintenance Permit No. 1774 m3258 Maintainer Name and License No. OSSI - #210

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> 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?

Tank	Leaking Out	Leaking In	Cover Damage
Septic/Holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Septic/Holding Tank #2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. How many gallons of septage were removed?
 Tank #1 1050 gal Tank #2 1050 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: STP

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

