

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	e completed in its entirety to	o constitute a va	lid maintenance pe	ermit. This permit m	ust be completed
prior to perfo	orming maintenance activitie	s and remain on	-site for the durati	on of the maintenance	ce activity.
Date of Maintenance	9-7.22 Reason for	or Maintenance:	Reutin		
Property Address: 🔨	5141 191 5+	NO I	Property Owner's N	ame: Ecllecco	el lapre
Municipality: Stil	Wester zip:550	Property Ide	ntification Number:		gr
Maintenance Permit I	No: <u>F3762 x 28510</u> Ma	aintainer Name ar	nd License No. Pink	y's Environmental Sew	er Service/ L1673
Mainten	ance 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			
☐ Yes ☐ No (if	f no provide measurements)	= % Sludge & Scum Tanks must be pumped if 25% or greater			
3. Is there evidence	of tank leakage from a septionaged, cracked, or structural Tank Septic/Holding Tank #1	ic, holding, preti			iting depth or
5	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 (250	gal Tank #2 (Oce	gal Pretreatmen	tankg	al Pump Tank	gal
5. Other information	n: List any troubleshooting, i	minor repairs co	nducted, tank safe	ty concerns, or other	concerns.
None					
6. Location of septag	e disposal: 52 paal	M. W. T.	A		
	Pinky's	Environmental Se	54		
		Afton MN 55	I UU		

P: 651-439-4847 License Number: L1673