

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 entiret prior to performing maintenance activ					
Date of Maintenance: 6-29-22 Reaso				,	
Property Address: 7455 Gocelyn			lame: Karla	allenspach	
Municipality: Still water ZIP: 55					
Maintenance Permit No: <u>93859L21483</u>				Sewer Service/ L167	
			y o zam ommentat.	server service, Eron.	
Maintenance Performed	Tank Meas	Tank Measurement (must be completed if tanks NOT pumped)			
Tank(s) Pumped	Liquid Level of	Liquid Level of Tank — in			
☐ Sludge and scum measured	Sludge Level in	Sludge Level in Tank in Scum Level in Tank in			
Do tanks need to be pumped?	Sludge + Scum	Sludge + Scum / Liquid Level X 100			
\square Yes \square No (if no provide measurements	s) = % Sludge & Sci	= % Sludge & Scum Tanks must be pumped if 25% or greater			
3. Is there evidence of tank leakage from a se evidence of damaged, cracked, or structu Tank				erating depth or -	
Septic/Holding Tank #1				_	
Septic/Holding falls #1	Yes No	Yes No	☐ Yes ☐ No		
Septic/Holding Tank #2	Yes No	Yes No	☐ Yes ☐ No		
Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
4. How many gallons of septage were removed Tank #1 750 gal Tank #2 750		tankga	al Pump Tank	gal	
5. Other information: List any troubleshooting	g, minor repairs cor	nducted, tank safe	ty concerns, or oth	ner concerns.	
6. Location of septage disposal:					

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L1673