

## 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

	•	and the second s	
		ion of the maintena	ince activity.
or Maintenance:	Routine		
Mo	Property Owner's N	ame: Arthur	Knoblack
2 Property Ide	entification Number:		
aintainer Name a	and License No. Pink	y's Environmental Se	ewer Service/ L1673
Tank Mea	surement (must be	completed if tanks	NOT pumped)
Liquid Level of Tank — in			
= % Sludge & Scum Tanks must be pumped if 25% or greater			
te Hole Other	enter authorization co	ode)	
		,	
ic, holding, pret	THE RESERVE OF THE PARTY OF THE		erating depth or
Leaking Out	Leaking In	Cover Damage	
Yes No	✓ Yes □ No	☐ Yes ☐ No,	
✓ Yes □ No	Yes No	☐ Yes ☑ No	
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
gal Pretreatmer	nt tankg	al Pump Tank	gal
minor repairs co	onducted, tank safe	ty concerns, or oth	er concerns.
for mo	mucles, Pl	super t	Thrugh
	Tank Mea  Liquid Level of Sludge Level in Sludge + Scum = % Sludge & Sc e Hole Other No ic, holding, pret ly unsound main  Leaking Out  Yes No Yes No Yes No Yes No	Property Owner's Now Property Identification Number: Anintainer Name and License No. Pink Pink Pink Pink Pink Pink Pink Pink	Property Owner's Name: Arthur  Property Identification Number:

Pinky's Environmental Sewer Service Inc.

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L1673