

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	permit. This permit	must be completed	
prior to performing maintenance activit	ies and remain o	n-site for the dura	tion of the maintena	nce activity	
Date of Maintenance: 8 (122 Reason	for Maintenance:	Routine		ince delivity.	
Property Address: 15700 15th StS	3	Property Owner's I	Name: <u>Polens</u>	ke	
Municipality: 4 zip: 55a		entification Number			
Maintenance Permit No: <u>U3431W27811</u> A	Maintainer Name a	nd License No. Pin	kv's Environmental Se	ewer Service / I 1673	
			y - In on mental Se	Wel Belvice/ L10/3	
Maintenance Performed	Tank Mea	surement (must be	e 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	Sludge + Scum / Liquid Level X 100			
☐ Yes ☐ No (if no provide measurements)	= % Sludge & Sc	= % Sludge & Scum Tanks must be pumped if 25% or greater			
3. Is there evidence of tank leakage from a sept	tic, holding, preti	eatment or pump	tank below the oper		
evidence of damaged, cracked, or structura Tank	Leaking Out	tenance hole cove	Prs? Yes No Cover Damage	ating depth or	
		tenance hole cove	ers? Yes No	ating depth or	
Tank	Leaking Out	Leaking In	Cover Damage	ating depth or	
Tank Septic/Holding Tank #1	Leaking Out Yes No	Leaking In Yes No	Cover Damage Yes No	ating depth or	
Tank Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank	Leaking Out Yes No Yes No Yes No Yes No	Leaking In Yes No Yes No	Cover Damage Yes No Yes No Yes No	ating depth or	
Tank Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank 4. How many gallons of septage were removed? Tank #1 Occ gal Tank #2	Leaking Out Yes No Yes No Yes No Yes No	Leaking In Yes No Yes No Yes No Yes No	Cover Damage Yes No Yes No Yes No Yes No Yes No	σal	
Tank Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank 4. How many gallons of septage were removed?	Leaking Out Yes No Yes No Yes No Yes No gal Pretreatment	Leaking In Yes No Yes No Yes No Yes No	Cover Damage Yes No Yes No Yes No Yes No Yes No	σal	
Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank 4. How many gallons of septage were removed? Tank #1 Occ gal Tank #2 Occ Solution. 5. Other information: List any troubleshooting, where	Leaking Out Yes No Yes No Yes No Yes No gal Pretreatment	Leaking In Yes No Yes No Yes No Yes No	Cover Damage Yes No Yes No Yes No Yes No Yes No	σal	
Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank 4. How many gallons of septage were removed? Tank #1 Occ gal Tank #2 Coco 5. Other information: List any troubleshooting,	Leaking Out Yes No Yes No Yes No Yes No gal Pretreatment	Leaking In Yes No Yes No Yes No Yes No	Cover Damage Yes No Yes No Yes No Yes No Yes No	σal	
Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank 4. How many gallons of septage were removed? Tank #1 Occ gal Tank #2 Occ Solution. 5. Other information: List any troubleshooting, where	Leaking Out Yes No Yes No Yes No Yes No Pes No	Leaking In Yes No Yes No Yes No Yes No	Cover Damage Yes No Yes No Yes No Yes No Yes No	σal	

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L1673