

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 i					
prior to performing mainte				ion of the maintenar	ice activity.
Date of Maintenance: 11-7-3	Reason fo	or Maintenance:	Kaytine		
Property Address: 1215 17	st st	TN E	Property Owner's N	ame: Carolyn	Steele
Municipality: White Book	_ ZIP: 551V	Property Ide	ntification Number:		
Maintenance Permit No: 11142	29349 Ma	intainer Name ar	nd License No. Pink	y's Sewer Service Inc	orporated/ L4251
Maintenance Performed		Tank Measurement (must be 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 / Liquid Level X 100			
\square Yes \square No (if no provide measurements)		= % Sludge & Scum Tanks must be pumped if 25% or greater			
Access used to remove septage Were all covers securely replace Is there evidence of tank leaka evidence of damaged, cracked	ed? Yes C ge from a septi	No c, holding, pretr	eatment or pump	tank below the oper	
т	ank	Leaking Out	Leaking In	Cover Damage	
Septic/Holdin	ng Tank #1	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	
Septic/Holdin	g 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 w	ere removed?				
Tank #1 / S O gal Tank #2gal Pretreatment tankgal Pump Tankgal					
5. Other information: List any tro		ninor repairs cor	ducted, tank safe	ty concerns, or othe	r concerns.
6. Location of septage disposal: _	wut.	Ty tomant	Plat St	Red	

Pinky's Sewer Service Incorporated

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L4251