

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 compl						
Date of Maintenance: 4-	20-22 Reason f	for Maintenance:	Routine			
			Property Owner's Name: Mike Hanies			
Municipality: (aru)						
Maintenance Permit No:	0				 wer Service/ I 1673	
Maintenance remit No.	200 1 10 m	ameaner Hame ar	d License No. 1 mily	3 Elivirolimentat Sev	ver servicer E1075	
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				
Do tanks need to be pumped?		Sludge + Scum / Liquid Level X 100				
☐ Yes ☐ No (if no provide measurements)		= % Sludge & Scum Tanks must be pumped if 25% or greater				
Were all covers securely Is there evidence of tank evidence of damaged, compared to the secure of damaged.	leakage from a sept	tic, holding, pretr	eatment or pump t	ank below the oper	ating depth or	
Septio	/Holding Tank #1	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No		
Septio	c/Holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Pretre	eatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Pump	Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
4. How many gallons of sep	tage were removed?					
Tank #1 <u> 25c</u> gal	gal Pretreatment	tankga	l Pump Tank	gal		
5. Other information: List a	any troubleshooting,	minor repairs co	nducted, tank safet	ey concerns, or othe	r concerns.	
6. Location of septage dispo	sal: SZ par	1				

Pinky's Environmental Sewer Service Inc.

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L1673