

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 v	alid maintenance p	ermit. This permit r	nust be completed
	rming maintenance activit				
Date of Maintenance:	6-28-16 Reason	for Maintenance:	Routino		/
Property Address:	895 113th 86	5	Property Owner's N	lame: James	Kuhns
Municipality:	go Grove ZIP: 530	Property Ide	entification Number	:	
l	10:WS37SW37CO				ewer Service/L1673
Maintenance Performed		Tank Measurement (must be completed if tanks NOT pumped)			
Tank(s) Pumped		Liquid Level of Tank in			
\square 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 Tank #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		gal Pretreatmer	t tankg	al Pump Tank	gal
manhole)	: List any troubleshooting, fant is mello			ety concerns, or othe	
6. Location of sentage	disposal.				

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