



Subsurface Sewage Treatment System Maintenance Permit

This section must be completed in its entirety to constitute a valid maintenance permit. This permit must be completed prior to performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance: 11/8/2022 Reason for Maintenance: Reg

Property Address: 18260 Manning TRIN Property Owner's Name: Bill & Tammy Dunning

Municipality: Manning TRIN ZIP: 55047 Property Identification Number: _____

Maintenance Permit No: 01158720111 Maintainer Name and License No. Smilie's Sewer Service / L 2428

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped	Liquid Level of Tank _____ in
<input type="checkbox"/> 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
<input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	= % Sludge & Scum _____ Tanks must be pumped if 25% or greater

- Access used to remove septage: Maintenance Hole Other (enter authorization code)
- Were all covers securely replaced? Yes No
- 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? Yes No

Tank	Leaking Out	Leaking In	Cover Damage
Septic/Holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Septic/Holding Tank #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. How many gallons of septage were removed?
 Tank #1 750 gal Tank #2 _____ gal Pretreatment tank _____ gal Pump Tank _____ gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

6. Location of septage disposal: _____

Smilie's Sewer Service
 P.O. Box 100
 Scandia, MN 55073
 P: 651-433-3934 License Number: L2428

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

White Copy-Maintainer submits to Washington County / Pink Copy-Property Owner Record