

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 i					
				on or the maintenar	ice activity.
Date of Maintenance: 5-20-2	Reason fo	or Maintenance: _	Howthe	F-07	
Property Address: 1737 O	dride	e trelop	roperty Owner's Na	me: Donna	Date
Municipality: Stillwester					
Maintenance Permit No: b1 199-2	748 Ma	aintainer Name ar	d License No. Pinky	's Environmental Se	wer Service/ L1673
/ 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			
\square Yes \square No (if no provide measurements)		= % Sludge & Scum Tanks must be pumped if 25% or greater			
3. 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	lank #1	☐ Yes ☑No	Yes No	☐ Yes ☑ No	
Septic/Holding	Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Pretreatment T	ank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Pump Tank		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
4. How many gallons of septage were removed? Tank #1 gal Tank #2 gal Pretreatment tank gal Pur				l Pump Tank	gal
5. Other information: List any troub	leshooting, I	minor repairs cor	nducted, tank safet	ty concerns, or othe	er concerns.
	5/00				
6. Location of septage disposal:	> + fac	1			
	Pinky's	Environmental Se	ewer Service Inc.		

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L1673