

## 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 entired					
Date of Maintenance: 5-16-23 Reason	on for Maintenance:	Reutine			
Property Address: 1844 57 5t			ame: Mathew	Tandy	
Municipality: (alle Elmo zip: 55	M2 Property Ider	ntification Number	·	_	
Maintenance Permit No: 4080h3075Z	Maintainer Name an	d License No. <u>Pink</u>	y's Sewer Service Inc	orporated/ L4251	
Maintenance Performed	Tank Meas	urement (must be	completed if tanks	NOT pumped)	
☑ Tank(s) Pumped	Liquid Level of	Liquid Level of Tank ———— in			
$\square$ Sludge and scum measured	Sludge Level in	Sludge Level in Tank in Scum Level in Tank in			
Do tanks need to be pumped?	Sludge + Scum				
$\square$ Yes $\square$ No (if no provide measurements) = % Sludge & Scum Tanks must be pumped if 25% or greater					
1. Access used to remove septage: $\Box$ Mainte	nance Hole 🗖 Other (e	enter authorization c	ode)		
2. Were all covers securely replaced? Z Ye	s 🗆 No				
<ol><li>Is there evidence of tank leakage from a sevidence of damaged, cracked, or struct</li></ol>				rating depth or	
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 remove	ed?				
Tank #1 1000gal Tank #2 100	gal Pretreatment	tankg	al Pump Tank	gal	
5. Other information: List any troubleshooting	1 -		ety concerns, or other		
		117			
6. Location of septage disposal:	Iscal men	PTMI			

Pinky's Sewer Service Incorporated

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L4251