



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 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: 4-21-16 Reason for Maintenance: _____
 Property Address: 9900 Geneva Property Owner's Name: _____
 Municipality: _____ ZIP: _____ Property Identification Number: _____
 Maintenance Permit No: _____ Maintainer Name and License No. _____

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	Liquid Level of Tank _____ in Sludge Level in Tank _____ in Scum Level in Tank _____ in Sludge + Scum _____ / Liquid Level _____ X 100 = % 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?

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

- How many gallons of septage were removed?
 Tank #1 _____ gal Tank #2 _____ gal Pretreatment tank _____ gal Pump Tank _____ gal
- Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

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

Kati Hallermann

From: Schlomka Services <aj_schlomka@hotmail.com>
Sent: Monday, August 8, 2016 1:37 PM
To: Kati Hallermann
Cc: mjkinney556@gmail.com; CC me
Subject: Schlomka [ref.: wash cty permit x5643c0887]
Attachments: scan0586.pdf

Good afternoon;

Kati- Michael Kinney at 9900 Geneva Ave reached out to us questioning the status of Washington County paperwork filed with the county.

The system was pumped on 4.21.16 :: permit #x5643c0887

Please see attached pink copy

The white/top copy was mailed out on 7.6.16

Please advise that this report mentioned has been well rcv'd.

Thank you,
Andrea

Andrea Sonnek - Business & Operations Manager
Schlomka Services - Since 1939!

Office: 651-459-3718 - Fax: 1-844-273-0159

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